

# ***Babies Can't Wait Fiscal Policies***

***Effective July 1, 2005***



***Georgia Department of Human Resources  
Division of Public Health  
Family Health Branch  
Office of Children with Special needs  
Babies Can't Wait Program***

***DPH05/013H***

## **INTRODUCTION**

*Babies Can't Wait* (BCW) is Georgia's comprehensive, coordinated, statewide, interagency service delivery system for infants and toddlers, ages birth to three, 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 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 payer of last resort when no other resources are available to the family.

The purpose of this policy document is to define the access and utilization of Early Intervention Services Funds (EISF).

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

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**PART I**

**EARLY INTERVENTION SERVICES FUNDS (EISF)**

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**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 Section 7 of 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.

All IFSP expenditures related to the use of EISF must be authorized by the local lead agency. This financial commitment is confirmed by the signature of the local lead agency Early Intervention Coordinator or their designee on the individual IFSP. No expenditure for IFSP services will be made without this commitment.

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 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.

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.

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). Services are not denied based on a family's inability to pay (inability to pay is determined by the Financial Analysis for Cost Participation application).

**A. DEFINITION**

Use of EISF is based upon an appropriately developed IFSP, developed by the IFSP team (which includes the parents and which 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. Expenditures that can be made 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. Families who appear to be eligible are required to apply for public fund sources, such as Medicaid. Early intervention services will not be denied based on inability to pay. Failure to document the procedures used at the local level 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 record.

#### **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 34 CFR 303.520, including the assignment of cost participation or sliding fee scales. Families are advised of their rights, opportunities, and responsibilities available to them through mediation, state administrative complaint procedures, and/or impartial due process hearing should they disagree with the determination of ability to pay.**

**Local lead agencies receive Evaluation (Grant-In-Aid) funds to support the costs for initial evaluation and all assessment and re-evaluation services that must be provided at no cost to families. This Grant-In-Aid budget should be used first for these services. If the Grant-In-Aid budget becomes exhausted, local lead agencies should then use EISF to support these services.**

#### PROCEDURES FOR IMPLEMENTATION

Family cost participation only applies to IFSP services that 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 will have no (0%) cost participation for physical therapy services only, because Medicaid covers physical therapy. Cost participation (based on family adjusted income from the completion of the Financial Analysis for Cost Participation Application) 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 Medicaid 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. Private insurance will not cover speech, but will cover physical therapy. Family cost participation applies to speech therapy. BCW is responsible for co-payments and deductibles (up to the Medicaid rate) for physical therapy.
4. A child's IFSP states that occupational therapy is necessary and indicates a number of sessions that exceeds the maximum allowed by the family's insurance (private insurance, Medicaid, or PeachCare). Prior authorization for excess sessions is sought but denied. Family cost participation applies to the occupational therapy sessions that are not covered by public or private insurance.

#### **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 (service or 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 Section 9 of the IFSP.

Other services listed in Section 10 of 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 persons living 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 developmental delay 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 and re-determination of eligibility, or more frequently if the family's needs change or new circumstances arise.

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 of the local lead agency through the completion of the Children with Special Needs Financial Analysis for Cost Participation (see Appendix C). The Children with Special Needs Financial Analysis for Cost Participation application must be completed with every family of an eligible infant or toddler, regardless of Medicaid eligibility status, prior to the development of the IFSP. If families are unable to pay their cost participation, the Financial Analysis for Cost Participation application should be repeated to ensure that the level of cost participation is accurate. If families are unwilling to pay the defined amount of cost participation for IFSP services, they must be notified of their procedural safeguards rights. Services may not be terminated without 10-calendar day written prior notice to the family.

## **F. PAYMENT MECHANISMS**

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

1. Local lead agencies may pay for Early Intervention Services either 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. In order to reimburse providers, 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. However, providers shall only submit invoices for services rendered.

If local lead agencies select this option, quarterly and annual costs must be reported to the state Babies Can't Wait office in accordance with grant-in-aid reporting requirements.

#### **G. PORTABILITY OF THE IFSP**

If a family moves from one local lead agency to another, the IFSP moves with them and continues to be valid and in place for a period not to exceed 45 days. The receiving local lead agency and IFSP team will review the current IFSP and revise based on 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 IFSP 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. WAIVERS**

Expenditure of funds which require a state level waiver are in effect for goods and services funded by EISF which fall outside the parameters and services described in Sections Two and Three of this document. The Early Intervention Coordinator must submit waivers to the State Babies Can't Wait Office with concurrence of IFSP team members.

#### **I. INDIVIDUALIZED FAMILY SERVICE PLANS**

The IFSP process drives *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 minimally reviewed every six months and re-evaluated 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 is required when changes occur in eligibility; funding resources; service delivery (including provider, frequency, intensity); and/or the parent(s)/provider 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.

Local Guidance or Clarification

IFSPs that include justification of the extent, if any, to which early intervention services will not be provided in a natural environment must be submitted to the State Office for Babies Can't Wait for tracking within 10 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 environments. 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.

**Documentation:**

The payor of last resort principle must be followed. IFSPs must document that all resources have been identified and service coordinator progress notes must document that all resources have been exhausted. Early Intervention Coordinators must notify the Babies Can't Wait Project Director, in writing, of systems 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.

The Children with Special Needs Financial Analysis for Cost Participation should be reviewed or updated each time the IFSP is reviewed, or more frequently as the family's needs and/or economic situation changes.

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

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## **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 Support 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 each child eligible....and the needs of the family related to enhancing the child's development.....(34 CFR 303.12(a)(1))*

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. (34 CFR 303.344 (d)(1)(ii)).

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

### **A. ASSISTIVE TECHNOLOGY DEVICES AND SERVICES**

#### **DEVICES:**

IDEA 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 children with disabilities... 20 U.S.C. Chapter 33, (34 CFR 303.12(d)(1), Section 1401 (25)).

**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, tape recorders);
  - 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 IFSP 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 are available.
  
3. Documentation of the Need for Assistive Technology: The necessity and appropriateness for using AT must be documented 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 IFSP 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;
  - e. AT systems that may need to be purchased and possible funding options.

#### **SERVICES:**

**IDEA defines an assistive technology service as “any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. (34 CFR 303.12(d)(1))**

## PROCEDURES FOR IMPLEMENTATION

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

1. Assessment: 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. These findings and recommendations must be reported to the IFSP team. (See BCW Standards and Implementation Manual, Evaluation and Assessment Section - BCW Assistive Technology Prompts.)

Results from AT assessments 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. BCW Assistive Technology Assessment Protocol: There may be situations in which a more in-depth AT assessment is necessary to assist the child's IFSP team in determining essential and appropriate assistive technology such as:
  - a.1 when the IFSP team determines that specific expertise is needed regarding special technology with which they are not familiar;
  - a.2 when the IFSP team does not feel qualified to assess the assistive technology needs of a child;
  - a.3 when the disabilities of the child are such that multiple and/or customized technology systems may be required.

BCW requires that assessment results be reported to the IFSP team using the BCW AT Assessment Protocol. The AT protocol is not designed to dictate how the assessment is completed, but rather to frame the information gathered into a context which is useful for the child's IFSP team. (See BCW Standards and Implementation Manual, Evaluation and Assessment Section).

### **Local Practice Guidance or Clarification**

Individuals who assess children for seating, positioning and mobility devices (i.e., wheelchairs, prone standers) are not required to use the BCW Assistive Technology Protocol. In the case of seating, positioning, and mobility devices, the Local Lead Agency must obtain a second opinion and must submit a waiver request to the State Office for purchase of these devices if the cost is in excess of \$1,000.00.

- b. Qualifications of Evaluators: BCW requires that assistive technology assessments be completed by persons who:
  - b.1 are trained in and have experience using assistive technology successfully when providing developmental instruction to young children with disabilities and their families within the context of natural settings and routines;
  - b.2 meet the professional standards requirements for their discipline which is referenced in the Summary of Professional Requirements in Georgia (see Appendix A); and
  - b.3 shall not directly benefit from the sale of AT devices.
- c. Use of Assistive Technology Recommendations: Specific AT recommendations gained through the assessment process must be documented on the BCW AT Assessment Protocol and forwarded to the child's service coordinator. The service coordinator is

responsible for sharing the results of the assessment with the child's IFSP team. All available information must be considered by the IFSP 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.

2. Acquisition of AT: IDEA requires that AT devices must be made available for children with disabilities. The child's IFSP 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:
    - a.1 a piece of technology is not for life and is constantly changing;
    - a.2 technology in different hands and different situations brings different results; and
    - a.3 children from birth to three are changing developmentally and need to be challenged.
  - b. Loan access may be provided by:
    - b.1 BCW Lending Libraries: Lending Libraries are 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.
      - ❖ Many Lending Libraries allow the child/family to use computer technology in the Lending Library computer lab. The IFSP must also reflect training to the parent/care provider on the use of the equipment. Although computers are not available for loan, adaptive input devices such as switches, switch interfaces, touch screens, expanded keyboards, etc. can be loaned to families to help determine access needs of the child.
      - ❖ 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.
      - ❖ It is recommended that local lead agencies insure devices against theft or loss.
    - b.2 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 IFSP team.
    - b.3 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:
    - c.1 BCW will purchase or lease AT devices when it is determined that:

- c.1-1 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;
  - c.1-2 the administration of the BCW Assistive Technology Assessment Protocol supports the purchase;
  - c.1-3 AT equipment must be highly customized to meet the needs of a specific child;
  - c.1-4 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
  - c.1-5 the item is not easily recyclable.
- c.2. Funding may be provided under the following guidelines:
- c.2-1 Alternative sources (payer 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 funding guide in order to help parents identify other sources of funding.
  - c.2-2 If the local lead agency can document that no other fiscal resources are available, funding assistance from BCW may be requested through the Assistive Technology Waiver Process (see Appendix B). Family cost participation as determined by the Financial Analysis for Cost Participation (see Appendix C) applies.
- c.3 Administrative Waiver Requirements:
- c.3-1 Waiver requests for seating, positioning, and mobility devices must be submitted if the cost is in excess of \$1,000 and must include two opinions/recommendations from qualified professionals.
  - c.3-2 An approved administrative waiver is required to use EISF for the purchase of assistive technology, computer, and therapy equipment to stock or establish a lending library. Generally, this type of purchase is not child specific.
- c.4 When AT and therapy equipment are purchased for the lending library to fulfill an individual child's IFSP, the purchase of these items does not require an administrative waiver. These costs are part of the lending library administrative waiver as discussed in c.3-2. Also, assistive technology purchased for an individual child must be included on the EISF Quarterly Report as AT devices.

**Local Practice Guidance or Clarification**

Purchase of computer technology: Because a computer system alone is not specifically designed to meet the needs of a child with a disability, and in fact, is beneficial to all children, the purchase of a computer is not considered a covered BCW service. Some BCW Lending Libraries offer computer labs for families to use computer technology with young children. It is not the responsibility of BCW to purchase computers for children except in the case of the need for a specialized computer-based communication system.

- 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 children with auditory impairment; 4) provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services; 5) provision of services for prevention of hearing loss; and 6) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. (34 CFR 303.12(d)(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 (use Evaluation and Assessment Grant-In-Aid first).
  - b. Evaluation to determine the range, nature, and degree of hearing loss and communication functions (use Evaluation and Assessment Grant-In-Aid first).
  - 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, licensed professional counselors, 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 303.12(d)(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. Training provided through/under a discipline category (occupational therapy, physical therapy, speech/language therapy, special instruction, psychology, etc.).

#### **Local Practice Guidance or Clarification**

Family training and home visits are incorporated into the "discipline" categories, and must be paid for under the respective discipline, i.e., physical therapy, occupational therapy. This section covers family training that is not otherwise covered within the context of therapy. Training may be provided in individual sessions or small group sessions, and must be included as a strategy on the IFSP designed to accomplish an individual outcome. Some training activities may occur within the context of a therapy session and will be billed under the total charge for the session. If a conference is identified as a strategy necessary to achieve specific outcomes on an IFSP related to a child's development (for example, behavior management techniques for a child who has down syndrome) EISF may be used to cover registration costs for not more than two conferences per fiscal year. Remember that the IFSP will identify a measurement to guide IFSP team members in routinely reviewing each outcome, assessing the individual strategies, and recognizing when an outcome has been met.

## **D. HEALTH SERVICES**

**Health Services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. (34 CFR 303.13(a))**

## 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 that are necessary to prepare a child to receive other early intervention services.
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 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. (34 CFR 303.12(d)(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 IFSP 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 must be paid from the Evaluation and Assessment Grant-In-Aid budget. 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 Evaluation and Assessment Grant-In-Aid budget.

## **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; 2) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and 3) administration of medications, treatments, and regimens prescribed by a licensed physician. (34 CFR 303.12(d)(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 (use Evaluation and Assessment Grant-In-Aid budget first).
  - 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 physician 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. (34 CFR 303.12(d)(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 (use Evaluation and Assessment Grant-In-Aid budget first).
  - b. An individual assessment of feeding skills, feeding problems, including food habits and preferences (use Evaluation and Assessment Grant-In-Aid budget first).

- 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 a child 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. CFR 303.12(d)(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. 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 (use Evaluation and Assessment Grant-In-Aid budget first); 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 environmental adaptation. (34 CFR 303.12(d)(9))**

### ***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. 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 (use Evaluation and Assessment Grant-In-Aid budget first); 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.

## **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. (34 CFR 303.12(d)(10))**

### **Local Practice Guidance or Clarification**

Psychological services include the administration of appropriate and nondiscriminatory psychological and developmental tests and other procedures (use Evaluation and Assessment Grant-In-Aid budget first), 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; 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) 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. (34 CFR 303.12(d)(12))**

### **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 Grant-in-Aid budget or reimbursed by Medicaid, for a Medicaid-enrolled child.

## L. SPECIAL INSTRUCTION

The design of learning environments and activities that promote the child'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 child's individualized family service plan; Providing families with information, skills, and support related to enhancing the skill development of the child; and working with the child to enhance the child's development. (34 CFR 303.12 (d)(13))

### 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. Curriculum planning, including the coordination of people, materials, time, and place is built upon the unique strengths and priorities of the child and family. Curriculum and/or teaching content 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. Work with the family and caregivers to support the child through approaches described above to enhance the child's development and meet outcomes; and
4. Work 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 thorough and unbiased information.

#### **Local Practice Guidance or Clarification**

In order to facilitate the federal requirements of inclusion and natural environments, as well as Part C personnel qualifications for Special Instruction, clinical supervision and direct services may be paid for separately when the Special Instruction is provided in natural environments. For example, an Early Intervention Specialist may be reimbursed to develop the child's special instruction plan and instruct or clinically supervise the Early Intervention Assistant. The Early Intervention Assistant may be reimbursed for the actual time the child receives Special Instruction. This approach facilitates provision of services in natural environments and assures that Special Instruction is developed at the highest professional standard. Please 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. If a program claims to provide a full-day of Special Instruction, the local lead agency only pays for the amount of Special Instruction on the IFSP. The remainder of the care costs is the responsibility of the family or the service provider. 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. (34 CFR 303.12(d)(14)) Speech-language pathology services may also include sign language and cued language services.**

### **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. 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 (use Evaluation and Assessment Grant-In-Aid budget first), 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. (34 CFR 303.12(d)(15))**

### **PROCEDURES FOR IMPLEMENTATION**

1. Examples of Covered Services include 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. 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. (34 CFR 303.12(d)(16))**

**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)**

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**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 negotiated by the local lead agency. One such class of "other" Early Intervention Services is those reflected in the Georgia BCW Service Guidelines for Children with Autism Spectrum Disorders (Appendix D).

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 local lead agency will facilitate reimbursement or directly reimburse 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/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. TRANSLATOR SERVICES**

Part C requires:

1. **Nondiscriminatory Evaluation and Assessment Procedures including administration in the native language or other mode of communication of the parents, unless it is clearly not feasible to do so. (34 CFR 303.323(a)(b))**
2. **Written prior notice must be given to the parents of an eligible child before a BCW agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. The notice must be provided in the native language or other mode of communication of the parents, unless it is clearly not feasible to do so.**

### PROCEDURES FOR IMPLEMENTATION

Funds may be used for translator services for evaluation and assessment purposes, and when necessary for IFSP development, administering procedural safeguards, 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

Early Intervention Services Funds may be used for a period not to exceed 90 days to pay for Early Intervention services (limited to federally required services in Section 9 of the IFSP) pending resolution of disputes regarding responsible payment source or other Part C participation issues for an individual child, and 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.

#### **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**

**Local lead agencies may use funds, when annual allocated budgets can support such functions, to facilitate multidisciplinary team activities (Evaluation Grant-in-Aid may also be used) and/or 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. Funds may be used to support such activities ONLY when district annual allocated budgets can support such activities. Local Lead Agency's must report these activities separately in the quarterly Early Intervention Services Expenditure Report. Examples of such activities could include but are not limited to:

1. paying for attendance at IFSP meetings;
2. providing opportunities for parents to enhance their understanding of services in their natural environments; and
3. 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. Compensation for "no shows" (a District may request a waiver to this exclusion in documented circumstances of extreme provider shortages);
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)**

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### **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) If the good or service is covered by the family's insurance and the family has not given informed, written consent to use their insurance, EISF will be used based on the Children with Special Needs Financial Analysis for Cost Participation.
- 3) Families may not be denied services based on inability to pay. *Ability to pay is determined by the Children with Special Needs Financial Analysis for Cost Participation.*
- 4) 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 in Section 9.

#### **D. NON-NATURAL ENVIRONMENT SETTINGS**

EISF may 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.

#### **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 the Department of Medical Assistance and/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.

# PART I

## EARLY INTERVENTION SERVICES FUNDS (EISF)

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### 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, including travel, shall equal (shall be neither less than, nor greater than) the Medicaid rate if the service is equivalent to a Medicaid service. Early intervention services may be funded through private insurance, HMO/PPO, Medicaid, PeachCare, CMS/Title V, family cost participation, other public or private funding sources, and Part C funds, but the cumulative total reimbursement paid to a provider of services shall not exceed the Medicaid rate for the service.

#### PROCEDURES FOR IMPLEMENTATION

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.

If the service has no Medicaid equivalent, rates should be negotiated based upon the costs of providing the service prior to the delivery of such services, with the following exceptions:

1. Assistive Technology Evaluations/Assessments

There is no specific rate for assistive technology evaluations/assessments. Local lead agencies are authorized to pay the Medicaid evaluation rate (or re-evaluation rate for assessments) for each discipline using the Medicaid rate under which the provider bills for early intervention services (typically Children's Intervention Services program rates).

2. Autism Teams

Service of the Autism Team Consultants will be paid for by the Local Lead Agency requesting the consultant. The reimbursement must come from the Local Lead Agency evaluation and assessment budget. However, if there are no funds available in this budget, a waiver may be requested to utilize the EISF budget. Reimbursement rates are as follows: each consultant involved will be reimbursed at the rate of \$60.00 per hour for face-to-face program planning and/or consultation time, including Telehealth (child must be present). Mileage is reimbursed as described below "Compensation for Travel." Please refer to the BCW Autism Team Guidelines (BCW Standards and Implementation Manual, IFSP Section) for additional information regarding the Autism Teams. See Appendix E – Georgia's Part C/Babies Can't Wait Service Guidelines for Children with Autism Spectrum Disorders for additional reimbursement rates for services provided in compliance with those guidelines.

3. Compensation for Travel

The Babies Can't Wait rate for services, including travel, shall be equal (shall be neither less than, nor greater than) the Medicaid rate if the service is equivalent to a Medicaid service. Effective April 1, 2004, Medicaid rates were determined to be inclusive of travel. No additional fees will be reimbursed for service providers to travel to natural environments to provide Medicaid-covered services, as the Medicaid rates and BCW state rates are all-inclusive. No travel fees or portion of travel fees may be charged to families of children receiving services through Babies Can't Wait. Family cost participation is not applied to travel costs.

Providers of services that do not have a Medicaid equivalent, such as special instruction, may be compensated for travel to the natural environment at the flat rate of \$12.00 per visit.

If the provider (including service coordinators) must travel to the natural environment in excess of 45 miles or one-hour round trip, the local lead agency may pay the State's standard mileage reimbursement rate for travel in excess of 45 miles (beginning after 45 miles are driven), and up to \$20 per hour (\$5.00 per 15 minutes) for routine travel in excess of one hour (beginning after one hour is reached). Consult the local lead agency policy for further clarification regarding excess travel reimbursement.

**Local Guidance or Clarification**

If the excess travel option is used to support travel for Medicaid-enrolled children, the provider must bill Medicaid for the therapy service and the local lead agency for the "excess fee" as described above.

4. Family Training, Counseling, & Home Visits

The Family Training and Counseling rate may be negotiated not to exceed \$70.00 per hour.

5. Special Instruction

The special instruction rate may be negotiated not to exceed the maximum rates as listed below. 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 in Non-Contracted Community Settings: 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:

    EI Specialist . . . . . up to \$35.00/hour\*

Early Interventionist . . . . . up to 35.00/hour\*

\*\*\*EI Assistant . . . . . up to 26.00/hour\*

*These rates do not include 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. 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) for one of the following:

EI Specialist . . . . . up to \$5.00/hour\*

Early Interventionist . . . . . up to 5.00/hour\*

\*\*\*EI Assistant . . . . . up to 4.00/hour\*

Use of a Non-Employee Special Instructor in a Contracted Community Setting

There may be times when a child with more significant disabilities (e.g., autism, severe physical/medical disabilities, etc.) needs additional support in a “contracted community setting” (see page 31) with qualified personnel, in order to be able to successfully transition into the group.

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 Autism Team), prior to including this option in the IFSP.

EI Specialist . . . . . up to \$35.00/hour\*

Early Interventionist . . . . . up to 35.00/hour\*

\*\*\*EI Assistant . . . . . up to 26.00/hour\*

*These rates do not include travel.*

- c. Supervision/Consultation Services: This rate is based upon supervision/consultation requirements of EI Specialists as specified in the BCW Standards and Implementation Manual, Special Instruction Section. These activities are not reflected in the child's IFSP and are a required Local Lead Agency administrative function. Activities include quarterly meetings with Early Interventionists and EI Assistants, identifying appropriate routines and activities, developing special instruction plans, modeling intervention strategies, designing accommodations/supports, and developing progress monitoring systems to assist in modifying the curriculum/physical environment, etc. The individuals providing this service must be BCW staff and/or contractors who meet BCW personnel requirements (see BCW Standards and Implementation Manual, Special Instruction Section) for:

EI Specialist . . . . . up to \$35.00/hour  
*This rate does not include travel.*

- d. Evaluation/Assessment Services: This rate is for evaluation/assessment services as deemed necessary by the local BCW program and the IFSP team (**maximum is four hours**). 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) for one of the following:

EI Specialist. . . . . up to \$35.00/hour\*\*  
 Early Interventionist. . . . . up to 35.00/hour\*\*  
*These rates do not include travel*

\* 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.

Mental Retardation Service Centers

Mental Retardation Service Centers can provide special instruction services only if all of the following conditions are met:

- a. Staff providing special instruction meet BCW personnel qualifications;
- b. Special instruction is provided in the natural environment through routine-based intervention; and
- c. All BCW policies and programmatic requirements are adhered to related to the provision of special instruction.

Local lead agencies may reimburse Mental Retardation Service Centers for non-Medicaid children when the above criteria are met using applicable rates. If, however, the Service Center is providing intervention that does not meet all of the above criteria, this intervention must be listed as "activity therapy" under IFSP Section 10, "Other Services" and is not billable to BCW.

6. 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 is not billable to third party insurance.

# PART I EARLY INTERVENTION SERVICES FUNDS (EISF)

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## 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.*

### POLICY

It was the intent of Congress that third party insurance be used to help pay for early intervention services. 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). Part C cannot require families to access private insurance to cover the costs of early intervention services if a financial cost would be incurred. Financial costs include deductibles, co-payments, increase in premiums, decrease in available lifetime coverage, and/or discontinuation of the policy. (34 CFR 303.520)

Family insurance may only be accessed if:

- A. The family provides written, informed consent.
- B. The family is fully informed and understands the following regarding the use of private insurance for IFSP covered services:
  1. Use of private insurance may result in a cost to the family including deductibles, co-payments, increase in premiums, decrease in available lifetime coverage, and/or discontinuation of the policy.
  2. Families have the following options, 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. The family may give informed, written consent to access insurance for covered IFSP services. BCW will assist in covering co-payments and deductibles per parent choice, which are required by the insurance company for covered IFSP services. In this instance, the family has no cost participation for IFSP services covered by insurance. If insurance coverage lapses or is exhausted, family cost participation applies for any services provided for which there is no longer insurance coverage. Family cost participation is determined through completion of the Children with Special Needs Financial Analysis for Cost Participation.

- b. The family may give informed, written consent to access insurance. If the policy limits the frequency or has a cap on the number of visits, the family will have no cost participation for these partially covered IFSP services. BCW will assist in covering co-payments and deductibles, per parent choice, that are required by the insurance company for covered IFSP services. When insurance coverage lapses or is exhausted, family cost participation applies for any services provided for which there is no longer insurance coverage. Family cost participation is determined through completion of the Children with Special Needs Financial Analysis for Cost Participation.
  - c. The family may give informed, written consent to access insurance. If the policy does not cover IFSP services, regardless of location, the family will be responsible for cost participation for IFSP services that are not covered by insurance, according to the Financial Analysis for Cost Participation. BCW will not assist the family with any deductibles or co-payments on IFSP services that are not covered by insurance.
  - d. 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 Section 10 of the IFSP – Other Services. The family must sign the *Decline Services* form (see BCW Standards and Implementation Manual, Procedural Safeguards Section). The family is responsible for all costs associated with this service.
  - e. The family may deny consent to access insurance for covered IFSP services. BCW will not assist the family with any deductibles or co-payments. The family will be responsible for 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 and the family declines access to insurance for covered IFSP services, the family will be responsible for cost participation, according to the Children with Special Needs Financial Analysis for Cost Participation, for the total cost of IFSP services that would have been covered by Medicaid or private insurance. BCW will not assist the family with any deductibles or co-payments.

#### 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 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. If a family has private insurance, the state required Consent/Decline Private Insurance form (Appendix C) must be completed. If a family's cost participation changes, 10-calendar day written prior notice must be given to the family using the Prior Notice form.

**PART I**

**EARLY INTERVENTION SERVICES FUNDS (EISF)**

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**SECTION SEVEN: DEPARTMENTAL RESPONSIBILITIES**

**A. ADMINISTRATION**

Location of Funds - Within the Department of Human Resources (DHR), the Division of Public Health is responsible for oversight and statewide administration of EISF.

**B. REPORTING**

The State Division 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;
3. Cost data including total funds expended, and expenditures by service category.

**C. TECHNICAL ASSISTANCE AND TRAINING ACTIVITIES**

The Division 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 Division of Public Health manages the Waiver Process for goods and services that are not covered by this policy. The Division 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 Division 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 IFSP team members.

Waivers for respite care may be submitted when determined to be necessary and when all other funding resources have been exhausted.

Respite includes intermittent and periodic care of the infant or toddler designed to enable parent(s) to participate or receive other early intervention services in order to meet the

outcomes on a child's IFSP and is not intended to serve as child-care or baby-sitting assistance in ordinary circumstances. (OSEP correspondence dated 03/13/03)

While the service coordinator may assist the family to identify respite providers, the hourly rate of the provider selected by the family will determine the number of hours the family is able to purchase. The business transaction for respite services must be between the family and the provider. Child care (day care) and medical nursing care will not be covered as respite care. While respite may be provided by a nurse or LPN for some children with complex medical conditions, DO NOT use respite care approved through the waiver process as a way to provide long-term or ongoing respite, or home duty, on-going nursing services. Other resources must be located to cover these services since they are medical in nature and beyond the scope of responsibility of Part C and *Babies Can't Wait*. Respite care for siblings, except in emergency circumstances specifically related to the needs of the Babies Can't Wait eligible child, is not covered. Respite care provided by a family member is also not covered.

**PART I**

**EARLY INTERVENTION SERVICES FUNDS (EISF)**

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**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 administration of EISF.

The local Area Board of Health 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. The Board of Health shall adhere to the contents of this document including the Children with Special Needs Financial Analysis for Cost Participation.

**B. BUDGETS**

The Board of Health is responsible for monitoring EISF. In so doing, the Board 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 regulated by the Program Annex to the Master Agreement.

**C. EARLY INTERVENTION COORDINATOR**

The local lead agency's Early Intervention Coordinator is the coordinator for EISF. The Early Intervention Coordinator performs administrative tasks for the program and supervises service coordinators for families participating in the program.

**D. GRIEVANCES/APPEAL PROCESS**

Families who are denied EISF, whose EISF are discontinued, 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 must submit programmatic and expenditure data for quarterly reports as required by the Division. 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 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 is responsible for maintaining all financial records including service vouchers/purchase orders; records must be maintained according to DHR policy in an easily accessible place for monitoring/auditing purposes.

**G. CONTRACTS**

The Board of Health is responsible for finalizing contracts with providers prior to the initiation of early intervention services. The Board of Health is responsible for submitting the Contract Approval Form to the Babies Can't Wait Project Director for approval prior to execution of each contract. Please see the Master Agreement for the Contract Approval Form. All qualified contracted providers who agree to provide services in the child's natural environments must be included on the local lead agency Service Provider Matrix.

## **PART II OTHER FISCAL POLICIES**

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### **A. POLICY FOR SERVICE COORDINATION**

#### **1. Denial of Service Coordination Claims:**

**The local lead agency shall not reimburse service coordination claims that have been denied by the Department of Medical Assistance (D.M.A.). Service coordinators must be advised of this policy prior to delivering services.**

#### **PROCEDURES FOR IMPLEMENTATION**

D.M.A. 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. This affects both public and private sector service coordination claims.

#### **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. Needed services that may be funded by Children's Intervention Services (CIS) can only continue under a physician plan for Medicaid-enrolled children.**

**Service coordination activities must be billed to Medicaid for Medicaid-enrolled children and billed to the local lead agency for children not enrolled in Medicaid (funded from the Local Lead Agency service coordination budget). 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 CO-TREATMENT**

**In order to use EISF for co-treatment or co-visits, both therapists must be present and active the entire session in the child's natural environment. Billing must only reflect each therapist's direct interaction with the child and his/her caregiver (parent, teacher, etc.). Interdisciplinary teamwork must be evident from the**

therapist's case notes, and co-treatment must be necessary in order for the family to support the child in achieving developmental outcomes. Documentation on case notes should also include activities discussed and/or demonstrated that enhance the knowledge of each team member involved in the co-visit, as well as how this knowledge was shared with the family/caregiver for use during functional daily routines. Services provided through co-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 and to enhance the family's capacity to support their child's participation in family and community activities and routines. 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 co-treatment sessions. If these criteria do not apply, EISF shall not be used. *More than one therapist shall not bill Children's Intervention Services for the same session of service. Co-treatment shall not be billed to the local lead agency for children in a setting other than the child's natural environment unless the IFSP team can clearly document that the child cannot meet developmental outcomes in the natural environment.*

#### PROCEDURES FOR IMPLEMENTATION

If co-visits are determined to be necessary by the IFSP team, the following procedures must apply:

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Agreement. Thus, the health districts function as the Local Lead Agency 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 (34 CFR 303.12) 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 DHR 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. Service coordinators must explain the service provider Service Provider Matrix to families and the implications of choosing certain providers before the family makes a choice. **Service coordinators may assist families in reviewing the Service Provider Matrix, but must not recommend or refer families to specific providers.**

#### **D. POLICY FOR FINANCIAL ANALYSIS FOR COST PARTICIPATION**

The Children with Special Needs Financial Analysis 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 and EFSP statewide. Activities include identification of all resources available to a family to implement the IFSP. The Financial Analysis for Cost Participation application (Appendix C) will be collected prior to the development of the IFSP to ensure that families are fully informed of their financial commitment. The Financial Analysis application must be reviewed at IFSP review meetings and when a service coordinator and/or family recognizes a change in financial status. The application must be completed by the service coordinator and the family.

“Ability to Pay” is determined through the use of the Children with Special Needs Financial Analysis for Cost Participation. The Children with Special Needs Financial Analysis for Cost Participation will be applied to all Early Intervention and Family Support Services prescribed in a child’s IFSP with the exception of service coordination and any evaluation/assessment services that are determined necessary by the IFSP team. These two services are available at no cost to families.

If a family has more than one child enrolled in Babies Can’t Wait, the cost participation rate is discounted by 5% for each additional child. For example: A family’s cost participation is 10% and they have twins enrolled in the program. The cost participation for the first child is 10%, the rate for the second child is 5%, and 0% for the third child, if they had a third child in the program.

Visual verification of income documents by the service coordinator is required and must be documented on the Financial Analysis application. File copies of income documents are not required. The Children with Special Needs Financial Analysis 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.

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

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*The guidance provided in Part III is intended for use by Districts to support the implementation of a Primary Coach 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. Districts may choose to pay for some activities outlined in this Section and not to pay for others in order to ensure that they operate within their program budget. Maximum allowable rates are provided in this section; Districts may need to negotiate rates below the maximum allowable rates in order to ensure that they operate within their program budget.*

### **A. Criteria for Use of Policies Outlined in Part III:**

- 1. Multidisciplinary Team participation in Coaching Institute 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 primary coach model of service delivery with families of infants and toddlers enrolled in Babies Can't Wait; (It is expected that teams who have participated in Coaching Institutes will begin working with families in accordance with the Primary Coach model within a reasonable time following completion of the Institute).**
- 4. Additional teams, beyond the initial District core 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, including travel, shall equal (shall be neither less than, nor greater than) the Medicaid rate if the service is equivalent to a Medicaid service. Early intervention services may be funded through private insurance, HMO/PPO, Medicaid, PeachCare, CMS/Title V, family cost participation, other public or private funding sources, and Part C funds, but the cumulative total reimbursement paid to a provider of services shall not exceed the Medicaid rate for the service.

#### **Team Meetings:**

Payment for attendance at team meetings in accordance with guidance provided and/or overseen by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers specifically related to the implementation of a primary coach model of service delivery shall not exceed \$50 per hour per team member.

Service coordinators must not be reimbursed for participation in team meetings if they are documenting their participation in such meetings as ancillary service coordination contacts in order to bill Medicaid or Babies Can't Wait for service coordination. If service coordinators DO NOT document participation in team meetings as ancillary contacts in order to fulfill requirements for billing Medicaid or Babies Can't Wait, then they may receive reimbursement for participation in team meetings.

#### **IFSP Meetings:**

Payment for participation at IFSP meetings in accordance with guidance provided and/or overseen by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers specifically related to the implementation of a primary coach model of service delivery shall not exceed \$50 per hour (not to exceed 2 hours per IFSP meeting).

Service coordinators must not be reimbursed for participation in and facilitation of IFSP meetings, a core service coordination function.

#### **Completion of Coaching Logs:**

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.

#### **Attendance at Inservice/Training Sessions made mandatory by the State or District BCW Agency:**

Payment for attendance at inservice/training sessions that are made mandatory by the State or District BCW Agency and provided by BCW State Office Staff and/or BCW contracted Training/Technical Assistance providers, related to the implementation of a primary coach model of service delivery shall not exceed \$200.00 per day. In addition, expenses may be reimbursed if overnight travel is required.

#### **Early Intervention Session Rate:**

In some circumstances, the primary coach will be unable to bill third party payment sources for the provision of early intervention supports to a family and child because of the focus of the intervention and the absence of an appropriate billing code. In those situations, the primary coach will bill Babies Can't Wait at the established early intervention session rate that shall not exceed \$65.00 per hour. The early intervention session rate must not exceed the established Babies Can't Wait rate for the discipline (i.e., physical therapist, occupational therapist, speech/language pathologist, special instructor) who is submitting billing. The established

*Babies Can't Wait rate is the Medicaid rate if the service is equivalent to a Medicaid service or the appropriate rate for non-Medicaid services as specified in the BCW Fiscal Policies and District provider contracts.*

During the provision of co-visits, the primary coach and the co-visiting team member will determine, in each situation for each child and family, who would be most appropriate to bill the applicable third party payment source(s) and who would bill Babies Can't Wait. Billing to Babies Can't Wait will be at the early intervention session rate that shall not exceed \$65.00 per hour. Determination of which team member bills Babies Can't Wait and which bills for third party payment must be based upon the focus of early intervention for that child and family.

#### **Co-Visits:**

In order to bill for co-visits, both professionals must be present and active the entire session in the child's natural environment. Billing must only reflect each professional's direct interaction with the child, the child's caregiver (parent, teacher, etc.), and/or the other professional who is present. **Co-Visits refer to the time that a team member, other than the primary coach, is engaged in direct contact and interaction with the primary coach and the child and family or primary caregiver. The purpose of co-visits or joint visits is to provide coaching for/to the primary coach so that he/she will have increased confidence and competence to support the family/care provider related to their child and the IFSP outcomes.**

Interdisciplinary teamwork must be evident from the primary coach's and co-visitor's case notes, and co-visits must be necessary in order for the primary coach to support the family and the child in achieving developmental outcomes. Documentation on case notes should also include activities discussed and/or demonstrated that enhance the knowledge of each team member involved in the co-visit, as well as how this knowledge will be used to develop the capacity of the family/caregiver to support the child during functional daily routines. Services provided through co-visits must be designed to enhance the primary coach's capacity to support the caregivers to promote the child's participation in family and community activities. 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 co-visits.

*More than one therapist shall not bill Children's Intervention Services for the same session of service. Co-visits shall not be billed to the local lead agency for children in a setting other than the child's natural environment unless the IFSP team can clearly document that the child cannot meet developmental outcomes in the natural environment.*

*The primary coach and the co-visiting team member will determine, in each situation for each child and family, who would be most appropriate to bill the applicable third party payment source(s) and who would bill Babies Can't Wait at the early intervention session rate, based upon the focus of early intervention for that child and family. Determination of which team member bills Babies Can't Wait and which bills for third party payment must be based upon the focus of early intervention for that child and family.*

#### **"Bundled" Rates for Services:**

*Districts may alternately choose to define and contract with providers in accordance with a "bundled" rate of service. Bundled Rates shall not exceed \$1250.00 per month. Contracts with providers accepting a "bundled" rate must include specific and reasonable expectations outlining what is expected and included in the agreed-upon rate. Minimally, bundled rates*

*Bundled rates should include, but may not be limited to attendance and participation in at least weekly team meetings, participation in initial/annual/6 month review/ and ongoing IFSP meetings, and attendance at inservice/training sessions made mandatory by the State or District BCW agency.*

*In addition, if a District defines bundled rates to include provision of face-to-face supports to children and families in accordance with a primary coach model of service delivery, individual team members must not also bill third party resources; the District should bill all applicable third party resources to the maximum extent appropriate to offset bundled rate costs to the District.*

*If a District defines bundled rates as all activities EXCEPT provision of face-to-face supports to children and families in accordance with a primary coach model of service delivery, team members may directly bill all applicable third party resources to the maximum extent appropriate for services provided.*

**C. BILLING TO THIRD PARTY PAYMENT SOURCES:**

**To the maximum extent appropriate, all third party sources, including but not limited to private insurance, TriCare, PeachCare, and Medicaid, should be billed for early intervention provided in accordance with a primary coach model of service delivery and in accordance with payor of last resort requirements contained in this document (See Part I, Section 6).**

**D. UNAUTHORIZED USES OF EISF TO SUPPORT A PRIMARY COACH MODEL OF SERVICE DELIVERY INCLUDE THE FOLLOWING:**

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. Compensation for "no shows" (a District may request a waiver to this exclusion in documented circumstances of extreme provider shortages);
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);
5. Waiving or "forgiving" family cost participation.

**E. FAMILY COST PARTICIPATION IN A PRIMARY COACH MODEL OF SERVICE DELIVERY:**

**When families consent to access insurance, insurancense TDomsi321 0 docu Tw (ance, in**

**The Children with Special Needs Financial Analysis 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. (See Part II, Section D) Families have the following options that will impact the determination of their cost participation for BCW supports and services provided in accordance with a primary coach model of service delivery. 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 primary coach and co-visiting team members.**

- a. The family may give informed, written consent to access insurance for covered IFSP services. In this instance, the family has no cost participation for IFSP services provided in accordance with a primary coach model of service delivery, regardless of the discipline that is assigned as the primary coach for the family.
- b. The family may give informed, written consent to access insurance. If the policy limits the frequency or has a cap on the number of visits, the family has no cost participation for IFSP services provided in accordance with a primary coach model of service delivery, regardless of the discipline that is assigned as the primary coach for the family, during the time period in which IFSP services would be covered. When the time period in which IFSP services would be covered by insurance lapses or is exhausted, family cost participation applies for any services provided for which there is no longer insurance coverage. This applies whether or not the insurance coverage is billed for payment. This also applies regardless of which discipline is assigned as the primary coach. For example: physical therapy is a covered service for 30 sessions per year. A speech-language pathologist is assigned as the primary coach. She does not bill insurance, but family cost participation will apply after 30 sessions (the amount of PT that would be covered by insurance) of early intervention have been provided.
- c. The family may give informed, written consent to access insurance. If the policy does not cover IFSP services, regardless of location, the family would be responsible for their assigned cost participation for IFSP services provided in accordance with a primary coach model of service delivery, regardless of the discipline that is assigned as the primary coach for the family.
- d. The family may deny consent to access insurance for covered IFSP services. The family would be responsible for their assigned cost participation for IFSP services provided in accordance with a primary coach model of service delivery, regardless of the discipline that is assigned as the primary coach for the family.
- e. If the child is enrolled in Medicaid as well as private insurance and the family declines access to insurance for covered IFSP services, the family would be responsible for their assigned cost participation for IFSP services provided in accordance with a primary coach model of service delivery, regardless of the discipline that is assigned as the primary coach for the family.

**Examples to Support Implementation:**

*(Examples 1-5 do not directly correspond to policy statements A-E above)*

Example 1:

Johnny and his family are being supported by a BCW team. Johnny is covered by private insurance and his family has a 20% cost participation. Johnny's insurance plan covers physical and occupational therapy. Patti, the physical therapist, is Johnny's family's primary coach and she is supporting them in helping Johnny learn to tell them what he wants. Susie, the speech-language pathologist, is making four co-visits to coach Patti in teaching the family some simple signs. Patti bills the BCW District office the hourly early intervention session rate for all her visits. Susie bills the BCW District office the Medicaid rate for the appropriate code since speech services are not covered under Johnny's insurance plan. The family has no cost share since PT and OT services are covered by the plan and they allowed access to their insurance.

Example 2:

Rachel and her family are receiving support from a BCW team. Rachel is covered by private insurance and Medicaid and her family has a 15% cost participation. Her insurance plan covers physical therapy. Ellen, the early intervention specialist, is the primary coach. Ellen bills the District BCW office the special instruction rate for each visit. The family has no cost share since PT is covered by their insurance and they allowed access to their insurance.

Example 3:

Talik and his family are being supported by a BCW team. Talik's family's priority is for him to be able to eat dinner at the table with his family when they visit his grandparents each weekend. Terry, the occupational therapist, is providing support to the family related to positioning and feeding. Talik is covered by private insurance but his family has denied access to their insurance. They have a 25% cost participation. During the first month, Terry visits the family six times and Susie, the speech-language pathologist, co-visits twice to observe for possible aspiration. Terry bills the District BCW office the Medicaid rate for the four visits he made alone and the early intervention session rate for the two co-visits. Susie bills the District BCW office the Medicaid rate for the two coaching visits. Talik's family pays 25% of the cost of all visits, including what is billed by both Terry and Susie during co-visits, since they have denied access to their insurance.

Example 4:

DeMarco and his family are being supported by a BCW team. When DeMarco was initially eligible for BCW, his family identified positioning as a priority to enable him to more fully participate in family routines and activities. DeMarco's insurance plan covers physical and speech therapy. Steve, the physical therapist, was initially assigned as the primary coach for DeMarco and his family. Steve billed his visits to DeMarco's insurance for payment. At DeMarco's annual IFSP, his family felt they had made significant progress and identified new priorities related to DeMarco being able to express himself to interact with his family and caregivers. Because the family and DeMarco had bonded to Steve, everyone agreed that he would continue as the primary coach. Jennifer, the speech-language pathologist, agreed to make one co-visits each week for the first 6-8 weeks in order to coach Steve in supporting the family to promote DeMarco's communication development. Steve bills the BCW District office the hourly early intervention session rate for all his visits. Jennifer bills the family's insurance for the covered speech services. The family has no cost share since PT and ST services are covered by the plan and they allowed access to their insurance.

Example 5:

Emily and her family are being supported by a BCW team. Emily has private insurance that covers up to 25 sessions of physical therapy and her family agreed to allow BCW to access their private insurance. The family has a cost participation of 10%. Emily's family's priority is for her to play with her friends at childcare. Her primary coach is Jane, the Early Intervention Specialist. Jane will bill BCW the early intervention specialist rate for the first 25 sessions and the family will not have a cost share since PT services are covered by their insurance and they allowed access to their insurance. After the 25 sessions have been exhausted, her family will be responsible for 10% of the cost of each session.

# **APPENDICES**

- A. Personnel Qualifications & Federal List of Part C Qualified Personnel**
- B. Waiver Process/Hearing Aid Authorization Guidelines**
- C. Financial Analysis for Cost Participation Application & Insurance Consent Form  
BCW008 Declining to Complete Financial Analysis for Cost Participation Form**
- D. BCW Service Guidelines for Children with Autism Spectrum Disorders (DPHP001-08)**

**Appendix A - SUMMARY OF PROFESSIONAL REQUIREMENTS IN GEORGIA**

PROFESSION/DISCIPLINE	LICENSURE REQUIREMENT	EDUCATIONAL BACKGROUND	PROFESSIONAL EXAMINATION	
			Yes	No
Audiologist	X	Masters Degree	X	
Behavior Specialist, Sr. (Psy)		Masters Degree		X
Counselor	X	Masters w/4 Years Post Masters	X	
Early Intervention Coordinator		Masters Degree or Equivalent*		X
Early Intervention Specialist		Masters Degree*		X
Early Interventionist		Bachelors Degree*		X
Early Intervention Assistant		High School Diploma or Equivalent*		X
Family Therapist	X	Masters Degree	X	
Human Service Provider, Sr. (Social Worker)		Masters Degree		X
Nurse – Licensed/Registered	X	BSN or 3 year hospital or 2 year assoc. degree prog.	X	
Nurse – Licensed/Practical	X	1 year approved course of study	X	
Dietitian – Registered	X	Bachelors Degree + 900 Post Graduate Practice hrs.	X	
Occupational Therapist	X	Bachelors Degree	X	
Occupational Therapist Assistant	X	Associate Degree	X	
Optometrist	X	Doctorate	X	
Orientation/Mobility Specialist	Voluntary National Certification	Masters Degree		X
Physical Therapist	X	Bachelors Degree	X	
Physical Therapist Assistant	X	Associate Degree	X	
Physician, including Ophthalmologists	X	Completion of MD plus internship	X	
Physician Assistant	X	Approved training program	X	
Psychologist	X	Doctorate Degree	X	
Service Coordinator		Bachelors Degree*		X
Social Worker	X	Masters Degree	X	
Speech-Language Pathologist	X	Masters Degree	X	
Speech-Language Pathologist Aide	Registration	High School Diploma or Equivalent		X

\*See Georgia's 3-Year State Plan Application for accepted field of study.

**Appendix A - FEDERAL LIST OF PART C QUALIFIED PERSONNEL**

1. Audiologists
2. Family Therapists
3. Nurses
4. Registered Dieticians
5. Occupational Therapists
6. Orientation and Mobility Specialists
7. Physical Therapists
8. Pediatricians and other Physicians
9. Psychologists
10. Social Workers
11. Special Educators
12. Speech and Language Pathologists
13. Vision Specialists, including Ophthalmologists and Optometrists

## Appendix A PERSONNEL REQUIREMENTS FOR SPECIAL INSTRUCTION

Personnel who are responsible for special instruction may be employed or contracted in accordance with a three-tier model. The *Early Intervention Specialist* position requires a masters degree in child development, early childhood education, early childhood special education or special education, **and** two years experience providing service to or teaching children with disabilities (birth-6) and their families. This professional will provide specialized instruction, supervise Early Intervention Assistants in performing their duties and consult with Early Interventionists based on review of special instruction program planning and implementation\*. The *Early Intervention Specialist* must attend and complete training in the Level II training modules developed by the Lead Agency within two years of employment and or contracting with the Babies Can't Wait System.

The *Early Interventionist* must hold a bachelors degree in education, child development, pediatric nursing, psychology, social work or another directly related field **and** have a minimum of two years of professional experience providing service to children and families and/or in the administration of a service delivery program for children and families or children's health. The *Early Interventionist* may hold a masters degree in education, child development, pediatric nursing, psychology, social work or other closely related field with related field experiences. The *Early Interventionist* will also be required to attend training to complete the Level II training modules developed by the Lead Agency within two years of employment and or contracting with the Babies Can't Wait System. This professional will provide specialized instruction with consultation by the Early Intervention Specialist.

The *Early Intervention Assistant* must hold at least a high school diploma or G.E.D. **and** within two years of employment and or contracting with the Babies Can't Wait System must complete the Level I training modules developed by the Lead Agency. The *Early Intervention Assistant* will provide specialized instruction under the clinical supervision of the Early Intervention Specialist as described in the BCW Standards and Implementation Manual.

\* *Level II personnel may be exempt from SCEIs training based on passage of the PRAXIS **Special Education: Preschool/Early Childhood examination (test code 0690)** with a **minimum score of 570**.*

### **Continuing Education Requirements:**

The following are the continuing education requirements for service coordinators, early intervention specialists, early interventionists, and early intervention assistants, regardless of licensure/certification:

- *Level I Personnel:* Level I refers to personnel who do not have at least a bachelor's degree in an early intervention discipline. Level I personnel are required to have ten (10) contact hours of continuing education specific to young children (birth to eight) and their families every year; five (5) of these hours must be specific to young children with disabilities and/ or their families. All continuing education offerings must be documented with Project SCEIs within 45 calendar days of completion.

*Level II Personnel:* Level II refers to personnel who have at least a bachelor's degree in an early intervention discipline. Level II personnel are required to have twenty (20) contact hours of continuing education specific to young children (birth to eight) and their families every TWO years; ten (10) of these hours must be specific to young children with disabilities and/ or their families. All continuing education offerings must be documented with Project SCEIs within 45 calendar days of completion.

- These continuing education requirements go into effect for an individual on July 1 after he/she has completed all six SCEIs modules (or has successfully passed the PRAXIS II Test). For example, if a Level I person completes the six SCEIs modules in October 2003, the first year of continuing education requirement would begin on July 1, 2004, and he/she would need to complete the ten required hours by June 30, 2005. For a Level II person, after completing all six SCEIs modules (or passing the PRAXIS) in October 2003, he/she would have until June 30, 2006 to complete the 20 hours of approved continuing education. The second time period for continuing education requirement would begin July 1, 2005 (Level I) and July 1, 2006 (Level II).

## **Appendix B**

### **WAIVER PROCESS - EARLY INTERVENTION SERVICES FUNDS**

The State Babies Can't Wait Office manages the Waiver Process for Early Intervention Services Funds (EISF). The local lead agency submits the attached form in addition to the child's complete individualized family service plan (IFSP) to the State Babies Can't Wait Office. The form is completed by the Early Intervention Coordinator (or his/her designee) and must be signed by the Early Intervention Coordinator.

Upon receipt of all requested/required information and documentation, waivers are reviewed and decisions made within 10 working days. The State Office contacts the local lead agency by telephone within one working day after the decision is made. Written confirmation is sent to the local lead agency within two working days.

The Babies Can't Wait Office retains the right to administratively deny a waiver request that does not meet the requirements described in this policy. The Babies Can't Wait Office also retains the right to administratively approve requests that address general program implementation issues.

#### **Assistive Technology Waivers:**

A parallel waiver process is in place for the purchase of assistive technology devices. In some rare circumstances, it might be necessary to purchase a device for a family to own rather than loan the device (See Section on Assistive Technology). In addition to the information described above, local lead agencies must submit all evaluation information related to assistive technology, documentation of payor of last resort, and appropriate sections of the IFSP.

**Appendix B**  
**Waiver Request for Early Intervention Services Funds**

**Waiver Request # \_\_\_\_\_ (Assigned by the State Office)**

**IDENTIFYING INFORMATION:**

Date:

Health District:

Staff Contact:

Phone:

Child's Name:

Child's DOB: \_\_\_/\_\_\_/\_\_\_

Early Intervention Coordinator Signature:

---

**PARENT(S):**

Name:

Name:

Address:

Telephone #: (Home)

(Work)

**REQUEST IS TO WAIVE: (CHECK ONE)**

- ? Pre-Authorized List of Goods and Services
- ? Assistive Technology Loan Policy
- ? Other (Explain)

Justification: must detail the following: 1) why the particular requested waiver should be granted based on the needs of the child/family; 2) what is the intended impact of the requested waiver on the child/family; 3) describe the relationship of proposed use of funds to the IFSP outcome; 4) describe all attempts to access other resources (individual/family, state, and community resources) prior to submitting this waiver request; and 5) list the attached documentation (including relevant sections of the IFSP) which supports justification. (*Assistive Technology waivers must include evaluation information.*)

<u>List Item(s)/Service(s)</u>	<u>Cost Per Unit</u>	<u>Parent %</u>	<u>Total Cost</u>
1)	\$ _____	\$ _____	\$ _____
2)	\$ _____	\$ _____	\$ _____
3)	\$ _____	\$ _____	\$ _____
<b>TOTAL COST TO THE PROGRAM (ALL ITEMS)</b>			<b>\$ _____</b>

---

State Babies Can't Wait Office Disposition

Approved                       Disapproved

By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

## **Appendix B**

### **BCW HEARING AID AUTHORIZATION GUIDELINES**

Attach the following information to the Waiver Request Form:

1. Every hearing aid(s) recommendation must be from a Georgia licensed audiologist.
2. The recommended (traditional) instrument(s) must include the brand names, and model with specific information regarding its warranty.
3. The recommended instrument(s) must be clinically evaluated and compared to other appropriate standard (traditional) instruments "insitu"- aided in sound field.
4. The recommended instrument(s) should always demonstrate a significant performance above the non-recommended instruments used in the hearing aid evaluation.
5. When "non-traditional" instruments, i.e., programmable hearing aids, are recommended, actual aided speech discrimination scores and/or aided speech awareness thresholds must show at least 10% or 10 dB improved aided scores in sound field as compared to the standard (traditional) hearing aids.
6. "Non-traditional" instruments will only be considered if it is demonstrated that the child is unable to achieve his IFSP developmental outcomes with traditional instruments and such outcomes are realistic and appropriate.

Other factors such as the child's learning environment, family's involvement in use of the hearing aids, and the history of the care and maintenance given to previous hearing aids should be considered.

Any questions can be referred to the State Universal Newborn Hearing Program Consultant, Akilah Heggs, at (404) 463-2192.

## Appendix C: Children with Special Needs (CSN) Financial Analysis Form

The CSN Financial Analysis Form must be completed prior to the development of the initial and annual IFSP for Babies Can't Wait eligible children and at the time of admission to the program and annually for Children's Medical Services eligible children. In addition, this application must be completed when the family's financial situation changes and/or per parent request.

Child's Legal Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check (0) all programs child is currently enrolled in:**

- ? Medicaid #: \_\_\_\_\_
- ? PeachCare for Kids #: \_\_\_\_\_
- ? Babies Can't Wait
- ? Children's Medical Services
- ? High Risk Infant Follow-Up
- ? Health Insurance Coverage

	<b>Primary Family Health/ Insurance Plan</b> (% covered for specific services, if known)	<b>Secondary Family Health/ Insurance Plan</b> (% covered for specific services, if known)
<b>Carrier/Address</b>		
<b>Policy/Program Number</b>		
<b>Enrolled Family Member/Employee</b>		
<b>Phone #</b>		

1. Number of people in family:		
2. Household (Gross) Earned <b>Monthly</b> or <b>Yearly</b> Income (see Appendix C, page 7-8): \$ (Circle monthly or yearly)		
Unearned Income Amount	Sources of Unearned Income (see Appendix C, page 7-8) (State specific source and if monthly, annual, one-time)	
3. \$		
4. \$		
5. \$		
6. \$		
7. Total <b>Monthly</b> or <b>Yearly</b> Income: Add lines # 2 through 6 \$ (Circle monthly or yearly)		
<p><b>List below the average monthly or yearly "out of pocket" extraordinary expenses that are related specifically to the child's disability:</b> <i>(Identify specific purchases, expenses, modifications, and alterations that family members <b>have made</b> within the previous month or year to accommodate the extended/additional needs of the child's disability. Extraordinary expenses <b>cannot</b> include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses.)</i> (See Appendix C, page 9)</p>		
<b>Expense</b>	<b>Cost</b>	<b>Description of Costs</b>
8. Child Care Special Costs (Difference)	\$	
9. Materials, Supplies		
10. Equipment		
11. Medical/Health		
12. Medications		
13. Special Food Supplements		
14. Transportation/Parking		
15. Other - list specifics:		
16. Add lines # 8 - 15 for total <b>Monthly</b> or <b>Yearly</b> Extraordinary Expenses: \$ (Circle monthly or yearly)		
17. Subtract line # 16 from line # 7: \$ = <b>Adjusted Family Income</b> (Circle monthly or yearly)		
<p><b>18. Babies Can't Wait:</b> Using Adjusted Family Income from line #17 and # of family Members from line # 1, determine % of family cost participation using the Cost Participation Scale (see Appendix C, pages 4-5).</p> <p style="text-align: right;">Family Cost Participation = %</p>		

**19. Children's Medical Services:**

To determine family cost participation, use the following formula:

If line #17 is monthly, multiply Adjusted Family (monthly) Income x 12 = Adjusted Family Income  
 (Adjusted Family Income – Baseline) x .10 = Annual Cost Participation

Note: CMS Baseline is 150% of Federal Poverty Level. (See Appendix C, page 6)

Family Cost Participation = \$

**VERIFICATION:** (Only one form of verification is required.) CSN Staff or designee (i.e., service coordinator, care coordinator) must visually verify one of the three documents below for each parent. The document(s) verified must be those that illustrate the most accurate estimate of the family's total gross income. Total gross income must be written in the box below.

<b>2 Most Recent Payroll Slips</b>	OR	<b>Income Tax Return From Previous Year</b>	OR	<b>W2 Form from Previous Year</b>
\$		\$		\$

I verify that all information above is true and correct.

		/ /
Printed Name of Parent	Signature of Parent	Date
		/ /
Printed Name of CSN Staff/Designee	Signature of CSN Staff/Designee	Date

**Babies Can't Wait:**

I understand that Babies Can't Wait reserves the right to modify Fiscal Policies at any time and will modify Fiscal Policies at least annually, to be effective July 1<sup>st</sup> of each calendar year. I understand that I will receive at least 10 calendar days written notice of any change in policy that will affect my child and/or family.

My service coordinator has explained the financial obligations of third party resources that may be available for the cost of my child's IFSP services. In addition, I understand that my family is responsible for \_\_\_\_% of the cost of my child's IFSP services.

**Children's Medical Services:**

CMS has explained to me the financial obligations of third party resources that may be available for the cost of my child's services. I understand that my family is responsible for \$\_\_\_\_\_/year of the cost of my child's services.

I agree/disagree (please circle) to this assignment of cost participation.

		/ /
Printed Name of Parent	Signature of Parent	Date
		/ /
Printed Name of CSN Staff/Designee	Signature of CSN Staff/Designee	Date
		/ /
Printed Name of BCW/CMS Coordinator	Signature of BCW/CMS Coordinator	Date

**BABIES CAN'T WAIT  
EARLY INTERVENTION SERVICES FUNDS  
(Pages 4 & 5 are used for determination of cost participation for Babies Can't Wait only)  
COST PARTICIPATION SCALE  
200% of POVERTY**

Income		Family Size								
		1	2	3	4	5	6	7	8	9
Annual	19,140	0	0	0	0	0	0	0	0	0
Monthly	1,595	0	0	0	0	0	0	0	0	0
Weekly	368	0	0	0	0	0	0	0	0	0
Annual	25,660	5	0	0	0	0	0	0	0	0
Monthly	2,138	5	0	0	0	0	0	0	0	0
Weekly	493	5	0	0	0	0	0	0	0	0
Annual	32,180	10	5	0	0	0	0	0	0	0
Monthly	2,682	10	5	0	0	0	0	0	0	0
Weekly	619	10	5	0	0	0	0	0	0	0
Annual	38,700	15	10	5	0	0	0	0	0	0
Monthly	3,225	15	10	5	0	0	0	0	0	0
Weekly	744	15	10	5	0	0	0	0	0	0
Annual	45,220	20	15	10	5	0	0	0	0	0
Monthly	3,768	20	15	10	5	0	0	0	0	0
Weekly	870	20	15	10	5	0	0	0	0	0
Annual	51,740	25	20	15	10	5	0	0	0	0
Monthly	4,312	25	20	15	10	5	0	0	0	0
Weekly	995	25	20	15	10	5	0	0	0	0
Annual	58,260	30	25	20	15	10	5	0	0	0
Monthly	4,855	30	25	20	15	10	5	0	0	0
Weekly	1,120	30	25	20	15	10	5	0	0	0
Annual	64,780	35	30	25	20	15	10	5	0	0
Monthly	5,398	35	30	25	20	15	10	5	0	0
Weekly	1,246	35	30	25	20	15	10	5	0	0
Annual	71,300	40	35	30	25	20	15	10	5	0
Monthly	5,942	40	35	30	25	20	15	10	5	0
Weekly	1,371	40	35	30	25	20	15	10	5	0
Annual	77,820	45	40	35	30	25	20	15	10	5
Monthly	6,498	45	40	35	30	25	20	15	10	5
Weekly	1,497	45	40	35	30	25	20	15	10	5
Annual	84,340	50	45	40	35	30	25	20	15	10
Monthly	7,028	50	45	40	35	30	25	20	15	10
Weekly	1,622	50	45	40	35	30	25	20	15	10
Annual	90,860	55	50	45	40	35	30	25	20	15
Monthly	7,572	55	50	45	40	35	30	25	20	15
Weekly	1,747	55	50	45	40	35	30	25	20	15
Annual	97,380	60	55	50	45	40	35	30	25	20
Monthly	8,115	60	55	50	45	40	35	30	25	20
Weekly	1,873	60	55	50	45	40	35	30	25	20
Annual	103,900	65	60	55	50	45	40	35	30	25
Monthly	8,658	65	60	55	50	45	40	35	30	25
Weekly	1,998	65	60	55	50	45	40	35	30	25
Annual	110,420	70	65	60	55	50	45	40	35	30
Monthly	9,202	70	65	60	55	50	45	40	35	30
Weekly	2,123	70	65	60	55	50	45	40	35	30

Income		1	2	3	4	5	6	7	8	9
Annual	116,940									
Monthly	9,745	75	70	65	60	55	50	45	40	35
Weekly	2,249									
Annual	123,460									
Monthly	10,288	80	75	70	65	60	55	50	45	40
Weekly	2,374									
Annual	129,460									
Monthly	10,788	85	80	75	70	65	60	55	50	45
Weekly	2,490									
Annual	136,500									
Monthly	11,375	90	85	80	75	70	65	60	55	50
Weekly	2,625									
Annual	143,020									
Monthly	11,918	95	90	85	80	75	70	65	60	55
Weekly	2,750									
Annual	149,540									
Monthly	12,462	100	95	90	85	80	75	70	65	60
Weekly	2,876									
Annual	156,060									
Monthly	13,005	100	100	95	90	85	80	75	70	65
Weekly	3,001									
Annual	162,580									
Monthly	13,548	100	100	100	95	90	85	80	75	70
Weekly	3,127									
Annual	169,110									
Monthly	14,092	100	100	100	100	95	90	85	80	75
Weekly	3,252									
Annual	175,620									
Monthly	14,635	100	100	100	100	100	95	90	85	80
Weekly	3,377									
Annual	182,140									
Monthly	15,178	100	100	100	100	100	100	95	90	85
Weekly	3,503									
Annual	188,660									
Monthly	15,722	100	100	100	100	100	100	100	95	90
Weekly	3,628									
Annual	195,180									
Monthly	16,265	100	100	100	100	100	100	100	100	95
Weekly	3,753									
Annual	201,700									
Monthly	16,808	100	100	100	100	100	100	100	100	100
Weekly	3,879									

**Children's Medical Services  
COST PARTICIPATION SCALE  
150% of Poverty**

Examples of CMS Cost Participation

All Families must complete a CSN Financial Analysis Form to determine eligibility and to determine if they will be cost participating. Clients and their families at 150% of Federal Poverty Level or below do not cost participate. The formula used for all clients for the CMS Program will be their adjusted family income - 150% (baseline for cost participation) x 0.10. The resulting number will be the amount that the client and family will pay out of pocket during the year.

Example # 1 - A family of three with an adjusted family income of \$57,881 and has a child on a Medicaid Waiver is over the maximum income level of 236% (\$37,972):

$$\$57,881 - \$24,135 \times 0.10 = \$3,374/\text{year}$$

This means that this family must pay out of pocket \$3,374 during the year.

Example # 2 - A family of two with an adjusted family income of \$30,000 and has a child on a Medicaid waiver is over the maximum income level of 236% (\$30,279):

$$\$30,000 - \$19,245 \times 0.10 = \$1,075/\text{year}$$

This means that this family must pay out of pocket \$1,075 during the year.

Example # 3 - A family of two with an adjusted family income of \$19,000 has a child on Medicaid is not over the maximum income level of 236% (\$30,279):

$$\$19,500 - \$19,245 \times 0.10 = \$25/\text{year}$$

This means that this family must pay out of pocket \$25 during the year.

<b>CMS FY 2005 FINANCIAL PARTICIPATION RANGE</b>			
<b>Family Size</b>	<b>2005 Federal Poverty Guideline</b>	<b>CMS Base 150% of Federal Poverty Guideline</b>	<b>CMS Maximum 236% of Federal Poverty Guideline</b>
1	\$9,570.00	\$14,355.00	\$22,585.00
2	\$12,830.00	\$19,245.00	\$30,278.00
3	\$16,090.00	\$24,135.00	\$37,972.00
4	\$19,350.00	\$29,025.00	\$45,666.00
5	\$22,610.00	\$33,915.00	\$53,359.00
6	\$25,870.00	\$38,805.00	\$61,053.00
7	\$29,130.00	\$43,695.00	\$68,746.00
8	\$32,390.00	\$48,585.00	\$76,440.00
For each additional person, add \$3,260			

## Guidelines for Completion of CSN Financial Analysis Form

### Definitions:

**Family** – a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered to be members of one family.

### Resources Included as "Income"

**(Line #2) Earned Income (Prior to Deductions)** means the receipt by an individual or any property or service that can be applied, either directly or by sale or conversion, to meeting basic needs. It can include:

**Wages** – Earnings received in exchange for work performed as an employee, including armed services pay, tips, commissions, piece rate payments, advances of wages/salary, vacation pay, overtime, sick pay, strike benefits, contract employment, and cash bonuses. When a parent is out of the home because of military assignment, only that portion of his/her gross income that is allocated to the family as income will be considered.

**Net Earnings from Self-employment** – gross receipt minus expenses from one's own business. Gross receipts equals the value of all goods and services rendered. Expenses include the cost of goods purchases, wages and salaries paid, business taxes, and business expenses including rent, heat, light, and power.

**Severance funds** – money received from an employer upon termination from employment.

**Unemployment Compensation** – money received from government unemployment insurance agencies or private companies during times of unemployment and any strike benefits received from union funds.

**Worker's Compensation** – money received periodically from private or public insurance companies for injuries incurred at work; the cost of the insurance must have been paid by the employer and not the employee.

**(Line #3-6) Unearned Income (Prior to Deductions)** is an income that is not earned, and may be related to a prior work or service. It can include:

**Annuities, pensions and other periodic payments**

**Alimony** – money paid by a spouse pending or after a legal separation or divorce

**Capital Gains** – proceeds from the sale of capital goods or equipment, reported as capital gains for tax purposes; includes items such as real estate, securities, machinery, etc., held as an investment for a set period of time. A capital gain is realized when the item(s) sold have appreciated in value from the original purchase price.

**Child Support payments** – maintenance allowance paid by the absent parent

**Dividends** – a share of profits received by a policyholder or shareholder

**Interest** – income received on investments

**Military Allotments** – payment received by a family unit member who is a dependent/spouse of a military staff member

**Royalties** – shares or proceeds from the sale or performance of work or from the rights to use inventions or services

**Rental Income** – money received on property owned and rented to others

**Boarder Income** – direct payments for food and related shelter expenses

**Roomer Income** – direct payments for room only

**Retirement/Pension** – a sum of money paid regularly as a retirement benefit

**Death benefits** – a sum of money paid as a result of another's death, such as proceeds from life insurance policies, lump sum death benefits from Social Security Administration, Veterans Administration burial benefits, inheritances in cash or kind, Railroad burial benefits, or cash or in-kind gifts to cover expenses related to the death.

**Prizes and awards** – including but not limited to lottery payments (sum of money received as a result of purchasing a winning ticket in a game of chance; divide the amount of money anticipated to be received by the number of months in a certification period)

**Gifts & Inheritances**

**Trust Fund** – monies in a trust that are distributed, including any dividend that is reinvested in the Trust

**Support and maintenance in kind**

**Veterans benefits** – includes pensions or benefits paid to a retired veteran; also includes money paid periodically by the Veteran’s Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called refunds paid to ex-servicemen as GI insurance premiums.

**Social Security payment to parent, guardian, or child**

**Employment-related housing assistance**

**Resources NOT Included as Earned or Unearned Income:**

1. Temporary Assistance to Needy Families (TANF) cash assistance
2. Supplemental Security Income (SSI) (Title XVI)
3. Value of Food Stamps or coupons under Food Stamp Act of 1977, Sec. 1301 of P.L. 95-113 (91 Stat. 968, 7 U.S.C. 2017 (b)).
4. Value of federally donated foods distributed under Sec. 32 of P.L. 74-320 (49 State. 774) or Sec. 416 of the Agriculture Act of 1949 (63 Stat. 1058, 7 CFR 250.6 (e)(9)).
5. Value of free or reduced price of food for women and children under:
  - a. Child Nutrition Act of 1966 Sec. 11(b) of P.L. 89-942 (80 Stat. 889, 42 U.S.C. 1780(b) and Sec. 17 of that Act as added by P.L. 92-433-(86 Stat. 729, 42 U.S.C. 1786); and
  - b. National School Lunch Act, Sec. 13(h)(3), as amended by Sec. 3 of P.L. 90-302 (92 Stat. 119, U.S.C. 1761(h)(3)).
6. Housing and Assistance:
  - a. Assistance to prevent fuel cut-offs and to promote energy efficiency under the Emergency Energy Conservation Services Program or the Energy Crisis Assistance Program as authorized by Sec. 222(a)(5) of the Economic Opportunity Act of 1964, as amended by Sec.5(d)(1) of P.L. 93-644 and Sec. 5(a)(2) of P.L. 95-568 (88 Stat. 2294 as amended, 42 U.D.S. 2809(a)(5)).
  - b. Home energy assistance payments or allowances under Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, as amended (42 U.S.C. 8624(f)).
  - c. Value of any assistance paid with respect to a dwelling unit under:
    1. The United States Housing Act of 1937;
    2. The National Housing Act;
    3. Sec. 101 of the Housing and Urban Development Act of 1965; OR
    4. Title V of the Housing Act of 1949.
7. Education and Employment:
  - a. Grants or loans to undergraduate students made or insured under programs administered by the Secretary of Education under Sec. 507 of the Higher Education Amendments of 1968, P.L. 90-575, (82 Stat. 1063)
  - b. Any wages, allowances or reimbursement for transportation and attendant care costs when received by an eligible individual with a disability(s) employed by a project under Title VI of the Rehabilitation Act of 1973 as added by Title II of P.L. 95-602 (92 stat. 2992, 29 U.S.C. 795(b)(c)).

- c. Student financial assistance for attendance costs received from a program funded in whole or in part under Title IV of the Higher Education Act of 1965, as amended, or under Bureau of Indian Affairs student assistance programs if it is made available for tuition and fees normally assessed a student (includes purchase or rental of equipment, materials, supplies and miscellaneous personal expenses if attending the institution on a least a half-time basis (determined by the institution) under Section 14 (27) of P.L. 100-50, the Higher Education Technical Amendments Act of 1987 (20 U.S.C. 1087 uu.)
8. Native Americans:
- a. Generally all revenue from Alaska Native Claims Settlement, Indian Claims Commission or the Court of Claims, Indian tribal revenue, (e.g. Blackfeet, Gros Ventre, Papago, Ottawa, Yakima, Apache, Wyandot, Shawnee, Miami Tribe of Oklahoma, Clallam Tribe, Chippewa Indians, Confederated Tribes of Warm Springs Reservation, Assiniboine Tribes, Pueblo, Shoshone and Arapahoe, Maine Indian Land Claims Act recipients, Seneca Nation).
9. Other Revenue To Be Excluded:
- a. Compensation provided volunteers in foster grandparents program, similar programs, and others under the Domestic Volunteer Service Act of 1973 (87 Stat. 409,413) as amended by P.L. 96-143; (93 Stat. 1066); 42 U.S.C. 5044(g) and 5058).
  - b. Any assistance to an individual (other than wages or salaries) under the Older Americans Act of 1965, as amended by Sec. 102(h)(1) of P.L. 95-478 (92 Stats. 1515,42 U.S.C. 3020a).
  - c. Amounts paid as restitution to certain individuals of Japanese ancestry and Aleuts for losses suffered during World War II.
  - d. Payments made on or after January 1, 1989 from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.) under P.L. 101-201 (103 Stat. 1795) and section 10405 of P.L. 101-239 9103 Stat. 2489).
  - e. Payments made under section 6 of the Radiation Exposure Compensation Act, P.L. 101-426 (104 Stat.925, 42 U.S.C. 2210).

**Foster Children**

Income of foster parents/family should not be considered when completing the Financial Analysis for Cost Participation for children in foster care in Georgia. The Financial Analysis for Cost Participation should be based upon the child's income and resources.

## **Extraordinary Expenses**

Extraordinary expenses are those average monthly or yearly "out of pocket" expenses that are related specifically to the child's disability. **Deductibles might include** specific purchases, expenses, modifications, and alterations that family members **have made** within the previous month or year to accommodate the extended/additional needs of the child's disability. If a family reports monthly income in line #2, extraordinary expenses should be reported for the most recent month; If a family reports yearly income in line #2, extraordinary expenses should be reported for the previous twelve months. Extraordinary expenses **cannot** include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses. Extraordinary expenses **cannot** include out of pocket expenses for anticipated services or any expense for which CMS and/or BCW funds have been requested to assist in paying for the same products and services.

### **Allowable Extraordinary Expenses**

#### Child Care Special Costs:

Any cost for child care that is above and beyond the usual and customary/average costs of child care for a child without special needs being cared for in the same manner, in a similar setting (community-based child care, home/family child care, etc.) or by a comparable provider. Only the difference between what is charged for the child with special needs and charges for typical children may be deducted.

#### Materials/Supplies:

Expenses for materials and/or supplies may be deducted if they are specifically needed and utilized due to the child's special needs and if the family has paid out of pocket to purchase such items.

#### Equipment:

Expenses for equipment may be deducted if it is specifically needed and utilized due to the child's special needs and if the family has paid out of pocket to purchase such items.

#### Medical/Health:

Expenses for medical/health care, included but not limited to fees for medical tests/procedures, appointments with medical specialists, and bills for hospitalizations, may be deducted if they are specifically related to the child's special needs and if the family has paid out of pocket for such services.

#### Medications:

Expenses for medications may be deducted if they are specifically needed and utilized due to the child's special needs, prescribed by a physician or practitioner, and if the family has paid out of pocket to purchase such medications. Over the counter medications and prescriptions for routine treatment such as but not limited to common colds, ear infections, etc. are not deductible.

#### Special Food Supplements:

Expenses for special food supplements may be deducted if they are specifically needed and utilized due to the child's special needs, prescribed by a physician or practitioner, and if the family has paid out of pocket to purchase such items.

#### Transportation/Parking:

Expenses for transportation and/or parking may be deducted if required to access services or care specifically related to the child's special needs and if the family has paid out of pocket for such services. Transportation and/or parking expenses incurred while accessing services such as routine pediatric care are not deductible.

#### Other:

Other expenses that might be deducted include but are not limited to catastrophic illness or long term care insurance coverage, specialized dental care that might be needed due to craniofacial anomalies, specialized or orthotic shoes, environmental or vehicle modifications, etc. These expenses must be specifically needed and utilized due to the child's special needs and paid for out of pocket by the family. Health insurance premiums that would be purchased for a child for basic medical care coverage are not deductible. Routine pediatric dental care is not deductible.

**Babies Can't Wait  
Use of Private Insurance - Consent/Decline**

The use of private insurance may result in a cost to your family including deductibles, co-payments, increase in premiums, decrease in available lifetime coverage, and/or discontinuation of the policy. Babies Can't Wait (BCW) requires your informed, written consent to use your private insurance to assist in paying for early intervention services.

? **Consent to Use Private Insurance:**

I understand that BCW will be responsible for co-payments and deductibles for covered IFSP services. I further understand that my family will not have cost participation for these covered IFSP services.

I understand that if my private insurance policy limits the frequency or has a cap on the number of visits, that my family will have no cost participation for these partially covered IFSP services. When insurance coverage is exhausted, my family will be responsible for cost participation for these services. BCW will assist in covering co-payments and deductibles that are required by the insurance company for these covered IFSP services.

In addition, I understand that if my private insurance does not cover IFSP services, my family will be responsible for cost participation for IFSP services according to the Financial Analysis for Cost Participation. BCW will not assist my family with any deductibles or co-payments on IFSP services that are not covered by insurance.

I give my informed consent for BCW service providers to use my private insurance for covered IFSP services. I understand that I may reconsider this decision at any time prior to \_\_\_\_\_, the end date of my child's current IFSP, by calling my service coordinator at \_\_\_\_\_.

_____	_____	____/____/____
Printed Name of Parent	Signature of Parent	Date
_____	_____	____/____/____
Printed Name of Service Coordinator	Signature of Service Coordinator	Date

? **Decline Use of Private Insurance:**

I understand that BCW will not be responsible for any co-payments or deductibles. I also understand that my family will be responsible for cost participation for all IFSP services according to the Financial Analysis for Cost Participation.

I further understand that if my child is enrolled in Medicaid and also has private insurance, my family will be responsible for cost participation, according to the Financial Analysis for Cost Participation, for IFSP services that would have been covered by Medicaid or private insurance.

I do not give my informed consent for BCW service providers to use my private insurance for covered IFSP services. I understand that I may reconsider this decision at any time prior to \_\_\_\_\_, the end date of my child's current IFSP, by calling my service coordinator at \_\_\_\_\_.

_____	_____	____/____/____
Printed Name of Parent	Signature of Parent	Date
_____	_____	____/____/____
Printed Name of Service Coordinator	Signature of Service Coordinator	Date

**Babies Can't Wait  
DECLINING TO COMPLETE FINANCIAL ANALYSIS FOR COST PARTICIPATION**

Child's Name \_\_\_\_\_

- I understand that my child is eligible for the Babies Can't Wait (BCW) Program and has a right to early intervention services in accordance with an Individual Family Service Plan (IFSP).
- I understand that, by declining to provide my income information to the BCW Program, I am assuming full financial responsibility for all early intervention costs that may be incurred during the course of my child's enrollment in BCW, with the exception of BCW evaluation and assessment activities, service coordination, Individualized Family Service Plan development and monitoring, and procedural safeguards protections, which are provided at no cost to all families of eligible infants and toddlers.
- I understand that should my private insurance deny payment for early intervention services listed on the IFSP, BCW will not be liable for payment of these services. This includes deductibles and co-pays.
- I understand that I may re-consider this decision at any time prior to the end date of my child's current IFSP by contacting my service coordinator at \_\_\_\_\_ and completing the Children with Special Needs Financial Analysis Form.
- I understand that if at a later date I provide my financial information for cost participation, any expenses incurred prior to this financial analysis will not be covered.

My signature below indicates that I do not choose to complete the Children with Special Needs Financial Analysis Form at this time.

_____	_____	____/____/____
Printed Name of Parent	Signature of Parent	Date
_____	_____	____/____/____
Printed Name of Parent	Signature of Parent	Date
_____	_____	____/____/____
Printed Name of Service Coordinator	Signature of Service Coordinator	Date

I have received a copy of my rights under Part C of IDEA (Notice of Infant/Toddler and Family Rights under BCW booklet) along with this notice. These rights have been explained to me and I understand them.

_____	_____	____/____/____
Printed Name of Parent	Signature of Parent	Date

Attachment: *Notice of Infant/Toddler and Family Rights under Babies Can't Wait*  
Effective 09/01/02

BCW008