

Guidance for EI-15

Documentation of Parent Ability to Pay for Early Intervention Services

1. Overview

The SOP rule (OAC 5123:2-10-03) must be explained to all families—and form EI-15 completed—regardless of the number of units of EI services the child is anticipated to need. This process must be completed and documented *within the first 45 days of referral* and prior to completing the IFSP and within 45 days of each annual review (OAC 5123:2-10-03 D(1)). It is the Service Coordinator's role to explain the SOP rule to parents, respond to questions, complete the EI-15 form with the parent, determine the parent's ability or inability to pay, and explain the determination to parents. It is the parent's role to decide which information to share. The images and text that follow further explain how the EI-15 form should be completed.

2. Child Information

This section must be completed on every child's form.

- **Today's date:** Month, day, year of form's completion date
- **Child's name:** Child's full name, including middle name if known (no nicknames)
- **Child's DOB:** Month, day, and year of child's birth
- **Parent name(s):** Parent's full name(s)
- **EIDS Number:** Child's unique ID (ETID) generated by the Early Intervention Data System (EIDS)

Today's date	Child's name	Child's DOB
Parent name(s)	EIDS number	

3. Documentation

This section documents the family's financial information to support whether the family has the ability or inability to pay for EI services, as defined in the System of Payments rule. A parent is unable to pay for EI services if at least one of the following is applicable: (1) the child or parent has an active Medicaid card, (2) the parent has an active WIC card, or (3) the parent income is less than or equal to 206% of the federal poverty level

If the parent shares financial information, check one of the following boxes:

- A. **Ohio Medicaid Card:** If the parent or child has an active Ohio Medicaid card, check the box and skip to the documentation of ability or inability to pay section.
- B. **Ohio WIC Card:** If the parent has an Ohio WIC card, check the box and skip to the documentation of ability or inability to pay section.
- C. **Parent Income:** Fill out this section *only* if you have not checked either the Medicaid box OR WIC card box. If you are completing the income section, ensure all questions are answered.
 - **Parent income:** The frequency with which the working adult receives a paycheck
 - **Family size:** Number of people who live in the child's home (as determined by the family)
 - **Pay stub date(s):** Date(s) of the pay stubs the family shared with the Service Coordinator
 - **Gross amount(s):** Total gross amount(s) of the pay stub(s)

Note: If there are multiple working adults with incomes, fill out the above fields for all working adults

- **Total annual income:** The total annual income, as calculated by the pay stub(s) and frequency with which the working adult is paid
- **Family income less than or equal to Healthy Start Eligibility for uninsured children (206% FPL):** If the Total annual income is less than 206% FPL (as determined by the table found on the Early Intervention website), then “Yes” should be selected. Otherwise, “No” should be selected.
- If this section is complete, skip to the documentation of ability or inability to pay section.

If you are unable to verify the parent’s ability to pay using one of the above methods, continue to the box for the parent to indicate “I have chosen not to share my financial information...”

Documentation (only one is required)					
<input type="checkbox"/> (A) Ohio Medicaid Card	<input type="checkbox"/> (B) Ohio WIC Card	<input type="checkbox"/> (C) Parent income			
Parent income: <input type="checkbox"/> weekly (52) <input type="checkbox"/> bi-weekly (26) <input type="checkbox"/> monthly (12) <input type="checkbox"/> bi-monthly (24) family size: _____					
Pay stub date(s) _____					
Gross amount(s) _____					
Parent income: <input type="checkbox"/> weekly (52) <input type="checkbox"/> bi-weekly (26) <input type="checkbox"/> monthly (12) <input type="checkbox"/> bi-monthly (24) family size: _____					
Pay stub date(s) _____					
Gross amount(s) _____					
Total annual income _____					
Family income less than or equal to Healthy Start Eligibility for uninsured children? (206% FPL) Yes <input type="checkbox"/> No <input type="checkbox"/> https://ohioearlyintervention.org/system-of-payments					

Parent has chosen not to share financial information: If the parent or child does not have a Medicaid card, the parent does not receive WIC services, and the family has declined to share financial information, this box must be initialed. This section should be completed *only if* Medicaid and WIC are not checked and the parent has declined to share their financial information.

I have chosen not to share my financial information and understand that according to OAC 5123:10-03 (D), I will be responsible for paying the cost of early intervention services beyond the first publicly funded 55 units.
Parent initials

4. Determination of ability or inability to pay and Service Coordinator’s signature

One of these options must be chosen and should match the documentation provided above.

Unable to Pay: If the parent or child has a Medicaid card, or the parent has a WIC card, or the parent provides proof of income that is below than 206% FPL, the family is *unable to pay*.

Able to Pay: If the parent or child does not have Medicaid, the parent does not have a WIC card, and the family provides proof of income that is above 206% FPL or declines to share their financial information, the family is *able to pay*.

Along with the determination of ability or inability to pay, the Service Coordinator's printed name and signature and date of signature are required.

I have seen and reviewed the documentation provided by the parent per OAC 5123:2-10-03 (D) and have determined the parent is unable able to pay for Early Intervention services.

El Service Coordinator name

Date

 El Service Coordinator signature

5. Parent Signature

The parent must sign and date the bottom of the EI-15 form, even if the parent has initialed above to decline to share financial information. The date of Parent Signature is used to determine if the EI-15 was completed timely. If the parent refuses to sign, the Service Coordinator still needs to sign and select "able to pay." Case notes should also clearly reflect that the parent refused to sign the form and was advised that doing so would result in the family being determined able to pay.

I have reviewed the information used to complete this form and my service coordinator has explained to me the determination of whether I am able or unable to pay for EI services.

 Parent Signature

Date

6. Case Notes

All activities around coordination of funding also must be documented in case notes, such as explaining the SOP rule to parents, providing the brochure, and explaining parent rights.

Consent to Bill Insurance

The parent's consent to bill private or public insurance is now documented on Form EI-05. Once form EI-15 has been completed, the Service Coordinator needs to complete form EI-05 with the parent, regardless of the family's ability or inability to pay for EI services.

Questions

SOP forms and resources are available online at <https://ohioearlyintervention.org/system-of-payments>. If you have questions about filling out the EI-15 form or the SOP rule more generally, contact the EI Resource Coordinator at polr@dodd.ohio.gov.