

State Interagency Coordinating Council

June 6, 2022 Minutes

9:00 AM-12:00 PM

Remote Zoom Meeting

Cynthia Jackson

ICC Chair/Provider

Leona Adamczyk

ICC Vice

Ann Gionet

Dept. of Public Health

Tiffanie Allain

Parent Representative

Kim Nilson

Dept. for Children and Families

Maris Pelkey

Creative Interventions, Provider

Elaine Balsley

Reachout, Provider

Nicole Cossette

Office of Early Childhood

Senator Mary Abrams

State Senator

Shonda Easley

Parent representative

Sharon Marie

Dept. of Aging & Disabilities Services

Ginny, Mahoney

Dept. of Social Services

Anne Giordano

Education Connection, Provider

Louis Tallarita

SDE-Homeless Children

Andrea Brinnell

SDE-619

Karen Pascale

Early Head Start

Myra Watnick

Rehab Associates, Inc, Provider

Ann Milanese, M.D.

American Academy of Pediatrics

Representative Liz Linehan

House of Representatives

Tammy Venenga

Dept. Of Developmental Services

Mary Beth Bruder

UCEDD

Lisa Opert

Parent Representative

Robb Dunn

Parent Representative

David Gonzalez-Rice

Parent representative

Lauren Black

Parent Representative

Melissa Roberts

Department of Insurance

ICC Members Present: Andrea Brinnel, Anne Giordano, Cindy Jackson, Tiffanie Allain, Shonda Easley, Elaine Balsley, Ginny Mahoney, Myra Watnick, Nicole Cossette, Lisa Opert, Karen Pascale, Maris Pelkey, Leona Adamczyk, Sharon Marie, Tammy Venenga

ICC Members Absent: Representative Linehan, Senator Abrams, Melissa Roberts, Mary Beth Bruder (Bethanne Vergean present for UCEDD), Kim Nilson (Donna Maitland-Ward present for DCF), Ann Gionet, Lauren Black, David Gonzalez-Rice, Ann Milanese, Robb Dunn, Louis Tallarita

Meeting called to order at 9:00 AM by Cindy Jackson ICC Chair

Introductions: ICC members in attendance introduced.

Sharon Marie shared information on upcoming BESB in-services in the Fall. Info attached to the minutes.

Public Comment:
No public comment.

Old Business:
Approval of the April 4, 2022 minutes: Approved.

Survey on meeting location preference was sent to all ICC members. Most members preferred to keep meetings remote at this time. This survey will be revisited late summer as the board preps for Fall meetings.

Updates from Committees since February 2022 meeting:

Legislative/Fiscal Committee Legislation was signed to allow General Administrative Payments (GAP) paid to programs to increase from \$100 to \$200.

Education and Outreach Committee Carol has retired. This committee is looking for a provider to co-chair with parent representative, Lisa Opert. Have been checking on possible locations for family event in Fall or Spring.

System Support/Personnel Development Committee Robb Dunn will be the parent representative co-chair for this committee going forward with provider co-chair, Anne Giordano. Will regroup during committee time regarding transition roadmap they have been working to finalize.

New Business:

ICC Retreat Discussion. Cindy Jackson shared the following background information: Retreat is usually held in the Fall or Spring for ICC members only. It is to give the members purpose and structure for the ICC and to set goals for the coming year. Typically, it is a full day with lunch, 9am-3pm, to allow time for members to get to know each other better. Cindy has proposed that the focus for this upcoming Retreat to have Diversity and Equity lens. Cindy asked for small committee to form with the purpose of planning this event for late Fall or early Spring. Myra suggested having the Retreat as 1st meeting back from summer in October, instead of having scheduled ICC meeting in October. This would allow group to come together and rev up for the upcoming year. October would also likely allow time to still be outside, weather dependent, to ease anyone's concerns around COVID. Small committee formed with Myra, Cindy, Tiffanie, and Leona. This committee will plan to meet late July to work out details for Retreat. Cindy requested if anyone has ideas or suggestions for a speaker or facilitator for the Retreat to please send those to her.

With Carol Peltier's retirement, a new provider is needed for the ICC. One provider has expressed interest and has been provided with appropriate application details. Cindy Jackson requested if any other providers are interested in becoming member to contact Sabrina Crowe at the Lead Agency or Cindy for details.

Highlight of Circle of Security Initiative between Birth to Three programs and Lead Agency: The Lead Agency has set aside money from ARPA funding to support programs in pursuing Circle of Security trainings for their staff. Donna Notti shared how Circle of Security supports families and other caregivers to connect and engage with their children, but also the impact on providers' skills in how they support families through a social-emotional lens. Through the Leadership Grant project and a survey compiled from the ICC System Support/PD committee, it was clear programs and providers had high interest in understanding and implementing Circle of Security. Due to the overwhelming response, the Lead Agency was able to increase the original amount of funding to support as many providers as possible. Over the next year, around 150 providers will receive the 8-week Circle of Security training, over 50 will go on to complete the Facilitator training and another 16 will have a refresher training.

Lead Agency report by Nicole Cossette. See attached.

Committee reports outs:

Legislative/fiscal topics: Expense report due in August; it is pared down from last year's and should align with the upcoming rate study. Discussed billable and non-billable time as it relates to the upcoming rate study, with importance of time study to be included. Discussed that legislators should be aware that B23 did not get the 7% increase (COLA) as some legislators think they did. Discussed PCG concerns: providers don't have access to reports which decreases efficiency. Providers want better information and clear reporting from PCG.

Education and Outreach topics: Discussed activities for families—looking at Fall. Exploring locations. Committee will meet in August and possibly September to plan and finalize. They will look at budget as well once they have some estimates. Circled back to magnet discussion and settled on a one-pager specific to B23 that lists important contacts to have it all in one place. Cindy has an example that she will share with Lisa.

System Support/Personnel Development topics: Transition Roadmap—determined they had left out EIS over 3 and felt it should be part of the roadmap. They will address over the summer and

finalize. Discussed staffing shortages, including student placement initiative through Lead Agency. One concern shared is the insurance of students as it's not always covered by the school. Discussed building relationships with high ed, specifically Charter Oak, and shaping coursework at the school to prepare new graduate to hit the ground running at hire.

Next Meeting: scheduled for October 3, 2022. There will not be a full ICC meeting in August, but the Retreat committee will plan to plan to finalize details for the upcoming retreat.



State Systemic Improvement Plan (SSIP)

Parents will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention.

Current SPP / APR / SSIP

- Determinations will be sent to programs in the next week. A report for local determinations will be shared with the Interagency Coordinating Council (ICC) once determinations are sent and reviewed at the next ICC meeting.
- The *final* APR and SSIP were posted publicly here: [Annual Performance Reports – Birth23.org](https://www.birth23.org/annual-performance-reports)

Education and Outreach

- Parent Rights brochures are back from the printer and will be distributed to programs.
- Welcome Letter from 211 Child Development is being updated to reflect legislation enacted last year regarding eliminating family fees
- Presentations given to DCF Regional Resource Groups
- Birth to Three Website updates are in process to improve user experience

Personnel Development

- Circle of Security-The staff response was overwhelmingly positive. The LA moved additional ARPA funds to accommodate the higher-than-expected interest. Letters have gone out to applying programs with information regarding approval information.
- Several providers reached out regarding opportunities to support student placements with ARPA funding for supporting staff at the conclusion of a placement. The tracking system for this initiative is being developed.
- MC reimbursement adjustments, Circle of Security (COS) support, and student placement support figures are being assembled in preparation for single combined contract amendments.
- Two-hour Part B/Part C Joint Convening: *Making Connections Through Puppetry*.
- Website calendar is in the staging phase – this will provide a standard calendar view of upcoming trainings to address concerns about readability.

Fiscal Enhancements

- Part C Application has been submitted to OSEP. Early Intervention Services (EIS) Over Three federal funding has not yet been submitted. The Lead Agency in Connecticut is currently waiting for federal appropriations to be posted in order to apply.
- Connecticut's System of Payment (SoP) has been revised and resubmitted to OSEP through the last grant application. The final version on file with OSEP is attached at the end of this report. You can also find the final version on our website here: [Annual Part C Application – Birth23.org](https://www.birth23.org/annual-part-c-application)
- General Administrative Payments (GAP) will be increased to 200 for SFY23 beginning on July 1, 2022.
- Rate Study/Cost Analysis update.
- PCG is working on a dashboard for better reporting and programmatic tracking.

Leadership Grant

- APR Has been submitted.
- The current leadership academy is well received and scholars are preparing their capstone projects.

Personnel Development Grant

- APR has been submitted.
- Mentor coach reimbursements for Year 2 on track and being distributed to programs. TA completion is going well, many programs are ahead of schedule.

General Supervision

- A modified expense report was shared with providers and will be due at the end of August. Providers will receive their report with federal dollar amounts provided in July. This is an OSEP requirement.
- The 2022 priority rubric was shared with providers for feedback and will be scored within the next few weeks.

Other

- The Office of Early Childhood (OEC) is surveying all contracted providers with the agency in order to track the formula shortage impact throughout the state. This survey does include Birth to Three programs and will go out once more in the near future.
- A 2022 CT Child Tax Rebate is attached, please share with any parents you may work with or know. The deadline to apply is July 31!

Data

- The enrollment and fiscal data requested by the ICC on a regular basis is attached.



2022 CT Child Tax Rebate

Apply for the **new**
CT Child Tax Rebate from
June 1 to July 31

Receive a cash benefit up to **\$250/child**
for up to 3 children ages 18 and under.

- Are you a Connecticut resident with one or more children ages 18 or under?
- Did you claim your children when you filed your federal tax return for 2021?

If you answered both questions with “YES,” you might be eligible for the Connecticut Child Tax Rebate!

The state will mail parents or guardians of children up to \$250 per child (up to three children) if they apply with the Department of Revenue Services between June 1 and July 31, 2022.

It is easy to apply—you can use your computer, your tablet, or your phone.

Go to CT.GOV/DRS to learn more and to apply.

You must apply between June 1 and July 31!



United Way of Connecticut



FAQs:

- **What if I didn't file a federal tax return?**
You can still file a 2021 tax return even though the federal deadline has passed. For FREE tax filing assistance, go to UWC.211ct.org/tax_help.
- **How will I get the money?**
The state will send all eligible parents or guardians who apply a paper check in the mail.
- **When will I get the money?**
Most likely by mid- to late- September.
- **I have four kids, will I get \$250 for each one?**
No. The maximum rebate is \$750. Parents will get up to \$250 per child for up to three children.
- **I filed my tax return with an ITIN rather than a social security number. Can I apply?**
Yes! As long as you are a resident of Connecticut and claimed one or more dependent children, you can apply.
- **Will the rebate be considered reportable income for DSS-administered benefits?**
No, this rebate is not considered reportable income. The rebate will not impact your eligibility for SNAP, Care 4 Kids, or other programs.
- **Is the rebate considered a government benefit? Will I receive penalties for participating?**
No, this rebate is not considered a government benefit – there are no penalties for participating.

For more FAQs, visit CT.GOV/DRS.

Need help? Call 211 for further assistance.



2022 CT Child Tax Rebate

Aplica para el nuevo Rebaja de Impuestos de Infantiles de CT de junio 1 hasta julio 31

Recibe un beneficio de \$250/niño para hasta 3 niños de 18 años o menos.

- ¿Es usted residente de Connecticut y tiene uno o más hijos de 18 años o menos?
- ¿Reclamó a sus hijos cuando presentó su declaración de impuestos federales para 2021?

¡Si ha respondido a ambas preguntas con un “¡SÍ!” podría ser elegible para el Reembolso de Impuestos para Niños de Connecticut!

El estado enviará a los padres o encargados de los niños hasta \$250 dólares por niño (hasta tres niños) si lo solicitan en el Departamento de Servicios Fiscales entre el 1 de junio y el 31 de julio de 2022.

Es fácil de aplicar—puede utilizar su computadora, su tableta o su teléfono.

Visite CT.GOV/DRS para obtener más información y presentar una solicitud.

¡Debe presentar su solicitud entre el 1 de junio y el 31 de julio!



United Way of Connecticut



FAQs:

- **¿Qué pasa si no hice la declaración de impuestos?**
Todavía puede presentar una declaración de impuestos de 2021 aunque el plazo federal haya pasado. Para obtener asistencia gratuita en la presentación de impuestos, vaya a UWC.211ct.org/tax_help.
- **¿Cómo recibiré el dinero?**
El Estado enviará a todos los padres o encargados que reúnan los requisitos necesarios un cheque en papel por correo.
- **¿Cuándo me llegará el dinero?**
Lo más probable a mediados o finales de septiembre.
- **Tengo cuatro hijos, ¿me darán \$250 dólares por cada uno?**
No. El reembolso máximo es de \$750. Los padres recibirán hasta \$250 dólares por hijo para un máximo de tres niños.
- **¿He presentado mi declaración de la renta con un ITIN en lugar de un número de seguro social? ¿Puedo solicitarlo?**
Sí. Siempre que sea residente de Connecticut y reclame uno o más hijos a su cargo, puede solicitarlo.
- **¿El reembolso se considerará un ingreso declarable para las prestaciones administradas por el DSS?**
No, este reembolso no se considera un ingreso declarable. El reembolso no afectará a su elegibilidad para SNAP, Care 4 Kids u otros programas.
- **¿La rebaja se considera como un beneficio gubernamental?**
No, esta rebaja no se considera un beneficio gubernamental: no hay sanciones por participar.

Para más preguntas frecuentes, visite CT.GOV/DRS.

¿Necesita ayuda? Llame al 211 para obtener más ayuda.

SFY 2022 Summary of Birth to Three Budget														
	July	August	September	October	November	December	January	February	March	April	May	June	YTD	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Total	
Number of Direct Services	34,276	32,815	33,879	33,868	34,088	33,941	30,902	33,140	35,092	41,678	36,031	38,064	417,772	
Direct Services Provided	4,150,410	3,980,466	4,117,644	4,088,142	4,099,137	4,084,647	3,733,578	4,022,061	4,216,716	5,006,733	4,353,354	4,618,868	50,471,756	
Escrow Payments	1,594,217	1,311,889	1,565,474	1,534,247	1,574,572	1,737,346	1,659,227	1,562,966	1,750,100	1,621,251	2,181,567	1,808,287	19,901,143	
Additional Services:														
Assistive Technology	8,765	4,576	7,644	5,294	7,972	522	10,997	5,879	6,068	22,561	24,261	9,500	114,041	
Other	4,800	9,555	8,280	10,020	9,000	9,751	6,872	6,142	9,346	13,458	11,315	9,000	107,538	
Administrative Fee (GAP)	398,000	404,300	421,200	418,200	422,600	426,000	426,400	429,000	451,100	869,300	456,900	427,000	5,550,000	
Interpretation	20,907	17,343	23,828	11,396	5,750	27,063	14,933	5,285	25,599	27,620	9,773	18,000	207,497	
Subtotal Additional Services	432,472	435,775	460,952	444,910	445,322	463,336	459,202	446,306	492,113	932,939	502,249	463,500	5,979,076	
Family Billing Fees	-	12,000	6,000	-	-	-	-	-	-	-	-	-	18,000	
Commercial Insurance Billing Fees	-	30,993	21,868	-	17,800	35,303	15,870	-	30,355	13,168	18,129	18,111	201,595	
Medicaid Billing Fees	-	1,922	1,343	-	1,750	5,068	2,194	-	4,220	2,284	2,207	2,857	23,844	
Data Integration	-	-	-	-	-	42,788	69,388	-	109,813	50,575	32,113	26,075	330,750	
Subtotal Net Parent and Billing Fees	-	44,914	29,211	-	19,551	83,158	87,451	-	144,387	66,027	52,448	47,043	574,189	
Previous Month Invoices Paid	29,631	1,301,240	1,025,457	783,074	1,685,723	1,920,492	1,322,822	1,286,484	1,737,036	948,326	758,863	1,360,360	14,159,508	
Current Month Invoices Payable	(1,301,240)	(1,025,457)	(783,074)	(1,685,723)	(1,920,492)	(1,322,822)	(1,286,484)	(1,737,036)	(948,326)	(758,863)	(1,360,360)		(14,129,877)	
Net Accounts Payable	(1,271,609)	275,783	242,383	(902,649)	(234,769)	597,670	36,338	(450,552)	788,710	189,463	(601,497)	1,360,360	29,631	
Net OEC Payments	755,080	2,068,362	2,298,019	1,076,508	1,804,675	2,881,511	2,242,219	1,558,720	3,175,309	2,809,679	2,134,767	3,679,190	26,484,039	

Connecticut Office of Early Childhood Birth to Three System Monthly Enrollment Data

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Calls to 211CD	1110	1111	1086	1119	1116	1088	981	1094	1534	1271	1394
Percent compared to CY2019 average (1113)	100%	100%	98%	101%	100%	98%	88%	98%	138%	114%	125%
<i>Families declining the referral to B23¹</i>	182	187	207	196	191	198	190	247	260	100	50
Percent compared to CY2019 average (199)	91%	94%	104%	98%	96%	99%	95%	124%	131%	50%	25%
Percent of calls to 211CD (CY2019 average was 17%)	16%	17%	19%	18%	17%	18%	19%	23%	17%	8%	4%
Referrals to Birth to Three	927	924	879	923	925	882	790	826	1235	1029	1076
Percent compared to CY2019 average (913)	102%	101%	96%	101%	101%	97%	87%	90%	135%	113%	118%
<i>Families declining eligibility evaluations²</i>	103	86	81	69	90	86	74	75	68	63	107
Percent compared to CY2019 average (67)	154%	128%	121%	103%	134%	128%	110%	112%	101%	94%	160%
Percent of B23 referrals (CY2019 average was 7%)	11%	9%	9%	7%	10%	10%	9%	9%	6%	6%	10%
Initial Eligibility Determinations	816	923	802	813	804	783	831	781	937	900	922
Percent compared to CY2019 average (843)	95%	108%	94%	95%	94%	92%	97%	91%	110%	105%	108%
Determined to be Eligible	559	633	574	564	577	548	599	566	700	624	602
Percent compared to CY2019 average (570)	98%	111%	101%	99%	101%	96%	105%	99%	123%	109%	106%
Percent Eligible	69%	69%	72%	69%	72%	70%	72%	72%	75%	69%	65%
Percent compared to CY2019 average (68%)	1%	1%	4%	1%	4%	2%	4%	4%	7%	1%	-3%
<i>Families leaving Part C in the month before an initial IFSP meeting³</i>	35	28	40	36	28	21	33	28	21	21	21
Percent compared to CY2019 average (55)	64%	51%	73%	65%	51%	38%	60%	51%	38%	38%	38%
Percent of B23 those eligible (CY2019 average was 10%)	6%	4%	7%	6%	5%	4%	6%	5%	3%	3%	3%
Initial IFSP meeting held during the month	569	585	555	528	563	555	575	526	636	585	519
Percent compared to CY2019 average (516)	110%	113%	108%	102%	109%	108%	111%	102%	123%	113%	101%
<i>Families leaving Part C after the initial IFSP meeting but before EITS³</i>	12	10	15	10	13	6	7	14	8	6	2
Percent compared to CY2019 average (15)	80%	67%	100%	67%	87%	40%	47%	93%	53%	40%	13%
Percent of all Exits	3%	1%	2%	2%	3%	1%	1%	3%	2%	1%	1%

Connecticut Office of Early Childhood Birth to Three System Monthly Enrollment Data

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Eligible children who received an EITS in the month	5360	5630	5530	5565	5597	5553	5648	5846	6087	6026	5461
Percent compared to CY2019 average (5177)	104%	109%	107%	107%	108%	107%	109%	113%	118%	116%	105%
Average hours per child per month	5.2	5.2	5.2	5.2	5.2	4.7	4.9	5.0	5.8	5.0	4.9
Percent compared to CY2019 average (7.3)	71%	71%	71%	71%	71%	64%	67%	68%	79%	68%	67%

Eligible children with an ASD who received an EITS in the month	530	675	694	674	634	675	694	634	687	684	678
Percent compared to CY2019 average (676)	78%	100%	103%	100%	94%	100%	103%	94%	102%	101%	100%
Average hours per child per month	15.0	13.9	11.7	12.3	12.3	11.3	11.6	12.3	13.2	13.8	12.6
Percent compared to CY2019 average (24.9)	60%	56%	47%	49%	49%	45%	47%	49%	53%	55%	51%

Eligible children without an ASD who received an EITS in the month	4830	4955	4836	4891	4963	4878	4954	5212	5400	5342	4783
Percent compared to CY2019 average (4529)	107%	109%	107%	108%	110%	108%	109%	115%	119%	118%	106%
Average hours per child per month	4.7	4.3	4.0	4.2	4.1	4.2	4.2	3.7	3.8	4.5	4.5
Percent compared to CY2019 average (4.7)	100%	92%	85%	89%	87%	89%	89%	79%	81%	96%	96%

Children in families who exited before age 3³	242	477	314	202	189	151	158	194	179	151	150
Percent compared to CY2019 average (224)	108%	213%	140%	90%	84%	67%	71%	87%	80%	67%	67%

Children in families who exited at age 3⁴	124	253	324	333	281	384	323	315	347	301	144
Percent compared to CY2019 average (322)	39%	79%	101%	103%	87%	119%	100%	98%	108%	93%	45%

Children in Families who exited at age 3 as eligible for Part B	56	174	217	230	196	272	208	207	247	205	84
Percent compared to CY2019 average (225)	25%	77%	96%	102%	87%	121%	92%	92%	110%	91%	37%

May data as of 6/6/21*

All counts are counts of cases and include may include referrals within 45 days of age 3.

- 1) includes parent declined, referred to LEA, DCF no concerns and unable to contact
- 2) includes parent declined, moved out of CT, deceased and unable to contact
- 3) EITS stands for Early Intervention "Treatment" Services vs EIS (also evaluations, assessments, and IFSP meetings)
- 3) includes parent withdrew, moved out of CT, deceased and unable to contact
- 4) includes eligible for Part B, not eligible, and eligibility not determined/LEA not included

Policy Manual

Table of Contents

Chapter 4: Fiscal

Topic	Number
General	4-1
Use of public benefits or public insurance	4-2
Use of private insurance	4-3
Proceeds obtained from either public or private insurance or families	4-4
System of payments and fees	4-5
Methods to ensure the provision of and the financial responsibility for Part C services	4-6

General**1. Responsibility**

The lead agency, Office of Early Childhood (OEC), is responsible for the identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F of Part C of the Individuals with Disabilities Education Act (IDEA).

2. Payor of Last Resort

- a. Except as provided in section (b) below, funds under Part C of IDEA 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 Department of Defense, but for the enactment of Part C of IDEA.
- b. Therefore, funds under Part C may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, Connecticut, local, or private source, subject to 34 CFR §§303.520 and 303.521.
- c. If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, funds under Part C of IDEA may be used to pay the provider of services, for services and functions authorized under Part C of IDEA, including health services, as defined in §303.16, but not medical services, functions of the child find system described in §§303.115 through 303.117 and §§303.301 through 303.320, and evaluations and assessments in §303.321, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
- d. Nothing in Part C of IDEA may be construed to permit any Connecticut state agency to reduce medical or other assistance available in the state or to alter eligibility under Title V of the Social Security Act (SSA), 42 U.S.C. 701, et seq. relating to maternal and child health; or Title XIX of the SSA, 42 U.S.C. 1396, relating to Medicaid, including section 1903(a) of the SSA regarding medical assistance for services furnished to an infant or toddler with a disability when those services are included in the child's Individualized Family Service Plan (IFSP) adopted pursuant to Part C of IDEA.

3. Use of Funds

Connecticut ensures that Federal funds made available to the state under section 643 of IDEA are expended in accordance with the provisions of Part C of IDEA, including §§303.500 and 303.501.

4. Reestablishing baseline

Connecticut has enacted a state statute that meets the requirements in paragraph §303.520 (b)(2), regarding the use of private health insurance coverage to pay for early intervention services under Part C of the Act. The revised statute was effective July 1, 2012. As a result, Connecticut reestablished a new baseline of state and local expenditures under §303.225(b) in the Federal fiscal year following the statutes effective date.

4-2

Use of public benefits or public insurance

1. Connecticut may not use the public benefits or public insurance of a child or parent to pay for Part C services unless the lead agency provides written notification, consistent with §303.520(a)(3), to the child's parents, and Connecticut meets the no-cost protections identified in 4-4 below. In accordance with §303.520(a)(3), parents will receive a copy of the State's system of payments policies prior to initial use of their public benefits or public insurance.
2. The System of Payments policy will notify parents that with regard to using the public benefits or insurance of a child or parent to pay for Part C services, and furthermore Connecticut will ensure that it:
 - a. Does not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and obtains consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program;
 - b. Obtains consent, consistent with §§303.7 and 303.420(a)(4), to use a child's or parent's public benefits or insurance to pay for Part C services if that use would:
 - I. Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
 - II. Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;
 - III. Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or
 - IV. Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.
3. Connecticut will obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program; If the parent does not provide consent under (2) above, the lead agency still makes available those Part C services on the IFSP to which the parent has provided consent.
4. Parents will receive a copy of the State's system of payments policies prior to initial use of parent's public benefits or public insurance. The Connecticut system of payments policy includes:
 - a. A statement that parental consent is obtained under §303.414, if that provision applies, before the lead agency or the Birth to Three provider discloses, for billing purposes, a child's personally identifiable information to the Connecticut public agency responsible for the administration of the Connecticut public benefits or public insurance program (e.g., Medicaid);
 - b. A statement of the no-cost protection provisions in §303.520(a)(2) and that if the parent does not provide the consent under §303.520(a)(2), the lead agency still makes available those Part C services on the IFSP for which the parent has provided consent;
 - c. A statement that the parents have the right under §303.414, if that provision applies, to withdraw their consent to disclosure of personally identifiable information to the Connecticut public agency responsible for the administration of the Connecticut public benefits or public insurance program (e.g., Medicaid) at any time; and
 - d. A statement of the general categories of costs, if any, that the parent would incur as a result of participating in a public benefits or public insurance program. Connecticut does not

require a parent to pay deductibles or co-pays that the parent would incur as a result of Connecticut using a child's or parent's public benefits or public insurance to pay for Part C services (such as co-payments or deductibles, or the required use of private insurance as the primary insurance). Connecticut does not pay for family's public or private insurance premiums, therefore the parent is responsible for these costs.

Use of Private Insurance

1. In accordance with §303.520(b)(1)(iii), all parents will receive a copy of the State's system of payments policies prior to initial use of a child's or parent's private insurance. Parents whose private insurance does not conform to Connecticut laws 38a-516a and 38a-490a will receive a copy of the system of payments initially and each time consent is required under §303.420(a)(3) due to an increase in the provision of services in the child's IFSP. The Connecticut system of payments includes:
 - a. A statement that parental consent is obtained under §303.414, if that provision applies, before the lead agency or the Birth to Three provider discloses, for billing purposes, a child's personally identifiable information to the contracted agency responsible for billing private insurance on behalf of Birth to Three programs;
 - b. A statement that the parents have the right under §303.414, if that provision applies, to withdraw their consent to disclosure of personally identifiable information to the contracted agency responsible for billing private insurance on behalf of Birth to Three programs; and
 - c. A statement of the general categories of costs, if any, that the parent would incur as a result of participating in a private insurance program. Connecticut does not require a parent to pay deductibles or co-pays that the parent would incur as a result of Connecticut using a child's or parent's private insurance to pay for Part C services (such as co-payments or deductibles, or the required use of private insurance as the primary insurance). Connecticut does not pay for family's private insurance premiums, therefore the parent is responsible for these costs.
2. For families whose private insurance is not subject to state insurance mandates, Connecticut does not use the private insurance of such parent of an infant or toddler with a disability to pay for Part C services unless the parent provides parental consent, consistent with §§303.7 and 303.420(a)(4), to use private insurance to pay for Part C services for his or her child. Parental consent is obtained--
 - a. When the lead agency or Birth to Three program seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and
 - b. Each time consent for services is required under §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP).
3. For families whose private insurance is subject to state insurance mandates the parental consent requirements of this chapter do not apply. Connecticut has enacted state statutes (38a-490a and 38-516a of the Connecticut General Statutes) regarding private health insurance coverage for early intervention services under Part C of IDEA that expressly provide that:
 - a. The use of private health insurance to pay for Part C services cannot count towards or result in a loss of benefits due to the annual or lifetime health insurance coverage caps for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy;
 - b. The use of private health insurance to pay for Part C services cannot negatively affect the availability of health insurance to the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy, and health insurance coverage may not be discontinued for these individuals due to the use of the health insurance to pay for services under Part C of the Act; and

- c. The use of private health insurance to pay for Part C services cannot be the basis for increasing the health insurance premiums of the infant or toddler with a disability, the parent, or the child's family members covered under that health insurance policy.

Proceeds Obtained from either Public or Private Insurance or Families

1. Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of 34 CFR 80.25.
2. When Connecticut receives reimbursements from Federal funds (e.g., Medicaid reimbursements attributable directly to Federal funds) for services under Part C of IDEA, those funds are considered neither state nor local funds under §303.225(b).
3. When Connecticut spends funds from private insurance for services under Part C of IDEA, those funds are considered neither state nor local funds under §303.225.
4. Funds received by Connecticut from a parent or family member under the Connecticut Birth to Three system of payments established under §303.521 are considered program income under 34 CFR 80.25. These funds:
 - a. Are not deducted from the total allowable costs charged under Part C of IDEA (as set forth in 34 CFR 80.25(g)(1));
 - b. Must be used for the State's Part C early intervention services program, consistent with 34 CFR 80.25(g)(2); and
 - c. Are considered neither state nor local funds under §303.225(b).

System of Payments or Fees

1. Connecticut has adopted a system of payments in §303.500(b), the state's system of payments policies are in writing (17a-248-11 through 14 state regulations) and specify which functions or services, if any, are subject to the system of payments, including any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance, and include:
 - a. Under the Connecticut statewide policy, the state is not charging parents for out-of-pocket costs (i.e., copayments, coinsurance, or deductibles) for the use of public insurance/benefits or private insurance. Parents are responsible for paying any premiums for their insurance.
 - b. Connecticut's System of Payment Policy does not include a schedule of family fees as outlined in Connecticut Statute Section 17a-248g.
2. Currently, Connecticut does not charge family fees. If the family fees are reinstated, Connecticut is confirming that the System of Payment policy will provide the following assurances:
 - a. Fees will not be charged to parents for the services that a child is otherwise entitled to receive at no cost including those services identified in this section;
 - b. The inability of the parents of an infant or toddler with a disability to pay for services will not result in a delay or denial of services under Part C of IDEA to the child or the child's family such that, if the parent or family meets the Connecticut definition of inability to pay, the infant or toddler with a disability must be provided all Part C services at no cost.
 - c. Families will not be charged any more than the actual cost of the Part C service, factoring in any amount received from other sources for payment for that service; and
 - d. Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance;
 - e. Provisions stating that the failure to provide the requisite income information and documentation may result in a charge of a fee on the fee schedule and specify the fee to be charged; and
 - f. Provisions that permit, but do not require, the lead agency to use Part C or other funds to pay for costs such as the premiums, deductibles, or copayments. Connecticut does not pay for families' private insurance premiums. Connecticut Part C does absorb the cost of any deductibles or copayments as a result of billing commercial insurance.
3. The following are required functions that must be carried out at public expense, and for which no fees may be charged to parents:
 - a. Implementing the child find requirements in §§303.301 through 303.303.
 - b. Evaluation and assessment, in accordance with §303.320, and the functions related to evaluation and assessment in §303.13(b).
 - c. Service coordination services, as defined in §§303.13(b)(11) and 303.33.
 - d. Administrative and coordinative activities related to:
 - i. The development, review, and evaluation of IFSPs and interim IFSPs in accordance with §§303.342 through 303.345; and
 - ii. Implementation of the procedural safeguards in subpart E of this Part C of IDEA and the other components of the statewide system of early intervention services in subpart D of Part C of IDEA and this subpart.

- e. Fees or costs collected from a parent or the child's family to pay for early intervention services under the Connecticut system of payments are program income under 34 CFR 80.25. Any fees collected are used for the purposes of the grant under Part C of IDEA.
6. Fees collected under a system of payments are considered neither state nor local funds under §303.225(b).
7. The Connecticut system of payments must include written policies to inform parents that a parent who wishes to contest the imposition of a fee, or the state's determination of the parent's ability to pay, may do one of the following:
 - a. Participate in mediation in accordance with §303.431.
 - b. Request a due process hearing under §303.436 or 303.441, whichever is applicable.
 - c. File a State complaint under §303.434.
 - d. Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under Part C of IDEA, including the right to pursue, in a timely manner, the redress options described in this section.
8. The Connecticut Birth to Three System informs parents of these procedural safeguard options by including this information with the notice provided to parents under §303.421.



2022 BESB Fall In-Service

The annual BESB Fall In-Service trainings will be offered in the Fall of 2022 in person! Participants will learn about BESB services, common eye conditions that cause vision impairment, and intervention strategies tailored to specific eye conditions.

Please complete the Eventbrite link registration for EACH team member planning to attend the training. *

- ❖ For **paraprofessionals** working with academic students who read Braille or Large Print: 9/27/2022 -- Sheraton Hartford South, Rocky Hill

[Paraprofessionals Working with Academic Students Reading Braille or Print](#)

- ❖ For teachers and other professionals working with academic students who read **Braille or Large Print**: 9/28/2022 -- Sheraton Hartford South, Rocky Hill

[Teachers Working with Academic Students Reading Braille or Print](#)

- ❖ Teams working with children **Birth to 3/Preschool/Kindergarten** who are visually impaired or blind: 9/27/2022 -- Sheraton Hartford South, Rocky Hill

[Birth to 3/Preschool/Kindergarten](#)

- ❖ For teachers, paraprofessionals, other professionals working with students who are **MIVI** in grades Pre-K – 12+: 10/4/2022 -- Sheraton Hartford South, Rocky Hill

[Teams Working with Students who are MIVI](#)

- ❖ For teams working with CVI students completing Academic Tasks – Check with your TVI for more information on how to register – Date and location TBD

*If for some reason you are not able to attend your event after you have signed up, please go back into your EVENTBRITE account to cancel your reservation. This will allow someone who is able to attend, the opportunity to participate, as availability is limited.

Lori Cornelius, Fall Inservice Chair
Lori.Cornelius@ct.gov