

CCS HCS SCS SB 500 -- MISSOURI PART C EARLY INTERVENTION SYSTEM

This bill establishes the Part C Early Intervention System, administered by a lead state agency designated by the Governor, to provide early intervention services to eligible infants and toddlers as determined by state regulations. The system will include a comprehensive, child-find system and public awareness program to ensure that eligible children are identified, located, referred, and evaluated for eligibility. The lead agency will establish a State Interagency Coordinating Council to assist in the implementation of the program.

The delivery of program services will be organized on a regional basis with the lead agency establishing a bidding process for determining regional offices across the state. The bidding process will include criteria for allowing regions to implement models that will serve the unique needs of their community. The bidding process will encourage agreements between organizations and other state and local governmental entities providing similar services to infants and toddlers, including the Department of Mental Health's Division of Mental Retardation and Developmental Disabilities regional centers and local Senate Bill 40 boards.

Each regional office will include in its proposal assurances and documentation of its plan to provide for those functions that are specifically identified under state and federal regulations and implement a system of provider oversight to ensure all services are available and accessible. The program services will emphasize the family's central role by using coaching approaches and focusing on implementing the child's developmental goals.

No general revenue funds appropriated to the lead agency for the system may be used to satisfy financial commitments for services that should be paid from another public or private source. Federal funds received by the system may be used to prevent the delay of early intervention services; however, the system will seek recovery from public or private sources that have ultimate responsibility for the payment.

Beginning October 1, 2005, families with incomes that are above the Missouri Medicaid Program eligibility level will pay a family cost participation fee on a sliding scale of \$5 to \$100 a month. Moneys collected from the fee and insurance reimbursements will be used to fund the program.

Currently, school districts may coordinate with public, private, and private not-for-profit agencies for the delivery of special education and related services for children three to four years of age with handicaps. The bill requires school districts to coordinate with these agencies.

School districts providing early childhood special education will give consideration to the value of continuing services with Part C early intervention system providers for the remainder of the school year when developing an individualized education program for a student who has previously received these services and reaches age three during a regular school year.

The Department of Social Services must recognize the system established under the bill and will pay all claims for reimbursement for Medicaid-eligible children to the system. The department will seek insurance reimbursement for those eligible children having other private insurance.

Every health carrier or health benefit plan that offers or issues health benefit plans, other than Medicaid health benefit plans, which are issued on or after January 1, 2006, will provide coverage for medically necessary early intervention services for children in the program. The coverage will be limited to \$3,000 per covered child, per policy, per calendar year, with a maximum of \$9,000 per child. In the event a health benefit plan is not required to provide coverage because of preemption by a federal law, the lead agency will be responsible for the payment and for providing any required benefit.

Health benefit plans cannot charge any greater deductibles, copayments, or coinsurance than other similar health care services provided. The benefits paid cannot apply to the maximum lifetime benefits payable under the contract. Health benefit plans will be billed and paid at the applicable Medicaid rate at the time the covered benefit is delivered.

Payments made by a health carrier for these services will not exceed 0.5% of the direct written premium for health benefit plans on the health carrier's most recently filed annual financial statement. In lieu of reimbursing claims under these provisions, a carrier may directly pay to the system by January 31 of the calendar year an amount equal to 0.5% of the direct written premium or \$500,000, whichever is less. The payment will constitute full and complete satisfaction of the health benefit plan's obligation for the calendar year.

The Department of Insurance will collect data related to the number of children receiving private insurance coverage and the total amount of moneys paid on behalf of these children by private health insurance carriers. The department will report to the General Assembly regarding the findings no later than January 30, 2007, and annually thereafter.

The provisions of the bill will expire two years after the effective date unless reauthorized by the General Assembly. If

the program is reauthorized, it will expire after 12 years.