

## Service Coordination Procedures

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Who is responsible: Intake Coordinators and Service Coordinators



### Overview

Each eligible child and family will be provided with a Service Coordinator who is responsible for coordinating all services across agencies and serves as a single point of contact in helping parents obtain the services and assistance they need. This service is offered at no cost to families. Service coordination should occur and be documented in the child's record at least one time per month for each family.

Service Coordination providers have the autonomy to determine the service delivery model (blended or dedicated) that works best for the children and families they serve, and their company. In the blended model of service coordination, the service coordinator provides the services of family training/special instruction, in addition to service coordination services (as defined in 34 CFR §303.34). In the dedicated model of service coordination, the service coordinator provides only service coordination (as defined in 34 CFR §303.34). **If a provider is providing services in a blended model, staff must meet the highest educational level for both services. See Appendix B for more guidance related to service coordination models.**

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### Qualifications of Service Coordinators

The Service Coordinator must:

- Meet state personnel standards.
- Complete applicable training as required by the lead agency.
- Obtain and maintain the IDEA/Part C Credential.

### Knowledge and Skills of Service Coordinators

The Service Coordinator should be knowledgeable about the following as it relates to the IDEA/Part C System:

- South Carolina's Part C eligibility requirements.
- Federal and state laws and regulations.
- The nature and scope of services available and the system of payments for services in South Carolina.
- Procedures regarding evaluation and assessment, developing the Individualized Family Service Plan (IFSP), service guidelines, and transition from IDEA/Part C to community programs or preschool special education.
- Federal, state, and local resources that are available to families and young children.

### Assignment of the Intake Coordinator

When a child is referred to IDEA/Part C, an Intake Coordinator is assigned. The Intake Coordinator completes an orientation, intake, and the evaluation to determine eligibility. The Intake Coordinator reviews the results with the family, and if the child is eligible, gives the family information about Early Intervention Service (EIS) providers available in their area. If the child is not eligible, the Intake Coordinator informs the family about other community resources which may be of interest to the family.

### Assignment of Service Coordinator for Development, Implementation, and Review of the IFSP

The choice of provider for service coordination must be made after determination of IDEA/Part C eligibility, but prior to assessments and development of the initial IFSP. The Intake Coordinator will explain the purpose of service coordination to the family using the Family Guide. The Intake Coordinator is responsible for transmitting all information to the chosen or assigned Service Coordinator within three business days of selection.

- Unless otherwise specified, eligible children with an established risk condition(s) or who have documentation of developmental delay that meets state criteria, will receive service coordination by qualified EIS providers.
- Eligible children with established risk conditions for sensory impairments (i.e., hearing and/or vision), will receive service coordination from qualified EIS providers with the Division of Outreach Services of the South Carolina School for the Deaf and the Blind (SCSDB).

#### **Responsibilities of Intake Coordinator in Selection or Assignment of a Service Coordinator**

- The parent will be asked to provide the Intake Coordinator with their top ~~three~~ choices for service coordination. The Intake Coordinator will notify the service coordination agencies of a potential referral through a joint e-mail. The service coordination agencies have 24 hours to respond. The referral will be transferred to the highest ranked provider that accepts the referral and responds within the required timeframe.
- Parents have one business day, from the eligibility date, to choose a service coordination provider or the local service coordination matrix will be used.

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Once the Service Coordinator has accepted the referral, the Intake Coordinator will document the following in BRIDGES:

- Enter the name of the Service Coordination Supervisor as the temporary Service Coordinator.
- Document the date of transfer to Service Coordinator.
- Scan and securely e-mail the record to the Service Coordination supervisor.
- Document transfer of Service Coordinator and of records.

#### **Responsibilities of Service Coordinator Supervisor in Assignment/Selection of Service Coordinator**

The receiving service coordination agency (Service Coordinator and/or Supervisor based on agency protocol) will complete the following activities and document in service notes:

- Confirm the transfer and receipt of records with the IDEA/Part C Eligibility Office Intake Coordinator by SC Department of Health and Human Services (SCDHHS) approved secure transfer method (secure e-mail or file transfer).
- Add the Service Coordinator and Service Coordinator Supervisor to planned services in BRIDGES.
- Change the name of the Service Coordinator from the supervisor to the assigned Service Coordinator in the demographics section of the record.

The Service Coordinator will contact the family within **two working days** to introduce themselves and arrange a time for the family assessment and child assessment to be completed prior to development of the initial IFSP.

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## **Responsibilities of Service Coordinators**

Service Coordination responsibilities include:

- Coordinating evaluations, assessments of the family, and assessments of the child.
- Facilitating and participating in the development, review, and evaluation of IFSPs.
- Assisting parents of infants and toddlers with disabilities in obtaining access to needed Early Intervention Services (EIS) and other services identified in the IFSP, including making referrals to providers for needed EIS and other services and scheduling appointments for infants and toddlers with disabilities and their families. Guidance for transportation services is included in Appendix A of these procedures.

- Coordinating the provision of EIS and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
- Conducting referral and other activities to assist families in identifying available EIS providers.
- Coordinating, facilitating, and monitoring the delivery of EIS required under IDEA/Part C to ensure that the EIS are provided in a timely manner.
- Conducting follow-up activities to determine that appropriate EIS are being provided.
- Informing families of their rights and protections under IDEA/Part C.
- Ensuring all procedural safeguards are met.
- Coordinating funding for EIS and other services across all sources.
- Informing families when there is a change in IDEA/Part C eligibility.
- Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.
- Assisting the family **obtain** parent-to-parent support, if requested.
- Submitting all service coordination documentation and data in an accurate and timely manner.

Service Coordinators are expected to document all service coordination activities that take place during and outside of early intervention visits in BRIDGES. These could include phone contacts, visits with the family, notes from face-to-face meetings with the family or other providers, email, or text. All service coordination notes must be dated and signed.

## Service Coordination Transfers

- Changes to Service Coordination providers are needed at certain times. Some examples of when this may need to occur include:
  - A request by the family.
  - A change within an agency.
  - Relocation of the family.

### Steps for Transfer

#### No Change in District

- The Service Coordinator initiating the transfer will discuss the need for a change in Service Coordinator agency with the family. If the need for a transfer is confirmed, the Service Coordinator will advise the family of their options and follow the same referral procedures as documented for an initial referral to service coordination.
- Once the transfer is confirmed, the current Service Coordinator will complete the following activities within seven calendar days of the confirmation:
  - The sending Service Coordinator can reassign to the receiving Service Coordinator Supervisor on the demographic screen in BRIDGES and save.
  - Send Prior Written Notice to the family to notify them of change in Service Coordinator Agency and complete an administrative change review in BRIDGES.
  - Inform all EIS Providers working with the family of the change in Service Coordinator Agency and new IFSP team member.
  - Complete the following activities in BRIDGES:
    - Ensure IFSP is current and finalized.
    - Change the name of the current Service Coordinator to the supervisor of the receiving Service Coordinator on the demographic screen.
    - Document the date of transfer to Service Coordinator.
    - Scan and securely email the record to the Service Coordinator.

#### Change in District

When a Service Coordinator is transferring a record to a new **district/region**, the record must be transferred within seven calendar days of the confirmation. The responsibilities of the current Service Coordinator are as follows:

- Send an email to the assigned Regional Coordinator requesting a district transfer and include the BRIDGES

identification number, name of the Service Coordination Agency and Service Coordinator to be assigned to the record.

- Send an email to [BabyNet@scdhhs.gov](mailto:BabyNet@scdhhs.gov) to request a change in address.
- Send Prior Written Notice to family to notify them of change in Service Coordinator Agency and complete an administrative change review of the IFSP.
- Ensure IFSP is finalized prior to transferring the record to new Service Coordinator Agency and that family has given written consent to transfer the record.
- Inform all EIS Providers of the family's relocation and the date services end with current Service Coordinator Agency.
- Scan and securely email the hard record to the Service Coordinator supervisor.
- Document the date of transfer and record to the receiving Service Coordinator.

Responsibilities of the Regional Coordinator include:

- Record transfer by district and assignment of Service Coordinator with the receiving Service Coordinator Agency.
- Notification to the Service Coordinator Supervisor of district transfer in BRIDGES.
- Document the date of district transfer in the Communication Log in BRIDGES.

Responsibilities of Receiving Service Coordinator Agency in all Service Coordinator Transfers

- Review information received from sending Service Coordinator Agency.
- Notify the sending Service Coordinator Agency of the completed transfer.
- Initiate contact with family within two working days to arrange a time for a change review of the IFSP.
- Follow procedures for completing the IFSP Change Review.

## Specific Service Coordination Activities

### Periodic Review of IFSP: ASD Screening Process

If the initial M-CHAT, M-CHAT follow-up interview, or the second-tier screening (STAT or RITA-T) were negative for concerns at the time of intake or was not conducted due to the age of the child at the time of intake, the Service Coordinator will offer the parent an annual screening for ASD or more often if concerns arise.

If the annual M-CHAT is negative for concerns, the Service Coordinator will not take additional action.

If the annual M-CHAT is positive for concerns, the Service Coordinator will refer the child for the M-CHAT follow-up interview and as needed, a second-tier screening using an approved screening tool (either the Screening Tool for Autism in Toddlers and Young Children (STAT) or the Rapid Interactive screening Test for Autism in Toddlers (RITA-T)).

If the MCHAT follow-up interview or the second-tier screening is negative for concerns, no additional changes are needed in the annual IFSP.

If the M-CHAT follow-up interview and the second-tier screening are positive for concerns, the Service Coordinator will:

- Enter the results of the M-CHAT Follow-up Interview and the second-tier screening to the screening and evaluation sections in BRIDGES.
- Add a referral for the comprehensive psychological assessment/testing for formal diagnosis of ASD to the IFSP.
- Add Early Intensive Behavior Intervention (EIBI) services to Planned Services in the IFSP.
- E-mail [BabyNet@scdhhs.gov](mailto:BabyNet@scdhhs.gov) with the child's BRIDGES ID number and a statement that the Service Coordinator is seeking prior authorization from IDEA/Part C State Office for initiation of EIBI services. The Procedures for Early Intervention Services in Natural Environments lists the information required to be entered in BRIDGES before IDEA/Part C State Office will consider authorization of EIBI services.
- The Service Coordinator will take the following steps upon receipt of the ADOS®-2 evaluation report:

- o If the results of the ADOS®-2 are negative for ASD, the Service Coordinator will use the results of current assessments (within 60) days to review the child’s continuing eligibility for IDEA/Part C services and hold a change review of the IFSP to modify/review outcomes related to presumptive eligibility based on a high risk of ASD and discontinue EIBI services.
- o If the results of the ADOS®-2, observations and clinical interview confirm a diagnosis of ASD, the Service Coordinator will confirm the child’s eligibility for Medicaid. Medicaid will only cover EIBI services if the child meets the medical necessity requirements as outlined in the ASD Services Provider Manual which can be found [here](#).

## Requesting Assistive Technology Devices and Services

An assistive technology device is any item, piece of equipment, or product system (e.g., a communication system or a seating system), whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.

The IDEA/Part C System covers assistive technology (AT) that are directly related to the developmental and educational needs of the child and **excludes** devices, services and/or surgery necessary to treat or control a medical condition or assist a parent or caregiver with a disability. Equipment that is not designed to increase, maintain, or improve the functional capabilities (i.e., the Early Childhood Outcomes) of a child, or does not meet the definition of AT under IDEA/Part C, may still be needed by a child and his or her family, but will not be covered by IDEA/Part C. It is the responsibility of the child’s Service Coordinator to coordinate with medical and health providers as well as assist the family in locating services and devices outside of the IDEA/Part C System. If a service provider obtains AT equipment without the knowledge of the Service Coordinator and without it being added to the child’s IFSP, Part C will not be responsible for covering the item.

### IFSP Change Review to Add AT:

Any IFSP team member (including the parent) may propose that an AT service or device be added to the plan if they feel it is needed. The Service Coordinator should schedule an IFSP change review and provide prior written notice of the IFSP team meeting.

At the change review the IFSP team will:

- Complete the AT Screening and Assessment form. If there are any “no” answers marked on the screening portion of AT Screening and Assessment form, the device does not meet the definition of assistive technology as defined by IDEA/Part C and will not be approved. The meeting should be documented, but no further steps need to be taken.
- If all answers in the screening portion of the AT Screening and Assessment form are yes, the IFSP Team should add or update the appropriate outcomes and services on the IFSP.
- Consider or try simple, low- or non-tech modifications or solutions then build up to mid-tech and to high-tech modifications or devices as needed.
- Discuss all available funding sources for the device (the Consent to Use Insurance Resources form must be current).

### Submitting an AT Purchase Request Packet:

An AT Purchase Request packet should be submitted even if the provider, service coordinator, and/or family believes that private insurance will pay. This will ensure a means of coverage for the AT device/service in the event private insurance denies the claim or the family loses insurance coverage.

The AT Purchase Request Packet must include the following documents:

- Assistive Technology Screening and Assessment.
- Assistive Technology Purchase Request.

- Vendor quote and manufacturer's pricing information.
- Prescription or recommendation for the device from the child's physician, occupational therapist, physical therapist, or speech-language pathologist.
- Most recent evaluation or plan of care documentation from the service provider requesting the device.

The following must be current in BRIDGES **prior** to submission of the AT request:

- IFSP: Documentation of Change Review Meeting
  - o A clear description of the type of device, its purpose, and where it is to be used (activities, locations, time of day) should be included in the meeting note.
- IFSP Outcome(s) have been updated to include the AT service and device needed to support participation in the family's home and community routines and activities.
- Planned Services: The AT service/device should be added to planned services.
- Financial Support: The parent's private insurance and Medicaid information and consent status should be current.
- Payor Source: Enter the payor source for the AT service/device. Ensure private insurance information is correct on the Financial support screen. If policy information is missing or incorrect, submit the SCDHHS [Health Insurance Information Referral Form \(HIIRF\)](#) per [instructions](#).

#### Hearing Aid Requests:

SCDHHS and IDEA/Part C will utilize the SCDHEC Hearing Program guidelines and fee schedule for coverage of initial and replacement hearing aids. Children who have Medicaid or are below 250% of the federal poverty level and have a hearing loss that requires amplification are eligible for the SCDHEC Hearing Program. SCDHEC will provide hearing aids for eligible children, and cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.

If the child is not eligible for Medicaid, the Service Coordinator is required to determine if the child meets income requirements for the SCDHEC Hearing Program as payor of first resort prior to requesting IDEA/Part C funds for hearing aids. Service coordinators are required to document in the BRIDGES service log if the family does not qualify for the SCDHEC Hearing Program.

SCDHEC Hearing Program Guidelines (includes link to family income requirements):

<https://www.scdhec.gov/health/child-teen-health/services-children-special-health-care-needs/hearing-program>

SCDHEC Hearing Program Equipment and Fee Schedule:

<https://www.scdhec.gov/sites/default/files/docs/Health/docs/SNC-HearingFee.pdf>

If the request is for purchase of hearing aids, the AT purchase request must include:

- Documentation from an audiologist that hearing loss meets IDEA/Part C criteria, and hearing aid use is recommended; or
- The family has obtained a prescription for hearing aids from an ENT.

Replacement Ear Molds and New Ear Impressions:

- A new AT Purchase request for replacement earmolds and new ear impressions is **not** needed if the hearing aid(s) have been previously approved.
- If the hearing aids were purchased **without prior approval** from the IDEA/Part C State Office, the cost of **replacement earmolds and new ear impressions will not be reimbursed by IDEA/Part C**.
- If the child had hearing aids prior to receiving BabyNet services and/or the hearing aids were provided by private insurance, but new ear molds and ear impressions are needed, a new AT request packet must be submitted for BabyNet to provide reimbursement.

The hearing aid request does **not** have to include:

- Specific IFSP outcome to address the use of hearing aids.
- Participation of all IFSP team members in the IFSP change review meeting (Service Coordinator and parent may complete the meeting and notify the other team members).

#### **Online Orders:**

Some AT devices are not available through a durable medical equipment provider and may be purchased online by IDEA/Part C State Office. These requests require an IFSP change review meeting, as well as a completed AT request packet. If approved, the item will be mailed to the Service Coordinator who will be responsible to deliver the item to the family. Please see AT job aid for instructions regarding how to add online order to planned services in BRIDGES.

#### **IDEA/Part C State Office Approval:**

The designee at the IDEA/Part C State Office will review AT requests on an individual basis. When an AT request is approved, IDEA/Part C State Office will send an approval letter to the Service Coordinator and the AT provider. The service coordinator is responsible for notifying the parent and the provider. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the request has been approved and will detail what (if any) funding sources will be used before IDEA/Part C payment will be made.

The Service Coordinator is responsible for ensuring that the item is delivered to the family. The Service Coordinator should document the receipt of the item in the communication log in BRIDGES.

#### **IDEA/Part C State Office Denial:**

When an AT request is denied, IDEA/Part C State Office will send a denial letter to the Service Coordinator. The Service Coordinator is responsible for notifying the parent and the AT provider of the denial. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the AT request has been denied.

Determining whether a piece of equipment meets the definition of assistive technology under IDEA/Part C must occur on an individual basis and be based on the child's needs, the family's concerns, and the IFSP outcomes. Some devices might be therapeutic or make caring for the child easier or safer but do not contribute to enhancing or maintaining the child's functional capabilities. Consequently, these may not be AT but may be appropriate to acquire these devices through other channels.

If the AT purchase request is denied by IDEA/Part C State Office, the Service Coordinator must hold an IFSP Change Review meeting to update all outcomes and services related to the AT request.

#### **Payment Information:**

IDEA/Part C funds AT devices and services as the payor of last resort. All possible funding sources must be exhausted prior to IDEA/Part C payment. These sources include Private Insurance, Medicaid (including the EPSDT benefit), Child Rehabilitative Services (CRS), the South Carolina Assistive Technology Program (SCATP) exchange program, and other community programs. See "Resource Information for Assistive Technology" for more information.

- AT provided prior to a child's eligibility for IDEA/Part C will not be covered.
- All AT requests must receive IDEA/Part C State Office approval before the delivery of the item or service can be arranged for IDEA/Part C funds to be used. If required by private insurance billing guidance, orthotics may be delivered prior to seeking approval for IDEA/Part C funding.
- IDEA/Part C State Office may fulfill AT requests by providing comparable equipment, used equipment, or may choose an alternate vendor to conserve funds.
- The vendor must accept Medicaid payment as payment in full.
- IDEA/Part C cannot reimburse families for their AT purchases.

## Foreign Language and American Sign Language Interpretation; Foreign Language Translation Services

Services ~~should~~must be provided in the native language of the child and to the family on behalf of the eligible child unless it is clearly not feasible to do so. Part C will reimburse for translation and foreign language interpretation for Evaluations, Child and Family Assessments, and Service Coordination activities (including IFSP Team meetings and Transition Conferences). Providers of all other services are responsible for providing-securing translation and interpretation, as needed, by accessing services through Medicaid and Part C resources, required per the agreement with Medicaid.

- IDEA/Part C services must be approved by the child's Individualized Family Service Plan (IFSP) team and placed on the IFSP in advance of the service being delivered.
- The Service Coordinator adds the need for Interpreter and Translator services when other Part C services are added to IFSP. The Service Coordinator also adds the expected frequency and duration of interpretation/translation services to be provided to the IFSP.
- The service is added to the Planned Services section of the IFSP, and the provider is given an Interpreters Services Log with the top portion completed by the Service Coordinator (see responsibilities of interpreters and translators below for additional information).
- The Service Coordinator will add additional time for offsite support for service coordination activities on planned services of the IFSP to accommodate rescheduling appointments or for immediate communication with the family/caregiver. For example, if the number of hours for service coordination services on the IFSP is 1 hour/week, the number of hours for foreign language translation/interpretation services should be 12 hours/week.
- ~~• To the maximum extent possible, Service Coordinators and other EIS providers will attempt to use the same interpreter for all their transactions for interpretation consistency and to reduce potential interpreter distortions.~~
- Service Coordinators will contact their assigned Regional Coordinator for assistance when foreign language interpretation or translation services is needed, and a qualified provider is not available.
- ~~• Service Coordinators will contact the South Carolina School for the Deaf and the Blind at [requests@scsdb.org](mailto:requests@scsdb.org) to obtain an American Sign Language (ASL) interpreter if the child and/or caregiver is deaf or hard of hearing. This service should be documented under "Other Services" on the IFSP.~~

## Appendix A: Transportation Services

### Purpose

Under specific conditions, the IDEA/Part C system will reimburse parents for the cost of travel that is necessary for the parent or child to receive services on the Individualized Family Service Plan (IFSP).

### Options for Transportation Services

If the family identifies the need for transportation services, the Service Coordinator will take the following steps:

- For children eligible for Medicaid:
  - The Service Coordinator directs parent to SCDHHS transportation resources.
  - The Service Coordinator informs parent the request must be made at least three days in advance.
  
- For children not eligible for Medicaid:
  - The Service Coordinator confirms request for transportation is not for a service the parent has chosen to receive outside the natural environment, and that a natural environment provider is not currently available.
  - The Service Coordinator holds IFSP change review meeting to add transportation to planned services in BRIDGES.
  - The Service Coordinator emails BabyNet@scdhhs.gov for a copy of the Service Fund Authorization Request form.
  - The IDEA/Part C State Office sends the Service Coordinator a copy of the Service Fund Authorization Request form.
  - The Service Coordinator completes MapQuest or Google Maps search for distance between child's home and provider location(s).
  - The Service Coordinator completes Sections 1, 3, 5, 6, and 7 of the Service Fund Authorization Request form.
    - ✓ In Section 5, the Service Coordinator indicates round trip mileage in field for “# Units.”
    - ✓ In Section 6, the Service Coordinator indicates why the parent needs transportation for early intervention services, and if travel will be furnished using the parent's car, taxi/driver service, or other (family friend or relative).
  - The Service Coordinator sends completed Service Fund Authorization Request form and internet mileage searches to IDEA/Part C State Office for review.

**E-mail**

**US Postal Service**

[BabyNet@scdhhs.gov](mailto:BabyNet@scdhhs.gov)  
[SCDHHS/IDEA PART C BabyNet](#)  
State Office 1801 Main St, Columbia,  
SC 29201  
[ATTN: Robin Morris](#)

- o If IDEA/State Office approves request:
  - ✓ IDEA/Part C State Office notifies the Service Coordinator of the approval and emails a copy of the Transportation Log and instructions.
  - ✓ The Service Coordinator will provide the parent with the following information to begin the South Carolina Enterprise Information System (SCEIS) Vendor enrollment process:
    - SCEIS Vendor Registration Manual: <https://procurement.sc.gov/>
    - SCEIS Vendor Registration Website: <https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>
    - SCEIS HelpDesk (for assistance with vendor registration or updates) 803.737.0600
- o The Service Coordinator completes Section 1 of Transportation Log, prints the Transportation Log, and provides parent with hard copy and instructions.
- o The Service Coordinator must review the following with the parent and document the discussion in a service log.
  - ✓ Transportation must only be used in order to receive BabyNet services and are authorized in the child's IFSP.
  - ✓ If a source of transportation other than family car or taxi/driver service was used (for example, friend or relative), it is the parent's responsibility to pay the driver first and then request reimbursement.
  - ✓ It is the parent's responsibility to submit the Transportation Log for payment.
  - ✓ A copy of the internet mileage search(es) must be attached to the log. Mileage differing more than five miles from the internet mileage search will not be reimbursed.
  - ✓ If a taxi or driver service was used, receipts must be attached to the log. If a receipt is not included, payment will not be made.
  - ✓ Payments received for transportation costs will be reported to the Internal Revenue Service (IRS) and may affect eligibility for certain income-based programs (e.g., Medicaid).
  - ✓ Payment may be blocked or reduced by the outside party that processes payment if the parent has had a lien or levy applied to income (for example, non-payment of income taxes, hospital bills, etc.).
- o If IDEA/Part C State Office denies request:
  - ✓ IDEA/Part C State Office notifies the Service Coordinator.
  - ✓ The Service Coordinator notifies parent.
  - ✓ The Service Coordinator holds IFSP change review meeting to remove transportation to planned services in BRIDGES.

## Completion of the Transportation Log

The parent is responsible for the following:

- Adding the SCEIS Vendor Number in Section 1 of the Transportation Log.
- Entering the date of transportation, starting, and ending location, and the early intervention service received (e.g., PT, OT, SLP).
- Ensuring that the early intervention service provider signs the form to confirm each visit.
- Entering the type of transportation used, the mileage for a round trip to the service location, and the total miles travelled.
- Contacting the Service Coordinator if additional transportation logs are needed.
- Submitting the transportation log, internet mileage search(es) and receipts to IDEA/Part C State Office by one of the following methods.

**E-mail**                    [BabyNet@scdhhs.gov](mailto:BabyNet@scdhhs.gov)  
**US Postal Service**      BabyNet State Office 1801 Main St,  
   Columbia, SC 29201  
   ATTN: BabyNet Billing Support

If reimbursement for transportation services is frequently requested, the log and documentation must be submitted monthly.

## Reimbursement of Transportation Services

Parents must pay all transportation costs and be reimbursed by the IDEA/Part C State Office. Reimbursement will occur as follows:

- Upon receipt of the completed Transportation Log and supporting documentation, BabyNet Billing Support will request payment.
- Payment requests are processed weekly. A confirmation email will be sent to the parent once a request for payment has been submitted.
- If approved, reimbursement will be made by:
  - Direct deposit to parents who provided banking information when enrolling as a vendor in SCEIS. If receiving payment by direct deposit, payment is usually made within 7-10 business days.
  - If parent chooses to receive a check, payments will be mailed from our payment processing facility. If receiving payment by mail, 14-21 business days are required to receive payment.

## Appendix B: Service Coordination Models

Service coordination agencies may choose to deliver special instruction/family training (SI/FT) and service coordination in a *blended model* or a *dedicated model*. In the *blended model*, the same person provides both service coordination and SI/FT, if SI/FT is determined to be a need by the IFSP team. In the *dedicated model*, service coordination and SI/FT are provided by two different people. These services may be provided by the same company or two different companies. For example, if company A is providing service coordination, and they do not have staff who can provide SI/FT in a timely manner for the child, they must reach out to other companies to find a FT/SI who can see the child within 30 days of identification.

When the service coordinator also provides special instruction, the service coordinator must meet the required experience criteria of a special instructor. See page 6 of the [Medicaid Early Intervention Services Provider Manual](#).

Services must be provided in the [natural environment](#) as required by IDEA Part C and corresponding BabyNet Policies and Procedures. The [responsibilities of the service coordinator](#) are described in detail in BabyNet Policies and Procedures and [34 CFR § 303.126](#).

When implementing a dedicated model, SI/FT providers and other service providers should direct families to communicate concerns and needs to their service coordinator. Communication between service coordinators and SI/FT providers should occur at the same frequency as other providers identified on the child's IFSP.