

COUNTY OF SUFFOLK



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Early Intervention Frequently Asked Questions:

- 1. When a child transitions from Early Intervention to CPSE are discharge progress reports needed?**
Providers are required to write 3- and 6-month progress reports for any child that they are providing services for. In addition, providers are required to write a report any time a child is exiting the EI program. For a child who is being discharged from EI services, the report should include recommendations for the family to ensure continued developmental progress once the child is no longer receiving services. A parent's signature is required on all discharge reports. For children who are transitioning to CPSE, the note can be brief and should outline any significant progress the child has made during the treatment period as well as the fact that the child is leaving EI to begin preschool services. A parent signature is not required for children transitioning to CPSE services if the parent has signed the CPSE classification form.
- 2. How many and how frequently can makeups be done?** Make-ups can be done as stated on the service authorization. They are generally authorized one time per week and can be done at any time during the authorized IFSP period.
- 3. Are three month progress reports still required?** At this time 3 month progress reports are still required. Three month reports should be written and attached in NYEIS at the 3 month point. The EIOD must be notified that the reports have been attached to the child's integrated case. The 3-month and 6-month reports should not be submitted at the same time.
- 4. How many and how frequently can co visits be done?** Co-visits can only be done if they are authorized on the IFSP. The IFSP should specify the number of co-visits, and which providers are authorized for co-visits. If a provider is authorized for a co-visit and the IFSP does not specify who they may co-visit with, they may



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co-visit with any other provider on the IFSP who is also authorized for co-visits. There should always be a reason why a co-visit is needed, and this should be reflected in the provider's session note.

5. **When is a new prescription needed?** Prescriptions should be written "as specified in the IFSP dated..." (see attached). When written this way, a new prescription will not be needed if there is a change in frequency during the IFSP period. If an IFSP is extended, this would also cover the extension period. Otherwise, a new prescription is needed any time a service frequency is changed and for every new IFSP period. A new prescription is needed for a child to resume services after a hospitalization (medical clearance). Therapists should never go into a home and treat a child if they do not have a current prescription on file.
6. **What do therapists need before beginning services?** Every EI provider should have a copy of the child's IFSP and an authorization for service prior to beginning services. In addition, the rendering provider should have a prescription for any service that requires it.
7. **Can a therapist provide a service if the end date of the IFSP has passed?** Providers should not go into a home to provide services after an IFSP has ended unless the parent has signed an extension to continue services, or a new IFSP is in place. Providers should notify the OSC and the EIOD prior to the end of an authorized service to confirm that services should continue.

8. **What is embedded coaching and what is expected from embedded coaching? Where can providers obtain training in embedded coaching?**

Routines that occur within natural environments for young children provide the most effective framework to support and sustain early intervention activities. When care providers use daily routines as the context for a child's developmental interventions, they can integrate them into natural activities without disrupting the flow of what children are doing and learning (Csikszentmihalyi, 1998). When developmental interventions are embedded in children's regular routines and activities, skills learned are functional and meaningful for children and their caregivers (Kashinath, Woods, & Goldstein, 2006).

The New York State Bureau of Early Intervention and the Suffolk County Division of Services for Children with Special Needs support embedded coaching. Many states offer online early intervention training which incorporates embedded coaching and routines-based intervention. Providers can search either of these terms on-line and they will find training, information and support in implementing this methodology. Principles of embedded coaching include the following:

- a. Intervention occurs in the everyday routine activities individualized to the family, using everyday materials that are found in the family home;



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- b. Intervention promotes child participation and engagement in these routine activities;
 - c. Intervention ensures that family members are actively participating to understand and appreciate recommended strategies;
 - d. Intervention ensures that family members are confident and competent in using intervention strategies in between visits.
9. **Is testing required at 6 months?** Testing is allowed, but not required for 6 month reviews. The provider is responsible for writing a progress report that clearly describes the child's strengths, progress that has been made, as well as weaknesses that continue to need to be addressed. The report should contain enough information so that anyone reading it will have a clear picture of where the child is developmentally.
10. **Is a parent signature required for missed sessions?** A parent signature should be obtained for all scheduled sessions whether or not they take place. The purpose of a signed session note for a missed session is so that the provider has documentation of why the session was missed.
11. **Can a provider contact the EIOD directly?** The OSC is responsible for the child's overall EI program, which includes keeping the family and the EIOD apprised of any concerns regarding the child's services. A provider can always contact the EIOD directly; however, the OSC must be fully informed of these contacts. The OSC has frequent contact with the family, the service providers, and the EIOD, therefore, it makes sense to have the OSC be the primary point of contact for all involved.
12. **Where can an ongoing obtain training?** On-going service coordinators should sign up for trainings with the EI Learning Network (EILN). In addition, at least once per year, the County offers service coordinator training. OSCs should also participate in agency trainings when available. Any OSC who feels that they need training in a specific area that has not been addressed should contact the DSCSN or the EILN to discuss their training needs.
13. **What forms are required for transition?** OSCs should refer to the New York State Bureau of Early Intervention Transition Tool Kit for all required transition forms. The OSC is responsible for completing this paperwork with the family and sending any required paperwork to the child's school district CPSE chairperson. All transition paperwork should also be uploaded to the child's integrated case in NYEIS. The EIOD must be notified, by telephone or email, any time anything is attached in NYEIS. If using email, the child's name cannot appear anywhere in the email. The child should be referred to using the reference number found on the child's home page in NYEIS.



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14. **Can services be done in more than one location on the same authorization?** Early intervention services can take place in any setting that is appropriate to work on the designated IFSP outcome. The therapist should clearly document in the session note where the service took place and what was addressed. If the service is taking place in a location different than specified on the IFSP, the reason should be documented in the session note. If a child is seen in the same location all of the time, but occasionally has a change of location, the provider does not need a new service authorization. For example, the child always receives service at the day care, but when the parent is on vacation, the child is seen at home. When billing for this session the provider should go in and change the location for this one date only. If the child is regularly seen at two separate locations (once at home and once at day care) then two authorizations should be issued. The only exception to this is if the child is typically seen at home or day care, and then for some reason a session is scheduled at the provider location. Since this is a different rate, the provider would need to obtain a separate authorization PRIOR to seeing the child.
15. **How can a progress report be written when services just started?** A progress report should be written as required by the IFSP timelines. Even if a provider has just begun to see a child, they should write a report based on what they have observed and done up to that date.
16. **When can EI services be provided?** EI services should be provided at a time and a location convenient to the family. There are no restrictions, other than the number of services allowed per day/week as specified on the IFSP.
17. **Are OSCs required to mail IFSPs, transition paperwork, etc. to the family?** The OSC is responsible for making sure that the family and all service providers have a copy of the IFSP. With written parental consent, the OSC can email a copy of the IFSP to the family. However, if the family requests a printed copy, the OSC should provide it. OSCs should discuss and establish a policy with the agency they are working through, on who is responsible for the cost of copying and mailing paperwork. Parents should always be given a paper copy of any evaluations at least 5 days prior to any scheduled meeting.
18. **Can an OSC email an EIOD?** Emailing in Early Intervention requires written consent from the parent. Suffolk County does not have an encrypted email system; therefore, emails to the county can NEVER contain a child's or parent's name, or other information which could identify the child and family. Emailing the EIOD should only occur when the OSC has confirmed with the individual EIOD that this is acceptable. The only acceptable identifier in an email is the child's 6-digit NYEIS ID number found on the child's home page (this is different than the Integrated Case number).



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19. **Can EI do an evaluation for a child after the CPSE meeting has been held? Can services be added to an IFSP based on a CPSE meeting?** Once a child has been registered with the school district and begun the process of transition, no further EI evaluations can be completed. If new or different services are recommended as a result of the transition evaluations, a change of services can be discussed at an IFSP meeting. The OSC or a service provider cannot guarantee a parent that a service or service frequency agreed upon at a CPSE meeting will automatically be added to a child's IFSP, as this is an IFSP team decision.
20. **Does the provider need to attend the IFSP meeting?** All decisions regarding a child's services should be an IFSP team decision. Parents should have the opportunity to discuss concerns regarding their child with the child's entire IFSP team. However, this is not always possible. Providers can participate in an IFSP meeting by telephone. The OSC must participate in the IFSP meeting. If all team members are not able to be present for the IFSP meeting, prior to the IFSP meeting, the OSC should contact all providers to discuss their concerns and recommendations for services for the child and family; this includes recommended outcomes, as well as family-centered strategies. If the OSC is not available, the family can agree to have the meeting without the OSC as long as at least one provider is present.
21. **How much notice is needed to come off a case?** Regulations state that a provider must give at least 30 days' notice before leaving a case. With parent agreement, this period can be waived.
22. **Can a student intern shadow a provider?** With written parent permission, a student may shadow a provider during an EI session.
23. **How long does a provider have to stay when they arrive at the family home and are told that the child is sick?** In order to bill for an EI session, the provider is expected to stay for the entire session. It is recommended that if the child is sick, the provider reschedule the session with the family. In some cases, it may be appropriate for the provider to stay for the 45 minute session and focus on family training, rather than direct service to the child.



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