



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

Table for Service Provision Standard

Service Provision
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1. Services start within 14 calendar days of the IFSP Service Authorization date.
2. Children receive the services as authorized.
3. Services are given with no inappropriate gap in services of more than three consecutive missed sessions.
4. Family and service coordinators (SCs) are notified at least five business days prior to any scheduled absence of the interventionist.
5. Prescriptions, orders or recommendations from approved medical providers are in the child's file, if required.
6. Progress notes are sent to the SC.
7. Session notes are completed by the assigned qualified personnel and contain all required information.



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1. Services start within 14 calendar days of the IFSP Service Authorization date.

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**New York State Law and Regulations**  
**10 NYCRR 69-4.9 (g) (2)**

(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.

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**New York City Policy and Procedure Manual as Amended**  
**PP 6-A-1**



2. Children receive the services as authorized.

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### **New York State Laws 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.

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### **New York State Department of Health - Bureau of Early Intervention Early Intervention Provider Agreement**

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

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3. Services are given with no inappropriate gap in services of more than three consecutive missed sessions.

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**New York City Policy and Procedures Manual as Amended**

PP 6-A-1; PP 6-D-2

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**New York State Department of Health – Bureau of Early Intervention  
Early Intervention Provider Agreement**

**VII. Notifications**

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.



4. Family and service coordinators (SCs) are notified at least five business days prior to any scheduled absence of the interventionist.

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### **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.

(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.

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### **New York City Policy and Procedures Manual as Amended**

**PP 6-D-1 (Section I); PP 6-D-3**

**PP 6-D-1 (Part I), 3-4**



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5. Prescriptions, orders or recommendations from approved medical providers are in the child's file, if required.

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**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:

(ii) 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;

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**New York City Policy and Procedures Manual as Amended  
PP 6-C-1**

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**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.



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6. Progress notes are sent to the SC.

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### **New York State Law and Regulations**

#### **10 NYCRR 69-4.26 (b) (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 subdivision (c) of section 69-4.17 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:

(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;

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### **New York State Department of Health Memorandum**

#### **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<sup>15</sup> 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.

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### **New York State Department of Health – Early Intervention Program Agreement**

#### **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



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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.

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**New York City Policy and Procedure Manual as Amended**

**PP 6-L-2**



7. Session notes are completed by the assigned qualified personnel and contain all required information.

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### **New York State Law and Regulations**

#### **10 NYCRR 69-4.26 (a) (15)**

(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. The early intervention record shall include the following:

(15) documentation necessary to support municipal claims to third party payors, including the medical assistance program, and to the Department for reimbursement of early intervention services. Such documentation shall include at a minimum: recipient identification; units of service and specific type of service provided; date(s) and session start and end times for the service rendered; ICD diagnostic code for the conditions or reasons for which care was provided; the name, address, and license, registration, certification, or where applicable, national provider identification number, of the individual that rendered the service and the name and identifying information of the billing provider.

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### **New York State Department of Health Memorandum**

#### **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.



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- 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.

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**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.



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- 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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**New York City Policy and Procedure Manual as Amended**

**PP 6-K**