



System of Payments Policy for Part C Services

(As required by 34 CFR 303)

**The Nebraska Early Development Network Co-Lead Agencies
(IDEA Part C)
Nebraska Department of Education (NDE)
Nebraska Department of Health and Human Services (NDHHS)**

- I. Statutory Responsibility for Early Intervention Services and Coordination of Resources**
 - A. The Nebraska IDEA Part C System of Payment policy is based on a number of state documents, including the Nebraska Early Intervention Act (NRS Section 43-2501 to 43-2510), Nebraska Special Education Act (NRS Section 79-1101 to 1167), Nebraska Departments of Education (NDE) and Health and Human Services (DHHS) Administrative Codes, DHHS policies and procedures for Medicaid in Public Schools (MIPS), and Part C Parental Rights. Based on the Early Intervention Act, the Nebraska Department of Health and Human Services (DHHS) Division of Medicaid and Long-Term Care and the Nebraska Department of Education (NDE) Office of Special Education both serve as Co-Lead agencies for IDEA Part C services in Nebraska. The Co-Lead agencies identify and coordinate all available resources to pay for early intervention (EI) services, including federal, state, local, and private sources. Certification that Nebraska's methods and system of payment requirements are current is provided annually with the submission of the IDEA Part C Application.

II. IDEA Part C Funds as the Payor of Last Resort and additional funding methods

- A. IDEA Part C funds are used only as the payor of last resort for early intervention services. As residents of a Birth Mandate state, Nebraska infants and toddlers receive Special Education (FAPE) services at no cost to the family.
- B. Nebraska uses funds under IDEA Part B to provide Free and Appropriate Public Education (FAPE) services per Neb. Rev. Stat. 79-1126 for infants and toddlers with a disability under the age of three. The Nebraska System of Payments does not require parents or their insurance to fund FAPE services. FAPE mandates free access to general education and specialized educational services at no cost to the family. Early intervention services for infants and toddlers with disabilities, with the exceptions of services coordination, occupational therapy, speech therapy, and physical therapy, are funded using IDEA Part B allocations to the school district of residence.
- C. For children birth through age 21 who are eligible for Medicaid, Medicaid in the Public Schools, (MIPS) provides reimbursement for physical therapy, occupational therapy, and speech therapy per the Medicare Catastrophic Coverage Act of 1988 which allows Medicaid to reimburse school districts for these services in a child's Individual Family Service Plan (IFSP) and for which the family has provided consent.
- D. Nebraska applies a formula, based on a requirement in Neb.Rev Stat. 43-2515 of the Early Intervention Act that the Department of Education and the Department of Health and Human Services will jointly certify the amount of federal Medicaid funds that were paid during the previous state fiscal year to school districts that participated in the MIPS program. Reimbursement to DHHS is calculated based upon those school-age special education services provided to children age five and older that would have been paid from the NDE State General Fund appropriation.
- E. The total percentage amount of federal Medicaid funds spent on children age five and older is then used in the formula taking the total federal Medicaid cost times 88.46%. The two Co-Lead agencies certify the amount to the Nebraska Department of Administrative Services (DAS). Through DAS, the Department of Education General Fund appropriation for state special education aid is then decreased by that amount, and that amount is transferred to DHHS to assist with funding of IDEA Part C Services Coordination. In addition, DHHS Medicaid general funds are utilized for funding of early intervention services coordination.

III. Use of Private Insurance and Parent Ability to Pay

- A. All Part C services for eligible infants and toddlers are provided at no cost to the parents. Private insurance is not used to pay for early intervention services. Parents are not charged family fees, co-payments, deductibles or premiums to receive early intervention services.

- B. No determination of parents' ability to pay is made in order for a child to receive Part C services, therefore there will be no delay in or denial of services based on a parent's ability to pay for such services. Parents are not requested or required to provide income information, therefore in no situation would a parents failure to provide income information result in any fees or denial of services.

IV. Use of Public Benefits/Insurance

- A. Parents are not required to sign up for or enroll in a public benefits or insurance program as a condition for their child to receive Part C services. Parents are not charged family fees, co-payments, deductibles or premiums to receive early intervention services. No determination of parents' ability to pay is made in order for a child to receive Part C services.
- B. Parental consent for disclosure of personally identifiable information to bill, or for the use of, public benefits is not required as DHHS, a Part C Co-Lead, is the agency that administers Medicaid in the State.
- C. Use of public benefits or insurance to pay for Part C services will not decrease available lifetime coverage for the child or parent, result in the child's parents paying for services that would otherwise be covered by the private benefits or insurance, result in discontinuation of public benefits or insurance, or risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.
- D. Parents are not required to use private insurance as a primary insurance before using public benefits or insurance.
- E. The Procedural safeguards provided to parents upon referral to EDN and upon consent for provision of IFSP services contain the SOP policies and written notification regarding the use of public benefits or insurance to pay for early intervention services.

V. Charges for Entitlements

- A. No fees will be charged to parents of infants and toddlers with disabilities for services that the child is otherwise entitled to receive at no cost. These services include ChildFind, evaluations and assessments, services coordination, administrative and coordinative activities related to procedural safeguards and the development, review and evaluation of IFSPs and interim IFSPs. As a birth-mandate state, these services also include special education and related services under IDEA Part B.

VI. Disputes Regarding System of Payments

- A. If a dispute between the Co-Lead agencies should arise, the agencies agree to negotiate in good faith. If, after the agencies engage in such negotiation, an agreement cannot be reached, the parties shall submit the dispute to the current administrative hearing process used by the DHHS Division of Medicaid and Long-term Care or to an independent hearing officer under contract with NDE. Assignment of the dispute resolution body shall be based on the nature of the dispute. This process will not result in a delay or the denial of Part C services to any child who is eligible to receive these services which will continue to be provided through funding methods described in this document.

VII. Information for Parents Regarding Their Rights Consistent with IDEA Part C

- A. Parents will be provided a copy of the Nebraska Part C Parent Rights regarding procedural safeguards options and the System of Payment policy prior to using the child's public benefits and upon obtaining consent for the provision of early intervention services.