

Billing & Collaborative Processes

June 1, 2022



AGENDA JUNE 1ST

Welcome! Check-In & Intros in Chat

Inter-Agency Agreements

• Developmental Disabilities Administration

Billing & Special Education Percentage

Questions?

INTER-AGENCY AGREEMENTS

All agencies are required to develop an Inter-Agency Agreement when more than one agency provides services on the IFSP and submit to King County, initiated by the DHH FRC.

- Each agency identifies an IFSP team member responsible for leading communication between agencies;
- The DHH FRC will coordinate and schedule evaluations, assessments, IFSP meetings, and transition conferences, including all IFSP team members;
- IFSP team members share the responsibility to meet required DCYF/ESIT timelines for data entry and will provide IFSP documents and reports to the FRC to ensure that timelines are met.

WHAT IS THE PURPOSE OF AN INTER-AGENCY AGREEMENT?

- To promote mutual understanding between King County ESIT agencies when jointly providing services with a child and their family.
- To support collaboration as a single IFSP team.
- To facilitate billing percentages for Special Education (SE) for both agencies.

Inter-Agency Agreements Process





Initiate IAA

Agency 2 and 3

Submit to King County

Each agency identifies an IFSP team member responsible for leading communication between agencies.

DHH FRC initiates IAA as "Agency 1".

DHH FRC sends (via secured email) IAA to all agencies on IFSP. DHH Agency fills out IAA as "Agency 2 or 3".

DHH Agency submits completed & signed IAA to Agencies 1 & 2 and King County.

INTER-AGENCY AGREEMENT EXAMPLE:

| Child's First and Last Name | Click to enter | | |
|-----------------------------|---------------------|--|---------------------|
| ESIT ID | ESIT ID | Date of Birth | Click to enter date |
| Most Recent IFSP Date | Click to enter date | *Date that this IAA is effective is IFSP date with | |
| (IAA Start <u>Date)*</u> | | services at more than 1 agency, or services updated. | |
| IAA End Date** | Click to enter date | **Third birthday; shall be modified as changes to | |
| | | IFSP occur. | |

| Agency Information | Agency 1—With FRC | Agency 2 | Agency 3 |
|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Agency Name | Add Agency Name | Add Agency Name | Add Agency Name |
| IFSP Team | Contact Name, Role | Contact Name, Role | Contact Name, Role |
| Designated Contact | | | |
| Email Address | Contact Email | Contact Email | Contact Email |
| Number and Type | 0 Sessions of Provider Type, | 0 Sessions of Provider Type, | 0 Sessions of Provider Type, |
| of IFSP Services | 0 Sessions of Provider Type, | 0 Sessions of Provider Type, | 0 Sessions of Provider Type, |
| Monthly, including | 0 Sessions of Provider Type, | 0 Sessions of Provider Type, | 0 Sessions of Provider Type, |
| FRC | | | |
| Quarterly Consult | 0 Sessions of Provider Type | 0 Sessions of Provider Type | 0 Sessions of Provider Type |
| If 1-2 sessions only | | | |
| Comment | Click to enter text. | Click to enter text. | Click to enter text. |
| Agency Signer | Sígnature Here | Sígnature Here | Sígnature Here |
| | Signer Email Here | Signer Email Here | Signer Email Here |
| Date Signed | Click drop down arrow to enter | Click drop down arrow to enter | Click drop down arrow to enter |
| | date. | date. | date. |
| King County | % | % | % |
| Allocation Note | | | |

COMMUNITY BRAINSTORM:

How will you use the Inter-Agency Agreement to promote teaming?

 How could you use an Inter-Agency Agreement to improve communication and collaboration?

DEVELOPMENTAL DISABILITIES ADMINISTRATION APPLICATION

- The DHH FRC is responsible for initiating all DDA applications and change forms to DDA <u>and</u> <u>CCing</u> any other agency on the IFSP.
- The other agency, for example any DHH agency, is responsible for following up with DDA to ensure the authorization is in place with their agency.

Developmental Disabilities Administration Application Process



Submit DDA App

DHH FRC completes DDA application or change form.



DHH FRC CC's all agencies on IFSP, in communication to DDA.

Follow Up

DHH Agency is responsible to:

- check for complete & accurate documents
- follow up w/DDA to ensure authorization is in place for their agency.

Authorized

DDA creates authorization for one or more provider agencies to serve (bill) that child.

DDA FORM EXAMPLE:

Documentation of Early
Support for Infants and
Toddlers (ESIT) for
Developmental Disabilities
Administration

- Sending the form with both agencies & FRCs clearly listed.
- ROIs (or 1 single DSHS consent form) attached.
- Note in the body of the email reminding DDA that both agencies need authorization.



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) EARLY SUPPORT FOR INFANTS AND TODDLERS (ESIT)

Documentation of ESIT Eligibility for DDA

| Eligibility Information The child is eligible for ESIT / Part C Services because he/she has (check one): A 1.5 standard deviation or 25% delay in development in one or more areas. A diagnosed condition that is likely to result in a delay in development. Informed Clinical Opinion was used as the primary source of eligibility determination. Eligibility Decision Date: My signature below certifies that I have: Reviewed the child's eligibility documentation. Verified that the child meets all eligibility criteria for the Washington State Early Support for Infants and Toddlers (ESIT) program as outlined in Chapter 110-400 WAC. Ensured that evidence documenting eligibility is available for review in both the ESIT data management system and the child's file. SIGNATURE DATE PRINT NAME HERE | CHILD'S NAME: FIRST MIDDLE INITIAL LAST | CHILD'S BIRTHDAY | CHILD'S ESIT ID NUMBER | | |
|--|--|---------------------------------|--------------------------|--|--|
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| | | | | | |
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| TITLE TELEPHONE NUMBER (INCLUDE AREA CODE) | | | | | |
| | TITLE | TELEPHONE NUMBER (INCLUDE A | AREA CODE) | | |
| | | | | | |
| PART C EARLY INTERVENTION PROVIDER / FRC AGENCY | | | | | |
| FART CLARET INTERVENTION PROVIDER/TRC AGENCT | | | | | |
| 1. Kindering | | | | | |
| 2. Hearing, Speech & Deaf Center | | | | | |

Enclosures: DDA Application, Signed Consent

DDA CHANGE FORMS

DHH FRC is responsible for submitting change forms to DDA.

| When is a change form needed? | When is a change form NOT needed? |
|--|---|
| Adding a provider agency Changing provider agencies | Exits: You do not need to submit a change form when a child exits. Continue to indicate exits on billing, King County sends a monthly list to DDA |

BILLING & SPECIAL EDUCATION PERCENTAGE

| Child's IFSP | DHH Agency | Full-Service Agency |
|--|--|---|
| DHH/FRC at Full Service | Can bill, if served, for:Part C, BSK, CDS90% of SE | Can bill, if served, for: Part C, BSK 10% of SE Cannot bill for CDS for FRC* |
| DHH Services & DHH/FRC + More Services at Full Service | Can bill, if served, for:Part C, BSK, CDS50% of SE | Can bill, if served, for: Part C, BSK, CDS 50% of SE Insurance, if allowed |
| Services at 2 DHH Agencies & DHH/FRC at Full Service** | Can bill, if served, for:Part C, BSK, CDS45% of SE | Can bill, if served, for: Part C, BSK 10% of SE Cannot bill for CDS for FRC* |



QUESTIONS

Norma Lobo: <u>nrenteri@kingcounty.gov</u>

Wendy Harris:
Wendy.harris@kingcounty.gov

Feedback & Questions

THANK YOU!

Check-Out in the chat:

One thing you learned today

