

USE OF INSURANCE: DIFFERENT PERSPECTIVES AND CHALLENGES

By Annie Reissiger, IDA Board of Director and Newsletter Editor

"I can honestly say that in the past twelve years of being a Service Coordinator in a Regional Center Early Start Program, dealing with the insurance coverage trailer bill change has been the most frustrating and time-consuming thing we have had to deal with."

-- JC Andrade,
Service Coordinator

In 2009, the state legislature set forth a trailer bill that required California's Early Start programs to request insurance companies to fund therapies for certain services such as Speech Therapy (ST), Occupational Therapy (OT), Physical Therapy (PT) and Applied Behavioral Analysis (ABA).

Under this trailer bill, funding for an initial evaluation or assessment of a child aged 0-3 who was referred on

the basis of developmental concerns is to be provided by (and funded by) the Early Start Program. However, if the child is found to be eligible for Early Start services (and the child's developmental delays necessitate therapy such as OT, PT, ST, or ABA,) the Regional Center is now required to refer the parent/care-provider to seek that service through the child's health insurance. Previous to the

surance-funded therapies 3) transportation challenges created by the clinic-based nature of insurance-funded services. The legislation has also created a large gap in the Best-Practice standard of in-home and community-based service delivery (natural environments) for children zero-three.

Given little guidance on implementation policies and procedures, each Regional Center has had to establish policies for the challenges that have arisen for families seeking insurance-based services. In some areas there was already a shortage of quality well-trained infant/toddler-focused therapists and the insurance mandate has put new strains on the system. This has created wait lists for services in some areas.

For the community of providers and for the insurance companies themselves, this new legislation has also created some challenges. It has taken time for the insurance companies to establish a network of service providers who can adequately meet the new needs of the zero-three population. For the service providers and individual therapists, who had typically worked directly with

Inside

Chair	2
Our Kids Can't Wait.....	3
Use of Insurance in Practice.....	4
Dealing with Insurance.....	5
Mihail's Story.....	6
Member Contributions.....	7
Resources	9
Events.....	10

This Issue's Theme: **Use of Insurance**

passing of this trailer bill, Early Start had both funded and coordinated OT, PT, ST and ABA services for eligible children in their program.

Implementation of this law has been very difficult in the Early Start Community over the last four years. There is no consistent policy for all 21 Regional Centers to implement this new legislation. Regional Centers have been left to develop policies that deal with challenges such as: 1) a family's inability to afford insurance co-pays or deductibles 2) challenges with accessing timely in-

(see **INSURANCE USE** page 6)

CHAIR ARTICLE

By Melanie Nicolas, State Chairperson



In this newsletter edition, we give voice to how families, individuals, professionals and agencies are experiencing the implementation of the CA Early Start trailer bill legislation that passed in 2009. The challenges are real- from administration to service delivery to access.

As the cover article indicates, for families who are already dealing with the challenges of raising a child with special needs, having to deal with the complicated world of insurance adds undue stress. More importantly, access to high quality

intervention services should not be compromised. Providers also have to find ways to manage the change within their agencies, from staffing and training to learning the new language and systems associated with insurance industry. Overall, this change affects all stakeholders in the early intervention field and we encourage everyone impacted by this significant change to share his or her story. Whether a personal story, or through your agency's survey of your clients, we ask that you share it with your legislator. All changes need to be evaluated and your input is important.

Lastly, I want to thank all of you who participated in our recent IDA survey of members and community stakeholders. During the IDA Annual Board of Directors' Meeting in October 2012, the board participated in a strategic planning process to identify our organizational priorities (which we call strategic directions) for IDA to continue to be relevant, responsive and sustainable. We will use this information to inform and guide our activities and outreach to the community. If you are interested in finding out more about our strategic directions, please email us at our office at mail@idaofcal.org.

MISSION

The Infant Development Association of California is a multi-disciplinary organization of parents and professionals committed to emotional outcomes for infants, birth to three with a broad range of special needs, and effective prevention and early intervention services, and provides information, education, and training to parents, professionals, decision-makers, and others.

IDA STATE MANAGEMENT COMMITTEE

Melanie Nicolas, State Chairperson
Karen Baas, Past State Chairperson
Shelley Cox, State Chairperson - Elect
Robin Millar, State Secretary
Elizabeth Russel, Treasurer
Fran Chasen, Public Policy Liaison
Diane Niles, San Diego/Imperial Valley Chapter Chairperson
Janel Astor, North Chapter Chairperson
Christine Romer, River Valley Chapter Chairperson
Julie Taren, South Chapter Chairperson
Cindy Arstein-Kerslake, Member-at-Large
Chris Muecke, Member-at-Large

COMMUNICATIONS COMMITTEE

Annie Reissiger, Co-Chairperson and North Chapter Representative
Diane Niles, San Diego/Imperial County Chapter Representative
Margie Wagner South Chapter Representative
Christine Romer, River Valley Chapter Representative
DeLora Slattery, Administrative Coordinator and Co-Chairperson

CONTACT INFORMATION

Infant Development
Association of California (IDA)
PO Box 189550
Sacramento, CA 95818-9550
Phone: (916) 453-8801
FAX: (916) 453-0627
E-mail: mail@idaofcal.org
www.idaofcal.org

The Infant Development Association of California (IDA) does not endorse, warrant, or guarantee any product or service presented in the newsletter nor does IDA guarantee any claim made by manufacturer, or distributor of a product, or service presented in the newsletter.

OUR KIDS CAN'T WAIT: THE IMPACT OF THE INSURANCE REQUIREMENT ON FOSTER CHILDREN

By: Sasha Stern, Gary Saltz Foundation Senior Fellow, The Alliance for Children's Rights, Early Intervention Advocacy Center.

Many infants and toddlers in foster care are in desperate need of appropriate, timely, and consistent early intervention services. However, their ability to access and benefit from those services is profoundly hampered because 1) the process to secure necessary Medi-Cal authorization is both cumbersome and lengthy, and 2) Medi-Cal authorized services are often provided in a clinic setting, which can be more difficult to access and is not a natural environment.

There are already tremendous barriers to foster children accessing Early Start services. Some are never properly referred despite Child Abuse Prevention and Treatment Act (CAPTA) mandates. Others cannot be evaluated or served in a timely manner because there is no one to provide the necessary consent. Additionally, many experience multiple foster placements, which may necessitate a change in service providers and therefore a disruption in services. Where needed services were once provided directly through regional center vendors, the current requirement that these same children seek Medi-Cal authorization further complicates matters and stacks the odds against them.

First, the Medi-Cal authorization process is cumbersome and lengthy, causing detrimental delays. In my experience as an attorney, I have seen children wait up to six months for service approval from Medi-Cal. Six months in the life of a two year old can change the child's level of functioning tremendously. The process for requesting an authorization for speech, occupational or physical therapy services is often unclear, so the delay may begin with a child's pediatrician. Even once a treatment authorization request is submitted, months often pass before the family receives a response. This delay is untenable for a young child. Our foster children, already at risk, cannot wait.

Some regional centers will provide limited funding for services during the wait for a response from Medi-Cal, but not all do. The law is clear that early intervention services must be provided as soon as possible. 17 C.C.R. §52109(b). However, the law also states that if the

requirement to pursue insurance causes undue delay, the regional center may fund services. Gov't Code §95004(b)(2). Unfortunately, the practice of providing interim services varies across regional centers.

Second, services authorized by Medi-Cal are usually clinic based, preventing access for many children in poverty who don't have transportation, and depriving them from receiving services in their natural environment. Families living in poverty often do not have reliable transportation, and riding the bus with an infant with disabilities is difficult. There are limited providers of Medi-Cal services, so families may have to travel many miles to obtain treatment. As a result, many of my clients who are forced to use Medi-Cal services simply go without desperately needed occupational, speech and physical therapies.

Furthermore, clinic settings are not natural environments. Federal and state law mandate that early intervention services be provided, to the extent possible, in the natural environment, such as the home or another community setting where one finds same-aged typically developing children. 34 C.F.R. §303.126. For foster children, in-home services are crucial, as they have often faced stress and insecurity within the home setting. Involving the caregiver and/or the biological parent in the provision of services increases the potential that the benefits of therapy will carry over into everyday interactions. While not all services can be delivered in a natural environment, occupational, physical and speech therapy can and should be, especially for foster children who may not be able to access them otherwise.

There is no doubt that regional centers do tremendous work to improve outcomes for infants and toddlers. I have seen the trajectory of a child's life change when early intervention services are provided immediately and consistently. However, regional centers are hamstrung by budgetary concerns and requirements that do not take into account the potential risk to needy children.

One possible solution would be to standardize regional

LOOKING AT USE OF INSURANCE IN PRACTICE

In order to better understand how the issue of Insurance has affected Early Intervention providers in our State, the Infant Development Association (IDA) reached out to several programs that are members of IDA. We presented a series of questions to get feedback on the impact of the insurance regulation.

Both of the Programs interviewed reported reduction in staff over the last 3 years, as well as significant reduction (by 50%+) of the number of children enrolled in their program/service. They also report that fewer hours were awarded per child for all services from Regional Center for children, both in the under-age-three (Early Start) Program and over-age-three programs.

Several challenges were reported by providers when it comes to the implementation of insurance based services. One provider reports that “the communication with the insurance companies and the claims department is very time consuming and challenging. We have applied to several insurance companies to be an “in network” provider for most of our services. It’s been time consuming, but manageable with a strong administrative staff. The largest challenge is the inconsistency between quoted benefits and actual payments.”

The issue of getting a denial from an insurance company has also been noted. “We have seen the difficulty of getting the denial in writing-- documentation the Regional Center requires. Some insurance companies will not put in writing what they will and won’t cover for diagnosis codes- all reimbursement boils down to diagnosis. Only after a claim is submitted and either paid or denied does the family really know whether services will be covered.”

When asked about the unintended consequences that may have arisen as a result of the switch to insurance-based services, providers had some insight into what has been the true outcome of this shift in funding, both for children and Providers who serve them. One Provider reports “There seems to be more time waiting to get services when families have to have insurance checked and then go back to Regional Center to see what/if they will help with co-pay and deductible. Insurance sometimes covers different services than Regional Center authorizes.” Another Provider reported

that there was a delay in start of services while the written denial is obtained. This provider also describes that “[there is a] financial hardship for the family if the only way to obtain a denial is to provide one therapy session, submit a claim to the insurance company and see if they allow the service. This is much more true for speech which is more difficult to get coverage for than occupational therapy.”

From the Provider’s perspective, the consequence of all of these shifts in funding seems to be an additional administrative burden. “The administrative time to manage the insurance cases is costly. Parents are confused and frustrated at having to switch back and forth between Regional Center and Insurance.” There is also confusing information about meeting deductibles - some are told they have to cover their deductible and some are told that the Regional Center will pay.”

The issue of co-pays and the payment of copays and deductibles has also been an issue raised by providers. “Co-pays are confusing. Deductibles are also confusing since different families are told different policies. It’s very stressful if families think they have to come up with a deductible but don’t have the funds available.” Though, depending on the region and population, providers seem to have differing perspectives on this issue. One Provider noted “I think parents are so hungry for help for their children, most are agreeable to the idea unless there is a policy with a catastrophic deductible, which many parents are switching to as the cost of healthcare insurance premiums rise. They do understand that there is a finite amount of funding and the Regional Centers needs to be payor of last resort. I have not had many parents complain about this requirement except for the few who fit in the [catastrophic deductible] category mentioned above.”

When asked about the Providers take on any benefits of the new legislation, many providers and case managers alike have noted that one benefit of the switch to insurance has been that the option of continuing services with some children after they turn 3 years old is a benefit of insurance coverage. Regional Center funds for these services typically end at age three, but new legislation allows children to seek medically necessary

(see **INSURANCE PRACTICE** page 7)

DEALING WITH INSURANCE: THE PERSPECTIVE OF A REGIONAL SERVICE COORDINATOR

By JC Andrade

The question of insurance coverage and regional center funding could at best be described as a mixed blessing. My colleagues and I describe it as the most confusing thing that has ever happened to Early Start. I can honestly say that in the past twelve years of being a Service Coordinator in a Regional Center Early Start Program, dealing with the insurance coverage Trailer Bill change has been the most frustrating and time consuming thing we have ever had to deal with.

Back in 2009, the state legislature set forth a trailer bill that required California's Early Start programs to request insurance companies to fund therapies for certain things like Speech Therapy (ST,) Occupational Therapy (OT,) and Physical Therapy (PT). Regional Center Service Coordinators would put funding in place for the evaluation or assessment of a child referred on the basis of developmental concerns. But, if the child was found to be eligible for Early Start and need therapy (OT, PT, ST) we would need to see if that child had health insurance, and if so, request this service from the family's insurance company. As a side note, children that have Medi-Cal coverage were determined to be exempt from this process. Sounds easy enough right? Well, it was not.

The Trailer Bill was broad and left a lot of interpretation to the individual Regional Center with regards to its implementation; I have heard that there is a lot of variation from Regional Center to Regional Center. I can only speak for what my experiences have been with my Regional Center. At my Regional Center, we diligently followed the protocol of requesting funding through private insurance. The first issue that we ran into was that almost all insurance companies refused to pay for any of the therapies that we had recommended. Once the parents and the service coordinators started reading the actual insurance policy, we realized that the policy clearly stated that developmental delays were not covered by the insurance carriers. My Regional Center decided to fund services while service coordinators worked with families and tried to get the funding question figured out. After several months of denials, my Regional Center

decided that we would move back to paying for services.

In a few cases where insurance companies did pay for the therapies, families ran into the co-payment dilemma. For families who had insurance coverage for, for example, speech and occupational therapy, they would have to pay for two co-pays a week to attend both therapy sessions. These co-pays could range from \$10-50 dollars a visit. For some families, this amount of co-pay was not something that they could afford. My Regional Center decided that we would help families pay their co-pays. All therapeutic services fell under this protocol until the new bill, SB946, went into effect.

State Senate Bill 946 went into effect in July 2012. This bill addresses Autism-related therapy services and access to insurance. The intent of the bill was to mandate that insurance carriers cover more services to those families with children that have a confirmed diagnosis of Autism. This bill has a lot more defined regulations with regards to coverage of therapy services. The insurance companies have been forced into compliance with this bill. From what we have seen at the Regional Center, SB946 has created hurdles impacting primarily the families. Families must go to their insurance company and request services directly from them for their child with Autism.

Part of the problem in implementing this legislation has been that the insurance companies have not previously had to pay for certain types of services, such as ABA. Therefore, they have not had the provider infrastructure to easily offer services for children with Autism. Insurance companies have had to slowly build this network. In the meantime, they have been authorizing services for families using the provider that the family had previously been working with (through the Regional Center). Sometimes a Regional Center vendor was not in the insurance company's list of providers and this caused families to have to switch providers and start all over with a new provider. There is also the co-pay dilemma for these families. There are still providers that the insurance companies use who are

(see **COORDINATOR PERSPECTIVE** page 7)

MIHAIL'S STORY STILL RINGS TRUE

In 2009 when the Department of Developmental Services first implemented the policy that required families to utilize their insurance for therapy services that had previously been funded by Early Start, a wave of confusion and despair swept through the many communities. Families and service providers alike struggled to make sense of the new legislation and find new ways to access services.

IDA decided to talk with families to see what the actual impact was for a family raising a young child with special needs. The result was this telling story of one family in Northern California. Prior to the passing of 2009 legislation, their son, who was born with Down Syndrome, had been receiving Infant Development Specialist (IDS), Physical Therapy (PT) and Occupational Therapy (OT) services all funded by their local Regional Center's Early Start Program. This family graciously described to us the difficult choices they were forced to make as the 2009

legislation changes took effect. The family was pushed to access their insurance for the therapy services that they had previously accessed through the Regional Center. They could not afford the co-payments for all the services that their child needed and were forced to make difficult decisions about which of those services they deemed most important. Now, with the insurance requirement their insurance company did not cover in-home services. They needed to go to an out-patient clinic/hospital and confronted with wait lists that delays services.

Later, this policy was rescinded at their local regional center. Now, in 2013, many Regional Centers are reinstating, or reiterating their policy to push families to access their insurance and to seek Early Start funded services only as a "last resort."

Hear his families story on the IDA website at this link:
<http://idaofcal.org/doc.asp?id=487> ♦

INSURANCE USE *from page 1*

regional centers to provide services to children 0-3, the new law has changed the landscape of their service delivery model and has forced them to find new funding sources. Many individual therapists as well as Regional Center Vendored Early Intervention Programs have had to quickly become versed in the world of insurance contracts and insurance billing.

This legislation has caused challenges from every perspective--from Insurance Companies themselves, to the Regional Center Service Coordinators and the therapists and community organizations whose intention is to provide developmental support to children ages zero to three. Most importantly, the trailer bill legislation has presented an unprecedented challenge to families with young chil-

dren who desperately need high-quality early intervention services. For families who were already stressed by the knowledge that their child has a developmental delay or disability, the task of navigating the often confusing world of insurance-based services can be daunting.

In this edition of the IDA Newsletter, we have put together articles that discuss some of the challenges seen around the State as a result of the new Early Start trailer bill legislation. Our intention was to give a voice to the different perspectives of the people and organization affected. We have also provided many resources that will help us better understand and navigate the new world of insurance-funded developmental services for young children in California. ♦

CAN'T WAIT *from page 3*

center policy and practices to provide interim funding for the entire time that a family is waiting for Medi-Cal authorization, beginning immediately after the IFSP. In addition, regional center policies and procedures to assist families to access Medi-Cal could be strengthened so that each step, from the visit to the pediatrician to the receipt of a denial or approval, is crystal clear. Additional improvements could be had with the expansion of Medi-Cal provider networks, by mandating in-home services and/or

by providing transportation services to all children in need.

Foster children need the most, and yet they are getting the least. The insurance requirement hinders their ability to obtain timely and quality services, when the barriers these children face already seem insurmountable. While our budget climate is difficult, large-scale changes seem daunting. However we cannot stop advocating for this vulnerable population, to ensure that the unintended consequences of budget cuts do not endanger them further. ♦

MEMBER CONTRIBUTION

Interested in training, mentorship, and financial support to become a highly qualified early childhood special educator?

The Accelerated Collaborative Teacher Residency (ACT-R) Program provides a combined Credential/Master's Degree Program in 24 months offered by California State University, Northridge (CSUN) in collaboration with the Los Angeles Unified School District (LAUSD). In the first year, candidates in the Early Childhood Special Education (ECSE) program obtain a credential through full-time study at CSUN while a teacher in residence (student teacher) in early intervention and early childhood special education preschool programs with experienced mentors. In the

second year, graduates are employed as ECSE teachers in LAUSD and complete their Master's Degree while on-the-job. They complete the Clear Educational Specialist Credential in ECSE with an additional semester. Candidates are eligible for a stipend of up to \$35,000 through a Teacher Quality Partnership Grant, funded by the American Recover and Reinvestment Act. The application deadline for Fall 2013 is May 13, 2013. For information, contact Deborah Chen at deborah.chen@csun.edu or visit the CSUN ACT-R website at <http://www.csun.edu/~spedtqp/>. ♦

INSURANCE PRACTICE *from page 4*

services above age three through insurance.

Overall, we learned from these two Providers that the issue of insurance implementation is one that is complex and challenging from many different perspectives. For the parents who are trying to access their insurance, the issues of denials, understanding covered services, and navigating and affording copays and deductibles have clearly been challenging. For providers themselves,

the burden of administration over insurance billing, understanding the insurance processes and learning the systems that will allow the provider to assist a family in accessing and understanding their insurance has been perplexing. It is clear, however, that Providers have been dedicated to making this new reality work—to navigate the world of insurance and support the families and children in the community along the way. ♦

COORDINATOR PERSPECTIVE *from page 5*

choosing not to accept co-pay from Regional Centers. The insurance companies also sometimes refer families to a provider who is not a Regional Center vendor. In this case, my Regional Center is unable to cover the co-pay unless the provider decides to become a vendor.

On the positive side of all of these changes, parents have been able to access Behavioral Therapy as well as Speech, Occupational and/or Physical Therapy through insurance for their child with Autism who is above age three. This has been a huge benefit for some families who previously had not been able to access these services in any way other than the school district.

From a professional perspective dealing with this

insurance issue has limited the efficiency with which I can serve my clients. At my Regional Center, the Early Start Service Coordinators do our own intakes and determine services offered. I prefer determining services offered utilizing my clinical judgment and taking input from professional therapists. I believe services should not be determined based on regulations. Service coordinators are now spending a lot more time on paperwork (i.e. obtaining written documentation on co-pays and insurance companies' authorizations for services) which impacts the amount and quality of time actually spent working with the families and addressing their concerns and needs. ♦

MEMBER CONTRIBUTION

Annual Fee, Private Insurance, Family Cost Participation Program—Oh My! Part C And Its Fees

By Betty Lin

The federal government formulated Part C of the Individuals with Disabilities Education Act – early intervention—to create a system of support that allows each state to facilitate access to its existing resources, services, and supports for eligible infants and families. The Congress's intent was not to authorize another entitlement program. As a matter of fact, Part C statute and regulations highlight that federal funding should be used to primarily support system development work, and secondarily as the "Payor of Last Resort" for services that would have been paid for by another public or private source. The federal government requires that each state develops a "system of payments" representing the various funding sources for the Early Intervention services, which include Family Cost Participation.

The term "family cost participation" (FCP) is a broad and encompassing term used to describe any approach that a state may elect to institute either by the use of private insurance, developing a family fee system, or both, that results in some degree of cost to a family participating in the Part C system. FCP may mean indirect or direct cost, either formally or informally, to the family through the use of their private insurance coverage, or the assignment of some sort of financial cost to the family to receive Part C IFSP services. These policies may be developed at either the local or state level; this varies from state to state (The National Early Childhood Technical Assistance Center, 2005).

It is equally important to know that under Part C eligible infants and families are entitled to receive appropriate early intervention services in a timely fashion. Part C funding may be used to pay for services in the interim while the agency that has the ultimate responsibility for

service payments is sought for reimbursement.

Each state must establish its policies and procedures for a system of payment. In California, families are required to "access private insurance for all identified medical services, other than evaluation and assessment, for service provision or denial prior to service provision by the regional center as payer of last resort" (Regional Center of East Bay). In addition, your Regional Center will assess an Annual Family Program Fee (AFPF) from qualified families as explained by the Department of Developmental Services:

There is one AFPF assessed yearly per family regardless of the number of children in the household receiving services.

Families receiving services through the Medi-Cal program are not eligible for an AFPF.

Families of children receiving only respite, day care, or camping services from the regional center and who are assessed a cost for participation under the Family Cost Participation Program will not be charged a fee (May 2012).

Family Cost Participation Program is a law that became effective in January 1, 2005. It requires parents to share in the cost of respite, daycare, and camping services purchased for their children by the regional centers.

Remember, Part C was envisioned by the Congress as a system that facilitates access to resources, services, and supports for infants and families, but not necessarily to pay for them. Family Cost Participation is the law, but it is not intended to burden families to the extent of resulting in families foregoing necessary services for their babies. If you have questions regarding the California Part C fee structure, please contact your Regional Center or Family Resource Centers Network for guidance. The following online resource offers more in-depth information. ♦

Regional Centers of CA	http://arcanet.org/regional-centers.html http://www.dds.ca.gov/RC/RCList.cfm (DDS website)
Family Resource Centers Network of California	http://www.frcnca.org/ http://www.frcnca.org/frcnca-directory/
Use of Private Insurance for Early Start Consumers	http://www.rceb.org/news/announcements/dds_budget_proposals/2009/proposals/08.Early%20Start%20-%20Use%20Private%20Insurance.pdf (Regional Center of East Bay website)
Annual Family Program Fee	http://www.dds.ca.gov/AnnualFamilyProgram/index.cfm (DDS website)
Family Cost Participation Program	http://www.dds.ca.gov/FCPP/Index.cfm https://dds.ca.gov/FCPP/Docs/FAQ.pdf (DDS websites)
Part C: Family Cost Participation	http://www.nectac.org/googleresults.asp?cx=001354871196560068277%3Alkpeognsxh8&cof=FORID%3A11&q=family+cost+participation&sa=Search+nectac.org (National Early Childhood Technical Assistance Center website of resources)

RESOURCES

Issue Alert: SB 946 from Area Board 9 / Area Board 10 / Area Board 13

http://www.simplesend.com/simple/uploadedimages/000525/2013-01_SB946IssueAlert.pdf

California's Children – Human Services Management Corp.

March 13, 2013 – Autism treatment: state raps insurance co's on the knuckles re: parent claims

<http://californiaschildren.typepad.com/californias-children/2013/03/march-13-2013-david-gorn-reports-today-on-californiahealthlines-capitol-desk-that-the-statesoffice-of-administrative-law-a.html#.UUHhVhm3JT4>

Disability Rights California

<http://www.disabilityrightsca.org/pubs/F01601.pdf>

California Disability Fact Sheet on Early Start Program Changes- Appeal Information

Department of Managed Health Care

The Department of Managed Health Care (Department) has updated its website to reflect a new posting under Section 4 “Open Pending Regulations.”

Pursuant to Government Code sections 11346.1 and 11340.85(c), the Department is giving notice that a Certificate of Compliance and final rulemaking package was submitted to the Office of Administrative Law (OAL) on February 28, 2013. The subject of the rulemaking action is “Pervasive Developmental Disorder and Autism Coverage,” section 1300.74.73 of Title 28 of the California Code of Regulations.

This regulation was initially adopted by the Department as an emergency regulation that became effective on September 6, 2012. The Department initiated the regular rulemaking process through a posting in the Notice Register on October 5, 2012. The emergency regulation remains in effect during the OAL’s review.

You will find the following new documents posted in the “Open Pending Regulations” section of <http://wpso.dmhc.ca.gov/regulations/>.

Autism Speaks

http://www.autismspeaks.org/sites/default/files/images/advocacy/CA.Autism%20Insurance%20Law%20FAQs_10.26.2011.pdf

Frequently Asked Questions about the Autism Insurance Reform Law

•1/22/13: Steinberg Proposes Five-Year Extension on ABA Coverage (Bill S-126)

<http://www.autismspeaks.org/advocacy/advocacy-news/steinberg-proposes-five-year-extension-aba-coverage>

•Bill S-126:

http://www.leginfo.ca.gov/pub/1314/bill/sen/sb_01010150/sb_126_bill_20130122_introduced.pdf

Regional Center resources on navigating health insurance and Early Start:

The Regional Center of the East Bay developed with a grant from First 5, “Working with Health Plans: A Guide for Early Start Providers” in 2010. The purpose of this resource is to assist Early Start families in navigating the health insurance system to obtain needed services for their children as well as to assist providers in obtaining necessary authorizations and reimbursements for services.

www.rceb.org/community/providers/RCEB-EI-Provide-Guide

Part B IDEA - Consent changes

On Feb. 14, 2013 the Federal Register Vol 78, No. 31/ Rules and Regulations 10525, Department of Education 34 CFR Part 300 RIN 1820-AB64, Docket ID ED-2011-OSERS-0012, Assistance to States for the Education of Children With Disabilities; Agency: Office of Special Education and Rehabilitative Services, Department of Education. ACTION: Final Regulations

“.....regulations for Part B of the Individuals with Disabilities Education Act (IDEA or Act).....revising the parental consent requirements a public agency must meet before it may access for the first time a child’s or parent’s public benefits or insurance (e.g. Medicaid) to pay for services required under the Act.....”www.regulation.gov

UPCOMING EVENTS

(CHECK THE IDA WEBSITE FOR THE MOST UP-TO-DATE LISTINGS OF EVENTS:
WWW.IDAOFCAL.ORG)

IDA: Southern California Regional Conference

April 26-27, 2013 • Hilton San Diego/Del Mar

Register to attend by April 15, 2013 and participate in the varied workshops that provide opportunities to meet your continuing education requirements, or to advance your knowledge on a variety of important topics. From new findings on autism research around the first year of life (Keynote Address by Drs. Eric Courchesne and Karen Pierce), to best practices in early intervention, to policy issues, to systems collaboration supportive of families and professionals, you will find all this in the conference program. Time: 1:00 – 3:00 pm (Please feel free to bring your lunch!)

Workshop Highlight

Issues in Early Start: Legislation, Policy And Payment

This session is designed to provide insight and clarification regarding public and private payer systems potentially available to fund therapy services for children in Early Start. Participants will be provided with an overview of the payer environment at the national and California state levels. Navigating the payer systems for therapy services is a complicated endeavor. This session will provide concrete information for an enhanced understanding of the benefits, challenges and access to therapy services through Early Start, IDEA, CCS, Regional Centers, MediCal and Private Insurance.

Robin Millar, PT, Administrative Director, Simi Valley Hospital

Eunice Shen, PT, DPT, PCS, California Children's Services

Anne Baltzer, M.A., Manager, Tri-Counties Regional Center, Early Start

Post-Conference Special Event

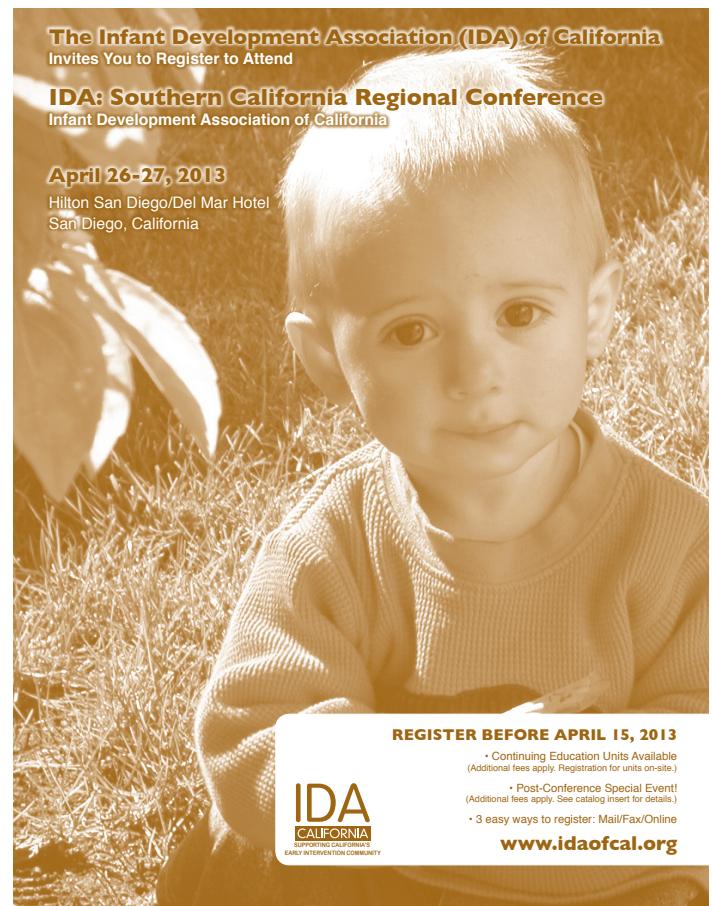
Additionally, for a separate registration fee, we are offering a “special event” appropriate for both parents and treatment providers on the topic of working with children who have suffered trauma. This session is presented by one of our most popular IDA speakers, **Karina S. Bravo, Ph.D.**

(The Infant Development Association is pleased to continue to have Karina present at our regional conferences. Karina has provided presentations at the past two regional conferences. The feedback from participants after these conferences was: “Bring her back!” “We want more!” “I could have listened for a full day.”

In response, Karina and IDA have created this opportunity for more...this Special Event Presentation!)

Network and Have Fun!

Our host chapter, San Diego/Imperial County Chapter is hosting a Friday reception (right after the close of workshops) to network with other attendees. Events like this are for renewing connections and meeting new colleagues.



UPCOMING EVENTS

(CHECK THE IDA WEBSITE FOR THE MOST UP-TO-DATE LISTINGS OF EVENTS:
WWW.IDAOFCAL.ORG)

Understanding Infant Vision Development

April 16, 2013 • Los Alamitos, CA

Time: 8:30 am registration / 9:00 am – 11:00 am presentation

Location: Alamitos Eye Care, Inc., 19051 Cherry Street, Los Alamitos, CA 90720

Fees: \$20 IDA Members / \$25 Non-IDA Members

Sponsor: Southern California Chapter – Infant Development Association

Incorporating the iPad into Your Early Intervention Work: Theory, Practice and Innovation

April 27, 2013 • San Jose, CA

Time: 12:30 pm registration / 1:00 pm – 4:00 pm presentation

Location: AIM – 3968 Twilight Drive, San Jose, CA 95124

Fees: \$50 IDA Members / \$60 Non-IDA Members

Sponsor: Northern California Chapter – Infant Development Association

SAVE THE DATE!

IDA: Northern California Regional Conference

September 20-21, 2013

Hilton Concord Hotel, Concord, CA

(Look for registration details late Spring-Early Summer)





Infant Development Association of California
P.O. Box 189550
Sacramento, CA 95818-9550

Membership Application

Check type of membership desired and circle length of membership desired:

- [] AGENCY (for up to 3 staff)
[] INDIVIDUAL
[] PARENT (parent of a child with special needs)
[] STUDENT (one year option only)
[] ADDITIONAL DONATION OF \$ _____

<u>One Year Rates</u>	<u>Two Year Rates</u>
\$200.00	\$325.00
\$60.00	\$100.00
\$25.00	\$35.00
\$25.00	n/a

Payment: Check Purchase Order# _____ VISA Mastercard

Exp.Date. _____ Account # _____

Billing Address _____ Zip code _____

Signature: _____

The membership begins the date the payment of the membership fee is received. Membership includes three newsletters annually, local chapter meetings, annual statewide membership meeting, networking, and advocacy opportunities. As a member, you are entitled to discounted registration fees to attend all IDA state trainings and conferences. DISCOUNTS average \$75 less than non-members for each training/conference. Agency members can send up to 3 staff members to trainings/conference and SAVE BIG with discounts equal to \$225 to \$450 on average. Membership more than pays for itself after registering for just one IDA state training or conference!

*By submitting this application, I give my permission to have IDA send correspondence and announcements to me using my fax number:
YES NO* , email address: YES NO *IDA may share my mailing address with related organizations: YES NO*

Name _____

Professional Discipline _____

Address (Home OR Agency) _____

City _____ State _____ Zip _____

Agency Name _____

Home Phone (_____) _____ Business Phone (_____) _____ FAX (_____) _____

Email _____

Preferred Chapter Association

For details about chapter regions, go to our web site at www.idaofcal.org and click on Chapters.

- [] Northern Chapter
[] River Valley Chapter (Sierra Mountains/Sacramento & Central Valley Regions)
[] San Diego/Imperial County Chapter
[] Southern Chapter

Signature _____

All checks should be payable to the Infant Development Association of California – PO Box 189550, Sacramento, CA 95818-9550
IDA is a nonprofit organization. Donations are tax deductible to the extent allowed by law.
