**Logo for the Early Childhood Technical Assistance Center (ECTA)
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# System of Payments Monitoring Protocol Worksheet

Worksheet Purpose:The purpose of this worksheet is to support states in developing or enhancing their internal processes for monitoring implementation of their System of Payment (SOP) policies statewide. Also, this worksheet can be used to assist states in preparing for Fiscal Monitoring by the Office of Special Education Programs (OSEP). This worksheet was developed by the ECTA Center in 2017 based on information and questions in the Part C System of Payments Monitoring Protocol developed and released by OSEP in 2016 (https://osep.grads360.org/#communities/pdc/documents/12961). The “Considerations” included with each question were designed to help the state think about how their system addresses each question.

1. General SoP Requirements. For this area, as applicable, the State should assess how the general supervision system monitors the use of public benefits or insurance, private insurance, and/or a schedule of sliding or cost participation fees to pay for Part C services.

Documents OSEP will be reviewing:

* The State’s SoP (Draft or Final) policies
* The State’s Method(s) (Draft or Final), if applicable
* Documentation related to the implementation of aspects of that SoP (e.g., State forms related to considering and accessing potential payor sources before Part C funds are spent)
* Documentation related to the lead agency’s mechanisms for ensuring that Part C funds are used to make interim payments when necessary to prevent a delay in EI services
* Any evidence that the lead agency has utilized Part C funds as an interim payor source to prevent a delay in service provision
* Any monitoring protocols/evidence of data queries related to payor sources, or any documentation/examples demonstrating how consideration was given to other available funding sources (consistent with the State’s SoP)

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| OSEP Questions | | Current Process | Available Evidence | Additional steps/documents that need to be in place in the future related to the question |
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| 1. | What mechanisms (including processes/procedures) does the lead agency use to ensure that Part C funds are used, as needed, to prevent a delay in the timely provision of early intervention services?  Considerations:   * How have you informed program providers and service coordinators of this requirement? Have you provided training and guidance? * How do you enforce this requirement?   + Is this requirement included in your contracts with local programs?   + Is this requirement included in your interagency agreements?   + Do you have a process for monitoring whether or not this requirement is being implemented consistently across the state? * Do you know if there have been delays in services as a result of funding barriers (e.g. delay in approval to bill private insurance or Medicaid) and if Part C funds have been used to pay for services to prevent delays? * If there have been instances when this has occurred, what process was used to ensure there were no delays in services? |  |  |  |
| 2. | When Part C funds are used, how does the lead agency ensure that EIS providers consider other available funding sources (consistent with the State’s SoP), and maintain documentation related to the resulting funding decisions?  Considerations:   * How have you informed program and service coordinators of this requirement? Have you done training and guidance? * How do you enforce this requirement?   + Do you include the payor of last resort requirements in your contracts with local programs?   + Is this requirement included in your interagency agreements and/or in the local agreements that are developed?   + Do you look at whether or not your local programs and their service coordinators are consistently implementing the payor of last resort for each child/service? If so, how do you do this? * What process do providers use to make decisions about what fund sources to access for each child and each service? |  |  |  |
| 3. | How does the lead agency ensure adherence to the State’s definition of ability to pay in charging for EI services (if a state charges out of pocket costs to families, including copayments, deductibles, or family fees)?  Considerations:   * How have you informed program providers and service coordinators about your definition of ability to pay and your fee determination process? Have you provided training and guidance? * Do you include in your local contracts the requirement that programs implement your family fee policy and use your forms in determining a family’s ability to pay? * Do you have a process in place for monitoring whether service coordinators are accurately gathering information from families and accurately determining a family’s ability to pay? * How do you know if programs and service coordinators are determining a family’s ability to pay consistently across the state? |  |  |  |
| 4. | How does the lead agency document when and how it, or the local program/EIS provider, makes its determination of the ability or inability to pay?  Considerations:   * Have you included a requirement in your local contracts that requires local programs to document the family’s ability or inability to pay using your fee agreement form? * Have you trained and provided guidance to programs and service coordinators across the state on how to use and complete your fee agreement form? * How do you know that program and service coordinators are maintaining documentation of each family’s ability or inability to pay? Do you have a process for monitoring this? * Do you know if this is being done consistently across programs and service coordinators for each family?   Related Monitoring Questions to Consider:   * How do you know if once a provider has identified a family’s ability to pay that the appropriate fees are consistently and accurately billed to the family based on the fee agreement? |  |  |  |
| 5. | How does the lead agency ensure that parents are informed of their procedural safeguard options regarding payments for services?  Includes:   * Notice for billing Medicaid * Notice about billing private insurance * Rights re: if parents disagree   Considerations:   * How do you inform parents that they can access mediation or due process or file a complaint if they disagree with their family fee or determination of ability to pay? * How do you know if service coordinators/providers provide this information to families each time they provide consent to bill private or public insurance or sign their family fee agreement form? Do you have a process for monitoring if this happens? * Do you know if this is being done consistently across programs and service coordinators/providers? |  |  |  |
| 6. | How does the State ensure consistent implementation of its SoP policy across the State, when public insurance or benefits, private insurance or family fees are used to pay for Part C services?  Considerations:   * Have you included the requirement to implement your SOP policies in your local contracts for all programs? * How have you ensured that program providers and service coordinators understand your SOP policies and what is required of them? Have you completed training across the state for all programs and service coordinators/providers? * Do you have a means of monitoring each program’s and provider’s implementation of your SOP policies to ensure consistency across the state? * Do you have any information that would lead you to believe that there is inconsistent implementation of your SOPs by local programs and providers? |  |  |  |

1. Monitoring Protocol: Use of Private Insurance.For this area, as applicable, the state should assess how the OSEP will examine how the State’s general supervision system monitors the implementation of the consent requirements (where required) in accessing private insurance to pay for Part C EI services.

Documents OSEP will be reviewing:

* Any State monitoring protocols/reports
* Policies and procedures related to parental notification/consent provisions
* Sample State consent forms
* Evidence of State trainings/implementation of policies

| OSEP Questions | | Current Process | Available Evidence | Additional steps/documents that need to be in place in the future related to the question |
| --- | --- | --- | --- | --- |
| 1. | What mechanisms has the lead agency established to ensure that parental consent for the use of private insurance to pay for Part C services is obtained, consistent with IDEA?  Considerations:   * How have you informed local programs of the need to obtain consent to use private insurance initially, each time there is an increase (in frequency, length, duration, or intensity) in the provision of services in the child’s IFSP, and when private insurance is a prerequisite for the use of public benefits? Have you provided training to programs, providers and service coordinators? * Is this requirement in your local contacts? * How do you know if service coordinators are obtaining consent according to the requirements? Do you have a means of monitoring their implementation of this? * Do you know if this requirement is being implemented consistently in all programs and for all families?   Related Monitoring Questions to Consider:   * How do you know if once a family has provided consent to bill private insurance that billing for those services actually occurs? * How do you know if the program follows up with the insurance company if the insurer denies the claim as an attempt to obtain reimbursement? |  |  |  |
| 2. | What mechanisms has the lead agency established to ensure that a lack of consent for the use of private insurance to pay for Part C services does not result in the delay or denial of EI services to children or families that are determined unable to pay?  Considerations:   * How have you informed program and service coordinators of this requirement to ensure they understand it? Have you provided training or guidance? * Do you include this requirement in your local contracts? * How do you know that no services have been delayed or denied if a family declines to have their insurance billed or if a family is unable to pay? Do you have a process for monitoring the implementation of this requirement? |  |  |  |
| 3. | What mechanisms has the lead agency established to ensure that the parent notification/ provision of SoP policies is consistently implemented? In other words, how does the lead agency ensure that parents are provided a copy of the State’s SoP policies when parental consent is required for the use of private insurance, including when the State seeks to use the parent’s private insurance to pay for the initial provision of an early intervention service on an IFSP, and each time consent is required due to an increase in the provision of services?  Considerations:   * How have you informed program and service coordinators they must provide families with a copy of the SOPs when parent consent is obtained? Have you provided training or guidance? * Have you included this requirement in your local contracts? * How do you know if service coordinators are providing families with a copy of the SOPs when parent consent to bill private insurance is obtained? Do you have a means of monitoring implementation of this requirement? * How do know if this requirement is being implemented consistently across the state? |  |  |  |
| 4. | What State trainings are provided to local programs/EIS providers regarding informing parents of SoP policies, particularly regarding consent?  Considerations:   * Have you provided any initial and ongoing trainings to programs and their staff (and contracted providers) about these requirements in your SOPs? * How do you ensure new local program staff understand these requirements? * What guidance have you provided about the SOP policies? |  |  |  |

1. Monitoring Protocol: Use of Public Benefits or Insurance.For this area, as applicable, the state should assess how the general supervision system monitors the consent requirements for the use of public benefits or insurance: (1) where child or parent is not already enrolled in the program; or (2) if the use of that public insurance would result in specified costs to the family.

Documents OSEP will be reviewing:

* Any State monitoring protocols/reports
* Sample State notification/consent forms
* State policies and procedures related to parental notification/consent
* Evidence of State trainings or other mechanisms designed to implement its policies

| OSEP Questions | | | Current Process | Available Evidence | Additional steps/documents that need to be in place in the future related to the question |
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| 1. | | What mechanism(s) is the lead agency using to ensure compliance with the requirements that parents cannot be required to sign up for public benefits or insurance as a condition of receiving EI services, and parent consent must be obtained prior to using a child’s or parent’s public insurance (when that child or parent is not already enrolled in such a program)?  Considerations:   * How have you informed program and service coordinators they cannot require families to sign up for public benefits as a condition of receiving EI services and that parent consent must be obtained prior to using their public insurance, if they are not already enrolled? Have you provided training or guidance? * Have you included this requirement in your local contracts? * How do you know there have been no parents who have been required to sign up for public benefits? How do you monitor this requirement? |  |  |  |
| OSEP Questions | | | Current Process | Available Evidence | Additional steps/documents that need to be in place in the future related to the question |
| 2. | How does the lead agency ensure compliance with the consent requirement when the use of public insurance or benefits to pay for Part C services would result in specified costs (such as a decrease in the available lifetime coverage or any other insured benefit for that child or parent under that program; the child’s parents paying for services that would otherwise be covered by the public benefits or insurance program; an increase in premiums or discontinuation of public benefits or insurance for that child or that child’s parents; or risk of loss of eligibility for the child or that child’s parents for home and community-based waivers based on aggregate health-related expenditures)?  Considerations:  • How have you informed program and service coordinators about when consent for the use of public insurance must be obtained? Have you provided training and guidance?  • Is this requirement included in your local contracts?  • How do you know if service coordinators are obtaining parental consent to use public insurance? Do you have a means of monitoring implementation of this requirement?  • How do know if this requirement is being implemented consistently across the state?  Related Monitoring Questions to Consider:  • How do you know if once a parent has provided consent if public insurance is appropriate billed for the services?  • How do you know if the program/provider follows up with public insurance, if the claim is initially denied as an attempt to obtain reimbursement? | |  |  |  |
| OSEP Questions | | | Current Process | Available Evidence | Additional steps/documents that need to be in place in the future related to the question |
| 3. | How does the lead agency ensure that parents are provided with written notification that includes IDEA required elements, prior to using a child’s or parent’s public insurance to pay for EI services? (Note: The notification must include the following elements:   1. Parental consent must be obtained under 34 CFR §303.414, if that provision applies, before the State lead agency or EIS provider discloses a child’s personally identifiable information (PII) to the State public agency responsible for the administration of the State’s public benefits or insurance program for billing purposes; 2. Information about IDEA no-cost protection provisions in 34 CFR 303.520(a)(2); 3. Information about the parent’s right to withdraw consent for sharing PII; and 4. Categories of cost that parents might incur as a result of participating in a public benefits or insurance program (such as co-payments or deductibles, or the required use of private insurance as the primary insurance).)   Considerations:   * How have you informed program and service coordinators that parents must be provided written notification that includes IDEA required elements, prior to using a child’s or parent’s public insurance? Have you provided training and guidance? * Is this requirement included in your local contracts? * How do you know if service coordinators are providing this notice to parents prior to using their public insurance? Do you have a means of monitoring implementation of this requirement?   How do know if this requirement is being implemented consistently across the state? | |  |  |  |

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