
Administrative Functions

EI/ILP Order Form

System of Payments Guidance

Family Consent and Billing Forms



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Health and Social Services

SENIOR AND DISABILITIES SERVICES
Director's Office

751 Old Richardson Hwy, Ste 100-A
Fairbanks, Alaska 99701-7813
Main: 907.451.5045
Toll free: 800.770.1672
Fax: 907.451.5046

January 10, 2019

TO: Alaska Early Intervention/Infant Learning Program (EI/ILP) Program Coordinators

FROM: ILP State Office

SUBJECT: Updated Information and Required Actions on System of Payment (SOP) regulations:

It is an expectation of the Lead agency that every program take immediate actions regarding:

A. Requirement under 34 CFR 303.520 (a)(2)(i) regarding using the public or insurance of a child or parent programs may NOT require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and MUST obtain consent prior to use of benefits of insurance... 1.G (1.8.1 OSEP Letter).

Agency Requirements and Expectations for continued compliance for citation above:

It is the Lead agency's expectation that each participating EI/ILP agency/provider have in place a structure, process, and documentation:

- 1) That the agency's staff training process and practice covers the above regulation. Your training and evidence MUST specifically state that staff understand that prior to using a child's public benefit or insurance, they must have a signed consent.
- 2) Training and file documentation must include proof that families have been provided a statement that they have not been required to sign up for benefits as part of participation (reference operations manual appendix D).

B. Requirements under 34 CFR §303.520(b)(1)(i) regarding obtaining consent for the use of private insurance due to an increase in frequency, length, duration or intensity in the provision of EI services in the child's IFSP...1E (1.7/1.7.2 OSEP letter)

Agency Requirements and Expectations for continued compliance for citation above:

It is the Lead agency's expectation that each participating EI/ILP agency/provider have in place a structure, process, and documentation:

- 1) that the agency updated your training process and documentation regarding the requirement to obtain consent to use private insurance initially and when there are changes in frequency, intensity and duration of IFSP services ensuring compliance with the use of the Consent to Bill Insurance form issued to the field April 2018 and available in approved Operation Manual Appendix D:<http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/Appendix-D.pdf>

C. Requirement under CFR 34 303.521 (a) (4) (i) 303.521 (b) assuring that fees are not to be charged to parents for services that a child is otherwise entitled to receive at no cost ...1. B/C (1.2 and 1.3)

Agency Requirements and Expectations for continued compliance for citation above:

It is the Lead agency's expectation that each participating EI/ILP agency/provider have in place a structure, process, and documentation:

- 1) that the agency's training process is updated to include use of current documentation for assuring families are not charged for services provided at no cost. See updated Annual Participation Fee Agreement form released to the field with this document and available at: <http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/Appendix-D.pdf> . Part of the continuation grant approval process will be a of deliverable that programs submit updated training to include this form.

Additional Requirements and Expectations for continued compliance:

It is the Lead agency's expectation that each participating EI/ILP agency/provider have in place a structure, process, and documentation of:

- 1) clear practices that parents receive their Procedural Safeguards with regards to payment for Part C services as evidenced by the continued requirement for families to initialize receipt of procedural safeguards.

Monitoring for compliance

Prior to continuation of FY 20 grant funding all approved local ILPs will submit updated billing practices for review and approval by the Lead Agency. All training materials must ensure compliance with above.

During an onsite fiscal monitoring, local ILPs will achieve 100% compliance on all fiscal self-assessment items. Less than 100% compliance will result in a Corrective Action Plan.

Federal Requirements Resources:

<https://www2.ed.gov/offices/OSERS/Policy/IDEA/statuteregulations/%20-%20regulations>

<https://www.ecfr.gov/cgi-bin/text-idx?SID=9caf6413bec8c8462c90f26f1703a78d&mc=true&node=sp34.2.303.f&rgn=div6>
State Policy References

State of Alaska policy References and Resources

http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/AK-C_SOPPoliciesAndProcedures.pdf

According to Section XVIII. System of Payment F 6. a *Use of private insurance to pay for Part C services* (34 CFR §303.520(b))

- a. The DHSS EI/ILP and EIS Programs obtains parental consent, consistent with 34 CFR §§303.7 and 303.420(a)(4), prior to using private insurance to pay for the initial provision of Part C services in the Individualized Family Service Plan. This includes the use of private insurance when such use is a prerequisite for the use of public benefits or insurance. Parental consent is also obtained each time consent for services is required under 34 CFR §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's Individualized Family Service Plan.
- b. In accordance with 34 CFR §303.520(b)(1)(ii), the EIS Program provides a copy of Alaska's billing policies to families whenever parental consent is obtained in 6(a) above.
 - i. There are potential costs that the parent may incur when using their private insurance including premiums, or other long-term costs such as the loss of benefits because of annual or lifetime caps under the insurance policy.
 - ii. There is a potential that the use of the family's private health care coverage/insurance may negatively affect the availability of health insurance to the child with a disability, the parent, or the child's family members covered under the policy and health care coverage/insurance

- may be discontinued due to the use of the insurance policy to pay for Part C early intervention services; or
- iii. The potential that health care coverage/insurance premiums may be affected by the use of private insurance to pay for early intervention services.
 - c. Alaska has not enacted a statute regarding private health insurance coverage for early intervention services under Part C and, therefore, does not have all necessary protections in place that would eliminate the need for obtaining parental consent when using private insurance.
 - d. Families are responsible for paying their insurance premiums. When access to insurance is provided, co-pays and deductibles will be waived.
 - e. For parents who have been determined unable to pay and who do not provide consent to use private insurance, the lack of consent cannot be used to delay or deny any Part C services. (34 CFR §303.520(c))

According to Section XVIII. System of Payment F 1.a. Functions Not subject to Fees (34 CFR §303.521) (34 CFR §303.521(b))

The DHSS EI/ILP ensures that the following Part C early intervention services are available at no cost to families:

- i. Implementing Child Find activities in 34 CFR §§303.301 through 303.303;
- ii. Evaluation and assessment as defined in 34 CFR §303.320, and the functions related to evaluation and assessment in 34 CFR §303.13(b);
- iii. Service coordination services as defined in 34 CFR §§303.13(b)(11) and 303.33;

According to Section XVIII. System of Payment F 5. C and b (34 CFR 303.520 (a))

- a. If the parent does not provide consent for using public benefits or insurance, the Alaska EI/ILP still makes available those Part C services to which the parent has agreed to receive as identified on the IFSP.

Attachments:

Monitoring Indicators and Self-assessment Questions
SOP Timeline and Actions
SOA OSEP response letter

Alaska Part C Fiscal Monitoring Indicators	Data Source	Draft Self-Assessment Question
<p>4. Fiscal Monitoring (General Requirements). Percent of families where a participation fee is not charged to parents for the following services that a child is entitled to receive at no cost including:</p> <ul style="list-style-type: none"> A. Child find; B. Evaluations and assessments; C. Service coordination services; D. Administrative and coordinative activities related to procedural safeguards E. Development, review, and evaluation of IFSPs and interim IFSPs <p>Citation 1.3</p>	Self-Assessment: Child Record Review	<p>Was this family charged a participation fee for the following services?</p> <ul style="list-style-type: none"> A. Child find; B. Evaluations and assessments; C. Service coordination services; D. Administrative and coordinative activities related to procedural safeguards E. Development, review, and evaluation of IFSPs and interim IFSPs
<p>5. Fiscal Monitoring (General Requirements). Percent of families that indicated on the Consent to Bill form their receipt of SOP policies that includes information outlining the procedural safeguards options available to address any disputes related to payment of Part C services each time consent is required to bill private insurance.</p> <p>Citation 1.6 and 1.7.2</p>	Self-Assessment: Child Record Review	<p>Did this family indicate they received Alaska's System of Payment (SOP) policies on the Consent to Bill form?</p>
<p>6a. Fiscal Monitoring (General Requirements). Percent of families with a determination of their ability or inability to pay through completion of the Annual Participation Fee Agreement Form</p>	Self-Assessment: Child Record Review	<p>Did this family complete the Annual Participation Fee Agreement Form to determine their ability and/or inability to pay?</p>

<p>6b. Percent of families whose billed participation fee amount matched what was outlined fee agreement form.</p> <p>Citation 1.2</p>		<p>Was the family billed the correct amount outlined on the fee agreement form?</p>
<p>7. Fiscal Monitoring (General Requirements). Percent of IFSPs where payor source for services is indicated on a child's IFSP</p> <p>Citation 1.1</p>	<p>Self-Assessment: Child Record Review</p>	<p>Is the payor source for each service on this child's IFSP clearly indicated?</p>
<p>8. Fiscal Monitoring (General Requirements). Percent of families where no participation fee was charged to families for the following no cost services:</p> <ul style="list-style-type: none"> A. child find B. evaluations and assessments C. service coordination D. administrative and coordinative activities related to procedural safeguards; E. and the development, review, and evaluation of IFSPs and interim IFSPs <p>Citation 1.3</p>	<p>Self-Assessment: Child Record Review</p>	<p>Was this family charged a participation fee for the following no cost services:</p> <ul style="list-style-type: none"> A. child find B. evaluations and assessments C. service coordination D. administrative and coordinative activities related to procedural safeguards; E. and the development, review, and evaluation of IFSPs and interim IFSPs
<p>8. Fiscal Procedural Safeguards (Private Insurance). Percent of families that have private insurance and provided written parental consent for the use of private insurance when:</p> <ul style="list-style-type: none"> A. an early intervention service provider seeks to use private insurance to pay for the initial provision of services on a child's IFSP B. each time consent for services is required due to an increase in frequency, length, duration, and intensity in the provision of services on a child's IFSP 	<p>Self-Assessment: Child Record Review</p>	<p>Did this family provide written parental consent for the use of their private insurance when:</p>

<p>C. when the use of private insurance is a prerequisite for the use of public benefits or insurance</p> <p>Citation 1.7</p>		<p>A. an early intervention service provider seeks to use private insurance to pay for the initial provision of services on a child's IFSP</p> <p>B. each time consent for services is required due to an increase in frequency, length, duration, and intensity in the provision of services on a child's IFSP</p> <p>C. when the use of private insurance is a prerequisite for the use of public benefits or insurance</p>
<p>9. Fiscal Procedural Safeguards (Public Benefits or Insurance). Percent of families where consent was obtained prior to using a child's or parent's public benefits or insurance when that parent or child was not already enrolled in a public benefit or insurance program.</p> <p>Citation 1.8.1</p>	<p>Self-Assessment: Child Record Review</p>	<p>Was consent obtained prior to using a child's or parent's public benefits or insurance when this parent or child was not already enrolled in a public benefit or insurance program?</p>

State of Alaska

SOP Timeline and Actions:

April 2018	Introduced Alaska Early Intervention ILP Operations Manual- reviewed during face-to-face meeting. Shared updated change to Consent to Bill Insurance. Manual is available online at: http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/Appendix-D.pdf . Additionally, a hardcopy was provided to every site.
October/November 2018	Worked with federal TA to design new self-assessment questions and on site monitoring protocol.
December 14, 2018	ILP local Coordinators' meeting – verbal review of OSEP SOP findings letter and outline of actions taken and proposed.
December 21, 2018	Distributed OSEPs letter to leadership 12/18/2018 Leadership meeting with discussion of OSEP letter and intended changes to self-assessment and consent and Consent to Bill Insurance and Billing policy.
January 2019	SOP notice letter issued to the field dated 1/11/2019.
January 2019	Updated Annual Participation Fee Agreement distributed to field.
March 2019	Continuation grant requests will be available for local providers with updated SOP deliverables.
April 2019	Issue continuation grant notices to local providers that comply with deliverable of modified training and compliance with all SOP requirements. Evidence can be in the form of training attendee sign off sheets etc. Updated trainings must include information on all areas Alaska had noncompliance addressed in letter to field dated January 11, 2019.
June 2019	Updated annual self-assessment with SOP questions issued to field.
August 1, 2019	Notice to providers about upcoming onsite SOP visits. Visits will ensure Alaska has an appropriate sample to ensure SOP compliance.
September 2019	Onsite SOP visits conducted.
Sept/October 2019	Analyze data from visits, identify non-compliance, provide notification of non-compliance, ensure non-compliance is corrected as soon as possible but no later than within one year and create CAPS as needed.

April 2018

- Distributed Early Intervention Infant Learning Program operations manual
- Specifically reviewed the modified Consent to Bill form (34 CFR 303.520(b)(1)(ii))

Oct/Nov 2018

- Re-established work to finalize fiscal questions on self assessment
- Held meetis with SDS staff and Anne Lucas to design fiscal monitoring activities to ensure sample size for on-site visit and direction

Dec 2018

- ILP local Coordinators' meeting – verbal review of OSEP SOP letter and outline of actions taken and proposed
- Distributed OSEPs letter to leadership 12/18/2018 Leadership meeting with discussion of OSEP letter and intended changes to self-assessment and Consent to Bill Insurance and Billing policy

Jan 2019

- January 2019 guidance letter issued to the field,
- January 2019, Updated Annual Participation Fee Agreement distributed to field

Mar/Apr 2019

- Continuation grant requests will be available for local providers with required updated SOP deliverables.
- Continuation Grants issued with evidence of updated training plans for SOP

June 2019

- Updated annual self-assessment with SOP questions issued to field.

August 2019

- Notice to providers about upcoming onsite SOP visits. Visits will ensure Alaska has an appropriate sample size to ensure SOP compliance. .

Sept 2019

- Onsite SOP visits conducted

Oct 2019

- Analyze data from visits, identify non-compliance, provide notification of non-compliance, ensure non-compliance is corrected as soon as possible but no later than within one year and create CAPS as needed.



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

**Department of
Health and Social Services**

SENIOR AND DISABILITIES SERVICES
Director's Office

751 Old Richardson Hwy, Ste 100-A
Fairbanks, Alaska 99701-7813
Main: 907.451.5045
Toll free: 800.770.1672
Fax: 907.451.5046

January 10, 2019

Honorable Laurie VanderPloeg
Director
Honorable Ruth Ryder
Deputy Director
Office of Special Education Programs

Dear Director VanderPloeg and Deputy Director Ryder,

The purpose of this letter is to provide a response to the OSEP notice received on October 17, 2018. OSEP's letter was a summary of the results of the monitoring and support activities conducted with our Lead Agency March 19, 21, 26, 2018.

In order to address noncompliance identified by OSEP, the State of Alaska (SOA) is providing: 1) an update on actions the SOA took after the completion of the fiscal monitoring using the monitoring checklist and conversations with OSEP staff before, during, and after the virtual meetings, and 2) the required items requested on page 10 of summary letter due January 15, 2019.

By way of response, SOA has included with this letter:

1) a copy of the tool SOA will use to monitor programs for the SOP requirements OSEP identified as noncompliant. Attached are the indicators and questions the SOA intends to include on an annual basis in the SOA EI/ILP self-assessment. SDS will conduct onsite fiscal monitoring visits to ensure Alaska has a sufficient sample to conclude Alaska local providers are in compliance with A-G in OSEP's notice (pg 10). In particular, SDS will verify: a) programs are using the latest compliant version of the consent to bill form, b) fees are not being charged for entitled services, and c) programs are obtaining consent prior to using a child's or parent's public benefit or insurance when not already enrolled in the public benefit or insurance program.

2) a copy of the fiscal monitoring timeline and actions the SOA has taken/will take to ensure local ILP's are in compliance with all SOP requirements. Alaska is prepared to share the results of the on-site monitoring activities with OSEP prior to October 16, 2019. These results will include any needed Corrective Actions Plans (CAPs) developed as a result of onsite fiscal monitoring.

January 10, 2019

Page 2

3) our evidence that the local ILPs were informed on January 11, 2019 of the requirements under 34 CFR §303.520(b)(1)(i) regarding obtaining consent for the use of private insurance due to an increase in frequency, length, duration or intensity in the provision of EI services in the child's IFSP and other modifications they should begin to make to ensure they are adhering and collecting required evidence detailed in our SOP policy

SOA appreciates OSEP's acknowledgement and consideration of our active participation in the fiscal monitoring and support process. Alaska is proud that our SOP policies and activities were largely compliant. We appreciate your acknowledgement of the work SOA has already done to address issues of noncompliance. We are confident that our timeline and plan will meet all OSEP's directives and requests.

Respectfully,



Deb Etheridge

Acting Director

Senior and Disabilities Services

cc:

Maureen Harwood

Greg Corr

Jennifer Miley

Encl:

Monitoring Indicators and Self-assessment Questions

SOP Timeline and Actions

SOP Memo to the field (Sent to field 1/11/ 2018)

Revised Consent to Bill form

Revised Annual Participation Fee Agreement



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

Department of
Health and Social Services

SENIOR AND DISABILITIES SERVICES
Director's Office

751 Old Richardson Hwy Ste 100-A
Fairbanks Alaska 99701-7813
Main 907.451.5045
Toll free 800.770.1672
Fax 907.451.5046

January 4, 2017

TO: Alaska Early Intervention/Infant Learning Program (EI/ILP) Providers

FROM: ILP State Office

SUBJECT: System of Payment – Participation Fee- Tools for setting up your practice/process

Agency Requirements and Expectations for compliance:

It is the Lead agency's expectation that each participating EI/ILP agency/provider have in place a structure and process for:

- 1) informing enrolled families that our EI/ILP system has an annual participation fee,
- 2) collecting annual participation fees,
- 3) keeping data on any impact that asking for or collecting the fees has on families and the program.

Resources for setting up your agency's practice include attached documents and <https://vimeo.com/172983494>.

How your agency practices this activity will depend on your agency's organizational structure. While the Lead agency is allowing for variation in how providers design the collection of participation fees, we expect providers do not change the intent of the policy or attached documents. The attached forms can be modified in ways that match your agency's need but should not be edited so that critical aspects of the policy are removed.

A starting point for all agencies should be to look at your eligible population. Providers should be able to easily determine how many families will be obligated to pay the fee by determining who has public benefits and who does not. This will help provider agencies as they design the roll out of the participation fee program. Knowing how many families this will impact should help with your design.

Providers should keep a copy of the Family Consent for Billing form for each enrolled family in their file. This will serve as evidence that providers are practicing the collection of the fee.

Agencies should develop a script to help your family service coordinators talk with families about the participation fee. An example script is in attached for your consideration.

Providers should also give all families a copy of the Policy Summary about the fees. The summary includes a link to our full policy manual.

Please note that it is the agreed practice of the EI/ILP system that families are never asked to pay the fee more than once in a year. This means that if a family moves from one agency to another during a year only the first provider will collect the fee. It will be the responsibility of the first provider to ensure information about the receipt of the fee is shared with any subsequent receiving provider agency. Each subsequent provider agency will need new permissions to bill insurance but will not recollect the fee.

Your ILP TA can help with questions about practicing the collection of this fee. By June 30, 2017 each agency should have evidence that your program is following the policy. Agencies should also be able to provide data to the Part C office about any impact the collection of the fee is having on families or your program. Data is not subjective. It should be meaningful so that we can decide if this fee addresses our obligation to have effective evidence that we are coordinating all resources available to pay for early intervention supports.

State Policy

1. **According to Section XVIII. System of Payment A. 2.:** Alaska has established, consistent with 34 CFR §§303.13(a) (3) and 303.203(b), a System of Payments for early intervention services under Part C of IDEA, including a schedule of sliding fees required to be paid for services in which the infant or toddler with a disability or the child's family is enrolled, that meets the requirements of 34 CFR §§303.520 and 303.521.

A. Definitions

1. *Annual Participation Fee* is a supplemental funding system that is based on family size and total household income. This determines a fair payment amount for families without insurance or who prefer not to bill their insurance for services. The annual participation fee will not exceed the cost of services. For families who have been determined as having an inability to pay, services are provided at no cost.
2. *Co-payment* is the portion of the charge that a family is responsible for when private insurance is used to pay for services covered by the insurance plan. Insurance plans typically require a co-payment to be a percent of the charge for the service. It may vary based on the type of service, when the service was received (for example, within a certain number of days of an emergency) or where the service was received (outpatient versus in-patient). When there is a co-payment in managed care plans, it is usually a fixed amount regardless of the cost of the service.

3. *Deductible* is the amount that must be paid out-of-pocket for covered medical care before the benefits of the coverage began. The family should check with their insurance carrier to ascertain their deductible amount. There may also be a total family limit. Deductible amounts vary a great deal from policy to policy. Deductibles are usually set as an annual amount.
4. *Premium* is the charge that is paid to the insurer for the health coverage. This may be paid weekly, quarterly, monthly or annually.
5. *Public Benefits or Insurance* means publically funded services and public insurance including Tricare, Medicaid and Denali KidCare.

Federal Regulations

According to CFR 303.521 System of Payment: § 303.521 System of payments and fees.

(a) *General*. If a State elects to adopt a system of payments in § 303.500(b), the State's system of payments policies

must be in writing and specify which functions or services, if any, are subject to the system of payments (including

any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance), and include—

(1) The payment system and schedule of sliding or cost participation fees that may be charged to the parent for early

intervention services under this part; (2) The basis and amount of payments or fees; (3) The State's definition of ability to

pay (including its definition of income and family expenses, such as extraordinary medical expenses), its definition of inability to pay, and when and how the State makes its determination of the ability or inability to pay; (4) An assurance that—

(i) Fees will not be charged to parents for the services that a child is otherwise entitled to receive at no cost (including

those services identified under paragraphs (a)(4)(ii), (b), and (c) of this section);

(ii) The inability of the parents of an infant or toddler with a disability to pay for services will not result in a delay or

denial of services under this part to the child or the child's family such that, if the parent or family meets the State's

definition of inability to pay, the infant or toddler with a disability must be provided all part C services at no cost.

(iii) Families will not be charged any more than the actual cost of the part C service (factoring in any amount received from other sources for payment for that service); and (iv) Families with public insurance or

benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance; (5) Provisions stating that the failure

to provide the requisite income information and documentation may result in a charge of a fee on the fee schedule and specify the fee to be charged; and (6) Provisions that permit, but do not require, the lead agency to use part C or other funds to pay for costs such as the premiums, deductibles, or co-payments.

(b) *Functions not subject to fees.* The following are required functions that must be carried out at public expense, and for which no fees may be charged to parents: (1) Implementing the child find requirements in §§ 303.301 through 303.303. (2) Evaluation and assessment, in accordance with § 303.320, and the functions related to evaluation and assessment in § 303.13(b). (3) Service coordination services, as defined in §§ 303.13(b)(11) and 303.33. (4) Administrative and coordinative activities related to—

(i) The development, review, and evaluation of IFSPs and interim IFSPs in accordance with §§ 303.342 through 303.345; and

(ii) Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subpart D of this part and this subpart.

(c) *States with FAPE mandates, or that use funds under Part B of the Act to serve children under age three.* If a State has in effect a State law requiring the provision of FAPE for, or uses part B funds to serve, an infant or toddler with a disability under the age of three (or any subset of infants and toddlers with disabilities under the age of three), the State may not charge the parents of the infant or toddler with a disability for any services (e.g., physical or occupational therapy) under this part that are part of FAPE for that infant or toddler and the child's family, and those FAPE services must meet the requirements of both parts B and C of the Act.

(d) *Family fees.* (1) Fees or costs collected from a parent or the child's family to pay for early intervention services under a State's system of payments are program income under 34 CFR 80.25. A State may add this program income to its part C grant funds, rather than deducting the program income from the amount of the State's part C grant. Any fees collected must be used for the purposes of the grant under part C of the Act.



Family Consent and Billing Packet

**Consent to Bill Insurance
Annual Participation Fee Agreement
Family Fee Reduction Calculation Worksheet**

Consent to Bill Insurance

Child's Name:	Date of Birth:			
Public Insurance and Tricare Information				
Medicaid or Denali KidCare #	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">TRICARE #</td> </tr> <tr> <td style="padding: 5px;">TRICARE Subscriber Name:</td> </tr> <tr> <td style="padding: 5px;">TRICARE Subscriber DOB:</td> </tr> </table>	TRICARE #	TRICARE Subscriber Name:	TRICARE Subscriber DOB:
TRICARE #				
TRICARE Subscriber Name:				
TRICARE Subscriber DOB:				
Is this child eligible for Indian Health Benefits? (Circle One) YES NO				
Name and Phone of Primary Insurance:				
Policy #	Policy Holder Name:			
Group #	Group Employer Name:			
Branch Address (on back of card)				
Name and Phone of Secondary Insurance:				
Policy #	Policy Holder Name:			
Group #	Group/Employer Name:			
Branch address (on back of card)				

Consent to Bill Public and/or Private Insurance I give my permission to the Infant Learning Program to bill my public benefit or insurance (e.g. Medicaid, Denali KidCare, TRICARE), and/or private insurance for the following: evaluations, assessments, and/or services listed in my child's IFSP. I authorize release of necessary medical information to process claims.

Although some services are at no cost to families, the State of Alaska's Infant Learning program is required to access all available funding sources for all other services. Families are required to identify other funding sources and are requested to allow the Infant Learning Program to bill those public and private sources for the services they receive. Families who decline to consent to bill the public and private insurance will continue to receive Infant Learning services. A *Consent to Bill Insurance* will be done prior to initial ILP enrollment, and at any time there is a change in services in the IFSP resulting in a cost change, or change in the family's insurance coverage.

I certify that the information provided on this form is true and correct and agree that I will notify my local ILP program of any changes. I have received a copy of the *Alaska Early Intervention/Infant Learning System of Payment Policies* and understand my procedural safeguards including the dispute resolution process.

Parent/Guardian Printed Name: _____ **Date** _____

I DO give permission to bill the above insurance for Early Intervention services provided to my child.

Parent/Guardian Signature _____

I DO NOT give permission to bill the above insurance for Early Intervention services provided to my child.

Parent Guardian Signature _____

I do not have health insurance at this time.

Parent/Guardian Signature _____

There are no changes to my insurance as of this date _____ **Parent Signature** _____

Annual Participation Fee Agreement

Child Name: _____ Date of Birth: _____

My annual income is: _____

My family size is: _____

I agree to pay the ANNUAL FEE of \$_____.

I would like to pay my fee once per Year Quarter Month (requires automatic credit card payment)

Parent Name Printed: _____

Parent Signature: _____ Date: _____

Instructions:

- 1) Follow the first column down until you find your FAMILY SIZE and circle that number.
- 2) Follow that row across until you find your total YEARLY INCOME and circle that number.
(If you know your monthly income multiply that times 12 to get your yearly income)
- 3) Follow that column up to the top and you will see your ANNUAL FEE. If you give us permission to bill your insurance look at the line below to see your DISCOUNTED ANNUAL FEE.
- 4) If you wish to reduce the fee amount based on extraordinary expenses faced by your family, our billing department will help you complete a Fee Reduction Worksheet.
- 5) Complete the certification statement above and print and sign your name.

Annual Fee	0	\$72	\$120	\$240	\$480	\$720
50% discount if we can bill insurance*	0	\$36	\$60	\$120	\$240	\$360
Family size						
2	<\$20,000	20,001-30,000	30,001-35,000	35,001-40,000	40,001-50,000	50,001+
3	<\$26,000	26,001-39,000	39,001-45,500	45,501-52,000	52,001-65,000	65,001+
4	<\$31,000	31,001-46,500	46,501-54,250	54,251-62,000	62,001-77,500	77,501+
5	<\$35,000	35,001-52,500	52,501-61,250	61,251-70,000	70,001-87,500	87,501+
6	<\$41,000	41,001-61,500	61,501-71,750	71,751-82,000	82,001-102,500	102,501+
7	<\$46,000	46,001-69,000	69,001-80,500	80,501-92,000	92,001-115,000	115,001+
8	<\$51,000	51,001-76,500	76,501-89,250	89,251-102,000	102,001-127,500	127,501+
Ea. Addl.		\$7,800	\$9,100	\$10,400	\$13,000	\$15,600

* Annual fee is reduced by 50% upon providing access to private insurance

Per 34 CFR §§303.520 and 303.521, and Alaska State IDEA Part C Policies and Procedures, there is no fee or charge for evaluation, child find activities, development, review and evaluation of IFSPs, interim IFSPs, and service coordination services, or activities related to procedural safeguards. This payment agreement is reviewed annually, and may be adjusted upon request if there are changes in the family financial situation, such as a change in income or unexpected expenses related to: the child's disability, family medical/health care expense, child care, or change in child support/alimony costs.

Chart of Participation Fees

Annual Fee	0	\$72	\$120	\$240	\$480	\$720
50% discount if we can bill insurance*	0	\$ 36	\$ 60	\$ 120	\$ 240	\$ 360
Family size						
2	<\$20,000	20,001-30,000	30,001-35,000	35,001-40,000	40,001-50,000	50,001+
3	<\$26,000	26,001-39,000	39,001-45,500	45,501-52,000	52,001-65,000	65,001+
4	<\$31,000	31,001-46,500	46,501-54,250	54,251-62,000	62,001-77,500	77,501+
5	<\$35,000	35,001-52,500	52,501-61,250	61,251-70,000	70,001-87,500	87,501+
6	<\$41,000	41,001-61,500	61,501-71,750	71,751-82,000	82,001-102,500	102,501+
7	<\$46,000	46,001-69,000	69,001-80,500	80,501-92,000	92,001-115,000	115,001+
8	<\$51,000	51,001-76,500	76,501-89,250	89,251-102,000	102,001-127,500	127,501+
Ea. Addl.		\$7,800	\$9,100	\$10,400	\$13,000	\$15,600

Quarterly Fee	0	\$18	\$30	\$60	\$120	\$180
50% discount if we can bill insurance*	0	\$9	\$15	\$30	\$60	\$90
Family size						
2	<\$20,000	20,001-30,000	30,001-35,000	35,001-40,000	40,001-50,000	50,001+
3	<\$26,000	26,001-39,000	39,001-45,500	45,501-52,000	52,001-65,000	65,001+
4	<\$31,000	31,001-46,500	46,501-54,250	54,251-62,000	62,001-77,500	77,501+
5	<\$35,000	35,001-52,500	52,501-61,250	61,251-70,000	70,001-87,500	87,501+
6	<\$41,000	41,001-61,500	61,501-71,750	71,751-82,000	82,001-102,500	102,501+
7	<\$46,000	46,001-69,000	69,001-80,500	80,501-92,000	92,001-115,000	115,001+
8	<\$51,000	51,001-76,500	76,501-89,250	89,251-102,000	102,001-127,500	127,501+
Ea. Addl.		\$7,800	\$9,100	\$10,400	\$13,000	\$15,600

Monthly Fee	0	\$6	\$10	\$20	\$40	\$60
50% discount if we can bill insurance*	0	\$3	\$5	\$10	\$20	\$30
Family size						
2	<\$20,000	20,001-30,000	30,001-35,000	35,001-40,000	40,001-50,000	50,001+
3	<\$26,000	26,001-39,000	39,001-45,500	45,501-52,000	52,001-65,000	65,001+
4	<\$31,000	31,001-46,500	46,501-54,250	54,251-62,000	62,001-77,500	77,501+
5	<\$35,000	35,001-52,500	52,501-61,250	61,251-70,000	70,001-87,500	87,501+
6	<\$41,000	41,001-61,500	61,501-71,750	71,751-82,000	82,001-102,500	102,501+
7	<\$46,000	46,001-69,000	69,001-80,500	80,501-92,000	92,001-115,000	115,001+
8	<\$51,000	51,001-76,500	76,501-89,250	89,251-102,000	102,001-127,500	127,501+
Ea. Addl.		\$7,800	\$9,100	\$10,400	\$13,000	\$15,600

Family Fee Reduction Calculation Worksheet

(For families who wish to reduce their annual income based on extraordinary expenses)

Annual Family Income		Medical/Dental Expenses Continued	
1. Gross Monthly Salary (1 st wage earner) (Before taxes, social security, insurance, etc.)	\$	13. Specialized clothing required by medical condition \$ _____ per month x 12	\$
2. Gross Monthly Salary (2 nd wage earner) (Before taxes, social security, insurance, etc.)	\$	14. Specialized respite care or child care above typical costs not listed on Line 20	\$
3. Other Monthly Income (pensions, rentals, interest, dividends, alimony, child support.)	\$	15. Medical transportation costs \$ _____ per month x 12	\$
4. Total Monthly Income (Add Lines 1+2+3.)	\$	16. Other related medical costs (specify): \$ _____ per month x 12	\$
5. Annual Family Income (Multiply Line 4 x 12 and enter on Line 23.)	\$	17. Total Medical/Dental Expenses (Add Lines 6 through 16.)	\$
Medical/Dental Expenses		Calculate Deductions from Income	
6. Health Insurance Premiums \$ _____ per month x 12	\$	18. Minimum Medical/Dental Deduction (Multiply Line 5 [Annual Income] x .075.)	\$
7. Dental and Vision Expenses \$ _____ per month x 12	\$	19. Deductible Medical/Dental Expenses (Subtract Line 18 from Line 17. If the result is greater than zero, enter it here, otherwise enter \$0.)	\$
8. Insurance Co-payments \$ _____ per month x 12	\$	20. Child Care Costs \$ _____ per month x 12	\$
9. Hospital Expenses \$ _____ per month x 12	\$	21. Child Support or Alimony Payments \$ _____ per month x 12	\$
10. Nutritional supplements ordered by physician \$ _____ per month x 12	\$	22. Total Deductions (Add Lines 19 + 20 + 21 and enter on Line 24.)	\$
11. Prescriptions \$ _____ per month x 12	\$	Calculate Modified Family Income	
12. Durable medical equipment, assistive technology, or adaptations expenses for the year	\$	23. Amount from Line 5.	\$
		24. Amount from Line 22.	-\$
		25. Modified Family Income (Subtract Line 24 from Line 23 and enter it here and on Page 1, Line A.)	\$
Allowable Medical Expenses			
<p>Qualifying expenses must be directly related to the health or medical condition of a family member. Expenses must be out of pocket for the previous 12 months and for which you will not be reimbursed. You may deduct qualifying medical/dental expenses that are <i>greater than 7.5%</i> of your adjusted gross income. Please refer to "IRS Publication 502, Medical and Dental Expenses" for additional details or www.IRS.gov.</p>			
<ul style="list-style-type: none"> • Capital expenses for equipment or improvements to your home needed for medical care • Cost and care of guide animals aiding the blind, deaf, and disabled • Cost of lead based paint removal • Expenses of an organ transplant • Hospital services fees (lab work, therapy, etc.) • Birth control pills, legal abortion, legal operations • Meals and lodging provided by a hospital during medical treatment • Medical and hospital insurance premiums • Medical services fees (from doctors, dentists, surgeons, specialists and other medical practitioners) 		<ul style="list-style-type: none"> • Oxygen equipment and oxygen • Prescriptions, medicines, and insulin • Tutoring recommended by a doctor • Psychiatric care at a specialty equipped medical center (includes meals and lodging) • Special items (hearing aids, wheelchairs, etc.) • Special school, tuition, meals and lodging • Transportation for medical care • Treatment at a drug or alcohol center • Wages for nursing services • Diaper costs related to medical problem • Other expenses included in IRS Publication 502 	
What cannot be included as expenses:			
<ul style="list-style-type: none"> • Diaper services • Health club dues • Household help • Stop smoking program 		<ul style="list-style-type: none"> • Weight loss program • Life insurance or income protection policies • Maternity clothes • Medicine bought without a prescription 	
		<ul style="list-style-type: none"> • Nursing care for a healthy baby • Surgery for purely cosmetic reasons • Other expenses <u>not</u> included in IRS Publication 502 	

Alaska Early Intervention/ Infant Learning Program Billing Policy Summary



This is a summary of ILP payment policies.

You can find the complete policies at:

<http://tinyurl.com/ak-ilp-fees>

A helpful video can be found at:

<https://vimeo.com/172983494>

ILP Services with no fee: All evaluation and service coordination services are provided at no cost to families. If your child is eligible and enrolls in the program, ILP staff will work with you to develop and coordinate your Individualized Family Service Plan (IFSP) at no cost.

ILP Services with a fee: Therapy is an example of a service that has a fee associated.

Annual family participation fee: Enrolled children are charged an annual participation fee by their local ILP. You will not be charged more than the actual cost of services. Fees are based on a sliding scale; the amount depends on a family's income and size. Families who have public benefits are not charged an annual family participation fee.

Family income: We will ask you to report your family income and size once a year or when significant changes occur, counting all family income from any source except the Alaska Permanent Fund Dividend. You don't have to share your income information with us. However, if you don't, your family will be charged the maximum annual participation fee based on the sliding fee scale.

Extraordinary expenses: You may request a reduction in your annual fee due to medical expenses, child care costs, or child support/ alimony payments.

Public benefits: Some families are eligible for public benefits or insurance, such as Medicaid, Denali Kid Care, Indian Health Services or Tricare. If you have these benefits, we will ask your permission prior to using them. You don't have to sign up for public benefits or insurance to receive ILP services. If you have them but don't want us to use them, ILP will still make services available as outlined on your child's IFSP.

Private insurance: ILP will ask your permission to bill your insurance. If you allow us to bill services to your insurance, we will waive your co-pays and deductibles and reduce your annual participation fee by 50 percent. ILP will not delay or deny services that are outlined on your IFSP if you do not provide consent for us to bill your private insurance. Your family is responsible for paying your insurance premiums. Families who have insurance or benefits will not be charged more than families who don't.

You have rights: If you disagree with a fee or the determination of your ability to pay, you may participate in mediation, request a due process hearing, or file a complaint.

Questions? For more information, please contact your ILP family service coordinator or Billing Specialist at:



State of Alaska
Department of Health & Social Services
Division of Seniors and Disabilities
Alaska Early Intervention/Infant Learning Program
dhss.alaska.gov/dsds/Pages/infantlearning