

ALABAMA'S EARLY INTERVENTION SYSTEM



BILLING MANUAL

(Effective March 1, 2025)

The purpose of Alabama's Early Intervention System Billing Manual is to establish and define the state's process. This document establishes billing procedures for services to eligible children and families.

Giving Infants, Families, Toddlers Support (GIFTS II)

AEIS has a centralized data and billing system. The Giving Infants, Families, Toddlers Support (GIFTS II) system records the authorized early intervention services provided so that payments may be rendered to the payment to Early Intervention Provider's (EIP). GIFTS II will house all child and family information, including the Individualized Family Service Plan (IFSP) and associated Service Coordinator and Provider activities.

Early Intervention services may only be provided by professionals who have a GIFTS Utilization Agreement form and AEIS Staff Entry Table form on file with the state lead agency prior to delivery of services for the current fiscal year. The state lead agency will not authorize the use of funds to pay providers for services that were rendered prior to having a GIFTS Utilization Agreement form on file. All early intervention providers must meet personnel requirements described in the *Personnel Standards for Alabama's Early Intervention System*.

The GIFTS Utilization Agreement form and AEIS Staff Entry Table form may be obtained by contacting the GIFTS II data manager Tonya Gandy: tonya.gandy@rehab.alabama.gov.

Providers are never to share their login and password with anyone.

All Early Intervention personnel must maintain a current email address in GIFTS II.

Use of Public Insurance (Medicaid)

In order for AEIS to use utilize Medicaid funds to reimburse for Part C services, the program must obtain parental consent to disclose a child's personally identifiable information to the Lead Agency responsible for administering the State's public benefits for billing purposes only. A parent has the right to withdraw their consent to disclosure of personally identifiable information to the State agency responsible for administration of the State's public benefits at any time.

Parental consent will be obtained by completion of the AEIS Consent for Use of Public Benefits form. Families are not required to sign up or enroll in public benefits or insurance programs as a condition of receiving Part C services.

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

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

Use of AEIS Part C

1. AEIS reimbursement is based on an appropriately developed IFSP, developed by the IFSP team (which includes the parents.)
2. AEIS Part C funds must only be used to support services in the natural environment unless there is justification which supports why IFSP outcomes cannot be achieved in the natural environment.
3. AEIS Part C funds are used to implement strategies on a child's IFSP when other means and/or resources are not available. AEIS Part C funds may only be used after ALL other resources have been identified and accessed.

Authorized Goods and Services

Each child enrolled in Alabama's Early Intervention System (AEIS) has an IFSP that includes developmental outcomes with strategies to achieve the desired outcomes. Any federally required Early Intervention that is documented as needed in a family's IFSP reimbursed to the provider. The provider must meet AEIS Personnel Standards to bill for reimbursement.

Payment Mechanisms

Providers who render early intervention services will be reimbursed in the following manner:

1. The lead agency will render payments for all billable early intervention services to the provider as a direct reimbursement based upon the payment provisions as set forth and agreed to within the IFSP in accordance with the policies of and memorandum of agreement with the lead agency.
2. The memorandum of agreement must be finalized and signed prior to initiation of services.

Individualized Family Service Plans

The IFSP process drives the services authorized to be provided through Alabama's Early Intervention System (AEIS) as the family's road map to services. The IFSP team, which includes the family, service coordinator, professionals who assess the child, service providers, and others as determined by or with the consent of the family, participate in a team process, using evaluation/assessment data and family resources and priorities to assist the family in determining functional developmental outcomes for the child. The team also assist the family in identifying strategies necessary to achieve each outcome as well as resources and supports to implement the strategies.

An IFSP may contain a variety of resources, both billable and non-billable, depending upon the strategies and family's eligibility for various programs. The IFSP is reviewed at least every six months and annually. Specific outcomes may be reviewed more frequently as family or child priorities change. All service providers are required to use and follow the state Monitoring rules (see AEIS monitoring manual).

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

The lead agency is responsible for ensuring that the IFSP includes the following components:

1. Required documentation of all other means/sources for authorized goods and services;
2. Documentation of the goods and services authorized with the estimated duration of need;
3. Parent signatures on the IFSP indicating his/her agreement to implement the IFSP commitments

relative to this plan;

4. Statement of natural environments and justification of the extent, if any, to which early intervention services will not be provided in a natural environment;

Telehealth

Payment to providers for service delivery via telehealth shall be at the AEIS telehealth rate for that discipline. The child and provider must be present to bill. Telehealth is considered non-face-to-face contact.

Rates of Payment

The AEIS current Rate Schedule can be found in the Appendix section of this document.

Clarification of Definitions:

Makeup visit – is defined as any service not provided per the IFSP. A service cancelled by the family is not a required makeup visit, but it can be offered and billed to the Lead Agency. A visit cancelled by the family can be made up at the program’s discretion. Services cancelled by the provider/program must be offered to the family. If family declines, the compensatory service waiver form must be signed by the parent/caregiver.

Compensatory Visit – is defined as additional services to a child to make up for missed or inadequate services they should have received previously typically due to a failure by the EI program to provide appropriate support according to their IFSP.

Joint Visit – is defined as a co-visit with the monthly service provider and an additional team member. Both providers will be paid the discipline rate. Both providers will be required to submit an NSF (provider services rendered) note for the visit. A joint visit may only occur four (4) times per IFSP.

Additional Review – is defined as any change to the IFSP outside of the existing plan.

Face-to-Face – is defined as any contact in person with the family.

Telehealth – is defined as any non-face-to-face contact with the family. Phone calls as a telehealth service are limited to service coordinators only. Early Intervention providers may not use a phone call as a telehealth activity to render an IFSP service to a family.

Supervision Requirements (for PT/OT)

Supervisory 6th Visit – Supervising staff will provide 6th visit at the discipline rate.

Procedural Rules for GIFTS II: Supervisory form should be completed prior to the 6th visit and signed by the assistant and supervisor. The form should be uploaded by the service coordinator to GIFTS II via Image Quest.

Effective March 1, 2025, COTA’s and OT’s will still complete the 6th visit Supervisory form, but the Supervising OT will no longer be required to provide the 6th visit.

(See AEIS Part C Personnel Standard Rules/Guidelines)

GIFTS II Internet Connectivity Issues

When a provider has internet connectivity issues in the home, the program should use a paper version of the NSF and complete the paper copy in its entirety. The provider and parent will sign the hard copy. The provider will later enter the information from the paper NSF into GIFTS II and check the “signature override” option. The paper NSF will also need to be uploaded into GIFTS II system via Image Quest.

When a service coordinator has internet connectivity issues in the home, they should use a paper version of the IFSP and complete the hard copy in its entirety. The service coordinator and parent will sign the hard copy. The service coordinator will later enter the information from the paper IFSP into GIFTS II and check the “signature override” option. The paper IFSP will also need to be uploaded into GIFTS II system via Image Quest.

If a service coordinator cannot complete the IFSP at the family's home due to other applicable reasons, they can complete the IFSP details later at the office. A follow-up meeting will be required with the parent to obtain a signature, or the service coordinator may email the parent the completed IFSP document for an electronic signature.

The service coordinator ensures the start and end dates of the IFSP match the date the parent or caregiver signs. The IFSP is only valid once the parent or caregiver has signed.

Transportation procedures

If a provider has asked the family to travel to a location which is not part of their natural environment for services, and the family is not Medicaid, the provider will reimburse the family at the current rate. The provider will then enter the total miles reimbursed to the family in the travel box on the NSF to receive payment from AEIS.

**Family travel reimbursement for evaluations and IFSP meetings have not been built into the GIFTS II system as of March 1, 2025. Once this has been incorporated into the GIFTS II system, this section will be updated.*

For Medicaid eligible children to be reimbursed for transportation to early intervention appointments, recipients must submit a transportation request to the Medicaid Call Center at 1-800-362-1504, option 4, within two weeks prior to their appointment, or within 24 hours after the appointment. Without a transportation request, there will be no reimbursement from Medicaid.

Evaluation and Assessment Process

Evaluations will be entered into GIFTS II via the necessary system data requirements. This will prompt billing in the system for program reimbursement.

Service Coordinators must upload the completed documentation to Image Quest including the necessary evaluation reports, medical documentation (if qualifying under medical diagnosis), informed clinical opinion statement (if qualifying under ICO), hearing and vision screener, and eligibility determination reports.

AEIS Description of Services:

Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes — 34 CFR 303.13(b)(1)(ii)

The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;

Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;

Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and

Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities;

Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs (*this service can only be provided by an Audiologist, Speech Language Therapist, Occupational Therapist, Physical Therapist, Rehab Technology Specialist, and Developmental Specialist*)

Assistive technology device means any item, piece of equipment, or product 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.

Assistive technology device does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device. 34 CFR 303.13(b)(1)(i)

Assistive Technology Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.

Assistive Technology Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Telehealth (non-face-to-face): Assistive Technology Services cannot be provided via any telehealth platform.

Travel Expenses: All Assistive Technology Services have travel expenses included in the AEIS in-person rate.

Audiology Services include: 34 CFR 303.13(b)(2)

Identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;

Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

Provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services;

Provision of services for prevention of hearing loss;

Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Audiology Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Audiology Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Audiology Services in-person rate.

Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of *infant or toddler with a disability* in Title 34 CFR § 303.21

A timely, comprehensive, multidisciplinary evaluation of the child 34 CFR 303.321(a)(1)(i)

An *initial evaluation* refers to the child's evaluation to determine his or her initial eligibility 34 CFR 303.321(a)(2)(i)

A *re-determination evaluation* refers to the child's evaluation to determine his or her continuing eligibility 34 CFR 303.321(a)(2)(i)

Procedures for evaluation of the child. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under this part. Procedures must include— 34 CFR 303.321(b)

- (1) Administering an evaluation instrument;
- (2) Taking the child's history (including interviewing the parent);
- (3) Identifying the child's level of functioning in each of the developmental areas in § 303.21(a)(1);
- (4) Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- (5) Reviewing medical, educational, or other records.

Evaluation Services Billable Activities

1. In-home and Community Setting: Authorized Evaluator meets in person with caregiver(s) to complete evaluation.
2. Office Setting: Authorized Evaluator meets in person with caregiver(s) to complete evaluation. These evaluations are billed at the lower rate.
3. All initial and redetermination evaluations for eligibility purposes are billed per episode.

Travel Expenses: All travel expenses are included in the AEIS Evaluation rate.

Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development. 34 CFR 303.13 (b)(3)

Family training, Counseling, and Home Visit Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Family training, Counseling, and Home Visit Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

AEIS will only reimburse for this service if provided by a Developmental Specialist.

Travel Expenses: All travel expenses are included in the AEIS Audiology Services in-person rate.

Foreign Language Services means providing foreign language interpreting for child and/or caregiver receiving AEIS services.

Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child, in accordance with the definition of *native language* in § 303.25 34 CFR 303.321(a)(5)

Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of *native language* in § 303.25 34 CFR 303.321(a)(6)

§ 303.25 Native language –

Native language, when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of the Act), means—

(1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in (2) of this section; and

(2) For evaluations and assessments conducted pursuant to § 303.321(a)(5) and (a)(6) of the Part C Federal Regulations, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

Foreign Language Services Billable Activities

1. Reimbursement for foreign language services will only be provided for Certified Interpreters and Certified Language Translators.
2. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
3. In-person activities are billed at the full rate per fifteen-minute unit.
4. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
5. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Foreign Language Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Any foreign language services provided by a non-certified interpreter cannot be billed.

A bilingual service coordinator and/or provider cannot also bill for interpreter services if they are providing a service coordination or provider service (as listed on the IFSP planned services page) activity to a family on their caseload.

Foreign Language Services Billing Rules

A foreign language interpreter must be certified. Interpreter qualifications will be included in AEIS Part C Personnel Standard Rules/Guidelines.

Early Intervention Providers/Programs documentation showing applicable certification must be kept on file and available at the request of the lead agency for review. This may include copies of the interpreter's certification or paid invoices documenting services were provided by a certified interpreter.

Travel Expenses: All travel expenses are included in the AEIS Foreign Language Services in-person rate.

Health Services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. 34 CFR 303.13 (b)(4)

Certified Registered Nurse Practitioner and Physician can:

Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed while providing other early intervention services. 34 CFR 303.13 (b)(4)

Nutritionist, Registered Nurse, and Physician can:

Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services necessary to enable an otherwise eligible child to benefit from Early Intervention services. 34 CFR 303.13 (b)(4)

The **Health Services** term does not include— 34 CFR 303.16(c)

(1) Services that are—

- (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- (ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or
- (iii) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

(A) Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.

(B) Nothing in this part prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly;

(2) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and

(3) Medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.

Health Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities as evidenced by signature by parent.
2. In-person activities are billed at the full rate per fifteen-minute unit.

3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Health Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Health Services in-person rate.

Medical Services are provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services. 34 CFR 303.13 (b)(5)

Medical Services Billable Activities

1. In-person (face-to-face): Authorized Licensed Physician meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Licensed Physician meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Medical Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Medical Services provided by any discipline other than a Licensed Physician cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Medical Services in-person rate.

Nursing services include—

The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; 34 CFR 303.13 (b)(6)(i)

The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; 34 CFR 303.13 (b)(6)(ii)

The administration of medications, treatments, and regimens prescribed by a licensed physician. 34 CFR 303.13 (b)(6)(iii)

Nursing services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Nursing services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Nursing Services in-person rate.

Nutrition services include—

Conducting individual assessments in— 34 CFR 303.13 (b)(6)(i)

- (A) Nutritional history and dietary intake;
- (B) Anthropometric, biochemical, and clinical variables;
- (C) Feeding skills and feeding problems; and
- (D) Food habits and food preferences;

Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings of 34 CFR 303.13 (b)(6)(i) in the above section; 34 CFR 303.13 (b)(7)(ii)

Making referrals to appropriate community resources to carry out nutrition goals 34 CFR 303.13 (b)(7)(iii)

Progress reports and physical participation in IFSP meetings 34 CFR 303.342 (b)(1)

Nutrition services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Nutrition services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Nutrition Services in-person rate.

Occupational Therapy includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings where the child spends a portion or all his/her day.

Key service functions include the following:

Identification, assessment and intervention 34 CFR 303.13 (b)(8)(i)

Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills 34 CFR 303.13 (b)(8)(ii)

Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability 34 CFR 303.13 (b)(8)(iii)

Progress reports and physical participation in IFSP meetings 34 CFR 303.342 (b)(1)

* The identification and incorporation of materials, equipment, and supplies related to the provision of Occupational Therapy services should follow the procedures and guidelines set forth in the **Assistive Technology Services** section of this document.

Occupational Therapy Billable Activities

1. In-person (face-to-face): OT meets in person with caregiver to complete needed IFSP activities.

Occupational Therapy Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Telehealth (non-face-to-face): OT providers cannot provide IFSP services via any telehealth platform.

Travel Expenses: All OT travel expenses are included in the AEIS Occupational Therapy Services in-person rate.

Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—

Screening, evaluation, and assessment of children to identify movement dysfunction; 34 CFR 303.13 (b)(9)(i)

Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems. 34 CFR 303.13 (b)(9)(iii)

Progress reports and physical participation IFSP meetings 34 CFR 303.342 (b)(1)

*The identification and incorporation of materials, equipment, and supplies related to the provision of Physical Therapy services should follow the procedures and guidelines set forth in the Assistive Technology Services section of this document.

Physical Therapy Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.

Physical Therapy Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Telehealth (non-face-to-face): Physical Therapist cannot provide IFSP services via any telehealth platform.

Travel Expenses: All PT travel expenses are included in the AEIS Physical Therapy Services in-person rate.

Psychological services include –

Administering psychological and developmental tests and other assessment procedures; 34 CFR 303.13 (b)(10)(i)

Interpreting assessment results; 34 CFR 303.13 (b)(10)(ii)

Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; 34 CFR 303.13 (b)(10)(iii)

Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs 34 CFR 303.13 (b)(10)(iv)

Psychological Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Psychological Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Psychological Services in-person rate.

Service Coordination Services mean services provided by a service coordinator (SC) to assist and enable an infant and toddler with a disability and the child’s family to receive the services, rights, including required procedural safeguards. 34 CFR 303.34

The SC will serve as a single point of contact in helping parents to obtain the services and assistance they require to address their child’s needs. Service coordination is an ongoing process, responsive to the needs of each child and family. Service coordination is offered at no cost to families.

Service Coordination may include the following activities:

- Intake
- Eligibility
- Initial IFSP
- IFSP Review
- Transition
- Other Service Coordination Activities
- Closing Early Intervention Case

1. Intake activities must include the following:

- a. Initial contact with caregiver to discuss Alabama’s Early Intervention System.
- b. Scheduling eligibility evaluation(s) with parent or caregiver and providers.
- c. Complete Release of Information for medical documentation if needed
- d. Obtaining medical documentation regarding a qualifying diagnosis prior to eligibility determination.

2. Eligibility Activities

- a. Review written eligibility reports from evaluators.
- b. Discussion of evaluation results that determine if a child is eligible for early intervention services.
- c. Completion of required procedural safeguards.

3. Initial Individual Family Service Plan (IFSP) Activities

- a. Completing early intervention procedural safeguards to allow a child to receive services.
- b. Reviewing of the early intervention vital message.
- c. Development of the IFSP and the IFSP document.
- d. Coordinate the provision of initial early intervention services.

4. Individual Family Service Plan (IFSP) Review Activities

- a. Facilitating and participating in the review of the IFSP at the six-month, annual intervals or at parent or team request.

5. Transition Meeting Activities

- a. Assisting the family in the transition process by scheduling and facilitating the 27-month and 33-month transition meetings.
- b. Attending Part B portion of 33-month LEA Referral meeting

6. Other Service Coordination Activities

- a. Assisting families in gaining access to early intervention services identified in the IFSP.
- b. Review of progress notes to ensure that all services are being provided per the IFSP.

- c. Maintaining monthly contact with families to ensure services are being provided and new concerns are addressed.
 - d. Attending home visits with service providers to ensure that services are being provided per the IFSP (outcomes are addressed (caregiver training, follow-through, etc.)
 - e. Identifying and coordinating community resources and services to enable the child and family to receive maximum benefit from EI serves.
7. Closing Case Activities
- a. Closing a child's case with Early Intervention through contact with the parent ensuring they understand services are ending and helping the family to connect with other resources as appropriate.

All Service Coordination contacts and activities must be documented in the child's active record. All contacts must be related to the child's IFSP, and the documentation must reflect time spent on the activity.

Service Coordination Billable Activities

- 2. In person (face-to-face): SC meets in person with caregiver to complete needed service coordination activities.
- 3. In person activities are billed at the full rate per fifteen-minute unit.
- 4. Telehealth (non-face-to-face): SC contacts family via phone, text, email or virtually to complete needed service coordination activities.
- 5. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Service Coordination Non-Billable Activities

Any service coordination activity lasting less than 8 minutes is not billable. All service coordination activities must be documented in the active record regardless of the amount of time spent in the activity.

Service coordination activities completed while child is in the hospital.

Service Coordination does not include record review for quality improvement activities, data entry or clerical activity. Service coordination may be utilized to review a record for the purpose of treatment planning. Documentation must support treatment planning.

Travel Expenses: SC may bill for time spent traveling to caregiver or meeting location. Travel time begins when SC leaves base and again when SC leaves caregiver location and returns to base. SC will not include meeting time with caregiver in travel expense. If SC leaves caregiver location to travel to another child's caregiver location, each travel time must be kept separate and billed to the appropriate child.

Example: A service coordinator travels for the day and sees three families. The trip from base to the 1st child can only be included on the 1st child's service coordination activity. Then the travel time from the 1st to 2nd child is included on the 2nd child's service coordination activity. Then the travel time from the 2nd to 3rd child and back to base is included on the 3rd child's service coordination activity.

If a SC serves a dual role (such SC and DS) and performs both roles during a single visit with caregiver, travel expenses cannot be billed under the Service Coordination activity.

Sign Language and Cued Language Services include –

Teaching sign language and cued language 34 CFR 303.13 (b)(12)

Teaching auditory/oral language 34 CFR 303.13 (b)(12)

Providing oral transliteration services (such as amplification), and providing sign and cued language interpretation 34 CFR 303.13 (b)(12)

Sign Language and Cued Language Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Sign Language and Cued Language Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Sign and Cued Language Services in-person rate.

Social Work Services include—

Making home visits to evaluate a child's living conditions and patterns of parent-child interaction 34 CFR 303.13(b)(13)(i)

Preparing a social or emotional developmental assessment of the infant or toddler within the family context 34 CFR 303.13(b)(13)(ii)

Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents 34 CFR 303.13(b)(13)(iii)

Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services 34 CFR 303.13(b)(13)(iv)

Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services 34 CFR 303.13(b)(13)(v)

Progress reports and physical participation in IFSP meetings 34 CFR 303.342 (b)(1)

Social Work Services Billable Activities

1. A Licensed Clinical Social Worker is the only Authorized Provider who can bill for Social Work services activity.
2. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
3. In-person activities are billed at the full rate per fifteen-minute unit.

Social Work Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Telehealth (non-face-to-face): Authorized Provider cannot provide IFSP services via any telehealth platform.

Some Social Work Services may be completed by a Service Coordinator or Developmental Specialist, but it should be billed under those discipline activity codes.

Travel Expenses: All travel expenses are included in the AEIS Social Work Services in-person rate.

Special Instruction Services include —

The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction 34 CFR 303.13 (b)(14)(i)

Curriculum planning, 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 34 CFR 303.13 (b)(14)(ii)

Providing families with information, skills, and support related to enhancing the skill development of the child 34 CFR 303.13 (b)(14)(iii)

Working with the infant or toddler with a disability to enhance the child's development 34 CFR 303.13 (b)(14)(iv)

Progress reports and physical participation in IFSP meetings 34 CFR 303.342 (b)(1)

**see AEIS Personnel Standards manual for list of approved providers*

******The identification and incorporation of materials, equipment, and supplies related to the provision of Developmental Specialist services should follow the procedures and guidelines set forth in the Assistive Technology Services section of this document.

Special Instruction Services Billable Activities

4. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
5. In-person activities are billed at the full rate per fifteen-minute unit.
6. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
7. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Special Instruction Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Special Instruction Services in-person rate.

Speech-Language Pathology Services include—

Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills 34 CFR 303.13 (b)(15)(i)

Referrals for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills 34 CFR 303.13 (b)(15)(ii)

Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills 34 CFR 303.13 (b)(15)(iii)

Progress reports and physical participation in IFSP meetings 34 CFR 303.342 (b)(1)

Speech-Language Pathology Services Billable Activities

1. In-person (face-to-face): SLP meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): SLP meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Speech-Language Pathology Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Speech Language Pathology in-person rate.

Transportation and related costs include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services. 34 CFR 303.13(b)(16)

Transportation Services include –

Cost of travel (e.g. mileage or travel by taxi, common carrier, or other means) and other costs (e.g. tolls and parking expenses) that are necessary and paid to family or caregiver to enable an eligible child to receive early intervention services.

Transportation costs are reimbursed at the current IRS rate.

Medicaid eligible children cannot be billed for Part C transportation reimbursement.

Transportation Billing Rules:

If a provider has asked the family to travel to a location which is not part of their natural environment for services, and the family is not Medicaid, the provider will reimburse the family at the current rate. The provider will then enter the total miles reimbursed to the family in the travel box on the NSF to receive payment from AEIS.

**Family travel reimbursement for evaluations and IFSP meetings have not been built into the GIFTS II system as of March 1, 2025. Once this has been incorporated into the GIFTS II system, this section will be updated.*

For Medicaid eligible children to be reimbursed for transportation to early intervention appointments, recipients must submit a transportation request to the Medicaid Call Center at 1-800-362-1504, option 4, within two weeks prior to their appointment, or within 24 hours after the appointment. Without a transportation request, there will be no reimbursement from Medicaid.

Vision Services include –

Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development; 34 CFR 303.13 (b)(17)(i)

Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; 34 CFR 303.13 (b)(17)(ii)

Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities

34 CFR 303.13 (b)(17)(iii)

*The identification and incorporation of materials, equipment, and supplies related to the provision of vision services should follow the procedures and guidelines set forth in the Assistive Technology Services section of this document.

Vision Services Billable Activities

1. In-person (face-to-face): Authorized Provider meets in person with caregiver to complete needed IFSP activities.
2. In-person activities are billed at the full rate per fifteen-minute unit.
3. Telehealth (non-face-to-face): Authorized Provider meets with caregiver via AEIS approved telehealth platform to complete needed IFSP activities.
4. Telehealth activities are billed at the lower rate per fifteen-minute unit.

Vision Services Non-Billable Activities

A scheduled visit with a family which doesn't occur or family no shows cannot be billed.

Travel Expenses: All travel expenses are included in the AEIS Vision Services in-person rate.

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