

## Family Rights and Safeguards

### Records:

#### How long must a child's record be kept?

- 6 years after exiting the Part C program.

#### Can a child's record be kept/created digitally? Can we do away with binders/ physical files?

- Yes, they can be kept digitally but at this time, policy says to maintain a hard copy. BabyNet State Office is re-evaluating this policy and will comment soon.

### Prior Written Notice, Consents and Signatures

#### Do parents have to sign the prior written notice (PWN)?

- No.

#### If you obtain consent for service provider evals but do not yet know the name of the providers, can you get the consent while adding the eval on the consent?

- No. The service coordinator cannot request for the parent to sign a blank form or a form that doesn't include the provider agency.

#### Consent for Screening, Evaluation, and Assessment for the Annual IFSP: Can we use one form for all? For example, Initial Routines-based Interview & Curriculum-Based Assessment, Annual Routines-based Interview/curriculum-based assessment, MCHAT, unless the family changes their mind, and then we would obtain a new consent.

- A new consent is required for each activity but if multiple activities are completed/scheduled on the same day then it can be marked on the same "Consent for Screening, Evaluation, and Assessment". One form will cover all screenings, evaluations, and assessments for the duration of an IFSP (if those boxes are checked). A new form must be completed and signed annually.

#### Regarding the Written Notice Related to Private Insurance and Medicaid Part C, and the Consent to Use Insurance Resources: does the parent sign a new form each time there is a change? Do we do the same if the child has Medicaid?

- It is the responsibility of the Service Coordinator to complete a consent to use insurance form with the family, with signature. The form should be completed with parent's signature at the initial and annual IFSP meeting, as well as when there is a change in payor source. Each time the consent to use insurance form is completed and signed, the original should be kept in the record and a copy should be given to the family and each EIS Provider on the IFSP team.

**Is it a requirement to send the IFSP to the pediatrician? Is parent consent required?**

- With parental consent, the service coordinator must send a copy of the current IFSP to the child's primary care provider.

**Native Language:**

**Do we need to provide documentation in the family's native language?**

- No, only translation of the IFSP. The service coordinator should refer to BabyNet forms and utilize the appropriately translated form.

**Is an interpreter required in the provision of special instruction services?**

- Interpretation can be provided (if appropriate) for special instruction and service coordination.

**Can the language line be used for special instruction or is it only for calling to get initials done?**

- The language line can be utilized for special instruction and service coordination needs (including scheduling the initial IFSP meeting). Please note that the language line should be used on a limited basis and only until the service coordinator can obtain a BabyNet interpreter.
- To request access to the language, please email your regional coordinator and provide the following information:
  - EI Agency
  - Service Coordinator and Family Trainer if applicable
  - Child's BRIDGES ID #
  - Language spoken
  - Child's DOB
  - EI supervisor

**Who provides supervision and/or accountability for interpreters? They bill for contacting families to confirm visits, and for "general conversations" with families. Service coordinators sign off on their timesheets, so who do we contact for concerns and interpreter billing guidelines?**

- Please email to [BabyNet@scdhhs.com](mailto:BabyNet@scdhhs.com) with sufficient details so the issue can be investigated

**When will documents be available in languages other than English and Spanish?**

- Other languages are available on demand. Please send an email to [BabyNet@SCDHHS.gov](mailto:BabyNet@SCDHHS.gov) with sufficient details (language needed, forms needed), and

BabyNet will work with the SCDHHS Office of Civil Rights to ensure the appropriate translations are made.

## Determining Eligibility

**When determining a child's eligibility at the annual IFSP, if the curriculum-based assessment does not show delays > 25% in one domain, but a service provider eval does, would the child still be able to receive special instruction services?**

- The service provider evaluation would allow the service coordinator to determine that the child continues to be eligible for Part C services. It is the combination of the Routines-based Interview, child assessment, and service provider eval/progress notes that should determine what services the IFSP team considers, i.e., continued eligibility is not the same as a service need.
- **If the DP-4 is done at intake, but the initial IFSP team meeting is more than 30 days after the date of the DP-4, do you HAVE to do another curriculum-based assessment?**

No, but the ongoing service coordinator can choose to complete a CBA to include more up-to-date present levels of development in the initial IFSP.

**If the child is initially eligible under Established Risk Condition (ERC), is an annual curriculum-based assessment required?**

- Yes, to establish the present levels of development.

**If a child is initially eligible based on Established Risk Condition (ERC) and the annual curriculum-based assessment shows they no longer meet state criteria for ongoing eligibility, can a child continue in BabyNet?**

- Yes, if that is the decision of the IFSP team. Exception: Children originally eligible for BabyNet based on ERC due to prematurity must meet the eligibility criteria for developmental delay after their second birthday.

## Assessments

**Why does the BabyNet Family Assessment form come to ongoing service coordinators blank from BabyNet eligibility?**

- The *Family Resource Form* (no longer family assessment form), is no longer in the intake packet and intake coordinators will not complete the form. Moving forward, the service coordinator is responsible for completing the form, if the family declines the RBI.

### **Are Routines-based interviews mandatory for all families?**

- Family assessments (Routines-based Interview in South Carolina) are required, unless the family declines. However, family assessments are crucial to the development of appropriate functional IFSP outcomes. Families must indicate on the Consent for Screening, Evaluation, and Assessment form if they decline participation in the Family Assessment/RBI.

### **Has any consideration been given to continued use of the Carolina Curriculum? The last printing was 2004.**

- BabyNet State Office researched and determined that the current approved assessment tools are still appropriate. We will continue to research other options as needed.

### **What does the service coordinator do if the family declines both the Routines-based Interview (RBI) and the Family Assessment (Family Resources Form)?**

The service coordinator should explain the importance of the RBI (the Family Assessment tool) to the family, but ultimately, it's the family's decision to proceed or not. The Family Assessment form is being revised and will become the *Family Resources Form (FRF)*. The FRF is available as a resource to help IFSP teams determine IFSP Outcomes and ensure service coordination referrals and services are discussed when an RBI is not completed. Families must indicate on the *Consent for Screening, Evaluation, and Assessment* form if they decline participation in the Family Assessment/RBI.

## **Service Coordination Services**

### **Can service coordination be provided to a family outside of their county?**

- Service coordination must be provided by a service coordinator who is able to drive to the family's home upon request.

### **Does service coordination include researching activities and a child's condition to give information to the family?**

- No -Since the services should be family-centered, the goal is to empower families so they can gain the knowledge and skills to help their child grow and learn. Assisting the family on how to get started with research will build the competence and confidence of the family.

### **How long must closed records be held?**

- Records must be kept six years after the child exits the BabyNet program.

### **What is an appropriate caseload size for special instruction and/or service coordination?**

- This is a company/agency decision.

**For a new service coordination company, who is qualified to provide quality assurance?**

- Please refer to DDSN regarding this question.
- **What is the salary cap for a service coordinator?**
- BabyNet State Office does not determine salary ranges. Rates for BabyNet covered services are set by SCDHHS (SC Medicaid), and salaries for providers/service coordinators are determined by the agency owner/leadership.

**Do service coordinators need to provide prior written notice for administrative change reviews?**

- Service Coordinators are not required to provide prior written notice for administrative change reviews.

**How can we assist families with housing and jobs?**

- The service coordinator is responsible for directing families to local and state resources, not researching, gathering, filling out information for them.

**We were told we would get paid for everything that adds up to 8 minutes, but that has not been happening so are we not going to get paid?**

- Small minute roll up only applies to minutes billed on the same date of service for T1016-Service Coordination. If you believe small minute roll up is NOT occurring, please contact BabyNet@scdhhs.gov.

**In a split model, can both the service coordinator and the special instructor have the child on their BRIDGES caseload list?**

- Yes, if the service coordinator and Family Trainer are listed on planned services. The child will appear in the caseload drop down menu for the service coordinator, and the Family Trainer will need to access the record by using the “search child” feature.

**Why does the frequency and intensity of special instruction services as written in the IFSP need to be met, but not the service coordination frequency/intensity? Is one service coordination contact a month allowable regardless of what is in Planned Services?**

- All families are entitled to receive [Service Coordination](#), *at least* once a month. The frequency and intensity for Service Coordination varies since it is individualized to meet each child and family’s needs.

**If a service provider accepts a referral, how does the service coordinator ensure the service provider is able to accept the family's insurance resources?**

- It is the service coordinators responsibility to provide the service provider with the child's funding source(s). This includes private insurance, Medicaid (fee-for-service) and

MCO information. It's the service providers' responsibility to only accept referrals when they are contracted and credentialed with the child's MCO. If the service provider accepts a referral and is not contracted and credentialed with the MCO, they will not be reimbursed for services. Service Providers can review the Policy and Procedure Guide for Managed Care Organizations if they have questions.

**If the family resides in one district, but receives care during the day with either the grandparent or daycare, should service coordination and Special Instruction be located in the district where the child lives, or in the district in which the child receives care?**

- The providers should be able to drive to the child when requested (whether that is the caregiver's location or the family's home).

## **Service Coordination Transfers**

**How long does a service coordination company have to transfer a record to a new provider?**

- If the new service coordinator has not received the hard copy record after 7 days, they should reach out to the appropriate Regional Coordinator. Service coordinators should contact and start serving the family as soon as the record is assigned electronically in BRIDGES.

**What information must be sent to the new service coordination provider when a record is transferred?**

- The physical file is still required to be transferred to the receiving agency within 7 days. Once the record is transferred in BRIDGES and assigned to the receiving SC, the SC can start providing services to the family without waiting on the physical record.

**Is the new service coordinator/special instructor/curriculum-based assessment provider required to readminister the child assessment after a transfer?**

- No, the child assessment (CBA) is only required annually, however, the assessment can be updated as needed.

**If a transferred case has expired planned services in the IFSP, but the child continued to receive these services, can you backdate?**

- No, nor will the service provider be paid.

**What are the steps for transfer if a family is relocating out of state?**

- The family should look online to find the Part C program for that state and make the referral. The new state can request the record, or the parent can sign a new BabyNet Consent to Release/Obtain information authorizing the service coordinator to transfer

the record. Every state has a Parent Training Information Center that can assist families with the process.

## Documentation

### **What happens when a therapy provider is not entering notes (for months or not at all)?**

- The therapy provider is responsible for entering notes within 7 days. BabyNet State Office is responsible for monitoring timely entry and will issue findings as needed.

### **How should the documentation be worded for prep of the curriculum-based assessment?**

- This is not a billable activity. If the service coordinator needs to document, this can be recorded as a non-billable in the service log.

### **Is a Summary of Visit (SOV) sheet required for Service Coordination activities/meetings? If a Summary of Visit sheet is completed, can the BRIDGES service log say "see SOV for details" instead of saying all the names of the forms and the purpose of the meeting (since it is on the SOV)?**

- Family training is the only service that must be documented on a SOV sheet. It is fine to complete a SOV sheet for SC activities, but SC activities are required to be documented in service logs.

### **Can service coordinators move to digital files/Doc-U-Sign?**

- BabyNet State Office is looking at other options, but primary service coordination companies will also need to engage in preparation for this change to occur, including meeting certain legal requirements of SCDHHS.

### **How do you professionally document seeking a new provider for a family who has expressed concerns about current provider, if the current provider can see the service coordination service logs?**

- Service coordinators can use general language, such as, "Family requested change," or "...not a good fit."

### **For service coordination needs such as transportation or diaper banks, I thought if we placed them in the "Other Services" section of the IFSP that we didn't need to create an outcome for it.**

- It would be appropriate to create a family outcome to address these needs. They should also be documented in the service log.

**Do job searches for a parent need to be listed under "Other Services" or would it fall under community resources (if that is "Other Services")?**

- It would be documented as part of the summary of the Routines-based Interview and/or in the service log. Service coordination activities are limited to providing the parent with strategies to conduct a job search (e.g., using the internet at a local library) vs. conducting a job search for a family.
- **How should "planning curriculum to meet IFSP outcomes" be documented?**
- Documentation of the planning curriculum will vary, depending on the unique resources, priorities and concerns of the family, the abilities of the child, the child's natural environment and activities during which caregiver coaching and support occur. Planning occurs WITH families to support them to use materials and interactions in the home and other natural environments to work toward achieving child and family outcomes on the IFSP.

**If a family declines the RBI, what is the process for documenting while the old form is being revised?**

- Further guidance and updates will be forthcoming. If the family declines any assessment (Family and/or Child assessment), it should always be documented in service logs and the *Consent for Screening, Evaluation, and Assessment* form.

**Does the MCHAT score need to be documented anywhere else in BRIDGES (other than the service log)?**

Service Coordinators will enter the results of the M-CHAT in the Screening screen in BRIDGES and document in service logs. Please see the [Special Considerations in Development of the Initial IFSP](#) section. ABA will be placed on planned services once the STAT or evaluation has been completed.

## **Covered and Non-Covered Services**

**Can the special instructor create a curriculum for the week for a child as a billable service?**

- Curriculum planning should occur WITH the family to support them to use materials and interactions in the home and other natural environments to work toward achieving IFSP outcomes. Billing for family training is allowed, but planning the curriculum should be a collaborative effort between the family trainer and family. The family should learn how to embed activities into their normal routines.



**Is reviewing information after talking with a family about a topic (diagnosis, medication, etc.) billable?**

- No, reviewing/ researching information for yourself does not provide a service/outcome and it is not billable.

**The presentation addressed all the forms and activities required for an Annual IFSP. These are the things we are "preparing for an IFSP review." In the past we were allowed to bill for IFSP meetings. When and why did/has this changed. We work so much and can't bill for any of it. This is part of the reason we have so much service coordination turnover.**

- Facilitating and participating in the development, review and evaluation of IFSPs is a billable activity.

**Is discussing insurance updates or changes a billable activity?**

- Yes, discussions regarding payor sources and obtaining the insurance information is billable.

**Is researching strategies and techniques to better assist w/future home visits OK to bill for if details are provided in the service logs?**

- No, this qualifies as administrative. You can document in the service log as a nonbillable activity.

**Is preparing information to request prescriptions billable?**

- This will be addressed in upcoming policy and procedures. Gathering, preparing and reviewing information is an administrative activity which is non-billable.

**Is scheduling an IFSP a billable activity?**

- EI Manual indicates the following is a reimbursable Service Coordination activity:
  - **Facilitating** and **participating** in the development, review, and evaluation of IFSPs/FSPs.
- Scheduling, confirming, emailing, texting and leaving a voicemail are not billable activities.

**Can service coordination be billed for planning curriculum if it is individualized to the IFSP outcome?**

- Plan curriculum, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability is a reimbursable family training and counseling service.

### **Can preparing to conduct a child assessment or hold an IFSP meeting be billed?**

- No. Preparing material for a child assessment is a non-billable activity.
- Services provided prior to the development/review of the IFSP/FSP (excluding service coordination) is not a Medicaid reimbursable family training service. Refer to non-reimbursable services here:  
<https://provider.scdhhs.gov/internet/pdf/manuals/EarlyIntervention/Manual.pdf>

## **IFSP Procedures**

### **How should providers meet the frequency and intensity of services on the IFSP when families cancel visits?**

- Service coordinators must offer make up visits if it was a provider cancellation and document in the service log. Make up visits are not required if the parent cancels. Make-up visits must be made up in the same month unless the visit was missed during the last week of the month. When cancelled during the last week, the provider must make up the visit within the first week of the following month. Make-up visits must also be documented in the service log that specify if the visit was made up in one visit or incrementally over multiple visits throughout the month. A parent can also decline make up visits and there is no penalty to the provider if it is parent choice not to reschedule.

### **If a late initial IFSP is attributed to a service coordinator, will they be notified?**

- If a finding is determined for indicator 7, the district will be notified. If the finding is not cleared during the subsequent data pull, the responsible party will be contacted, and a CAP will be completed. The 45-day timeline applies to BabyNet eligibility and SC agencies as soon as the child is referred to BabyNet and becomes eligible for services. Refer to SCEILS for additional training on General Supervision, if needed.

### **For service coordination needs such as transportation or diaper banks, I thought if we placed them in the "Other Services" section of the IFSP that we didn't need to create an outcome for it.**

- It would be appropriate to create a family outcome to address these needs. They should also be documented in the service log.

### **Does an IFSP team meeting with a speech therapist need to be face-to-face?**

- This will be addressed in upcoming policy and procedures. Please refer to *periodic review* policy and procedures for now.

**Were service providers informed they must attend IFSP meetings to be added to planned services? We are running into issues with service providers saying they never attend.**

- Service providers are required to attend IFSP meetings. Please refer the provider to *Initial IFSP Procedures* and *Periodic Review of the IFSP Procedures*. Service Providers are unable to be added to the plan if they don't attend the meeting/make pertinent records available. Please contact BabyNet@scdhhs.gov if you continue to have issues.

**Is scheduling an IFSP a billable activity?**

- EI Manual indicates the following is a reimbursable Service Coordination activity:
  - **Facilitating** and **participating** in the development, review, and evaluation of IFSPs/FSPs.
- Scheduling, confirming, emailing, texting and leaving a voicemail are not billable activities.

**How does the IFSP team determine that all the services a child needs are Part C, or Other Services? How do you find these, especially in rural areas?**

- The service coordinator and/or IFSP team can locate a list of all Part C services in the [Federal Part C Regulations](#). Information can also be found in the *Early Intervention Services in the Natural Environment and the Service Provider Agreements* policy & procedures. Service Coordinators can contact their Regional Coordinator if they are having difficulty finding a particular service in a rural area.

## **Child Outcomes Summary Process (COSF)**

**Is the *Child Outcomes Summary Form* (COSF) still needed even if we complete the RBI and CBAs?**

- The actual form is not required. However, the service coordinator must use the decision tree, crosswalks, and other COS resources to enter the appropriate information and ratings in the BRIDGES COS screen.

## **Periodic Review of the IFSP**

**Can “6-month review” be added as an option to the prior written notice?**

- Yes. BabyNet state office staff are working to update the prior written notice to reflect this.

### **Is a change review needed for non-BabyNet providers to be added to the IFSP?**

- The service coordinator will document this in a service log. At the next IFSP review, add resource/referral to "other services" on the IFSP screen. A change review is not required. Non- BabyNet providers are unable to be selected in planned services.

### **Should a service coordinator complete a formal or administrative change review to add additional procedure codes to Planned Services (BRIDGES)?**

- An administrative change review should only be completed to make corrections to what was previously discussed during an IFSP meeting or if a change in SC, SC agency, or provider needs to occur (if there are no changes to the intensity, setting, frequency, length, payor source).
- Administrative change reviews can also be held to add a re-evaluation if the service has already been provided. A service should not be provided until it is added to the IFSP. IFSP team members should be communicating regularly to ensure the services identified as a need are on planned services of the IFSP.
- E.g. A speech therapy provider was added to the IFSP for speech services on 06.15.23. A 6-month IFSP review was held on 12.02.23, and speech services were continued as a service, but a re-evaluation was not added to the IFSP. The speech therapist contacts SC on 02.16.24 because they would like to complete a re-evaluation. An administrative change review can be completed to add the re-evaluation.

### **When completing a change review by phone, what is the process of getting the signature of the parent if they cannot sign electronically?**

- The service coordinator should correspond with the parent through email (parent sends back a scanned copy or picture of the signed document), regular mail, or get the parent's signature at their next in-person visit.

### **When is the change review considered active?**

- **Formal change review** – When the IFSP meeting is held and the parent signs the IFSP, accepting the changes that were made. If the meeting is virtual, it is considered active when verbal consent is received. Participants must still sign the *IFSP Team Meeting form*.
- **Administrative change review** – Changes are effective as soon as the Administrative Change Review is finalized.

### **If there is an emergency and a family needs help with a resource, does the service coordinator have to hold a meeting to add a new goal before helping with the issue?**

- The service coordinator (SC) will document this in a service log. At the next IFSP review, add resource/referral to "other services" on the IFSP screen. A change review is not required.

**How can the service coordinator correct Planned Services if a therapist completed a re-evaluation and added the wrong CPT code?**

- This is a correction and should be an administrative change review.

**Is a separate change review required for a service provider evaluation, and then another change review when it's been determined the child meets criteria for treatment? What if the IFSP is still unlocked?**

- A separate change review needs to occur for an evaluation and to add the service. If an evaluation is determined as a need during a scheduled IFSP meeting, the evaluation would be added during the meeting. A change review to add the service would need to occur, separately, after the evaluation took place and the service was determined to be a need. The IFSP should NOT still be unlocked. These are two separate events and should be added to separate IFSPs.

**How do we conduct a closure change review two weeks prior to the child's 3rd birthday? Was it stated that we hold the meeting, but document the end date of any service provider services as the day before the 3rd birthday?**

- Exit IFSP team meetings are not required. If the child is aging out of the program, the exit date will be the **day before** their 3rd birthday. If a service coordinator has a "closure meeting," they can still add the last day of services as the day before the third birthday.

**Do administrative change reviews need to be sent to the family and the pediatrician?**

- Family, yes; PCP, no. The IFSP the family has on hand should always match what is current in BRIDGES.

**If when conducting a six-month review of the IFSP, we cannot contact the service provider for input because they have resigned, and a new service provider is not yet in place, how would we get their input?**

- You can ask for an authorized representative, like their supervisor, to attend the meeting in person or by phone, and ask for pertinent records/notes/reports, evaluations/ be made available to you prior to the meeting.

**How do we handle it when a service provider discharges a child due to scheduling conflicts?**

- The service provider should always notify the service coordinator before making any change to a planned service, including discharge, so the service coordinator can find another company and conduct a change review.

## System of Payments: Insurance Coverage

### What is a Managed Care Organization (MCO)?

- An MCO is a Managed Care Organization. SCDHHS contracts with [five MCOs](#) to provide Medicaid benefits. If a child is in an MCO, this information will be listed at the bottom of the Financial Support screen in BRIDGES. MCOs: First choice by Select Health (HM1000); Absolute Total Care (HM2200), Healthy Blue by Blue Choice of SC (HM32000), Molina (HM3600) and Humana (HM4200).

### When can a family decline the use of their private insurance?

- Families can only decline the use of their insurance if the child does NOT have Medicaid. If a child has Medicaid, including being enrolled in an MCO, the family must provide private health insurance information and allow the policy to be billed for BabyNet services.

### If a child has private insurance, Medicaid, and BabyNet, can a service provider say they will not accept a specific type of Medicaid as a secondary payor, and would BabyNet pick up the remaining amount?

- No. Providers cannot refuse to take any type of Medicaid if they are Medicaid providers, but all providers are not in-network with all MCOs. Service coordinators should search for providers in-network with the child's MCO. [If the service coordinator cannot find an in-network provider, they should reach out to the MCO for assistance.](#)

### If a family consents to the use of private insurance for services on the IFSP, will those services count toward the number of annual visits/encounters allowed by the private insurance company?

- The parent should discuss specifics with the private insurance company.

### What do we do when a service provider in our area is not giving the families the option to bill private insurance (they are being required to decline insurance if they want the service).

- The family gives consent to the Lead Agency for billing private insurance, not the service provider. All service providers with a current agreement with BabyNet must abide by the consent the family provided at the time of the initial IFSP, the annual IFSP, or when there was a change in payor source. If a provider is telling a family to decline billing insurance, please contact BabyNet State Office at [BabyNet@scdhhs.gov](mailto:BabyNet@scdhhs.gov).

**Should BabyNet Eligibility complete HIRFs to add private insurance policy information to BRIDGES?**

- Yes. The private insurance policy information should be added to BRIDGES regardless of the parents' consent to bill for specific early intervention services. It can take up to 4 weeks for this information to be updated.

**If a family has private insurance and Medicaid, and the service provider is not in network with the private insurance carrier, can the service provider still see the child?**

- Yes. Therapy providers do not have to be in-network with private insurance companies. They must bill the insurance, receive a denial, and then bill Medicaid/Part C. The denial is valid for one year and should be kept on file in case of an audit.

**Families with private insurance are being told they must pay co-pays for services. Who should we contact if this happens?**

- This is illegal under IDEA Part C and South Carolina's System of Payments policies and procedures. Please contact BabyNet@scdhhs.gov regarding specifics.

**How are we supposed to get children into services quickly if they use their private insurance? Most providers who want insurance declined have informed me that this is because it takes time to get the authorization. How does that impact the timeline?**

- The family is the only one to determine if private insurance is billed. Providers cannot make that decision. If a provider is not in-network with private insurance, the service should still begin once it has been added to the IFSP. Once the provider bills private insurance, they will receive a denial or payment. If the provider does not receive a denial or payment, they should request the EOB from the family. The timeline should not be affected because there should not be a delay in services.

**Does the service provider have to get an EOB denying payment to bill Medicaid?**

- Yes, the service provider is responsible for receiving an EOB or denial from the private insurance company. If the provider does not receive a denial, they should request the EOB from the family. Typically, the family would have access to this information through their private insurance portal.

**Is it correct that if a child has private insurance and TEFRA, the parent cannot decline use of private insurance? If so, why?**

- Yes. TEFRA is a Medicaid category and without exception, consent to bill private insurance is a condition of Medicaid eligibility. This is a federal regulation.

### **How should private insurance and copays be explained to families when they ask?**

- BabyNet services are at no cost to families. BabyNet covers co-pays and deductibles. Families will not and should not be charged for services. Please see the system of payments section in the BabyNet Policies and Procedures handbook

### **Where should HIRFs be sent?**

- HIRFS should only be sent to [OHI.Priorities@bcbssc.com](mailto:OHI.Priorities@bcbssc.com). An updated form can be found on our website.
- [Health Insurance Information and Referral Form \(HIRF\) Instructions](#)

## **Provider Agreements**

**If a service provider doesn't accept a type of Medicaid, but has a current service provider agreement with BabyNet in place, does the service provider still have to provide the service because of the agreement?**

- Service providers are only allowed to accept referrals with the MCOs that they are credentialed with.

**Is the service provider list updated, and if so, how often?**

- Service Providers are responsible for keeping their profile information current. This information feeds into the Provider Matrix tool and allows service coordinators to know which providers have openings.

## **EIS in the Natural Environment**

**If a child is in a rural county with no providers available, should they go on a waitlist for therapy in the natural environment (NE) or go to a clinic for immediate service provision?**

- Children can only be seen in clinic if there are no natural environment providers in the area. If a child is being seen in clinic, they must also be a BabyNet provider. If no natural environment providers are available in the area, the service coordinator must document this in the service log. Please ensure the service coordinators:
  1. Have a conversation with the family and let them know that once a natural environment provider becomes available, they will have to be seen in the natural environment. BabyNet State Office receives frequent complaints about families not being made aware of this policy.



2. The service coordinator must continue to contact natural environment providers at least once a month for availability, update the family, and document these activities in BRIDGES.

3. When a provider becomes available, the family is notified, and services should change to be delivered in the natural environment. If the family does not want to change providers and wants to remain in the clinic setting, the family would be responsible for any payments previously covered by BabyNet. BabyNet will not cover any services outside of the natural environment once an NE provider becomes available. All these activities should be documented in the BRIDGES service log.

- Please see Natural Environment Procedures: (2023-09-01) SCDHHS IDEA PART C PROCEDURES FOR EIS IN NATURAL ENVIRONMENTS.pdf

## Transition at Age 3

### Are transition goals only for transition at age 3, or developmental transitions?

- Transition goals are created for IFSP purposes to document the child's Transition Plan. These outcomes should be related to transition at age 3 from the BabyNet program to LEA or community programs. Goals/outcomes relating to a child exiting the Part C program should begin the day they start receiving BabyNet services.

### If a family is clear that they want community/private preschool services at age 3, is a transition referral still required to be sent to the local education agency?

- Yes, because it lets the LEA know the parent is not interested in preschool via the LEA.
- **Correction to the Part C to B transition guide** (<https://www.scdhhs.gov/sites/default/files/babynet/IDEA%20Part%20C%20to%20Part%20B%20Transition%20Requirements.pdf>). It currently states:

If notification reports list children assigned to the incorrect school district, LEA personnel will reply to the notification e-mail and identify the potential errors. Part C personnel will follow up to verify and make the necessary corrections.

Instead, however, LEA personnel **should email the regional coordinator** for their area to identify the potential errors. **Do not reply to the notification email**, it goes to TECs, and the errors will not be corrected.