
	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 1 of 22
DOCUMENT TITLE Payment to Programs Procedure			

Table of Contents

Subsection	Title	Page
1.0	PURPOSE AND SCOPE.....	2
2.0	REFERENCES	2
3.0	INSTRUCTIONS.....	3
3.1	Overview of Birth to Three System of Payments	3
3.2	Overview of Birth to Three Supports and Services Billing	5
3.3	Timely and Accurate Data Entry.....	5
3.4	Monthly Invoice.....	6
3.5	Payment for Services	8
3.6	Service Units, Limits, and Authorizations.....	11
3.7	Assistive Technology Payments.....	13
3.8	Interpretation Service Payments	15
3.9	Distance Payment:.....	16
3.10	Transportation Payments	17
3.11	General Administrative Payment (GAP).....	18
3.12	Additional payments	19
4.0	REVISION HISTORY	19
	Attachment 1, Assistive Technology Reimbursement.....	21

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 2 of 22
DOCUMENT TITLE Payment to Programs Procedure			


1.0 PURPOSE AND SCOPE

1.1.1. This procedure provides instructions to offer payment for all Connecticut Birth to Three Programs and Agencies that contract with the Office of Early Childhood (OEC) providing Early Intervention Services (EIS) within available appropriations, state statutes and regulations, and/or per the Centers for Medicare & Medicaid Services (CMS) State Plan Amendment.

2.0 REFERENCES

2.1 Associated Documents

- 2.1.1. Accountability and Monitoring Procedure
- 2.1.2. Centers for Medicare & Medicaid Services (CMS) State Plan Amendment 17-0019, Connecticut Amount, Duration and Scope of Services Provided Categorically Needy Group(S), Effective Date Oct. 1, 2017.
- 2.1.3. State of Connecticut Purchase of Service Contract with the Office of Early Childhood
- 2.1.4. Document Control and Records Procedure
- 2.1.5. Electronic Remittance Advice (ERA) File - 835
- 2.1.6. Eligibility Request File - 270
- 2.1.7. Eligibility Response File – 271
- 2.1.8. Evaluation, Assessment, and Screening Procedure
- 2.1.9. Form 1-3, Insurance Collection and Consent to Release Information
- 2.1.10. Form 3-1, Individualized Family Service Plan (IFSP)
- 2.1.11. Form 3-12, Assistive Technology Reimbursement File
- 2.1.12. Form 4-4, Reimbursement Request Form
- 2.1.13. Personnel Standards Procedure
- 2.1.14. Training and Supervision of Staff Procedure
- 2.1.15. Supports and Services Procedure
- 2.1.16. Parent Rights and System of Payment
- 2.1.17. Insurance Billing Procedure
- 2.1.18. Remote EI Procedure

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 3 of 22
DOCUMENT TITLE Payment to Programs Procedure			

2.1.19. Assistive Technology Procedure

2.1.20. CBO Billing Manuals

2.1.21. CT Birth to Three Fiscal Policy

2.2 Source Information

2.2.1. Connecticut Birth to Three Payments to Programs. Revised July. 1, 2023

3.0 INSTRUCTIONS

3.1 Overview of Birth to Three System of Payments

3.1.1. UNDERSTAND Funding sources


1. See Birth to Three Fiscal Policy for details

3.1.2. UNDERSTAND Payor of last resort


1. When consent to bill commercial insurance is provided by the parent, or the child is enrolled in Medicaid, order of payment proceeds as follows:
 - a. Claims for payment of early intervention services (EIS) is billed to private insurance first when consent to bill is provided then remaining balance is billed to Medicaid for payment.
 - b. Claims for payment of EIS is billed to private insurance first and if Medicaid is secondary insurance and consent to bill is not provided then the claim is paid through escrow.
 - (1) Exception: services that are approved in the Birth to Three data system after the monthly invoice is signed will not be eligible for payment by escrow.
 - c. Providers are required to seek third party reimbursement directly from payors for Assistive Technology, including hearing aids and other assistive listening devices.
2. Order of payor and payor of last resort is ensured by policies and procedures set up by the Office of Early Childhood and Birth to Three, following federal and state regulations.

3.1.3. Services and supports are eligible for payment only when provided and documented per the contract and meeting all procedural requirements, including:

1. Listed on the service page of the IFSP
2. Consented to by the parent

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 4 of 22
DOCUMENT TITLE Payment to Programs Procedure			

3. Completed Form 1-3 Insurance Collection and Consent to Release Information on file
 4. Exceptions include: distance payments, interpretation, other administrative and personnel development funds, and General Administrative Payment (GAP)
- 3.1.4. **UNDERSTAND** that the rates for services are dictated by the State Plan Amendment
 - 3.1.5. **UNDERSTAND** that all rates for services and any other payments are published on the Birth to Three website
 - 3.1.6. **REFER TO** The Accountability and Monitoring Procedure regarding fiscal monitoring.
 - 3.1.7. **UNDERSTAND** the role of Single Point of Entry (SPOE)
 - 3.1.8. **UNDERSTAND** that anticipated payment **MUST NOT** be a decision-making factor in determining services and supports of the IFSP
 - 3.1.9. **UNDERSTAND** that the system of payments must be described to a family only by a certified service coordinator.
 - 3.1.10. **UNDERSTAND** EIS Programs **DO NOT PERFORM** the following:
 1. Seek or receive payment for EIS from parents.
 - a. Exception: recovering payments made by insurance companies to families
 2. Bill Medicaid and commercial insurance directly for services.
 - a. Exception: with consent to bill on Form 1-3, Insurance Collection and Consent to Release Information, providers must bill Medicaid and commercial insurance directly for Assistive Technology, including hearing aids and assistive listening devices, or use a DME provider to do so.
 3. Seek payment for EIS from any other funding source.
 - 3.1.11. **UNDERSTAND** All child and service information that is entered into the Birth to Three System is transmitted to a third-party billing contractor, herein known as the central billing office (CBO).
 - 3.1.12. **UNDERSTAND** that the CBO provides a CT EI billing manuals and that programs are required to adhere to the procedures therein
 - 3.1.13. **UNDERSTAND** the following about the timing of payment processing:
 - Process timing depends on payer.
 - Medicaid and Commercial Insurance payment timelines are determined by their posted schedules.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 5 of 22
DOCUMENT TITLE Payment to Programs Procedure			

- Lead agency issues payments monthly.

3.2 Overview of Birth to Three Supports and Services Billing

3.2.1. Agencies contracting with Office of Early Childhood (OEC) to provide Early Intervention Services (EIS) **ENTER** child and service information into the Birth to Three data system.

1. **KNOW** CBO performs the following:

a. Creates claims on behalf of EIS Programs.

b. Submits billing per OEC billing requirements.

(1) Claims are submitted electronically to payers including Medicaid and commercial insurance plans.

3.2.2. EIS Programs **RECEIVE** payments from these claims made directly from Medicaid and commercial insurance plans.

3.2.3. Connecticut Birth to Three System or Lead Agency **PAY** EIS Programs monthly for:

1. Unpaid balances of non-workable insurance claims.

2. Certain additional EI services and activities.

3.3 Timely and Accurate Data Entry

3.3.1. **ENSURE** data is timely and accurately entered and approved in Birth to Three data system for the purposes of billing, accountability, and monitoring.

3.3.2. Accurate Data includes that all data entered into the Birth to Three data system matches and is supported in the child's record, including but not limited to:

1. Service delivery data is supported by documentation in the child's record.


2. Insurance information is supported by the Form 1-3 Insurance Collection and Consent to Release Information

3. To the best of the program's knowledge, the services were provided as documented.

3.3.3. Timely data entry includes:

1. All service delivery is entered into the Birth to Three data system by the 15th of the month following the month of service.

2. All corrections are initiated in the Birth to Three Data System and the CBO within 5 business days of being identified by the program.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 6 of 22
DOCUMENT TITLE Payment to Programs Procedure			

3.3.4. **SEND** requests for exceptions or disputes regarding timely and accurate data entry requirements to birthtothreefiscal@CT.gov.

1. **INCLUDE** the following in the email:

- Timely Data Entry Request in subject line
- Birth to Three case number
- Dates and types of services
- Clear description reason for exception/dispute


3.4 Monthly Invoice

3.4.1. **UNDERSTAND** that the Birth to Three system generates the monthly invoices and that providers must enter additional payment information into the invoice.

1. Under Escrow for fully adjudicated claims for invoiced monthly section, **KNOW** Escrow payments for claims approved on time and fully adjudicated during invoiced month will be populated by CBO.
2. Under General Administration Payment (GAP) section, **KNOW** GAP is calculated by Lead Agency using available data in the Birth to Three data system, as described in the GAP section of this procedure.
3. Under Adjustments section, **KNOW** adjustments are entered by the program and require supporting documentation.
 - a. All reimbursement requests under the adjustments section, along with supporting documentation, must be submitted on the monthly invoice within six months (180 days) of the date of event. This includes:
 - Distance Payment
 - Transportation Costs
 - Interpretation Services
 - Assistive Technology
 - Peer Supported Technical Assistance
 - Other Approved Payments

3.4.2. **UNDERSTAND** that by signing and approving the monthly invoice, the Birth to Three contracted provider is assuring that:

1. All data has been accurately and timely entered and approved for the billing month

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 7 of 22
DOCUMENT TITLE Payment to Programs Procedure			

2. The escrow payments for adjudicated claims are accurate
3. Documentation and invoicing of GAP, adjustments and all additional payments is accurate

3.4.3. **SEND** requests for dispute resolution regarding payment to birthtothreefiscal@ct.gov

1. **INCLUDE** the following in the email:
 - Clear description reason for dispute

3.4.4. **APPROVE** invoice to receive payment from Lead Agency, including:

- Escrow payments
- General Administrative Payment (GAP)
- Additional payments

1. **CONFIRM** data related to services provided during billing month is correctly entered and approved.

2. **ENSURE** signoff occurs by either:


- Close of business on the 15th of each month.
- Close of business on the first business day after the 15th, if the 15th falls on a weekend.

3. **EMAIL** monthly invoice to OEC.AP@ct.gov

- a. The subject line **MUST READ** “[Program Name] Birth to Three [Month, Year] invoice signed off and attached”.
- b. **CC** the email to birthtothreefiscal@ct.gov
- c. **REDACT** any Personal Identifiable Information (PII) from attached documents and **REPLACE** with the child’s Birth to Three number.
- d. **ATTACH** monthly invoice to email.
- e. **ATTACH** supporting documentation for Adjustments and Other reimbursement.

3.4.5. Lead agency fiscal office **RECONCILE** invoices with available reports and documentation.

1. Lead agency **NOTIFY** programs of any discrepancies via email.
 - a. Lead agency will unlock invoice in Birth to Three data system

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 8 of 22
DOCUMENT TITLE Payment to Programs Procedure			

b. Program will revise as appropriate and resubmit all documentation.

(1) **WHEN** resubmitting monthly invoice, **THEN RESEND** all documentation for revised documentation to OEC.AP@ct.gov with the subject line reading "REVISED [Program name] Birth to Three (insert month) invoice signed off and attached". CC the email to birthtothreefiscal@ct.gov

2. **SEND** communications to reconcile concerns or questions with invoices to birthtothreefiscal@ct.gov

3.4.6. Lead Agency **NOTIFY** programs of approved final submission of an accurate invoice by the Contractor.

3.4.7. **KNOW** payments to programs are processed through the state's CORE-CT system.

1. **RECEIVE** automatic email from OEC when invoices are entered into CORE for payment.

2. **KNOW** emails from OEC are sent to addresses on file with fiscal department and not necessarily Birth to Three program office.

3.5 Payment for Services

3.5.1. **REFER TO** the following regulations for determination of specific activities:

- Connecticut State Plan Amendment 17-0019
- Department of Social Services (DSS) regulations

3.5.2. Approvals in the Birth to Three Data System

1. Approval is the process in the Birth to Three Data system by which programs assure that entered billing data is accurate and ready to be transmitted to the CBO

a. The sooner services are approved, the sooner they will be eligible for payment from payors.


2. Unapproved data will not be transmitted for payment to the CBO

3. Timeliness of data is determined based on date of approval, not date of entry

4. Approvals should be completed daily but must be completed no later than the 15th of the month following the billing month.

3.5.3. **ALLOW** the following to be held on the same day, if necessary:

- Assessments

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 9 of 22
DOCUMENT TITLE Payment to Programs Procedure			

- Evaluation
- Individualized Family Service Plan meeting
- Early Intervention Treatment Services

3.5.4. Evaluations

1. **ENSURE** evaluations are:

a. Multidisciplinary per Individuals with Disabilities Education Act (IDEA).

(1) **DO NOT** bill for two professionals with the same discipline for an evaluation.

b. Performed by two practitioners, unless evaluation by one practitioner is permissible due to circumstances outlined in the Evaluation, Assessment and Screening procedure.

(1) **IF** a third practitioner is required to establish eligibility,

THEN:

DOCUMENT reason third person is required in record.

BILL as a unit and **USE** the evaluation code.

2. **COMPLETE** initial evaluation within 45 days of referral to ensure program is reimbursed.

a. **IF** initial evaluation is **NOT** completed within 45 days of referral,

THEN PERFORM the following to seek reimbursement:

b. **DOCUMENT** family circumstances.

c. **ENSURE** the reason for delay is indicated in Birth to Three data system eligibility screen notes section.


3. **IF** evaluation is **NOT** completed in the same day,

THEN BILL all evaluation units on the day that final eligibility decision is made.

3.5.5. Assessments

1. **DETERMINE** which specific activities meet the criteria for an assessment.

a. **REFER TO** Connecticut State Plan Amendment 17-0019.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 10 of 22
DOCUMENT TITLE Payment to Programs Procedure			

2. Must **COUNT** billable assessments as those resulting in a written report.
 - a. **DO NOT** bill a completed Child Outcome Summary (COS) form as an assessment. (COS is **NOT** considered a report).
3. **IF** submitting for reimbursement for both initial evaluation **AND** initial assessment services,

THEN REFER to Evaluation, Assessment and Screening Procedure for guidance on report content and formatting for purposes of billing.
4. **ENSURE** all providers participating in the evaluation/assessment and licensed practitioner sign and date report.
5. **ENSURE** initial assessments are multidisciplinary per IDEA.
 - a. **DO NOT** bill for two professionals with same discipline for initial assessment.
6. **IF** assessment is **NOT** completed in the same day,

THEN BILL as multiple separate service delivery items.


3.5.6. Individualized Family Service Plan (IFSP) Meetings

1. **KNOW** Form 3-1, Individualized Family Service Plan (IFSP), is developed, reviewed and revised, as IFSP meetings are needed.
2. **DETERMINE** which specific activities meet the criteria for an IFSP meeting.
 - a. **REFER TO** Connecticut State Plan Amendment 17-0019.
3. **IF** IFSP meeting is **NOT** completed in the same day,

THEN BILL as multiple separate service delivery items.
4. **COMPLETE** IFSP within 45 days of referral to ensure program is reimbursed.
5. **IF** initial IFSP is **NOT** completed within 45 days of referral,

THEN PURSUE reimbursement as follows:

 - a. **DOCUMENT** family circumstances.
 - b. **INDICATE** in Birth to Three data system.
6. **ENSURE** IFSP meetings are multidisciplinary.
7. **ALLOW** billing for two professionals with same discipline WHEN needed to assist with transition from one interventionist to another.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 11 of 22
DOCUMENT TITLE Payment to Programs Procedure			


3.5.7. Early Intervention Treatment Services (EITS)

1. **REFER TO** Personnel Standards Procedure for guidance on billing state EITS categories (professional and paraprofessional)
 - a. CBO will **BILL** total services per practitioner per day up to 1.5 hours (6 units) without a modifier at a higher rate.
 - b. **IF** more than six units are billed per practitioner per day,
THEN CBO **USE** a modifier (TF) to pay all units in the day resulting in a lower rate.
 - c. **APPLY** rate to EITS.
 - d. **DO NOT** apply rates to Evaluations, Assessments, or IFSP meetings.
 - Rates are **NOT** per discipline.
2. **BILL** the following events as EI visits when attended by caregiver and multiple EI Practitioners:
 - Joint visits
 - Team meetings
 - Assessments for the purposes of ongoing progress monitoring (e.g., curriculum-based checklist updates, COSF, data collection, observations, etc.) documented in the visit note.
 - Screenings that are conducted during the visit and documented in the visit note.
3. **IF** two or more practitioners with same **OR** different disciplines provide EITS together,
THEN: DOCUMENT the following:
 - a. Reason for the joint visit.
 - b. Different skills of practitioners or means of addressing activity.

3.6 Service Units, Limits, and Authorizations

3.6.1. **UNDERSTAND** the definition of timed units as outlined below

1. **KNOW** that for EITS, Assessment and IFSP, that one unit is equal to one provider for 15 minutes.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 12 of 22
DOCUMENT TITLE Payment to Programs Procedure			

- a. **ROUND UP** time greater than 7 minutes to 15 minutes (1 unit) and greater than 22 minutes to 30 minutes (2 units).

3.6.2. **UNDERSTAND** the definition of untimed units as outlined below

1. **KNOW** that for evaluation, one unit equals one evaluator regardless of length or number of the evaluation visit(s) provided by that evaluator.

3.6.3. **UNDERSTAND** required authorizations.


1. **KNOW** the program **MUST SEEK** the associated required Lead Agency authorizations:
 - a. **WHEN** providing interpretation for a family is not feasible
 - (1) Authorization must be secured prior to the event.
 - b. **WHEN** completing an initial evaluation within one month of a previous evaluation for the same child.
 - c. **WHEN** ongoing planned intensity of services for a child requires billing more than 32 units per day per child of EITS (one-time approval for ongoing services)
 - d. **WHEN** requesting payment for peer-support technical assistance
 - e. **WHEN** providing service to a child that resides in a town outside the program's assigned catchment area based on list established by lead agency. (one-time approval per child for ongoing support)
 - (1) Exception: **IF** all the following conditions are met:
 - Request is initiated by the family
 - Agency has been supporting the child for at least 3 months
 - The agency is available to provide services in the home, childcare, and the community where the child lives and/or spends time, if requested by family.
 - The child is over 24 months.

THEN Lead Agency authorization is not required.

2. **REQUEST** the above authorizations by emailing CTBirth23@ct.gov

- a. Subject line must read "Authorization Request"


3. **INCLUDE** the following in the email:

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 13 of 22
DOCUMENT TITLE Payment to Programs Procedure			

- a. The type of authorization being requested
- b. The child's Birth to Three number.
- c. Justification of authorization, including the following supporting documentation:
 - (1) For EITS units: include IFSP
 - (2) For Interpretation: include documentation of all attempts made to secure interpretation
 - (3) For repeated initial evaluation within a month: include original eligibility report
 - (4) For peer-supported technical assistance: include Form 4-1 TA Request / Evaluation
4. Within three business days, **RECEIVE** response from Lead agency.
 - a. **IF** no response has been received after 3 days,
THEN resubmit with "SECOND ATTEMPT" added to the subject line.
 - b. **IF** no response has been received from Lead Agency after 5 business days from original request
THEN forward original email with message stating that no response has been received and that the default response is authorization is granted.
5. **EMAIL** appeals with additional information to Part C Coordinator or designee, if necessary.
 - a. **RECEIVE** response to the appeal within two days via email from Part C Coordinator or designee.
6. **INCLUDE** authorization approvals and denials in child's record.

3.7 Assistive Technology Payments

- 3.7.1. **UNDERSTAND** the definition of Assistive Technology (AT).
- 3.7.2. **REFER TO** the Assistive Technology Procedure
- 3.7.3. **REFER TO** Attachment 1 - Assistive Technology Reimbursement for detailed information on obtaining assistive technology reimbursement when performing the steps in this section.
- 3.7.4. **PERFORM** the following for Reimbursement for Assistive Technology (AT) Devices:

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 14 of 22
DOCUMENT TITLE Payment to Programs Procedure			

1. **IF** the family has consented to billing health insurance, **AND** the AT is listed on the IFSP service grid,

THEN PURSUE third party payment for AT devices per Attachment 1 - Assistive Technology Procedure

- Third party payment is **NOT** required for children without health insurance **OR** whose parents have not consented to bill health insurance for Birth to Three supports and services.

WORK with DME vendor to:

- a. **PURCHASE** the item.
- b. **SUBMIT** for third party reimbursement.

3.7.5. **KNOW** DME vendors submit PA for devices to Medicaid or insurance companies.


1. Birth to Three providers are encouraged to **USE** DME Medicaid enrolled providers when submitting DME items.
2. **KNOW** DME vendors must accept Medicaid state rates as full payment for access to Medicaid funding.
 - a. **REFER TO** Provider Fee Schedule posted on ctdssmap.com.
3. **KNOW** DME vendors invoice Birth to Three programs for costs not covered by insurance, up to Medicaid state rate for:
 - Commercial insurance.
 - No insurance.

3.7.6. Lead Agency **REIMBURSE** providers for costs not covered by insurance up to Medicaid state rate for approved AT devices.

1. **DO NOT** bill families for approved AT devices.
2. **IF** AT device is **NOT** available on the fee schedule,

THEN programs **BILL** lead agency for costs not covered by insurance up to:

 - Medicaid state rate.
 - Acquisition cost.
 - a. **USE** Form 3-12, Assistive Technology Reimbursement Form

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 15 of 22
DOCUMENT TITLE Payment to Programs Procedure			

- b. Programs **SUBMIT** required documentation with reimbursement request for purchased items.


3.8 Interpretation Service Payments

3.8.1. **PERFORM** the following for Interpretation Services processes:

1. Early Intervention (EI) Programs encouraged to **USE** approved state vendors: <https://portal.ct.gov/das/ctsource/portal-page> .
 - a. **LOCATE** vendors on Connecticut Source Contract Board and **SEARCH** Interpreter.
2. **KNOW** Early Intervention System (EIS) programs are reimbursed for actual cost of interpreting service, including phone interpretation, as posted on the rate section on the website.
3. **ENSURE** interpreting services are performed by Qualified sub-contractors
4. **CONSIDER** prevailing rates in current state contracts for interpretation services.
 - a. **NOTE** the following charges are **NOT** approved per current state contracts:
 - Travel
 - Parking
 - Mileage
 - Miscellaneous expenses
5. **IF** both of the following criteria are met:
 - Visits are shorter than two hours or cancelled at the last-minute.
 - Interpreter bills EIS program.

THEN KNOW EIS programs are reimbursed by Lead Agency for amount billed by interpretation vendor up to two hours.


 - a. **ENTER** cancellations into Birth to Three data system.
 - (1) For cancellations that cannot be entered into service delivery (e.g., cancellation of evaluation for a child who is found not eligible), document cancellations in the eligibility notes section of the Birth to Three data system.
6. **KNOW** that the Lead Agency will:

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 16 of 22
DOCUMENT TITLE Payment to Programs Procedure			

- a. **REIMBURSE** visits exceeding two hours only up to the service length entered in Birth to Three Data System.
- b. **RECONCILE** invoices using the Birth to Three Data System.
- 7. **SUBMIT** payment documentation with monthly invoice
 - a. **PROVIDE** in payment documentation proof of payment to the vendor, including:
 - (1) Copy of canceled check, EFT confirmation, or zero balance bill from vendor.
 - (2) Vendor invoice stating child's Birth to Three number, language, date, rate, and duration.

3.9 Distance Payment:

- 3.9.1. Distance Payments for eligible services will be provided to EIS programs specializing in supporting families with children who are Deaf or Hard of Hearing (DHH).
- 3.9.2. **REFER TO** the Birth to Three website for the posted rate for distance payment.
- 3.9.3. **UNDERSTAND** that services are eligible for distance payment WHEN they meet the following criteria:
 - 1. In-person at the child's home, childcare, or other community setting for children without disabilities. AND
 - 2. The town is located outside of catchment area based on list established by lead agency.
- 3.9.4. **REQUEST** Distance Payments for the following exceptional circumstances:
 - 1. Family was **NOT** present for a confirmed appointment **AND** visiting practitioner already drove to the location.
- 3.9.5. **BILL** Office of Early Childhood (OEC) on monthly invoice.
 - 1. **USE** section marked OTHER.
 - a. **INCLUDE** the billable amount in section marked OTHER on the invoice.
 - 2. **INCLUDE** in the documentation:
 - a. A list of all requested distance reimbursements including:
 - (1) Child's B23#
 - (2) Date and type of visit

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 17 of 22
DOCUMENT TITLE Payment to Programs Procedure			

(3) Town traveled to

b. Copy of note left for family

3.10 Transportation Payments

3.10.1. **KNOW** programs may be reimbursed for cost of transportation services provided to families when included on the service grid of the IFSP.

3.10.2. **SEE** the Supports and Services Procedure for definition of transportation services.

3.10.3. **PERFORM** the following for Reimbursement for Transportation for families:

1. **NOTE** the following:

a. Payment will be denied for reimbursement for transportation services for Medicaid eligible children.

- Medicaid eligible children have access to non-emergency medical transportation covered by Medicaid, through a Connecticut contracted provider.

b. Service coordinators **COMPLETE** a medical necessity form.

(1) **REFER TO** <https://portal.ct.gov/dss/health-and-home-care/non-emergency-medical-transportation>.

2. **KNOW** Caregiver transportation services eligible for reimbursement may include:


- Public transportation
- Taxicabs, and other private or public ride for hire services
- Private automobile

3. **KNOW** the following are not eligible for reimbursement:

- a. Transportation services that do not meet federal and state regulations
- b. Unreasonable costs where more economical transportation services were available
- c. Rental cars.

4. **KNOW** mileage may be reimbursed:

- Up to the most currently issued IRS optional standard mileage rate.
- For the most direct route available from the starting point to the destination.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 18 of 22
DOCUMENT TITLE Payment to Programs Procedure			

5. **SUBMIT** documentation to receive payments, which must include:
 - Child's Birth to Three case number
 - Whether the child was enrolled in Medicaid at time of service
 - Date of service
 - Start and end destination addresses
 - Total number of miles
 - Proof of payment (e.g., copy of canceled check to the family/vendor, EFT confirmation, or \$0 balance bill from vendor)
 - Justification for any unreasonable expenses
6. **INCLUDE** the reimbursement amount on monthly Birth to Three invoice in the OTHER section.

3.11 General Administrative Payment (GAP)

3.11.1. **KNOW** GAP will be paid for each child when both the following conditions are met:

1. Individualized Family Service Plan (IFSP) on the 1st of the billing month plans for fewer than nine hours of service per month.
2. One billable service was provided and approved during the billing month, at a minimum.

3.11.2. Lead Agency **PAY** GAP monthly in arrears


1. **ENSURE** rate to be paid is posted on lead agency website.
2. **WHEN** the monthly invoice is processed,
THEN KNOW Birth to Three data system generates the count.

3.11.3. **KNOW** GAP is **NOT** paid retroactively based on data entry errors.

1. **CORRECT** data prior to signing-off program monthly invoice.

3.11.4. **COMPLETE** regular desk audits and **ENSURE** IFSP data is entered correctly.

1. **IF** IFSPs **OR** services were entered into Birth to Three data system incorrectly **AND** a payment was made in error,
THEN ALERT Lead Agency for correction and deduction from future payments.

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 19 of 22
DOCUMENT TITLE Payment to Programs Procedure			

3.11.5. **IF** either the following criteria are met:

- A child transfers to another program.
- Service was provided and approved by sending program prior to transfer.

THEN KNOW GAP is paid to the program where child was enrolled on the first of the month.

3.11.6. **IF** an Initial IFSP was written on **OR** before the 1st of the billing month,

THEN KNOW GAP is paid to receiving programs the following month.

3.11.7. **IF** the only service on IFSP is provided by Bureau of Education and Services for Blind (BESB) **AND** EI visit within the month.

THEN KNOW GAP will be paid.

3.12 Additional payments

3.12.1. Peer Supported Technical Assistance

1. Program **SUBMIT** for reimbursement with monthly invoice:
 - a. Completed Form 4-3, Technical Assistance Reimbursement Form with designated OEC staff signature/approval included in the attached documentation with monthly invoice.
 - b. Add approved amount entered into the “other” line on the invoice

3.12.2. Contract Amendments

1. When applicable, additional funding through an OEC contract amendment will be paid by entering the approved contract amendment amount into the “other” line on the monthly invoice within timeline dictated by the Lead Agency.
2. No additional documentation needs to be submitted in this case.

3.12.3. Other approved payments

1. With advance notice to programs, at the Lead Agency’s discretion, other activities and funds that have been approved will be paid through a designated method other than the monthly invoice.


4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.




EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 20 of 22
DOCUMENT TITLE Payment to Programs Procedure		

--	--

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 21 of 22
DOCUMENT TITLE Payment to Programs Procedure			

Attachment 1, Assistive Technology Reimbursement

	DME: Large Equipment	DME: Small AT Devices	Hearing Aids, Assistive Listening Devices
Medicaid <i>(Note: Medicaid state rate is considered payment in full)</i>	<ul style="list-style-type: none"> • Work with Medicaid enrolled DME vendor to purchase AT device • DME vendor submits all claim info to Medicaid 	<ul style="list-style-type: none"> • Work with Medicaid DME vendor (if DME vendor is willing to submit PA for low-cost devices) <p align="center">OR</p> <ul style="list-style-type: none"> • Program submits PA to CHNCT using E1399 code as required. (See fee schedule) Actual Acquisition Cost + shipping required. • Program bills DXC Technology directly for AT + shipping approved on PA 	<ul style="list-style-type: none"> • As needed, Birth to Three Provider submits PA to CHNCT using appropriate code found on the Birth to Three fee schedule. PA form found at: http://www.huskyhealthct.org/providers/prior-authorization.html# Actual Acquisition Cost + shipping required. • Program bills DXC Technology directly for Actual Acquisition Cost + shipping approved on PA
Commercial Insurance OR No Insurance	<ul style="list-style-type: none"> • Work with DME vendor to purchase approved AT • DME vendor bills program for balance up to state rate (after insurance, if applicable) • Program bills lead agency for balance 	<ul style="list-style-type: none"> • Program works with DME vendor (Vendor may not want to submit for low-cost devices) <p align="center">OR</p> <ul style="list-style-type: none"> • Program bills lead agency using Form 3-12 for expenditures not reimbursed by insurance up to the Medicaid state rate (Actual Acquisition Cost + shipping) 	<ul style="list-style-type: none"> • If consent to bill insurance is already on file, program bills insurance directly • Program bills lead agency using Form 3-12 for expenditures not reimbursed by insurance up to the Medicaid state rate (Actual Acquisition Cost + shipping)

	EFFECTIVE DATE 11/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 22 of 22
DOCUMENT TITLE Payment to Programs Procedure			

Attachment 1, Assistive Technology Reimbursement (continued)

Documentation for reimbursement from Lead Agency for all AT, including hearing aids and assistive listening devices:

- Form 3-12
- Invoice from DME vendor
- proof of insurance acceptance/denial (or documentation that family does not have insurance or did not consent to insurance being billed)
- proof of payment (e.g., cancelled check, EFT confirmation, \$0 vendor balance)

Documentation for reimbursement of batteries for hearing aids and assistive listening devices:

Programs may seek reimbursement for bulk purchases of batteries required for dispensed hearing aids and assistive listening devices. Documentation required:

- Invoice from vendor
- Proof of payment (e.g., cancelled check, EFT confirmation, \$0 balance invoice)

Note: Programs must maintain (and produce upon request by Lead Agency) documentation that each battery reimbursed by the lead agency has been dispensed only to children with a hearing aid or other listening device listed on an active IFSP by:

- maintaining a log of all batteries dispensed,
- Documenting in each child's record when batteries are dispensed to the family.