

## **North Carolina Infant-Toddler Program Transportation Reimbursement Authorization & Invoice: Instructions**

- Purpose:** The purpose of this form is to authorize and invoice reimbursement for transportation services and is specific to the child.
- Instructions:** The EISC completes Sections 1 & 2 for approval by the Finance Officer (FO) prior to the provision of service. Then the EISC forwards a copy of the form to the family. The family completes Section 3. The CDSA 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
- ◆ **HIS 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 the same format and add A, B as necessary after birthdate.
- ◆ **Parent/Guardian Authorized for Payment:** Name of Parent/Guardian 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 transportation 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 the current fiscal year, the child's third birthday, or the end of the IFSP outcome
- ◆ **IFSP Outcome Number:** The IFSP outcome number that authorizes Transportation Services

### **Section 2**

**Note:** When transporting the child to receive an IFSP authorized service, reimbursement covers only the time the child is being transported (e.g. if parent drops a child off and later returns to pick up the child, only one round trip is covered).

- ◆ **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%-SFS=AFSP)
- ◆ **Family Travel Rate (FTR):** Computed by multiplying the State mileage rate times the AFSP
- ◆ **Maximum Reimbursement:** Calculated by multiplying the FTR times the miles per trip times the number of trips authorized
- ◆ **Estimated Other Transportation Expenses:** EISC should obtain estimate of expected costs for bus, taxi, et cetera
- ◆ **Estimated Maximum Reimbursement:** Multiply Other Expenses times the AFSP times the number of trips 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 form to your EISC at the CDSA (address in Section 1) **no later than the 20<sup>th</sup> of the month in which the service occurred. (For services provided after the 20<sup>th</sup>, submit invoice in the following month.)** You may obtain additional forms from your EISC as needed.

- ◆ **Travel Date:** Date child transported to receive service(s)
- ◆ **Destination:** Name/Location of Service Provider
- ◆ **Total miles OR Type of Transportation:** Enter total miles traveled round trip or, if other type transportation used, attach receipt (s) for each trip – reimbursement cannot be paid without accompanying receipts

EISC must submit invoice to Finance Officer by the 23<sup>rd</sup>. Payment generally occurs by the 5<sup>th</sup> of the following month.

### **Section 4**

- ◆ **Total Authorized Reimbursement:** (Total Miles Traveled x FTR) + (Total Receipts x AFSP) = Total Reimbursement

The Finance Officer completes Section 4, mails form with original FO signature to the payment source by the 25<sup>th</sup> 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.