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MEMORANDUM

TO: Early Intervention Providers

FROM: Janet D. Gully, Chief
Bureau of Early Intervention

DATE: June 30, 2005

SUBJECT: EI Provider Policy/Procedure Update

This memo includes clarification to current EI policies and procedures.

Services Via the Telephone

1. Early Intervention does not pay for therapists to provide services to a child/family via the telephone.
2. This policy has been in effect since July 2001 when the definition of IFSP Development was revised in the Early Intervention Service Descriptions, Billing Codes and Rates document.
3. Therapists should speak to the family/care giver about any issues or concerns they might have during direct service sessions.
4. If the provider consults with the family via the phone, it is considered administrative time and is non-billable time.
5. **The only exception is for counselors such as social workers and professional counselors who are charged with identifying, mobilizing, and coordinating community resources and services to enable a child and family to receive maximum benefit from early intervention services.** These services must be documented as a direct service and billed as a direct service.

Development of "Picture Communication Programs

6. A therapist can provide family training, education, and support services to help the family develop a picture communication program during a direct service session only.
7. Early Intervention does not pay for therapists to develop "picture communication programs" for a child/family outside of the place of service.

Assistive Technology (AT) Billing

8. Approved AT equipment must be delivered to the family as soon as possible after the vendor receives the authorization.
9. Equipment cannot be billed to insurance or the CBO prior to the date of service/delivery of the equipment to the family.

Make-Up Sessions

10. If a weekly service session cannot be rescheduled during the same week, it should be considered a missed session. Likewise, if a monthly service session cannot be rescheduled during the same month (which is far less likely), it should be considered a missed session.
11. Given the frequency of illness in young children (and particularly in the EI population), family and provider vacations, and other unforeseen issues, missed service sessions are inevitable. However, they should not be routine occurrences. Providers should make every effort to avoid missing service sessions.
12. In the event that a service session must be missed, the provider should contact the family to reschedule during the same week (or the month if the services are monthly). If the session cannot be rescheduled during the same week (or the month if the services are monthly), the provider should confirm with the family the next scheduled appointment time. No attempt to schedule a "make-up" session during subsequent weeks (or months) should be made.
13. If it is necessary for a provider to miss a number of service sessions due to an extended vacation or a prolonged illness/injury, etc., an equally qualified provider must be identified to carry out the services identified on the IFSP. The provider should contact the service coordinator for each child on his/her caseload and work with them to notify the family and/or find a substitute for each child.

Listening Programs/Auditory Integration Training

14. Auditory Integration Training (AIT) and other Listening Programs are controversial, experimental treatment options for autism and other disorders. Due to a lack of research supporting its use, the American Academy of Pediatrics recommends against the use of AIT, specifically, and has not endorsed the use of any Listening Program.
15. In an effort to ensure that EI services funded by the EI Services System are based on scientifically-based research as required by the Individuals with Disabilities Education Improvement Act of 2004, the EI Services System will no longer approve requests for Listening Programs/ Auditory Integration Training effective July 1, 2005. Any requests made prior to July 1, 2005 will be honored.

Documentation for Family Training, Education and Support Activities Provided in the Natural Learning Environment

16. Direct service providers have the option of spending the last 15 minutes of a direct therapy session writing their notes in the presence of the parent/caregiver. This is considered a family training, education and support activity that can be incorporated into any direct therapy session with the understanding of the family.
17. If this occurs, the notes must be written in family friendly language and include that is an outcome of the therapy session held on that date. In addition, the notes must include information and strategies for the family to help them understand what occurred during the therapy session and how they should work with their child in between sessions to incorporate those ideas and activities into their child's daily activities.
18. The notes should be legible so that parents/caregivers can understand them, written in duplicate and should be signed by the parent/caregiver. A copy should be given to the parent/caregiver for reference purposes. This type of documentation provides the parent/caregiver with family training, education and support based upon the current status of the child and can occur after every therapy session.
19. **Documentation completed in the office and not in the presence of the parent/caregiver is considered administrative time and is non-billable time. Even if the documentation was shared with the parent at a later date.**

Thank you for your prompt attention to these matters.