

CHAPTER 1100 - FISCAL POLICIES/SYSTEM of PAYMENT/REIMBURSEMENT

1100.1 - INTRODUCTION

Babies Can't Wait (BCW) is Georgia's comprehensive, coordinated, statewide, interagency service delivery system for infants and toddlers, birth thru 2 years of age, who have developmental delays, and their families. The program is established under Part C of the Individuals with Disabilities Education Act (IDEA), as amended. Family-centered care and family empowerment are important concepts in IDEA. Through participation in Babies Can't Wait, families are assisted in identifying and accessing resources that may be available to them. Equipped with information, families become more effective advocates for themselves and their children.

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

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

1100.2 – SYSTEM OF PAYMENTS POLICY

The purpose of Babies Can't Wait Fiscal Policies is to establish and define the state's system of payments as federally required under Part C of IDEA §303.521. This policy document establishes procedures for funding services to eligible children and families, defines the funding hierarchy for Part C Early Intervention services and establishes procedures for access and utilization of BCW funds in order to ensure payor of last resort.

A. Services Provided at No Cost to Eligible Children/Families

BCW funds are used to support federally required Early Intervention Services when no other resources are available. All services must be attached to specific strategies related to achieving individual outcomes on the Individualized Family Service Plan

(IFSP). All strategies are recorded in the IFSP (see IFSP Policy).

Services that must be made available and provided to families and children at no cost include:

1. Child find
2. Evaluation and/or assessment activities
3. Service coordination services
4. Activities related to procedural safeguards
5. Development, review, and evaluations of IFSPs and interim IFSPs;
6. All Part C services when the parent of family meets the State's definition of inability to pay (§303.521 (a)(4)(ii), (b), and (c)).

B. Services Subject to the Funding Hierarchy

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

1. Assistive technology
2. Audiology
3. Family training and counseling and home visits
4. Health services (does not include a medical device that is surgically implanted or replacement of such device)
5. Medical Services (diagnostic)
6. Nursing
7. Nutrition
8. Occupational therapy
9. Physical Therapy
10. Psychological services
11. Service Coordination
12. Social Work
13. Special Instruction
14. Speech-Language Pathology
15. Transportation services
16. Vision services

C. Policy Revision Statement

Policy revisions will be necessary from time to time due to changes in federal and State Laws and Department of Public Health's guidelines. When such revisions are made to the policy manual, they will be initially redlined in the body of the draft document, with the date of the change denoted in the left boarder next to the change. The effective date of the revision will be contingent upon review and approval by the Office of Special Education Programs (OSEP), pending the public notice and comment period or as specified by the notice itself. Providers are responsible for complying with the policy change provisions as of the effective date(s).

1100.3 – SECTION 1: GENERAL POLICIES

The purpose of this section is to describe policies and parameters for the use of Babies Can't Wait (BCW) services funds.

A. Babies Information and Billing System (BIBS)

The BCW program has a web-based data and centralized billing system. The Babies Information and Billing System (BIBS) will accept, authorize and adjudicate claims, render payment to private providers and house BCW billing and claims information for the BCW program. The Case Management module will house *all* child and family information, including the Individualized Family Service Plan (IFSP) and associated activities. The Provider module will house provider payment and billing information.

B. “Chase and Pay” Provider Payment Process

The provider payment process will be offered through a “chase and pay” method. The “chase and pay” method is a method in which providers submit claims to the appropriate fund source (private insurance, Medicaid, CMOs) independently.

1. Providers must submit coordination of benefits information into BIBS for claims as appropriate.
2. Providers may seek reimbursement through BIBS for the difference in payment from private insurance only up to the established BCW rate from the program by filing a claim in BIBS. Providers must have the capability to scan and upload the “Explanation of Benefits” (EOBs) to verify that the claim was submitted and denied or reimbursed at a lower rate in order to receive reimbursement from BCW as payor of last resort.
3. **Providers are never to share their login and password with anyone.**

Early Intervention services may only be provided by professionals who have a signed contract with the state lead agency prior to delivery of services. The local or state lead agency will not authorize the use of funds to pay providers for services that were rendered prior to having a contract in place. All contractors must meet personnel requirements described in the Personnel policy.

All service providers must obtain prior authorizations and plans of care if applicable **and original signed parent vouchers for each service rendered**. This documentation must be maintained in the provider’s child record. At least twice per year local lead agencies must perform child record audits to review supporting documentation.

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

C. Use of BCW Funds

1. Use of BCW funds is based upon an appropriately developed IFSP, developed by the Primary Service Provider (PSP) team (which includes the parents.) The IFSP must be designed to ensure that eligible infants and toddlers receive 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.

2. BCW funds 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. Justification must be time-limited and must include plans for timely transition of services to the child's natural environment(s). Justifications are not to be used in order to continue provision of services in non-natural environment settings for the duration of an IFSP and/or a child's eligibility for BCW.
3. BCW funds are used to implement strategies on a child's IFSP when other means and/or resources are not available. Allowable expenditures are defined in the section entitled Authorized Goods and Services. These funds reflect a coordination of all existing resources (local, state, federal, other public, private, and fees) and serve as a payor of last resort. BCW funds may only be used after ALL other resources have been identified and accessed.

Local Practice Guidance or Clarification

BCW funds 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 BCW funds are either committed through the IFSP process, or actually used to reimburse or otherwise pay for an early intervention service. "At No Cost" early intervention services (service coordination, evaluation and assessment, IFSP development, and procedural safeguards) will not be suspended based on a family's inability to pay as determined by completion of the Babies Can't Wait Financial Analysis form. Part C (Babies Can't Wait) is the payor of last resort, therefore the provider with consent will seek reimbursement from public and private insurance and other State agency or third party funding mechanisms to cover these services prior to billing Babies Can't Wait for the service rendered. However, if a family is determined able to pay by completion of the Babies Can't Wait Financial Analysis form, the family is assigned a family cost participation. Failure to document the procedures used by the local lead agency to identify and access other fund sources may result in an audit finding and subsequent recovery of state or federal funds. Documentation of other resources must be located in the IFSP meeting minutes. Identification of other potential resources should be included in the IFSP and researched through resource coordination activities with the family by the Service Coordinator. Documentation that other resources have been investigated, or that these funds are exhausted, must be included in the local BCW Early Intervention client record. The child's legal name (name on birth certificate) and the name listed on the Medicaid or insurance card must be documented on the IFSP, the Cost Participation Analysis form and the benefits tab in BIBS.

D. 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. Services that must be made available and provided to families and children at no cost include child find, evaluation and/or assessment activities, service coordination services, administrative and coordinative activities related to procedural safeguards and the development, review, and evaluations of IFSPs and

interim IFSPs and all Part C services when the parent or family meets the State's definition of inability to pay (§303.521(a)(4)(ii), (b), and (c)). Families participate in a process that identifies their ability to pay, pursuant to Title 34 CFR §303.521 , including the assignment of cost participation or sliding fee scales. Part C (Babies Can't Wait) is the payor of last resort, therefore the provider with consent will seek reimbursement from public and private insurance and other State agency or third party funding mechanisms to cover these services prior to billing Babies Can't Wait for the service rendered. Families are advised of their rights, opportunities, and responsibilities available to them through mediation (Title 34 CFR §303.431), state administrative complaint procedures, and/or impartial due process hearing should they disagree with the determination of ability to pay (Title 34 CFR §303.13(a) (3) Early Intervention Services).

If a family is determined unable to pay by completion of the Babies Can't Wait Financial Analysis form and assigned a 0 percent family cost participation, all Part C services will be provided at no cost to the child and family.

Licensed therapists completing evaluations and assessments for eligibility to the BCW program must bill Medicaid and CMO, if applicable, with consent. Evaluations completed after the eligibility process must be billed to the appropriate funding source, with consent. BCW funds are available to support the costs for an evaluation when parents have not given consent to use their private insurance or to disclose the child's personally identifiable information for public insurance.

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

PROCEDURES FOR IMPLEMENTATION

The Babies Can't Wait Financial Analysis form must be completed by all families in order to determine their ability or inability to pay for early intervention services. If families choose not to complete the Babies Can't Wait Financial Analysis form then the family will assume 100 percent family cost participation if their public or private insurance does not pay for the service. Family cost participation only applies to IFSP services which are **not covered** by third-party fund sources (e.g., Medicaid, PeachCare for Kids, Children's Medical Services, private insurance, etc.). For example:

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

applies to speech therapy. BCW is responsible for copayments and deductibles (up to the BCW rate) for physical therapy.

E. Private Insurance and the Natural Environment

Parental consent must be obtained when the local EI program seeks to use the family's private insurance to pay for EI services in the IFSP and each time consent is required due to a change in frequency, length, duration, or intensity. All BCW families are provided a copy of the Fiscal Policies (System of Payments) document when providing consent for use of private insurance to pay for Part C services. If a family provides consent to access private insurance, but the insurance company will not cover the IFSP service(s) in natural environments, then the family will be responsible for their cost participation for the service(s) as determined on the Children and Youth with Special Health Care Needs Financial Analysis form.

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

If the family gives written consent to access private insurance and the insurance company will not cover the service(s), regardless of the location, then family cost participation applies to these non-covered IFSP services according to the Babies Can't Wait Financial Analysis form. Families will not be charged more than the actual cost of the Part C service factoring in any amount received from other sources for payment for that service (§303.521 (a)(4)(iii)). Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance. If a family wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, the family may do one of the following:

1. Participate in mediation in accordance with §303.431
2. Request a due process hearing under §303.436 or §303.441, whichever is applicable.
3. File a State complaint under §303.434.
4. Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny that parent's procedural rights under this part, including the right to pursue, in a timely manner, the redress options listed above.

Families are not required to sign up or enroll in public benefits or insurance programs as a condition of receiving Part C services. Consent must be obtained prior to using public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program.

All Babies Can't Wait Families are informed of these Procedural Safeguards options by receiving a copy of the Fiscal Policies (System of Payment) document.

Consent is required for the use of public benefits or insurance to pay for Part C services that would:

1. Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
2. Result in the child's parent paying for services that would otherwise be covered by the public benefits or insurance program;
3. Result in any increase in premium or discontinuation of public benefits or insurance for that child or that child's parents; or
4. Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures (§303.520(a) (2) (ii)). If the parent does not provide consent for use of public insurance or benefits when required under 34 CFR §303.520 (a)(2)(ii), the State must still make available those Part C services on the IFSP to which the parent has provided consent (§303.520 (a)(2)(iii)).

F. Use of Public Insurance (Medicaid)

In order for the BCW program to use Medicaid to pay for Part C services, the program must obtain parental consent to disclose a child's personally identifiable information to the State agency responsible for administering the State's public benefits or insurance program for billing purposes only. A parent has the right to withdraw their consent to disclosure of personally identifiable information to the State agency responsible for administration of the State's public benefits or insurance program at any time. This consent will be obtained by completion of the Disclosure of Personally Identifiable Information for Public Benefits, which is in the Babies Can't Wait Financial Analysis form. Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance. All BCW families are provided a copy of the Fiscal Policies (System of Payment) document when seeking consent for use of Personally Identifiable Information for Public Benefits.

Families are not required to sign up or enroll in public benefits or insurance programs as a condition of receiving Part C services. BCW will not enroll families in public benefits or insurance and BCW will not use public benefits or insurance to pay for Part C services for families that are not already enrolled in those programs.

Consent is required for the use of public benefits or insurance to pay for Part C services that would:

1. Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
2. Result in the child's parent paying for services that would otherwise be covered by the public benefits or insurance program;
3. Result in any increase in premium or discontinuation of public benefits or insurance for that child or that child's parents; or
4. Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures. (§303.520 (a) (2) (ii)).

Consent must be obtained prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program.

Federal Regulations

If the parent does not provide consent for use of public insurance or benefits when required under 34 CFR §303.520 (a)(2)(ii), the State must still make available those Part C services on the IFSP to which the parent has provided consent (§303.520 (a)(2)(iii)).

The parent also has the right under §303.414 to withdraw their consent to disclosure of personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) at any time.

G. Procedural Safeguards for Billing

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. Families will not be charged more than the actual cost of the Part C service factoring in any amount received from other sources for payment for that service (§303.521 (a)(4)(iii)). Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

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

The provider is responsible for obtaining prior authorization for the service and maintaining all required documentation needed for authorizations and entering a claim into BIRS. **Provider must start services by the 45th day whether they have obtained the prior authorization or not unless there is a documented parent delay reason.**

- The Provider must seek to obtain the prior authorization for at least 45 days prior to beginning services with the child/family.
- Provider must show documentation of continued effort to obtain prior authorization, including dates.
- The provider can seek payment from the BCW program if they were unable to obtain an authorization after 45 days with documentation of due diligence.
- Provider must inform the Service Coordinator and the EIC of any challenges with obtaining the prior authorization.
- Providers must complete a parent signed voucher documenting the service was rendered and must maintain this documentation in the provider records. Local programs will be required to perform audits for financial supporting documentation. In addition, DPH will conduct fiscal audits and the provider must provide all requested documentation within 10 business days from the request.

H. Utilization of Available Resources

The priorities for use of BCW funds 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 BCW funds are used while other fund sources are being accessed, or during conflict resolution to identify fund sources, the 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 and reimburse BCW for any payments from third-party pay sources within 30 days of receipt of payment.

I. Authorized Goods and Services

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

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

J. Eligibility for BCW Service Funds

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

Cost participation for individual families will be determined once the child is determined eligible for Babies Can't Wait. The assessment of cost participation may only be made by the local lead agency. Eligibility for BCW service funds is based upon the completion of the Children with Special Health Care Needs Financial Analysis for Cost Participation (referenced in this document) with each family. Families will not be charged more than the actual cost of the Part C service factoring in any amount received from other sources for payment for that service (§303.521 (a)(4)(iii)). Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

The Children and Youth with Special Health Care Needs Financial Analysis (CYSCN) is completed at least annually in conjunction with the evaluation of the IFSP, or more frequently if the family's needs change or new circumstances arise. If a family wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, the family may do one of the following:

1. Participate in mediation in accordance with §303.431.
2. Request a due process hearing under §303.436 or §303.441, whichever is applicable.
3. File a State complaint under §303.434.
4. Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny that parent's procedural rights under this part, including the right to pursue, in a timely manner, the redress options listed above.

K. Payment Mechanisms

BCW funds may be used to provide early intervention services in the following manner:

1. BCW will render payments for all billable Early Intervention services directly to the provider or as direct reimbursement to the family based upon the payment provisions as set forth and agreed to within the IFSP in accordance with the policies of and contract with the lead agency.
2. Contracts must be finalized and signed prior to initiation of services.

L. Portability of the IFSP

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

If a family moves to Georgia with an active IFSP from a Part C program in another state, the receiving local lead agency and PSP team will treat the child as a new referral to the Part C system in Georgia, completing intake, evaluation and assessment (unless any accompanying evaluations/assessments meet Georgia's requirements), determination of eligibility, and IFSP development within the 45 day timeline.

M. Individualized Family Service Plans

The IFSP process drives the services provided through Babies Can't Wait as the family's road map to services. All contracted service providers are required to use and follow the IFSP (see 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 as well as 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. This should be documented in the IFSP meeting minutes. An IFSP may contain a variety of resources, both requiring and not requiring reimbursement, depending upon the strategies and family's eligibility for various programs. The IFSP is reviewed at least every six months and annually. However, specific outcomes may be reviewed more frequently as family or child priorities change.

An IFSP review meeting and/or consensus of the family and the PSP team is required when changes occur in: funding resources; service delivery (including frequency, intensity, duration); and/or the parent(s)/provider(s) request a meeting.

The local lead agency is responsible for ensuring 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 BCW funds with the estimated duration of need;
3. Parent signatures on the IFSP indicating his/her 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;

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 BCW service funds. Services will not be delayed or denied based on inability to pay.

IFSPs that include justification of the extent, if any, to which early intervention services will not be provided in a natural environment must be entered into BIBS. Justification **must be time-limited** and **must** include plans for timely transition of services to the child's natural environment(s). Justifications are not to be used in order to continue provision of services in non-natural environment settings for the duration of an IFSP and/or a child's eligibility for BCW.

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

1100.4 - AUTHORIZED USES OF BABIES CAN'T WAIT SERVICE FUNDS

A. Provision of IFSP Services Not Currently Identified and Defined

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

PROCEDURES FOR IMPLEMENTATION

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

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

The other required early intervention services must be provided by personnel who have met state-approved or recognized certification, licensing, registration, or other comparable requirements for the discipline as recognized by Babies Can't Wait. BCW will facilitate all reimbursement for units of service from BCW service providers whose services are under the general supervision and monitoring of Babies Can't Wait. All providers must have a contract with the local or state 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 (need for services).

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

Local Practice Guidance or Clarification

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

B. Use of Funds Pending Resolution of Disputes

PROCEDURES FOR IMPLEMENTATION

For providers, BCW funds may be used for a period not to exceed 90 days from the last denial date that the claim was submitted to a third party payor to pay for Early Intervention services (limited to federally required services on the IFSP) pending resolution of disputes regarding responsible payment source or other Part C participation issues for an individual child, and also during the period of time it takes for a child, ages birth to three, and his family to become eligible for services in another program.

Local Practice Guidance or Clarification

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

C. Support of Multidisciplinary Team Activities/Services in the Natural Environment

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

PROCEDURES FOR IMPLEMENTATION

Funds used in this manner must be used in accordance with the BCW Policy Manual.

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

Examples of activities that cannot be covered include:

1. "Home visit" or "travel" stipends or fees.
2. The provider will not be compensated for "no shows."
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 BCW funds because this activity is the role of the Service Coordinator in accordance with IDEA and would be supplanting of existing funds).

1100.5 – UNAUTHORIZED GOODS & SERVICES UNDER BCW SERVICE FUNDS

A. Child 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, BCW funds may not be used.
2. Families may not be denied services based on inability to pay. Ability to pay is determined by the Babies Can't Wait Financial Analysis form for cost participation sliding fee schedule.
3. BCW funds may not be used to replace or supplant those funding sources in excess of what is covered under the BCW Policy Manual.

C. Non-IFSP Services

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

D. Non-Natural Environment Settings

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

E. Payment for Services For Out-Of-State Providers/Out-of-State Travel

BCW funds 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 states who have agreements with or a contract with the local or state lead agency.

F. Costs Incurred Prior To Referral to BCW

BCW funds may not be used to cover costs incurred prior to a referral to Babies Can't Wait program.

G. Costs Incurred Prior To Contracts

BCW funds may not be used to pay for services that were rendered prior to the service

provider having signed a contract with the local or state lead agency.

1100.6 – REIMBURSEMENT RATES FOR BCW SERVICE FUNDS

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 Babies Can't Wait service funds. Actual BCW rates of reimbursement are contained in the Appendix: Babies Can't Wait Rate Schedule in this document.

A. Policy for Services

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

Utilizing the "chase and pay" method providers who are able to conduct billing submit claims to the appropriate fund source (private insurance, Medicaid, CMOs) independently. Providers must submit coordination of benefits information for claims as applicable. Providers must enter all supporting documentation into BIBS including provider progress notes for each date of service.

Providers that select this mechanism must have the capability to scan the "Explanation of Benefits" (EOBs)/Remittance Advice to verify that the claim was submitted and denied in order to receive reimbursement from BCW as payor of last resort.

The Provider, Funds Management, Fund Recovery modules will assist with financial management and BIBS will house provider payment and billing information.

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.

B. Travel Policy

Travel payments for families will be supported via the Special Situation Payment Request and Payment Adjustment process.

Travel payments for providers are not supported as Babies Can't Wait does not pay for mileage for providers. Independent Contractors can contact the IRS for more information on how to claim their mileage on their income tax return.

C. Special Instruction

Special instructors will enter all claims into BIBS for provider payments. Payment will be disseminated to special instructor providers on a monthly cycle from the date of a submission of a claim. Special Instruction rates are based on personnel qualifications. 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 levels of Special Instruction are as follows:

Special Instruction for Non-Employee Special Instructor (Contractor) in Non-Contracted Community Settings (ex: Day care)

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, mother's 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 Policies, Personnel Section) for one of the following:

- Early Intervention Specialist/Special Instruction Level 1 (Approved Master Degree)
- Early Interventionist/Special Instruction Level 2 (Approved Bachelor Degree)
- Early Intervention Assistant/Special Instruction Level 3 (Associates Degree)

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 or state Lead Agency to Special Instruction. Payments to contracted community settings will be supported by BIBS. 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 Personnel Policy).

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 or state 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.

D. Telehealth

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

E. In-service Training

Attendance at In-service/Training Sessions made mandatory by the State or local BCW program

Payment to providers for attendance at in-service/training sessions that are made mandatory by the State or local program may be reimbursed for travel expenses or paid their appropriate rate per hour for attendance at the training depending on the local program's budget not to exceed \$200.00.

1100.7 – USE OF INSURANCE

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

A. Policy

It was the intent of Congress that third party insurance be used to help pay for early intervention services (Title 34 CFR §303.520). Part C of IDEA states that it is “the policy of the United States to provide financial assistance to states... to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources (including public and private insurance coverage).” BCW must request consent from the family in order to gain access to their private insurance to cover the costs of early intervention services if a financial cost would be incurred. The lack of consent may not be used to delay or deny any services to the child or family (§303.520 (c)).

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

1. Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
2. Result in the child's parent paying for services that would otherwise be covered by the public benefits or insurance program;
3. Result in any increase in premium or discontinuation of public benefits or insurance for that child or that child's parents; or
4. Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures. (§303.520 (a)(2)(ii)).

B. Accessing Family Private Insurance

The family is fully informed and understands the following regarding the use of private insurance for IFSP covered services:

1. The BCW program will assume the cost of the family's deductibles and copayments. BCW will assume this cost up to the BCW rate, if the payment from the insurance company is below the BCW established rate. **The BCW Program will not pay for premiums with Part C funds.** It is not allowable for providers to bill families' co-pays, deductibles or any other fees if insurance has paid any portion of the claim or the cost was applied to the deductible. BCW will include this information in the Procedural Safeguards to give to all families in the BCW program.

2. Regardless of whether the use of insurance will or will not result in a cost, The *Consent to Use Private Insurance* form must be used (Appendix C) to document the family's decision regarding access to insurance.
 - a. Family cost participation is determined through completion of the Babies Can't Wait Financial Analysis form using the sliding fee scale.
 - b. The family may choose to receive IFSP Team identified needed services that are covered by insurance in a non-natural environment, therefore choosing to go "outside" of the Part C system. Such service(s) should be listed in the IFSP – Other Services. The family must sign the **prior written notice and consent**. The family is responsible for all costs associated with this service.
 - c. If the family does not give permission to access their private insurance for covered IFSP services, they will be responsible for their cost participation for all IFSP services according to the Children and Youth with Special Health Care Needs Financial Analysis for Cost Participation. The lack of consent may not be used to delay or deny any services to the child or family ([§303.520](#) (c)).
3. If the child is enrolled in Medicaid as well as private insurance, BCW must request consent from the family to bill their private insurance and to disclose the child's personally identifiable information to the State agency responsible for administering the State's public benefits or insurance. If the family does not give consent to use private insurance then the family will be responsible for their Family Cost Participation for those services.
4. Providers, with consent, must bill the family's private/public insurance to request reimbursement for services rendered. If the provider receives any portion of the claim from private insurance or any portion goes toward the deductible or copay and it is less than the BCW rate, the provider will be allowed to bill BIBS the difference between the payment amount the provider received from private insurance and the BCW rate. If any portion of the payment is applied toward the deductible or copay, the family will not have any family cost participation.
5. Providers are not allowed to bill families:
 - a. If the provider has received any portion of the payment from the third-party payors. If the provider does not receive any portion of the claim due to it being a non-covered service, the provider should bill the family their Family Cost Participation and bill BCW the remainder up to the BCW rate.
 - b. For any additional fees for services or travel.
 - c. If the provider receives any portion of the claim from Medicaid, the provider must consider that payment as payment in full. Parents are not required to pay any costs (including copayments or deductibles) as a result of the State's using a child's or parent's public benefits or insurance to pay for Part C services.
6. Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of Title 34 CFR 80.25. If the State receives reimbursements from Federal funds (e.g., Medicaid reimbursements attributable directly to Federal funds) for services under Part C of the Act, those funds are considered neither State nor local funds under Title 34 CFR §303.225 (b). If the State spends funds from private insurance for services under this part, those funds are considered neither State nor local funds under Title 34 CFR [§303.225](#). Funds received by the State from a parent or family member under the State's system of payments established under Title 34 CFR [§303.521](#) are considered program income under Title 34 CFR 80.25. These funds must be used for the State's Part C early intervention services program, consistent with Title 34 CFR 80.25 (g)(2); and are considered neither State nor local funds under Title 34 CFR [§303.225](#) (b) (Title 34 CFR [§303.520](#))(d)(2)(3)(e)(2)(3). Parental consent must be obtained when the local EI

program seeks to use the family's insurance to pay for EI services in the IFSP and each time consent is required due to a change in frequency, length, duration or intensity. Consent must be obtained prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program. All BCW families are provided a copy of the Fiscal Policies (System of Payments) document when seeking consent for services.

7. The local EI program must provide a copy of the Babies Can't Wait Financial Analysis form to the family to identify the potential cost that the parents may incur as a result of the use of their private insurance to pay for Part C services.

PROCEDURES FOR IMPLEMENTATION

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

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

1100.8 - DEPARTMENTAL RESPONSIBILITIES

A. Administration

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

B. Reporting

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

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

C. Technical Assistance and Training Activities

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

1100.9 – 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 of the use of BCW funds.

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

B. Budgets

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

C. Early Intervention Coordinator

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

D. Reporting

The Board of Health/LLA must submit programmatic and expenditure data for quarterly reports as required by the Department of Public Health. Please see the Master Agreement/contract for the reporting requirements and timelines. The reports must be submitted 10 calendar days after the end of each quarter. (The following Monday if it falls on a weekend.) The Board of Health/LLA must submit programmatic data for federal reports as required by the Department. Please see the Master Agreement/contract for the reporting requirements and timelines. The reports must be by designated reporting dates specified in the Master Agreement.

E. Records

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

F. Contracts

The State lead agency is responsible for finalizing contracts with providers prior to the initiation of early intervention services. All qualified contracted providers who agree to provide services in the child's natural environment(s) must submit applicable billing claims through the BCW centralized billing system (BIBS).

1100.10 - OTHER FISCAL POLICIES

A. Policy for Services Rendered

1. Denial of Service Claims:
 - a. BCW will not reimburse claims that are denied due to same day of service for the same discipline. Service Coordinators need to coordinate with families to ensure two services that have the same discipline are not rendered within the same day.
 - b. Coordinators must be advised of this policy prior to delivering services
 - c. BCW will not reimburse claims that are the same discipline for more than one service per day.

PROCEDURES FOR IMPLEMENTATION

The Division of Medicaid only pays the first case management claim that it receives in a given month for a child or family. This means that if a child is receiving case management services from BCW and the Department of Family and Children Services, only the first claim received will be paid from Medicaid. If the child is in Foster Care funds may be recouped once the DFCS Case Manager bills for their services. This affects both public and private sector service coordination claims. BCW Private Service Coordinators will receive payment from BCW for services rendered in these cases.

B. Service Coordination During the 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 Aug. 31 or the Individualized Education Program (IEP) begins, whichever comes first. This need and expected outcome must be documented in the transition plan.

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

1100.11 – Policy for Coaching Visits and Supplemental Visits

The selection of coaching as a method when billing refers to visits where there are two providers in the home at the same time to provide early intervention services. One provider is delivering the early intervention service, and the other provider is being "coached" by the provider on how to work with the child and family.

Coaching will be selected as the method for one of the providers when two providers are in the home at the same time.

When billing for this type of visit, please adhere to the following:

1. If the PSP provider is being coached (she/he) will be authorized for Coaching and

- they will bill the T2022 CPT code.
2. If the PSP is the one providing the hands-on service during the visit, then the PSP should be authorized as Primary.
 3. The supporting provider should be authorized as Supplemental if they are providing the hands-on service.
 4. The supporting provider should be authorized as Coaching and bill the T2022 CPT code if they are serving in a consultative role.

It is important to authorize each service separately so that the providers can bill and receive reimbursement at the correct rates.

Clarification of Definitions:

1. **Method/Location-** refers to the type of visit that is being authorized.
2. **Primary Method/Location –** refers to the Primary Service Provider providing services and supports to the child and family.
3. **Coaching Method/Location** will include those visits in which there are two providers in the home at the same time. The provider observing should be the one authorized as Coaching.
4. **Supplemental Method/Location** will include visits when the provider is not the Primary Service Provider (PSP) but will be providing supports to the family with or without the presence of the PSP during the meeting.
5. **AT Method/Location** - refers to when the provider is ordering an assistive technology device or providing an Assistive Technology assessment to the family.

1100.12 – POLICY FOR SERVICE PROVIDER MATRIX

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

PROCEDURES FOR IMPLEMENTATION

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

These regulatory citations, along with the definition of “early intervention services” as defined in (Title 34 CFR §303.13) support the listing of only those early intervention service providers under contract with the local or state lead agency in the Service Provider Matrix. Only early intervention service providers who have contracts with the local or state 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 or state 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. The contract between the Local or state 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 or state 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 or state lead agency cannot assure families that non-contracted providers will provide services within the intent of IDEA.

As local or state 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 or state 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 or state lead agency, including Department of Public Health criminal record background check;
2. Service Provider must accept the funding source available to the family that is assigned to pay for that service;
3. Service Provider must provide services in the child’s natural environment.

PROCEDURES FOR IMPLEMENTATION

Families are free to make choices outside of BCW. However, they have the financial liability for those choices. If a family chooses a provider who does not have a contract with the local or state 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.

A. Policy for Financial Analysis for Family Cost Participation

The Babies Can’t Wait Financial Analysis form for family cost participation application (Appendix B) must be completed with all families prior to IFSP development in order to determine their “Ability to Pay” and assignment of cost participation. **If families choose not to complete the Babies Can’t Wait Financial Analysis form, then the family will**

assume 100 percent family cost participation if their public or private insurance does not pay for the service.

Service Coordinators must assist families with financial case management activities to ensure equitable implementation and access to BCW funds. Activities include identification of all resources available to a family to implement the IFSP. The Babies Can't Wait Financial Analysis form (Appendix B) will be collected prior to the development of the IFSP to ensure that families are fully informed of their financial commitment. The Babies Can't Wait Financial Analysis form must be completed at initial and annual IFSP meetings and when a Service Coordinator and/or family recognize a change in financial status. The form must be completed by the Service Coordinator and the family. Upon completion, the family receives a copy of the form.

"Ability to Pay" is determined through the use of the Babies Can't Wait Financial Analysis form for cost participation. The Babies Can't Wait Financial Analysis form for cost participation will be applied as a per-service fee to all Early Intervention Services prescribed in a child's IFSP with the exception of service coordination and any evaluation/assessment services that are determined necessary by the PSP team. Part C (Babies Can't Wait) is the payor of last resort, therefore the provider with consent will seek reimbursement from public and private insurance and other State agency or third-party funding mechanisms to cover these services prior to billing Babies Can't Wait for the service rendered.

All pages of the Babies Can't Wait Financial Analysis form must be completed and originals must be placed in the child record. Families will not be charged more than the actual cost of the Part C service factoring in any amount received from other sources for payment for that service (§303.521 (a)(4)(iii)). Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

The Babies Can't Wait Financial Analysis form for cost participation must be signed by the parent and the Service Coordinator to ensure that families understand the commitment and agree to their assignment of cost participation/ability to pay.

The Babies Can't Wait Financial Analysis form for cost participation must be completed with every family of an eligible infant or toddler, regardless of Medicaid eligibility status, prior to the development of each IFSP. If families choose not to complete the Babies Can't Wait Financial Analysis form then the family will assume 100 percent family cost participation if their public or private insurance does not pay for the service. If the child is placed in foster care the family will not be required to verify their income. Parent(s) or Guardian(s) must provide prior to the development of the IFSP a copy of one of the following documents: prior year W-2, two pay stubs, the prior year tax return documents, or Self Declaration form for the Service Coordinator to visually verify income. If a family reports no income, they must provide information by letter from the person or family member supporting them. If the family does not have a family member supporting them, then the family must provide a listing of resources supporting the family to the Service Coordinator. If a family does not supply documentation prior to the development of the IFSP, the family is responsible for covering 100 percent of cost until it is presented. If families are unable to pay their cost participation, the Babies Can't Wait Financial Analysis form should be repeated to ensure that the level of cost participation is accurate.

B. Policy for Suspension of Services for Failure to Pay Family Cost Participation

Families with cost participation, who fall 90 days behind in payments, will have services suspended. Georgia is committed to ensuring the provision of those services to families that must be made available at no cost, which includes child find evaluation and/or assessment activities, service coordination services, administrative and coordinative activities related to procedural safeguards and the development, review, and evaluations of IFSPs and interim IFSPs and all Part C services when the parent of family meets the State's definition of inability to pay §303.521 (a)(4)(ii), (b), and (c). The service provider must supply the family with an invoice outlining the date of service, CPT code billed, number of units billed, total amount of claim and the amount the family is responsible for. The service provider will send all notices and bills directly to the family for collection of funds. At 60 days past due from the date of the first invoice requesting payment after a provider receives an Explanation of Benefits (EOB) from private insurance or public benefits denying coverage of an IFSP service, provider will send a late notice to parents allowing 30 more days to make full payment before services are suspended. The provider will send the notice of suspension directly to parents, Service Coordinator and local Babies Can't Wait Program/EIC to place in the child's primary chart 30 days prior to suspension. The effective date of suspension is 90 days from the date of the first invoice requesting payment after a provider receives an Explanation of Benefits (EOB) from private insurance or public benefits denying coverage of an IFSP service. Full payment of the past due amount must be made to the provider by this date to avoid suspension of services. Once services have been suspended full payment of the past due amount plus the amount currently due must be made to the provider before services can be restored. During the suspension period, service coordination, IFSP development, evaluation and assessment and procedural safeguards will continue. Service visits that do not occur during the suspension period will not be "made up" by the provider.

1100.13 – Policy for End of Fiscal Year

Each local program's fiscal year ends June 30. When completing closing journal entries, local programs should include the accruals for any outstanding estimated funds for May and June of the current year. Local programs must use a projection of expenditures to cover expected year-end cost by obligating current year funds for expenditures that are realized in the new fiscal year. Invoices for non-third party billable services must be submitted to the local program within 30 days of services rendered.

Early Intervention Coordinators are responsible for obtaining projections of monthly levels of service. Chief Financial Officers are responsible for encumbering funds. Encumbered funds should be submitted back to the state by Dec. 31 of the following fiscal year if applicable to the local program.