

New York State Department of Health
Bureau of Early Intervention
System of Payments

Federal Regulation	State Policy
303.510(a)(b) 303.203(b)(1)	Federal Part C funds are not used to pay for evaluations, service coordination, or general service provision. [PHL 2557(1)]. Federal Part C Funds may be used to prevent a delay in the timely provision of services pending payment from NYS municipalities and NYS Department of Health.
303.521(a)	Early Intervention Program (EIP) services are paid for using a combination of funds claimed from private and public insurance, and municipal and State general revenue pay the remaining balance. Parents incur no costs for payment of EIP services. [PHL 2557(1)] All services provided through the Early Intervention Program, including evaluations, service coordination, and general services are claimed and paid in the following manner: <ul style="list-style-type: none"> • The service coordinator collects, and parents provide, information on any plan of insurance under which the child has coverage. [PHL 2559(3)(a)(i)] • The service coordinator collects, and parents provide, a written referral from a primary care provider as documentation of the medical necessity of early intervention services. [PHL 2559(3)(a)(ii)] • Providers are subrogated for payment of early intervention services. [PHL 2559(3)(d)] • Providers claim payment for early intervention services from private commercial insurance and public insurance, including Medicaid. [PHL 2559(3)(a)] • After either denial or partial payment, any remaining balance of the approved early intervention service rate due to the provider is paid in full by the municipality from municipal general revenue. [PHL 2557(1)] • The State Department of Health reimburses the municipality its share of the cost for services from State general revenue. [PHL 2557(2)]
303.521(a)(1); 303.521(a)(2); 303.521(a)(3); 303.521(a)(4)	Parents incur no costs for payment of EIP services. No fees are charged to parents. Co-payments and deductibles are paid by the municipality. [PHL 2557(1); PHL 2559(3)(b)]
303.521(a)(4)(i), (a)(4)(ii), (b), (c)	All EIP services are provided at no cost to families, including core services which children are entitled to receive at no cost (including child find, evaluations and assessments, service coordination services, administrative and coordinative activities related procedural safeguards, the development, review, and evaluation of IFSPs and interim IFSPs, and all other Part C services). [PHL 2557(1); PHL 2559(3)(b)]
303.521(a)(5)	No income information is collected from parents by the EIP. [PHL 2559(3)(a)(i)]
303.521(a)(6)	Part C funds are not used to pay co-payments and deductibles. The municipalities are responsible for payment of co-pays and deductibles from municipal general revenue. [PHL 2559(3)(b)]
303.521(e); 303.520(a)(3)	In circumstances where the child's and family's commercial insurance plan is regulated by New York State Insurance Law, and/or the child has public insurance coverage (e.g., Medicaid), commercial and/or public insurance benefits are accessed to help pay for EIP services. In these circumstances, written notice regarding New York State's system of payments is provided to every parent by the initial service coordinator as part of their initial contact. At this contact the initial service coordinator: <ul style="list-style-type: none"> • Reviews the parent's rights and responsibilities under the Program. • Obtains the family's insurance information using the "Collecting Insurance Information" form.

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	<ul style="list-style-type: none"> • Provides an explanation of the protections in law when families’ insurance is used to help pay for EIP services and provides parents with a copy of the “Parent Letter Regarding Use of Regulated Insurance”. [10NYCRR 69-4.7] <p>The ongoing service coordinator is responsible for obtaining updated insurance information when a family’s insurance coverage has changed. The ongoing service coordinator obtains the family’s updated insurance information using the “Collecting Insurance Information” form and provides the parents with a copy of the “Parent Letter Regarding Use of Regulated Insurance”. [10NYCRR 69-4.6(d)]</p>
303.520(b)(2)	<p>When a family’s private commercial health insurance is regulated by New York State Insurance Law, the following protections are assured by State Public Health Law and State Insurance Law:</p> <ul style="list-style-type: none"> • Insurers are prohibited from charging any benefits paid for early intervention services against any maximum annual or lifetime policy limits ("caps") in the family’s insurance plan. [PHL 2559(3)(a)] [SIL§3235-a(b)] • Insurers cannot discontinue or fail to renew a family’s insurance coverage solely because a child is receiving services through the EIP. [SIL§3235-a(d)] • Insurers cannot increase health insurance premiums solely because a child and family are receiving services through the EIP. [SIL§3231 (a) ; SIL§4371 (a)] • The Municipality is responsible for payment of all co-payments and deductibles. Parents are not responsible for these costs. [PHL 2559(3)(b)]
303.520(a)(2)(ii) 303.520(a)(3)(ii)	<p>When a family’s public insurance is accessed to pay for EIP services, the following protections in State Public Health Law and State Insurance Law are in place for families. Use of public insurance benefits to pay for EIP services will not:</p> <ul style="list-style-type: none"> • Decrease lifetime available coverage. [PHL 2559(3)(a)] • Result in an increase in premiums or discontinuation of a family’s insurance coverage. [SIL§3235-a(d); SIL§3321-(q)(3); SIL§4305 (k)] • Risk loss of eligibility for home and community-based waiver programs. [PHL 2559 (4)]
303.520(b)(1)(i); 303.520(c)	<p>In circumstances where the child’s and family’s commercial insurance plan is not regulated by New York State Insurance Law, written parental consent must be obtained before this insurance can be used to help pay for EIP services. [PHL 2559(3)(a)]</p> <ul style="list-style-type: none"> • The parent may choose to provide voluntary consent for their insurance to be accessed for payment. • Written parental consent is obtained for use of insurance that is not regulated by State Insurance Law at the initial contact with the parent and at each IFSP meeting thereafter. <ul style="list-style-type: none"> ○ The initial service coordinator is responsible for these activities at the initial contact and initial IFSP meeting. ○ The ongoing service coordinator is responsible for these activities at each IFSP review and annual meeting. • The service coordinator fully informs parents regarding the potential effects of seeking payment from insurance that is not regulated by State Insurance Law, including: <ul style="list-style-type: none"> ○ The insurance company will not be prohibited from applying the early intervention services to the policy’s monetary limits or from reducing the number of visits otherwise available. ○ The insurance company will not be prohibited from discontinuing or failing to renew the family’s health insurance coverage based on the child’s participation in the EIP.

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	<ul style="list-style-type: none"> ○ The insurance company will not be prohibited from increasing the family’s premiums based on the child’s participation in the EIP. ● Municipalities pay the cost of co-payments and deductibles when insurance which is not regulated is claimed for payment for early intervention services. Parents are not responsible for these costs. ● The service coordinator provides the parent with the “Parent Letter Regarding Use of Non-Regulated Insurance”. ● If the parent chooses to provide consent, the service coordinator obtains written parental consent using the form “Consent to Bill Non-Regulated Insurance”, and obtains the family’s insurance information using the “Collect Insurance Information” form. ● If the parent does not provide consent to access unregulated insurance to help pay for EIP services, EIP services must still be provided and must be delivered in a timely manner. <p>[10NYCRR 69-4.7(g)]</p>
303.520(b)(1)(ii); 303.520(a)(3)(iv)	Parents continue to be responsible for payment of their own health insurance premiums as dictated by their policy; however, parents are not responsible for the payment of co-payments and deductibles for EIP services provided to their children and family. [PHL 2559(3)(b)]
303.520(b)(1)(iii); 303.520(a)(2)(iii);	If parents refuse to provide insurance information, refuse to consent for un-regulated insurance to be accessed, or do not have insurance, EIP services identified in the IFSP must still be provided. [PHL§2559(1)]
303.520(a)(2)(i); 303.520(a)(3)(ii)	Parents are not required, as a condition of receiving EIP services, to enroll their families in public or private insurance. [PHL§2557(1)]
303.520(a)(3)(iv); 303.520(a)(4)	If a family has both private commercial insurance and Medicaid, private insurance benefits will be accessed first and only the remaining balance will be sent on to Medicaid for payment. [69-4.22 (a)]
303.431 (Mediation) 303.436 (Due Process Hearing) 303.441 (Due Process Complaint) 303.434 (Filing Complaint) 303.420(a)(3) (Parent Consent and the ability to decline services) 303.421 Prior written notice and procedural safeguard notice 303.521(e)(System of Payment and fees)	Parent Notice Regarding Insurance Letter includes a description of parent legal rights including the opportunity for mediation, filing a system complaint or seeking a due process hearing about using a families’ health insurance to pay for early intervention services. Parental consent to use non-regulated insurance for payment of EIP services will occur at every 6 month IFSP review/meeting and whenever there is an increase in frequency, duration or intensity in the provision of services in the IFSP.