

Early Intervention

1. Reform the Early Intervention (EI) Program for effectiveness and accountability

- ☑ **Support** the Governor's State Budget proposal to reform the EI screening process.

The proposed reforms provide for an initial screening of a child referred to EI by an evaluator to see if the child is suspected of having a disability. Should a child be suspected of having a disability after screening, then an evaluation is the next step.

- ☑ **Support** Governor's State Budget proposal to improve the evaluation process for families.

When a child is suspected of having a disability through the screening process, then an evaluation would be administered through a standardized method approved by the Department of Health (DOH). Evaluations can also be sent directly to EI without a screening when there is already a diagnosed disability with developmental delays, as long as medical records are used to determine eligibility. If a child's eligibility for the EI program is determined through proper documentation, the evaluation process will not be required or conducted. Should the family consent, a family-directed assessment can be done to identify the family's resources, priorities, concerns and supports. A parent has the right to request that a full evaluation be done on the child even when the county isn't mandated to do it.

- ☑ **Support** Governor's State Budget proposal to improve the provider claims process.

The Executive budget proposal EI reforms require service providers to submit claims within 90 days of the date of service, unless they are delayed for extraordinary circumstances. Any extraordinary circumstance delays must be submitted within 30 days of the provider being relieved of the extraordinary circumstance. Claims that are NOT submitted within 90 days will NOT be reimbursed by the State Fiscal Agent. Providers must enroll on the request of the DOH of the State Fiscal Agent with one or more healthcare clearinghouses for processing claims to third party payers and for the receipt of remittance advices for electronic claim transactions.

- ☑ **Support** Governor's State Budget proposal to improve the insurer payments process.

The proposed reforms require insurers to notify the health care provider within 15 days of the receipt of a claim or bill for services. That notification will state whether the contract or agreement is subject to this law. At that time, the insurance providers must request any needed additional/supportive information from the provider. Should the insurer fail to do so, the claim shall be deemed covered and payable.