

FINANCING EARLY INTERVENTION SERVICES

Introduction

Kansas has adopted the policy that all early intervention services will be provided at no cost to parents. Part C of IDEA funds from the federal grant program and state general funds are utilized to provide early intervention services for infants and toddlers and their families. These funds must not be used to supplant money from other public or private sources already committed for serving this population [34 CFR 303.527(a)]. Also, the state cannot alter eligibility under Title V or Title XIX to reduce medical or other assistance available [34 CFR 303.527(c)]. The state must ensure that no services that a child is entitled to receive under Part C are delayed or denied because of disputes between agencies regarding financial or other responsibilities according to written funding policies adopted by the state [34 CFR 303.520(c)].

I. Use of Part C Funds

Services that must be provided at no cost to eligible children and families include (1) Child Find activities; (2) evaluation and assessment; (3) family service coordination; (4) administrative and coordinative activities related to the development, review, and evaluation of the Individualized Family Service Plan (IFSP); (5) implementation of procedural safeguards and other components of the statewide system of early intervention services; and (6) early intervention services for eligible children and families [34 CFR 303.521(b)].

Additionally, funds may be used to provide a free appropriate public education (FAPE) in accordance with Part B to children with disabilities who are eligible for Part B from their third birthday to the beginning of the following school year [20 U.S.C. 1438(3)].

Kansas does not provide services for infants and toddlers who are at risk; however, funds may be used to establish linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of

- identifying and evaluating at-risk infants and toddlers suspected of having a developmental delay;
- making referrals for the infants and toddlers identified and evaluated but who are not determined to be eligible; and
- conducting periodic follow-up on each referral to determine if the status of the infant or toddler has changed with respect to eligibility [20 U.S.C. 1438(5)].

Kansas makes maximum use of all available funding sources in implementing the Kansas Early Intervention Services/tiny-k. Continued expansion and creative use of all funding sources can help achieve the provision of necessary services to infants and toddlers and their families.

An important role of local interagency councils (see Section XIV) is to identify and maximize funding by avoiding unnecessary duplication of services and by creatively problem solving to seek collaborative funding solutions.

Federal Statute 2004

20 U.S.C. 1438. USES OF FUNDS.

In addition to using funds provided under section 633 to maintain and implement the statewide system required by such section, a State may use such funds—available;

(3) to provide a free appropriate public education, in accordance with part B, to children with disabilities from their third birthday to the beginning of the following school year; and

(5) in any State that does not provide services for at risk infants and toddlers under section 637(a)(4), to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of—

(A) identifying and evaluating at-risk infants and toddlers;

(B) making referrals of the infants and toddlers identified and evaluated under subparagraph (A); and

(C) conducting periodic follow-up on each such referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

20 U.S.C. 1440. PAYOR OF LAST RESORT.

(c) REDUCTION OF OTHER BENEFITS.—Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health) or title XIX of the Social Security Act (relating to medicaid for infants or toddlers with disabilities) within the State.

Federal Regulations 1997

34 C.F.R. 303.520 Policies related to payment for services.

(c) Procedures to ensure the timely provision of services. No later than the beginning of the fifth year of a State's participation under this part, the State shall implement a mechanism to ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.

34 C.F.R. 303.527 Payor of last resort.

(a) Nonsubstitution of funds. Except as provided in paragraph (b)(1) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

(c) Non-reduction of benefits. Nothing in this part may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (SSA) (relating to maternal and child health) or title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1440)

Note: The Congress intended that the enactment of part C not be construed as a license to any agency (including the lead agency and other agencies in the State) to withdraw funding for services that currently are or would be made available to eligible children but for the existence of the program under this part. Thus, the Congress intended that other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs.

The Congress further clarified its intent concerning payments under Medicaid by including in section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100-360) an amendment to title XIX of the Social Security Act. That amendment states, in effect, that nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary of Health and Human Services to prohibit or restrict, payment under subsection (a) of section 1903 of the Social Security Act for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child's IFSP adopted pursuant to part C of the Act.

II. No Cost to Parents

Kansas has adopted the policy that all early intervention services will be provided at no cost to parents. The term “no cost to parents” does not necessarily mean “free.” It means that parents will not be required to make payment beyond what their private health insurance, Medicaid, and other benefits will pay. That is, when a service is at no cost to the parents, they are not required to pay coinsurance, deductibles, etc., and any other amounts not paid by third-party sources.

The following services for children birth through 2years of age shall be provided at “no cost to parents”:

- Child Find activities;
- evaluation and assessments;
- family service coordination;
- administrative and coordination activities related to the development, review, and evaluation of the IFSP, and implementation of procedural safeguards and other components of the statewide system of early intervention services; and
- early intervention services: The types of early intervention services for eligible children and their families include, at a minimum: (1) assistive technology devices and services; (2) audiology; (3) family training, counseling, and home visits; (4) health services; (5) medical services for diagnostic and evaluation; (6) nursing services; (7) dietitian services; (8) occupational therapy; (9) physical therapy; (10) psychological services; (11) family service coordination services; (12) social work services; (13) special instruction; (14) speech-language pathology; (15) transportation and related costs; and (16) vision services.

Federal Regulations 1997

34 C.F.R. 303.521 Fees.

(b) Functions not subject to fees. The following are required functions that must be carried out at public expense by a State, and for which no fees may be charged to parents:

- (1) Implementing the child find requirements in Sec. 303.321.
 - (2) Evaluation and assessment, as included in Sec. 303.322, and including the functions related to evaluation and assessment in Sec. 303.12.
 - (3) Service coordination, as included in Secs. 303.22 and 303.344(g).
 - (4) Administrative and coordinative activities related to—
 - (i) The development, review, and evaluation of IFSPs in Secs. 303.340 through 303.346; and
 - (ii) Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subparts D and F of this part.
- (Approved by the Office of Management and Budget under control number 1820-0550)(Authority: 20 U.S.C. 1432(4))

III. Private Health Insurance

Parents have a choice about whether their private health insurance should be utilized only after receiving written parental consent.

Parents must be informed that use of their private health insurance has the potential for

- exceeding the annual or lifetime maximum amount the insurance company will pay;
- increased health insurance premiums; or
- cancellation of the health insurance policy.

Additionally, the parents should be informed that using their private health insurance can make public funds (e.g., Medicaid, CHAMPUS, Children with Special Health Care Needs) available as a payment source for the child. If the private health insurance is not used, public funds may not be available as payment sources.

Other funding sources must be used to pay for deductible and/or co-pay amounts not paid by private insurance. Private payors, local funds, Medicaid, CHAMPUS, Services for Children With Special Health Care Needs, Part C of IDEA (as a last resort), and other public or private funding sources may provide payment.

Definitions

Deductible: The amount the insured has to pay each policy year before the insurance company reimburses the insured or the provider. Some plans have deductibles for specific services such as mental health care and substance abuse treatment. Under family plans, the amount of deductible each family member will have to meet will be stated in the insurance policy.

Co-Insurance or Co-Payment: The percentage share of insurance costs stated for each insurance policy that is the responsibility of the insured to pay for covered services (e.g., 20/80 means the insured will be responsible to pay 20% of the charge and the insurance company will pay for 80% of the charge). This percentage is applicable after the deductible amount is met.

Catastrophic Limit or Annual Maximum: The annual dollar limit after which the insurer will fully cover charges (100% payment). The deductible and co-insurance for covered services have to be met first.

Lifetime Maximum or Insurance Cap: The total dollar limit after which the insurer will no longer pay. Typically, insurers offer a different lifetime maximum for mental health and substance abuse services.

Private Payors: Community sources for payment of services, a fund made of donations, or specific organizations such as United Cerebral Palsy, Easter Seals, Rotary, Lions, or Shriners.

Public Payors: Provision of services by programs supported by government or tax sources. Services for Children with Special Health Care Needs and Part C of IDEA are examples of public payors.

Third Party: A term used to describe payment of covered services by other than the patient or provider. It is usually applied to Medicaid, Medicare or private insurance.

IV. Use of Kansas Early Intervention Funds

Community networks may use grant funds from Infant-Toddler Services of KDHE for expenses that are allowed under Part C of IDEA and its current regulations.

A. Allowable Expenditures

In addition to required system development initiatives, federal and state early intervention funds may be expended to pay personnel qualified to deliver early intervention services, such as

- assistive technology
- audiology
- family service coordination
- family information
- health
- medical (diagnostic only)
- nursing
- nutrition
- occupational therapy
- physical therapy
- psychological services
- social work
- special instruction
- speech-language pathology
- transportation and related costs
- vision

Professionals providing early intervention services must be qualified according to the highest entry-level standards for state-approved or recognized certification, licensing, registration, or other comparable requirement. Paraeducators who meet state requirements are also qualified to deliver services under the supervision of the professional appropriate for the discipline in which they are working.

The IFSP lists services to be provided and who is responsible for payment (private insurance, Medicaid, other public sources such as Special Health Services, schools, health departments, etc.). Also, the IFSP includes information on medical and other services that the child needs and the funding sources to be used in paying for those services or the steps to be taken to secure those services through public or private sources [34 CFR 303.344(d)(e)].

B. Nonallowable Expenditures

Federal and state early intervention funds may not be expended to pay for experimental treatment programs, research studies and grants, childcare, and students in training. Further, according to federal regulations, early intervention funds may not be expended for health services that are

1. surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus) (34 C.F.R. 303.13(c));
2. purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose);
3. devices necessary to control or treat a medical condition (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps); or
4. medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children [34 CFR 303.527(b)(3)].

C. Payor of Last Resort [34 CFR 303.527(a)]

Federal regulations also include a provision for Part C of IDEA as the "payor of last resort." Funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source but for the enactment of Part C of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

However, if necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, funds may be used to pay the provider of

services for services and functions authorized under Part C pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

Federal Regulations 1997

34 C.F.R. 303.13 Health services.

(c) The term does not include the following:

(1) Services that are—

(i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

(ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).

(2) Devices necessary to control or treat a medical condition.

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 U.S.C. 1432(4))

Note: The definition in this section distinguishes between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements in subpart D of this part provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part. (See Sec. 303.344(e) and the note 3 following that section.)

34 C.F.R. 303.527 Payor of last resort.

(a) Nonsubstitution of funds. Except as provided in paragraph (b)(1) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

(b) Interim payments--reimbursement. (1) If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family, funds under this part may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

(2) Payments under paragraph (b)(1) of this section may be made for—

(i) Early intervention services, as described in Sec. 303.12;

(ii) Eligible health services (see Sec. 303.13); and

(iii) Other functions and services authorized under this part, including child find and evaluation and assessment.

(3) The provisions of paragraph (b)(1) of this section do not apply to medical services or "well-baby" health care (see Sec. 303.13(c)(1)).

(c) Non-reduction of benefits. Nothing in this part may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (SSA) (relating to maternal and child health) or title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1440)

Note: The Congress intended that the enactment of part C not be construed as a license to any agency (including the lead agency and other agencies in the State) to withdraw funding for services that currently are or would be made available to eligible children but for the existence of the program under this part. Thus, the Congress intended that other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs.

The Congress further clarified its intent concerning payments under Medicaid by including in section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100-360) an amendment to title XIX of the Social Security Act. That amendment states, in effect, that nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary of Health and Human Services to prohibit or restrict, payment under subsection (a) of section 1903 of the Social Security Act for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child's IFSP adopted pursuant to part C of the Act.

D. Maintenance of Effort [34 CFR 303.124; 34 CFR 303.527 NOTE]

Federal Part C of IDEA regulations clarifies the intent of lawmakers to ensure that agencies and organizations maintain their level of financial support for early intervention services.

Part C funds are to be used to supplement and increase the level of state and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant or replace those state and local funds.

Funds may be reduced only under the following circumstances:

1. A decrease in the number of eligible infants and toddlers.
2. The termination of costly expenditures, such as for long-term purchases, the acquisition of equipment, the construction of facilities, retirement of staff, termination of costly services for a child due to transition at age 3, or voluntary exit from the services.

The Congress intended that the enactment of Part C not be construed as a license to any agency (including the lead agency and other agencies in the state) to withdraw funding for services that currently are or would be made available to eligible children but for the existence of the program under this part. Thus, the Congress intended that other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs.

The Congress further clarified its intent concerning payments under Medicaid by including in Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) an amendment to Title XIX of the Social Security Act. That amendment states that nothing in this title shall be construed as prohibiting, restricting, or authorizing the secretary of Health and Human Services to prohibit or restrict, payment under Subsection (a) of Section 1903 of the Social Security Act for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child's IFSP adopted pursuant to Part C of the Act.

In seeking answers to the numerous questions, the KDHE Infant-Toddler Services staff wrote to the secretary of the U.S. Office of Education in 1993 to ask for clarification of the maintenance of effort requirement and its interpretation for local communities. The response from Washington is included below.

Federal Regulations 1997

34 C.F.R. 303.124 Prohibition against supplanting.

(a) The statement must include an assurance satisfactory to the Secretary that Federal funds made available under this part will be used to supplement the level of State and local funds expended for children eligible under this part and their families and in no case to supplant those State and local funds.

(b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—

- (1) Decreases in the number of children who are eligible to receive early intervention services under this part; and
- (2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities. (Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1437(b)(5)(B))

OCT 18 1993



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

OCT 9 1993

Marnie Campbell, M.S.
Coordinator
Kansas Infant-Toddler Services
Department of Health and Environment
Landon State Office Building
900 SW Jackson
Topeka, Kansas 66612-1290

Dear Ms. Campbell:

This is in further response to your letter in which you requested clarification about the maintenance of effort requirements under Part H of the Individuals with Disabilities Education Act (Part H).

In order to receive funds under Part H for any fiscal year, a State must have an approved application and have on file with the Secretary certain statements of assurance, including the one required under 34 CFR §303.124. Under §303.124(a), the State must assure that Federal funds made available under Part H will be used to supplement and increase the level of State and local funds expended for children eligible under Part H and their families and in no case to supplant those State and local funds. To meet this requirement, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for eligible children and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. See, 34 CFR §303.124(b). Allowances may be made for (1) decreases in the number of children who are eligible to receive early intervention, or (2) when unusually large amounts of funds for long-term purposes such as the acquisition of equipment and the construction of facilities are expended.

As noted above, Part H requires that the total amount of State and local funds budgeted for expenditures in a current fiscal year must be at least equal to those State and local funds actually expended in the most recent preceding year for which information is available. The regulations do not distinguish among various sources of State and local funds. The relevant figures are the amount of funds that are actually expended in the preceding year and the total amount that is budgeted for expenditure in the current year. These amounts include funds expended or budgeted for expenditure, from whatever source and

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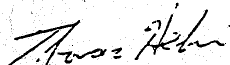
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whether or not the funds are directly under control of the lead or other State or local agency.

The nonsubstitution or payor of last resort provisions of Part H also do not distinguish among sources of funds. Funds provided under Part H may not be used to satisfy a financial commitment for service which would have been paid for from another public or private source but for the enactment of Part H, except that whenever considered necessary to prevent a delay in the receipt of appropriate early intervention services by the infant or toddler or family in a timely fashion, Part H funds may be used to pay a service provider pending reimbursement from the responsible agency. Part H may not be interpreted to permit a State to reduce medical or other assistance under Title V of the Social Security Act (relating to maternal and child health) or Title X of the Social Security Act (relating to Medicaid for infants or toddlers with disabilities). 20 U.S.C. §1481; See also, 34 C.F.R. §§303.126 & 303.527.

Your inquiry concerning the failure of the State legislature to increase the appropriation for the education department does not appear, as stated, to pose a question directly related to the Part H maintenance of effort requirements. If you would like to discuss this further or if we can be of further assistance, please feel free to contact me or Dr. Peggy Cvach, the Part H Project Officer, at (202) 205-9807.

Sincerely,



Thomas Hehir
Director
Office of Special Education
Programs

V. Accessing Medicaid

A. General Information

Medicaid is a federal program administered by the Department of Health and Human Services. It is jointly funded by federal and state funds. Each state is paid a certain percent of the costs according to a formula. In Kansas it is slightly over 50%, but it varies each year.

In Kansas, Medicaid is part of the Kansas Health Policy Authority (KHPA). The functions and responsibilities of Medicaid are much greater than the interaction between the Kansas Early Intervention Program and Medicaid. It is sometimes helpful to think of Medicaid as an insurance payor, because Medicaid is provided to help cover the cost of health care for those eligible. Medicaid will cover only services that are determined to be "medically necessary."

In order for Medicaid payment to be made for services, the child must be eligible and have a Medicaid card. Eligibility is determined at the local Social and Rehabilitation Services (SRS) office or current eligibility clearinghouse. The family must complete an application upon which medical cards are issued to the family of the eligible child. Children who are eligible for Supplemental Security Income (SSI) are eligible in Kansas for Medicaid, but they must make a special application. When applying at the local SRS office or current eligibility clearinghouse, request the short form and inform SRS personnel that the child is eligible for SSI.

Once eligible for Medicaid payment, each child should have a complete screening. The screening is known in Kansas as a KAN Be Healthy screening. It includes a thorough look at the child.

The most important resource for questions related to Medicaid is the local SRS office or the current eligibility clearinghouse. Staff members are identified to help with questions regarding individual cases, applications for families and providers, untangling billing questions, general and specific program(s) operation, and resolution of concerns.

As a provider of services, it is imperative that resources be identified and a relationship developed with appropriate SRS and clearinghouse staff. The local SRS and clearinghouse staff will be the link in responding to questions that occur.

B. Provider Information

In order to provide and receive Medicaid reimbursement for services, one must make application and receive approval from Kansas Health Policy Authority. Written information may be directed to: Kansas Medical Assistance Program, P.O. Box 3571, Topeka, KS 66601-3571. Telephone information may be obtained at (800) 933-6593, Monday through Friday 7:30 a.m. to 5:30 p.m.

Workshops are available to Medicaid providers and billers on an annual basis within the provider community. These workshops are conducted by provider representatives who are also available to answer questions or address concerns regarding billing or the Medicaid program. Provider representatives can be reached at the above number.

Once application has been made, a provider number will be assigned for use with interactions between a provider and Medicaid. Additionally, each provider type (e.g., local education agency, medical doctor, local health agency) will receive a manual designed specifically to aid in understanding all billing aspects of that provider type. Information in the provider manual includes communications, recipient eligibility, provider eligibility, other payment resources, special claim requirements, and claim reimbursement. Updates to the provider manual are sent by Kansas Health Policy Authority via remittance advice messages, global messages, and bulletins. Notifications are also available through the Kansas Medical Assistance Program website, <https://kmap-state-ks.us>, as changes occur.

C. General Billing

Billing is a separate section of Medicaid and is handled by the current fiscal agent. Billing may be electronic or written. If written, the CMS-1500 form must be used for claims to be processed. The claim forms are not supplied by the fiscal agent, but may be obtained from Administrative Services of Kansas, Inc., Topeka, KS, or Advantage Business Forms, Topeka, KS. The forms must be carefully completed and submitted to Kansas Medical Assistance Program, Office of the Fiscal Agent, P.O. Box 3571, Topeka, KS 66601-3571.

Toll-Free Telephone Numbers

Provider Assistance Unit (800) 933-6593
Consumer Assistance Unit (800) 766-9012

Helpful Websites

Kansas Health Policy Authority (KHPA) Early Childhood Intervention Manual
<https://www.kmap-state-ks.us/public/providermanuals.asp>

Kansas Medical Assistance Program (KMAP) website. The site provides health and medical policy information to beneficiaries and providers: <https://www.kmap-state-ks.us/>

Kansas Medical Assistance Program: Provider Workshop: General Session, Spring 2009:
<https://www.kmap-state-ks.us/Documents/Content/Workshop%20Materials/2009%20General%20Session.pdf>

Kansas Medical Assistance Program: 2009 Spring Supplemental Billing Packet:
Professional
<https://www.kmap-state-ks.us/Documents/Content/Workshop%20Materials/2009%20Billing%20Session.pdf>

Kansas Medical Assistance Program: *KAN Be Healthy Billing Bulletin*:
<https://www.kmap-state-ks.us/Documents/content/KBH/KBH%20Billing%20Bulletin.pdf>

VI. State Categorical Aid Reimbursement

The Kansas State Legislature appropriates funds for the provision of special education services (including early intervention services). These funds are disseminated based on teacher and paraeducators full-time equivalency (FTE). Funding is accessed through a local education agency (LEA). If the LEA is not the local lead agency, it is recommended that an interagency agreement be developed delineating responsibilities for both parties for accessing state categorical aid.

Professional personnel that meet the Kansas State Department of Education (KSDE) requirements are eligible for state categorical aid reimbursement to the Infant-Toddler Services/tiny-k network. To be eligible for categorical aid reimbursement, an early intervention service must be identified on the child's IFSP and the provider of that service must meet the state-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services. Categorical aid can be accessed by submitting providers on the KSDE personnel report or through individual student contracts.

Additionally, paraeducators and interpreters working in an early intervention program may be eligible for state categorical aid reimbursement through KSDE. In order to be eligible, the paraeducators must work under the supervision of a professional in a given discipline according to the standards of the profession, and they must complete the required inservice training hours based on their education and experience. Interpreters must meet assessment and certification levels.

Information related to state categorical aid maybe found in the *KSDE Special Education Reimbursement Guide* at <http://www.ksde.org/Default.aspx?tabid=2583> (updated annually).

VII. Accessing Grants and Private Funding

Numerous resources are available to help meet the cost of services for children with disabilities. Small grants may be available in local communities through professional organizations, service organizations, parent groups, churches, local municipal funds, and special economic growth efforts. These sources are best identified by local providers by contact with the community, county commissioners, government officials, city council members, and others.

It is most helpful to think of the community's needs and collaborate with others to meet several goals at once. In most communities, quality childcare, in general, is a concern for many segments of the community. In working with others to meet childcare needs, it is possible to provide for children with special needs and integrate all children. Such an integrated approach provides for broad-based support and an ability to utilize a combination of resources not otherwise available to any single segment.

A. Funding Resources

Numerous funding sources can be accessed for early intervention programs, including:

Department of Health

Maternal Child Health Block Grant, Social Security Act - Title V
Migrant Health Centers, Public Health Service Act

Health Care Services for the Homeless, McKinney Homeless Assistance Act
Special Supplemental Food Program for Women, Infants, and Children (WIC)
Community Health Centers, Public Health Service Act

Department of Education

State Categorical Aid
Title 1 - Even Start
Title 1 - Disadvantaged
Bilingual Education
Migrant Education
Parents as Teachers
Assistive Technology for Kansans Project

Health and Human Services

Head Start Program
Early Head Start Program

Department of Social and Rehabilitation Services

Mental Health & Developmental Disabilities
Child Welfare Services, Social Security Act, Title IV-B
Social Services Block Grant, Social Security Act, Title XX
Alcohol, Drug Abuse, and Mental Health Block Grant

Federal

Civilian Health and Medical Program of the Uniformed Services (Champus)
Developmental Disabilities, University Affiliated Programs
Indian Health Service
Comprehensive Child Development Program
Developmental Disabilities, Protection & Advocacy
Kansas Health Policy Authority
Medicaid, Social Security Act, Title XIX
Medicaid, Social Security Act, Title XXI
Early and Periodic Screening, Diagnosis and Treatment (EPSDT), known in Kansas as KAN
Be Healthy

State and Local Resources

Special Education/Other Education
Public Health/Mental Health Fund
Child Appropriations
Special Revenue
Child Welfare
Mental Retardation/Developmental Disabilities Funds

Non-Governmental

Private Health Insurance
Health Maintenance Organizations, Private Provider Organizations
Voluntary Health Agencies
Foundations
Voluntary Services/Community Services