

North Carolina Infant-Toddler Program Respite Reimbursement Authorization & Invoice: Instructions

Purpose: The purpose of this form is to authorize and invoice reimbursement for respite services and is specific to the child.

Instructions: The EISC completes Sections 1 & 2 for approval by the Finance Officer prior to the provision of service. Then the EISC forwards a copy of the form to the family. The family completes Section 3 after receiving the service. The EISC is responsible for maintaining and updating the form as needed.

Section 1

- ◆ **CDSA Name and Address:** Name of Authorizing CDSA and mailing address
- ◆ **Child's Name:** Child's Last name, First name, Middle initial
- ◆ **Child's Date of Birth:** Month/Day/Year format
- ◆ **HSIS ID #:** Assigned by the CDSA, it consists of last name initial, first name initial, followed by a 6-digit birthdate, sex [1 for male, 2 for female] (e.g. DJ1127021) – If multiple births, use same format and add A, B as necessary after birthdate
- ◆ **Parent/Guardian Authorized for Payment:** Name of the person who is authorized to receive reimbursement
- ◆ **Parent /Guardian Address and Phone:** Address where Parent/Guardian listed above receives mail; phone number (including area code)
- ◆ **County of Residence:** Child's County of Residence
- ◆ **EISC's Name:** First and last name of EISC
- ◆ **Phone:** Phone number of the EISC (including area code)
- ◆ **IFSP Authorized Start Date:** The date a respite outcome was added to the IFSP for the current IFSP cycle
- ◆ **End Date:** The earliest date of the following: no later than June 30 of current fiscal year, the child's third birthday, or end of the IFSP outcome
- ◆ **IFSP Outcome Number:** The IFSP outcome number that authorizes Respite Services

Section 2

The EISC should complete the AFSP percentage and number of respite hours authorized.

- ◆ **AFSP Rate:** The AFSP rate is the percent of the total cost for transportation reimbursable to the Parent/Guardian. Calculated by subtracting the Family Sliding Fee Scale from 100% ($100\% - \text{SFS} = \text{AFSP}$)
- ◆ **Family's Hourly Rate:** Multiply the base rate times the AFSP
- ◆ **Respite Hours Authorized:** Corresponds to the number of respite hours as authorized on the IFSP
- ◆ **Maximum Amount of Reimbursement:** Multiply the family rate times the number of respite hours authorized

EISC signature in this section indicates review of the information to ensure it corresponds to the current IFSP and Family Financial Eligibility form.

The Finance Officer completes Section 2, keeps a copy for the reimbursement file, and returns the original to the EISC for the child's chart. The EISC gives a copy to the Parent/Guardian and reviews directions for completing Section 3.

Section 3

For reimbursement, complete all of Section 3 and submit this to your EISC at the CDSA (address in Section 1) **no later than the 20th of the month in which the service occurred. (For services provided after the 20th, submit invoices in the following month.)** You may obtain additional forms from your EISC as needed.

- ◆ **Respite Provider's Name:** First and Last name of Respite Provider
- ◆ **Date of Service:** Date for which child received respite services
- ◆ **Start and End Time:** Enter the time and circle am or pm

EISC must submit invoice to FO by the 23rd. Payment generally occurs by the 5th of the following month.

Section 4

- ◆ **Total Hours:** Calculated from Parent/Guardian entries in Section 3
- ◆ **Total Reimbursement:** Total hours times the Family's Hourly Rate

The Finance Officer completes Section 4, mails form with original FO signature to the payment source by the 25th of the month, provides one copy to the EISC for the child's chart, and retains a copy in the reimbursement file.

Disposition: Infant-Toddler Program records, including financial and automated information, must be maintained based upon the Infant Toddler Program's record retention policy. Records must be archived in accordance with state requirements to ensure their preservation for the required length of time.