

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM
INSTRUCTIONS FOR COMPLETION OF
SESSION NOTES**

GENERAL DIRECTIONS	
<p>The interventionist must complete this form for each session completed and document whenever a session is cancelled and the reason for the cancellation on the form. A copy must be submitted to the interventionist's provider agency for billing purposes.</p> <p>All Session Note fields are mandatory. Refer to the Session Note Policy</p>	
DEMOGRAPHIC/AUTHORIZATION INFORMATION	
Child's Name:	Information must be the same as in KIDS/NYEIS (do not use nickname).
DOB:	Enter child's date of birth.
Sex:	Enter the sex of the child (M, F).
Authorization #:	Enter Authorization # for the child and service being provided.
Interventionist Name:	Print the name of the interventionist who is completing this form.
Credentials:	Interventionist's discipline/credentials, e.g. speech therapist (Speech/Language Pathologist MS CCC/SP) special educator (MS Ed.) etc.
National Provider ID (NPI):	Write the National Provider ID (NPI). [See NY State regulations from June 2010]
Service Type:	IFSP authorized service delivered by the interventionist, e.g., Speech, Physical Therapy.
Session Date:	Date session was held.
IFSP Service Location:	This is the location the IFSP indicates the service is to be provided (i.e. facility etc.)
Time:	Exact duration of session. From begin time to end time . AM/PM must be indicated in order to support billing.
ICD 10 Code:	The relevant ICD 10 code as indicated on the child's evaluation.
HCPCS Code (if applicable):	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (for example, Special Educator).
CPT Code(s):	<p>Enter the CPT code(s) as indicated by the interventionist's professional association.</p> <ul style="list-style-type: none"> • Depending on the CPT code, a session may require more than one. For example, if the same service was provided for a 30 minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).
Session Cancelled:	<p>When a session is cancelled:</p> <p>1. Indicate that the session was cancelled and document the reason under question #1.2. This is a make-up session for: If this session is a make-up session, check this box and indicate the date of the missed session.</p>
Session Participants:	Check the box that indicates the session participants. Specify others not listed (e.g. siblings)
Parent/Caregiver unable to participate	Indicate the reason the parent/caregiver was not able to participate.
Question #1 to #5 support the interventionist in their work with the parent/caregiver and the child.	

<p>4. How did you coach (techniques) the parent/caregiver?</p> <p><i>If the parent/caregiver was unavailable, how did you work with the child and communicate with the parent/caregiver about the session?</i></p>	<p>Each family learns in different ways. Some families may not choose to participate in a session while others may choose to participate. Check off <u>all</u> coaching techniques used during the session. If a technique is not listed, please check “other” and describe the technique(s). Some techniques utilized to coach the parent/caregiver include but are not limited to the following items:</p> <ul style="list-style-type: none"> ● Observed parent/caregiver and child performing activities ● Discussed activity with parent/caregiver ● Assisted parent/caregiver ● Giving the parent a picture illustrating the way to position the child after demonstrating the method ● Demonstrated parent/caregiver activity ● Interventionist modeled and explained the strategy and provided feedback as parent tried the activity with the child ● Videotaped learning activity and reviewed with parent ● Observed parent/caregiver and child performing activities and both the parent/caregiver and the interventionist provided feedback during the session ● Reviewed communication tool with parent/caregiver ● Identified the methods and sequence of the activity for the parent ● Generalized the strategy to other routines with the parent <p>Document the strategies that were used to work with the child when the parent/caregiver was not available or chose not to participate in the session. Indicate the methods used to communicate these strategies to the parent/caregiver.</p>
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<p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit</p>	<p>A learning activity is a combination of the strategy embedded within the routine activity. Outline the sequence of the learning activity (ies) for the parent/caregiver that they have agreed to do until the next visit. Indicate here if the parent/caregiver did not agree to work on a learning activity with the reason if given and what efforts were made by the interventionist to engage the parent/caregiver.</p> <p>During each visit, the interventionist and the parent/caregiver determine and collaborate together on deciding which learning activities:</p> <ul style="list-style-type: none"> • Will be integrated into the child and family’s natural routines based on family’s comfort level and that fit seamlessly into the family’s daily routines. • Will be used to build upon the child and family’s strengths and competencies. • The family can use without the presence of the interventionist. <p>Include the following information if applicable:</p> <ul style="list-style-type: none"> • If the child is authorized an AT device, describe how the family will use the device as part of the child’s daily routine. • The framework of the strategies and whether they may be used across other natural routines when the child and family feel they have been successful. • Include recommendations of other interventionists working with the parent/caregiver and child whenever possible.
<p>Parent/Caregiver Signature and Relationship to the child:</p>	<p>The parent/caregiver signs the session note and indicates his/her relationship to the child at the end of the session. The date used is the date that the parent reviews/signs the completed note. A parent must not be asked to sign an incomplete note. *This does not apply to toddler development groups.</p>
<p>Interventionist Signature, Date and License/Certification number:</p>	<p>The interventionist signs the session note and adds his/her credentials. If certified, write “certified” and do not indicate number. The date that the session note was signed is then entered.</p> <p>This field may also include the signature, License/Certification number of a supervisor in the case of student interns, CFYs, OTAs, and PTAs, as applicable. A date should also be indicated.</p>