CHAPTER 1400 – APPENDICES

A. APPENDIX A – Glossary

ADA - Americans with Disabilities Act - gives civil rights protections to individuals with disabilities and guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

Adaptive development – Self-care skills such as dressing, eating, and toileting.

Adjusted Age - age adjustment for the baby's prematurity calculated by starting with the chronological age and subtracting the number of weeks of prematurity from that age. (e.g., Actual age is six months and born three months premature, the adjusted age is three months.)

Advocacy – Speaking or acting on behalf of a child to achieve change and/or to ensure that the services that are appropriate for the child are received.

Assessment – Strengths-based examination of the child's performance and development and monitoring for progress by qualified personnel. This information is useful for program planning. The planning process identifies all of the appropriate supports and resources to address the child and family's needs which may include community, private or other service options.

Assistive technology (AT) - Includes devices and services. Assistive technology devices include any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Assistive technology services include any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

Babies Can't Wait (BCW) – Georgia's statewide early intervention (IDEA, Part C) system.

BIBS – Babies Information and Billing System utilized by the Department of Public Health Babies Can't Wait program to process and pay provider claims

Category 1 – Established list of automatically eligible mental or physical conditions that may lead to developmental delay.

Category 2 – Eligibility category based on a significant developmental delay in one or more areas of development or moderate delay in two or more areas of development.

CAPTA – Child Abuse Prevention and Treatment Act

Chase and Pay – A method in which providers submit claims to the appropriate fund source (private insurance, Medicaid, CMOs) independently.

Child Abuse Prevention and Treatment Act – Federal legislation that includes provisions requiring referral of all children birth to 2 years of age with substantiated cases of abuse or neglect to the Part C system in each State. In Georgia, the Part C system is Babies Can't Wait.

Child Find – A comprehensive and coordinated system to locate, identify, refer and evaluate (determine eligibility) for all infant and toddlers with disabilities in Georgia who are eligible for services under Part C.

Children 1st – Georgia's system that provides families of children 0-5 years of age with a single point of entry into a wide range of public health and community programs.

Children's Medical Services – Public Health program that provides care coordination and a comprehensive system of medical/health care for eligible children, birth to 21, with chronic medical conditions. Eligibility for the program includes medical and financial requirements.

Chronological Age – The age of the baby from the day of birth to the current date – the number of days, weeks, or years old of the baby. It may also be referred to as the "actual age."

Coaching – A voluntary, collaborative partnership between early intervention providers and the important people in a child's life designed for sharing knowledge and promoting the development of one's competence in a specific role or situation.

Cognitive development – The developmental area that involves thinking skills, including the ability to receive, process, analyze and, understand information.

Communication – Talking, gesturing, or signing; listening and understanding.

Day – Calendar day, unless otherwise indicated.

DBHDD – Department of Behavioral Health and Developmental Disability

Destruction of Records – Physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

Developmental Delay – Not attaining developmental milestones expected for the child's age adjusted for prematurity in one or more of the following areas of development: cognitive, physical (including vision and hearing), communication, social-emotional, or adaptive development.

DFCS – Division for Family and Children Services, within the Department of Human Services.

Disability – A person who has a physical or mental impairment that substantially limits one or more major life activity.

Disclosure – To permit access to or the release, transfer, or other communication of education records, or the personally identifiable information contained in those records, to any party. Disclosure may be by multiple means, including oral, written, or electronic means.

DOE - Department of Education

DPH – Department of Public Health

Due Process – The legal procedures or steps available to protect the early intervention rights of the infant/toddler and family.
Early Intervention – A system of services that helps babies and toddlers with developmental

delays or disabilities. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life, such as:

- Physical (reaching, rolling, crawling, and walking);
- Cognitive (thinking, learning, solving problems);
- Communication (talking, listening, understanding);
- Social/emotional (playing, feeling secure and happy); and
- Self-help (eating, dressing).

Early Intervention Coordinator (EIC) - An individual who is responsible for the management and administration of one of the local BCW programs.

Early Intervention Records – means all records regarding a child that are required to be collected, maintained, or used under Part C and covered by the (FERPA) 20 U.S.C. 1232g.

Eligibility – The criteria used to determine if a child qualifies for early intervention

Evaluation – The procedures used by appropriate, qualified personnel to determine a child's initial eligibility under BCW.

Family – A group of two or more persons related by birth, marriage or adoption.

Family Assessment – Identification of the family's resources, priorities, and concerns, and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

Family Cost Participation (FCP) - The maximum amount the family must pay per month based on the family's ability to pay, considering the family's adjusted income as determined on the previous year's federal income tax form. The fee is based on a family unit, not per individual child.

FERPA – Family Educational Rights and Privacy Act 20 U.S.C. 1232g; is a federal statute that deals with the parental right to inspect and review records. The purpose of FERPA is two-fold, to ensure that parents have access to their children's educational records and to protect the privacy rights of parents and children by limiting access to these records without parental consent.

Goals – see Outcomes

First Care – Georgia's public health program that provides care coordination through home visiting to families with infants from birth to 1 year of age who are at increased risk for morbidity &/or mortality.

HIPAA – Health Insurance Portability and Accountability Act of 1996, 29 U.S.C. Section 1181 et seq., a federal law that includes requirements to protect patient privacy, security, and data integrity of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify providers and participating hospitals

Inclusion - The full and active participation of young children with disabilities in programs and settings with typically developing children.

Individualized Education Program (IEP) **-** A written statement of special education and related services that meets the unique needs of a child with a disability. The IEP is developed, reviewed and revised in a meeting by an appropriately staffed IEP team, including the child's parents.

Individualized Family Service Plan (IFSP) – A written plan designed to support the individual needs of an infant or toddler and their family. The IFSP is developed, reviewed and revised in a meeting by the IFSP Team of qualified professionals and the child's parents.

Individuals with Disabilities Education Act (IDEA) – The federal law that provides the regulations for early intervention, and special education and related services for children birth through age 21. Part B outlines services for children ages three through 21, and Part C outlines services for children birth to age two and their families.

Informed Clinical Opinion – Use of qualitative and quantitative information gathered by certified Early Intervention professionals in the evaluation and assessment process in order to form a determination regarding the child's current developmental status and the potential eligibility for early intervention.

Intervention – All of the efforts made on behalf of the child to help the family support their child's participation in the environments where children grow, learn and play.

Lead Agency (LA) – The Georgia Department of Public Health is designated by the State's Governor under section 635(a) (10) of the Act to administer the Federal Part C funds the State receives under section 643 of the Act and to be responsible for implementing the statewide Early Intervention System. Local BCW programs take the lead on the district level.

Learning Opportunities – Opportunities that occur within the context of an activity setting that promotes the child's growth and development.

LICC – **Local Interagency Coordinating Council**

Local Interagency Coordinating Council **-** The regional compliments of the State ICC. The LICCs work collaboratively with the State ICC to advise and assist the local program in planning and implementing local early intervention service delivery systems for the local Babies Can't Wait programs.

Local Lead Agency – Refers to one of the Boards of Health or contracted agency which administers the local Babies Can't Wait system through each of Georgia's 18 local districts.

LSS - Local School System

Local School System – Operates local public education from Kindergarten through high school. Special Education services begin at age 3 if the child meets the public-school eligibility requirements.

Mediation – A voluntary, no cost, and confidential process offered by the Georgia Department of Public Health that assists BCW programs, parents, and early intervention providers resolve a dispute through the use of a neutral mediator to facilitate communication. Mediation may not be used to deny or delay parents' right to a due process hearing.

Multidisciplinary – The involvement of two or more separate disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in §303.321 and development of the IFSP in §303.342 . In the evaluation and assessment of the child and family this may include one individual who is qualified in more than one discipline or profession. The IFSP Team must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the Service Coordinator.

Multidisciplinary Team – At least two professionals representing two different disciplines in addition to the Service Coordinator and the parent/family member.

MDT - Multidisciplinary Team**.**

Native Language –

1. When used with respect to an individual with limited English means:
   A. The language normally used by child or the parents of the child;
   B. For evaluations and assessments, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
2. When used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, Native Language means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

Natural Environment – Settings that is natural or typical for infants and toddlers who are your child's age and who do not have a disability, may include the home or community settings.

Outcomes – Broad, general target areas of development written by the IFSP Team.

Parent – In accordance with 34 C.F.R § 303.27:

1. A biological or adoptive parent of a child
2. A foster parent
3. A guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child. (NOTE: A service provider from a State agency or EI program may **not** act as a parent for the purposes of Part C. (e.g., if the child is a ward of the State, DFCS cannot act as the parent)
4. An educational surrogate appointed by the Office of Special Education
5. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare or destruction of records

Part B - Part of IDEA that regulates educational services to children with disabilities ages 3-21.
Part C - Part of IDEA that governs early intervention services for infants and toddlers (ages birth

thru 2) with disabilities and their families.

Participating agency – Any individual, agency or entity that collects, maintains or uses personally identifiable information to implement the requirements in Part C with respect to a particular child.

Payor of Last Resort – Federal law requires that states identify and coordinate the usage of all available resources (public and private insurance, as well as sliding fee scale, such as the Family Cost Participation) to pay for early intervention services before using Part C funds (BCW funds).

Personally Identifiable Information (PII) – Any information that can be used to uniquely identify, contact or locate an individual, or can be used with other sources to uniquely identify a person.

Physical Development – Includes movement, gross and fine motor functioning, height, weight, vision and hearing.

PII – Personally Identifiable Information

Primary Service Provider (PSP) – The Early Intervention team member who will be the family's primary contact for EI services and help the family address the child's development from a holistic perspective.

Prior Written Notice – A written explanation provided to parents a reasonable time before an Early Intervention provider proposes or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler. Prior written notice contains sufficient information to inform parents about the action being proposed or refused, the reason for the action, and all procedural safeguards available to parents.

Procedural Safeguards – Policies and practices to establish and document that all guaranteed rights of the parent and child with a disability are enacted as mandated by IDEA.

PSP – Primary Service Provider

SEA/LEA – **State/Local Educational Agency** – The Georgia State Department of Education and its local school systems (Division for Exceptional Students) take the lead in the provision of free and appropriate preschool educational services for children determined eligible according to Part B of IDEA.

Section 619 of Part B of the IDEA – The federal regulations for special education and related services for children ages three through five; also referred to as preschool special education.

Service Coordinator – An individual who assists and enables a child eligible for Babies Can't Wait and the child's family to receive the rights, procedural safeguards, and supports that are authorized to be provided under Part C of IDEA.

SICC – **State Interagency Coordinating Council** - The State Interagency Coordinating Council (ICC) is appointed by the Governor, advises and assists the Department of Public Health in providing an appropriate, family-centered, comprehensive service delivery system which promotes optimal child development and family functioning within natural environments.

Significant Developmental Delay – A category of eligibility used by Babies Can't Wait under IDEA, Part C.

Single Point of Entry (SPOE) – The single entity designated by the local lead agency in each local Part C system where families and primary referral sources make initial contact with the local Part C system.

Social-emotional development – The developmental area that involves skills that enable a child to function in a group and to interact appropriately with others.

SPOE – Single Point of Entry

State Complaint –A written signed complaint filed by an individual or an agency to the Georgia Department of Public Health (DPH) against a local BCW program or early intervention provider that is violating a requirement of the Part C program. DPH is responsible for conducting an investigation and making a decision about the complaint.

Supplemental Visits – Additional service(s) authorized on the IFSP to support the Primary Service Provider.

Transition conference – A meeting of the family, representatives from Babies Can't Wait and others who will be working with the child and family after the child leaves Babies Can't Wait. This can include staff from the local school, Head Start staff, staff from the local child care center, or anyone else who will be caring for the child. These individuals meet to begin discussions and planning for the child at least 90 days prior to the child's third birthday in order to ensure a smooth and effective transition on or before the child's third birthday.

B. APPENDIX B –Babies Can't Wait Financial Analysis Form

The latest version of the Financial Analysis Form and the most current version of the Sliding Fee Scale can be found at:

https://www.bcw-bibs.com/UI/Home/ReleaseNotesAndHelpfulDocuments.aspx

C. APPENDIX D – Babies Can't Wait Rate Schedule

INTRODUCTION

Babies Can't Wait (BCW) is Georgia's comprehensive, coordinated, statewide, interagency service delivery system for infants and toddlers, birth to 3 years of age, who have developmental delays or are at risk for delay, and their families. The program is established under Part C of the Individuals with Disabilities Education Act (IDEA), as amended. Babies Can't Wait early intervention services are to be family-centered, provided in natural environments and culturally competent. The purpose of this document is to define the authorized providers, settings and rates for Part C early intervention services in Georgia. Although service settings for natural and non-natural environments are listed below, please be advised it is essential that children should be receiving services in the natural environment. Non-natural service settings should be used only when necessary to appropriately deliver the related service.

The following describes the BCW methodology for providing reimbursement for services rendered by providers. This rate schedule shall be used in conjunction with the BCW Program Manual and Provider Service Agreement.

REIMBURSEMENT METHODOLOGY

1. Reimbursement for eligible services shall be on a fee-for-service basis, in accordance with and as described in the applicable BCW fee schedule(s). The BCW rates may be consistent with the Medicaid fee schedule for applicable codes.
2. Note: while the BCW program may elect to adopt the Medicaid rates, the Department, in its sole discretion, may elect NOT to adopt certain Medicaid code(s) or rate(s), in part or. In such cases, the Department shall describe the alternate code and associated BCW rate, denoted by an asterisk*.
3. The Department shall be the payor of last resort and shall ONLY provide reimbursement for eligible early intervention services, at the BCW rate, not otherwise covered by the primary payor (FFS Medicaid, Medicaid CMO, or private insurance), in accordance with the BCW Fiscal Policy.
4. The Department shall ONLY provide reimbursement for the difference between the private insurance payment and the BCW rate, where the private insurance rate is the lesser.

BABIES CAN'T WAIT RATE TABLES

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ASSISTIVE TECHNOLOGY

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:

1. Augmentative communication devices (i.e., single or multiple message devices with speech or picture output);
2. Vision and hearing devices (i.e., magnifying glasses, backlit surfaces, amplification systems, and tape recorders). Does not include a medical device that is surgically implanted, or the replacement o f such device. (34CFR§ 300.5);
3. Mobility and positioning equipment (i.e., supports for seating, adapted tricycles/scooters, etc.);
4. Appliance control devices (i.e., electrical control units for switch activation. Note: In catalogs these devices are also referenced as "environmental control units");
5. Learning tools (i.e., built-up writing instruments, knobbed puzzles);
6. Adaptive daily living tools (i.e., built- up spoons, bath supports); and
7. Adaptive toys (i.e., switch activation, built-up handles, amplified sounds or actions).

ASSISTIVE TECHNOLOGY DEVICE	PROCEDURE CODE	UNIT OF SERVICE	BCW RATE
Device*		NA	
Device – Rental borrowed from local program BCW Office		NA	$0

* To purchase a device that is over $5,000.00, approval from the state office must be received.

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;
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. (Title 34 CFR 303.12(d) (2))

AUTHORIZED SETTING: Clinic or Hospital

AUTHORIZED PROVIDER: Licensed Audiologist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING AUDIOLOGY SERVICES:

AUDIOLOGY SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Aural rehabilitation	92507	UC, HA	8 units per month, 1 unit per visit	$62.53
Pure tone audiometry (threshold); air only.	92552	HA	2 units per year; 1 unit per visit	$15.63
Speech audiometry; threshold only.	92555	HA	2 units per year; 1 unit per visit	$13.38
Basic comprehensive audiometry (Pure tone, air and bone, and speech, threshold)	92557	HA	2 units per year, 1 unit per visit	$42.04
Tympanometry (impedance testing)	92567	UC, HA	4 units per year	$18.46
Acoustic reflex testing.	92568	HA	2 units per year 1 unit per visit	$13.38
Conditioning play audiometry.	92582	HA	2 units per year 1 unit per visit	$25.19
Brainstem evoked response recording (evoked response (EEG) audiometry). Auditory evoked potentials for comprehensive evoked response audiometry and/or testing of the central nervous system.	92585	HA	2 units per year; 1 unit per visit	$109.76
Evoked Otoacoustic Emissions, Limited (OAE).	92587	HA	3 units per year 1 unit per visit	$52.51

Evoked Otoacoustic Emissions. Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product of otoacoustic emissions at multiple levels and frequencies).	92588	HA	3 units per year 1 unit per visit	$70.52
Visual Reinforcement Audiometry	92579	HA	1 unit = 1 visit 4 units per year	$25.19
Auditory evoked for evoked response audiometry and/or testing of the central nervous system; limited (AABR).	92586	HA	2 units per year 1 unit per visit	$70.00
Hearing Aid Check	99212	HA	2 units per year 1 unit per visit	$25.12
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 1 HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

FAMILY, TRAINING, COUNSELING AND HOME SERVICES

Family Training, Counseling and Home Visits means services provided, as appropriate by social workers, psychologists, licensed professional counselors, licensed clinical social workers 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))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDERS*:* Licensed Professional Counselor, Social Worker (**excludes Service Coordinators and Special Instructors**) Licensed Psychologist, and other qualified personnel when not otherwise covered as a service within a specific discipline
*** Providers must maintain a contract with BCW to provide these services.**

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING COUNSELING SERVICES:

FAMILY TRAINING, COUNSELING AND HOME VISITING SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation	96150	HA	Limited to 1 per year 1 visit = 1 unit	a: $68.40 b: $53.00*
Services Family training and counseling for child development, (on-site or off-site)	96151	HA, TS	1 unit = 15 minutes.	a. $14.50 b. $10.75*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 1 HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

a) Licensed Provider
b) Non-License Provider

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. (Title 34 CFR 303.13(a))

AUTHORIZED SETTING: Clinic, Hospital, Residential Facility, Special Purpose Facility
AUTHORIZED PROVIDERS: Licensed Physician, Licensed Nurse Practitioner
AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING HEALTH SERVICES:

HEALTH SERVICES	PROCEDURE CODE	UNIT OF SERVICE	BCW RATE
Office or other outpatient visit	99213	1 unit = 15 minutes/visit	$40.70
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 1 HOUR** Face to Face		1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means		1 unit = 1 visit	$20.00*

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. (Title 34 CFR 303.12(d) (5))

AUTHORIZED SETTING: Clinic, Hospital, Residential Facility, Special Purpose Facility
AUTHORIZED PROVIDERS: Licensed Physician, Licensed Nurse Practitioner
AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING MEDICAL SERVICES:

MEDICAL SERVICES	PROCEDURE CODE	UNIT OF SERVICE	BCW RATE
Office consultation, new or existing patient, minor severity	99241	1 unit = 15 minutes/visit	$48.05
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 1 HOUR** Face to Face		1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means		1 unit = 1 visit	$20.00*

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; provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and administration of medications, treatments, and regimens prescribed by a licensed physician. (Title 34 CFR 303.12(d) (6))

AUTHORIZED SETTING: Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Registered Nurse, Licensed Practical Nurse, Physician Assistant

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING NURSING SERVICES:

NURSING SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Nursing Medication Administration - Limited to 8 units per calendar month. 1 unit = 15 minutes; may bill up to 4 units per day.	T1502	HA, TD		$5.78
Nursing Treatment – includes assessments and teaching related to treatment.	T1002	HA	1 unit = 15 minutes	$5.78
Medical Records Review (Other Licensed Health Professional-LPN, Physician Assistant)			1 unit = 15 minutes	$5.00
Medical Records Review (RN)			1 unit = 15 minutes	$8.00
IFSP Development/ Meeting (for multi-disciplinary team). **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 1 HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

NUTRITION SERVICES

Nutrition Services includes conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences. (Title 34 CFR 303.12(d) (7))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Dietitian

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING NUTRITION SERVICES:

NUTRITION THERAPY	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Nutrition Therapy Evaluation-Limited to 1 per year.	97802	HA	Limited to one evaluation per year. 1 visit = 4 units of 15 minutes each	$11.17 per unit
Nutrition Therapy	97803	HA, TS	1 visit = 2 units of 15 minutes each	$14.89 per unit
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

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. Title CFR 303.12(d) (8)

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Occupational Therapist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING OCCUPATIONAL THERAPY:

OCCUPATIONAL THERAPY SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation	97003	HA	1 per year	$52.99
Re-evaluation	97004	HA	1 every 180 days	$24.74
Orthotic(s) Management and training (including assessment and fitting when not otherwise reported). Upper extremity(s), Lower Extremity (s) and/or trunk.	97760	HA	1 unit = 15 minutes Limited to 8 units per calendar month or combination of 8 units per calendar month.	$27.38
Prosthetic training, upper and/or lower extremity(s).	97761	GO, HA	1 unit = 15 minutes Limited to 8 units per calendar month or combination of 8 units per calendar month.	$24.98
Therapeutic activities, Direct (one-on-one) member contact by the provider (use of dynamic activities to improve functional performance)	97530	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$19.76
Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider	97535	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$21.67
Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) member contact by the provider	97533	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$24.46
Community/work reintegration training (e.g., shopping, transportation, money management, vocational activities and/or work environment/modification analysis, work task analysis). Direct one-on-one contact by the provider	97537	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$21.37

Aquatic therapy with therapeutic exercises	97113	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$22.32
Manual therapy techniques (e.g., mobilization/ manipulation manual traction) one or more regions	97140	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$22.97
Wheelchair management/ prosthetic use, established member	97542	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$14.82
Checkout for ortho/prosthetic use, established patient, each 15 minutes	97762	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$23.39
Physical performance test or measurement (e.g., musculoskeletal, functional capacity) with written report	97750	GO, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$22.31
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*
IFSP Development/ Meeting (for multi- disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit= 1 visit	$20*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speakerphone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

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. (Title 34 CFR 303.12(d)(9))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Physical Therapist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING PHYSICAL THERAPY:

PHYSICAL THERAPY SERVICES	PROCEDURE CODES	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation - Limit 1 evaluation per calendar year	97001	HA	1 per year	$52.99
Re-evaluation - Limit 1 reevaluation every 180 days	97002	HA	1 every 180 days	$25.06
Therapeutic procedure, one or more areas, therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8units per calendar month	$20.07
Neuromuscular reeducation of movement, balance, coordination, kinesthetic senses, posture and proprioception	97112	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$21.03
Aquatic therapy with therapeutic exercises	97113	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$22.32
Gait training (includes stair climbing)	97116	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$18.85
Prosthetic training, upper and/or lower extremity(s)	97761	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$24.98
Ultrasound	97035	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$10.69
Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion	97124	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$17.29
Whirlpool	97022	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$12.97

Therapeutic activities, direct (one-on-one) member contact by the provider (use of dynamic activities to improve functional performance)	97530	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$19.76
Wheelchair management/prosthetic use established member	97542	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$14.82
Diathermy	97024	HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$9.22
Manual therapy techniques (e.g., mobilization/manipulation, manual traction) one or more regions	97140	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$22.97
Checkout for ortho/prosthetic use, established patient	97762	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$23.39
Physical performance test or measurement (e.g., musculoskeletal, functional capacity) with written report.	97750	GP, HA	1 unit = 15 minutes 8 units per calendar month or combination of 8 units per calendar month	$22.31
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

PSYCHOLOGICAL SERVICES

Administering psychological and developmental tests and other assessment procedures; interpreting assessment results; obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs. (Title 34 CFR 303.12(d) (10))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Psychologist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING PSYCHOLOGICAL SERVICES:

PSYCHOLOGICAL SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Psychological Testing, per hour of psychologist's or physician's time, both face-to-face time for test administration and for interpretation of test results and report preparation	96101	U2, U6, U7 – based on location	1unit = 1 episode	$155.87 – 187.04, based on location
Psychiatric Diagnostic Interview examination	90801	HA, U2, U6, U7 – based on location	1 unit = 1 episode, max of 2 units/day	$116.90 - $140.28, based on location
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY - PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

SERVICE COORDINATION (CASE MANAGEMENT)

Service coordination services means assistance and services provided by a Service Coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Sec. 303.23. (Title 34 CFR 303.12(d) (11))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDERS: Intake Coordinator or Service Coordinator

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING CASE MANAGEMENT SERVICES:

SERVICE COORDINATION SERVICES	SPECIALTY	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Intake Coordination – Consists of: • Intake • Screening • Evaluation completed and Eligibility entered into BIBS	Intake Coordinator	T2003		1unit = 1 visit	$67.50*
Evaluation Only– Consists of: • No screening conducted • Evaluation completed <u>and</u> Child not eligible	Intake Coordinator			1unit = 1 visit	$25.00*
Pre-IPC Telephonic Development • Screening only (case closed)	Intake Coordinator			1 unit = 1 visit	$15.00*
Pre-IPC Face-to-Face Development • Screening only (case closed)	Intake Coordinator			1 unit = 1 visit	$25.00*
Pre-IPC Face-to-Face • Face to Face meeting held • No Developmental Screening • Case closed	Intake Coordinator			1 unit = 1 visit	$22.00*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- SERVICE COORDINATOR MUST STAY FOR THE DURATION OF THE MEETING** (Applicable <u>only</u> if Service Coordinator is unable to obtain the 3 ancillaries after the initial IFSP meeting)	Service Coordinator	T2003		1unit = 1 visit	$67.50*
Face-To-Face Visit with child **and** family plus 3 ancillaries in the **<u>same</u>** calendar month	Service Coordinator	T2022			$135.00*
PSP Meeting – Face-to-Face participation	Service Coordinator			1 unit= 15 mins	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method	Service Coordinator			1 unit= 15 mins	$6.25*

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. (Title 34 CFR 303.12(d) (12))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Clinical Social Worker

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING SOCIAL WORK SERVICES:

SOCIAL WORK SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation/assessment (on-site or off-site)	96150	HA	1unit = 1 visit	$68.40
Counseling Services (on-site or off-site)	96151	HA, TS	1 unit = 15 minutes.	$11.09
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting - Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

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. (Title 34 CFR 303.12 (d) (13))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Early Intervention Specialist, Early Interventionist, Early Intervention Assistant

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING SPECIAL INSTRUCTION SERVICES:

SPECIAL INSTRUCTION	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Initial Evaluation	T2003		1unit = 1 visit	a)$50.00* b)$50.00* c)$50.00*
Service	T2003		1unit =15 minutes	a)$10.75* b)$8.75* c)$7.50* d)$6.25*
Coaching Visit	T2022		1 unit =15 minutes	a)$10.75* b)$8.75* c)$7.50* d)$6.25*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting – Face-to-Face			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

a) Rate for Early Intervention BCBA
b) Rate for Early Intervention Specialist
c) Rate for Early Interventionist
d) Rate for Early Intervention Assistant

SPEECH-LANGUAGE PATHOLOGY SERVICES

Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills. (Title 34 CFR 303.12(d) (14))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDERS: Speech-Language Pathologist, CFY - Speech-Language Pathologist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING SPEECH-LANGUAGE PATHOLOGY THERAPY:

SPEECH THERAPY SERVICES	PROCEDURE CODES	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation of speech-language, voice, and language communication, auditory processing, and/or aural rehabilitation status	92506*	HA	2 units per year; 1 unit per visit; 1 unit per 180 days	a)$54.93* b)$54.93*
Speech-Language Therapy, (includes aural rehabilitation); individual treatment of speech, language, voice, communication, and/or auditory processing disorder	92507	GN, HA	8 visits per calendar month; 1 unit per visit	a)$62.53 b)$39.43*
Tympanometry	92567	GN, HA	4 units per calendar year	a)$18.46 b)$13.35*
Developmental testing	96110	HA	2 units per calendar year; 1 unit per visit	a)$11.77 b)$8.33*
Developmental testing extended	96111	HA	2 units per calendar year; 1 unit per visit	a)$62.10 b)$46.08*
Assessment of Aphasia	96105	HA	2 units per calendar year; 1 unit per visit; 1 unit/180 days	a)$62.10 b)$46.08*
Evaluation of oral and pharyngeal swallowing function	92610	HA	Limited to 2 per year 1 unit per visit; 1 unit/180 days	a)$117.54 b)$96.25*
Treatment of swallowing dysfunction and/or oral function for feeding	92526	HA	8 visits per calendar month; 1 unit per visit	a)$44.66 b)$33.00*
Evaluation of voice prosthesis or augmentative communication	92597	HA	1 per calendar year; 1 unit per visit	a)$85.57 b)$61.00*

Therapeutic services for the use of speech-generating device, including programming and modification	92609	HA	Limited to 8 visits per month; 1 unit per visit	a)$54.75 b)$41.06*
Development of cognitive skills to improve attention, memory, problem-solving, (includes compensatory training), direct (one-on-one) member contact by the provider	97532	HA	1 unit = 15 minutes Limited to 8 units per calendar month or combination of 8 units per calendar month	a)$22.43 b)$16.32*
Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) member contact by the provider	97533	GN, HA	1 unit = 15 minutes Limited to 8 units per calendar month or combination of 8 units per calendar month	a)$24.46 b)$17.85*
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face to Face			1 unit = 1 visit	$40.00*
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting – Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

a) Rate for a Speech-Language Pathologist
b) Rate for a CFY-Speech-Language Pathologist

VISION SERVICES

Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities; Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and communication skills training, orientation, and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities. (Title 34 CFR 303.12(d) (16))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDERS: Ophthalmologist, Optometrist and Vision Teacher (for *Orientation and Mobility Services*)

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING VISION SERVICES:

VISION SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation new patient intermediate	92002		1 unit = 1 visit	$54.28
Evaluation new patient comprehensive	92004		1 unit = 1 visit	$90.69
Evaluation established patient intermediate	92012		1 unit = 1 visit	$46.16
Evaluation established patient comprehensive	92014		1 unit = 1 visit	$66.56
New Patient Office Visit (problem- focused)	99201		1 unit = 1 visit	$35.13
Office or other outpatient visit (expanded problem focused)	99202		1 unit = 1 visit	$54.57
Office or other outpatient visit (detailed)	99203		1 unit = 1 visit	$76.53
Office or other outpatient visit (comprehensive, moderate)	99204		1 unit = 1 visit	$110.51
Office or other outpatient visit (comprehensive, high)	99205		1 unit = 1 visit	$137.12
Office or other outpatient visit (minimal)	99211		1 unit = 1 visit	$17.46
Office or other outpatient visit (problem-focused)	99212		1 unit = 1 visit	$29.67
Office or other outpatient visit (expanded)	99213		1 unit = 1 visit	$40.70
Office or other outpatient visit (detailed)	99214		1 unit = 1 visit	$62.71
Office or other outpatient visit (comprehensive, high)	99215		1 unit = 1 visit	$93.46
Coaching Visit	T2022		1 unit = 15 minutes	$12.50*

IFSP Development/ Meeting (for multi-disciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO ONE HOUR** Face-to-Face			1 unit = 1 visit 1 visit $\geq$30 minutes.	$40.00*
**Orientation and Mobility Services (Parent Educator and Vision Teacher)			1 unit= 15 minutes	$12.50* (evaluation) $8.75* (services)
IFSP Development/Meeting (for multidisciplinary team) **INITIAL ONLY- PARTICIPANTS MUST STAY FOR THE DURATION OF THE MEETING OR UP TO 30 MINUTES** Telephonic/Other Means			1 unit = 1 visit	$20.00*
PSP Meeting – Face-to-Face participation			1 unit = 15 minutes	$12.50*
PSP Meeting – Participation by speaker phone, telehealth or other remote real-time method			1 unit = 15 minutes	$6.25 *

OTHER RELATED SERVICES

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDERS: Language Translators, Sign Language Interpreters for the Deaf

RELATED SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Spanish Language Translator	T2221		**Face-to-Face**: 1unit = 15 minutes **Telephonic:** 1 unit= 15 minutes	Face-to-face: $10.00 * Telephonic: $5.00*
Non-Spanish Foreign Language Translator	T2222		**Face-to-Face**: 1unit = 15 minutes **Telephonic:** 1 unit= 15 minutes	Face-to-face: $15.00* Telephonic: $7.50*
Interpreters for the Deaf	T2223		**Face-to-Face**: 1unit = 15 minutes **Telephonic:** 1 unit= 15 minutes	Face-to-face: $15.00* Telephonic: $7.50*

– Districts may use the Language Line for Telephonic Interpretation Services

ADDENDUM A: MODIFIER CODES

(For use with CPT Codes)

MODIFIER	DETAIL/COMMENT
GN	Service delivered under an outpatient speech-language pathology plan of
GO	Service delivered under an outpatient occupational therapy plan of care
GP	Service delivered under an outpatient physical therapy plan of care
HA	Child/adolescent program
TD	RN
TS	Follow-up service
U2	Medicaid level of care 2, as defined by each state
U6	Medicaid level of care 6, as defined by each state
U7	Medicaid level of care 7, as defined by each state
UC	Medicaid level of care 12, as defined by each state

D. APPENDIX E – BCW Category 1 Conditions List

ICD 10	Description
A50	Congenital viral diseases
A50.0	Early congenital syphilis, symptomatic Any congenital syphilitic condition specified as early or manifest less than two years after birth.
A50.01	Early congenital syphilitic oculopathy
A50.02	Early congenital syphilitic osteochondropathy
A50.03	Early congenital syphilitic pharyngitis
A50.04	Early congenital syphilitic pneumonia
A50.05	Early congenital syphilitic rhinitis
A50.06	Early cutaneous congenital syphilis
A50.07	Early mucocutaneous congenital syphilis
A50.08	Early visceral congenital syphilis
A50.09	Other early congenital syphilis, symptomatic
A50.1	Early congenital syphilis, latent Congenital syphilis without clinical manifestations, with positive serological reaction and negative spinal fluid test, less than two years after birth.
C69.2	Malignant neoplasm of retina Excludes1: dark area on the retina (D49.81) neoplasm of unspecified behavior of retina and choroid (D49.81) retinal freckle (D49.81)
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
D55.2	Anemia due to disorders of glycolytic enzymes Triose-phosphate isomerase deficiency anemia
D81.810	Biotinidase deficiency
D82.1	Di George's syndrome
E03.0	Congenital hypothyroidism with diffuse goiter Congenital parenchymatous goiter (nontoxic) Congenital goiter (nontoxic) NOS Excludes1: transitory congenital goiter with normal function (p72.0)
E03.1	Congenital hypothyroidism without goiter Aplasia of thyroid (with myxedema) Congenital atrophy of thyroid Congenital hypothyroidism NOS
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemias
E70.2	Disorders of Tyrosine metabolism Excludes1: transitory tyrosinemia of newborn (P74.5)
E70.21	Tyrosinemia Hypertyrosinemia
E70.32	Oculoctaneous albinism Excludes1: Chediak-Higashi syndrome (E70.330) Hermansky-Pudlak syndrome (E70.331)

ICD 10	Description
E71.0	Maple-syrup-urine disease
E71.111	3-Methylglutaconic aciduria
E71.120	Methylmalonic acidemia
E71.121	Propionic acidaemia
E71.3	Disorders of fatty-acid metabolism
E71.310	Long chain/very long chain acyl coa dehydrogenase deficiency
E71.311	Medium chain acyl coa dehydrogenase deficiency
E71.313	Glutaric aciduria type II
E71.41	Primary carnitine deficiency
E71.510	Zellweger syndrome
E71.511	Neonatal adrenoleukodystrophy
E72.02	Hartnup disease
E72.03	Lowe's syndrome
E72.04	Cystinosis Fanconi (-de Toni) (-Debre) syndrome with cystinosis Excludes1: Fanconi (-de Toni) (-Debre) syndrome without cystinosis (E72.09)
E72.1	Disorders of sulfur-bearing amino-acid metabolism Excludes1: custinosis (E72.04), cystinuria (E72.01), transcobalamin II deficiency (D51.2)
E72.11	Homocystinuria
E71.118	Other branched-chain organic acidurias
E72.21	Argininaemia
E72.22	Arginosuccinic aciduria
E72.23	Citrullinemia
E72.3	Disorders of lysine and hydroxylysine metabolism Glutaric aciduria (type I)
E72.4	Disorder of ornithine metabolism Ornithine transcarbamylase deficiency Excludes1: hereditary choroidal dystrophy (H31.2-)
E72.8	Other specified disorders of amino-acid metabolism Disorders of beta-amino-acid metabolism Disorders of gamma-glutamyl cycle
E74.02	Pompe disease Cardiac glycogenosis Type II glycogen storage disease
E74.04	Mcardle disease
E74.21	Galactosemia
E74.4	Disorders of pyruvate metabolism and gluconeogenesis Deficiency of pyruvate carboxylase Deficiency of pyruvate dehydrogenase Excludes1: disorders of pyruvate metabolism and gluconeogenesis with anemia (D55.-) Leigh's syndrome (G31.82)
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease

ICD 10	Description
E75.2	Other sphingolipidosis
E75.22	Gaucher disease
E75.23	Krabbe disease
E75.24	Niemann-pick
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.25	Metachromatic leukodystrophy
E75.4	Batten disease
E75.5	Other lipid storage disorders Cerebrotendinous cholesterosis [van Bogaert-Scherer-Epstein]
E76.01	Hurler's syndrome
E76.1	Mucopolysaccharidosis, type II- Hunter's syndrome
E76.2	Other mucopolysaccharidoses
E76.22	Sanfilippo mucopolysaccharidoses Mucopolysaccharidosis, type III (A) (B) (C) (D) Sanfilippo A syndrome Sanfilippo B syndrome Sanfilippo C syndrome Sanfilippo D syndrome
E77.1	Defects in glycoprotein degradation Fucosidosis
E77.8	Other disorders of glycoprotein metabolism
E78.6	"Lipoprotein deficiency Abetalipoproteinaemia
E78.72	Smith-Lemli-Opitz syndrome
E79.1	Lesch-Nyhan syndrome HGPRT deficiency
E83.01	Wilson's disease
E83.09	Other disorders of copper metabolism Menkes' (kinky hair) (steely hair) disease
E88.41	MELAS syndrome
E88.42	MERRF syndrome
E88.49	Other mitochondrial metabolism disorder
E88.8	Other specified metabolic disorders
F84	Pervasive developmental disorders
F84.0	Childhood autism
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger syndrome
F84.8	Other pervasive developmental disorders Overactive disorder associated with intellectual disabilities and stereotyped movements
G00.8	Other Bacterial meningitis
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]

ICD 10	Description
G12.1	Other inherited spinal muscular atrophy Juvenile form, type III spinal muscular atrophy [Kugelberg-Welander]
G23.0	Hallervorden-Spatz disease
G31.8	Other specified degenerative diseases of nervous system
G31.82	Leigh syndrome
G31.89	Other specified degenerative diseases of nervous system
G40	Epilepsy and recurrent seizures
G40.00	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.1	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
G40.10	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizure, not intractable
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.11	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.2	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
G40.20	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.21	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic

ICD 10	Description
	syndromes with complex partial seizures, intractable, without status epilepticus
G40.3	Generalized idiopathic epilepsy and epileptic syndromes
G40.30	Generalized idiopathic epilepsy and epileptic syndromes, not intractable
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.31	Generalized idiopathic epilepsy and epileptic syndromes, intractable
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.4	Other generalized epilepsy and epileptic syndromes
G40.40	Other generalized epilepsy and epileptic syndromes, not intractable
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.5	Epileptic seizures related to external causes
G40.50	Epileptic seizures related to external causes, not intractable
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.8	Other epilepsy and recurrent seizures
G40.80	Other epilepsy
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.81	Lennox-Gastaut syndrome
G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.82	Epileptic spasms
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G40.89	Other seizures
G60.0	Hereditary motor and sensory neuropathy

ICD 10	Description
	Dejerine-Scottas disease
G60.1	Refsum disease Infantile Refsum disease
G71.0	Muscular dystrophy
G71.11	Myotonic muscular dystrophy Dystrophia myotonica [Steinert] Steinert disease
G71.12	Myotonia congenita Dominant myotonia congenita [Thomsen disease]
G71.2	Congenital myopathies Central Core disease
G80	Cerebral palsy
G80.0	Spastic quadriplegia cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left non-dominant side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting the left dominant side
G81.13	Spastic hemiplegia affecting the right non-dominant side
G81.14	Spastic hemiplegia affecting the left non-dominant side
G81.22	Paraplegia, incomplete
G82.2	Paraplegia
G82.21	Paraplegia, complete
G82.51	Quadriplegia c1 - c4 complete
G82.52	Quadriplegia c1 - c4 incomplete
G82.53	Quadriplegia C5 - C7 complete
G82.54	Quadriplegia C5 - C7 incomplete
G83	Diplegia of the upper limbs
G83.11	Monoplegia of the lower limb affecting right dominant side
G83.12	Monoplegia of the lower limb affecting the left dominant side
G83.13	Monoplegia of the lower limb affecting the right non-dominant side
G83.14	Monoplegia of the lower limb affecting the left non-dominant side
G83.21	Monoplegia of the upper limb affecting the right dominant side
G83.22	Monoplegia of the upper limb affecting the left dominant side
G83.23	Monoplegia of the upper limb affecting the right non-dominant side
G83.24	Monoplegia of the upper limb affecting the left non-dominant side
G90.1	Familial dysautonomia [Riley-Day]
G91.0	Communicating hydrocephalus

ICD 10	Description
G91.1	Obstructive (noncommunicating) hydrocephalus
G93.1	Anoxic brain damage, not elsewhere classified
G93.41	Metabolic encephalopathy
G93.49	Other encephalopathy Encephalopathy NEC
G93.81	Temporal sclerosis
G93.89	Other specified disorders of the brain
G98	Other disorders of nervous system not elsewhere classified
H35.02	Exudative retinopathy Coats retinopathy
H35.15	Retinopathy of prematurity, stage 4
H35.151	Retinopathy of prematurity, stage 4, right eye
H35.152	Retinopathy of prematurity, stage 4, left eye
H35.153	Retinopathy of prematurity, stage 4, bilateral
H35.16	Retinopathy of prematurity, stage 5
H35.161	Retinopathy of prematurity, stage 5, right eye
H35.162	Retinopathy of prematurity, stage 5, left eye
H35.163	Retinopathy of prematurity, stage 5, bilateral
H35.5	Hereditary retinal dystrophy
H35.51	Vitreoretinal dystrophy
H35.52	Pigmentary retinal dystrophy
H35.53	Other dystrophies primarily involving the sensory retina
H35.54	Dystrophies primarily involving the retinal pigment epithelium
H47.21	Primary optic atrophy
H47.211	Primary optic atrophy, right eye
H47.212	Primary optic atrophy, left eye
H47.213	Primary optic atrophy, bilateral
H47.61	Cortical blindness
H47.611	Cortical blindness, right side of the brain
H47.612	Cortical blindness, left side of the brain
H49.81	Kearns-Sayre syndrome
H54.0	Blindness, both eyes Visual impairment categories 3, 4, 5 in both eyes
H54.1	Blindness one eye low vision other eye
H54.11	Blindness in right eye, low vision in left eye
H54.12	Blindness left eye, low vision right eye
H54.2	Low vision, both eyes Visual impairment categories 1 or 2 in both eyes
H90.0	Conductive hearing loss, bilateral
H90.3	Sensorineural hearing loss, bilateral
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
ICD 10	Description
P04.1	Newborn affected by other maternal medications

ICD 10	Description
	Newborn (suspected to be) affected by cancer chemotherapy Newborn (suspected to be) affected by cytotoxic drugs Excludes1: dysmorphism due to warfarin (Q86.2) Fetal hydantoin syndrome Maternal use of drugs of addiction (P04.4-)
P04.8	Newborn (suspected to be) affected by other maternal noxious substances
P35.0	Congenital rubella syndrome Congenital rubella pneumonitis
P35.1	Congenital cytomegalovirus infection
P35.2	Congenital herpesviral [herpes simplex] infection
P35.8	Other congenital viral diseases Congenital varicella [chickenpox]
P37.1	Congenital toxoplasmosis Hydrocephalus due to congenital toxoplasmosis
P52.21	Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn Subependymal hemorrhage with intraventricular extension with enlargement of ventricle
P52.22	Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn Bleeding into cerebral cortex Subependymal hemorrhage with intracerebral extension
P91.2	Neonatal cerebral leukomalacia Periventricular Leukomalacia
P91.6	Hypoxic ischemic encephalopathy
P91.61	Mild hypoxic-ischemic encephalopathy [HIE]
P91.62	Moderate hypoxic-ischemic encephalopathy [HIE]
P91.63	Severe hypoxic-ischemic encephalopathy [HIE]
P94.0	Transient neonatal myasthenia gravis Excludes1: myasthenia gravis (G70.0)
Q00.0	Anencephaly- acephaly, acrania, amyelencephaly, hemianencephaly, hemicephaly
Q00.1	Craniorachischisis
Q00.2	Iniencephaly
Q01	Encephalocele
Q01.0	Frontal encephalocele
Q01.1	Nasofrontal encephalocele
Q01.2	Occipital encephalocele
Q01.8	Encephalocele of other sites
Q02	Microcephaly: hydro microcephaly, mesencephalon
Q04.8	Other specified congenital malformations of brain
Q03.1	Atresia of foramina of Magendie and Luschka Dandy-Walker Syndrome
Q04.0	Congenital malformations of brain Agenesis of corpus callosum
Q04.2	Holoprosencephaly

ICD 10	Description
Q04.3	Other reduction deformities of brain Lissencephaly
Q04.4	Septo-optic dysplasia of brain
Q04.5	Megalencephaly
Q04.6	Congenital cerebral cysts Porencephaly
Q05	Spina bifida
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q06.2	Diastematomyelia
Q06.4	Hydromyelia
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q11.1	Other anophthalmos
Q11.2	Microphthalmos
Q14.2	Congenital malformation of optic disc Coloboma of optic disc
Q22.4	Congenital tricuspid stenosis Congenital tricuspid atresia
Q23.4	Hypoplastic left heart syndrome
Q24.8	Other specified congenital malformations of heart
Q25.5	Atresia pulmonary artery
Q26.2	Total anomalous pulmonary venous connection
Q74.3	Arthrogryposis multiplex congenita
Q76.1	Klippel-Feil syndrome
Q77.3	Congenital cerebral cysts Chondrodysplesia Punctata
Q82.3	Incontinentia pigmenti
Q85.1	Tuberous sclerosis
Q85.8	Other phakomatoses, not elsewhere classified Sturge-Weber (-Dimitri) syndrome
Q86.0	Fetal Alcohol syndrome (dysmorphic)
Q86.8	Other congenital malformation syndromes due to known exogenous causes
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance
Q87.1	Congenital malformation syndromes predominantly associated with short stature Cockayne syndrome De Lange syndrome

ICD 10	Description
	Noonan syndrome Prader-Willi syndrome Robinow-Silverman-Smith syndrome Excludes1: Ellis-van Creveld syndrome (Q77.6) Smith-Lemli-Opitz syndrome (E78.72)
Q87.2	Congenital malformation syndromes predominantly involving limbs Rubinstein-Taybi syndrome
Q87.40	Marfan's syndrome
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q90	Down syndrome
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q92	Other trisomies and partial trisomies of the autosomes, not elsewhere classified
Q92.5	Duplications with other complex rearrangements
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of the autosomes
Q93.3	Wolf-Hirschhorn Syndrome 4p
Q93.4	Deletion of short arm of chromosome 5: Cri-du-chat syndrome
Q93.5	Other deletions of part of a chromosome
Q93.8	Other deletions from the autosomes
Q93.81	Velo-cardio-facial syndrome- Deletion 22q11.2
Q93.88	Other microdeletions: Miller-Dieker syndrome, Smith-Magenia syndrome
Q96	Turner's syndrome
Q97.0	Karyotype 47, XXX
Q97.1	Female with more than three X chromosomes
Q98.0	Klinefelter syndrome karyotype 47, XXY
Q98.1	Klinefelter syndrome, male with more than two X chromosomes
Q98.5	Karyotype 47, XYY
Q99.2	Fragile X chromosome
Q99.8	Other specified chromosome abnormalities
S09.8XXA	Other specified injuries of head, initial encounter
T86.2	Complications of heart transplant Excludes1: complication of: artificial heart device (T82.5) heart-lung transplant (T86.3)
T86.21	Heart Transplant rejection

E. APPENDIX F – Notice of Infant/Toddler and Family Rights Under Babies Can't Wait

This section is provided to families to describe the child's and family's rights to participate in Babies Can't Wait.

Foreword
The Notice of Infant/Toddler and Family Rights under Babies Can't Wait (BCW) describe your child's and family's rights, as defined by Part C of the Individuals with Disabilities Education Act as amended (IDEA). IDEA is a federal law which includes descriptions of the types of early intervention services provided for eligible children starting at birth.

Georgia has developed policies and procedures which meet these federal and state Part C requirements. Because this document is an official notice of your rights under federal law and regulations, some terms may be unfamiliar to you. For this reason, some words are defined where they are used in the document and others are defined in the Glossary. The Service Coordinator working with your family can suggest additional materials to help you understand your rights. He/she can also suggest ways that you and other family members can be partners with professionals to help meet the developmental needs of your child.

For more information contact:

Babies Can't Wait Program
Office of Children and Youth with Special Health Care Needs
Maternal and Child Health Section, Georgia Department of Public Health
2 Peachtree Street, NW, 11th Floor
Atlanta, GA 30303-3186
(404) 657-2762 or 1-888-651-8224 (Toll-Free)

Introduction

The Early Intervention Program (Part C of the IDEA) in Georgia, known as Babies Can't Wait (BCW), is designed to support family involvement and ensure parental consent in each step of the process from referral, through service delivery. Safeguards or rights have been established to protect parents and infants and toddlers with disabilities. Parents must be informed about these rights or safeguards so they can have a leading role in services for their children. Participation in the Georgia BCW program for infants and toddlers is voluntary for you and your family. A parent or legal guardian may request information in their native language. The Georgia Department of Public Health is committed to ensuring that all families who primarily communicate in another language other than English or parents with a sensory impairment have meaningful access to all programs and activities, conducted or supported by the department. A parent can request these services by notifying their local Babies Can't Wait office or Service Coordinator.

Under BCW in Georgia, you as a parent, have the following rights:

- The right to a timely multidisciplinary evaluation and assessment and the development of an Individualized Family Service Plan (IFSP) within forty-five (45) calendar days from referral to BCW;
- The right to appropriate early intervention services for your child and family as addressed in an IFSP if eligible under BCW;

In Georgia, "appropriate early intervention services" are determined through the IFSP process. The IFSP must contain a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler with disabilities and the family to achieve the outcomes identified in the IFSP. Federal regulations define early intervention services under IDEA Section 303.13 as services that "are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development as identified by the IFSP Team, in any one or more of the following areas including physical development, cognitive development, communication development; social or emotional development or adaptive development."

- The right to evaluation, assessment, IFSP development, service coordination, and procedural safeguards at no cost to you. You may be charged for other early intervention services based on the Financial Analysis for Cost Participation. However, your inability to pay, as defined by the Financial Analysis for Cost Participation, will not prevent your child or your family from receiving early intervention services;
- The right to refuse screenings, evaluations, assessments, and services;
- The right to dispute the eligibility determination through dispute resolution mechanisms, including mediation;
- The right to be invited to and participate in all IFSP meetings;
- The right to receive written notice five (5) calendar days before a change is proposed or refused in the identification, evaluation, or placement of your child, or in the provision of services to your child or family;
- The right to receive an initial copy of your child's early intervention record at no cost to you.
- The right to receive services in your child's natural environment to the extent appropriate;
- The right to maintenance of the confidentiality of personally identifiable information;
- The right to review and, if appropriate, correct early intervention records;
- The right to an impartial due process hearing to resolve parent/provider disagreements;
- The right to file a state complaint.

In addition to the general rights listed above, you are entitled to be notified of specific procedural safeguards under BCW. These rights include:

- Confidentiality of Personally Identifiable Information and Early Intervention Records;
- Parental Consent and Notice;
- Surrogate Parents, and
- Dispute Resolution Options including Mediation, State Complaint Procedures and Due Process Hearing Procedures.

Key points in the process from referral to IFSP development are outlined below with additional information on your specific rights under the areas described above.

1. Key Points in Process from Referral to IFSP Development Referral

1. Your child can be referred to Babies Can't Wait (BCW) by you or another individual (pediatrician, nurse, child care provider, therapist, another parent, etc.).
2. Referrals may be made by telephone, fax, in writing, or in person.
3. A referral may be made without prior parental consent; however, as a parent you will be informed of this referral.
4. **The 45-day timeline begins on the day the referral is received by Children 1st**, which serves as the Single Point of Entry (SPOE) or the front door for Georgia's Public Health Child Health programs including BCW or when referred directly to Babies Can't Wait.

2. **Intake**

   The intake meeting will be your first face-to-face contact with Babies Can't Wait personnel. During this meeting, you will be asked about your child and his/ her developmental and medical history as well as your priorities as a family. You will also be provided with prior written notice and asked for your consent to evaluate your child. You may also be asked for your written consent for Babies Can't Wait to request specific information about your child from his/her doctors and others involved in his/her life.

3. **Prior Written Notice**

   Prior written notice must be given to parents/legal guardians at least five (5) calendar days before Babies Can't Wait proposes or refuses to initiate or change the identification, initial screening, all evaluations and assessments, or placement of your child or providing appropriate early intervention services to your child and family. You will be given prior notice before your child's evaluation, if he/she is found to be eligible for Babies Can't Wait, and before his/her individualized family service plan is developed or changed.

4. **Parental Consent**

   Consent means that you, as your child's parents/legal guardians, have been fully informed of all information about the activity for which you are asked to agree to. Information must be provided to you in your native language or other mode of communication unless it is clearly not feasible to do so. If translation into the native language is not practical, the notice is translated verbally (orally) or by other means to you in your native language or other method of communication. You will be asked to provide written permission before each screening, evaluation and assessment is conducted and prior to the use of public benefits or private insurance if such funding sources are used to pay for Part C services and before disclosing personally identifiable information.

5. **Screening**

   Screening involves the use of selected tools or procedures during the intake visit or other appropriate time to determine whether further evaluation and assessment activities are needed for your child. However, as a parent you have the right to request an evaluation at any time during the screening process even if the screening results do not indicate a suspected delay(s). In some instances, if your child is diagnosed with certain conditions such as Down syndrome or Cerebral Palsy a screening may not be necessary and eligibility will be determined based on receipt of a medical report that confirms a diagnosis.

6. **Evaluation & Assessment**

   Evaluation means the use of tools and procedures by qualified professionals to determine your child's initial eligibility for Babies Can't Wait.

   Assessment means the ongoing use of tests and procedures by qualified professionals to identify your child's unique strengths, needs, as well as the resources, priorities and concerns of your family and the supports and services necessary to improve your family's capacity to meet the developmental needs of your infant or toddler with special needs.
   Assessment of a child's progress is ongoing. The local lead agency must provide a copy of each evaluation/ assessment to the parent within 21 calendar days, at no cost to you.

7. Individualized Family Service Plan (IFSP) Development

The Individualized Family Service Plan (IFSP) is a plan of early intervention services for your child and family. The plan is developed with input from you, the parent and the team that conducts the evaluation and assessment to determine eligibility.
Babies Can't Wait standards require that each child's individualized family service plan (IFSP) must be developed within 45 days of the receipt of the referral. When delays are requested or initiated by a family for any reason (such as illness, hospitalization, vacation, work schedules, etc.), this timeline requirement is not in effect and may delay the initiation of services for your child and family.

8. Confidentiality of Personally Identifiable Information & Early Intervention Records

Confidentiality of records begins at referral and continues until the participating agency is no longer required (In Georgia that is 5 years after the child exits) to maintain personally identifiable information regarding the child under applicable Federal and State LEAs. Sharing information can occur between agencies that are part of the Georgia Department of Public Health, Maternal and Child Health programs, when written parental consent is obtained for each program. This includes consent to request, receive, and release information and other relevant authorizations from the parent/legal guardian.

The local lead agency gives you the opportunity to inspect and review any early intervention records relating to your child which are collected, maintained, or used by BCW. The local lead agency complies with a request not more than 15 calendar days after the request has been made and before any meeting regarding an IFSP or any hearing related to identification, evaluation, placement or provision of early intervention services.

The right to inspect and review early intervention records includes:

- The right to a response from the local lead agency to reasonable requests for explanations and interpretation of the early intervention record;
- The right to request that the local lead agency provide copies of early intervention records containing the information if failure to provide these copies would effectively prevent you from exercising the right to inspect and review the early intervention records; and
- The right to have someone who is representing you to inspect and review the early intervention record. A parent must give written consent for this representative to review the early intervention records by completing a release of information form.

The local lead agency may assume that you have the authority to inspect and review early intervention records relating to your child unless the local lead agency has been advised that you do not have the right under applicable State law or court order governing such matters as guardianship, separation, and divorce.

Each local lead agency shall keep a list of people obtaining access to early intervention records collected, maintained, or used under BCW (except access by parents and authorized employees of the participating agency), including the name of the person, the date access was given, and the purpose for which the party is approved to use the early intervention record.

If any early intervention record includes information on more than one child, you have the right to inspect and review only the information relating to your child, or to be informed of that specific

information. The local lead agency shall provide you, upon request, a list of the types and locations of early intervention records collected, maintained, or used by the agency.

A participating agency must make available to you an “initial copy” of your child’s early intervention record and a copy of each evaluation, assessment of your child, family assessment, and IFSP as soon as possible after each IFSP meeting at no cost to you. A participating agency may not charge a fee to search for or to gather the information. The local lead agency may charge a fee for copies of early intervention records which are made for parents under BCW if the fee does not effectively prevent you from exercising your right to inspect and review those early intervention records.

If you believe that information in the early intervention records collected, maintained, or used under BCW is inaccurate or misleading, or violates the privacy or other rights of you or your child, you may request that the local lead agency make changes to the information. The right to change records only applies to information about the parent and child, not other family members.

- The agency decides whether to make changes to amend the information in accordance with the request, within a reasonable period of time after receiving the request, but in no case not later than 30 calendar days from receipt of the request.
- If the agency refuses to make changes to the information as you requested, you will be informed of the refusal and be advised of the right to a hearing.

9. Right to a Hearing

- The local lead agency, on request, provides an opportunity for a due process hearing or a hearing directly under the state complaint procedure that are consistent with FERPA hearing requirements to challenge information in the early intervention records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.
- If, as a result of the hearing, it is determined that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the local lead agency will change the information accordingly and will inform you in writing.
- If as a result of the hearing, it is determined that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, you will be informed of your right to place in the early intervention records of the child a statement commenting on the information and setting forth any reasons for disagreeing with the hearing decision.
- Any explanation placed in the early intervention records of the child under this section:
  (a) Must be maintained by the local lead agency as part of the early intervention records of the child, as long as the early intervention record or contested portion (that part of the record with which you disagree) is maintained by such agency; and
  (b) If the early intervention records of the child or the contest portion are disclosed by such agency to any party, the explanation must also be disclosed to the party.

A hearing held under this section must be conducted according to the procedures under the Family Education Rights and Privacy Act (FERPA), which is found in statute at 20 U.S. C. §1232g, and in regulations at 34 CFR Part 99. These procedures may also be found in the Procedural Safeguards Policy.

Parental consent must be obtained before personally identifiable information is (1) disclosed to anyone other than officials of participating agencies collecting or using information under

BCW, subject to the next paragraph of this section; or (2) used for any purpose other than meeting a requirement under BCW.

Information from your child's early intervention record cannot be released to participating agencies (including the lead agencies and EIS providers) without your consent unless the agency participating in BCW is permitted to do so under FERPA. If you and your child relocate to another BCW local program in Georgia, the records are sent to the new local program. Parental consent is not needed in the transfer of BCW records in this situation.

Local lead agencies are permitted to identify all children potentially eligible for services under Part B of the IDEA by sending information to the Georgia Department of Education and the appropriate local educational agency (LEA) (your local school program). BCW is required to provide directory information that includes child's name, birth date, and parent(s) contact information (including the parents' names, addresses, and telephone numbers) to the state educational agency (SEA) and the local educational agency (LEA) unless the parent opts out.

A parent has the choice to refuse to allow the local lead agency to send their child's name, birth date and parent's contact information to the local school local program where the child lives by signing an "Opt Out" form and returning the original copy to the local Babies Can't Wait Office within 5 calendar days from the date that the information is presented to you.

The local lead agency must make reasonable efforts to make sure that you are fully aware of the nature of the referral and services that would be available under Part B and understand that your child will not be able to receive services unless consent is given to proceed with the referral.

The following safeguards must be in place to ensure confidentiality of records:

- Each local lead agency protects the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages;
- One official of each local lead agency is responsible for ensuring the confidentiality of any personally identifiable information;
- All persons collecting or using personally identifiable information receive training or instruction regarding Georgia's BCW policies and procedures which comply with IDEA and FERPA;
- Each local lead agency maintains, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information;
- The local lead agency informs parents when personally identifiable information collected, maintained, or used under BCW is no longer needed to provide services to the child; and
- The information is destroyed, at the request of the parents. (However, a permanent early intervention record of the child's name, date of birth, parent contact information including address, phone number, names of Service Coordinator's and EIS providers and exit data shall be maintained.)

10. Parental Consent and Notice

Consent means that you as your child's parent or legal guardian:

1. Have been fully informed of all information about the activity for which consent is sought in your native language or other method of communication;

   When used with respect to an individual with limited English means:

a) The language normally used by child or the parents of the child;
b) For evaluations and assessments, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

2. Understand and agree in writing to the carrying out of the activity for which your consent is sought and the consent describes that activity and lists the records (if any) that will be released and to whom; and
3. Understand that the granting of consent is voluntary on your part and may be reversed at any time.

Your written consent must be obtained before each:

1. Screening, evaluation(s) and assessment(s) of your child is conducted; (2) Early intervention services are provided; and
2. Prior to the use of public benefits or insurance and before disclosing personally identifiable information.

If you do not consent, the local lead agency shall make reasonable efforts to make sure that you:

1. Are fully aware of the nature of the evaluation and assessment or the services that would be available;
2. Understand that your child will not be able to receive the evaluation and assessment or services unless consent is given.

If you do not give your consent for an initial evaluation, the local lead agency may:

1. Provide you with information including handouts, brochures and a list of books or other materials;
2. Offer you resources you may contact to help your understanding of the value of early intervention and to address your concerns about participation in the BCW system;
3. Contact you, on an established time schedule to see if you changed your mind about participation in BCW.

In addition, as the parent of a child eligible under BCW, you may determine whether you, your child, or other family members will accept or refuse any early intervention service(s) under this program. You may also refuse such a service after first accepting it without losing other early intervention services under BCW.

Finally, you have the right to written notice of and written consent to the exchange of any **personally identifiable information** collected, used, or maintained under BCW. (See section on Confidentiality and Opportunity to Examine Records)

Prior written notice must be given to you five (5) calendar days before the participating agency or Early Intervention Service (EIS) provider proposes or refuses to initiate or change the identification, screening, evaluation, or placement of your child or the provision of early intervention services to your child and your family. The notice must inform you about:

1. The action that is being proposed or refused;
2. The reasons for taking the action;
3. All procedural safeguards that are available under BCW; and
4. The BCW complaint procedures, including a description of how to file a complaint and the timelines under these procedures. (See Dispute Resolution Options).

The notice must be:

1. Written in language understandable to the general public and provided in your native language, unless it is clearly not feasible to do so.
2. If your native language or other method of communication is not a written language, the local lead agency shall take steps to make sure that:
    a. The notice is translated verbally (orally) or by other means to you in your native language or other mode of communication;
    b. You understand the notice; and
    c. There is written evidence that the requirements of this section have been met.

(2) If you are deaf, blind or have no written language, the method of communication must be that normally used by you (such as sign language, Braille, or oral communication).

11. Surrogate Parents

The rights of children eligible under BCW are protected even if:

1. No parent can be identified;
2. The local lead agency, after reasonable efforts, cannot locate a parent; or
3. The child is a ward of the state under the laws of Georgia.

The lead agency has 30 days to make reasonable efforts to ensure the assignment of a surrogate parent after a public agency determines that the child needs a surrogate parent. If the child is a ward of the state, the judge overseeing the infant or toddler's case may assign a surrogate parent.

An individual is assigned to act as a "surrogate" for the parent according to the following procedures. The procedures include a method for determining whether a child needs a surrogate parent and assigning a surrogate to the child. The following criteria are employed when selecting surrogates:

1. Surrogate parents are selected in the manner authorized by State LEA.
2. A person selected as a surrogate parent:
    a. Has no interest that conflicts with the interest of the child he or she represents;
    b. Has knowledge and skills that ensure adequate representation of the child;
    c. Is not an employee of any state agency or a person or an employee of a person providing early intervention services to the child or to any family member of the child. A person who otherwise qualifies to be a surrogate parent under this section is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent; and
    d. Resides in the same general geographic area as the child, whenever possible.

A surrogate parent may represent the child in all matters relating to:

1. The evaluation and assessment of the child;
2. Development and implementation of the child's IFSPs, including annual evaluations and periodic reviews;
3. Providing early intervention services to the child;
4. Any other rights established under BCW.

12. Dispute Resolution Options

If you disagree with the local lead agency on the (1) identification, (2) evaluation, (3) placement of your child, or (4) provision of appropriate early intervention services to your child or family, you have the right to a timely resolution of your concerns through mediation,

state complaint, and/or an impartial due process hearing.

13. Mediation

Georgia offers mediation as a possible alternative to resolving disagreements. Mediation is viewed as voluntary and freely agreed to by both parties. Parties to disputes may request mediation at any time to resolve a matter regardless of whether a due process complaint or State complaint is filed. Parents/providers are not required to use it.

Mediation may not be used to deny or delay your right to an impartial due process hearing under BCW or any other rights under BCW. If mediation is requested, it must be completed within 30 calendar days of the initial request.

A request for mediation must be made to the local lead agency in writing. This request must be signed by the parties filing the request and should contain a statement listing the point(s) of disagreement related to the identification, evaluation, and placement or your child, or providing appropriate early intervention services to your child or family.

Georgia's BCW program uses a rotating list of qualified mediators who have experience and are knowledgeable in laws and regulations relating to providing early intervention services and provide mediation services throughout the state of Georgia. The mediator will be notified of the request for mediation. The mediator will contact both parties to review the complaint and the mediation process and to schedule a time and location for the mediation. The mediation will be scheduled in a timely manner and held in a location that is convenient to both parties. A qualified and impartial mediator who is trained in effective mediation techniques will meet with both parties to help them find a solution to the complaint in an informal, non-adversarial atmosphere. If either party chooses to have an attorney present for the mediation, the mediator must be notified at least 48 hours prior to the scheduled mediation.

A mediation agreement must be to the satisfaction of both parties. It must not conflict with state or federal law or policy of BCW. Both parties must sign the agreement. They are both given a copy of the written agreement at the end of the mediation. If the parties resolve a dispute through the mediation process, they must sign a legally binding written agreement that is enforceable in any State court of competent jurisdiction or in a local program court of the United States. The agreement is signed by both a parent and a representative of the lead agency who has the authority to bind the lead agency.

Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent impartial due process hearings or civil proceedings. The parties to the mediation process may be required to sign a confidentiality pledge prior to the beginning of the process.

The BCW program is responsible for any costs that are associated with the mediation process. There is no cost to you as the parent(s).

At the same time, you may file a request for mediation and for an impartial due process hearing. If an agreement is reached in mediation, the hearing is canceled.

14. State Complaints

In addition to mediation (discussed in the previous section) an individual or organization,

including an individual or organization from another state, may file a written, signed complaint that any public agency or private service provider participating in BCW is violating a requirement of the Part C program. The complaint must include:

1. The signature and contact information for the complainant and if the alleged violations relate to a specific child, require that the complainant include the name and address of the child, a description of the nature of the problem, and a proposed resolution of the problem to the extent known and available at the time the complaint is filed. This includes a statement that a requirement of Part C has been violated by the local lead agency, and the facts on which the complaint is based.
2. Complaints must be mailed to:
   Georgia Department of Public Health
   Maternal and Child Health Section
   Babies Can't Wait State Complaint
   2 Peachtree Street, NW
   11th Floor
   Atlanta, GA 30303
3. The complainant must forward a copy of the complaint to the public agency or EIS provider serving the child at the same time the party files the complaint with the lead agency.
4. The complaint must be filed with the State Lead Agency within one year of the alleged violation.

Once the State Lead Agency has received the complaint, they have 60 calendar days (unless exceptional circumstances exist) to investigate the complaint and issue a written decision that contains the facts and conclusions, and the reasons for the final decision. The individual or organization filing the complaint has the opportunity to submit additional information, either orally or in writing, about the complaint. The lead agency, public agency or EIS provider has an opportunity to respond to the complaint within 10 business days of the complaint. If the final decision indicates that appropriate services were/are not being provided, the State Lead Agency must address how to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action. The State Lead Agency must also address appropriate future provisions of services for all infants and toddlers with disabilities and their families.

The state lead agency offers the opportunity for all of the parties involved to voluntarily engage in mediation.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar day timeline using the complaint procedures described in this document.

If an issue is raised in a state complaint that has been previously decided in a due process hearing involving the same parties –

1. The hearing decision is binding; and
2. The Lead Agency must inform the complainant to that effect.

A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the Lead Agency.

If the disagreement (complaint) involves an application for initial services, your child and family must receive those services that are not in dispute.

15. Due Process Hearing

A due process hearing is a formal procedure conducted by an impartial hearing officer. The due process hearing must be completed, and a written decision made, within 30 calendar days of the request. (Mediation, if attempted, must occur within the same 30 calendar days).

As a parent(s), you may initiate a complaint by notifying the local lead agency, in writing, of the request for a due process hearing. You must sign the complaint and include a statement identifying the point(s) of disagreement related to the identification of your child being referred to BCW, evaluation, placement of your child, or providing appropriate early intervention services to your child or family. The local lead agency shall ensure that the processes for resolving complaints is explained to you within five (5) business days of receipt of the complaint. The local lead agency shall inform you of any free or low-cost legal services and other relevant services available.

The Office of State Administrative Hearings (OSAH) will assign the hearing officer to conduct the hearing. Hearing officers are impartial persons appointed to conduct the due process hearing.

The hearing officer must:

1. Possess knowledge of, and the ability to understand, the provisions of the Individuals with Disabilities Education Act (IDEA) Part C, Federal and State regulations pertaining to the Act, and legal interpretations of the Act by Federal and State courts;
2. Possess the knowledge and ability to conduct hearings in accordance with appropriate, standard legal practice;
3. Perform the following duties:
    - Listen to the presentation of relevant views about the complaint/disagreement;
    - Examine all information related to the issues;
    - Seek to reach a timely resolution of the disagreement; and
    - Provide a record of the proceedings, including a written decision which contains findings of fact, conclusions and the reasons for the decision.

Hearing officers used in a due process hearing and mediators used in mediation must be “impartial.” Impartial means that the person appointed to serve as the hearing officer (or mediator) of the due process proceeding:

1. Is not an employee of the lead agency or an EIS provider involved in providing early intervention services to or care of the child;
2. Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process;
3. Is not a local Board of Health official.

A person who is otherwise qualified under this section is not considered an employee of an agency solely because he/she is paid by the agency to implement the disagreement resolution process.

Under BCW, you are given the rights listed below in any due process hearing carried out under this section.

1. To be accompanied and advised by a lawyer and by individuals with special knowledge or training about early intervention services for children under BCW. If

either party plans to be represented by an attorney, they must notify the opposing party and OSAH within three (3) business days after receipt of the notice of the hearing.

2. To present evidence and confront, cross-examine, and to compel the attendance of witnesses;
3. To prohibit the introduction of any evidence at the proceedings that has not been disclosed to you at least five (5) calendar days before the hearing;
4. To obtain a written or electronic verbatim (word by word) transcription of the hearing at no cost to you; and
5. To receive a written copy of the findings of fact and decisions at no cost to you as the parent.

Any proceedings for implementing the due process hearing in this section must be carried out at a time and place that is reasonably convenient to you.

No later than 30 calendar days after receipt of your disagreement (complaint), the due process hearing required under this section must be completed and a written decision must mailed to each of the parties. However, the hearing officer may grant specific extensions of time beyond the 30-day timeline at the request of either party.

Any party not satisfied with the findings and decision of the due process hearing has the right to bring a civil action in state or federal court.

During the time-period of any proceeding involving a parent/provider disagreement (complaint), unless the local lead agency and you otherwise agree, your child and family will continue to receive the appropriate early intervention services identified in the IFSP that are agreed to by the parents. If the disagreement (complaint) involves an application for initial services, you child and family must receive services that are not in dispute.

If the disagreement (complaint) involves the initial eligibility for the BCW program, then no early intervention services shall be provided until a resolution is reached. If the disagreement (complaint) involves an application for initial services, your child and family must receive

F. APPENDIX G – Surrogate Parent Guidelines and Training Manual

This document is designed to guide and assist public local programs serving as Local Lead Agencies for the Part C early intervention system in Georgia. This manual will assist these agencies in fulfilling legal responsibilities to obtain informed, written consent from parents or other appropriate individuals as specified in federal law (Individuals with Disabilities Education Act) prior to the proposal, initiation, change, and/or refusal of early intervention services. For some infants and toddlers, this may include the appointment and training of surrogate parents as required by the Individuals with Disabilities Education Act (IDEA). IDEA requires the State Lead Agency, the Georgia Department Public Health, to ensure that each local lead agency has a system in place for infants and toddlers in need of surrogate parents which includes (1) appointing qualified surrogate parents for them (2) provisions for training individuals appointed as surrogate parents.

This document will provide guidance for agency personnel who are responsible for ensuring that the surrogate parent provision of Part C regulations are followed. It will also provide information to assist in identifying children who are eligible for the protections of the surrogate parent provision and for implementation of surrogate parent procedures at the local level. Program administrators should use this document as guidance for establishing an appropriate surrogate parent system at the local level that includes:

- How to identify children and verify their eligibility for assignment of a surrogate parent;
- How to identify, train and appoint surrogate parents;
- How and when to recruit and train eligible individuals who may serve as appointed surrogate parents;
- How to coordinate these efforts with other service providers for the benefit of all involved, especially the children; and
- How to obtain assistance in these efforts, if necessary.

This document is intended to be utilized as a resource manual to determine who may provide consent for infants and toddlers to participate in Babies Can't Wait and to provide guidance related to the training of surrogate parents. It also offers detailed guidelines for program administrators who need to establish and maintain best practices when establishing local procedures for linking eligible children with surrogate parents.

1. IDEA Requirements

The Individuals with Disabilities Education Act (IDEA) includes specific provisions to ensure that all children with disabilities have a "parent" to act on their behalf.

According to § 303.27 of the 2004 Reauthorization of IDEA (ACT) Final Part C Federal Regulations 2011) a "parent" is:

1. A biological or adoptive parent of a child unless the biological or adoptive parent does not have legal authority to make educational or early intervention service decisions on behalf of the child, then other qualified person(s) must be presumed to be the "parent" for purposes of Part C of IDEA;
2. A foster parent, unless State LEA, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent; *
3. A guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);

4. An individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare;
5. An individual appointed to be a surrogate parent, in accordance with
6. §303.422 or section 639 (a) (5) of the Act.

In accordance with Section 602(23) of the Act a surrogate parent must be appointed to ensure that the rights of eligible children are protected if:
1. No parent can be identified;
2. After reasonable efforts, the whereabouts of the parent cannot be discovered; or
3. The child is a ward of the State (pursuant to Georgia State LEA).

According to §303.37 of Part C Regulations 2011 IDEA defines a **"ward of the State"** as "a child who, as determined by the State where the child resides, is a foster child, is a ward of the State, or is in the custody of a public child welfare agency." IDEA notes that the term "does not include a foster child who has a foster parent who meets the definition of a parent in Section § 303.27."

In Georgia, a juvenile court can transfer temporary legal custody of a child found to be deprived to the Division of Family and Children Services (DFCS) since it is the child welfare agency of the State, and is authorized by law to receive and provide care to children. O.C.G.A. §§ 49-5-8, 15-11-55(a)(2)(C). Once DFCS receives temporary legal custody of a child pursuant to a court order, it is deemed the legal custodian of the child and is authorized to determine the care and treatment needed for the child, including medical care and education. O.C.G.A. §§ 15-11-2(5), 15-11-13. **A surrogate parent, therefore, can be assigned to a foster child once that child is in DFCS custody and before the court has terminated parental rights.**

"The confidentiality rights and protections in §§303.401 through 303.417 are available to an individual who meets the definition of a parent in § 303.27, which expressly includes foster parents, and any individual appointed as a surrogate parent under §303.422. However, §303.422(d)(2) excludes from serving as a surrogate parent for a child, an employee of the lead agency or any other public agency or EIS provider that provides any services to the child or a family member of that child. Thus, the confidentiality rights and protections available to parents under §§303.401 through 303.417 would not be available to agencies responsible for the care of infants and toddlers not residing at home or to the employees of such agencies."

In Georgia, a foster parent may be appointed as a child's surrogate parent since there is no conflict of interest between the foster parent and the child, and because the foster parent has the requisite knowledge and skills to adequately represent the child. Foster parents are not deemed employees of DFCS, but rather its agents. DFCS provides a per diem to foster parents to assist them with costs associated with caring for the child. This, by itself, does not disqualify a foster parent from serving as a child's surrogate parent. 20 U.S.C. § 1439(a)(5).

2. Foster Parents

If a foster parent meets the foster parent criteria, the foster parent may be considered the parent, and there is no need for the appointment of a surrogate parent. (While foster parents receive reimbursement for the care of a child, they are not employees of the

Georgia Division of Family and Children Services; therefore, this does not constitute an inherent conflict of interest.) When there is a foster parent, the Babies Can't Wait Service Coordinator is still responsible for ensuring that a copy of the court order stating that DFCS has legal custody of the child is maintained in the child's Babies Can't Wait record. The DFCS case worker is responsible for providing a copy of the juvenile court order appointing DFCS as temporary legal custodian of a child to C1st and Babies Can't Wait each time a child is referred to Babies Can't Wait.

When the foster parent serves as the parent, the foster parent has the authority to sign the Individualized Family Service Plan (IFSP) and all related documents, forms, and releases. The DFCS caseworker should sign the IFSP document as a participating team member (not the parent) and should participate in the development and implementation of the IFSP.

If the foster parent is unwilling to serve as the parent, a surrogate parent must be appointed. When the surrogate and foster parent are different, the ultimate decision relating to the provision of Babies Can't Wait early intervention services is determined by the surrogate parent.

3. Person Acting in the Place of a Parent

As stated above, a person acting in the place of a parent such as grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare may be considered the child's parent under IDEA. Before assuming a grandparent or relative is the "parent" under IDEA, the Babies Can't Wait Service Coordinator must interview the person and use Form BCW009 to document that the child lives with the individual and that this person is responsible for the child's day-to-day care.

Documentation of the determination of a "person acting in the place of the parent" (Form BCW009) must be kept in the child's Babies Can't Wait early intervention record. Documentation must include, at a minimum, results of interviews with the person acting in the place of the parent and a face-to-face visit.

Based on case-by-case circumstances concerning a biological parent's absence/return, it must be understood by everyone involved that any time there is an individual acting in the place of the parent, and the parent returns legitimately, all rights immediately revert to the parent (as long as parental rights have not been terminated through the court system).
A person whose role is a caregiver and whose contact is only incidental (e.g., baby sitter, caretaker, child care worker) cannot assume the role or responsibility of a parent.

4. Surrogate Parents

A surrogate parent is an individual who has been appointed to represent a child in all matters related to Babies Can't Wait early intervention services. A surrogate parent's responsibility is to ensure that the child is provided with appropriate early intervention services under Part C of IDEA. The surrogate parent has the right to make decisions relating to the development and implementation of the child's Individualized Family Service Plan (IFSP) including evaluation, assessment, ongoing provision of services, annual evaluations and periodic reviews and any other rights established under Part C regulations.

The surrogate parent must always act in a manner that he/she believes is in the best interest of the child. A surrogate parent is not liable to the child for damages that result from any act or

omission in representing the child in decisions relating to participation in early intervention. The surrogate parent would be liable for gross or willful acts of negligence or misconduct.

5. Who Can Be a Surrogate Parent?

§303.422(d)(2) An employee of the lead agency or any other public agency or EIS provider that provides any services to the child or a family member of that child are excluded from serving as a surrogate parent for a child. Thus, the confidentiality rights and protections available to parents under §§303.401 through 303.417 would not be available to agencies responsible for the care of infants and toddlers not residing at home or to the employees of such agencies.

A person who otherwise qualifies to be a surrogate parent is not considered an employee solely because he or she receives payment by a public agency to serve as surrogate parent. A surrogate parent must:

- Be a citizen of the United States, a resident of the state of Georgia, and above the age of 18;
- Have no personal or professional interest that conflicts with the interest of the child he/she represents;
- Have sufficient knowledge and skill to ensure adequate representation of the child;
- Have time and the desire to become involved in the early intervention process; and
- Possess an understanding of the cultural and linguistic background of the child(ren) he/she represents.

6. Surrogate Parent Responsibilities

What does a surrogate parent do?

1. Visits the child and observes the child's development and environment, as appropriate;
2. Attends the child's evaluations and assessments as appropriate;
3. Participates in the development of the child's IFSP;
4. Participates in development of annual IFSPs and reviews;
5. Reviews the child's Babies Can't Wait record to become familiar with the child as needed;
6. Exercises independent judgment in pursuing the child's interests within early intervention;
7. Represents the child within the Babies Can't Wait early intervention system.

Appointment as a surrogate parent does not mean the surrogate parent has authority over care and maintenance, financial support of the child, custody of the child, foster home placement, or any other matters that **are not** directly related to Babies Can't Wait early intervention services. The Babies Can't Wait Service Coordinator or other responsible designee must document review of a surrogate parent's responsibilities and explanation of the rights of a surrogate parent on Form BCW011 (Surrogate Parent Responsibilities).

7. Surrogate Parent Rights

The surrogate parent has the same rights and privileges of any parent under Babies Can't Wait. These include, but are not limited to:

1. Right to inspect, review, and obtain copies of all early intervention records related to the child;

2. Right to mediation, due process and initiation of a complaint;
3. Right to receive prior written notice of actions proposed or refused by the Babies Can't Wait system;
4. Right to refuse evaluations, assessments, and services;
5. Right to all procedural safeguards;
6. Right to protect the confidentiality of identifiable information collected, maintained or used by the lead agency or Babies Can't Wait Service Coordinator;
7. Right to represent the child in all matters relating to identification, evaluation assessment of the child and the provision of services within natural environments.

Early Intervention information is used to obtain supports for the child and cannot be shared outside of that context. The surrogate parent is responsible for keeping confidential any information he/she gathers from the child's records or the child's service providers. The surrogate parent must return any Babies Can't Wait information related to the child to the Babies Can't Wait Service Coordinator upon termination as a surrogate parent.

8. Appointment of Surrogate Parents

The Babies Can't Wait local program office that serves the county in which the child resides will appoint a surrogate parent only after a determination has been made and written documentation provided that the parent as defined in 34CFR § 303.27 cannot be identified, the agency after reasonable efforts cannot discover the whereabouts of the parent as defined in 34CFR § 303.27or the child is a ward of the state of Georgia. The lead agency is required to make reasonable efforts to ensure that a surrogate parent is assigned **not more than 30** days after the lead agency or a public agency determines that the child needs a surrogate parent. §303.422(g)

> **"In the case of a child who is a ward of the State, the surrogate parent, instead of being appointed by the lead agency under paragraph (b)(1) of this section, may be appointed by the judge overseeing the infant or toddler's case provided that the surrogate parent meets the requirements in paragraphs (d)(2)(i) and (e) of this section." IDEA 2004 Final Federal Regulations 2011, §303.422**

To determine if a child is a ward of the state, the Babies Can't Wait Service Coordinator must obtain a copy of the court order stating that DFCS has legal custody of the child. DFCS case workers will be responsible for providing a copy of the juvenile court order appointing DFCS temporary legal custodian of a child to C1st and Babies Can't Wait each time a child is referred to the program. The court order provides DFCS with the right to act as the parent of the child.

DFCS cannot, however, act as the parent of the child for Babies Can't Wait purposes, since IDEA expressly requires that surrogate parents be named for children who are wards of the state. Foster parents may serve as surrogate parents. Once the Babies Can't Wait Service Coordinator has the court order, it can serve as the documentation that a surrogate appointment is necessary.

If a court has appointed a person to be a legal guardian, established in accordance with O.C.G.A. 15-11-30.1 or 29-4-1 et seq., for a child referred to Babies Can't Wait, a surrogate parent is not required. Documentation of guardianship or legal custody must be maintained in the Babies Can't Wait record.

A surrogate parent **cannot** be appointed simply because a natural/adoptive parent or legal guardian does not agree with the early intervention system's proposal regarding identification,

evaluation, and/or individualized family service plan supports and services. A surrogate parent cannot be appointed because the early intervention lead agency believes that the family is not cooperating. In these situations, the local program must make and document every effort to involve the child's natural/adoptive parent or legal guardian as well as respect their right to disagree and/or to decline early intervention services.

The appointment of a surrogate parent may not be utilized to circumvent the procedures for gaining parental consent for eligibility determination, evaluations, assessments or any other early intervention process requiring consent.

In situations where a natural/adoptive parent or legal guardian disagrees with the agency's initial evaluation or intervention proposals, Babies Can't Wait cannot circumvent their right to due process by appointing a surrogate parent. It should also be noted that IDEA does not allow assignment of a surrogate parent for a child whose natural/adoptive or legal guardians who are simply uncooperative.

9. Termination of Surrogate Appointments

A surrogate parent appointment can be terminated when:

1. The child is no longer eligible for the Babies Can't Wait program;
2. The surrogate parent is no longer willing to serve;
3. The parent who was previously not identified or whose whereabouts were not known is now available;
4. A conflict of interest arises;
5. The Babies Can't Wait local program office and/or DFCS has reason to believe that a surrogate parent is not fulfilling their responsibilities or concerns arise with the surrogate parent;
6. The surrogate parent is no longer eligible under the eligibility criteria set out in these guidelines;
7. The child's permanency plans change;
8. The child's placement changes.

Termination of the appointment of a surrogate parent must be justified through written documentation. If a surrogate parent wishes to stop serving in that role, the surrogate parent must notify the Babies Can't Wait Service Coordinator in writing at least 15 calendar days before terminating services as a surrogate parent.

Termination of the appointment of a surrogate parent may **not** be based on the surrogate parent's requests for a due process hearing, filing of a written complaint, requests for copies of the child's records, challenges to the content of the child's record, or requests for independent evaluations. The surrogate parent has the right to request a hearing to challenge the non-renewal if non-renewal occurs.

10. Parental Involvement for Children with a Surrogate Parent

For some children, an individual other than the natural or adoptive parent will be providing the necessary written consents for participation in early intervention. However, it is important to continue to involve natural and adoptive parents in their child's participation in early intervention, particularly when reunification is a long-term goal for the child and family and when it is not contraindicated due to established negative impact on the child. Where appropriate, the Babies Can't Wait Service Coordinator, therefore, must make and document reasonable efforts to involve each child's natural or adoptive parent(s) in the early intervention

system. Minimally, efforts must be made to invite and involve parent(s) in initial evaluation, assessment, and individualized family service plan (IFSP) development for eligible children. This requirement is waived if it has been determined that reunification is not a long-term goal for the child and family and/or extreme detriment or negative impact on the child has been documented.

"Reasonable efforts" must include a combination of attempts consisting of documented telephone calls, certified letters with receipts, visits to the parent's last known address, and/or documented contacts with relatives, neighbors, and other agencies. A minimum of three attempts to contact must be documented inviting participation in initial evaluation/assessment and IFSP development activities. These contacts may be phone calls/phone messages, email contacts, letters, and/or home visits. At least two different forms of communication, such as home visit and phone call or letter and email, must be used and documented if multiple attempts are necessary. Multiple attempts may be needed in order to provide varied opportunities and times during which families may receive communication and provide responses. The "reasonable effort" clause is intended to ensure an active search for the parents of a child with a disability or a child suspected of having a disability.

Minimum contacts must be attempted and adequate response time (at least 2 working days for telephone calls/phone messages and 5 business days for letters) allowed following each contact attempt. Contacts in excess of three may occur as appropriate. Documentation of these attempts must be maintained in the child's Babies Can't Wait record.

11. Responding to Court Orders and Subpoenas

Judges may issue court orders and/or subpoenas designed to facilitate and expedite the release and sharing of individual child-specific information with entities involved in a child's case. Under the Family Education Rights and Privacy Act (FERPA), 34 CFR Part 99 Subpart D, Section 99.31 Paragraph (a)(9)(i) and (a)(9)(ii), Babies Can't Wait may disclose information in accordance with a judicial order or subpoena only after making reasonable efforts to notify the natural /adoptive parent(s) or legal guardian of the order or subpoena prior to compliance with it. "Reasonable efforts" must include a combination of attempts consisting of documented telephone calls, certified letters with receipts, visits to the parent's last known address, and/or documented contacts with relatives, neighbors, and other agencies. A minimum of three attempts to contact must be documented. These contacts may be phone calls/phone messages, email contacts, letters, and/or home visits. It is required that at least two different forms of communication, such as home visit and phone call, letter and email, be used if multiple attempts are necessary, in order to provide varied opportunities and times during which families may receive communication and provide responses. Adherence to the requirements for reasonable efforts must be attempted and documented to occur within 10 business days of receipt of a judicial order or subpoena. If contact with the parent, in accordance with the reasonable effort provisions, cannot be established within 10 business days, Babies Can't Wait shall proceed to respond to the court order and/or subpoena by releasing the requested information.

12. Responsibilities of the Babies Can't Wait Service Coordinator

(or designee as determined by the local program Early Intervention Coordinator)

If it is determined that a surrogate parent is needed for a child receiving Babies Can't Wait services, the Babies Can't Wait Service Coordinator must complete the appropriate forms as listed below, attach required documentation, and forward it to the Babies Can't Wait local

program office for inclusion in the child's Babies Can't Wait early intervention record. In addition, the Service Coordinator must:

- Where appropriate, make a reasonable effort to locate the natural/adoptive parent(s) or legal guardian and invite them to participate in initial evaluation/assessment and IFSP development activities. "Reasonable efforts" include a combination of attempts that may consist of documented telephone calls, certified letters, visits to the parent's last known address, and documented contacts with relatives, neighbors, and other agencies. A minimum of three attempts to contact must be documented prior to appointing a surrogate parent. These contacts may be phone calls/phone messages, email contacts, letters, and/or home visits. It is required that at least two different forms of communication, such as home visit and phone call, letter and email, be used if multiple attempts are necessary, in order to provide varied opportunities and times during which families may receive communication and provide responses. Minimum contacts must be attempted and adequate response time (at least 2 working days for telephone calls/phone messages and 5 working days for letters) allowed following each contact attempt. Contacts in excess of three may occur as appropriate. Documentation of these attempts must be maintained in the child's Babies Can't Wait record;
- Complete the Documentation of a Person Acting in the Place of a Parent Form BCW009 for submission to the Babies Can't Wait Office, when appropriate;
- Obtain the completed Surrogate Parent Application Form BCW010 from the prospective surrogate parent, when appropriate;
- Complete the Surrogate Parent Responsibilities Form BCW011, Verification of Surrogate Parent Training Form BCW012, and Surrogate Parent Appointment Form BCW013 for submission to the Babies Can't Wait local program Office, when appropriate.

13. Babies Can't Wait Local Program Responsibilities

Each local lead agency has the responsibility for recruiting, training and appointing surrogate parents. If local lead agencies develop local policies or procedures in addition to state BCW guidelines, they must be consistent with the Babies Can't Wait guidelines. Local policies and procedures may be more rigorous than State policies and procedures but may not be less so.

Each local lead agency must develop and maintain a list of eligible individuals to serve as surrogate parents. In developing the local listing, it may be necessary for a local lead agency to go beyond jurisdictional limits in generating a list of potentially qualified surrogate parents. Potential surrogate parents may be identified through collaboration with local school systems that have similar requirements for surrogate parents and training under Part B of IDEA. Individuals who are not on the local lead agency's list may be eligible to serve as surrogate parents, subject to the local lead agency's discretion. It should be noted, however, that geographic proximity is essential to the surrogate parent/child relationship. The needs of the individual child and the availability of qualified persons who are familiar with the child and who would otherwise qualify shall be considerations in the local lead agency's determination of surrogate eligibility.

14. Surrogate Parent Training

The role of a surrogate parent is especially important since the individual who is appointed as a surrogate parent will represent the child in all decisions regarding early intervention services. Surrogate parents must have access to information, training and support so they can develop the

knowledge, skills and confidence necessary to advocate effectively for children with disabilities.

For individuals who are interested in becoming a surrogate, training will be provided in order to ensure a “pool” of qualified and trained persons. It is the responsibility of the Babies Can’t Wait local program offices to offer the same information, materials, and training to surrogate parents as is offered to other parents and to ensure that surrogate parents have appropriate training and/or comparable experience.

Training for Surrogate Parents must include:

1. Introduction to Part C of the Individuals with Disabilities Education Act of 2004
   - New Part C Regulations 2011;
2. Standards governing the Babies Can’t Wait Early Intervention System, including the federal regulations requiring the appointment of a surrogate parent;
3. The rights and responsibilities of parents, surrogate parents, and the children they represent;
4. Common abbreviations, acronyms, and terminology used during the Early Intervention process;
5. Procedures for referral, evaluation/assessment, eligibility determination, and re-evaluation/re-determination of eligibility;
6. Role of Service Coordinator;
7. Procedures for developing and implementing the Individualized Family Service Plan, including the roles and responsibilities of parents/surrogate parents;
8. Protections and procedural safeguards available to infants and toddlers with special needs and parents/surrogate parents to ensure that the needs of children are met, including access to records and confidentiality;
9. Early Intervention supports and services;
10. Transition;
11. An overview of the Surrogate Parent Guidelines and Training Manual.

Information to be used for Surrogate Parent Training may be found in the BCW Policy Manual.

15. Surrogate Parent Procedures

The following are guidelines for assigning surrogate parents for infants and toddlers eligible for early intervention/Babies Can't Wait.

1. **Identification of Children in Need of a Surrogate Parent**
   a. The Local Lead Agency (local program) for Babies Can't Wait identifies the child in need of a surrogate parent.
   b. The Local Lead Agency (local program) obtains a copy of the court order and documentation of effective dates of custody.
   c. When appropriate, the Local Lead Agency (local program) completes the Documentation of a Person Acting in the Place of a Parent Form BCW009.
   d. The Local Lead Agency places a copy of the above documentation in the child’s Babies Can't Wait record.
2. **Selection, Appointment and Training of Surrogate Parents**
   a. The Local Lead Agency (local program) for Babies Can't Wait identifies prospective surrogate parents, as needed, for eligible infants and toddlers.

Note: In the case of a child who is a ward of the State, the surrogate parent, instead of being appointed by the lead agency under paragraph (b)(1) of this section, may be appointed by the judge overseeing the infant or toddler's case provided that the surrogate parent meets the requirements in paragraphs (d)(2)(i) and (e) of this section." IDEA reauthorization 2004, revised Part C Regulations 2011 §303.422

b. Prospective surrogate parents complete the Surrogate Parent Application Form - BCW010.
c. The designee from the Local Lead Agency completes the Surrogate Parent Responsibilities Form - BCW011.
d. Training of new surrogate parents is completed by Local Lead Agency designee(s) and documented using the Verification of Surrogate Parent Training Form – BCW012.
e. The designee from the Local Lead Agency completes the Surrogate Parent Appointment Form – BCW013.
f. The original copy of each of the completed forms is placed in the child's Babies Can't Wait record.
g. If a surrogate parent is actively involved in representing and making decisions for a child enrolled in Babies Can't Wait, training should be updated only as necessary based upon policy or regulatory changes in IDEA or BCW. Trained surrogate parents who have not been actively involved in representing a child within the prior twelve-month period must be re-trained prior to representing a new child within Babies Can't Wait.

16. Frequently Asked Questions

Frequently Asked Questions - The Appointment of a Surrogate Parent

Q1 Must a surrogate parent be appointed if the parents and their location are known, but they have moved out of the area?

A1 No, a surrogate parent should not be appointed because an individual who fits the definition of "parent," per Section 602(23) of IDEA, can be located and contact can be made. The biological parent(s) should be contacted and should be asked to provide necessary consents.

Q2 Should a surrogate parent be appointed where the parents leave the state for one year (for work-related reasons, incarceration, etc.)?

A2 No, the appointment of a surrogate parent is not required when the parents leave the state for a year as long as the parents can be identified and located, and have not lost their parental rights. Although not required, it could assist the public agency to have the parents sign a document indicating that another party will be speaking for the parents regarding the early intervention needs of the child while the parents are out-of-state.
There is no guidance from the United States Department of Education Office of Special Education Programs (OSEP) on what should be included in the document stating that the party is speaking for the parent regarding the early intervention needs of the child. This document does not need to be notarized, but must have the parent's signature. This document must be filed in the child's Babies Can't Wait record. Potential wording might include:

"______has my permission to act on my behalf only regarding decisions made concerning my child,______during his/her involvement in Georgia's Part C early intervention services, beginning on___________(start date) and ending on _____(end date). This would include participation in evaluations/assessments,

development of IFSP's, IFSP reviews, provision of early intervention services, transition out of early intervention as appropriate, protection of my child's rights and safeguards through signature on procedural safeguard forms and receipt of Notice of Infant/Toddler and Family Rights Under Babies Can't Wait."

Q3 Should a surrogate parent be appointed where the parents in the military are deployed out of state or out of the country for an extended period of time?

A3 As preparation for deployment, parents in the military typically prepare a Special Power of Attorney that empowers their chosen guardian (primary and alternate) to act "in loco parentis" and make decisions on behalf of the child. The designated guardian would be documented using Form BCW009 and would have the authority to make decisions related to the child's participation in Babies Can't Wait.

Q4 Should Babies Can't Wait appoint a Surrogate Parent if the mother is incarcerated (either locally or within another region/state) and the father's whereabouts are unknown?

A4 If the child is living with a relative such as grandmother, is the grandmother acting in the place of a parent? A person "acting in the place of a parent" is defined as a grandparent, or step-parent with whom the child lives, or a person who is legally responsible for the child's welfare (34 CFR 303.19). If the grandparent is "acting in the place of the parent," then a Surrogate Parent would not need to be assigned. If the child is living with a "family friend," how long will the child be living with this individual? If this is to be a short-term arrangement, it would be best to assign a Surrogate. If the parent has provided written documentation that this individual has the authority to make medical decisions for this child, then Babies Can't Wait does not need to assign a surrogate parent.

In both situations, the BCW Service Coordinator must verify specific information related to the individual "acting in place of parent" through completion of the Documentation of Person Acting in the Place of a Parent Form BCW009. It is highly recommended that the Service Coordinator request a copy of any written documentation that the parent has provided indicating that the family member or friend can make decisions for the child for inclusion in the child's record.

Q5 The DFCS staff in my community says that they must sign all forms related to Part C as they have legal custody of the child. This seems to be in contradiction to what I'm hearing other people say. What should I do?

A5 Social Workers are an important and valuable asset to the child and IFSP Team. Accordingly, they should be involved to the fullest extent possible and invited to the IFSP and other relevant meetings. Even if a representative from the Division for Family and Children's Services (DFCS) is the legal guardian, no DFCS personnel can serve as a "Surrogate" or "parent" under Part C (unless they are acting on behalf of their own child). DFCS personnel may not provide official written consent on BCW forms related to the evaluation and/or assessment of the child, development and implementation of the child's IFSPs including annual evaluations and periodic reviews; the ongoing provisions of early intervention services to the child; and any other rights established under this part [34 CFR 303.406(e)]. This would include Procedural Safeguard forms, the initial and annual IFSPs and any IFSP reviews, Release of Information forms (if the information is related to the information stated above), and a Request for Dispute Resolution.[§303.422(d)(2) excludes from serving as a surrogate parent for a child, an employee of the lead agency or any other public agency or EIS provider that provides any services to the child or a family member of that child. Thus,

the confidentiality rights and protections available to parents under §§303.401 through 303.417 would not be available to agencies responsible for the care of infants and toddlers not residing at home or to the employees of such agencies.”]

If a social service worker continues to have difficulty understanding this, clarify that Part C is under the Individuals with Disabilities Education Act, just like Part B. They may also want to request additional assistance from DFCS Legal Services. This may help them to understand.

Q6 Who is responsible for determination of the need for and the assignment of a surrogate parent for an infant or toddler with special needs who is referred to Babies Can't Wait?

A6 The State Lead Agency for Babies Can't Wait has established procedures to ensure the appointment of a surrogate parent, when necessary, for infants and toddlers who are eligible and enrolled in Babies Can't Wait throughout Georgia. The Babies Can't Wait local program office (Local Lead Agency) serving the county in which the child currently resides is responsible for the determination of the need for and the assignment of a surrogate parent in compliance with these established procedures. Note: In the case of a child who is a ward of the State, the surrogate parent, instead of being appointed by the lead agency under paragraph (b)(1) of this section, may be appointed by the judge overseeing the infant or toddler’s case provided that the surrogate parent meets the requirements in paragraphs (d)(2)(i) and (e) of this section.” IDEA reauthorization 2004, revised Part C Regulations 2011 §303.422

Q7 What does FERPA (Family Educational Rights and Privacy Act) 20 U.S.C. 1232g **or the Buckley Amendment say about surrogate parents?**

A7 The Buckley Amendment is the federal law known as the Family Educational Rights and Privacy Act (FERPA) that gives parents and guardians of children under 18 years of age the right to inspect, review, and correct their child’s educational records, including early intervention records. Parents, including surrogate parents, are allowed to inspect and review any records relating to their children that are collected, maintained, or used by the early intervention system. Parents also have the right to request that BCW correct records that they believe are inaccurate or misleading. FERPA also ensures that BCW must have written permission from the parent in order to release any information from a child’s early intervention record, with few exceptions.

Frequently Asked Questions - Foster Parent as a Surrogate Parent

Q1 When a child is placed in foster care, is a surrogate parent always needed?

A1 A surrogate parent should not routinely be appointed for every child in foster or other substitute care. If a foster parent meets the criteria identified on Page 2 of this manual, the foster parent may be considered the parent and there is no need for the appointment of a surrogate parent. If a foster parent is unable or unwilling to serve as a parent to participate in the Part C program, a surrogate parent should be considered. In this instance, the individual functioning as the surrogate parent would provide consent only for those activities related to service delivery in the early intervention system.

Q2 If a child is in foster care and the parental rights HAVE NOT been terminated, does a release of information need to be signed to share information (IFSP, coaching tips, etc.) with the foster parent?

A2 No. The Part C information related to the child is confidential and since the foster parent is authorized under 34CFR § 303.27 to act as the parent for the child, the foster parent is the

individual who must give permission to release information to other individuals and/or agencies.

A release of information would also need to be signed in order to share information with DFCS and any private caseworker(s) involved with the child unless otherwise court-ordered.

Q3 If a child is in foster care and the parental rights HAVE been terminated (surrogate parent is assigned and is NOT the foster parent), and the biological parents want to participate in early intervention with their child, would a release of information need to be signed to share information with the biological parent? If so, who would sign this?

A3 Since neither the parent, neither social services nor the foster parent have any "rights" related to this child under Part C, releases of information must be signed. The release of information would need to be signed by the Surrogate Parent in order for the biological parent, Social Services and/or the foster mother to participate in any part of early intervention and/or to receive any information about the child. Confidentiality about the child must be maintained.

Q4 If a child is in foster care and the parental rights HAVE been terminated (the foster parent has been assigned as the surrogate parent) and the biological parents want to participate in early intervention with their child, would a release of information need to be signed to share information with the biological parent? If so, who would sign this?

A4 Since neither the parent nor social services has any "rights" related to this child under Part C, a release of information must be signed. The release of information would need to be signed by the Surrogate Parent in order for the biological parent and Social Services to participate in any part of early intervention and/or to receive any information about the child. **Confidentiality about the child must be maintained.**

Q5 The biological mother wants to participate in the provision of early intervention services, but the services are provided in the foster parent's home. The biological parents are not to have knowledge of where the foster parent resides. How should this situation be handled?

A5 This may need to be handled on a case-by-case basis. Early intervention supports and services are provided within the daily routines, activities and places of families. In this situation, it might be important to know if re-unification of the child with the biological parent(s) is a goal and in what timeframe this is hoped to be accomplished. If re-unification of the child and his/her biological parent is the goal, it is important to continue to involve natural and adoptive parents in their child's participation in early intervention. In such situations, the Babies Can't Wait Service Coordinator must make and document reasonable efforts to involve each child's natural or adoptive parent(s) in the early intervention system.

Efforts must be made to invite and involve parent(s) in initial evaluation, assessment, and individualized family service plan (IFSP) development for eligible children. The IFSP Team should consider this information as they develop outcomes, short-term goals, learning opportunities and location of services. It will be important for the IFSP Team to consider the daily activities, routines and environments of the biological parent in addition to those of the foster family.

If re-unification of the child with the biological parent(s) is not a goal, then the IFSP Team must look at all of the daily routines, activities and places in which the foster family participates. The IFSP Team, in collaboration with the DFCS caseworker, should determine acceptable means and levels of participation by the biological parents that would not intrude on the confidentiality of the foster parent. Types of participation should be specified in IFSP strategies.

Extreme caution must be exercised in order to ensure the privacy of foster parent(s) whose identity and/or whereabouts in some situations should not be known to a child's biological parent(s). The Babies Can't Wait Service Coordinator must communicate with the DFCS case worker to ensure appropriate handling of such situations.

Q6 If a relative or private individual (i.e., a non-relative) has been allowed to act as parent by a natural parent, should a surrogate parent be appointed?

A6 No, a surrogate parent would not be appointed under these circumstances. A person acting in the place of a parent such as a grandmother or stepparent with whom the child lives or a person who is legally responsible for the welfare of the child has the authority to represent the child in early intervention matters. Consequently, the child does not require a surrogate parent. Such determination would be documented using Form BCW009.

Any time there is someone acting in the place of the parent, and the parent returns, all rights immediately revert to the parent (as long as parental rights have not been terminated through the court system).

Q7 Can an adult relative sign consent for early intervention services for a child even if that relative does not have legal documentation denoting them as parent?

A7 Georgia's Babies Can't Wait Policy manual state that a child's rights are protected through appointment of a surrogate parent if no parent can be identified, the whereabouts of a parent cannot be determined, or if the child is a ward of Georgia (i.e., the legal custody of the child and all parental rights and responsibilities for the care and custody of the child have been terminated by court order or permanent entrustment agreement pursuant to applicable law). Children who are suspected of being or are determined to be eligible under this part do not require a surrogate parent if someone is acting in the place of a parent. Under federal Part C regulations the term 'parent' has been defined to include an "individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare."

Persons acting in the place of the parent may do so with the permission of the parent. In the particular question posed above, a specific answer would require more detailed information. If the adult relative has permission from the parent to act in the place of the parent, then that adult relative may sign consent for early intervention services. Permission from the parent may be a letter from the parent stating that this adult relative may seek medical or educational services for their child (it does not need to be notarized or on an "official" form of any kind).

If, however, the adult relative does not have that written parental permission, then the situation must be evaluated against the criteria above to determine whether a surrogate

parent must be appointed. The following are questions to consider in determining whether this adult relative is acting in the place of the parent:

1. Is the adult relative aware of the parents' whereabouts and able to contact the parent(s)? If so, permission for the adult relative to act in the place of the parent may be sought/confirmed in writing by contacting the parent.
2. Does the child live with this adult relative? If, for instance, this is an established, long-term living arrangement and the adult relative is unable to contact the parent because his or her whereabouts are unknown, then this adult relative may be considered to be acting in the place of the parent even without written permission from the parent.
3. Is the child a ward of the State of Georgia? If so, then a surrogate parent must be assigned.
   Such determination would be documented using Form BCW009.

Any time there is an individual acting in the place of the parent, and the parent returns, all rights immediately revert to the parent (as long as parental rights have not been terminated through the court system).

Q8 What are some examples/scenarios related to determining when a person is acting in the place of a parent or when a surrogate parent is needed?

A8 ***Example 1***: Grandparent refers child to the local Part C system, child lives with grandparent, and grandparent does not know how to contact natural parents.
Based upon the information available and assuming the child is not a ward of Georgia, the grandparent is acting in the place of the parent. The grandparent would be allowed to make early intervention decisions for the child, and no surrogate parent is needed.

Example 2: Grandparent refers child, child lives with grandparent, grandparent has letter from natural parent (not notarized) giving grandparent permission to consent to medical care for child, no court action has been taken to determine custody, grandparent does not know how to contact natural parent.
Based upon the information available and assuming the child is not a ward of Georgia, the grandparent is acting in the place of the parent. The grandparent would be allowed to make early intervention decisions for the child and no surrogate parent is needed.

Example 3: Family "friend" (i.e., no relation to the child) refers child, child lives with this person, and friend does not know how to contact parents. Given that there is no information regarding the legal status of the child's custody and the "friend's" legal status in relation to the child, it is recommended that social services be contacted to determine how best to protect this child's rights. Although the parent appears to be unavailable, there is not clear indication that the "friend" can be considered as acting in the place of the parent without legal action taking place. In such situations, assignment of a surrogate may be necessary.

Example 4: Maternal aunt refers child, child lives with aunt, aunt does not know where father is, mother is incarcerated.
In this situation, the first step must be to determine what, if any, legal arrangements were made for the child's care during the mother's incarceration. If the family is involved with DFCS and the aunt is acting as a "foster parent" for the child, then she would be able to provide necessary consents as the foster parent, or a surrogate parent may be appointed. If the child has been placed in the legal custody of the DFCS, then the child is a ward of

Georgia. The aunt, as the "foster parent" may act as the parent, or a surrogate parent may be appointed. If the family is not involved with DFCS and the mother's parental rights are intact, then a surrogate parent appointment is not appropriate. Because the mother's whereabouts are known and she can be contacted, arrangements must be made so that the mother may participate in the child's Part C early intervention program to the extent possible.

Q9 When a child is in foster care, which has authority to sign IFSPs, consent and prior notice forms, other procedural safeguard forms, etc., the surrogate or foster parent?

A9 The foster parent, if that person is acting as the parent and no surrogate parent has been assigned. If a surrogate parent has been assigned and that person is not the foster parent, then the ultimate decision relative to the evaluation, assessment, development and implementation of the IFSP (including annual evaluations and periodic reviews), and ongoing provision of early intervention services and other rights under Part C to a child who is suspected of having or determined to have a disability rests with the surrogate parent.

Q10 What early intervention decisions can the surrogate parent make while representing the child?

A10 The surrogate parent may make any decisions pertaining to the evaluation, assessment, development and implementation of the child's IFSP (including annual evaluations and periodic reviews), and provision of early intervention services and other rights under Part C to the child. In addition, the surrogate parent is the appropriate person to request a due process hearing on behalf of the child.

Q11 Who signs the release of information when DFCS requests confidential information?

A11 The individual who meets the definition of "parent" under Section 602(23) of IDEA would sign for release of information of Babies Can't Wait-related records. That individual, who may be a parent, adoptive parent, foster parent, guardian, person acting in the place of a parent, or surrogate parent signs for release of information if the requested records concern the evaluation, assessment, development and implementation of the IFSP (including annual evaluations and periodic reviews) or the provision of early intervention services to the child with a disability.

Q12 When a child is in the custody of DFCS, who requests a due process hearing?

A12 The individual who meets the definition of "parent" under Section 602(23) of IDEA, who may be a parent, adoptive parent, foster parent, guardian, person acting in the place of a parent, or surrogate parent, has the right to request a due process hearing. DFCS does not have legal authority to request a due process hearing.

Q13 What is the caseload for a surrogate parent?

A13 There is no specific caseload requirement.

Q14 Are there any situations in which the DFCS social worker could sign permission forms, release forms, and/or the IFSP?

A14 According to 34 CFR **303.406**(e), for a child who has a surrogate parent, that parent represents the child in all matters related to Part C early intervention including signing

permission forms for evaluation and services, release of records forms, and the IFSP. No one but the parent, as defined in 34CFR **§ 303.27**, who may be a parent, adoptive parent, foster parent, guardian, person acting in the place of a parent, or surrogate parent is authorized to sign any forms that relate to the child's participation in Part C.

However, Babies Can't Wait recognizes that the social workers and caseworkers from local DFCS agencies are an important and valuable asset to the child. Accordingly, they should be involved to the fullest extent possible and invited to the IFSP and other relevant meetings. Helping families get to the appropriate meetings related to the child's participation in early intervention services is just one of the many ways they can help to include families.

Q15 Does Babies Can't Wait need to invite birth parents to participate in their child's developmental evaluation and assessments? How much/what information should BCW send to the birth parents (copies of developmental evaluations, copies of individualized family service plans, etc.)?

A15 It is important to continue to involve natural and adoptive parents in their child's participation in early intervention, particularly when reunification is a long-term goal for the child and family and when it is not contraindicated due to established negative impact on the child. Therefore, within Babies Can't Wait, the Service Coordinator must make and document reasonable efforts to involve each child's natural or adoptive parent(s) in the early intervention system.

Minimally, efforts must be made to invite and involve parent(s) in initial evaluation, assessment, and individualized family service plan (IFSP) development for eligible children. This requirement is waived if it has been determined that reunification is not a long-term goal for the child and family and/or extreme detriment or negative impact on the child has been documented.

If the parent's rights have been extinguished, then any contact or sharing of information with the birth parent(s) shall be determined based upon the court's decision.
A release of information would need to be signed by the individual acting as the parent for Part C purposes, as defined in Section 602(23) of IDEA 2004 in order to share any information about the child. Confidentiality about the child must be maintained.

Q16 An infant lives with a grandparent: Who signs as the parent? What if the parent is gone for several weeks? Can the adult they are staying with sign as the parent?

A16 If the grandparent is acting in the place of the parent (in loco parentis), they would be authorized to sign as the parent. Such determination would be documented using Form BCW009. However, documented reasonable efforts must be made to involve the birth parent(s). If the birth parent(s) continue to make early intervention and other decisions for the child, the local lead agency for Babies Can't Wait should look to the birth parent for necessary involvement and consents.

Q17 A toddler is removed from home due to substantiated abuse or neglect. A court order is provided which indicates that the child's aunt has been granted temporary legal custody of this child. Can the aunt provide the necessary consent for BCW services? Does the aunt need to receive surrogate parent training prior to acting as the parent for this child?

A17 In this situation, the aunt meets the requirements to act as the parent under IDEA and

can consent for BCW services. In such an instance, the individual would not be appointed as a surrogate parent. Such determination would be documented using Form BCW009.

Q18 Can a teenage parent of an infant or toddler who has special needs provide consent for evaluation and/or services provided by Babies Can't Wait?

A18 Any parent, regardless of their age, can provide the necessary consent for their child as long as the parent-child relationship is intact. If a teenage parent's rights have been terminated, then he/she would not have the authority to provide consent. In that case, appropriate procedures should be followed to determine the need for a surrogate parent or other appropriate individual who could provide necessary consent.

Q19 Can a parent who has a cognitive disability provide consent for evaluation and/or services provided by Babies Can't Wait for his/her infant or toddler with special needs?

A19 Any parent, regardless of their cognitive abilities, can provide the necessary consent for his/her child as long as the parent-child relationship is intact and the parent has not been deemed mentally incompetent to make such decisions. If the parent has been deemed mentally incompetent, there will be a power of attorney in place permitting someone to consent on their behalf. If the parent's rights have been terminated, then he/she would not have the authority to provide consent. In that case, appropriate procedures should be followed to determine the need for a surrogate parent or other appropriate individual who could provide necessary consent

Q20 What procedures should be followed for a child involved with DFCS (or any other child under 3 years of age) who is referred to BCW less than 45 days from his/her third birthday?

A20 Babies Can't Wait must acknowledge receipt of the referral in writing to the referral source within 3 business days of receipt of the referral. Babies Can't Wait should initiate contact with the parent/guardian or person acting in the place of the parent. Babies Can't Wait should explain 45-day timelines for evaluation/assessment and individualized family service plan development and attempt to obtain consent for referral to the local school system or other potential programs/services for which the child may be eligible.

If parent/guardian or person acting in the place of the parent chooses to proceed with screening to determine if further evaluation and assessment are indicated, Babies Can't Wait would proceed with scheduling the necessary appointments to complete screening activities. § §303.209(b)(1)(iii) provides that if a child is referred to the lead agency fewer than 45 days before that toddler's third birthday, the lead agency is not required to conduct the initial evaluation, assessment, or IFSP meeting, and if that child may be eligible for preschool services or other services under Part B of the Act, the lead agency, with the parental consent required under §303.414, must refer the toddler to the SEA and appropriate LEA.

Q21 How should the following scenarios be handled?

a. Who provides consent for children who are in foster care and whose birth parents live in other states?
b. Who provides consent for children who are in foster care and whose birth parents are in prison, jail, rehabilitation?

c. Who provides consent for children who are in foster care and whose birth parents are reported to have "mental health issues" or are "addicted" to drugs, as reported by caseworkers, family members, or foster parents? Do these parents, if they truly have such issues, need to give informed consent?
d. Who provides consent for children who are in foster care and whose birth parents are reported to be homeless or have no known address and/or they abandoned their child, as reported by DFCS.
e. A child that is in foster care and whose birth parent is homeless and shows up in her car once a month (at any given time to see her children). The DFCS caseworker indicated that she has no way of contacting the mother and the mother has six months left on her plan to find housing. How does BCW proceed with obtaining necessary consent?

A21 In each of these scenarios, if a foster parent meets the criteria identified on Page 2 of this manual, the foster parent may be considered the parent and there is no need for the appointment of a surrogate parent. When the foster parent serves as the parent, the foster parent has the authority to sign the Individualized Family Service Plan (IFSP) and all related documents, forms, and releases.

If the foster parent is unable or unwilling to serve as the parent, a surrogate parent must be appointed. When the surrogate and foster parent are different, the ultimate decision relating to the provision of Babies Can't Wait early intervention services is determined by the surrogate parent.

Q22 Who provides consent or makes decisions for a child who is in foster care and whose birth parents are married, but one parent consents and agrees to participate in BCW and the other parent does not consent or is not expected to consent to participation in BCW? Does the answer change if the parents are not married?

A22 If a child is in foster care, the marital status of birth parents does not determine who provides consent for BCW participation. In each of these scenarios, if a foster parent meets the criteria identified on Page 2 of this manual, the foster parent may be considered the parent and therefore has the authority to sign the Individualized Family Service Plan (IFSP) and all related documents, forms, and releases.
If the foster parent is unwilling or unable to serve as the parent, a surrogate parent must be appointed. When the surrogate and foster parent are different, the ultimate decision relating to the provision of Babies Can't Wait early intervention services is determined by the surrogate parent.

<u>General Frequently Asked Questions</u>

Q1 Can the Service Coordinator bill for his/her services on behalf of an eligible child and family when it is not possible for the Service Coordinator to conduct a face-to-face visit with the child and parent jointly during a given month?

A1 In order to bill for service coordination services for an individual child, the Babies Can't Wait (BCW) Service Coordinator must have a minimum of one face-to-face child and family contact in a month. This contact must be documented in the child's active clinical record. In addition, the Service Coordinator must also have a minimum of three indirect contacts that month on behalf of the child. All contacts must be related to the child's IFSP and the documentation must reflect efforts related to the child's IFSP in every direct and indirect contact.

For children who reside with a foster parent, relative, or other adult determined to be "acting in the place of the parent" per Babies Can't Wait guidelines, a face-to-face visit with the child and that responsible adult [acting in place of the parent] meets the requirement for the minimum of one face-to-face child and family contact in a month for the purposes of Early Intervention Case Management billing.

Q2 If a Babies Can't Wait intake coordinator or designee contacts a family by telephone on behalf of an infant or toddler who has been referred, and the family declines screening and/or evaluation or a determination is made that screening and/or evaluation are not indicated, how should this be documented?

A2 Documentation of such decisions must be clearly stated and included with the child's early intervention referral information. Copies of any documentation, letters, and forms that are available and completed should also be filed in the child's early intervention record (e.g., the record created for children referred to but not served by Part C).

Q3 If there is only one form of contact information available for a family, such as a mailing address, does BCW still need to make a minimum of three attempts to contact prior to appointing a surrogate parent?

A3 Yes. A local program should consider sending letters via different mechanisms, such as U.S. Mail, certified mail, return-receipt requested mail, etc.

Q4 What/how much information should BCW share with natural (birth) parents? Should copies of developmental evaluations, individualized family service plans be shared?

A4 Because of the unique challenges presented when children are placed in foster care and the identity of the foster parent is often not to be shared with the natural parent, it is critical that Babies Can't Wait and DFCS personnel communicate routinely about the allowable level of family involvement and contact between natural and foster parents. BCW and DFCS must work together to determine the best means of sharing information and documents, with written informed consent from the individual designated as the "parent" to make decisions related to the child's participation in BCW. If the foster parent's identity and/or contact information is not to be shared with the natural parent, that information should be removed from or "blacked out" on copies of all Babies Can't Wait-related documents and records prior to sharing with the natural parent.

Q5 How much information is required in order to be considered a referral that initiates the 45-day timelines for Babies Can't Wait?

A5 Minimally, the child's name and date of birth, current address of residence, phone number (unless family does not have a phone), and the name of the parent/legal guardian, foster parent, or person acting in the place of the parent must be provided by the individual making the referral in order to initiate the 45-day timeline for Babies Can't Wait. The 45-day timeline begins once the referral is received directly by BCW or the lead agency's single point of entry.

Q6 When a child in foster care moves from one local program (where his/her natural parents continue to reside) to another, who is responsible for obtaining necessary consent and releases in order to evaluate, provide services, and/or transfer Babies Can't Wait records?

A6 Because of the unique challenges presented when children are placed in foster care in

a county that is different from their county of legal residence, it is critical that Babies Can't Wait and DFCS personnel work together to determine the most efficient means of obtaining parental consent and necessary signatures on various documents for Babies Can't Wait participation. In some situations, it may be most expedient for the receiving Babies Can't Wait local program to obtain the necessary signatures via mail. If the original Babies Can't Wait local program is notified in advance of the child's move, efforts should be made to obtain necessary consent prior to the change in local program. In other situations, DFCS may be able to obtain the necessary signatures and consent during scheduled contacts with the individual(s) designated as parent(s).

Surrogate Parents – See Surrogate Parent Policy and Training Guide

1. A case-by-case review is required so that a local lead agency is fully able to determine the need for the appointment of surrogate parent(s) to represent the interest of a child with disabilities. Each local lead agency must have written procedures for identifying children in its jurisdiction (local program) who are in need of surrogate parents according to the definition. The local lead agency must make reasonable efforts to ensure the assignment of a surrogate parent not more than 30 days after a public agency determines that the child needs a surrogate parent. A local Lead agency's method of determining whether a child needs surrogate parent(s) must include:
    a. The identification of staff members or BCW service providers responsible for referring children in need of surrogate parent(s);
    b. The provision of in-service training for determining whether a child needs a surrogate parent(s); and
    c. The establishment of a referral system within the catchment area (local program) of a local lead agency for the appointment of surrogate parent(s). In developing the local listing, it may be necessary for a local lead agency to go beyond jurisdictional limits in generating a list of potentially qualified surrogate parents. Individuals who are not on the local lead agency's list may be eligible to serve as surrogate parents, subject to the local lead agency's discretion. It should be noted, however, that geographic proximity is essential to the surrogate parent/child relationship. The needs of the individual child and the availability of qualified persons who are familiar with the child and who would otherwise qualify shall be considerations in the local lead agency's determination of surrogate eligibility.

2. Other factors which warrant the local lead agency's attention are:
    a. Consideration of the appointment of a relative to serve as surrogate parent(s);
    b. Consideration of the appointment of a foster parent(s) who has the knowledge and skills to represent the child adequately; and
    c. Consideration of the appointment of a qualified person of the same racial, cultural, and linguistic background as the child.

3. Each local lead agency shall ensure that a person selected as a surrogate parent(s) has no interest that conflicts with the interests of the child he or she represents. A person assigned as a surrogate parent(s) shall not be an employee of the lead agency or any other public agency or EIS provider that provides early intervention services, education, care or other services to the child or any family member of the child. The local lead agency shall ensure that this individual receives in-service training regarding Part C of IDEA.

4. If a child is under the care or supervision of the state, the surrogate parent(s) may not be confused with the state-assigned Division of Family and Children Services (DFCS) case worker responsible under State law for the obligations of the DFCS as custodial parent. In these instances, it is not permissible by federal law for the DFCS case worker to also serve as the child's surrogate parent(s) for the purposes of BCW.
    a. The surrogate parent(s) and case worker must coordinate and work together for the overall benefit of the child. It is imperative that the surrogate parent(s) communicate regularly with the case worker to inform him/her of all relevant activities and commitments made on behalf of the eligible child by the surrogate parent(s).

b. If the child is a ward of the state, the judge overseeing the infant or toddler's case may assign a surrogate parent provided that the surrogate parent meets the requirements of a surrogate parent based on Federal and state rules and regulations.

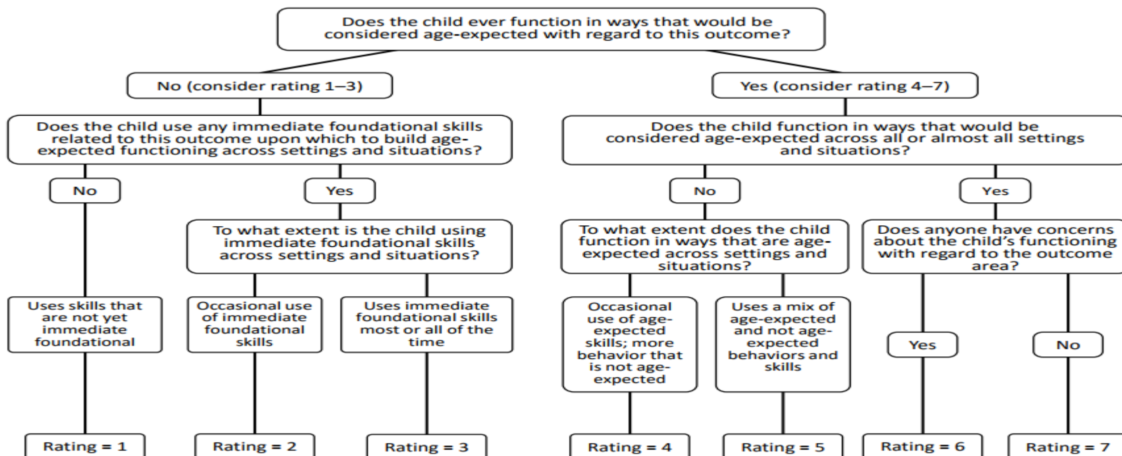
5. The activities and obligations of the surrogate parent(s) are restricted to those related only to the implementation of Part C of IDEA for the eligible child. A surrogate parent(s) may represent a child in all matters related to the following:
    a. The evaluation and assessment.
    b. Development and implementation of the IFSP, including annual evaluations and periodic reviews.
    c. The ongoing provision of early intervention services to the child.
    d. Any other rights established under Part C of IDEA and the implementing regulations in 34 CFR Part 303. (See Section 100.5 Notice of Infant /Toddler and Family Rights Under Babies Can't Wait.)

A. APPENDIX H – Decision Tree to Determine COS Ratings

POLICY MANUAL - SUMMARY

Decision Tree to Determine COS Ratings ***Chapter 1000***

Purpose
The Child Outcome Summary (COS) is to be completed at initial entry into Babies Can't Wait for children less than or equal to 30 months of age and at exit for all children who are enrolled with an active IFSP for at least six months. Entry and exit ratings are entered and reported in the state database as well as a hard copy placed in the permanent record for each child. The Decision Tree (see figure below) was created as a tool for training in the use of the COS Form. It is a series of questions about the extent to which a child exhibits age-appropriate skills and behaviors in each outcome area. Responses guide the user to a specific rating category on a 7-point scale.



A. APPENDIX I – Updates to the Procedure for Periodic IFSP Reviews

POLICY MANUAL - SUMMARY

Updates to the Procedure for Periodic IFSP Reviews ***Chapter 300***
(Federal Policy 34 CFR §303.340 - §303.346 IFSP)

Policy
A formal procedure must be followed for a periodic IFSP review for any one of these reasons, change in frequency, intensity and duration of a service, or the addition or termination of a service.

Purpose
To provide guidance to service coordinators and providers when it is necessary to review IFSP services at times other than the annual or six -month reviews.

Document Content
This document highlights recent additions to the policy only. Please review the *BCW Policy Manual* for full policy language

Policy Update

New clarification language added to ensure activities associated with a periodic IFSP reviews follow BCW State policy and procedure.
Periodic review can be initiated for the following:

- Change in service frequency
- Change in service intensity
- Change in the duration of a service
- Addition or termination of a service
- Parent may request a review of an IFSP
- Local program may propose a change in the IFSP

Periodic review and service coordination:

- Ensure adequate notice to facilitate the participation of all team members and other attendees as requested by parents
- Ensure parents understand their rights in requesting a review and agrees with team members with any revision
- Ensure parent give written consent for any changes to the IFSP
- Document all changes agreed upon, and ensure the parent receives a copy of the modified IFSP within 10 business days

A. APPENDIX J – Participation in IFSP Meetings

POLICY MANUAL – SUMMARY ***Chapter 700***
(Federal Policy 34 CFR §303.34 Service Coordination)

Policy
Provide service coordination to every eligible child and their family receiving Early Intervention (EI) services. Services must be coordinated across providers and agencies.

Purpose
Provide accurate and appropriate service coordination to BCW participants. **C**lear delineation is now being made to clarify the activities associated with the two levels of service coordination, *Intake Service Coordination* and *Ongoing Service Coordination.*

Intake Service Coordination is the process for reviewing and evaluating referred family and child, to determine eligibility or non-eligibility for EI services. It includes the following:

- Collecting family and child information, medical status, and insurance and financial information
- Educating family on parental rights, procedural safeguards and the voluntary nature of EI services
- Identifying a surrogate parent, if applicable
- Educating the family on evaluation and assessment process, IFSP development and EI service delivery, EI services payment process, and transition
- Scheduling and coordinating the evaluation/assessment with a Multidisciplinary Team (MDT) timely to ensure the development of the initial Individual Family Service Plan (IFSP) within 45 days of the referral
- Ensuring parental consent/ signature and team members signatures on ALL required documents, and documenting in the Babies Information and Billing System (BIBS) all services requiring authorizations or billable services
- Explaining to the family the IFSP and Primary Service Provider (PSP) service delivery process
- Explaining the roles and function of each PSP team member and the role of the ongoing service coordinator
- Referring and linking family and child not eligible for EI services to other agencies or community resources and back to C1st, with parental consent, for monitoring and follow-up.

Ongoing Service Coordination is the process of facilitating, participating and implementing the early intervention services identified on the IFSP for eligible child and family. It includes the following:

- Ensuring that ALL parental rights/parental consents, procedural safeguards are observed and documented throughout the process
- Identifying and referring family to advocacy source, if applicable
- Ensuring the results of the evaluation/assessment is reviewed with the family so that understands and agree that the results reflects their child and family
- Documenting and entering all IFSP information into BIBS within seven days of the completion of the initial, annual and periodic review, as well as transition activities
- Ensuring that forms applicable to billing public or private insurance are signed and the CYSHCN Financial Analysis is completed and signed by the parent
- Authorizing four (4) face-to-face service coordination visits per IFSP for each family
- Coordinating provision of EI services identified in the IFSP and linking families to other support services as needed
- Validating Medicaid eligibility monthly for active and inactive Medicaid clients, assisting family is applying for Medicaid, and checking third-party payer status
- Coordinating the annual evaluation of the IFSP to ensure the appropriate continuous assessment of the child and family
- Ensuring ALL documents are updated and signed during the annual IFSP evaluation
- Ensuring all necessary transition documents are explained, completed, signed and submitted to ensure the timeliness of the transition process
- Scheduling and coordinating transition activities to ensure the completion of the transition conference and the development of the transition plan is completed no later than 90 days prior to the child’s third birthday.