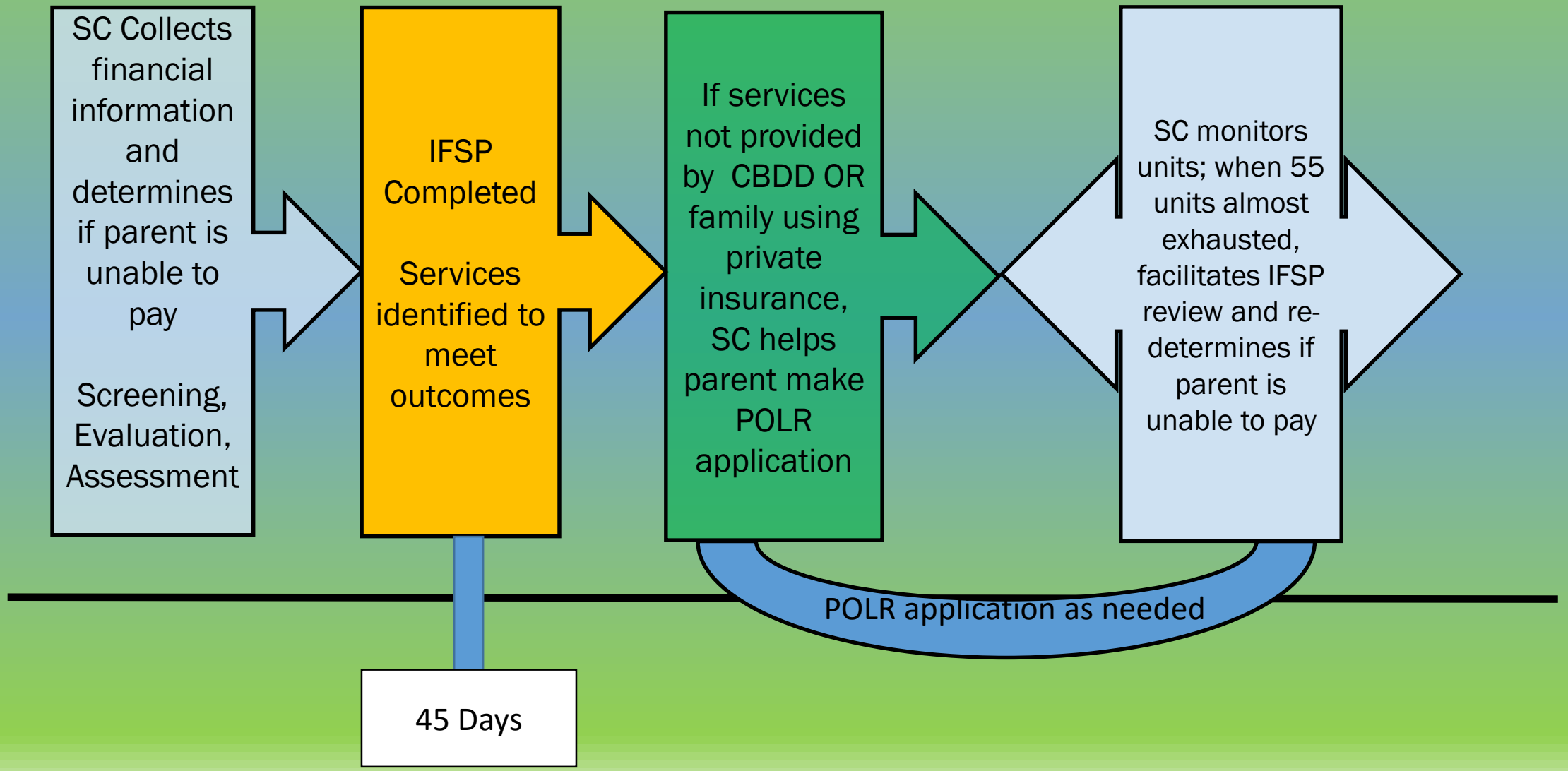
Supporting Ohio's Service Coordinators

System of Payments

May 2018

OHIO Early Intervention

System of Payments Process



Ohio | Department of Developmental Disabilities

Documentation to Determine Parents Are Unable to Pay for Early Intervention Services

Child's Name: _____ Date of Birth: ____/____/____

Early Track Number: _____

Documentation (only one is required)

Ohio Medicaid Card Yes ☐ No ☐ | Ohio WIC Card Yes ☐ No ☐

Parent Income: ☐ weekly (52) ☐ bi-weekly (26) ☐ monthly (12) ☐ bi-monthly (24) Family Size: _____

Pay Stub Date(s): _____

Gross Amount(s): _____

Parent Income: ☐ weekly (52) ☐ bi-weekly (26) ☐ monthly (12) ☐ bi-monthly (24)

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)?
http://www.medicaid.ohio.gov/FOROHIOANS/Programs/ChildrenFamiliesandWomen.aspx
☐ Yes ☐ No

☐ I have chosen not to share my financial information and understand that according to 5123:2-10-01D (3) I will be responsible for paying the cost of early intervention services beyond the first 55 units.

_____ Parent Signature

☐ I have been determined **unable** to pay for early intervention services beyond the initial 55 units per IFSP year. I provided the above documentation per 5123:2-10-01(D)(2).

☐ I am **able to pay** for early intervention services beyond the initial 55 units per IFSP year based upon the information I provided per 5123:2-10-01(D)(2).

Parent Signature: _____ Date: _____

I have seen and reviewed the documentation provided by the parent per 5123:2-10-01(D) and have determined the parent is unable/able to pay for early intervention services.

Service Coordinator Signature: _____ Date: _____

EI 1701
8/1/2017

Ability to Pay Determination Form (EI 1701)

Healthy Start Eligibility for uninsured children (AS OF 5/2017)

Size of Family Unit	2017 Federal Poverty Level 100%	2017 Federal Poverty Level 206%
1	$12,060	$24,843.60
2	$16,240	$33,454.40
3	$20,420	$42,065.20
4	$24,600	$50,676.00
5	$28,780	$59,286.80
6	$32,960	$67,897.60
7	$37,140	$76,508.40
8	$41,320	$85,119.20

http://www.medicaid.ohio.gov/FOROHIOANS/Programs/ChildrenFamiliesandWomen.aspx

EI 1701
8/1/2017

Ohio | Department of Developmental Disabilities

Documentation to Determine Parents Are Unable to Pay for Early Intervention Services

Use of Private and Public Insurance

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units in an IFSP year if I am able to pay. The state will pay co-pays and deductibles for all units if I am determined "unable to pay."

I GIVE MY CONSENT TO BILL MY INSURANCE FOR EI SERVICES: Yes _____ NO ____

Health insurance coverage ☐ Yes ☐ No	Policy number	Begin date	End date
Health insurance company name	Name of insured		
Health insurance coverage ☐ Yes ☐ No	Policy number	Begin date	End date
Health insurance company name	Name of insured		

Parent's signature	Date

My service coordinator has explained the "system of payments" rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services. **I GIVE MY CONSENT TO SHARE MY CHILD'S PERSONALLY-IDENTIFIABLE INFORMATION -- information used to identify my child – to the provider and state Medicaid agency for billing purposes: Yes ____ No____**

Medicaid recipient/Billing number	Begin date	End date
Parent's signature	Date	

Healthy Start Eligibility for uninsured children (AS OF 5/2017)

Size of Family Unit	2017 Federal Poverty Level **100%**	2017 Federal Poverty Level **206%**
1	$12,060	$24,843.60
2	$16,240	$33,454.40
3	$20,420	$42,065.20
4	$24,600	$50,676.00
5	$28,780	$59,286.80
6	$32,960	$67,897.60
7	$37,140	$76,508.40
8	$41,320	$85,119.20

http://www.medicaid.ohio.gov/FOROHIOANS/Programs/ChildrenFamiliesandWomen.aspx

EI 1701
8/1/2017

Ability to Pay Determination Form (EI 1701)

Ohio | Department of Developmental Disabilities

Documentation to Determine Parents Are Unable to Pay for Early Intervention Services

Use of Private and Public Insurance

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units in an IFSP year if I am able to pay. The state will pay co-pays and deductibles for all units if I am determined "unable to pay."

I GIVE MY CONSENT TO BILL MY INSURANCE FOR EI SERVICES: Yes _____ NO ____

Health insurance coverage ☐ Yes ☐ No	Policy number	Begin date	End date
Health insurance company name	Name of insured		
Health insurance coverage ☐ Yes ☐ No	Policy number	Begin date	End date
Health insurance company name	Name of insured		

Parent's signature	Date

My service coordinator has explained the "system of payments" rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services. **I GIVE MY CONSENT TO SHARE MY CHILD'S PERSONALLY-IDENTIFIABLE INFORMATION -- information used to identify my child – to the provider and state Medicaid agency for billing purposes: Yes ____ No____**

Medicaid recipient/Billing number	Begin date	End date
Parent's signature	Date	

Healthy Start Eligibility for uninsured children (AS OF 5/2017)

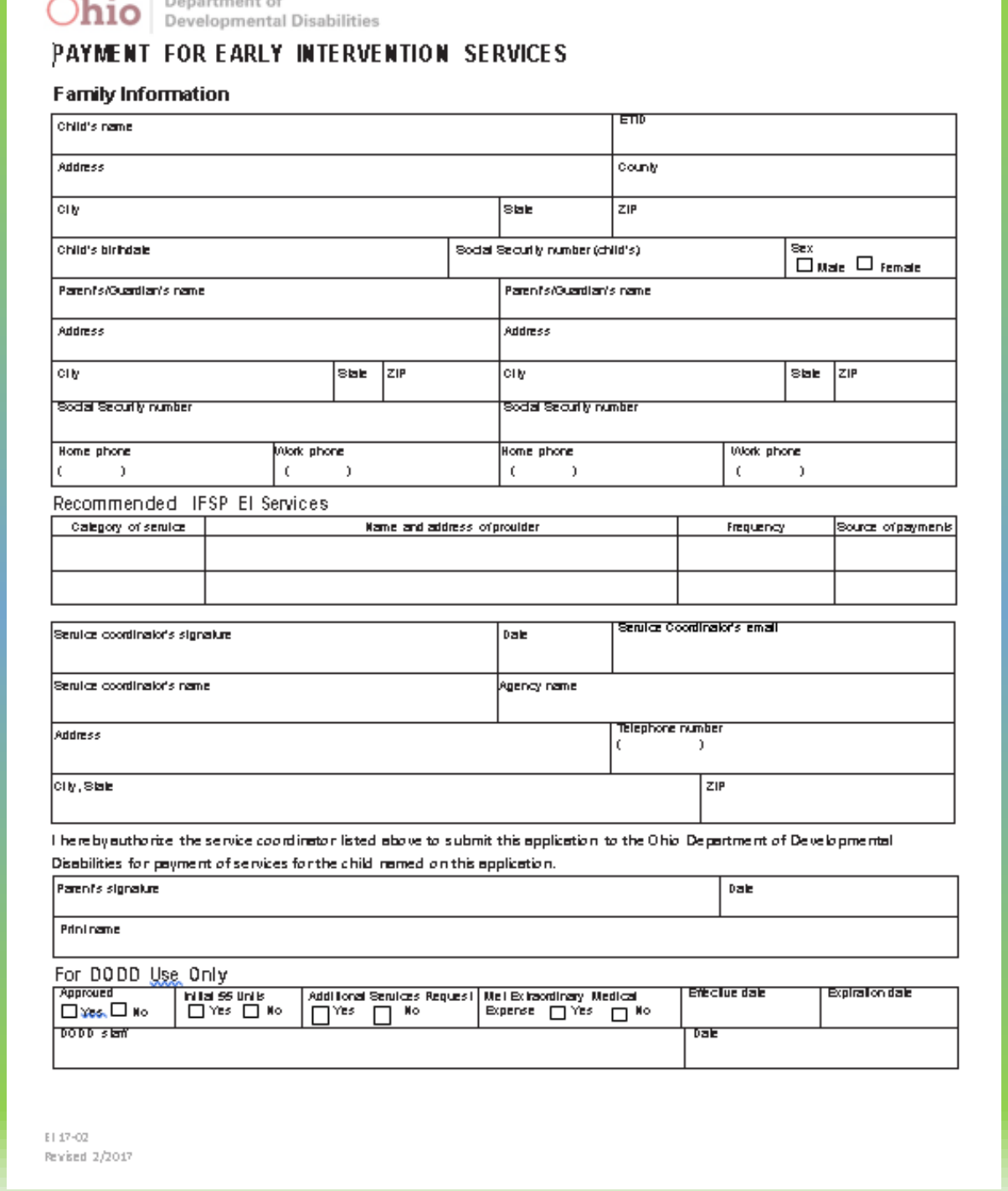
Size of Family Unit	2017 Federal Poverty Level **100%**	2017 Federal Poverty Level **206%**
1	$12,060	$24,843.60
2	$16,240	$33,454.40
3	$20,420	$42,065.20
4	$24,600	$50,676.00
5	$28,780	$59,286.80
6	$32,960	$67,897.60
7	$37,140	$76,508.40
8	$41,320	$85,119.20

http://www.medicaid.ohio.gov/FOROHIOANS/Programs/ChildrenFamiliesandWomen.aspx

EI 1701
8/1/2017

Ability to Pay Determination Form (EI 1701)

Payment for Early Intervention Services (EI 1702)



Ohio Department of Developmental Disabilities

PAYMENT FOR EARLY INTERVENTION SERVICES

Family Information

Child's name			ETID
Address			County
City		State	ZIP
Child's birthdate	Social Security number (child's)		Sex ☐ Male ☐ Female
Parent's/Guardian's name		Parent's/Guardian's name	
Address		Address	
City	State ZIP	City	State ZIP
Social Security number		Social Security number	
Home phone ( )	Work phone ( )	Home phone ( )	Work phone ( )

Recommended IFSP EI Services

Category of service	Name and address of provider	Frequency	Source of payments

Service coordinator's signature	Date	Service Coordinator's email
Service coordinator's name	Agency name	
Address		Telephone number ( )
City, State		ZIP

I hereby authorize the service coordinator listed above to submit this application to the Ohio Department of Developmental Disabilities for payment of services for the child named on this application.

Parent's signature	Date
Print name	

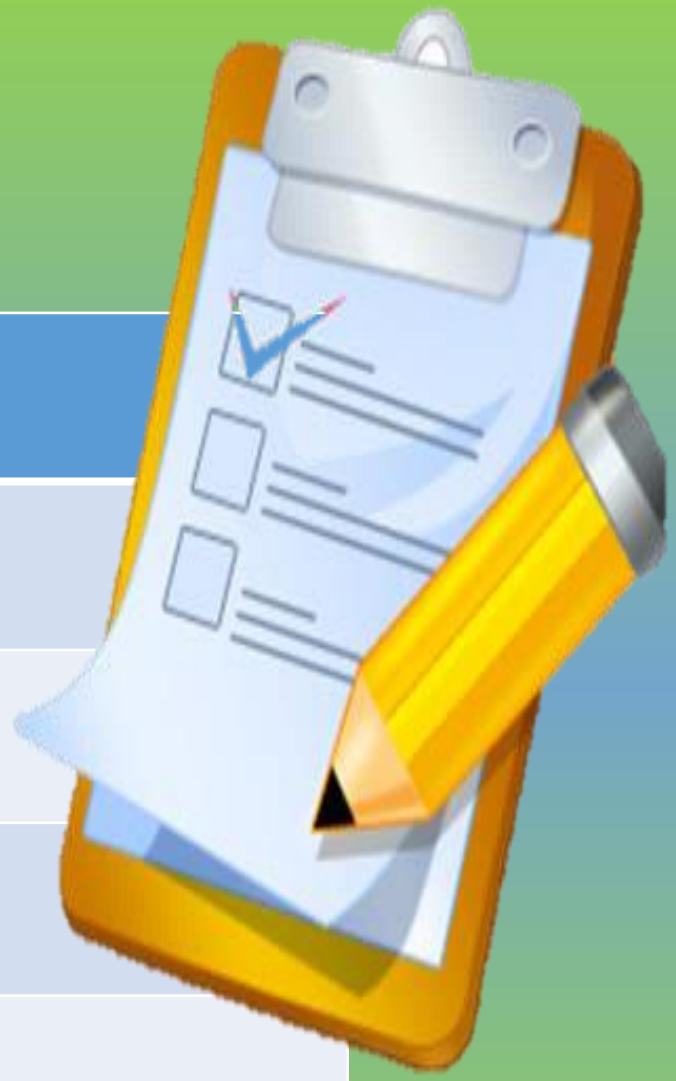
For DODD Use Only

Approved ☐ Yes ☐ No	Initial 65 Units ☐ Yes ☐ No	Additional Services Request ☐ Yes ☐ No	Met Extraordinary Medical Expense ☐ Yes ☐ No	Effective date	Expiration date
DODD staff				Date	

EI 17-02
Revised 2/2017

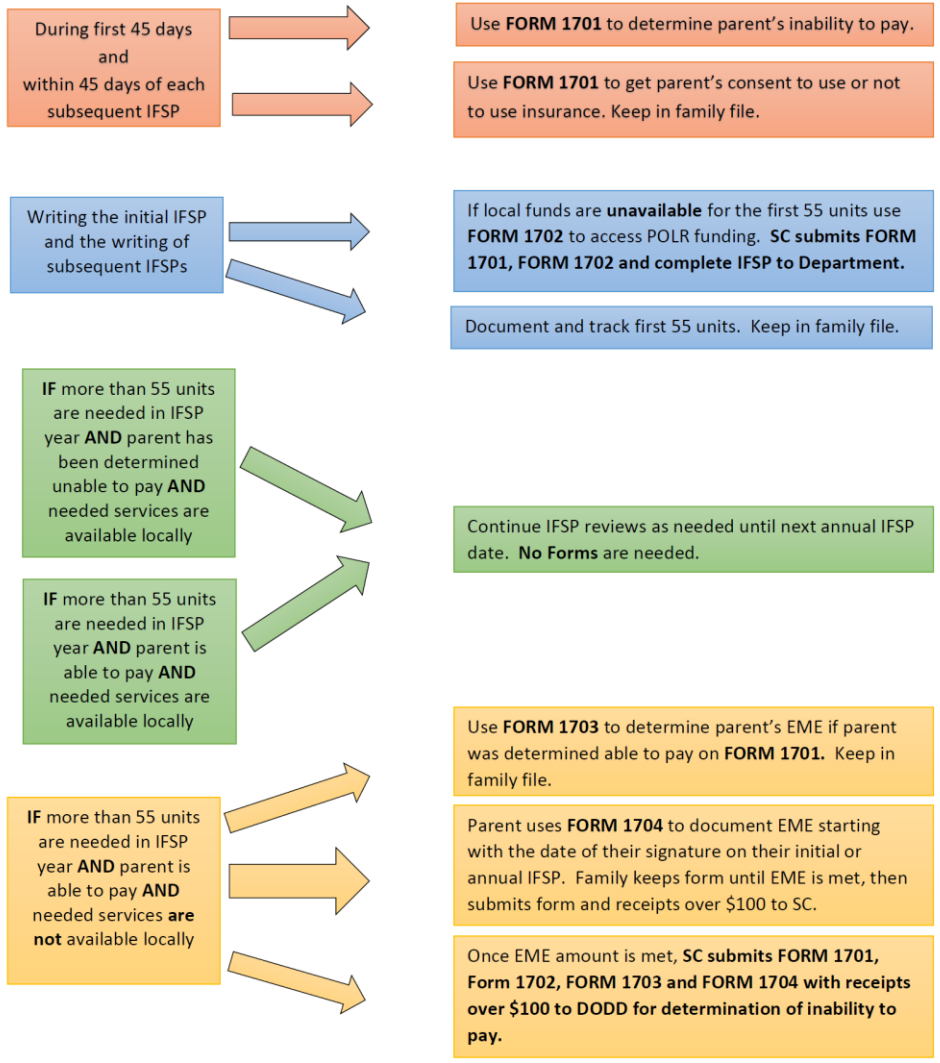
Forms

Name	Number
Ability to Pay Determination Form	EI 1701
Payment for Early Intervention Services Application	EI 1702
Extraordinary Medical Expenses (EME) Worksheet	EI 1703
Extraordinary Medical Expenses (EME) Tracking	EI 1704



http://ohioearlyintervention.org/forms

Which SOP forms do I use and what do I submit to DODD?



STRATEGIES

Questions

Resources

System of Payments Rule

http://ohioearlyintervention.org/federal-and-state-regulations

Next Call: Dates/Topic

July 2018

IFSP Outcomes

lori.e.myers@dodd.ohio.gov