

***Babies Can't Wait
Fiscal Policies
Re-submitted April 2012***

DRAFT

***Georgia Department of Public Health
Maternal and Child Health Program
Unit of Children and Youth with Special needs
Babies Can't Wait Program***

This policy supersedes any prior action bulletins and prior policies

(Policy is updated according to the new health care reform (Part one section 6)).

INTRODUCTION

Babies Can't Wait (BCW) is Georgia's comprehensive, coordinated, statewide, interagency service delivery system for infants and toddlers, birth to three years of age, who have developmental delays, and their families. The program is established under Part C of the Individuals with Disabilities Education Act (IDEA), as amended. Family-centered care and family empowerment are important concepts in IDEA. Through participation in *Babies Can't Wait*, families are assisted in identifying and accessing resources that may be available to them. Equipped with information, families become more effective advocates for themselves and their children.

The philosophy of family empowerment drives the service coordination that all eligible children and families receive. *Babies Can't Wait* early intervention services are to be family-centered, provided in natural environments and culturally competent. Family members have an integral and equal role in identifying outcomes for the Individualized Family Service Plan (IFSP), determining services and supports necessary to achieve those outcomes, and promoting the child's development through participation in family activities and routines. *Babies Can't Wait* personnel and early intervention providers ensure that early intervention services are provided based upon the identification of child and family strengths and interests and desired skills to be acquired by each eligible infant and toddler in order to promote maximum inclusion and participation in home and community settings. Intervention is integrated throughout activity settings and learning opportunities within locations where families typically spend time. *Babies Can't Wait* personnel and early intervention providers ensure that intervention focuses on working with and coaching families and caregivers to support each child to achieve optimal participation and inclusion in home and community activities and settings.

IDEA requires that all children enrolled in the Part C Program must have an active IFSP. The IFSP is developed in partnership with families and providers through a multidisciplinary team process. Each IFSP includes outcomes for the child and family; describes strategies to achieve the outcomes; and identifies resources to implement the strategies. Many of these strategies involve costs, and Early Intervention Services Funds are used as a payor of last resort when no other resources are available to the family.

The purpose of this policy document is to define how services are funded, the funding hierarchy for Part C early intervention services and access and utilization of Early Intervention Services Funds (EISF) as well as to assure payor of last resort.

The following services are provided at no cost to eligible children/families:

- a. Child Find
- b. Developmental evaluation and assessment
- c. Family assessment
- d. Service Coordination
- e. Individualized Family Service Plan development, implementation, review
- f. Transition services
- g. Family support
- h. Provision of procedural safeguards

The following services are subject to the funding hierarchy and EISF funds may be used to support the following federally required Early Intervention Services when no other resources are available:

- a. Assistive technology
- b. Assistance technology services
- c. Assistive technology devices (does not include a medical device that is surgically implanted or replacement of such device);
- d. Audiology services
- e. Family training and counseling and home visits
- f. Health services (does not include a medical device that is surgically implanted or replacement of such device);
- g. Nursing services
- h. Nutrition services
- i. Occupational services
- j. Physical Therapy
- k. Psychological services
- l. Social work services
- m. Special instruction
- n. Speech-language pathology, sign language, and cued language services; and
- o. Transportation services
- p. Vision services (34 CFR 303.12)

**EARLY INTERVENTION SERVICES FUNDS
AND THE EARLY FAMILY SUPPORT PROGRAM POLICIES**

Table of Contents

PART I.	EARLY INTERVENTION SERVICES FUNDS	1-43
Section One:	General Policies	3
A.	Definition	4
B.	Provision of Services “At No Cost”	5
C.	Utilization of Available Resources	7
D.	Authorized Goods and Services	8
E.	Eligibility for EISF	8
F.	Payment Mechanisms	9
G.	Portability of the IFSP	9
H.	Individualized Family Service Plans	10
Section Two:	Definitions of Early Intervention Services	12
A.	Assistive Technology Devices and Services	13
B.	Audiology Services	18
C.	Family Training, Counseling, and Home Visits	19
D.	Health Services	20
E.	Medical Services	20
F.	Nursing Services	21
G.	Nutrition Services	22
H.	Occupational Therapy	22
I.	Physical Therapy	23
J.	Psychological Services	23
K.	Social Work Services	24
L.	Special Instruction	24
M.	Speech-Language Pathology	26
N.	Transportation and Related Costs	26
O.	Vision Services	28

Section Three: Authorized Uses of Early Intervention Services Funds	29
A. Provision of IFSP Services not Currently Identified and Defined	29
B. Interpretation/Translation Services	30
C. Use of Funds Pending Resolution of Disputes/Eligibility Process for Other Services	31
D. Use of Funds to Support Multidisciplinary Team Activities/Services in the Natural Environment	31
Section Four: Unauthorized Goods and Services Under Early Intervention Services Funds	32
A. Day/Child Care	32
B. Services Which May be Funded from Other Sources	32
C. Non-IFSP Services	32
D. Non-Natural Environment Settings	32
E. Payment for Services from Out-of-State Providers/Out-of-State Travel	32
F. Costs Incurred Prior to IFSP Development	32
G. Costs Incurred Prior to Provider Contracts	33
Section Five: Reimbursement Rates for Early Intervention Service Funds (EISF)	34
A. Direct Services	34
1. Compensation for Travel	34
2. Special Instruction	35
3. Telehealth	37
4. Attendance At In-Service/Training Session	37
Section Six: Use of Insurance	38
Section Seven: Departmental Responsibilities	41
A. Administration	41
B. Reporting	41
C. Technical Assistance and Training Activities	41
D. The Waiver Process	41

Section Eight: Area Board of Health (Local Lead Agency) Responsibilities	42
A. Administration	42
B. Budgets	42
C. Early Intervention Coordinator	42
D. Grievances/Appeals Process	42
E. Reporting	42
F. Records	43
G. Contracts	43
PART II. OTHER FISCAL ISSUES	44-48
A. Policy for Service Rendered	44
B. Policy for Coaching Visits and Supplemental Visits	44
C. Policy for Service Provider Matrix	45
D. Policy for Financial Analysis for Cost Participation	47
E. Policy For End of Fiscal Year	48
PART III. FISCAL POLICIES TO SUPPORT PRIMARY COACH MODEL OF SERVICE DELIVERY	49-52
A. Criteria for Use of Policies Outlined in Part III	49
B. Rates of Reimbursement	49
ANNEXES	
A. Personnel Qualifications & Federal List of Part C Qualified Personnel	
B. Financial Analysis for Cost Participation Application Insurance Consent Form	
C. BCW Process Flow for Provider Payment (Opt In/Opt Out)	

PART I EARLY INTERVENTION SERVICES FUNDS (EISF)

SECTION ONE: GENERAL POLICIES

The purpose of this section is to describe policies and parameters for the use of Early Intervention Services Funds.

Early Intervention Services Funds (EISF) are used to support federally required Early Intervention Services when no other resources are available. All services must be attached to specific strategies related to achieving individual outcomes on the Individualized Family Service Plan (IFSP). All strategies are recorded in the IFSP (see BCW Standards and Implementation Manual, IFSP Section). Services that must be made available and provided to families and children at no cost include evaluation and/or assessment activities, service coordination, IFSP development, and procedural safeguards. These services are not included under this policy and are paid for in full through local Early Intervention Evaluation Funds and Service Coordination funds as well as Medicaid for Medicaid-enrolled children.

The BCW program has a web based data and centralized billing system. Babies Information and Billing System (BIBS) will assist with Third Party Administration (TPA) and will accept, authorize and adjudicate claims, render payment to private providers and house *all* billing claims for the BCW program for providers who have an Opt-in contract. The Case Management module will house *all* child and family information, including the Individualized Family Service Plan (IFSP) and associated activities.

The Provider module will house provider payment and billing information.

1. The provider payment process will be offered in two mechanisms.
 - (a) The first, mechanism is a “pay and chase” method in which private providers will submit all claims and will be paid a standard rate within approximately two weeks from submission of a claim.
 - (i) Providers are required to provide the following supporting documentation (provider progress notes, date of service, authorizations, CPT codes, and units of service and ICD-9 codes) that services were provided and delivered to eligible children. District may enter date of service, authorizations, CPT codes, and units of service and ICD-9 codes into the system on behalf of public and private providers.
 - (ii) Service providers will not be reimbursed for service claims entered into BIBS after 60 days of date of service.
 - (iii) Payments will occur via electronic funds transfer or check issued by U.S mail.

The TPA will immediately bill the payor source for reimbursement to the program. This pay and chase method will ensure that all providers are paid timely for services rendered. In addition, this will provide a consistent billing process and ensure the Part C program in Georgia is the payor of last resort.

- (b) The second mechanism is, a “chase and pay” method in which private providers who are able to conduct billing submit claims to the appropriate fund source (private insurance, Medicaid, CMOs) independently.
- (i) Providers must coordinate benefits for dual (Medicaid/private insurance) eligible children.
 - (ii) Providers must enter all supporting documentation into BIBS including provider progress notes, date of service, authorizations, CPT codes, units of service, ICD-9 codes and rate successfully reimbursed.
 - (iii) Providers that select this mechanism must have the capability to scan the “Explanation of Benefits” (EOBs)/Remittance Advice to verify that the claim was submitted and denied in order to receive reimbursement from BCW to payor of last resort.

Billable and non billable IFSP expenditures related to the use of EISF must be submitted into BIBS which will be authorized and paid through the third party administrator. Non billable indirect expenditures (administrative and operational cost) related to the use of EISF must be authorized by the local lead agency. .

Early Intervention services may only be provided by professionals who have a signed contract with the local lead agency prior to delivery of services. Local lead agencies may not authorize the use funds to pay providers for services that were rendered prior to having a contract in place that is signed by both parties. All contractors must meet personnel requirements described in Georgia’s application under Part C of IDEA.

All professional service providers must obtain prior authorizations, plans of care and original signed parent vouchers for each service rendered. This documentation must be maintained in the provider’s child record. Local lead agencies must perform random child record audits to review for the supporting documentation at least quarterly.

All contracted professionals and district staff must ensure that they maintain a current email address in BIBS. Email addresses must be unique to each individual provider and not the agency they are affiliated with, if applicable.

PROCEDURES FOR IMPLEMENTATION

The funding of IFSP services with EISF may be accomplished in two ways:

1. Contracts for individual child services; or
2. Contracts with providers to serve children based on a minimum and maximum level of services.

Funds may only be used for children who meet the State's eligibility criteria for Babies Can't Wait, are enrolled in Babies Can't Wait, and who are eligible for EISF under the Financial Analysis for Cost Participation (Appendix C).

A. DEFINITION

Use of EISF is based upon an appropriately developed IFSP, developed by the Primary Service Provider (PSP) team (which includes the parents and has the financial assignment of the local lead agency). The IFSP must be designed to assure that infants and toddlers with

developmental delays participate in services in natural environments (in home and community settings in which children without disabilities participate) and that families receive services that support their ability to enhance their child's development.

EISF must only be used to support services in the natural environment unless there is justification which supports why IFSP outcomes cannot be achieved in the natural environment.

PROCEDURES FOR IMPLEMENTATION

EISF are used to implement strategies on a child's IFSP when other means and/or resources are not available. Allowable expenditures are defined in the section entitled Authorized Goods and Services. These funds reflect a coordination of all existing resources (local, state, federal, other public, private, and fees) and serve as a payor of last resort. EISF may only be used after ALL other resources have been identified and accessed.

Local Practice Guidance or Clarification

EISF are to be used as "last dollar" only when: a) no other resources are available including the identification of family resources and an assessment of family cost participation, or b) when all other resources have been exhausted.

Accessing other funds, including Medicaid/PeachCare for Kids, private family insurance, Children's Medical Services (CMS) etc., to support an IFSP service in whole or in part is required before EISF are either committed through the IFSP process, or actually used to reimburse or otherwise pay for an Early Intervention service. A family's inability to pay shall be determined by completion of the Children and Youth with Special Needs Financial Analysis form. If a family is determined able to pay for early intervention services, the family is assigned a family cost participation. If the family does not submit payment, early intervention services will be suspended until payment from the family is received. Failure to document the procedures used by the local lead agency to identify and access other fund sources may result in an audit finding and subsequent recovery of state or federal funds. Identification of other potential resources should be included in the IFSP and researched through resource coordination activities with the family by the service coordinator. Documentation that other resources have been investigated, or that these funds are exhausted, must be included in the local BCW Early Intervention client record. The child's legal name (name on birth certificate) and the name listed on the Medicaid card must be must be documented on the IFSP, the Cost Participation Analysis form and the benefits tab in BIBS.

B. PROVISION OF SERVICES "AT NO COST"

Georgia is committed to ensuring the provision of those services to families that must be made available at no cost, which includes evaluation and assessment, service coordination, IFSP development, and procedural safeguards. Families participate in a process that identifies their ability to pay, pursuant to Title 34 CFR 303.521, including the assignment of cost participation or sliding fee scales. Families are advised of their rights, opportunities, and responsibilities available to them through mediation (Title 34 CFR 303.431), state administrative complaint procedures, and/or impartial due process hearing should they disagree with the determination of ability to pay (Title 34 CFR 303.13 (a) (3) Early Intervention Services)

If a family is determined to be able to pay by completion of the Children and Youth with Special Needs Financial Analysis form and assigned a 0% family cost participation, all Part C services will be provided at no cost to the child and family.

All initial evaluations and assessments must be billed to Medicaid if applicable. Grant-In-Aid funds are available to support the costs for an initial evaluation and all assessments that must be provided at no cost to families. The state Grant-In-Aid budget should be used first for these services. If the state Grant-In-Aid budget becomes exhausted, local lead agencies should then use federal Grant-In-Aid to support these services.

Regardless to the approval of the funding source, services must be rendered to the child and family per mandated timelines.

PROCEDURES FOR IMPLEMENTATION

The Children and Youth with Special Needs Financial Analysis form must be completed by all families in order to determine their ability or inability to pay for early intervention services. Family cost participation only applies to IFSP services which are **not covered** by third party fund sources (e.g. Medicaid, PeachCare for Kids, Children's Medical Services, private insurance, etc.). For example:

- 1) A child's IFSP states that special instruction and physical therapy services are necessary and the child is enrolled in Medicaid. The family has a 0% cost participation for physical therapy services only. Cost participation (based on family adjusted income from the completion of the Children and Youth with Special Needs Financial Analysis form) applies to special instruction services because Medicaid does not cover special instruction.
- 2) A child's IFSP states that special instruction and occupational therapy services are necessary. The family gives consent to access their private insurance, which covers occupational therapy services. In this case, family cost participation only applies to special instruction. BCW is responsible for co-payments and deductibles (up to the BCW rate) for occupational therapy.
- 3) A child's IFSP states that speech therapy and physical therapy services are necessary. The family has private insurance and gives consent to access their insurance. Private insurance will not cover speech, but will cover physical therapy once the deductible is met. Family cost participation applies to speech therapy. BCW is responsible for co-payments and deductibles (up to the BCW rate) for physical therapy.

Private Insurance and the Natural Environment

If a family provides consent to access private insurance, the insurance company will cover the IFSP service(s), however, they will not cover the service(s) in natural environments, the family

will be responsible for their cost participation for the service(s) as determined on the Children and Youth with Special Needs Financial Analysis form.

If the family chooses to receive services in the non-natural environment by a provider who does not have a contract with the local EI program, they are choosing to go “outside” of the Part C system and this service(s) should be listed on the IFSP under - Other Services. The family is responsible for all costs associated with this service.

If the family gives written consent to access private insurance and the insurance company will not cover the service(s), regardless of the location, then family cost participation applies to these non-covered IFSP services according to the Children and Youth with Special Needs Financial Analysis form

Use of Public Insurance (Medicaid)

In order for the BCW program to use Medicaid to pay for Part C services the program must obtain parental consent to disclose a child’s personally identifiable information to the State agency responsible for administering the State’s public benefits or insurance program for billing purposes only. A parent has the right to withdraw their consent to disclosure of personally identifiable information to the State agency responsible for administration of the State’s public benefits or insurance program at any time. This consent will be indicated on the Children and Youth with Special Needs Financial Analysis form.

Procedural Safeguards Considerations:

In order for families to be fully informed of their rights and safeguards, they must also understand their participation in all aspects of the EI system, including what is available to them at no cost, what services might involve cost, and all options available to them. Informed consent ensures that families understand their options and choices so they can make good decisions for their child and for themselves, and that they understand the implications of their decisions.

If a family’s cost participation changes, the five-day written prior notice must be given to the family using the Parental Prior Notice form.

The provider is responsible for obtaining prior authorization for the service and maintaining all required documentation needed for authorizations and entering a claim into BIBS. The Provider must seek to obtain the prior authorization for at least 15 days prior to beginning services with the child/family. The Provider must inform the Service Coordinator and the EIC of any challenges with obtaining the prior authorization. Providers must complete a parent signed voucher documenting the service was rendered and must maintain this documentation in the provider records. Districts will be required to perform quarterly verification audits for financial supporting documentation. In addition, DPH will conduct fiscal audits and the provider must provide all requested documentation.

C. UTILIZATION OF AVAILABLE RESOURCES

The priorities for use of EISF are the specific Early Intervention services set forth in these fiscal policies, pursuant to the identification and assignment of cost participation for each individual family. If EISF are used while other fund sources are being accessed, or during conflict resolution to identify fund sources, the local lead agency or early intervention service provider must *in all instances* seek reimbursement from the proper fund source to cover the period of time and actual costs incurred for early intervention services.

D. AUTHORIZED GOODS AND SERVICES

Each child enrolled in *Babies Can't Wait* has an IFSP that includes developmental outcomes with strategies to achieve the desired outcomes. Any federally required early intervention service (good or portion thereof); as defined in Part I, Section Two of this document, which requires funds and is documented as needed in a family's IFSP may be funded fully or in part with EISF if no other resources are available. Part C of IDEA requires the state to make these services available according to individual need. These services must be listed in the IFSP.

Other services listed on the IFSP may include services identified in order to address the comprehensive needs of children and families. However, the "other" services are not protected by IDEA. This differentiation is necessary to ensure that Georgia meets the federal requirements for full participation in Part C of IDEA.

E. ELIGIBILITY FOR EISF

For the purpose of EISF, "family" may be defined as a group of two or more persons related by birth, marriage, adoption or co-habitation who live together as a unit in which there is at least one infant or toddler with developmental delays or a disability. The parent(s), if not the birth or adoptive parent, may be a full guardian, legal custodian, or a person acting in place of a parent in an official living arrangement. While families are the principal targets, a family's eligibility for EISF is determined by the presence of an infant or toddler who meets the State's definition for eligibility and is enrolled in *Babies Can't Wait*.

Cost participation for individual families will be determined concurrent with the eligibility process for *Babies Can't Wait*. The assessment of cost participation may only be made by the local lead agency. Eligibility for EISF is based upon the completion of the Children with Special Needs Financial Analysis for Cost Participation (Appendix C) with each family. Cost participation is reviewed at least annually in conjunction with the evaluation of the IFSP, or more frequently if the family's needs change or new circumstances arise.

Families with cost participation, who fall 90 days behind in payments, will have direct services suspended. The Third Party Administrator (TPA) will send all notices and bills directly to the family for collection of funds. At 75 days the TPA will send a late notice to the family informing them that they have up to 15 days to make a payment or services will be suspended. The TPA will send late notices and notices of suspensions directly to families, service coordinators and providers. Partial payment will reinstate services, however full payment must be made within 30 days. During the suspension period, service coordination, periodic assessments, IFSP development and evaluation and assessment and procedural safeguards will continue to be provided at no cost. If full payment is not received within 30 days, services will be suspended

again until the balance is paid in full. Visits that would have been received if payments had been made on time will not be “made up” by the program.

Authorized goods and services shall be provided only to those families determined eligible under the procedures described above. Documentation of family income, resources, and expenses will be obtained in order to determine if EISF will be utilized. Families are eligible only if the child resides in the family’s home or if the EISF are to be used to prepare the home and family for the return of their infant or toddler from an alternate care placement or hospital setting. EISF may only be accessed for IFSP services with the financial commitment by the local lead agency through the completion of the Children with Special Needs Financial Analysis for Cost Participation application (see Appendix C). The Children and Youth with Special Needs Financial Analysis form must be completed with every family of an eligible infant or toddler, regardless of Medicaid eligibility status, prior to the development of the IFSP. Parent(s) or Guardian(s) must submit one document: prior year W-2; and either two pay stubs or the prior year tax return documents. If a family reports no income, they must provide information by letter from family member supporting them. A family may also submit a notarized Self Declaration form for proof of income. If a family does not supply documentation, the family is responsible for covering the maximum allowable fee until it is presented. If families are unable to pay their cost participation, the Financial Analysis for Cost Participation application must be repeated to ensure that the level of cost participation is accurate.

F. PAYMENT MECHANISMS

EISF may be used to provide early intervention services in either of two ways:

1. The TPA will render payments for all billable Early Intervention Services directly to the provider or as direct reimbursement to the family based upon the payment provisions as set forth and agreed to within the IFSP in accordance with the policies of the local lead agency. Contracts must be finalized and signed prior to initiation of services.
2. In order to ensure the availability of qualified providers, local lead agencies may contract with providers in anticipation of services needed. If using "block" contracts, they shall specify "up to" and "not to exceed" amounts.

If local lead agencies chose to exercise their ability to contract with a provider for a block of time the district must bill for all billable services on the providers behalf and the TPA will render payment to the district for a specified service for a specific child.

G. PORTABILITY OF THE IFSP

If a family moves from one local lead agency district to another, the IFSP moves with them and continues to be valid and in place for a period not to exceed the six month review. The receiving local lead agency and PSP team will review the current IFSP and revise if needed based on the current identified needs of the eligible child and family.

If a family moves to Georgia with an active IFSP from a Part C program in another state, the receiving local lead agency and PSP team will treat the child as a new referral to the Part C

system in Georgia, completing intake, evaluation and assessment, determination of eligibility, and IFSP development within the 45 day timeline.

H. INDIVIDUALIZED FAMILY SERVICE PLANS

The IFSP process drives the services provided through *Babies Can't Wait*. It is the family's road map to services. All contracted service providers are required to use and follow the IFSP (see BCW Standards and Implementation Manual, IFSP Section). The IFSP team, which includes the family, service coordinator, professionals who assess the child, service providers, and others as determined by or with the consent of the family, participate in a team process, using evaluation/assessment data and family resources and priorities to assist the family in determining functional developmental outcomes for the child. The Team also assists the family in identifying strategies necessary to achieve each outcome, and resources and supports to implement the strategies.

The service coordinator is responsible for helping the family identify resources available to them, and for including those resources in the IFSP. An IFSP may contain a variety of resources, both requiring and not requiring reimbursement, depending upon the strategies and family's eligibility for various programs. The IFSP is reviewed at least every six months and annually. However, specific outcomes may be reviewed more frequently as family or child priorities change. The local lead agency is responsible for assuring that the IFSP includes the following components:

1. Written indication of all other means/sources for meeting documented needs for authorized goods and services;
2. Written indication of the goods and services that are projected to be funded by EISF with the estimated duration of need;
3. Parent signatures on the IFSP indicating their agreement to implement the IFSP and funding decisions and commitments relative to this plan;
4. Statement of natural environments and justification of the extent, if any, to which early intervention services will not be provided in a natural environment;
5. An IFSP review meeting and/or consensus of the family and the PSP team is required when changes occur in: funding resources; service delivery (including provider, frequency, intensity); and/or the parent(s)/provider(s) request a meeting.

Local Guidance or Clarification

All funding sources and services available through existing programs will be documented as not available and/or thoroughly exhausted prior to utilization of Early Intervention Services Funds (EISF). Services will not be denied based on inability to pay.

IFSPs that include justification of the extent, if any, to which early intervention services will not be provided in a natural environment must be entered into BIBS and reviewed by the State Office Babies Can't Wait staff for tracking within 5 days of the development of such plans. Justification **must be time-limited** and **must** include plans for timely transition of services to the child's natural environment(s). Justifications are not to be used in order to continue provision of services in non-natural environment settings for the duration of an IFSP and/or a child's eligibility for BCW.

The system of payments which ensures the payor of last resort must be followed. IFSPs must document that all resources have been identified and the Early Intervention Coordinator must ensure that all resources have been exhausted pursuant to Title 34 CFR 303.510. BIBS will allow the Babies Can't Wait Program Manager the capability to electronically have access to the information and be aware of system's issues that prevent adherence to the payor of last resort principle before using EISF in this way. This will protect the local lead agency against an audit finding and help direct state efforts towards systems/interagency issues.

DRAFT

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

SECTION TWO: DEFINITIONS OF EARLY INTERVENTION SERVICES

The purpose of this section is to provide a definition of those federally required early intervention services that may be supported in whole or in part through the use of Early Intervention Services Funds (EISF) for eligible children and their families through the IFSP process.

Federal regulations define "early intervention services" as services that:

Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team....(Title 34 CFR 303.13 (a)(4))

The developmental domains included under the definition are:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Adaptive development

The standard of "enhancing the child's development" must be applied to early intervention services provided through Babies Can't Wait (either directly or through linkages). All early intervention services must be tied to strategies needed to achieve developmental outcomes contained in the IFSP while the child is enrolled in Babies Can't Wait.

Early intervention services must be provided in a natural environment unless there is justification that "early intervention cannot be achieved satisfactorily for the infant/toddler in a natural environment". (Title 34 CFR 303.126).

Qualified Personnel

Qualified Personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

Local Practice Guidance or Clarification

Conflict of Interest

Providers can be hourly or part-time employees in a district as long as they sign a conflict of interest statement and are not in a position to influence which provider is selected from the pool of providers for a client. Providers can also work as hourly or part-time employees in one Public Health District while providing services in another Public Health District as long as conflict of interest statements are signed in both Health Districts.

A conflict of interest agreement pertaining to outside employment and/or involvement should be obtained for all staff members. The district and program manager(s) should thoroughly review the agreements to ensure that outside employment and/or involvement does not present a conflict of interest with the employee's current position and duties. The outside activities, financial interests or relationships that may pose a real or potential conflict of interest should be carefully examined. Having a business, consulting relationship and/or any activities whereby the employee may be considered either a direct or indirect competitor should be avoided. It is recommended that the district formulate and implement a policy to prevent the potential for conflict of interest. Permission to initiate or continue the activities specified on the conflict of interest agreement form should only be permissible upon consent from the appointed district official and program manager(s). This will decrease the possible abuse caused by self referral.

Early Intervention Services include, but are not limited to, the following definitions:

A. ASSISTIVE TECHNOLOGY DEVICES AND SERVICES:

IDEA 2004 defines assistive technology device as: "...any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, including cochlear implants or the optimization (e.g. mapping) maintenance or replacement of that device." (34CFR§ 303.13 (b) (1)).

Generally, assistive technology (AT) devices supplement the existing skills of the individual with disabilities. These devices are tools that are used to increase a child's functioning in one or more developmental areas (e.g., communication, fine motor, etc.).

PROCEDURES FOR IMPLEMENTATION

1. The IDEA definition of assistive technology devices is broad and covers a wide range of technology devices. Assistive Technology for children with disabilities may include any of the following:
 - (a) augmentative communication devices (i.e. single or multiple message devices with speech or picture output);

- (b) vision and hearing devices (i.e. magnifying glasses, backlit surfaces, amplification systems, and tape recorders) Does not include a medical device that is surgically implanted, or the replacement of such device. ([34CFR§ 303.13 \(b\)\(1\)\(i\)](#));
 - (c) mobility and positioning equipment (i.e. supports for seating, adapted tricycles/scooters, etc);
 - (d) appliance control devices (i.e. electrical control units for switch activation. Note: In catalogs these devices are also referenced as “environmental control units”);
 - (e) learning tools (i.e. built-up writing instruments, knobbed puzzles);
 - (f) adaptive daily living tools (i.e. built-up spoons, bath supports); and
 - (g) adaptive toys (i.e. switch activation, built-up handles, amplified sounds or actions).
2. Assistive technology devices, when determined necessary by the PSP team, must be provided as a tool to support the child in meeting IFSP developmental outcomes. AT needs may vary greatly from child to child. The appropriate technology device for a child with a disability must be determined on an individual basis by the IFSP team. Successful use of AT is attainable only when:
- (a) care providers are willing to learn about and use the technology recommended;
 - (b) adequate funding resources are in place; and
 - (c) training for both the child and care providers is available.
3. The Need for Assistive Technology must be documented including information regarding the necessity and appropriateness for using AT and supported through IFSP activities and strategies. The provision of AT must be documented on the IFSP. To help with identification of effective AT for implementing strategies to achieve IFSP outcomes, an assessment may be needed to determine:
- (a) a plan for using AT systems and choice of possible tools by the child’s PSP team to accomplish strategies to meet IFSP outcomes;
 - (b) why current AT systems are not working;
 - (c) better utilization of AT currently used;
 - (d) the use of AT for additional developmental areas; and
 - (e) AT systems that may need to be purchased and possible funding options explored.

ASSISTIVE TECHNOLOGY SERVICES:

Assistive technology service means "any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device." (34CFR§ 303.13 (b) (1) (ii)).

The term includes:

- 1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
6. Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

[Note: The final regulations on IDEA also state that "related services" **do not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or the replacement of that device (34CFR§ 303.13 (b) (1) (i)).**

PROCEDURES FOR IMPLEMENTATION

IDEA specifically delineates several service areas. Procedures for providing services in these areas are addressed in the following subsections:

1. AT needs must be assessed functionally within the context of the child's activities and routine. BCW expects service providers who perform evaluation/assessment activities to incorporate an examination of possible AT adaptations into their developmental evaluation/assessment report. All available information must be considered by the PSP team in order to determine whether recommended AT is necessary in order for the child to achieve developmental outcomes and must be included in the child's IFSP. (See BCW Standards and Implementation Manual, Evaluation and Assessment Section - BCW Assistive Technology Prompts.)

Results from PSP team and parent discussion must be used to develop or revise the IFSP, plan activities and strategies for using recommended AT, and to secure appropriate AT services and resources.

- (a) There may be situations in which a more in-depth AT assessment is necessary to assist the child's PSP team in determining essential and appropriate assistive technology such as:
 - (i) when the PSP team determines that specific expertise is needed regarding special technology with which they are not familiar;

- (ii) when the PSP team does not feel qualified to assess the assistive technology needs of a child;
- (iii) when the disabilities of the child are such that multiple and/or customized technology systems may be required.

BCW requires that a need for assistive technology is documented on the IFSP as a strategy to support the child's outcome.

Local Practice Guidance or Clarification

In the case of seating, positioning, and mobility devices, the Local Lead Agency must submit a request for approval from the State Office for purchase of these devices if the cost is in excess of \$1,000.00.

2. Acquisition of AT: IDEA requires that AT devices must be made available for children with disabilities. The child's PSP team is responsible for making the decision of how to best provide access to AT. BCW requires that whenever possible, appropriate assistive technology must be loaned to the child as needed until the child turns three years of age.

(a) Loaned equipment is recommended by BCW as appropriate in most situations because:

- (i) a piece of technology is not for life and is constantly changing;
- (ii) technology in different hands and different situations brings different results; and
- (iii) children from birth to three are changing developmentally and need to be challenged.

(b) Loan access may be provided by:

(i) BCW Lending Libraries: Lending Libraries may be available within each Local Lead Agency to offer loan programs to support BCW-eligible children with AT needs. A basic inventory of AT equipment is available for check out at each of these centers.

❖ If a specific piece of equipment is needed for a child that is not available in the Lending Library inventory, it may be purchased by the Lending Library for use by that child. However, the equipment remains the property of BCW.

❖ Devices may be loaned to a child/family until the eligible child's third birthday, the beginning of the school year, or the implementation date of the IEP. If a child turns three during summer months, the loan may extend to the beginning of the school year or the implementation date of the IEP, whichever occurs first. However, this last provision shall not extend beyond six months after the eligible child's third birthday and justification

of need must be documented in the transition plan and IFSP exit paperwork.

- ❖ It is recommended that local lead agencies insure devices against theft or loss.

- (ii) Service Providers: A service provider such as a physical therapist may loan AT to assist the child in meeting IFSP outcomes. Service providers shall report child progress to the PSP team.
- (iii) Community Technology Centers (i.e., Tools for Life Resource Centers, Lekotek centers): These centers may offer loan programs to support children with AT needs.

(c) Equipment Purchase/Rental:

- (i) BCW will purchase or lease AT devices for an individual child when it is determined that:

- ❖ the disabilities of the child are such that multiple or customized technology systems are required and alternate devices have been explored and found not to be adequate through available lending options;
- ❖ AT equipment must be highly customized to meet the needs of a specific child;
- ❖ the child needs the item to reach developmental outcomes while enrolled in BCW and the child/family requires necessary on-going access and should therefore be the owner of this equipment; and
- ❖ the item is not easily recyclable.

- (ii) Funding may be provided for an individual child under the following guidelines:

- ❖ Alternative sources (payor of last resort policy) for payment must be explored, documented, and eliminated prior to requesting BCW funding. Each local lead agency should be in possession of the Tools for Life (Tools for Life Central Office can be reached via email at Info@gatfl.org or by phone at 1-800-497-8665) funding guide in order to help parents identify other sources of funding.
- ❖ If the local lead agency can document that no other fiscal resources are available, funding assistance from BCW may be requested. Family cost participation as determined by the Children and Youth with Special Needs Financial Analysis form (see Appendix C) applies.

- (iii) Administrative Approval Requirements:

- ❖ Requests for items and devices must be submitted if the cost is in excess of \$1,000 as stated in BCW Grant in Aid document.

- d. Training and Technical Assistance: AT training is necessary to insure that children are able to benefit from technology intervention. **Provisions for training the child and the family must be documented in the IFSP.** Parent training opportunities should also include training with the service provider during therapy or educational sessions (i.e., the speech therapist would provide assistance and training on the use of a communication aid). Training for service providers may also be necessary. This training is available from a variety of resources throughout the state (i.e., vendors, private organizations, public agencies, and conferences).

Local Practice Guidance or Clarification

Training expenditures must be reported under AT Services in the EISF Quarterly Report, Program Report, and federal data tables.

B. AUDIOLOGY SERVICES

Audiology includes 1) identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques; 2) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; 3) referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment; 4) provision of auditory training, aural rehabilitation, speech reading, and listening devices orientation and training, and other services; 5) provision of services for prevention of hearing loss; and 6) determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. (Title 34 CFR 303.13(b)(2))

All children with diagnosed hearing loss must be referred to an Early Hearing Orientation Specialist through Georgia PINES for an orientation to hearing loss, resources, and intervention approaches.

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services -

- (a) The evaluation of the need for devices and treatment as well as auditory training.
- (b) Evaluation to determine the range, nature, and degree of hearing loss and communication functions (using the system of payments which includes payor of last resort).
- (c) Referral to medical services to manage or monitor the rehabilitation of the child's auditory loss.
- (d) Training for the child and/or family related to the child's auditory functions, use of devices, and the maintenance of auditory devices.
- (e) The assessment of audiological needs including the fitting, dispensing, and monitoring of hearing devices.

2. Non-covered Services - Myringotomy tubes (ear tubes) and cochlear implants are not covered services under Part C and are not eligible for EISF under any approved service category.

Requests for digital and programmable hearing aids must be forwarded to the State Babies Can't Wait Office if all other payment sources, including Universal Newborn Hearing Screening program resources, have been exhausted and EISF is being requested to support this service. These requests will be reviewed according to protocol in Appendix B.

C. FAMILY TRAINING, COUNSELING, AND HOME VISITS

Family Training, Counseling and Home Visits means services provided, as appropriate by social workers, psychologists, and other qualified personnel, to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development. (34 CFR 303.13(b)(3))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services -
 - (a) Training (educating) families to carry out activities on the IFSP, such as carrying out developmentally appropriate activities within the child's home, when not otherwise covered as a service within a specific discipline. Examples include positioning, communication activities, nutritional training, and home care strategies that are not covered or addressed by another specific discipline on the IFSP.
 - (b) Training must be provided and/or supervised by licensed/certified personnel. Supervision of non-licensed/non-certified personnel occurs in a variety of ways and must include at least a quarterly observation of the provider and family as a minimum standard.
 - (c) Counseling must be provided by licensed personnel and must be specifically related to the child's disability. For example, the family is not coping well with the child's diagnosis, and their grief results in an inability to function as a family unit. The outcome might address improved family functioning through management of feelings about having a child with a disability. The strategy might be counseling sessions related to coping with grief.
 - (d) Participation in conferences, educational seminars, and/or workshops specific to a child's diagnosis or disability (not to exceed two workshops per fiscal year).
2. Examples of Non-Covered Services - Participation at conferences, educational seminars, and workshops that address generic issues of child development, disability, etc. Each local lead agency is encouraged to use other, non-EISF, local funds, including community resources and local ICC funds, to assist in supporting families who want to attend meetings of this nature.

D. HEALTH SERVICES

Health Services means services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services. (Title 34 CFR 303.13(b) (4))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services - Services provided to enable the child to benefit from other IFSP services *during the time that those early intervention services are being provided OR that are necessary to prepare a child to receive other early intervention services.* This includes:
 - (a) Consultation by a physician with other IFSP providers concerning the special health care needs of the child that will be addressed in the course of providing other EI services.
 - (b) Services such as clean intermittent catheterization, tracheotomy care, tube feeding, etc., which are necessary during the time that early intervention services are being provided or
2. Non-covered Services - Medical monitoring, other primary health care, immunizations, or diapers. Also, devices that are used to control or maintain a medical condition, such as an apnea monitor, infant scales, etc., are not Part C covered services.

E. MEDICAL SERVICES

Medical services mean services provided by a licensed physician. Medical Services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services. (Title 34 CFR 303.13(b)(5))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services - Consultation designed to help the family understand the impact of the child's medical condition; consultation with PSP team providers regarding the impact of the medical condition and the relationship to IFSP services.
Note: This clarification exceeds federal regulatory requirements.

Assessment activities that are necessary for program planning or to understand the impact of the medical condition which must be paid from the system of payments which includes the payor of last resort. These services are provided at no cost to families.

2. Examples of Non-covered Services - Services that are purely medical or rehabilitative in nature are not included in the definition of early intervention services, according to federal Part C regulations. Medications, surgery, or the treatment subsequent to surgery required as a result of the surgery, are not covered Part C services. Devices necessary to control or treat a medical condition, such as an

apnea monitor, infant scales, or air conditioning unit, are not covered services under Part C.

Local Practice Guidance or Clarification

Medical services funded through Babies Can't Wait, pursuant to federal regulations, include services necessary to a) assist in determining a child's eligibility if no other means are available or b) related to determining the child's developmental status and need for other early intervention services. Medical services are considered to be an early intervention service only when needed for diagnostic or evaluation purposes related to IFSP development and are covered under the local lead agency's system of payments.

F. NURSING SERVICES

Nursing services include the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and the administration of medications, treatments, and regimens prescribed by a licensed physician. (Title 34 CFR 303.13(b)(6))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services - Services provided to enable the child to benefit from other IFSP services *during the time* that those early intervention services are being provided. This includes:
 - (a) When the nurse provides evaluation and assessment services to establish initial or continuing eligibility for the program or the need for services.
 - (b) When the nurse provides Family Training/Counseling services.
 - (c) The provision of nursing care to prevent health problems, restore or improve functioning, and promote health and development (within the context of the IFSP).
 - (d) The administration of medications, treatments, and regimens prescribed by a licensed health care provider, ie. Physician and nurse practitioners in the context of implementation of the IFSP.
2. Non-Covered Services - On-going nursing services related to sustaining life and services provided by a nurse during an inpatient hospitalization are not early intervention services.

Local Practice Guidance or Clarification

Nursing services are not early intervention services when they are constant rather than intermittent in nature, and when they are intensive or involve life-threatening situations that require constant vigilance. Extensive nursing care or a nursing service related to sustaining life is considered outside the intent and definition of early intervention services.

The fact that on-going nursing services do not meet the criteria for a Part C nursing service, and therefore are not covered by EISF, does not necessarily mean that a child doesn't need routine nursing services. These should be listed on the IFSP under "other" services and appropriate non-EISF should be identified to cover this nursing/medical needs.

G. NUTRITION SERVICES

Nutrition Services includes conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences. (Title 34 CFR 303.13(b)(7))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services -
 - (a) An individual assessment, including the child's nutritional history and dietary intake, various anthropometric, biochemical and clinical variables .
 - (b) An individual assessment of feeding skills, feeding problems, including food habits and preferences.
 - (c) The development and monitoring of an appropriate plan to address the nutritional needs of the eligible child.
 - (d) Referrals to appropriate agencies to access community resources necessary to carry out the nutritional goals.
2. Non-covered Services include the purchase of formula, commercially prepared infant foods or dietary supplements, including specialized infant formulas. Devices, such as infant scales, that are used to control or monitor nutritional status are not Part C covered services.

H. OCCUPATIONAL THERAPY

Occupational Therapy includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings. Title CFR 303.13(b)(8)

Local Practice Guidance or Clarification

Occupational therapy services are designed to address the functional needs of the child in various developmental domains, particularly related to adaptive development, behavior and play, and sensory, motor, and postural development. This includes collaboration with the family to identify locations, activity settings, and learning opportunities based on the unique strengths and priorities of the child and family. These services are designed to improve the child's functional ability to perform tasks at home, and in other environments, including community programs where the child spends a portion or all of his/her day. These services include assessment; plan development and monitoring; training and support to family members and other primary care providers in the implementation of the IFSP; and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP. The identification and incorporation of materials, equipment, and supplies related to the provision of occupational therapy services should follow the procedures and guidelines set forth in the Assistive Technology section of this document.

I. PHYSICAL THERAPY

Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual, and motor development, cardiopulmonary status, and effective

Local Practice Guidance or Clarification

Physical therapy services are designed to promote sensorimotor function through the enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptations. This includes collaboration with the family to identify locations, activity settings, and learning opportunities based on the unique strengths and priorities of the child and family. These services are designed to improve the child's functional ability to perform tasks at home, and in other environments including community programs where the child spends a portion or all of his/her day. These services include assessment ; plan development and monitoring; training and support to family members and other primary care providers in the implementation of the IFSP; and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP.

environmental adaptation. (Title 34 CFR 303.13(b)(9))

J. PSYCHOLOGICAL SERVICES

Administering psychological and developmental tests and other assessment procedures; interpreting assessment results; obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs. (Title 34 CFR 303.13(b)(9))

Local Practice Guidance or Clarification

Psychological services include the administration of appropriate and nondiscriminatory psychological and developmental tests and other procedures, as well as the interpretation of the test results; the development of a comprehensive plan for the eligible child; psychological counseling for the child and family; and family counseling and consultation with other primary care providers in the implementation of the outcomes as reflected on the IFSP. Family counseling is related to assisting the family in order to enhance the child's development.

K. SOCIAL WORK SERVICES

Social Work services include making home visits to evaluate a child's living conditions and patterns of parent-child interaction; preparing a social or emotional developmental assessment of the child within the family context; providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents; working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) if an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services. (Title 34 CFR 303.13(b)(13))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services -
 - (a) Family assessment, training, and services related to the child's ability to utilize early intervention services.
 - (b) Parent counseling (individual or in small groups) focused on skill building and assisting a family to meet the developmental needs of their child.
 - (c) Identification, mobilization, and coordination of community resources and services to enable the child and family to receive maximum benefit from early intervention services. *Note: This is usually covered under Service Coordination.*
2. Non-Covered Services - If the social worker is functioning as a service coordinator, EISF may not be used. This activity must be funded from the local lead agency's Service Coordination system of payment or reimbursed by Medicaid, for a Medicaid-enrolled child.

L. SPECIAL INSTRUCTION

The design of learning environments and activities that promote the infant or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability; providing families with information, skills,

and support related to enhancing the skill development of the child; and working with the infant or toddler with a disability to enhance the child's development. (Title 34 CFR 303.13 (b)(14) (i) (ii) (iii) (iv))

PROCEDURES FOR IMPLEMENTATION

Special Instruction is the “special education” component of Part C. It is above and beyond educational efforts aimed at typically developing children and thus must be developed and managed by professionals with specialized education and experience. Special instruction includes:

1. The systematic planning and coordination of people, materials, and places to assist in identifying learning environments that offer learning opportunities in which thinking, moving, communicating, playing, and living appropriately with family and friends might be encouraged and promoted;
2. Collaboration with the family to identify locations, activity settings, and learning opportunities built upon the unique strengths and priorities of the child and family. Curriculum planning materials are used for the ongoing assessment of each child's progress towards meeting stated outcomes strategies must be developmentally appropriate, culturally relevant, child and family directed, care provider responsive, play-based, and delivered in natural settings. The goals and objectives are determined through the use of functional, developmentally appropriate assessments and curriculum, systematic observation, and data collection that lead to achieving the outcomes and measuring successes as identified in the IFSP;
3. Activities with the family and caregivers to support the child through approaches described above to enhance the child's development and meet outcomes; and
4. Activities with the family in order to strengthen and reinforce the family's knowledge and ability to enhance their child's skill development within home and community. This is achieved through a systematic process that is responsive to cultural uniqueness, providing families with skills, support, resources, and unbiased information.

Local Practice Guidance or Clarification

See Appendix A for a description of Qualified Personnel. In settings where children receive full-day services, Babies Can't Wait only pays for those portions of the day that are early intervention services on the IFSP and are authorized for financial expenditure by the local lead agency. Special instruction rates cannot be used to reduce the costs of day care/tuition for a family.

M. SPEECH-LANGUAGE PATHOLOGY:

Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills. (Title 34 CFR 303.12(b)(15)(i) (ii) (iii)) Sign language and crude language services include teaching sign language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and crude language interpretation. (Title 34 CFR 303.13 (b) (12)).

Speech/language therapy services are designed to identify or diagnose communicative or oropharyngeal disorders and delays in the development of communication skills. These services are designed to improve the child's functional ability to communicate at home and in other environments, including community programs where the child spends a portion or all of his/her day. Communication approaches and methods used by individual children will vary significantly and will mean different forms of communication for individual children.

These services include assessment, plan development, monitoring, training, and support to family members and other primary care providers in the implementation of the IFSP. The identification and incorporation of materials, equipment, and supplies related to the provision of speech therapy services should follow the procedures and guidelines set forth in the Assistive Technology section of this document.

Local Practice Guidance or Clarification

Speech/language therapy services are designed to identify or diagnose communicative or oropharyngeal disorders and delays in the development of communication skills. This includes collaboration with the family to identify locations, activity settings, and learning opportunities based on the unique strengths and priorities of the child and family. These services are designed to improve the child's functional ability to communicate at home and in other environments, including community programs where the child spends a portion or all of his/her day. Communication approaches and methods used by individual children will vary significantly and will mean different forms of communication for individual children. These services include assessment, plan development, monitoring, training, and support to family members and other primary care providers in the implementation of the IFSP. The identification and incorporation of materials, equipment, and supplies related to the provision of speech therapy services should follow the procedures and guidelines set forth in the Assistive Technology section of this document.

N. TRANSPORTATION AND RELATED COSTS

Transportation and related costs includes the cost of travel (e.g., mileage, travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that

are necessary to enable a child eligible under this part and the child's family to receive early intervention services. (Title 34 CFR 303.13(b)(16))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services –
 - (a) Travel and related costs to and from appointments for early intervention services included in the IFSP (such as audiology, family counseling, etc.). This includes mileage, bus fare, cab fare, and related costs, such as tolls and parking expenses. Reimbursement shall be for one round trip per authorized early intervention service. For example, mileage from the family's home and return to the home.
 - (b) Transportation (mileage costs, parking) to conferences that are identified as early intervention strategies may be paid for in-state conferences only.
2. Examples of Non-Covered Services –
 - (a) Transportation for Medicaid eligible children unless the IFSP documents that there is no Medicaid provider of transportation.
 - (b) Equipment, such as car seats.
 - (c) Transportation to services listed under "Other Services" on the IFSP, such as well child clinics or the hospital (for admission).
 - (d) Transportation to an inclusive, community-based child care program, such as daycare, preschool, or Parents Morning Out program, or other community activity (parks, playground, McDonalds, YMCA, library, etc.), where a child may receive early intervention services during some part of the day or during participation in activities at that site.

Local Practice Guidance or Clarification

Local lead agencies are encouraged to ensure safe transportation arrangements for eligible children, including assurances that state seat belt and license requirements are met in each instance. Specific training for transportation providers may be a covered service, if such training is necessary to ensure safe and reliable transportation of the child to enable the child to receive early intervention services. Early Intervention Services Funds may not be used to support "other" transportation costs, such as transportation to appointments or services listed in the "Other" section of the IFSP. In the instance where there is no Medicaid provider of transportation documented in the IFSP, the local lead agency may use EISF to support transportation costs for up to 12 weeks, and should work with the transportation broker to resolve the issue. Local lead agencies also are encouraged to recruit new transportation providers. If after twelve (12) weeks, no Medicaid providers are recruited or their schedules are not consistent with scheduled IFSP appointments, the Early Intervention record must include documentation for use of EISF to continue. In the event that a Medicaid transportation issue is unresolved after 12 weeks, the local lead agency must thoroughly document the situation and all steps taken, and forward this information to the State Babies Can't Wait Office.

O. VISION SERVICES

Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities; Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and communication skills training, orientation, and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities. (Title 34 CFR 303.13(b)(17))

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services -
 - (a) Evaluation and assessment of visual functioning, as well as diagnosis of visual disorders, delays, and abilities.
 - (b) Referral for professional treatment.
 - (c) Communication skills training and mobility training, including independent living skills.
 - (d) Contact lenses or glasses for children who have significant visual impairment, when such impairment is directly related to the diagnosis that made them eligible for BCW.

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

**SECTION THREE: AUTHORIZED USES OF EARLY INTERVENTION SERVICES FUNDS
(EISF)**

A. PROVISION OF IFSP SERVICES NOT CURRENTLY IDENTIFIED AND DEFINED

The listing of services defined under Part C is not exhaustive. There may be other required early intervention services that are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's developmental progress that are not included in any other service component definition. These services are directly related to the child's disability or developmental delay, and must be documented in the IFSP under at least one outcome with further documentation in the child's EI record as to this relationship.

PROCEDURES FOR IMPLEMENTATION

Other required early intervention services beyond those defined in Section Two are available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments. The quantity and type of services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP. General coordination, preparation, documentation, and report development time is not billable time. Rather, the cost of these activities is included in the rate per unit of direct services, which is a flat rate paid to providers.

Written prior approval from the Early Intervention Coordinator or his/her designee and the State Babies Can't Wait office, through the waiver process, must be obtained prior to the provision of any other required service meeting this definition.

The other required early intervention services must be provided by personnel who have met state approved or recognized certification, licensing, registration, or other comparable requirements for the discipline as recognized by Babies Can't Wait. The TPA will facilitate all reimbursement for units of service from BCW service providers whose services are under the general supervision and monitoring of Babies Can't Wait. All providers must have a contract with the local lead agency prior to provision of other required early intervention services. Documentation of eligibility and a need for the other required services must be in the child's file and must be evaluated at least annually.

Those services reimbursable under Maternal and Child Health, Medicare, Medicaid, or PeachCare for Kids to eligible recipients will be referred for financing through Title V, Title XVIII, Title XIX, and Title XXI respectively. Written, informed parental consent shall be sought from eligible recipients to claim private insurance for those services covered under private insurance.

Local Practice Guidance or Clarification

Providers receiving state and federal funds from Babies Can't Wait to provide early intervention services shall comply with the terms and conditions set forth in the provider contract between the local lead agency and the service provider. Services may not be rendered prior to the start date on a contract that is signed by both parties.

B. INTERPRETATION/TRANSLATION SERVICES

(a) Native Language, when used with respect to an individual who is limited English proficient (LEP) (as defined in section 602(18) of the Act), means

1. The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in this section;
2. For evaluations and assessments conducted pursuant to Title 34 CFR 303.321(a)(5) and (a)(6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment. Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language, in accordance with the definition of native language in Title 34 CFR 303.35. Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in Title 34 CFR 303.25.

(b) Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication) (Title 34 CFR 303.25(b)).

PROCEDURES FOR IMPLEMENTATION

Funds may be used for interpreting or translation services for evaluation and assessment purposes, and when necessary for IFSP development, administering procedural safeguards, direct services and family training (within the context of the IFSP services).

Local Practice Guidance or Clarification

Local lead agencies may also choose to use their Administration or Evaluation Grant-In-Aid budgets for this purpose. *Note: This is the only circumstance in which EISF may be used for a child prior to becoming eligible for Babies Can't Wait. (Report these services as "Other" under Early Intervention Services Funds Quarterly Report.)* Local policies are advised to specify additional guidelines for usage of funds for this activity.

C. USE OF FUNDS PENDING RESOLUTION OF DISPUTES/ELIGIBILITY PROCESS FOR OTHER SERVICES

PROCEDURES FOR IMPLEMENTATION

For Opt-in providers Early Intervention Services Funds may be used for a period not to exceed 60 days to pay for Early Intervention services (limited to federally required services on the IFSP) pending resolution of disputes regarding responsible payment source or other Part C participation issues for an individual child, and also during the period of time it takes for a child, ages birth to three, and his family to become eligible for services in another program. For Opt-out providers Early Intervention Service Funds may be used for a period not to exceed six months from the initial date that the claim was submitted to a third party payor.

Local Practice Guidance or Clarification

This does not require State-level approval. Justification must be documented in the local BCW Early Intervention Record.

D. USE OF FUNDS TO SUPPORT MULTIDISCIPLINARY TEAM ACTIVITIES/SERVICES IN THE NATURAL ENVIRONMENT

State lead agency will use EISF to support and to facilitate multidisciplinary team activities and facilitate service delivery in the natural environment if there is a need to remove barriers to such settings.

PROCEDURES FOR IMPLEMENTATION

Funds used in this manner must be used in accordance with the BCW Standards and Implementation Manual.

1. Providing opportunities for parents to enhance their understanding of services in their natural environments; and
2. Strategies for increasing and enhancing inclusion community options.

Examples of activities that cannot be covered include:

1. "Home visit" or "travel" stipends or fees (excluding circumstances when provisions for excess travel are met, as per Section Five of this policy).
2. The provider will be compensated only for excess mileage for "no shows" based on the procedures for compensation for travel
3. General coordination, preparation, documentation, and report development time.
4. Any activities or functions that are existing, designated responsibilities of one or more team members (i.e., payment for coordination of scheduling of evaluations is not an allowable use of EISF because this activity is the role of the service coordinator in accordance with IDEA and would be supplanting of existing funds).

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

SECTION FOUR: UNAUTHORIZED GOODS AND SERVICES UNDER EARLY INTERVENTION SERVICES FUNDS (EISF)

A. DAY/CHILD CARE

Day care (child care) is not a covered service under these funds.

B. SERVICES WHICH MAY BE FUNDED FROM OTHER SOURCES

1. If the family/child is eligible for other federal, state, or private resource programs which cover the desired good or service, EISF may not be used.
2. Families may not be denied services based on inability to pay. *Ability to pay is determined by the Children and Youth with Special Needs Financial Analysis form for cost participation sliding fee schedule.*
3. EISF may not be used to replace or supplant those funding sources in excess of what is covered under the BCW Standards and Implementation Manual.

C. NON-IFSP SERVICES

EISF will not be used to pay for goods and services that are not related to outcomes on the IFSP and so specified on the IFSP.

D. NON-NATURAL ENVIRONMENT SETTINGS

EISF may only be used to support services in the non-natural environment only if there is justification which supports why IFSP outcomes cannot be achieved in the natural environment. Justification **must be time-limited** and **must** include plans for timely transition of services to the child's natural environment(s). Justifications are not to be used in order to continue the provision of services in non-natural environment settings for the duration of an IFSP and/or a child's eligibility for BCW

E. PAYMENT FOR SERVICES FROM OUT-OF-STATE PROVIDERS/OUT-OF-STATE TRAVEL

EISF may not be used to pay for services provided outside of Georgia or by non-Georgia providers who travel to Georgia with the exception of providers from bordering states who have agreements with or a contract with the local lead agency.

F. COSTS INCURRED PRIOR TO IFSP DEVELOPMENT

EISF may not be used to cover costs incurred prior to the development of and inclusion in the IFSP.

G. COSTS INCURRED PRIOR TO CONTRACTS

EISF may not be used to pay for services that were rendered prior to the service provider having signed a contract with the local lead agency.

DRAFT

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

SECTION FIVE: REIMBURSEMENT RATES FOR EARLY INTERVENTION SERVICE FUNDS (EISF)

The purpose of this section is to describe policies and parameters for the determination of the rate of reimbursement for early intervention services funded in whole or in part with Early Intervention Services Funds.

A. DIRECT SERVICES POLICY

The Babies Can't Wait rate for purchased services will be a "pay and chase" and a "chase and pay" method.

Utilizing the "pay and chase" method providers will submit claims and will be paid a standard rate within approximately two weeks from submission of a claim.

Utilizing the "chase and pay" method providers who are able to conduct billing submit claims to the appropriate fund source (private insurance, Medicaid, CMOs) independently.

- (i) Providers must coordinate benefits for dual (Medicaid/private insurance) eligible children.
- (ii) Providers must enter all supporting documentation into BIBS including provider progress notes, date of service, authorizations, CPT codes, units of service, ICD-9 codes and rate successfully reimbursed.
- (iii) Providers that select this mechanism must have the capability to scan the "Explanation of Benefits" (EOBs)/Remittance Advice to verify that the claim was submitted and denied in order to receive reimbursement from BCW to payor of last resort.

The Provider, Funds Management, Fund Recovery modules will assist with third party administration (TPA) and will house provider payment and billing information. (see attachment, Process Flow for Provider Payment)

Travel reimbursements for families and providers will be supported and entered into the TPA for payment.

Hospital rehabilitation programs which provide therapies that are not acute, as well as individual therapists or group practices, must use the Medicaid Children's Intervention Services (CIS) rates.

1. Compensation for Travel for Contractors

If the provider (including service coordinators) must travel to the natural environment in excess of 45 miles one-way to the visit the provider will be paid the state rate for travel for each mile traveled for that visit and each additional mile traveled thereafter to a child related home visits. Miles driven back to the provider's home or office will not be covered. The EIC must receive and maintain

a copy of documentation that verifies that the mileage is at least 45 miles one way. The current state rate for travel is 51 cents.

Providers may be reimbursed for excess mileage incurred from the point of departure to the travel destination. The provider will be reimbursed excess mileage from the point of shortest distance to the destination (Local lead agency office, his/her residence or previous home visit).

The local lead agency is responsible for verifying and authorizing documentation of excess travel. The local lead agency must keep a copy of the verified mileage to the home visit for fiscal auditing purposes.

Local Guidance or Clarification

If the excess travel option is utilized to support travel for Medicaid enrolled children, the provider must enter a claim into the TPA for the service and local lead agency for the tiered mileage reimbursement as described above.

If the excess travel option is used to support travel for Medicaid enrolled children, the provider must enter a claim into the TPA for the Medicaid for the therapy service and the TPA for the “excess fee” as described above.

2. **Special Instruction**

The special instruction rate will not exceed the maximum rates as listed below. Special instructors will enter all claims into the TPA for provider payments. Payment will be disseminated to special instructor providers in two weeks from the date of a submission of a claim. Special instruction maximum rates are based on 1) personnel qualifications, and 2) direct vs. consultation services. Special instruction rates shall not be used to reduce the costs of day care/tuition for a family. Special instruction rates are “over and above” the costs of day care and must be used by the child care center to cover the costs of the extra time and training required to implement the special instruction plan.

The maximum special instruction rates are as follows:

- (a) **Special Instruction for Non Employee Special Instructor (Contractor) in Non-Contracted Community Settings (ex: Daycares):** These rates are based upon the provision of special instruction to the child within the context of activities and routines of the family/care provider that provide opportunities for learning. Special instruction may occur in the home of the family or other locations in which activities involve children without disabilities including homes of relatives and friends, on the playground, mothers morning out, recreation centers, library story time, day care, preschool, etc., and must include opportunities for family/care provider participation. If special instruction is provided within the context of a group, the intervention must not be a “pull-out” model. Rather, intervention is to be provided with the child as part of group activities. The individuals providing this service must be BCW staff and/or contractors(s) who meet BCW personnel requirements (see BCW

Standards and Implementation Manual, Special Instruction Section) for one of the following:

Early Intervention Specialist/Special Instruction Level 1 (Approved Master Degree) \$40.00/hour*

Early Interventionist/Special Instruction Level 2 (Approved Bachelor Degree). \$35.00/hour*

Early Intervention Assistant/Special Instruction Level 3 (High School Diploma) \$30.00/hour*

These rates do not include excess travel.

- (b) *Special Instruction in Contracted Community Settings: These rates are based upon the provision of special instruction within a community-based, integrated or inclusive group setting. Special instruction must be provided within the context of a group and cannot be a “pull-out” model. Special instruction rates cannot be used to reduce the costs of day care/tuition for a family. Special instruction rates are “over and above” the costs of day care and must be used by the day care center to cover the costs of the extra time and training required to implement the special instruction plan. The agency/entity must have a signed contract with the Local Lead Agency to provide special instruction. Payments to contracted community settings will be supported by the TPA. The individual providing special instruction in this setting must be an employee of the agency/entity (i.e., day care/infant-toddler classroom teacher(s), etc.) who meets BCW personnel requirements (see BCW Standards and Implementation Manual, Special Instruction Section).

Special Instructor in a daycare setting... \$5.00/hour

This category of special instruction billing is intended only for a child with more significant disabilities who is entering a community-based inclusive group setting (day care, infant/toddler class, etc.) which has a contract with the local lead agency to provide special instruction. The purpose of this option is to promote successful inclusion of the child into a group setting. Therefore, the use of this option must be time-limited, a strategy related to successful inclusion must be included as a strategy(s) in the IFSP, and the special instruction plan must include a timeline and activities which detail how the non-employee special instructor will assist the child in successfully transitioning into the inclusive group setting. Special instruction provided by the day care/preschool teacher(s) will occur at a different time.

Use of this category requires written prior approval by the EIC, in collaboration with the district EI Specialist (and when appropriate, the PSP Team), prior to including this option in the IFSP

Special Instructor Level 1 (Approved Master Degree) \$40.00/hour*

Special Instructor Level 2 (Approved Bachelor Degree). \$35.00/hour*

Special Instructor Level 3(High School Diploma). \$30.00/hour*
These rates do not include excess travel.

(c) Initial Evaluation/Assessment Services: Professionals completing the Initial Evaluation/Assessment will be reimbursed the standard rate of \$70.00. The individuals providing this service must be BCW staff and/or contractors who meet BCW personnel requirements (see BCW Standards and Implementation Manual, Section N).

* Family cost participation applies based on the Financial Analysis for Cost Participation.

** This service must be provided at no cost to families.

*** Requires supervision by an EI Specialist.

3. Telehealth

Payment to providers for service delivery via Telehealth shall be at the BCW rate for that discipline. The child and care provider must be present in order to bill. Telehealth may be billable to third party insurance.

4. Attendance at In-service/Training Sessions made mandatory by the State or District BCW Agency -

Payment to providers for attendance at in-service/training sessions that are made mandatory by the State or District BCW Agency and provided by the BCW State Office Staff may be reimbursed for travel expenses or paid their appropriate rate per hour for attendance at the training (Not to exceed \$200.00).

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

SECTION SIX: USE OF INSURANCE

The purpose of this section is to clarify the requirements and procedures pertaining to the use of private third party insurance and public insurance.

POLICY

It was the intent of Congress that third party insurance be used to help pay for early intervention services (Title 34 CFR 303.520). Part C of IDEA states that it is “the policy of the United States to provide financial assistance to states... to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources (including public and private insurance coverage). BCW must request consent from the family in order to gain access to their private insurance to cover the costs of early intervention services. If a financial cost would be incurred.

In order for the BCW program to use (Public Insurance) Medicaid to pay for Part C services the program must obtain consent (§303.414) to disclose a child’s personally identifiable information to the State agency responsible for administering the State’s public benefits or insurance program for billing purposes only. A parent has the right to withdraw their consent to disclosure of personally identifiable information to the State agency responsible for administration of the State’s public benefits or insurance program at any time.

Accessing family private insurance:

- A. The family is fully informed and understands the following regarding the use of private insurance for IFSP covered services:
 1. The BCW program will assume the cost of the family’s deductibles and co-payments. BCW will assume this cost up to the BCW rate, if the payment from the insurance company is below the BCW established rate. It is not allowable for providers to bill families co-pays, deductibles or any other fees if insurance has paid any portion of the claim.
 2. Regardless of whether the use of insurance will or will not result in a cost, The *Consent to Use Private Insurance* form must be used (Appendix C) to document the family’s decision regarding access to insurance.
 - (a) Family cost participation is determined through completion of the Children and Youth with Special Needs Financial Analysis form using the sliding fee scale
 - (b) The family may choose to receive services covered by insurance in a non-natural environment, therefore choosing to go “outside” of the Part C system. Such service(s) should be listed in the IFSP – Other Services. The family must sign the *Decline Services* form (see BCW Standards and Implementation). The family is responsible for all costs associated with this service.

- (c) If the family does not give permission to access their private insurance for covered IFSP services, they will be responsible for their cost participation for all IFSP services according to the Children with Special Needs Financial Analysis for Cost Participation.
3. If the child is enrolled in Medicaid as well as private insurance BCW must request consent from the family to bill their private insurance and to disclose the child's personally identifiable information to the State agency responsible for administering the State's public benefits or insurance. If the family does not give consent to use private insurance then the family will be responsible for their Family Cost Participation for those services.
 4. Providers who choose the Opt Out option must bill the family's private/public insurance to request reimbursement for services rendered. If the provider received any portion of the claim from private insurance and it was less than the BCW rate the provider will be allowed to bill the TPA the difference between what the provider received from private insurance and the BCW rate. Opt Out providers are not allowed to bill families if the provider has received any portion of the payment from the third party payors. If the provider did not receive any portion of the claim the provider should bill the family their Family Cost Participation and bill the TPA the remainder up to the BCW rate. Opt Out and Opt In providers are not allowed to bill families for any additional fees for services or travel. If the Opt Out provider receives any portion of the claim from Medicaid the provider must consider that payment as payment in full.
 5. Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of Title 34 CFR 80.25. If the State receives reimbursements from Federal funds (e.g., Medicaid reimbursements attributable directly to Federal funds) for services under part C of the Act, those funds are considered neither State nor local funds under Title 34 CFR 303-225 (b). If the State spends funds from private insurance for services under this part, those funds are considered neither State nor local funds under Title 34 CFR 303.225. Funds received by the State from a parent or family member under the State's system of payments established under Title 34 CFR 303.521 are considered program income under Title 34 CFR 80.25. These funds must be used for the State's part C early intervention services program, consistent with Title 34 CFR 80.25 (g)(2); and are considered neither State nor local funds under Title 34 CFR 303.225(b) (Title 34 CFR 303.520(b)(d)(2)(3)(e)(2)(3)).
 6. Parental consent must be obtained when the local EI program seeks to use the families insurance to pay for EI services in the IFSP and each time consent is required due to a change in frequency, length, duration or intensity.
 7. The local EI program must provide a copy of the CYSN Financial Analysis form to the family to identify the potential cost that the parents may incur as a result of the use of their private insurance to pay for Part C services.

PROCEDURES FOR IMPLEMENTATION

In order for families to be fully informed of their rights and safeguards, they must also understand their participation in all aspects of the EI system, including what is available to them at no cost, what services might involve cost, and all options available to them. Informed consent ensures that families understand their options and choices so they can make good decisions for their child and for themselves, and that they understand the implications of their decisions.

It is the responsibility of the service coordinator to inform the parent(s) that third party insurance is typically a routine payment source for early intervention services, and to explain to the parent(s) that the use of private insurance maximizes resources to support the state's participation in Part C. Further, the use of insurance may reduce the family's out-of-pocket costs.

DRAFT

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

SECTION SEVEN: DEPARTMENTAL RESPONSIBILITIES

A. ADMINISTRATION

Location of Funds - The Department of Public Health is responsible for oversight and statewide administration of EISF.

B. REPORTING

The State Department of Public Health, *Babies Can't Wait* office collects, compiles, and analyzes data from each local lead agency including, but not limited to, the following:

1. Number of children served;
2. Types of services purchased; and
3. Cost data including total funds expended, and expenditures by service category.

C. TECHNICAL ASSISTANCE AND TRAINING ACTIVITIES

The Department of Public Health/*Babies Can't Wait* provides technical assistance, training, monitoring, and supervision to the local lead agencies (health district *Babies Can't Wait* program).

D. THE WAIVER PROCESS

The Department of Public Health manages the Waiver Process for goods and services that are not covered by this policy. The Department retains the right to determine which requests are appropriate for submission to the Waiver Team (see Appendix B) and which requests are administratively denied at the State level because they do not meet the criteria described in these policies. The Department retains the right to administratively approve requests which are programmatic or administrative in nature, or when team members cannot be reached in a timely manner.

The state level waiver process is in effect for goods and services that fall outside the parameters and services described in this document. Waivers must be submitted by the Early Intervention Coordinator with concurrence of PSP team members.

**PART I
EARLY INTERVENTION SERVICES FUNDS (EISF)**

**SECTION EIGHT: AREA BOARD OF HEALTH/ LOCAL LEAD AGENCY
RESPONSIBILITIES**

A. ADMINISTRATION

Location of Funds - Within each local lead agency's administration, the Early Intervention Coordinator is responsible for oversight and approval of the use of EISF.

The local Area Board of Health/Local Lead Agency (LLA) retains ultimate responsibility for appropriate administration of Babies Can't Wait and for all BCW documentation. Coordination with all other relevant agencies is also the responsibility of the Board/LLA. The Board of Health/LLA shall adhere to the contents of this document including the Children and Youth with Special Needs Financial Analysis for Cost Participation.

B. BUDGETS

The Board of Health/LLA is responsible for monitoring approval of the use of EISF. In so doing, the Board/LLA must consider that early intervention services are protected by federal requirements under IDEA, and are governed by federal and state (Babies Can't Wait) regulations. Use of funds is mandated by the Program Annex to the Master Agreement.

C. EARLY INTERVENTION COORDINATOR

The Early Intervention Coordinator plans, develops, and oversees operation of the BCW program at the local lead agency. The Early Intervention Coordinator is responsible for ensuring that all IFSP plans are written appropriately to ensure that applicable services are placed on the IFSP and implemented timely. The Early Intervention Coordinator is responsible for quality assurance for the child's record as well as data entered into the BIBS system.

D. GRIEVANCES/APPEAL PROCESS

Families who are denied EISF, whose EISF are suspended due to non payment of family cost share, or whose benefits have been reduced must be notified of the reasons for denial, discontinuation, or reduction of benefits, and must be informed in writing of their right to appeal these decisions according to Part C Procedural Safeguards.

E. REPORTING

The Board of Health/LLA must submit programmatic and expenditure data for quarterly reports as required by the Department of Public Health. Please see the Master Agreement for the reporting requirements and timelines. The reports must be submitted 15 days after the end of each quarter.

The Board of Health/LLA must submit programmatic data for federal reports as required by the Division. Please see the Master Agreement for the reporting requirements and timelines. The reports must be by designated reporting dates specified in the Master Agreement.

F. RECORDS

The Board of Health/LLA is responsible for maintaining all financial records including service vouchers/purchase orders; records must be maintained according to Department of Public Health policy in an easily accessible place for monitoring/auditing purposes.

G. CONTRACTS

The Board of Health/LLA is responsible for finalizing contracts with providers prior to the initiation of early intervention services. The Board of Health/LLA is responsible for submitting a list of the executed contracts to the Babies Can't Wait state office. All qualified contracted providers who agree to provide services in the child's natural environments must submit billing or Information Claims through the BCW centralized billing system (BIBS).

**PART II
OTHER FISCAL POLICIES**

A. POLICY FOR SERVICE RENDERED

1. Denial of Service Claims:

The Third Party Administrator (TPA) on behalf of BCW will not reimburse claims that are denied due to same day of service for the same discipline. Service coordinators need to coordinate with families to ensure two services that have the same discipline are not rendered within the same day. Coordinators must be advised of this policy prior to delivering services

BCW will not reimburse claims that are the same discipline for more than one service per day.

PROCEDURES FOR IMPLEMENTATION

Division of Medicaid only pays the first case management claim that it receives in a given month for a child or family. This means that if a child is receiving case management services from BCW and the Department of Family and Children Services, only the first claim received will be paid from Medicaid. This affects both public and private sector service coordination claims. BCW Service Coordinator will receive payment from the TPA for services rendered.

2. Service Coordination During Transition Period

During the transition planning process for children whose third birthdays fall during, June, July, or August, the need for service coordination as a transition activity must be discussed with the family. If service coordination is needed in order to assist the family with medical/health or other needs which might be met by the community during the period from the third birthday until August 31st or the Individualized Education Plan (IEP) begins, whichever comes first. This need and expected outcome must be documented in the transition plan.

Service coordination activities must be billed to the TPA for all children Note: this is the only service that may be funded with BCW funds for a child after the child's third birthday. This service is provided under a transition plan, rather than the IFSP (which ends the day before the child's third birthday) because these children are no longer enrolled in BCW.

B. POLICY FOR COACHING VISITS AND SUPPLEMENTAL VISITS

In order to use EISF for a coaching visits, in some scenarios both therapists will be present and active the entire session in the child's natural environment. Billing must only reflect each therapist's hands-on time and direct interaction with the child and his/her caregiver (parent, teacher, etc.). Interdisciplinary team work must be evident from the therapist's case notes, and coaching visits must be necessary in order for the child to

achieve developmental outcomes. Documentation on case notes should also include skills/activities discussed and/or demonstrated that enhance the knowledge of each team member involved in the coaching visits, as well as how this knowledge was shared with the family/caregiver for use during functional daily routines. Services provided through coaching visits must be designed to improve the child's functional ability to perform tasks at home, and in other environments including community programs where the child spends a portion or all of his/her day. Training and support to family members and other primary care providers in the implementation of the IFSP and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP should be addressed during coaching visit sessions. If these criteria do not apply, EISF shall not be used. The individual providing direct services to the child/family shall enter their claim to the TPA indicating that their services should be billed to the third party payor. The other provider will enter their claim to the TPA indicating that the program should be billed for the individual visit. *Coaching visits shall not be billed for children in a setting other than the child's natural environment unless the PSP team can clearly document that the child cannot meet developmental outcomes in the natural environment.*

In order to bill for a Supplemental Visit a provider who is not the Primary Service Provider will be in the home individually with the family. The Supplemental visit is to provide supports to the family as the Primary Service Provider Teams deems appropriate.

PROCEDURES FOR IMPLEMENTATION

If a coaching visit is determined to be necessary by the PSP team, the following procedures may apply:

1. For Opt-In Providers: Children funded with private insurance, Medicaid or CMO's the therapists will enter claims to TPA and the TPA will bill appropriate third party sources according to the CPT code billed by the therapist. EISF will be used as payor of last resort.
2. For Opt-Out Providers: Children funded with private insurance, Medicaid or CMO's therapist will submit their claim to the appropriate third party payer. If the therapist receives any portion from Medicaid they must consider that payment as payment in full. If the therapist receives payment from private insurance less than the BCW rate, the provider may bill the TPA for the difference up to the BCW rate. If the provider is denied payment for the claim they may bill the TPA for the BCW rate.

TPA will reimburse on behalf of BCW at standard flat rate.

C. POLICY FOR SERVICE PROVIDER MATRIX

Service providers must have and be in compliance with a current signed contract with the local lead agency in order to be included in the local service provider matrix.

PROCEDURES FOR IMPLEMENTATION

IDEA requires that the Early Intervention Program be provided under public supervision (Title 34 CFR 303.12). IDEA defines “**Early Intervention Services**” in accordance with the IFSP of the infant or toddler with a disability as services which are provided in conformity with an IFSP and that meet the standards of the State (Title 34 CFR 303.12 (b)(2)). Such services must be, among other things, provided by qualified personnel as established by the State (Title 34 CFR 303.31). IDEA mandates that the ultimate responsibility for the supervision of services remains with the Lead Agency (Title 34 CFR 303.501), and authorizes the Lead Agency to establish contractual procedures with public or private service providers (Title 34 CFR 303.501). The Department of Public Health extends some of the State Lead Agency requirements to the local health district through the program annex to the Master Agreement. Thus, the health districts function as the Local Lead Agency (LLA) and share all of the responsibilities cited from the statute herein.

These regulatory citations, along with the definition of “early intervention services” as defined in (Title 34 CFR 303.13) support the listing of only those early intervention service providers under contract with the local lead agency in the Service Provider Matrix. Only early intervention service providers who have contracts with the local lead agency can be held accountable to these requirements.

The requirements to have and be in compliance with a current signed contract and meet BCW personnel qualifications may not be waived. Local lead agencies are required to only list service providers who agree to provide services in the child’s natural environment and with whom a contract has been signed by both parties. The contract between the Local Lead Agency and the service provider is only to provide services to BCW-enrolled children and families. If a service provider chooses not to contract with the local lead agency, no restraint of free trade exists because non-contracted providers are not prohibited from doing business with BCW-enrolled children and families at the family’s expense, nor does this restrain them from doing business in general, an essential element of restraint of trade. These non-contracted providers simply must be paid from another source. Their services are considered external to the IFSP since the local lead agency cannot assure families that non-contracted providers will provide services within the intent of IDEA.

As local lead agencies recruit providers or as families recommend new providers, such providers are added to the matrix after a contract is signed with the local lead agency.

There are constraints to freedom of choice regarding selection of service providers who provide services on a child’s IFSP. These are:

1. Service Provider must meet BCW personnel qualifications and have a signed contract with the local lead agency, including Department of Public Health criminal record background check;
2. Service Provider must accept the funding source available to the family that is assigned to pay for that service;
3. Service Provider must provide services in the child’s natural environment.

PROCEDURES FOR IMPLEMENTATION

Families are free to make choices outside of BCW. However, they have the financial liability for those choices. If a family chooses a provider who does not have a contract with the local lead agency, despite the availability of contracted providers, the family will assume all costs associated with this choice.

In order for families to be fully informed of their rights and safeguards, they must also understand their participation in all aspects of the Part C system, including what is available to them at no cost, what services might involve cost, and all other options available to them. Informed consent ensures that families understand their options and choices so they can make good decisions for their child and for themselves, and that they understand the implications of the decisions.

D. POLICY FOR FINANCIAL ANALYSIS FOR COST PARTICIPATION

The Children and Youth with Special Needs Financial Analysis form for cost participation application (Appendix C) must be completed with all families prior to IFSP development in order to determine their assignment of cost participation/ability to pay.

Service coordinators must assist families with financial case management activities to ensure equitable implementation and access to EISF. Activities include identification of all resources available to a family to implement the IFSP. The Children and Youth with Special Needs Financial Analysis form (Appendix C) will be collected prior to the development of the IFSP to ensure that families are fully informed of their financial commitment. The Children and Youth with Special Needs Financial Analysis form must be reviewed at IFSP review meetings and when a service coordinator and/or family recognize a change in financial status. The form must be completed by the service coordinator and the family.

“Ability to Pay” is determined through the use of the Children and Youth with Special Needs Financial Analysis form for cost participation. Cost participation will be applied as a per service fee to all Early Intervention Services prescribed in a child’s IFSP with the exception of service coordination and any evaluation/assessment services that are determined necessary by the PSP team. These services are available at no cost to families. All pages of the Children and Youth with Special Needs Financial Analysis form must be completed and originals must be placed in child record.

The service coordinator is required to submit income documents to the LLA and must document the information on the Financial Analysis application. The Children and Youth with Special Needs Financial Analysis form for cost participation must be signed by the parent and the service coordinator to ensure that families understand the commitment and agree to their assignment of cost participation/ability to pay. See Appendix C for more information.

The Children and Youth with Special Needs Financial Analysis form for cost participation must be completed with every family of an eligible infant or toddler, regardless of Medicaid eligibility status, prior to the development of the IFSP. Parent(s) or Guardian(s) must submit prior to the development of the IFSP a copy of one of the following documents: prior year W-2, two pay stubs, the prior year tax return documents, or notarized Self Declaration form. If a family reports no income, they must

provide information by letter from the person or family member supporting them. If a family does not supply documentation prior to the development of the IFSP, the family is responsible for covering 100% of cost until it is presented. If families are unable to pay their cost participation, the Children and Youth with Special Needs Financial Analysis form should be repeated to ensure that the level of cost participation is accurate.

E. POLICY FOR END OF FISCAL YEAR

Each district's fiscal year ends June 30th. When completing closing journal entries, districts should include the accruals for any outstanding estimated funds for May and June of the current year (CREAG parts C and B). Districts must use a projection of expenditures to cover expected year end cost by obligating current year funds for expenditures that are realized in the new fiscal year. Invoices for non-third party billable services must be submitted to the district within 30 days of services rendered. Early Intervention Coordinators are responsible for obtaining projections of monthly levels of service. Chief Financial Officers are responsible for encumbering funds. Encumbered funds should be submitted back to the state by December 31st of the following fiscal year.

PART III FISCAL POLICIES TO SUPPORT PRIMARY COACH MODEL OF SERVICE DELIVERY

The guidance provided in Part III is intended for use by Districts to support the implementation of a Primary Service Provider Teaming Model of early intervention service delivery within the Babies Can't Wait system. These guidelines **MUST** not be implemented or adopted in any District in which *Criteria for Use* (see below) are not fully met. Providers will be paid a standard rate.

A. CRITERIA FOR USE OF POLICIES OUTLINED IN PART III:

1. Multidisciplinary Team participation in the Primary Service Provider (PSP) Teaming Model training provided by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers;
2. At least one active multidisciplinary team in place in the District, receiving ongoing opportunities for practice, coaching, mentoring and support provided and/or overseen by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers;
3. At least one active multidisciplinary team in place in the District, actively engaged in PSP teaming model of service delivery with families of infants and toddlers enrolled in Babies Can't Wait;
4. Additional teams, beyond the initial District PSP team, shall not be supported in accordance with this Section prior to receipt of State Office approval and formalized ongoing support provided by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers.

B. RATES OF REIMBURSEMENT

Rates of reimbursement may be applied only to personnel practicing within a primary coach model of service delivery and are not applicable to practitioners providing supports and services in another modality.

“Fee for Service” Rates

The Babies Can't Wait rate for purchased services will be a “pay and chase” method in which providers will submit claims and will be paid a standard rate (see attachment) within approximately two weeks from submission of a claim.

BIBS will house provider payment and billing information. (See attachment, Process Flow for Provider Payment)

Travel reimbursements for families and providers will be supported and entered into the TPA for payment.

Reimburse the Service Provider through TPA within two weeks of submission claims in BIBS. Supporting documentation that services were provided and delivered to eligible Service providers will not be reimbursed for service claims entered into BIBS after 60 days of date of service

PROCEDURES FOR IMPLEMENTATION

1. Team Meetings –

Providers and service coordinators will be reimbursed through TPA at the following rate(s) upon the entering and confirmation of attendance of each provider and service coordinator into BIBS by the Team Leader or designee. Reimbursement to include attendance at PSP Team Meetings

- (a) \$12.50 per every 15 minutes of face to face participation in PSP Team meetings, up to 2 hours.
- (b) \$6.25 per every 15 minutes of participation via conference call, web-conferencing or any other real-time method of participation.

2. IFSP Meetings –

Providers and service coordinators will be reimbursed through TPA at the following rate(s) upon entering and adjudication of claims. **Providers** must submit progress notes and other supporting documentation within 14 calendar days of a service rendered. **Service Coordinator's** must submit Coordination Notes into BIBS within 5 calendar days of the event. Districts should only bill the TPA for Medicaid billable services for public Service Coordinator's and providers.

- (a) Service Coordinator: \$70 must be face to face participation in Initial IFSP meetings. If the Service Coordinator will be billing for the one face to face and three ancillaries (s)he can not bill the Initial IFSP separately for that same month.
- (b) Service Coordinator: \$25 for Evaluation when no IFSP meeting will be written.
- (c) Providers: \$40 face to face participation For Initial IFSP meetings.

3. Completion of Coaching Logs for implementation of new teams and new team members. –

Completion of coaching logs is a key activity in the development and implementation of a primary coach model of service delivery. Coaching log formats are to be utilized, in accordance with guidance and training provided and/or overseen by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers. Logs are to be completed and submitted to the District early intervention coordinator or his/her designee. Logs must be detailed, comprehensive, and consistent with guidance and training provided and/or overseen by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers.

Payment for coaching logs is not allowed. Completion of coaching logs is considered to be comparable to completion of ongoing/routine session or

meeting documentation and/or “case” notes. Payment for meeting minutes and other routine documentation is not allowed.

DRAFT

Families must not be required to cost participate for the costs associated with team meetings or IFSP meetings. Family cost participation applies only to the costs associated with face-to-face contact with the PSP.

Funding Hierarchy for Babies Can't Wait Federally Required Early Intervention Services

Level 1 - Private Insurance
Level 2 - Medicaid - EPSDT
Level 3 - Family cost participation
Level 4 - MCH Title V Children with Special Health Care Needs (Children's Medical Services)
Level 5 - State Funds
Level 6 - Federal Part C BCW funds