



SoonerStart Early Intervention Program Prior Written Notice

Parent(s) Name:

Child's Name:

Date of Birth:

This notice is to inform you of the SoonerStart Early Intervention Program's Intent as follows:

Description of Action:

SOONERSTART IS PROPOSING TO:

SOONERSTART IS REFUSING TO:

INITIATE

MODIFY/ CHANGE

INITIATE

MODIFY/CHANGE

Check all that apply:

- Screening is completed and an evaluation to determine SoonerStart eligibility is recommended.
- Screening is completed and an evaluation to determine SoonerStart eligibility is **NOT** recommended.
- Child is **ELIGIBLE** for SoonerStart services and an Individualized Family Service Plan (IFSP) is necessary.
- Child is **NOT ELIGIBLE** for SoonerStart services and an Individualized Family Service Plan (IFSP) is **NOT** necessary.
- Early intervention services will be provided as stated on his/her Individualized Family Service Plan (IFSP).
- Child is no longer in need of **CONTINUED** early intervention services.
- Child will transition from SoonerStart upon his/her third birthday and development of Transition Steps and Services are necessary.
- Child will transition from SoonerStart at his/her third birthday and a Transition Planning Conference is necessary.
- Discontinue SoonerStart services at the parent(s)/guardian request.

Other: Child is currently enrolled in Medicaid and SoonerStart will bill for Medicaid compensable services.

Explanation of the proposal or refusal (proposed or refused action):

Your child is enrolled in the Oklahoma Medicaid program (SoonerCare) and you have given consent for medical providers including the SoonerStart Early Intervention Program to provide the Oklahoma Health Care Authority with personally identifiable information to seek reimbursement for Medicaid compensable early intervention services.

Reason for the proposal or refusal:

Section 640 of IDEA requires the state's lead agency to use Federal IDEA Part C funds as a payor of last resort. States are required to use public benefits or insurance (when available) to pay for Part C services instead of using Federal IDEA Part C funds.

Description of any options considered and reasons refused:

The SoonerStart program does not collect co-payments, sliding scale fees or private insurance reimbursement for IDEA Part C services. The SoonerStart program is supported by the following funding sources:

1. Medicaid
2. State General Revenue
3. IDEA Federal funds

Description of each evaluation procedure, test, record, observation, or report used as a basis for the proposed or refused action:

SoonerStart must obtain parental consent to bill Medicaid for Medicaid compensable services if:

- using the child's public benefits would decrease available lifetime coverage or any other insured benefit covered under that benefit.
- using the child's public benefits would result in the child's parents paying for services that would otherwise be covered by the public benefits.
- using the child's public benefits would result in any increase in premiums or discontinuation of public benefits for the child or child's parents.
- using the child's public benefits would result in the loss of eligibility for the child or child's parents for home or community-based waivers based on aggregate health-related expenditures.

Description of any other factors relevant to the proposal or refusal:

SoonerStart does not require enrollment in Oklahoma's Medicaid Program (SoonerCare) as a condition of receiving early intervention services. If a parent refuses to allow access to public benefits, SoonerStart still has the obligation to ensure that all Free Appropriate Public Education (FAPE) services are provided at no cost to the parent.

SoonerWritten notice of these actions is required within a reasonable time before implementation unless agreement otherwise

Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form.

Signature of SoonerStart Official:	SoonerStart Site:	Phone:	Date:
Address:	City:	State:	Zip:

Office Use:

U.S. Mail Date Mailed:

Personal Delivery Date Delivered: