

**Early Intervention Program  
Guidance Document**

**Billing for Initial and Ongoing Service Coordination  
Activities in the Early Intervention Program**



**New York State Department of Health  
Bureau of Early Intervention  
Revised December 2013**



## **Background**

Service coordination must be provided to all children referred to an Early Intervention Official/Designee (EIO/D) as suspected of having a disability. Since infants and toddlers with disabilities require a comprehensive array of services that may be provided by multiple agencies or individuals, federal and state laws require the provision of a service coordinator who is responsible for ensuring communication, collaboration, and coordination among providers of services to eligible children and their families.

Early intervention service coordination combines the traditional case management activities of organizing and coordinating needed services with the philosophy of family-centered care. A major goal of service coordination is to create opportunities for the provision of collaborative, family-centered services for infants and toddlers with disabilities and their families. Service coordinators help families identify and prioritize concerns, assist parents in developing plans and strategies to meet the needs of their children and family units, and strengthen families' competencies and sense of control over life events.

Service coordination is defined in regulation as "assistance and services provided by a service coordinator to enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized under the Early Intervention Program" (10 NYCRR 69-4.1(1)(2)(xii)).

Service coordination services are provided by individual or agency providers who enter into agreement with the NYS Department of Health (Department) to provide such services (effective April 1, 2013). Service coordinators may also be employees of a municipality. Service coordination services are provided by two types of service coordinators under the Early Intervention Program (EIP): initial service coordinators and ongoing service coordinators.

The initial service coordinator is defined in regulation as "the service coordinator designated by the early intervention official upon receipt of a referral of a child thought to be eligible for early intervention services, who functions as the service coordinator who participates in the formulation of the Individualized Family Service Plan" (10 NYCRR 69-4.1(z)).

Section 2545(2)(i) of the Public Health Law requires that the Individualized Family Service Plan (IFSP) developed for an eligible child must include the name of the service coordinator selected by the parent who will be responsible for the implementation of the IFSP and coordination of agencies and persons responsible for delivery of the services contained within the IFSP.

The ongoing service coordinator is defined in regulation as "the service coordinator designated in the individualized family service plan" (10 NYCRR 69-4.1(ag)).

All initial and ongoing service coordinators must provide service coordination services consistent with the standards delineated in program regulations (10 NYCRR 69-4.6). Regulations (10 NYCRR 69-4.6(a)(1)) require that every eligible infant and toddler be provided with one service coordinator who is responsible for coordinating all services across agency lines and who serves as the primary point of contact in helping parents to obtain the services and/or assistance they need. The service coordination process is described in regulation (10 NYCRR 69-4.6(b)) as an active process. This guidance document contains separate lists of billable activities for initial and ongoing service coordinators, separated according to which service coordinator type would most likely perform the task indicated. It is important to note that the activities listed may sometimes be performed by either the initial or the ongoing service coordinator, depending on the individual child, and can be billed respectively as long as the activity is performed through a verbal or face-to-face contact.

## *Billable Initial and Ongoing Service Coordination Activities*

Additional information regarding purpose of service coordination services and role and function of service coordination under the Early Intervention Program can be found in the *Early Intervention Memorandum 94-4 Service Coordination*.

The Department requires all service coordinators to attend statewide training sessions as indicated in the Department's agreement with providers that became effective April 1, 2013.

### **Purpose**

This guidance document was developed to clarify the initial and ongoing service coordination activities that can be billed for reimbursement in the Early Intervention Program (EIP). It also provides a review of activities that cannot be billed, including administrative activities and other activities that are not functions of a service coordinator.

Service coordination is required to be provided by appropriate qualified personnel as defined in 10 NYCRR 69-4.4. Billable activities include verbal or face-to-face contacts with a child's biological and/or surrogate parents, foster care caseworkers, service providers, caregivers, child care providers, or other collateral contacts, as necessary, to assist the family to develop, implement and monitor the child's IFSP, and to assist the family with all activities related to the transition of their child out of the EIP, effective April 1, 2013. Face-to-face contacts can occur anywhere, including the child's residence, community setting, or a facility.

The Department follows all Medicaid requirements concerning documentation and billing. Service coordination is billed in 15-minute units that reflect the time expended for making contacts to accomplish the service coordination activities described in 10 NYCRR 69-4.6 and 69-4.7. Time for billable activities provided to *the same child on the same day* may be aggregated into 15-minute unit increments. A minimum of six minutes must be aggregated in one day for one child in order to meet the threshold required to bill for one service coordination unit. Once this threshold is met, the second billable service coordination unit begins at 16 minutes, the third unit begins at 31 minutes, and the fourth unit begins at 46 minutes.

When a service coordinator is providing service coordination to a family with multiple EI eligible children, the service coordinator should prorate the time spent on service coordination activities, record activities in each child's record and bill accordingly.

All activities conducted by the service coordinator, whether billable or not, must be recorded in the child's record. Some initial and ongoing service coordination activities related to the planning or implementation of a child's IFSP and transition out of the EI program are considered administrative in nature and are NOT separately billable under any circumstance. The cost for these administrative activities has been factored into the Department's reimbursement rate for service coordination services and may not be billed separately.

The following are considered administrative activities related to service coordination that have been factored in the service coordination rate:

- Case recording.
- Leaving and receiving recorded messages on telephones/cell phones/answering machines/texting/e-mails.<sup>1</sup>
- Travel.

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<sup>1</sup> Please refer to October 2009 clarification correspondence to early intervention providers on parental consent to use e-mail to exchange personally identifiable information at [http://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda/2009-10\\_early\\_intervention\\_parent\\_consent\\_to\\_use\\_email.htm](http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/2009-10_early_intervention_parent_consent_to_use_email.htm)

- Photocopying or faxing.
- Attending trainings/conferences, or managerial/administrative meetings between a service coordinator and his/her supervisor.
- Use of the Department's data system to submit accurate and complete claiming information to the Department's fiscal agent (effective April 1, 2013).
- Preparing/sending standard letters, including any written letters or forms related to transition (effective April 1, 2013).<sup>2</sup>
- Completing/mailing forms (including IFSP amendment forms and billing forms).
- Reviewing documents (including session notes, IFSPs, medical and other pertinent records).
- Writing notes or letters to a child's health care provider about the child.
- Reading provider monthly/log notes.
- Reviewing service providers' progress reports (3, 6, 9 months, annual, and discharge).

### ***SERVICE COORDINATION – NON-BILLABLE ACTIVITIES***

The following activities **may not count as service coordination minutes**:

- Any cumulative contact(s) that total less than or equal to five minutes in duration per child per day. When five minutes or less is the total service time accumulated in one day for one child, this time is not billable. Once the cumulative service time reaches six minutes or more, it is billable service coordination time.
- Time spent waiting for any individual who is late or fails to keep an appointment. Missed appointments are accounted for in the reimbursement rate.
- Participation in a parent support group or parent training.

The following activities are not the responsibility of a service coordinator and **should not** be performed or billed by an initial or ongoing service coordinator:

- Providing counseling or other clinical services to parents (Such services must be included in the IFSP and delivered by an authorized service provider).
- Conducting family assessments (Family assessments are required to be conducted by an authorized evaluator).
- Discussing evaluation results with the child's medical provider (This is the responsibility of the authorized evaluator).
- Writing justification for assistive technology equipment or services (This is the responsibility of the service provider).

The following activities are the responsibility of the EIO/D and **should not** be performed or billed by service coordinators:

- Providing written notice to families regarding such events as denial of eligibility, upcoming IFSP meetings, and proposals to change IFSP services.
- Obtaining certain required parental consents, with the exception of all consents related to transition, which are the responsibility of the service coordinator, and certain consents related to the multidisciplinary evaluation, which are the responsibility of the evaluator.<sup>3</sup>

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<sup>2</sup> Under rare circumstances, a parent might request that all communication between them and their service coordinator be conducted exclusively by written correspondence. In this instance, the written correspondence **would not** be considered standard, non-billable letter preparation. The parent's request must be fully documented in the child's record.

<sup>3</sup> Refer to the *Early Intervention Guidance Memorandum 03-1 Guidance on Early Intervention Program Records* for a complete list of parental consent requirements (Appendix H) and written notice requirements (Appendix G).

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- Taking steps to appoint a surrogate parent for a child in foster care.
- Writing a rationale for an increase or decrease in services or for a supplemental evaluation.
- Observing providers working with children for the purpose of evaluating the quality of services.
- Reviewing service providers' progress reports (6-month, annual, and discharge) is a responsibility that is shared by both the EIO/D and OSC. As previously noted, this activity is factored into the reimbursement rate for service coordination.
- Convening the IFSP meetings, including sending out meeting invitations.
- Obtaining the child's and parent's social security numbers at the IFSP meeting.

In municipalities where the same individual serves as both a service coordinator and an EIO/D, it is especially important to distinguish between appropriate, billable service coordination activities and administrative activities that are the responsibility of the municipality that **cannot** be billed as service coordination.

### ***INITIAL SERVICE COORDINATION - BILLABLE ACTIVITIES***

The following is a list of billable service coordination activities that should be performed pursuant to 10 NYCRR 69-4.6 and 69-4.7 and billed by initial service coordinators:

- Discussion with parents or surrogate parents regarding:
  - An overview of the EIP, including the various steps in the program, *The Early Intervention Program: A Parent's Guide*, and the role of the service coordinator.
  - The potential benefits of EI services for the child and family.
  - The parent's option to make a direct referral to the Committee on Preschool Special Education (CPSE) for children who are 2½ years or older at the time of referral.
  - The parent's option to provide consent to notify the regional Developmental Disabilities Services Office of the New York State Office for People with Developmental Disabilities of the child's potential eligibility for programs and services (effective January 1, 2013).
  - Parent responsibilities, including providing informed consents, insurance, and Medicaid information that include information on insurance protections.
  - Parent concerns, priorities, and resources related to the child's development.
  - Family priorities and needs for other than EI services (e.g. food, housing, health care).
  - EI eligibility criteria.
  - The need for consent before information can be shared regarding the child and family.
  - Any current receipt of case management services or other services from public or private agencies. Children who are dually enrolled in Medicaid receive **either** EI service coordination **or** case management through a Medicaid waiver program. Only one provider can bill Medicaid for case management services.
  - The evaluation process, including voluntary family assessment, transportation arrangements, and the parent's role during the evaluation.
  - Pertinent information about evaluators so that parents can make an informed choice.
  - Receipt and understanding of the evaluation report.
  - Parent rights and availability of due process.

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- The types of services available through the EIP.
  - Where EI services can be delivered, including a discussion of natural environments.
  - The IFSP process, including members of the team, required components of the IFSP, and the right of parents to choose an ongoing service coordinator.
  - Parent availability for the initial IFSP meeting.
  - Steps the parent will need to follow if not in agreement with any part of the IFSP.
  - Information about potential service providers.
  - Information regarding other programs or services the parent may choose to access.
  - Confirmation of appointments.
  - Availability of community advocacy services.
- Discussion with relatives, caregivers, health care and child care providers, or other collateral contacts with parent consent, regarding:
    - An overview of the EIP.
    - Role and responsibilities of the service coordinator.
    - Concerns regarding the child's development or their ability to meet the child's needs.
    - Resources available from the EIP or other community programs.
    - Discussions with insurers regarding a child's insurance benefits.
    - The written referral from the eligible child's primary care provider documenting the medical necessity of each service.
- Discussion with foster care workers regarding:
    - An overview of the EIP and the role of the service coordinator.
    - Evaluation/assessment results and the child's eligibility status.
    - The selection of a surrogate parent, if necessary (It is the responsibility of the EIO/D to determine when there is a need for a surrogate parent and to appoint an appropriate and qualified person).
    - Their availability for the initial IFSP meeting.
    - Initial IFSP content.
    - Problems encountered from the time of the referral to the initial IFSP meeting.
- Discussion with the EIO/D regarding:
    - The child's evaluation, including whether the EIO/D received a copy of the report.
    - The child's and family's insurance and Medicaid status.
    - The child's foster care status.
    - Their availability for the initial IFSP meeting.
    - The content of the initial IFSP.
    - Problems encountered from the time of child referral to initial IFSP meeting.
    - A provider accepting and serving a child.

### *Billable Initial and Ongoing Service Coordination Activities*

- Discussion with service providers (including transportation and respite providers) regarding:
  - Securing providers to deliver services to children and families
  
- Attendance at:
  - The child's evaluation, if invited by the parent.
  - Meetings between the parent/caregiver and evaluator, if invited.
  - The initial IFSP meeting.
  - The initial contact visit(s).
  
- Assisting a parent when:
  - Opting to refer a child who is 2½ years or older at the time of EI referral to the CPSE.
  - Parental consent has been provided to notify OPWDD that the child may be potentially eligible to receive OPWDD programs and services (effective January 1, 2013).
  - Referring to or applying for public benefits and other programs for which the family is eligible.
  - Making appointments on behalf of parents to obtain needed services.
  - Sharing information and providing a referral to other supports and services in the community when the child is found not eligible.

### ***ONGOING SERVICE COORDINATION – BILLABLE ACTIVITIES***

The following is a list of billable service coordination activities that should be performed pursuant to 10 NYCRR 69-4.7 and billed by ongoing service coordinators:

- Discussions and other activities with parents or surrogate parents regarding:
  - Continued need for updated insurance and Medicaid information.
  - The problems with the delivery of services and their resolution.
  - Parent satisfaction with the EIP and services outlined in the IFSP.
  - Continued referrals needed by the family to non-EI services identified in the IFSP.
  - Changes to parent concerns, priorities, and resources related to the child's development.
  - Monitoring progress made by the child through direct discussion with the parent. Reviewing progress reports, session notes, and other records is considered an administrative activity.
  - Parent's availability for IFSP meetings.
  - Obtaining necessary information from parents in order to acquire assistive technology equipment and discussions with parents regarding the maintenance of such equipment.
  - Continued education regarding the following: the EIP, types of services available, where EI services can be delivered, discussion of natural environments, the IFSP process, pertinent information about service providers.
  - Confirmation of appointments.
  - Parent rights and availability of due process.
  - Parent involvement in the child's services.
  - Availability of community advocacy services.
  - Transition activities including:

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- obtaining parent/surrogate consents for incorporating the transition plan into the IFSP.
  - explanation of the right to opt out of notification to CPSE.\*
  - explanation of information related to the transition conference.\*
  - convening the transition conference with required attendees.\*
  - transferring pertinent child records to CPSE with parent consent.
  - assisting parent/caregiver with referral to CPSE.\*
  - obtaining parent consent to continue services beyond the child's third birthday.\*
- Discussion with relatives, caregivers, health care and child care providers, insurance companies, or other collateral contacts with parent consent, regarding:
    - An overview of the EIP.
    - IFSP process.
    - Role and responsibility of the service coordinator.
    - Concerns regarding the child's development or their ability to meet the child's needs.
    - Resources available from the EIP or other community programs.
    - Discussions with insurers regarding child's insurance benefits
    - The written referral from the eligible child's primary care provider documenting the medical necessity of each service.\*
  - Discussion with foster care workers regarding:
    - An overview of the EIP.
    - The child's foster care status.
    - Need to identify a surrogate parent or changes to the surrogate parent (It is the responsibility of the EIO/D to determine when there is a need for a surrogate parent and to appoint an appropriate and qualified person).
    - Involvement of biological parent; need for and choice of surrogate parent.
    - Their availability for IFSP meetings.
    - IFSP meetings.
    - IFSP content.
    - Problems encountered during the child's participation in the EIP, including any due process.

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\*Denotes requirements that became effective on April 1, 2013.

## *Billable Initial and Ongoing Service Coordination Activities*

### Discussion with the EIO/D regarding:

- The child's and family's insurance and Medicaid status.
  - The child's foster care status.
  - Their availability for IFSP meetings.
  - IFSP meetings.
  - IFSP content.
  - Providing information that is needed for the EIO to complete the required paperwork in order to obtain assistive technology equipment.\*
  - The availability of assistive technology equipment and whether such equipment can be obtained through loan closets or other resources.
  - Problems encountered during the child's participation in the EIP, including any due process.
  - The child's progress with meeting IFSP goals.
  - Transition activities.
- Discussion with service providers (including transportation and respite providers) regarding:
    - Securing providers to deliver services to children and families.
    - Ensuring that services are delivered as outlined in the IFSP.
    - Providing information that is needed for the service provider to complete the required paperwork in order to obtain assistive technology equipment.\*
    - The availability of assistive technology equipment and whether such equipment can be obtained through loan closets or other resources.
    - Problem resolution, including parent or EIO/D dissatisfaction and concerns.
    - Obtaining or relaying information to and from parents, EIO/D, or health care professionals (with parent consent).
    - Their availability for IFSP meetings.
  - Attendance at:
    - Meetings with other providers when the family/child is present for the assessment of the child's progress and to problem solve on emerging issues, conducted as documented in the IFSP regarding the frequency and location of such meetings, and which professionals will participate.
    - A service visit for the purpose of monitoring the child's progress and coordinating services.
    - IFSP meetings.
    - Mediation, if invited; impartial hearing, if required.
    - EI transition conference meetings held prior to the child's third birthday.
    - Attending the initial CPSE meeting with a family when the family has invited the service coordinator to attend.
    - Accompanying parents when specifically requested to tour or visit special education programs that the child may be transitioning to under the CPSE.

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\*Denotes requirements that became effective on April 1, 2013.

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- Assisting parents when:
  - Referring a child who is 2½ years or older at the time of referral to the CPSE, if parent requests assistance.
  - Referring to or applying for public benefits and other programs for which the family is eligible.
  - Making appointments on behalf of parents to obtain needed services.

If you have any questions about whether a specific activity related to the provision of service coordination services may be billed, please contact the Bureau of Early Intervention (518) 473-7016, or submit your questions to the Bureau's mail log at [bei@health.state.ny.us](mailto:bei@health.state.ny.us).

\* Note: Only phone calls and face-to-face discussions regarding assistive technology equipment are billable. The process of completing and/or submitting the paperwork needed to obtain assistive technology equipment is not a billable service coordination activity.