Table for Service Provision Standard

Service Provision

1. Services started within 14 calendar days of the IFSP service authorization date.
2. Children received the services as authorized.
3. Services were given as authorized with no gaps of more than 3 consecutive missed sessions.
4. Family and Service Coordinator were notified at least 5 business days prior to any planned or scheduled absence of interventionist.
5. Prescriptions, orders, medical clearance and/or speech recommendation from approved medical providers and/or speech therapist were in the child's file.
6. Progress notes were sent to the service coordinator timely and contained all required information.
7. Session notes and service logs were completed timely by qualified personnel and contained all required information.

1. Services started within 14 calendar days of the IFSP service authorization date.

New York State Law and Regulations

10 NYCRR 69-4.9 (g) (2)

(g) Providers of early intervention program services shall:

(1) provide early intervention program services to an eligible child and family as authorized by the early intervention official and in conformance with the child's and family's individualized family service plan.

(2) provide timely notification of any changes in the provider's ability to deliver early intervention program services to the child and family in conformance with the individualized family service plan.

New York State Department of Health – Early Intervention Provider Agreement

VII. Notifications

A. Provider shall make reasonable efforts to notify the child's parent/family/caregiver prior to the date and/or within one hour prior to the time on which a EI provider service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service. If circumstances prevent such notification prior to a visit, notification should be provided as soon as possible following the missed visit. Provider shall also make reasonable efforts to notify the child's parent/family/caregiver if the Provider will be more than fifteen (15) minutes late for a scheduled session, due to uncontrollable circumstances.

XII. EI Model Specific Responsibilities

A. Service Coordination

A25. Provider shall ensure that the IFSP, including any amendments thereto, is implemented in a timely manner within thirty (30) days of parent consent to the IFSP, or if the projected date for the initiation of a service is greater than thirty (30) days of parent consent to the IFSP, not later than thirty (30) calendar days after the projected date for initiation of the service.

New York City Policy and Procedure Manual 2024

Chapter 6: Service Delivery, Policy Number 6-A: Start date of Services

2. Children received the services as authorized.

New York State Law and Regulations

10 NYCRR 69-4.9 (g) (1) (2)(i)

(g) Providers of early intervention program services shall:

(1) provide early intervention program services to an eligible child and family as authorized by the early intervention official and in conformance with the child's and family's individualized family service plan.

(2) provide timely notification of any changes in the provider's ability to deliver early intervention program services to the child and family in conformance with the individualized family service plan.

(i) Providers shall make reasonable efforts to notify the child's parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies**,** hazardous weather, or other circumstances which impede the provider's ability to deliver the service.

New York State Department of Health - Early Intervention Provider Agreement

V. <u>Services</u>

B. Provider shall render services in conformance with the child's and family's IFSP, including but not limited to functional outcomes, the duration specified, location and frequency of such service.

VII. <u>Notifications</u>

A. Provider shall make reasonable efforts to notify the child's parent/family/caregiver prior to the date and/or within one hour prior to the time on which a EI provider service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service. If circumstances prevent such notification prior to a visit, notification should be provided as soon as possible following the missed visit. Provider shall also make reasonable efforts to notify the child's parent/family/caregiver if the Provider will be more than fifteen (15) minutes late for a scheduled session, due to uncontrollable circumstances.

3. Services were given as authorized with no gaps of more than 3 consecutive missed sessions.

New York State Law and Regulations

10 NYCRR 69-4.9 (g) (2)(i)

(g) Providers of early intervention program services shall:

(2) provide timely notification of any changes in the provider's ability to deliver early intervention program services to the child and family in conformance with the individualized family service plan.

(i) Providers shall make reasonable efforts to notify the child's parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service.

New York State Department of Health - Early Intervention Provider Agreement

VII. <u>Notifications</u>

A. Provider shall make reasonable efforts to notify the child's parent/family/caregiver prior to the date and/or within one hour prior to the time on which a EI provider service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service. If circumstances prevent such notification prior to a visit, notification should be provided as soon as possible following the missed visit. Provider shall also make reasonable efforts to notify the child's parent/family/caregiver if the Provider will be more than fifteen (15) minutes late for a scheduled session, due to uncontrollable circumstances.

D. Provider shall notify the child’s service coordinator within twenty-four (24) hours of the child’s absence from more than three (3) consecutive scheduled sessions for the delivery of services, indicating the reason for said absence, if known.

New York City Policy and Procedures Manual 2024

Chapter 6: Service Delivery, Policy Number: 6-A Start Date of Services.

Chapter 6: Service Delivery, Policy Number: 6-D Make-up Sessions.

4. Family and Service Coordinator were notified at least 5 business days prior to any planned or scheduled absence of interventionist.

New York State Law and Regulations

10 NYCRR 69-4.9 (g) (2)(3)

(g) Providers of early intervention program services shall:

(2) provide timely notification of any changes in the provider's ability to deliver early intervention program services to the child and family in conformance with the individualized family service plan.

(i) Providers shall make reasonable efforts to notify the child's parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service.

(ii) Providers shall notify the child's parent and service coordinator at least five (5) days prior to any scheduled absences due to vacation, professional activities, or other circumstances, including the dates for which the provider will be unable to deliver services to the child and family in conformance with the individualized family service plan and the date on which services will be resumed by such provider.

(a) Missed visits may be rescheduled and delivered to the child and family by such provider, as clinically appropriate, agreed upon by the parent and in conformance with the child's and family's IFSP.

(3) Consult with parents, other service providers (including primary health care providers; family day care homes, and day care centers), and representatives of appropriate community agencies to ensure the effective provision of services.

New York State Department of Health - Early Intervention Provider Agreement

VII. <u>Notifications</u>

B. Provider shall notify the child's parent and service coordinator at least five (5) business days prior to any scheduled absences due to vacation, professional activities, or other circumstances, including the dates for which the Provider will be unable to deliver services to the child and family in conformance with the IFSP and the date on which services will be resumed by such Provider. Missed visits may be rescheduled and

delivered to the child and family by such Provider, as clinically appropriate, agreed upon by the parent and in conformance with the child's and family's IFSP.

New York City Policy and Procedures Manual 2024

Chapter 6: Service Delivery, Policy Number 6-A Start Date of Services.

Chapter 6: Service Delivery, Policy Number 6-D Make-up Sessions.

5. Prescriptions, orders, medical clearance and/or speech recommendation from approved medical providers and/or speech therapist were in the child's file.

New York State Law and Regulations

10 NYCRR 69-4.11 (a) (10) (ii)

(a) Individualized Family Service Plan (IFSP) Participation.

(10) The IFSP shall be in writing and include the following:

(iii)a physician's or nurse practitioner's order pertaining to early intervention services which require such an order and which includes a diagnostic statement and purpose of treatment;

10 NYCRR 69-4.26 (b)(8)

(b) Agency and individual providers shall maintain Early Intervention Program records for each eligible child for whom the provider is authorized to deliver service coordination services, evaluations, and early intervention services. The early intervention record shall be maintained in a confidential manner in accordance with section 69-4.17(c) of this Subpart and shall document the performance of activities required to be completed by the provider on behalf of the child and family, including:

(8) written orders or recommendations from specific medical professionals when required for the services being provided to the child; for the purposes of this section, written orders mean orders for any early intervention services where an order is required to initiate the service as authorized by the early intervention official, including but not limited to orders for multidisciplinary and supplemental evaluations;

New York State Department of Health Memorandum and Guidance

Early Intervention Program Memorandum 2003-1
Early Intervention Program Records:
Programmatic Content

Early intervention providers must maintain records that document the performance of activities required to be completed by providers on behalf of eligible children and their families, including but not limited to: parental consents for provision of evaluations and early intervention services; reports, session notes, progress notes, and other documentation related to evaluations or service delivery; a copy of the IFSP; service authorizations; and, physicians orders and/or prescriptions

for services provided. See Appendix C for information expected to be found in records maintained by early intervention providers.

Responses to Technical Assistance Questions - EIP Memorandum 2003-1

5. How specific does the script need to be in terms of the time period and frequency of the service (e.g., can the script say "as needed")? In general, the script must be consistent with the time period and frequency of early intervention service delivery and should not contradict the frequency and time period designated for the service. If a physician prescribes a service (for example, physical therapy, occupational therapy, etc.) on a specific date subsequent to an IFSP meeting and agreement on the plan, and the script says "on an as-needed basis," but does not give a specific time frame or frequency, this is sufficient to cover the current IFSP. Under such circumstances, a new prescription should be obtained when services in the IFSP are amended. A new prescription is not necessary for the six-month review of the IFSP, as long as the frequency and duration of the specific service has not been amended.

New York State Department of Health – Early Intervention Program Agreement

VI. Documentation and Recordkeeping

F. Provider shall maintain records that document the performance of services required to be completed by Provider on behalf of eligible children and their families, including but not limited to: parental consents for provision of evaluations and services; reports, session notes, progress notes, and other documentation related to evaluations or service delivery; a copy of the IFSP; service authorizations; physicians orders and/or prescriptions for services provided and other documents as may be required in regulation.

New York City Policy and Procedures Manual 2024

Chapter 6: Service Delivery, Policy Number 6-C: Obtaining Orders for Authorized Services and Evaluations.

6. Progress notes were sent to the service coordinator timely and contained all required information.

New York State Law and Regulations

10 NYCRR 69-4.26 (b) (5) (10)

(b) Agency and individual providers shall maintain Early Intervention Program records for each eligible child for whom the provider is authorized to deliver service coordination services, evaluations, and early intervention services. The early intervention record shall be maintained in a confidential manner in accordance with section 69-4.17(c) of this Subpart and shall document the performance of activities required to be completed by the provider on behalf of the child and family, including:

(5) the child's and family's individualized family service plan and related documentation, including required six-month reviews, annual evaluations, amendments to the plan and periodic progress notes and other reports and documentation used at individualized family service plan meetings;

(10) periodic progress notes shall be made by the provider and included in the child's record summarizing the effectiveness of the service and the progress being made toward outcomes included in the child's and family's individualized family service plan;

New York State Department of Health Memorandum and Guidance

Early Intervention Program Memorandum 2003-1
Early Intervention Program Records:
Documentation Necessary for Billing and Claiming Purposes

Periodic progress notes summarizing the effectiveness of the service and progress being made toward major outcomes/rehabilitation goals should be prepared by all early intervention providers, at a minimum, for six-month reviews and annual evaluations of the IFSP. It is recommended that periodic progress notes be completed every 90 days. If the IFSP team[15] agrees that, due to the child's age, condition, intensity of services being received, or other factors that more frequent progress notes are warranted (e.g., monthly), the specific timeframes for progress notes should be included in the IFSP.

New York State Department of Health – Early Intervention Program Agreement

V. Services

A. Provider shall use informed clinical opinion, observation and ongoing assessment in collaboration with the family/caregiver and additional team members to prioritize identified family/caregiver areas of concern. Provider shall be an active participant in the development of integrated family & child focused goals and outcomes for the IFSP. As a licensed and/or certified professional focused on their field of practice, Provider shall encourage families and caregivers to collaboratively identify priorities as they relate to a child's participation in everyday activities; observe families/caregivers and their children to engage in activities when clinically appropriate; collaboratively document child and family strengths, accomplishments, interests and needs which will assist a family to be an informed advocate for their child/children and active member of the IFSP team; and inform an IFSP team, if the provider is unable to attend an IFSP meeting.

B. Provider shall render services in conformance with the child's and family's IFSP, including but not limited to functional outcomes, the duration specified, location and frequency of such service.

C. Provider understands and agrees that the use of aversive intervention in any form is strictly prohibited when providing EIP services. Aversive intervention is defined in 10 NYCRR § 69-4.9 to mean an intervention that is intended to induce extreme or excessive and/or non-therapeutic pain or discomfort to a child for the purpose of modifying or changing a child's behavior, limiting a child's free range of movement, or eliminating or reducing maladaptive behaviors, including but not limited to the following: contingent application of noxious, painful, intrusive stimuli or activities; any form of noxious, painful, or intrusive spray (including water or other mists), inhalant, or tastes; contingent food programs that include the denial or delay of the provision of meals or intentionally altering staple food or drink to make it distasteful; movement limitation used as punishment, including but not limited to helmets and mechanical restraint devices; physical restraints; blindfolds; and white noise helmets and electric shock.

D. Provider shall work collaboratively with the family to identify strategies/activities and the necessary services and supports to achieve IFSP outcomes including but not limited to developing and enhancing the family's capacity to support their child's learning and development between visits; building on the interests and strengths of the child and family; and determining the intensity, and method for each service to be reasonable and not burdensome to the family.

E. Provider shall use a child developmental approach in intervention strategies, incorporating evidence-based child development practices with necessary adaptations to foster and promote age appropriate development.

F. Provider shall use an individualized approach, including consideration and respect for

cultural and religious, lifestyle, ethnic, and other individual and family characteristics.

G. Provider shall be an active participant in the development and implementation of a transition plan for a child transitioning from the EIP.

VI. Documentation and Recordkeeping

E. Provider shall make periodic progress notes summarizing the effectiveness of the service and the progress being made toward outcomes included in the child's and family's IFSP. Progress notes shall be made at a minimum frequency of twice during the IFSP yearly cycle -- for six-month IFSP reviews and for the annual IFSP review. The Department may direct that the progress notes be made in a certain format or manner. Progress notes shall be included in the child's record and shall be available upon request by the service coordinator, Municipality, or Department.

F. Provider shall maintain records that document the performance of services required to be completed by Provider on behalf of eligible children and their families, including but not limited to: parental consents for provision of evaluations and services; reports, session notes, progress notes, and other documentation related to evaluations or service delivery; a copy of the IFSP; service authorizations; physicians orders and/or prescriptions for services provided and other documents as may be required in regulation.

New York City Policy and Procedure Manual 2024

Chapter 6: Service Delivery, Policy Number 6-L: Provider Progress Notes

7. Session notes and service logs were completed timely by qualified personnel and contained all required information.

New York State Law and Regulations

10 NYCRR 69-4.26 (a), (b)(12)(13)

(a) Municipalities shall maintain an early intervention record for each child referred to the program which documents the performance of all activities required to be completed by early intervention officials or their designees on behalf of eligible children under Article 25 of Title II-a of Public Health Law. The early intervention record shall be maintained in a confidential manner in accordance with subdivision (b) of section 69-4.17 of this subpart.

(b) Agency and individual providers shall maintain Early Intervention Program records for each eligible child for whom the provider is authorized to deliver service coordination services, evaluations, and early intervention services. The early intervention record shall be maintained in a confidential manner in accordance with section 69-4.17(c) of this Subpart and shall document the performance of activities required to be completed by the provider on behalf of the child and family, including:

(12) documentation necessary for submission and substantiation of early intervention claims for payment by the municipality, third party payer, including the medical assistance program, and state aid reimbursement, including recipient identification (name, sex, and age of child); information on any insurance policy, plan, or contract under which the child has coverage; unit and specific type of service provided; date(s) of service; a service log signed by the parent or caregiver verifying the service was received by the child on the date and during the period of time as recorded by the provider; ICD diagnostic code for the condition or reasons for which care is provided; where applicable, the appropriate procedure code(s) for the service(s) provided; and, the name, address, and license, registration, certification, or where applicable, national provider identification number, of the professional delivering the service; and,

(13) any other documentation relevant to activities performed and services rendered related to the child's and family's participation in the Early Intervention Program.

10 NYCRR 69-4.26 (c)(4)

(c) Individual providers who directly render services to a child and family, or an approved provider agency, shall maintain original signed and dated session notes, following each child and family contact, which shall include the recipient's name, date of service, type of service provided, whether the service was provided individually or in a group (specify actual group size on the date of service), the setting in which the service was rendered, time the provider began

delivering therapy to child and end time, brief description of the recipient's progress made during the session as related to the outcome contained in the IFSP, name, title, signature and credentials, including license or certification number as applicable, of the person rendering the service, and date the session note was created; the dated signature and credentials, including license or certification number as applicable, of the supervising clinician as appropriate; and a service log signed by the parent or caregiver which documents that the service was received by the child on the date and during the period of time as recorded by the provider.

(4) Qualified personnel shall supply original session notes upon the request of a municipality, the Department, or provider agency for programmatic monitoring and fiscal audit purposes.

New York State Department of Health Memorandum and Guidance

Early Intervention Program Memorandum 2003-1
Early Intervention Program Records:
Documentation Necessary for Billing and Claiming Purposes

Session notes specifically document that the early intervention provider delivered certain diagnostic and/or treatment services to a child and/or caregiver on a particular date. Session notes also assist payors, parents, early intervention providers and municipalities in assessing the extent to which services are helping the child/family to achieve the goals contained in the IFSP. Session notes must be completed by all qualified personnel (i.e. special educator, physical therapist, social worker, etc.) delivering the early intervention services authorized in a family's IFSP for *each service delivered* and must include:

- Recipient(s)'(child/parent/caregiver) name.
- Date of service.
- Type of service provided.
- Duration (length) of session.
- Brief description (2-3 sentences) of the recipient's progress made by receiving the service during the session as related to outcome contained in the Individualized Family Service Plan (IFSP), and
- Name, title and signature of the person delivering the service and date the session note was created.

New York State Department of Health - Early Intervention Provider Agreement

VI. Documentation and Recordkeeping

B. Provider shall maintain documentation necessary to support claiming to third party payors (Medicaid and commercial insurers), the Municipality and State. In instances where corrections are made to documentation required to support claiming, the rendering provider shall leave his or her original writing intact, strike through the mistake with a single line, make a legible correction and clearly write his or her initials and date correction was made next to the correction. Provider shall not use white-out in an EI record.

C. Provider shall maintain contemporaneous session notes, utilizing a Department standardized form when required by the Department, following each child and family contact, which shall include the information required in 10 NYCRR 69-4.26(c) including: the recipient's name, date of service, type of service provided, time the Provider began delivering therapy to child and end time, brief description of the recipient's progress made during the session as related to the outcome contained in the IFSP, name, title, and signature of the person rendering the service, date the session note was created, and signature of the parent or caregiver which documents that the service was received by the child on the date and during the period of time as recorded by the Provider.

D. Original session notes must be maintained in accordance with the requirements of 10 NYCRR § 69-4.26. In situations where an Individual Provider is rendering services to a child and family under an authorization to such Provider by a Municipality or when the Individual Provider is rendering services as a contractor to an Agency Provider, the Individual Provider shall maintain the original session notes. A Municipality or Agency Provider may request or require submission of copies of such Individual Provider's session notes. Original EI records generated by qualified personnel who are employees of a Municipality or Agency Provider shall be retained by the respective Municipality or Agency Provider.

F. Provider shall maintain records that document the performance of services required to be completed by Provider on behalf of eligible children and their families, including but not limited to: parental consents for provision of evaluations and services; reports, session notes, progress notes, and other documentation related to evaluations or service delivery; a copy of the IFSP; service authorizations; physicians orders and/or prescriptions for services provided and other documents as may be required in regulation.

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Chapter 6: Service Delivery, Policy Number 6-K: Session Notes and Service Logs