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# Use of Medicaid to Support Early Intervention Services

A decorative graphic at the bottom of the page, composed of several overlapping, semi-transparent geometric shapes in shades of light blue and grey, creating a layered, architectural effect.

2010

The ITCA has conducted a national survey of Part C Coordinators for over 5 years. The goal of the survey is to gather relevant information and make it available to members on a regular basis. In fall of 2008 a survey was distributed for completion that focused on finance issues. Included in the Finance Survey were questions that related to the use of Medicaid to support payment for early intervention services.

The initial survey data represented the 38 state and territory members who completed the survey by January 2009. Additional data was gathered in the fall of 2009 that focused on the form of Medicaid that states utilized to support both infrastructure and direct services. Forty states responded to this information request. The data is reported by frequency as well as by type of Lead Agency. The tables were produced in SPSS. The frequency charts in the report reflect the responses of those states who answered the questions. The Lead agency charts reflect the percentage of all states/territories, not just those who responded to the survey. The "no responses" are excluded from the charts. ITCA draws no conclusions from the data analysis but simply reports the data. All data are aggregated and the individual state responses are kept confidential.

## Survey Participant Demographics

Survey One:

**State Participation**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Alaska	1	2.6	2.6	2.6
American Samoa	1	2.6	2.6	5.3
Arkansas	1	2.6	2.6	7.9
California	1	2.6	2.6	10.5
Colorado	1	2.6	2.6	13.2
Connecticut	1	2.6	2.6	15.8
Florida	1	2.6	2.6	18.4
Hawaii	1	2.6	2.6	21.1
Illinois	1	2.6	2.6	23.7
Indiana	1	2.6	2.6	26.3
Iowa	1	2.6	2.6	28.9
Kansas	1	2.6	2.6	31.6
Kentucky	1	2.6	2.6	34.2
Louisiana	1	2.6	2.6	36.8
Maine	1	2.6	2.6	39.5
Maryland	1	2.6	2.6	42.1
Massachusetts	1	2.6	2.6	44.7
Michigan	1	2.6	2.6	47.4
Minnesota	1	2.6	2.6	50.0
Missouri	1	2.6	2.6	52.6
Montana	1	2.6	2.6	55.3
Nebraska	1	2.6	2.6	57.9
New Hampshire	1	2.6	2.6	60.5
New Jersey	1	2.6	2.6	63.2
New Mexico	1	2.6	2.6	65.8
New York	1	2.6	2.6	68.4
North Carolina	1	2.6	2.6	71.1
Northern Marianas	1	2.6	2.6	73.7
Oklahoma	1	2.6	2.6	76.3
Rhode Island	1	2.6	2.6	78.9
South Dakota	1	2.6	2.6	81.6
Tennessee	1	2.6	2.6	84.2
Texas	1	2.6	2.6	86.8
Utah	1	2.6	2.6	89.5
Virginia	1	2.6	2.6	92.1
West Virginia	1	2.6	2.6	94.7
No response	2	5.3	5.3	100.0
Total	38	100.0	100.0	

# Use of Medicaid to Support EI Services | 2010

Survey Two:

		States				
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Alaska	1	2.5	2.5	2.5	
	California	1	2.5	2.5	5.0	
	Colorado	1	2.5	2.5	7.5	
	Connecticut	1	2.5	2.5	10.0	
	Delaware	1	2.5	2.5	12.5	
	District of Columbia	1	2.5	2.5	15.0	
	Florida	1	2.5	2.5	17.5	
	Georgia	1	2.5	2.5	20.0	
	Hawaii	1	2.5	2.5	22.5	
	Idaho	1	2.5	2.5	25.0	
	Illinois	1	2.5	2.5	27.5	
	Indiana	1	2.5	2.5	30.0	
	Iowa	1	2.5	2.5	32.5	
	Kansas	1	2.5	2.5	35.0	
	Louisiana	1	2.5	2.5	37.5	
	Maryland	1	2.5	2.5	40.0	
	Massachusetts	1	2.5	2.5	42.5	
	Michigan	1	2.5	2.5	45.0	
	Minnesota	1	2.5	2.5	47.5	
	Mississippi	1	2.5	2.5	50.0	
	Missouri	1	2.5	2.5	52.5	
	Nevada	1	2.5	2.5	55.0	
	New Hampshire	1	2.5	2.5	57.5	
	New Jersey	1	2.5	2.5	60.0	
	New Mexico	1	2.5	2.5	62.5	
	New York	1	2.5	2.5	65.0	
	North Carolina	1	2.5	2.5	67.5	
	North Dakota	1	2.5	2.5	70.0	
	Ohio	1	2.5	2.5	72.5	
	Oklahoma	1	2.5	2.5	75.0	
	Pennsylvania	1	2.5	2.5	77.5	
	Rhode Island	1	2.5	2.5	80.0	
	South Dakota	1	2.5	2.5	82.5	
	Tennessee	1	2.5	2.5	85.0	
	Texas	1	2.5	2.5	87.5	
	Utah	1	2.5	2.5	90.0	
	Vermont	1	2.5	2.5	92.5	
	Virginia	1	2.5	2.5	95.0	
	Washington	1	2.5	2.5	97.5	
	West Virginia	1	2.5	2.5	100.0	
		Total	40	100.0	100.0	

Survey One:

**Participation by State Lead Agency**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health	15	39.5	39.5	39.5
	Education	9	23.7	23.7	63.2
	Other	9	23.7	23.7	86.8
	Co-Lead	2	5.3	5.3	92.1
	No response	3	7.9	7.9	100.0
	Total	38	100.0	100.0	

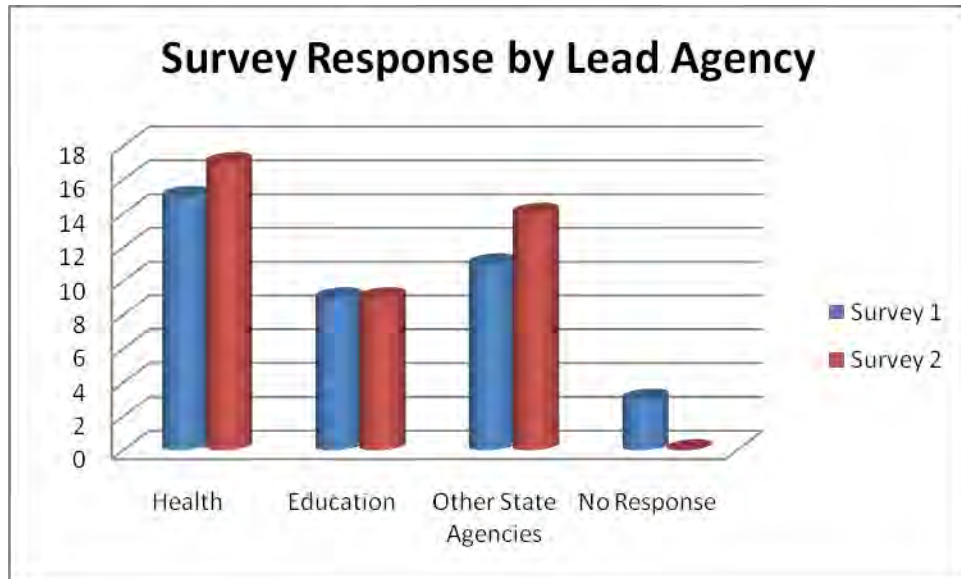
Survey Two:

**Participation by State Lead Agency**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health	17	42.5	42.5	42.5
	Education	9	22.5	22.5	65.0
	Other	14	35.0	35.0	100.0
	Total	40	100.0	100.0	

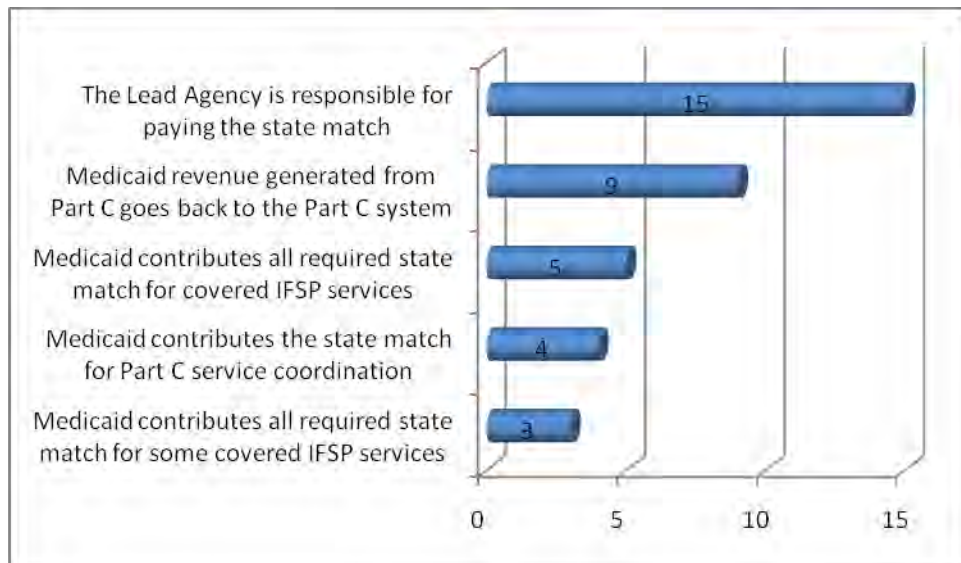
Fifty-two percent of states (15) with Health as the Lead Agency participated in the first survey. Sixty-nine percent of states (9) with Education as the Lead Agency and 64% of states (9) with “Other State Agencies” as the lead participated in the survey. Both states that have co-lead agencies participated in the survey.

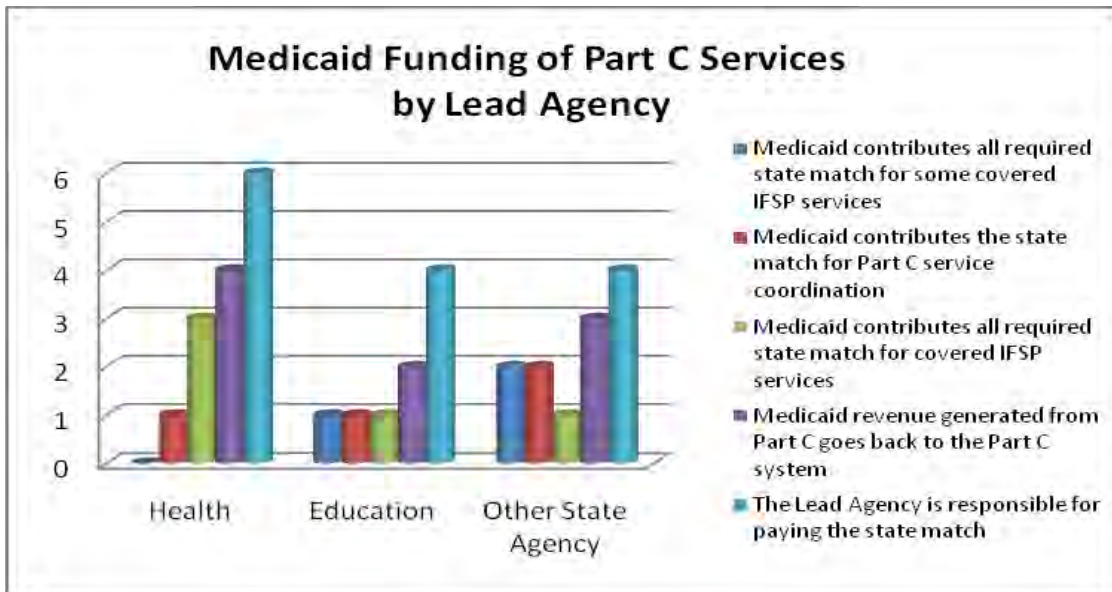
Fifty-nine percent of states (17) with Health as the Lead Agency participated in the second survey. Sixty-nine percent of states (9) with Education as the Lead Agency and 100% of states (14) with “Other State Agencies” as the lead agency participated in the survey. The co-lead states were included on the “Other State Agencies” category.



Survey One Questions:

**What items pertain to the Medicaid funding of Part C IFSP services?**



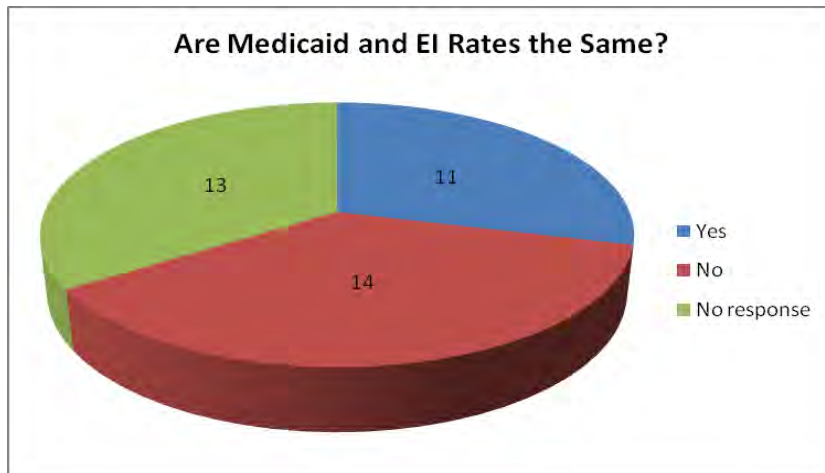


Twenty-five states (66%) responded to this question. The majority of states (15) responded that the Lead Agency is responsible for paying the state match. Nine states responded that the Medicaid revenue generated from Part C goes back to the Part C system.

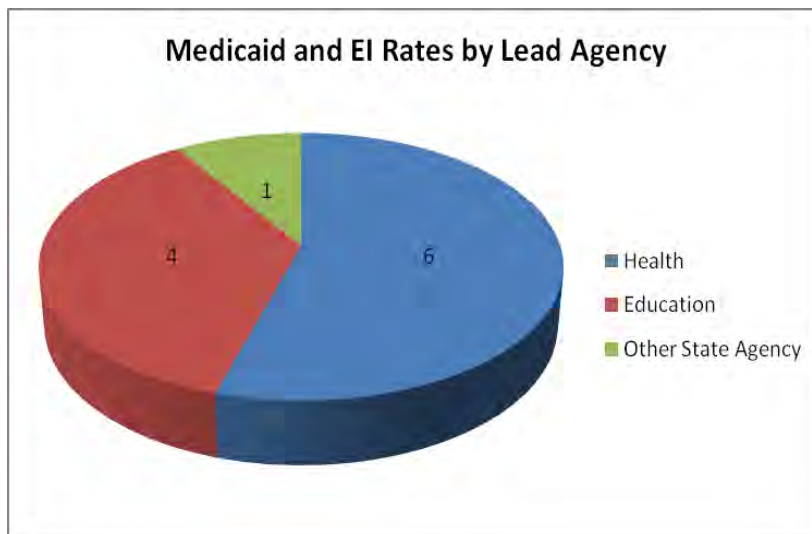
Regardless of lead agency, the majority of states indicated that the Lead Agency is responsible for paying the state match.

**Are Medicaid and EI rates the same?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	11	28.9	28.9	28.9
No	14	36.8	36.8	65.8
No response	13	34.2	34.2	100.0
Total	38	100.0	100.0	



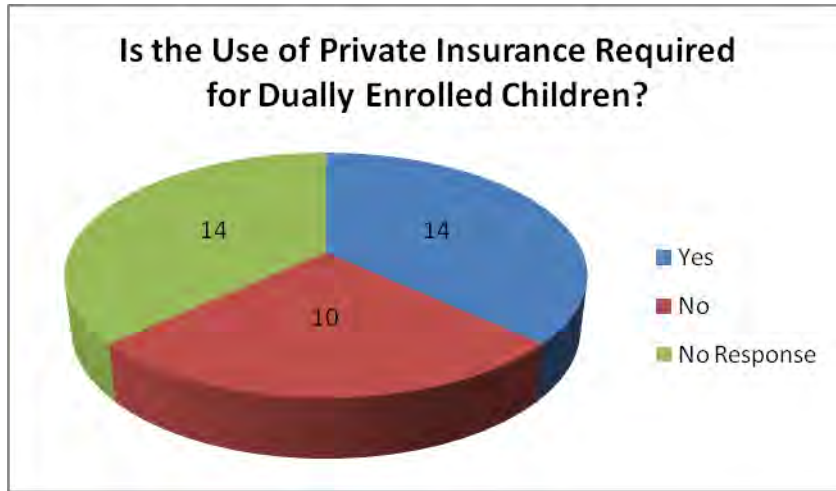
Twenty-five states (66%) responded to this question. The majority of states (14) indicated that the early intervention rates are different from the Medicaid rates.



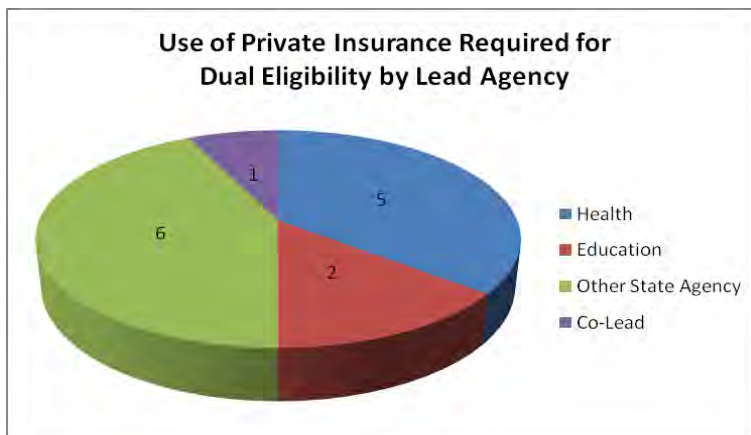
States with Health as the Lead Agency had the highest response to Medicaid and EI rates (6) being the same.

**Is the use of private insurance required for dually enrolled children?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	36.8	36.8	36.8
	No	10	26.3	26.3	63.2
	No response	14	36.8	36.8	100.0
Total		38	100.0	100.0	



Twenty eight states (74%) responded to this question. The majority of states (14) responding indicated that the use of private insurance is required for children with dual enrollment in both Medicaid and private insurance.



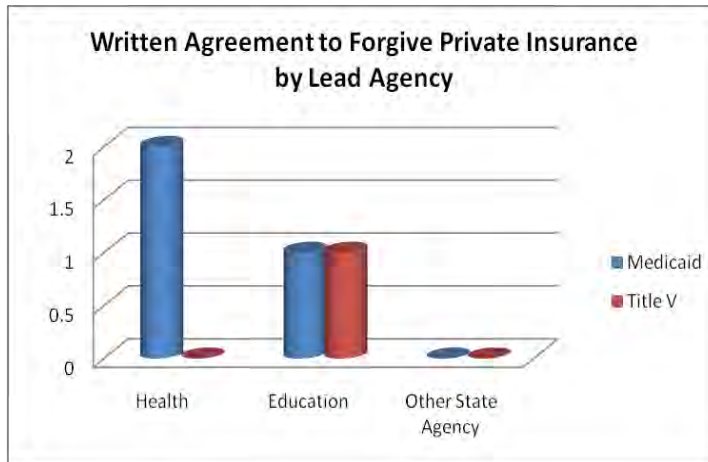
Health Lead Agencies had the highest response to this question.

**Is there a written agreement with Medicaid to forgive the use of private insurance?**

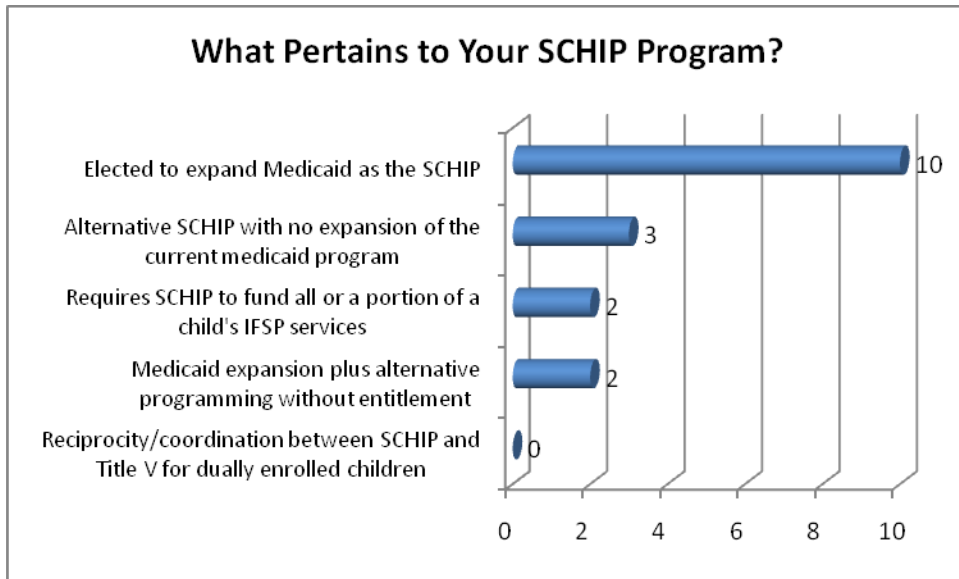
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.9	7.9	7.9
	No	19	50.0	50.0	57.9
	No response	16	42.1	42.1	100.0
	Total	38	100.0	100.0	

**Is there a written agreement with Title V/CSHCN to forgive the use of private insurance?**

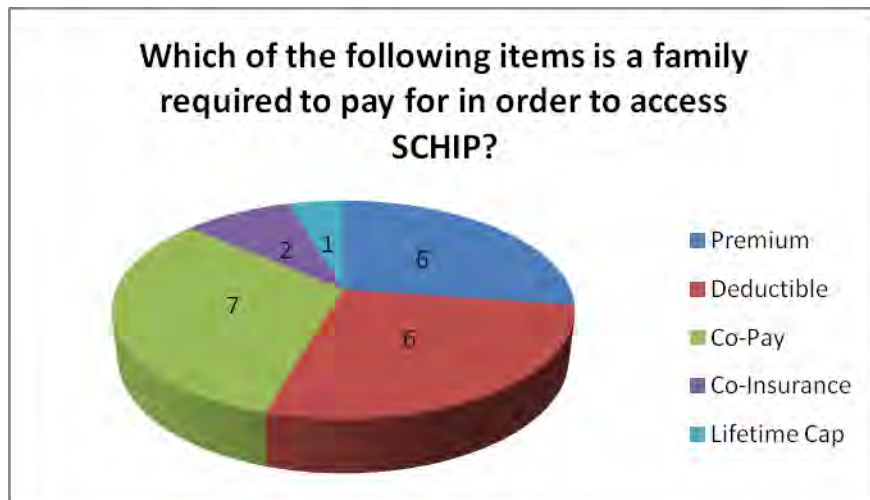
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	2.6	2.6	2.6
	No	21	55.3	55.3	57.9
	No response	16	42.1	42.1	100.0
	Total	38	100.0	100.0	



Very few states (4) have an agreement to forgive the use of insurance by either Medicaid or Title V. Two states with Health as the Lead Agency and one state with Education as the Lead Agency have an agreement with Medicaid. One state with Education as the Lead Agency has an agreement with Title V.

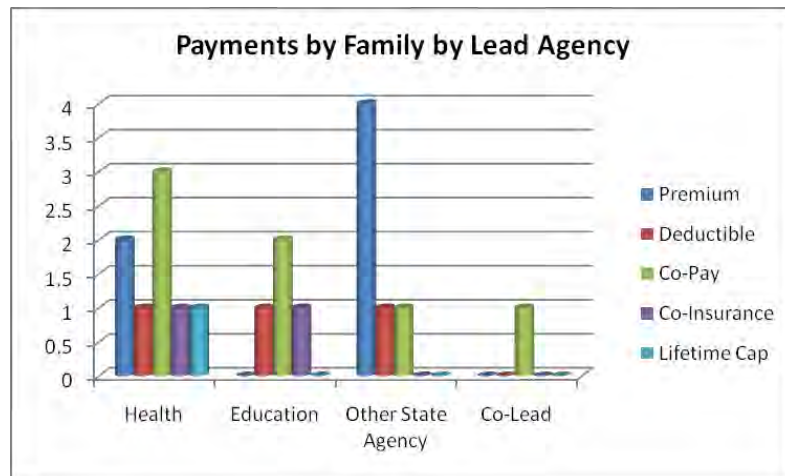


Seventeen states (45%) responded to this question. The majority of states elected to expand Medicaid as the SCHIP. This was true across Lead Agency types.



Sixteen states (42%) responded to this question. The highest response (7) was to the requirement for families to pay their co-pay. Equal numbers of states (6) identified that families were required to pay for their premiums and deductibles.

There are differences across lead agencies. States with Health and Education had high responses to Co-pay while states from the Other State Agency category had the highest response to premiums.

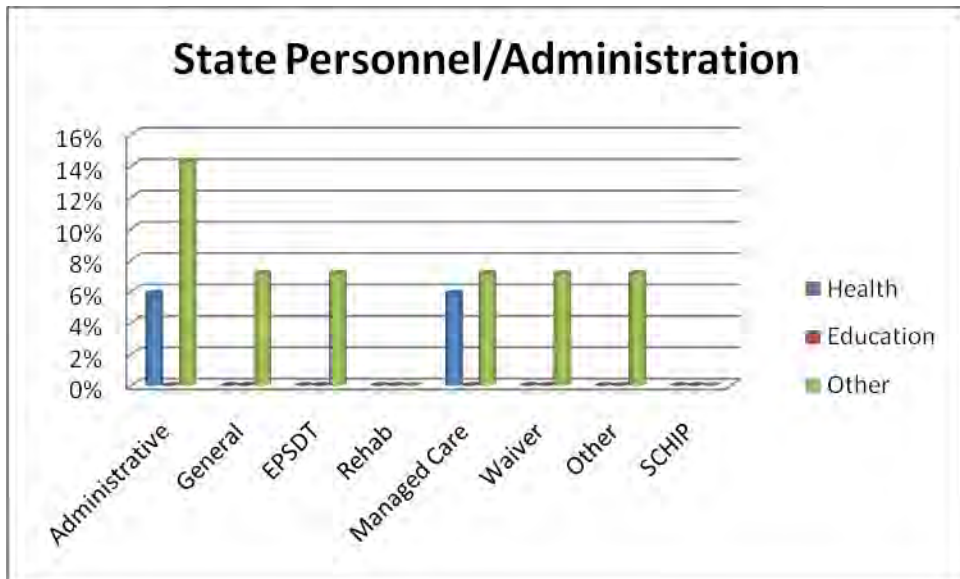
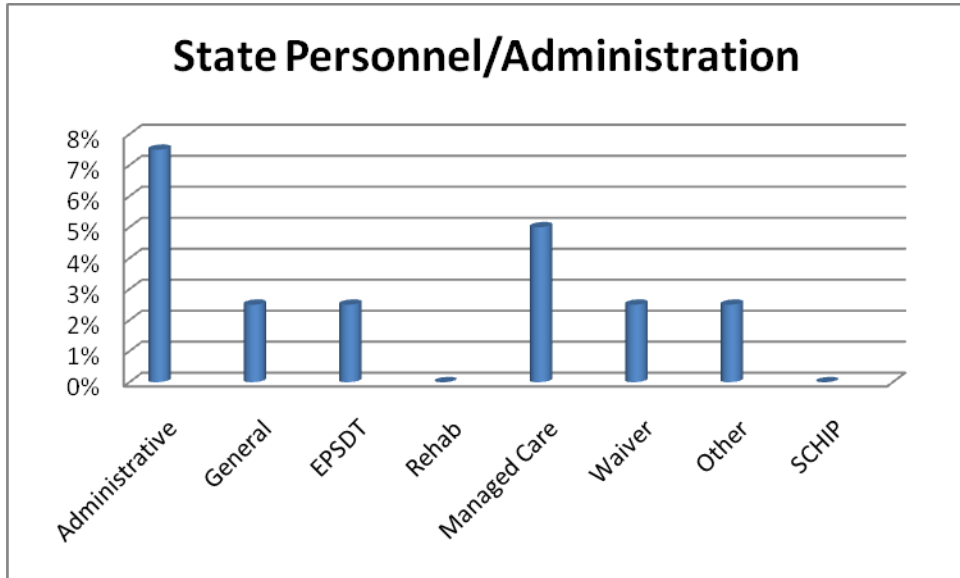


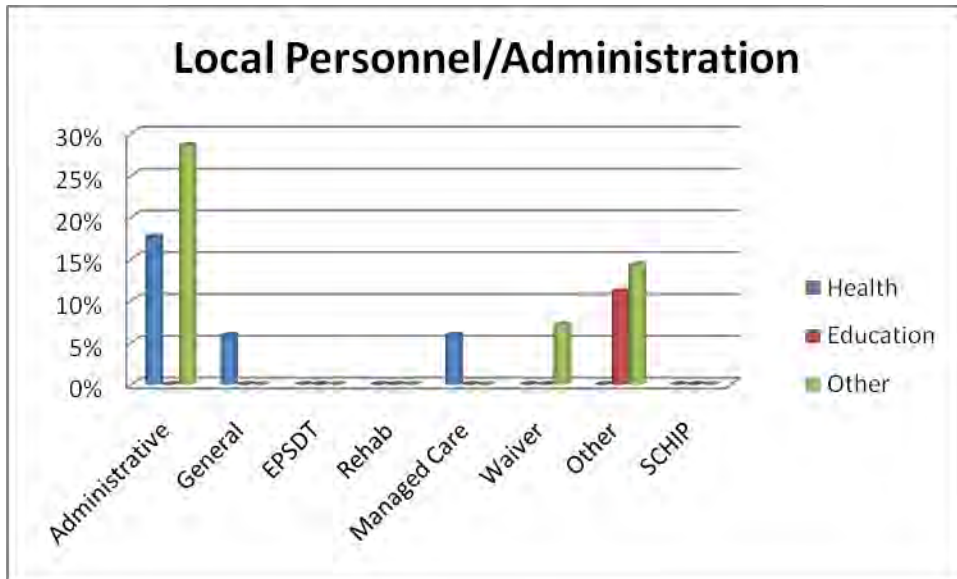
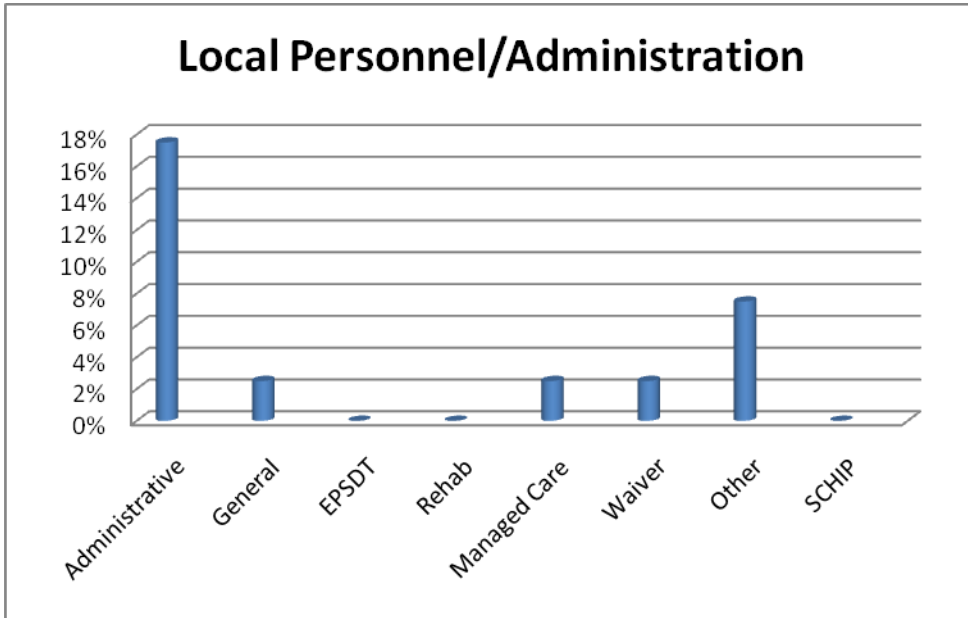
## Survey Two Questions

The second Medicaid survey was structured to identify the form of Medicaid that states are using to pay for all aspects of their Part C system. The survey also asked about the use of SCHIP. In addition to SCHIP, the survey identified the following forms of Medicaid as choices for the respondents:

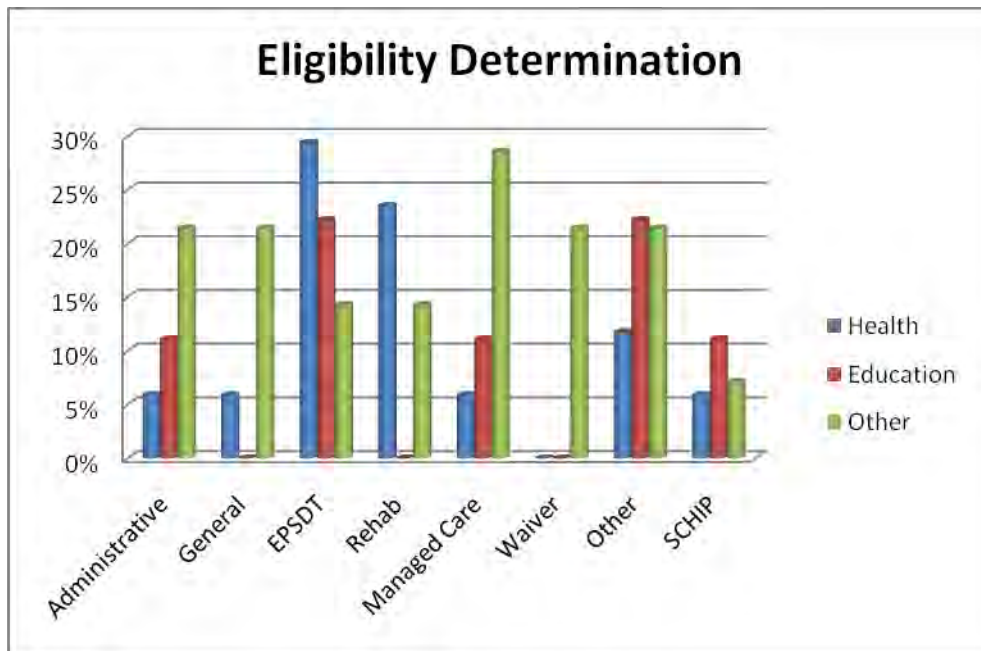
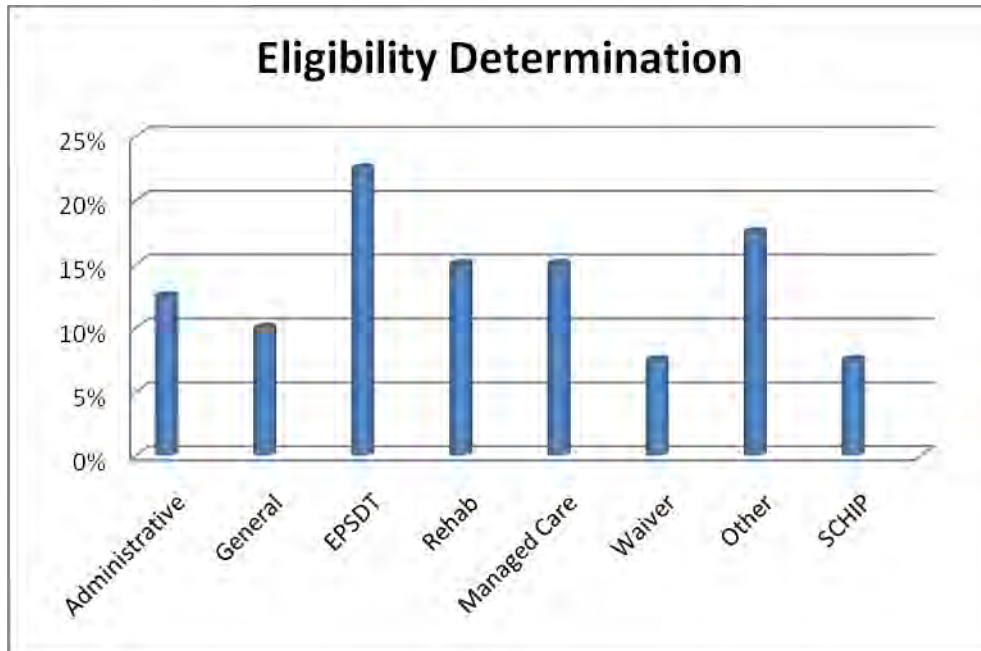
- Medicaid Administrative funds;
- Medicaid General funds;
- Medicaid EPSDT;
- Medicaid Rehab funding;
- Medicaid managed care;
- Medicaid Waivers; and
- Other forms of Medicaid.

In reviewing the data, respondents indicated that they frequently used more than one form of Medicaid to pay for the same service component. There were key differences when looking at the same information by type of lead agency.

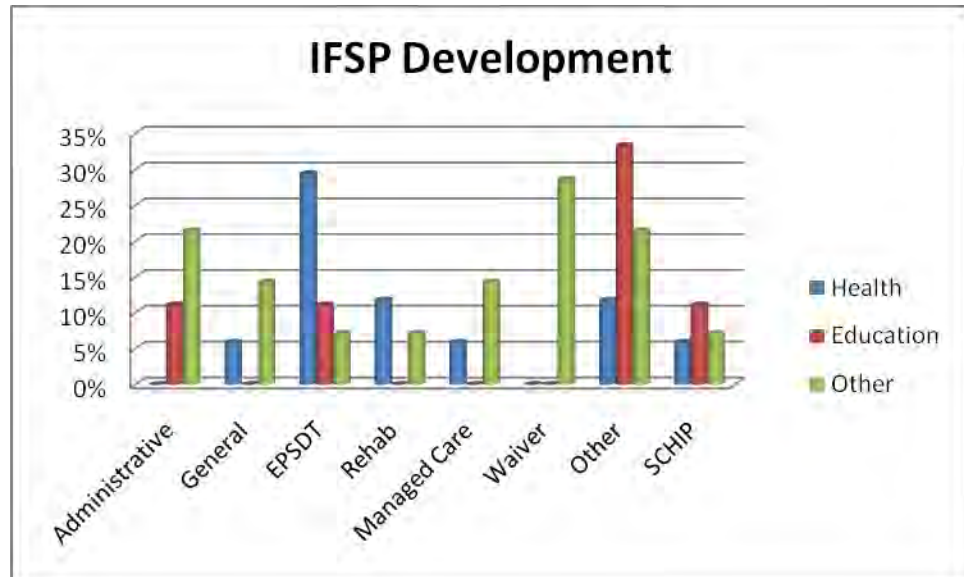
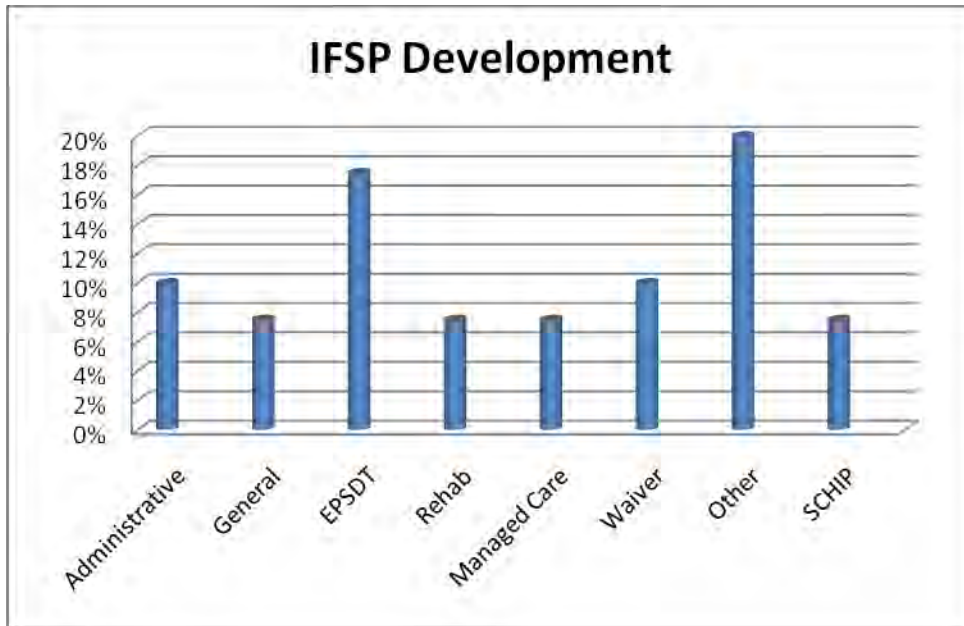




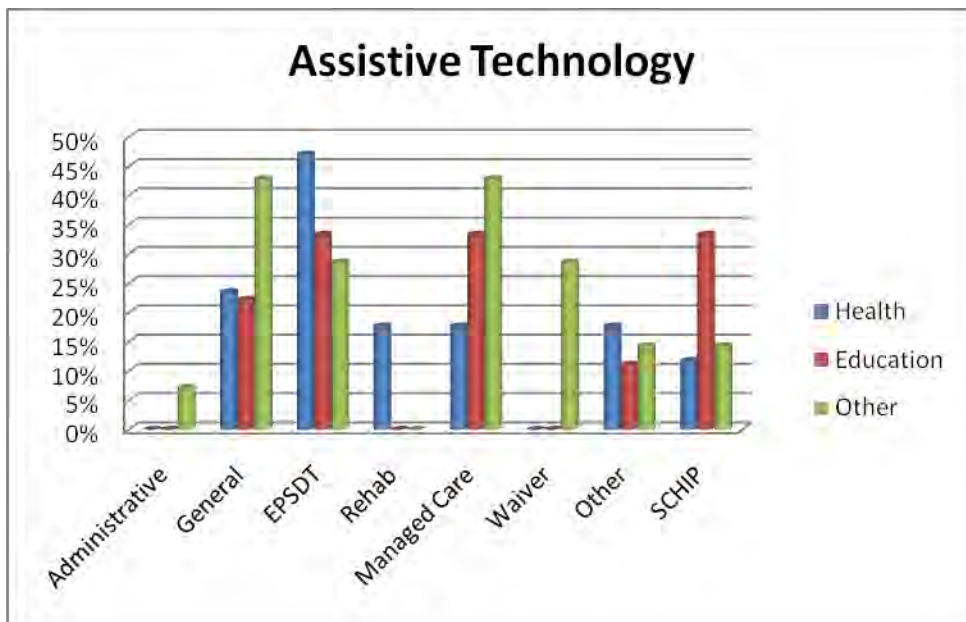
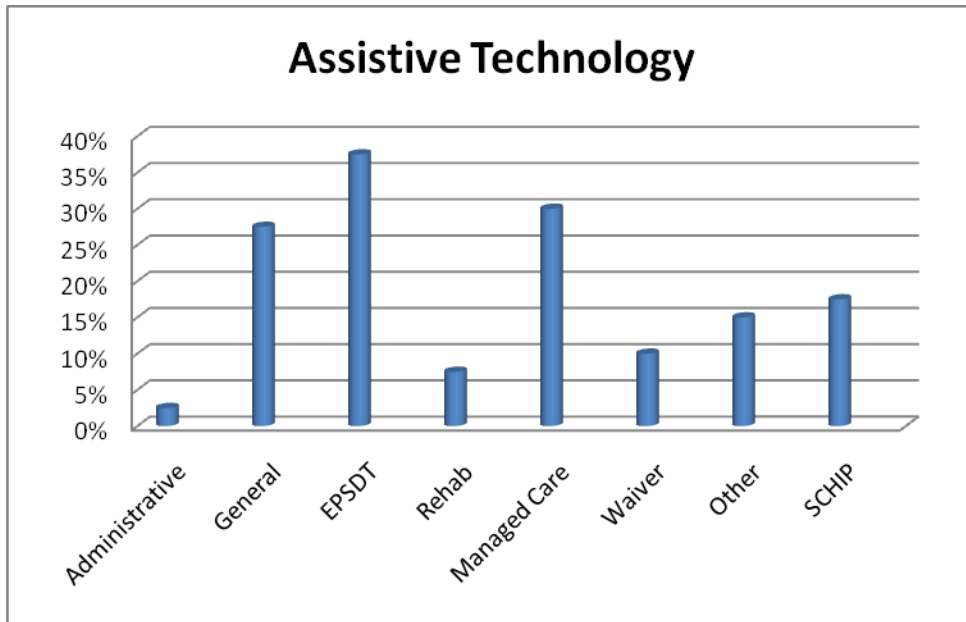
Six states (15%) utilized Medicaid to support state infrastructure and 12 states (30%) utilized Medicaid for local infrastructure. Medicaid administrative funding was the form most commonly used.



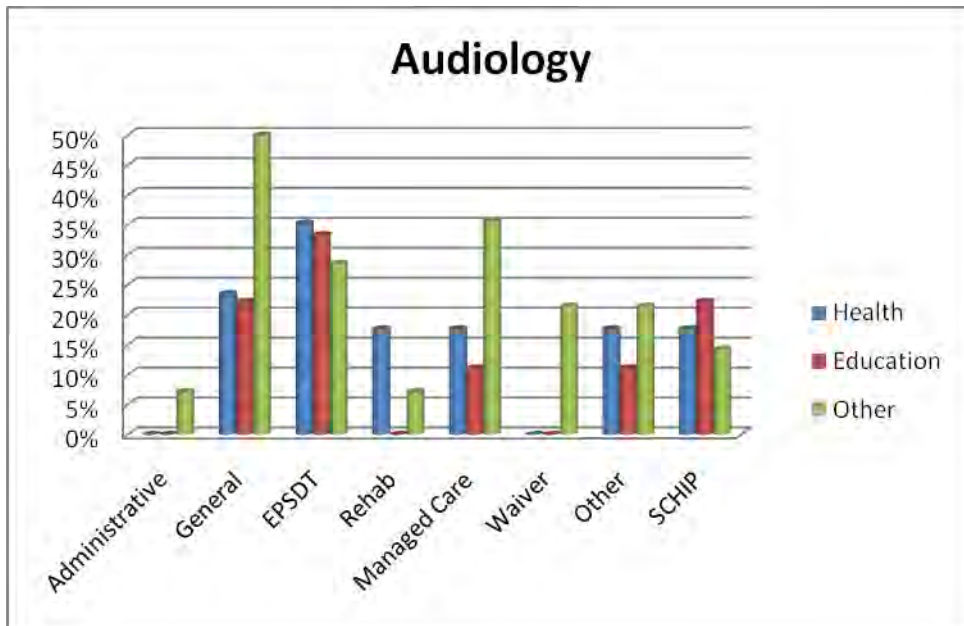
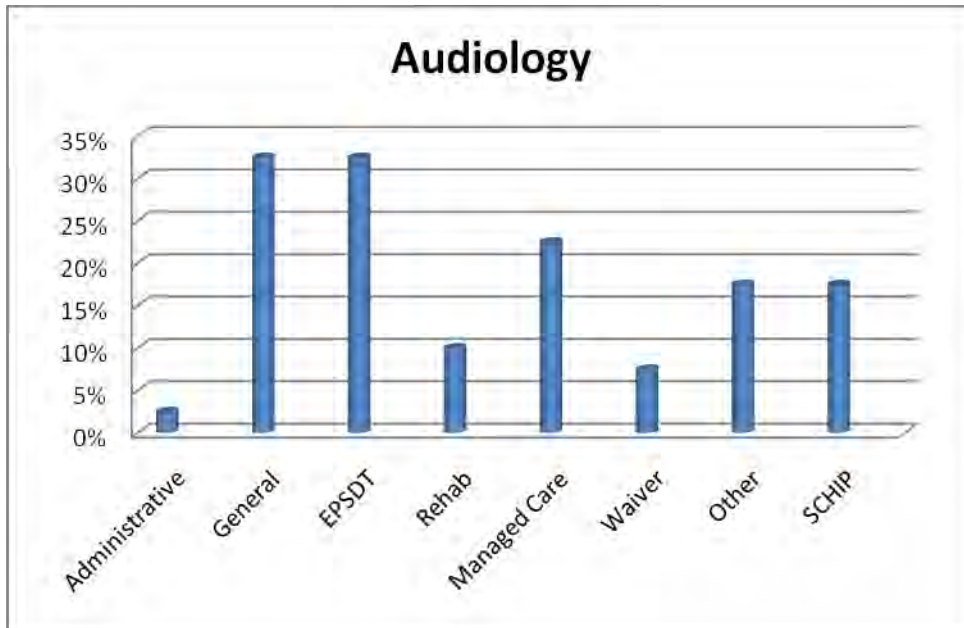
Twenty-eight states (70%) use Medicaid to support eligibility determination. The most commonly used form is EPSDT. Health lead agencies were more likely to use EPSDT. Seven states utilize Medicaid “Other” (most frequently, school-based services).



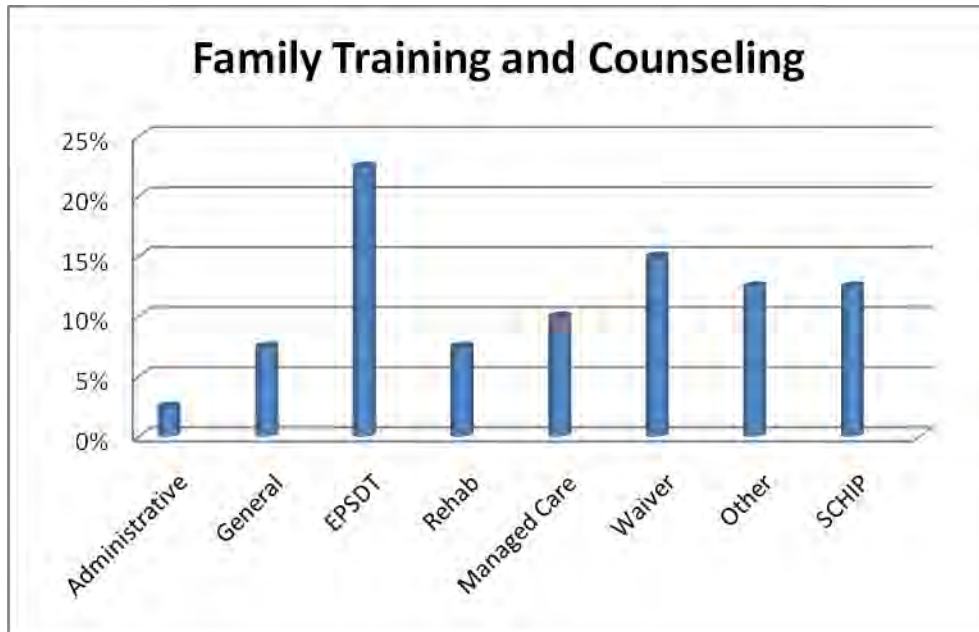
Twenty-three states (58%) use Medicaid to support IFSP development. EPSDT and Medicaid "Other" are the most frequently used forms of Medicaid. Health lead agencies most frequently use EPSDT. Education lead agencies most frequently utilize Medicaid "Other" and Other State Agencies most frequently utilize Medicaid waivers.



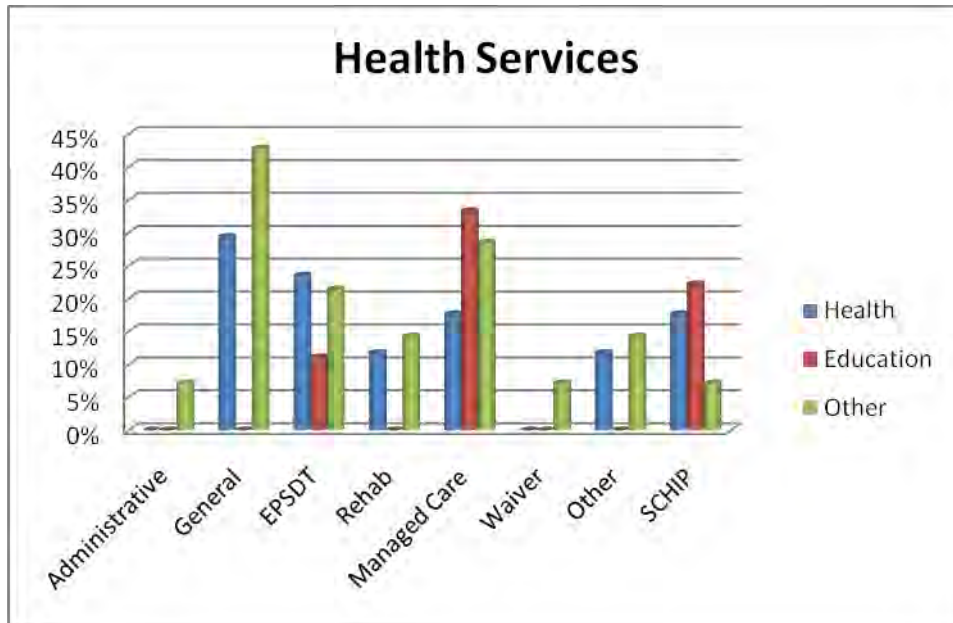
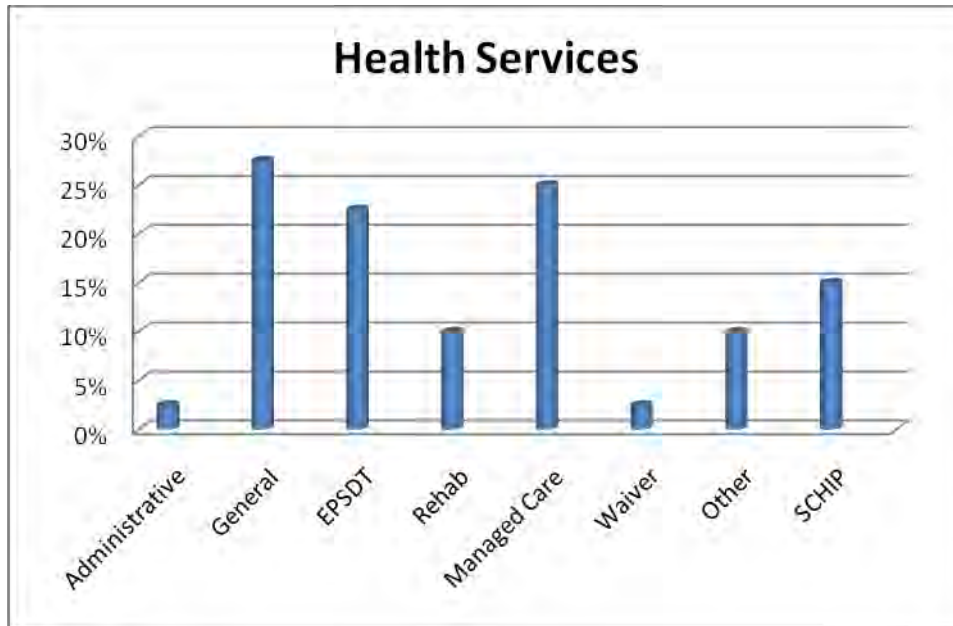
Thirty-six states (90%) used Medicaid to support Assistive Technology. While there is greater distribution across the forms of Medicaid, EPSDT and Managed Care have the highest utilization.



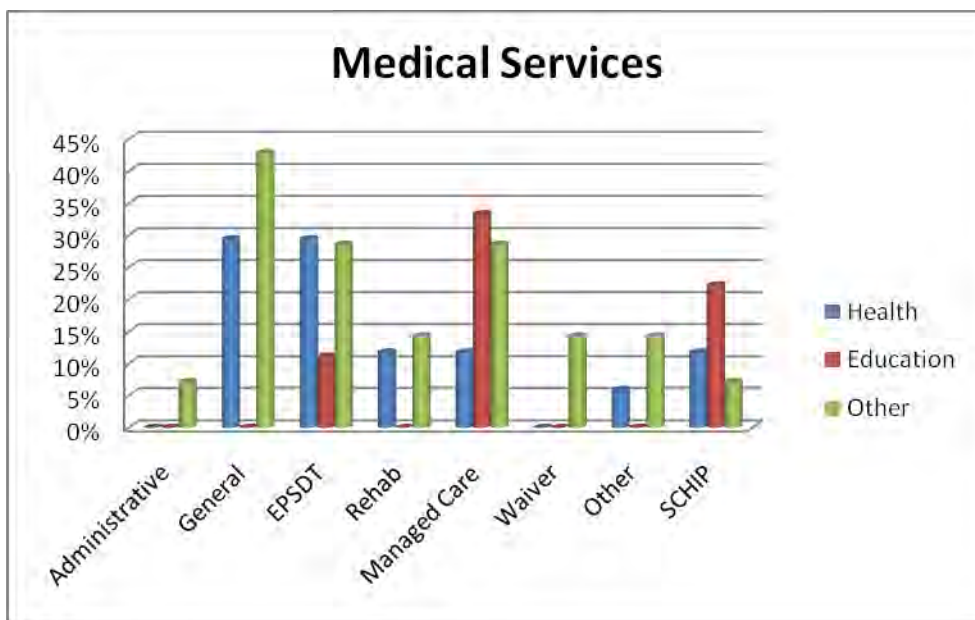
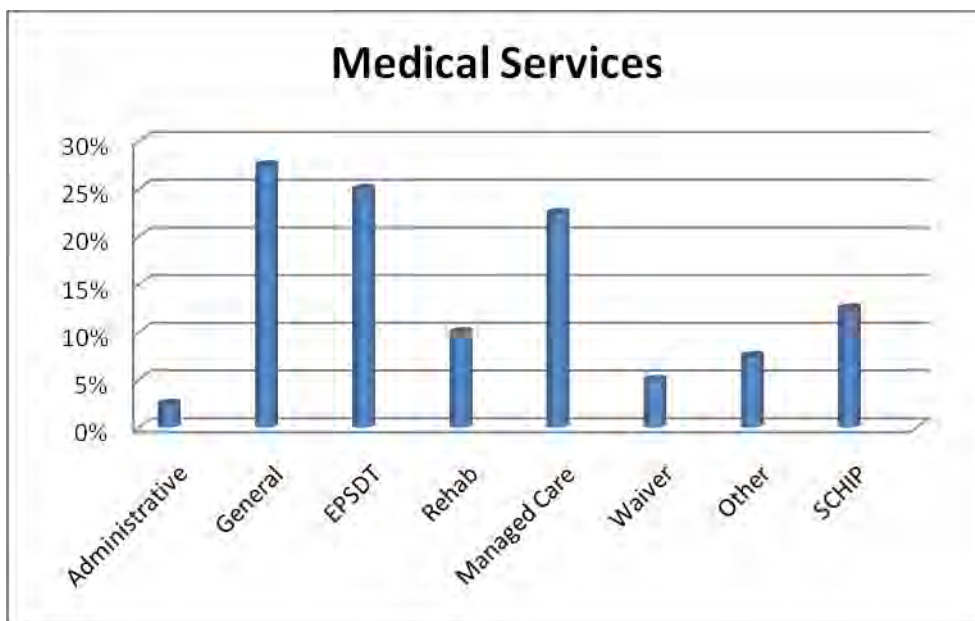
Thirty-four states (85%) utilize Medicaid to support audiology services. General Medicaid and EPSDT have the highest utilization for audiology. "Other State Agencies" have the highest utilization of General Medicaid while Health leads continue to most frequently utilize EPSDT.



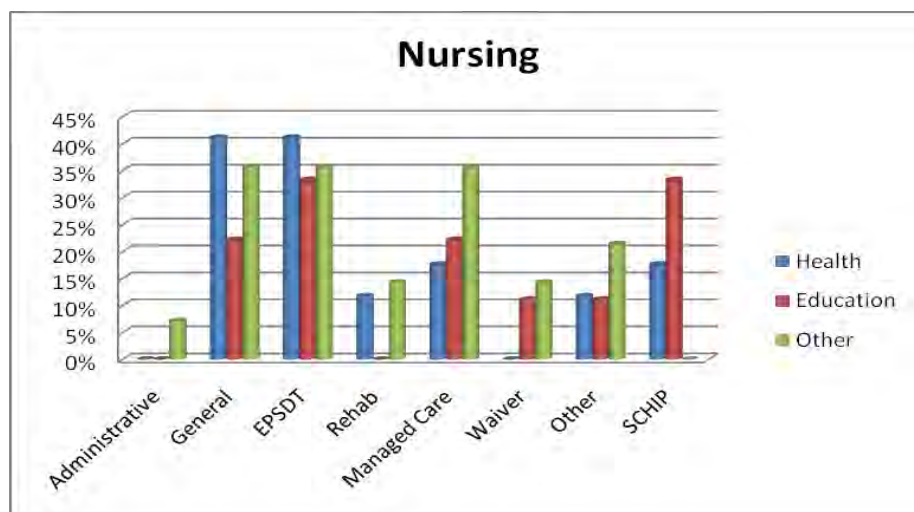
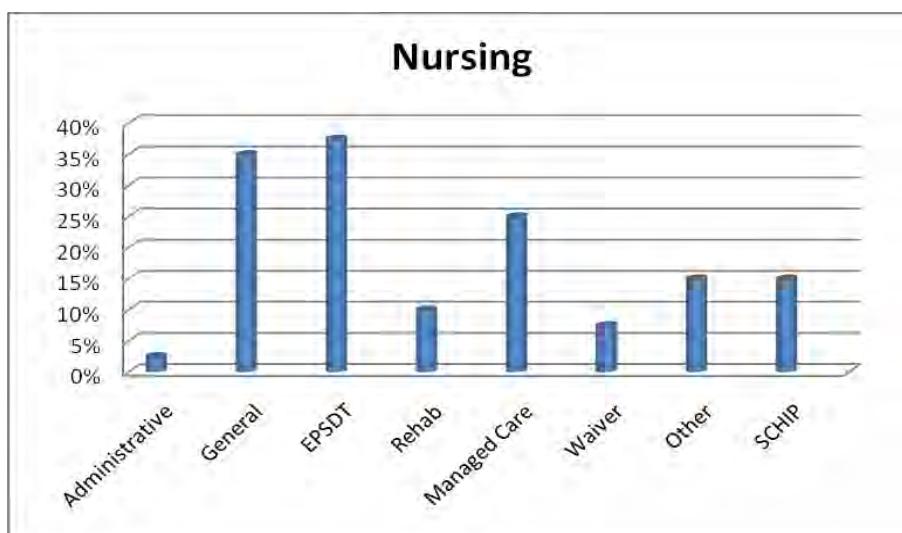
Twenty-five states (63%) used Medicaid to support Family Training and Counseling. The majority of states (9) use EPSDT. Twenty-nine percent of Health lead agencies utilize EPSDT. Thirty-three percent of Education lead agencies also utilize EPSDT. Forty-three percent of “Other State Agencies” utilize Medicaid waivers.



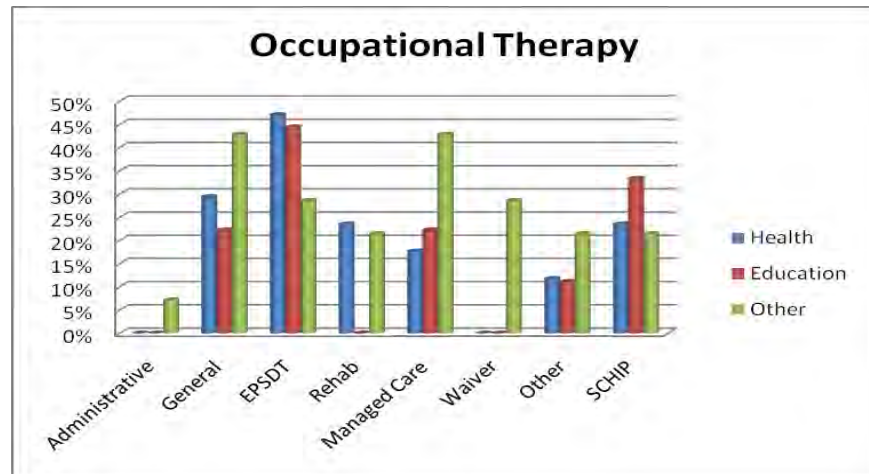
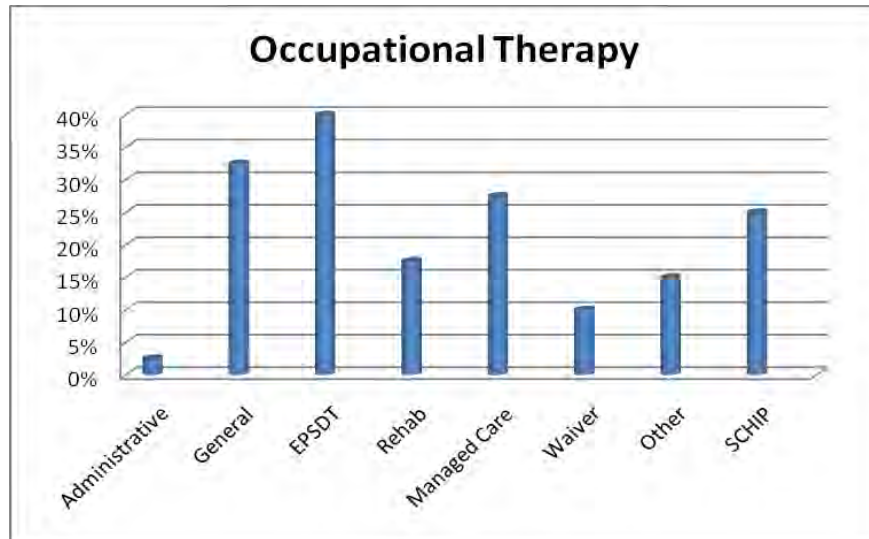
Twenty-eight states (70%) responded to this question. Eleven states (28%) utilize General Medicaid and ten states (25%) utilize Medicaid Managed Care. Forty-three percent of “Other State Agencies” and 29% of health lead agencies utilize General Medicaid. Thirty-three percent of Education lead agencies utilize Medicaid Managed Care.



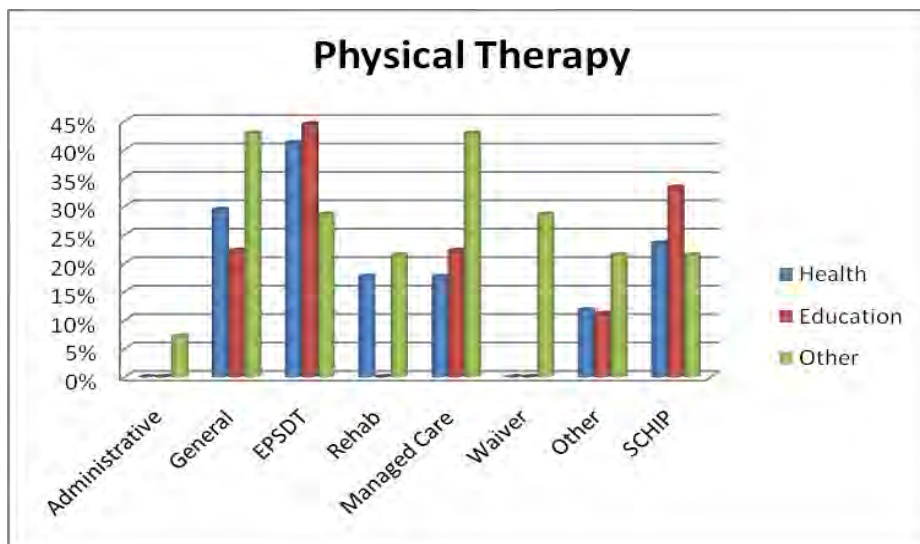
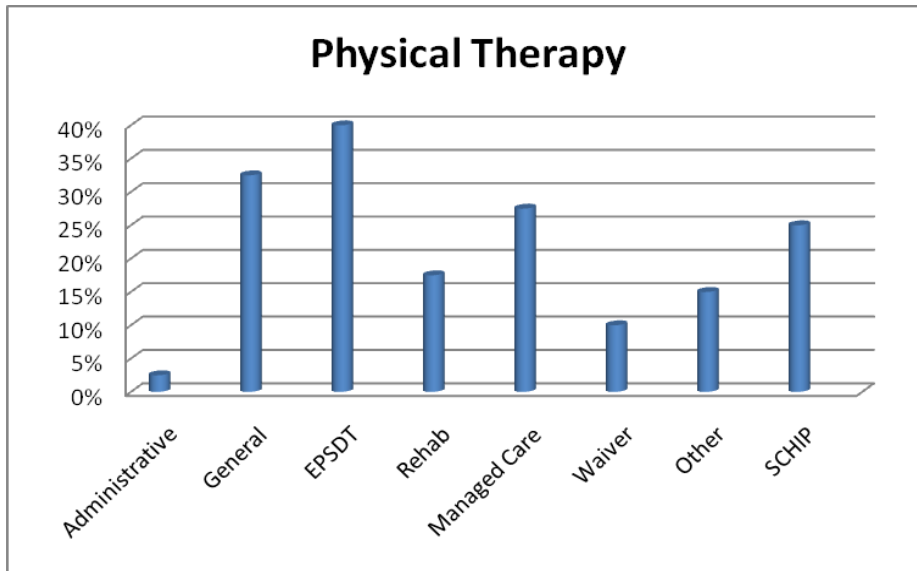
Twenty-seven states (68%) utilize Medicaid to pay for medical services. Eleven states (28%) utilize General Medicaid. Ten states (23%) utilize EPSDT and nine states (23%) utilize Medicaid Managed Care. Twenty-nine percent of Health lead agencies utilize General Medicaid and an additional 29% of Health lead agencies utilize EPSDT. The majority of Education lead agencies (33%) utilize Medicaid Managed Care and the majority of "Other State Agencies" (43%) utilize General Medicaid.



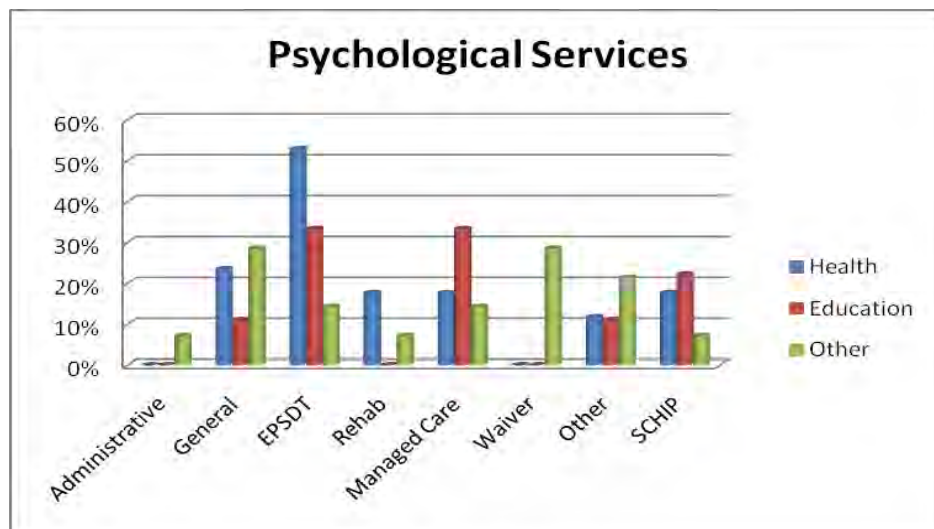
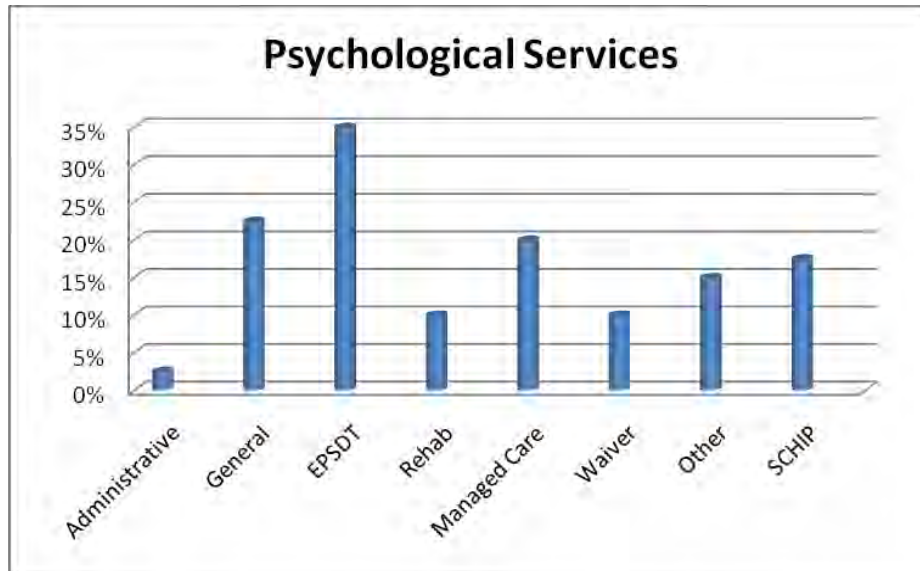
Thirty-six states (90%) responded that they utilized Medicaid to pay for nursing services. Fifteen states (38%) utilize EPSDT and 14 states (35%) utilize General Medicaid. An equal percentage of Health Lead Agencies (41%) utilize General Medicaid and EPSDT. Thirty-three percent of Education Lead Agencies utilize EPSDT and SCHIP. Thirty-six percent of “Other State Agencies” utilize General Medicaid and Medicaid Managed Care.



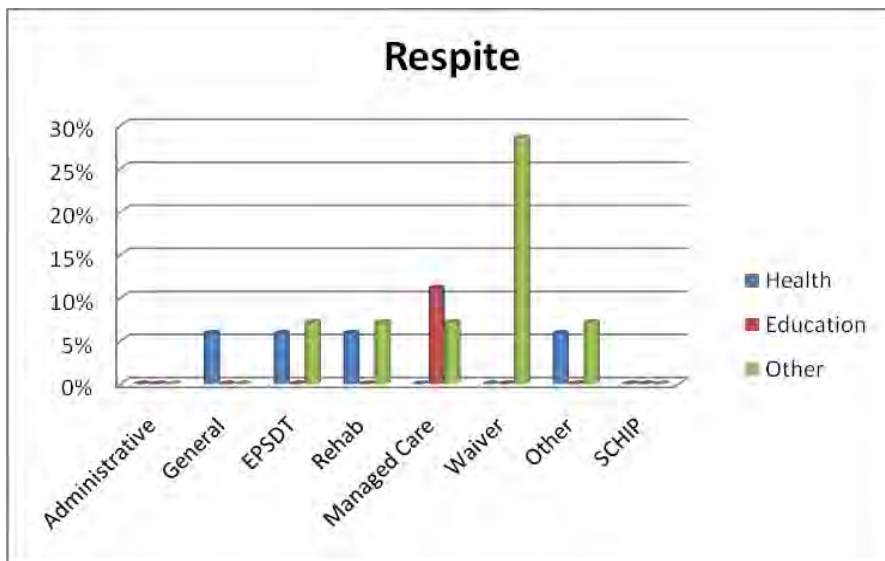
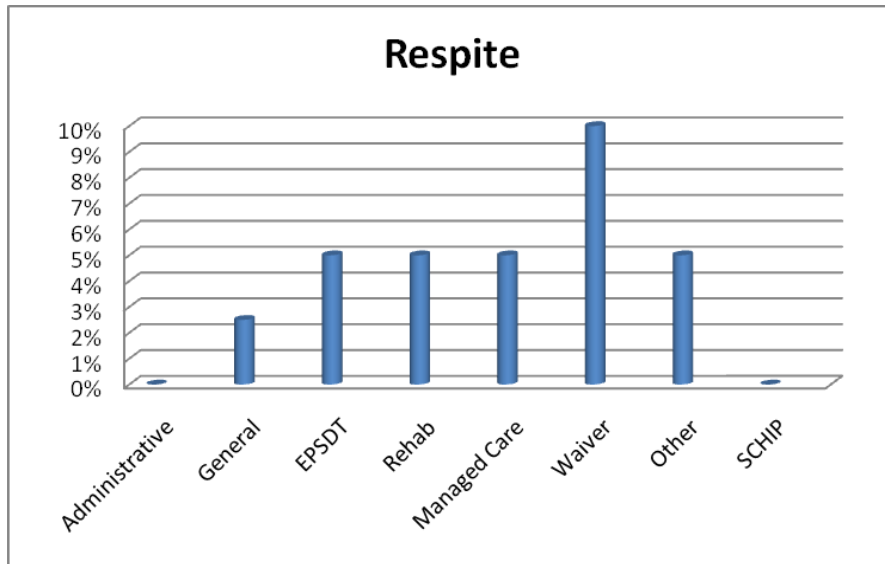
Thirty-nine states (98%) utilize Medicaid to support Occupational Therapy. Sixteen states (41%) utilize EPSDT with thirteen states (33%) utilizing General Medicaid. Forty-seven percent of Health Lead Agencies access Medicaid through EPSDT. Forty-four percent of Education Lead Agencies also use EPSDT. "Other State Agencies" are more likely (43%) to utilize General Medicaid and Medicaid Managed Care.



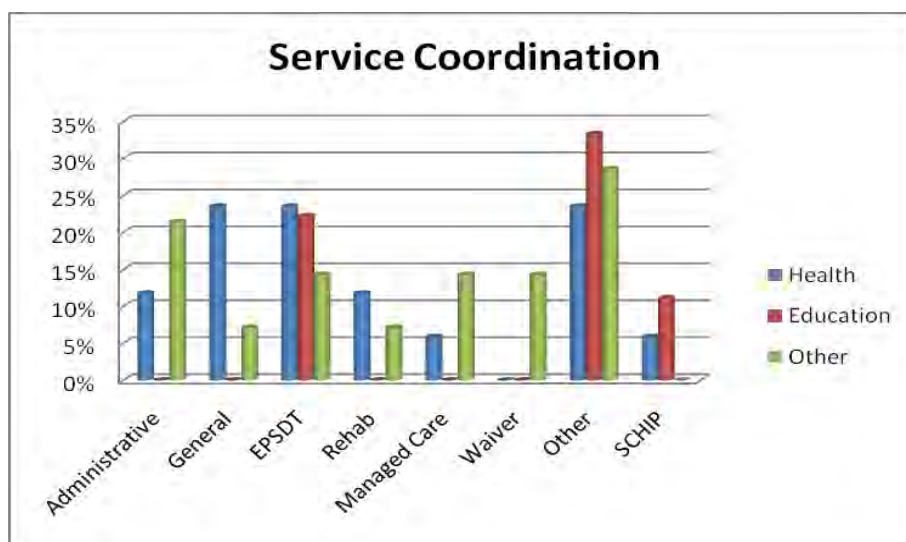
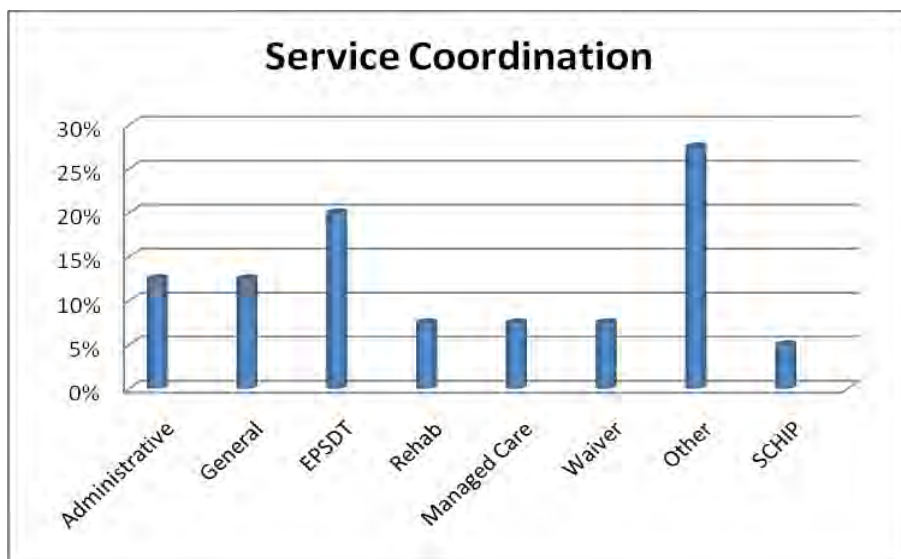
Thirty-nine states (98%) utilize Medicaid to support Physical Therapy. Sixteen states (40%) utilize EPSDT. Thirteen states (33%) use General Medicaid. EPSDT is the most commonly used form of Medicaid by Health Lead Agencies (41%) and Education Lead Agencies (44%). "Other State Agencies" utilize General Medicaid (43%) and Medicaid Managed Care (43%).



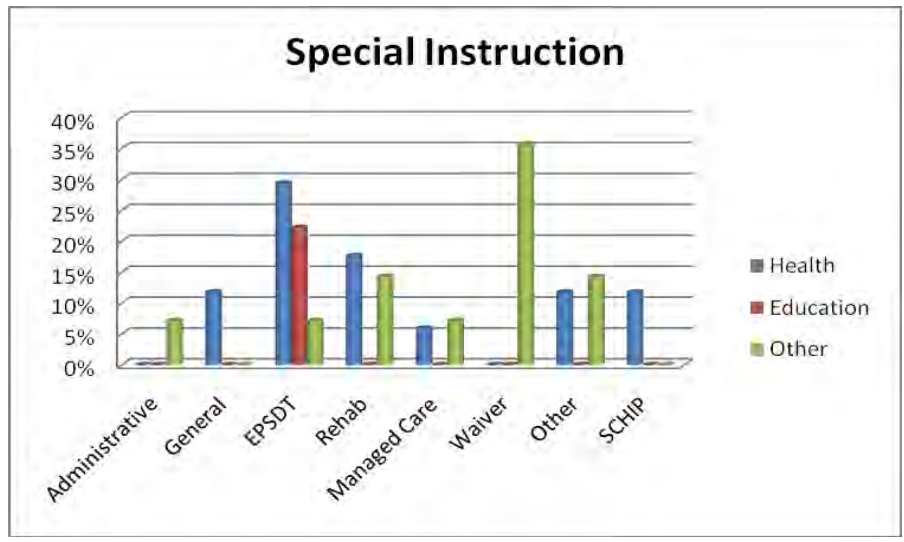
Thirty-two states (80%) utilize Medicaid to support Psychological Services. Fourteen states (35%) utilize EPSDT and nine states (23%) utilize General Medicaid. Nine states (53%) with Health as the lead agency utilize EPSDT. Thirty-three percent of states with Education as the lead agency utilize EPSDT and Medicaid Managed Care. Twenty-nine percent of states with “Other State Agencies” as the lead utilize General Medicaid and Medicaid waivers.



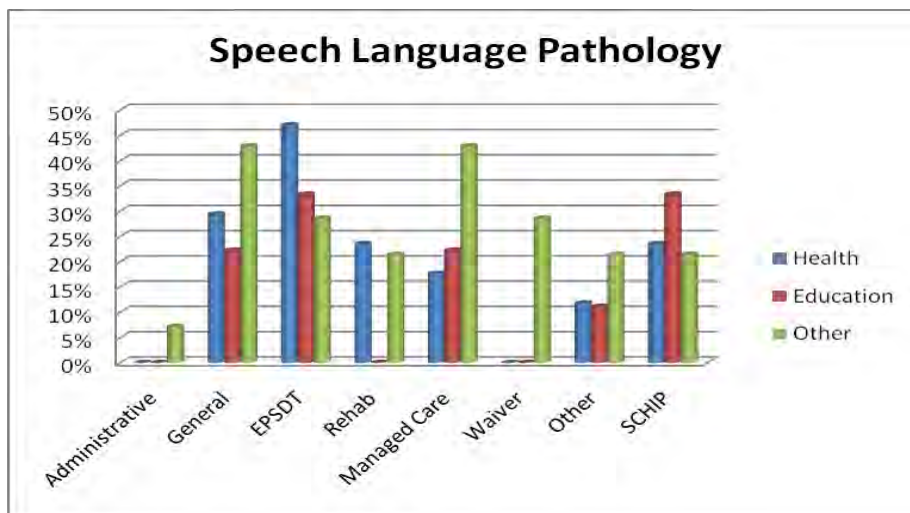
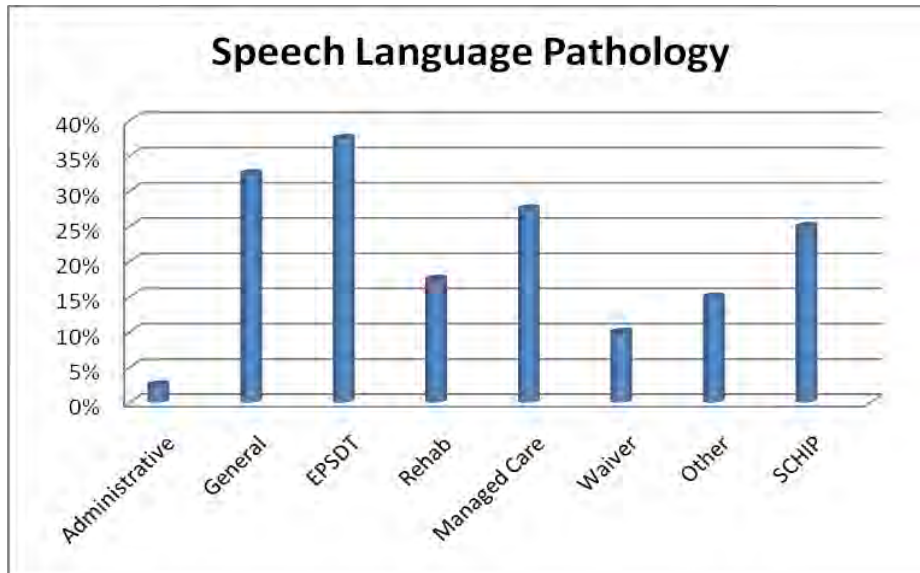
Only eleven states (28%) utilize Medicaid to support respite care. Four of the eleven states access respite care through a Medicaid waiver program. Two states with Education as the lead agency utilize Medicaid Managed Care. Four states with "Other State Agencies" as the lead utilize Medicaid waivers.



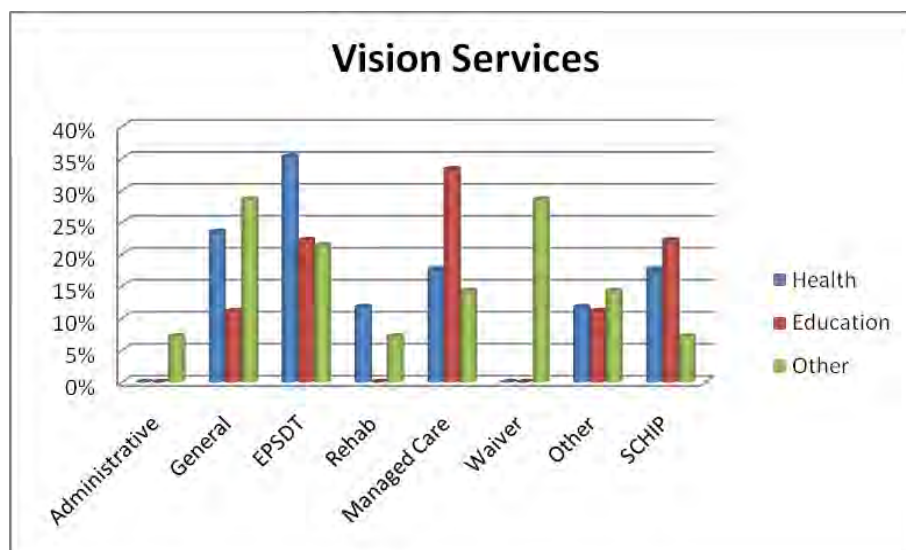
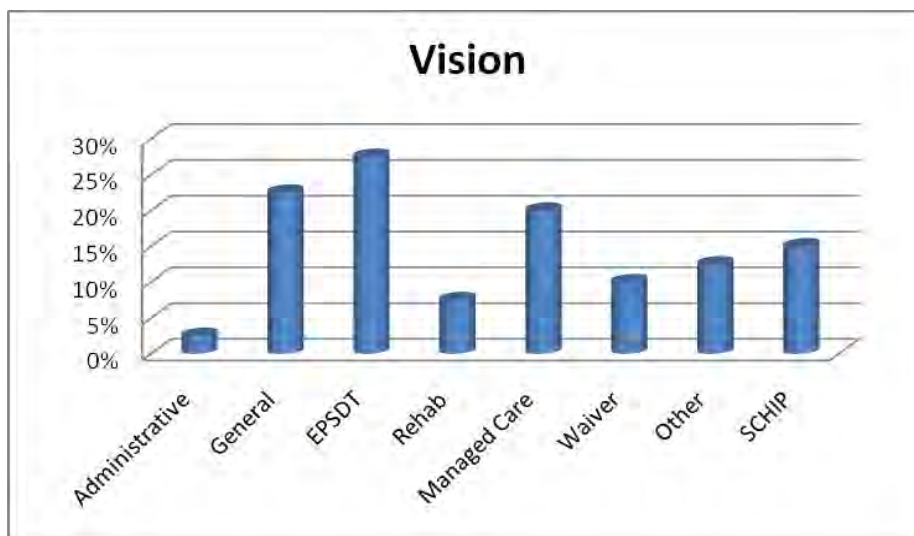
Thirty-two states (80%) utilize Medicaid to support Service Coordination. Eleven states (28%) indicated they utilize another form of Medicaid (Targeted Case Management) than those listed. Eight states (20%) utilize EPSDT. Health Lead Agencies are equally split (24%) between General Medicaid, EPSDT and Medicaid Other. Thirty-three percent of Education Lead Agencies utilize Medicaid Other as do 29% of states with "Other State Agencies" as the lead.



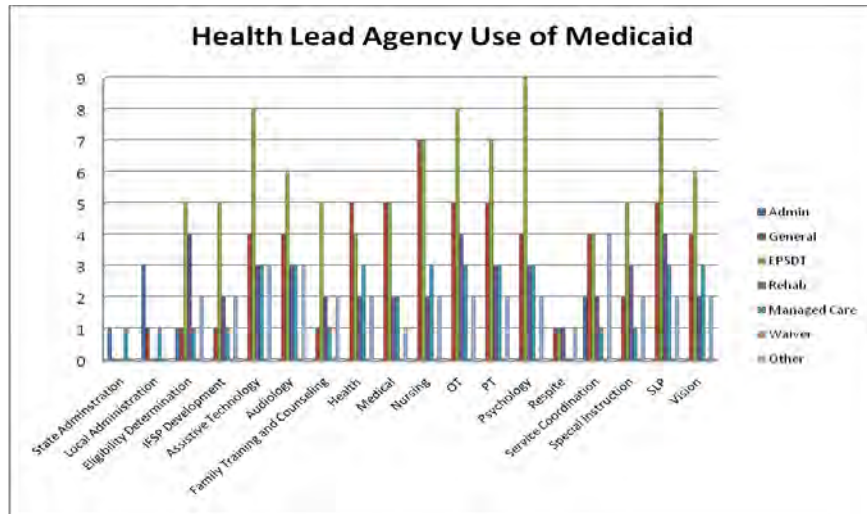
Twenty-two states (55%) responded that they are utilizing Medicaid to pay for Special instruction. Eight states (20%) utilized EPSDT while 13% indicated they used Medicaid Rehab and Medicaid waiver. Both Health (29%) and Education (22%) lead agency states are using EPSDT to support this service. Thirty-six percent of states with “Other State Agencies” as the lead are using Medicaid waivers to pay for special instruction.



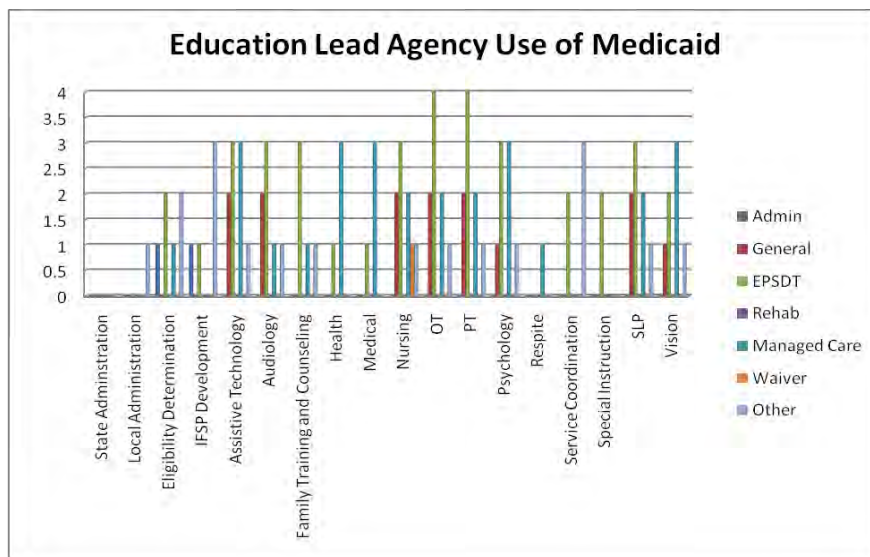
Thirty-eight states (95%) responded that they utilized Medicaid to pay for Speech services. State utilization of Medicaid is spread across several forms. Fifteen states (38%) utilize EPSDT. Thirteen states (33%) utilize General Medicaid and eleven states (28%) utilize Medicaid Managed Care. Forty-seven percent of states with Health as the lead agency utilize EPSDT for this service. States with Education as the lead agency most frequently use EPSDT (33%) and SCHIP (33%). States with "Other State Agencies" as the lead utilize General Medicaid (43%) and Medicaid Managed Care (43%) as the primary form of Medicaid.



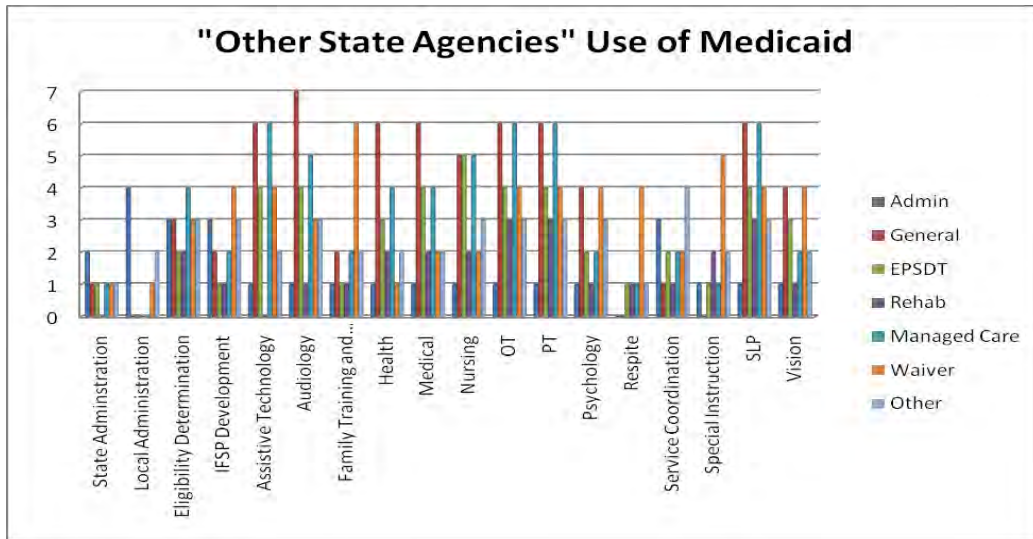
Twenty-nine states (73%) indicated that they accessed Medicaid to support Vision services. Twenty-eight percent of the states indicated that the form of Medicaid they use is EPSDT while 23% indicated they use General Medicaid. Thirty-five percent of Health Lead Agencies accessed Medicaid through EPSDT. Thirty-three percent of Education Lead Agencies access Medicaid through Managed Care. Twenty-nine percent of states with “Other State Agencies” as the lead access Medicaid for this service through General Medicaid and Medicaid waivers.



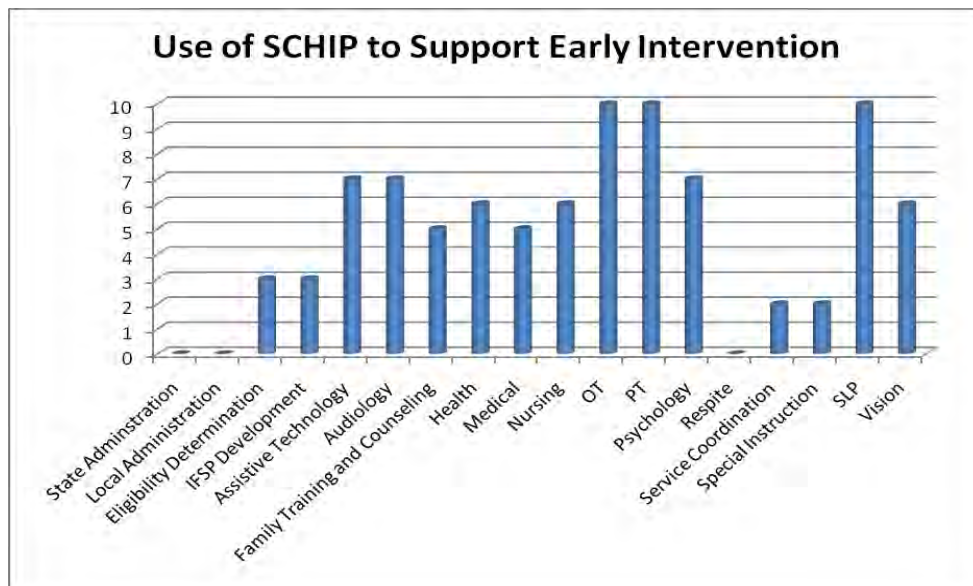
The major form of Medicaid used by Health Lead Agencies is EPSDT. Fourteen of the eighteen components on the survey are supported by this form of Medicaid.



Education Lead Agencies utilize three major forms of Medicaid: EPSDT (9 components), Medicaid Managed Care (five components) and Medicaid "Other" (four components).



States with "Other State Agencies" as the lead utilize General Medicaid to support nine of the eighteen components. Six components are supported by Medicaid Managed Care and six components are supported by Medicaid waivers.



Based on their responses, the majority of states do not use SCHIP to support their early intervention system. The traditional services of OT, PT and SLP are the only components that had any significant response from states.