

**Westchester County Early Intervention Program
Session Note Policy & Procedure
For Children in KIDS/NYEIS
Effective 6/1/13**

I. POLICY DESCRIPTION:

Providers of Early Intervention must maintain and make available to the municipality and the State Department of Health (SDOH) upon request, complete financial records and clinical documentation related to the provision of early intervention services including information and documentation necessary to support billing to third party payors (including the medical assistance program) and the State, and to permit a full fiscal audit by appropriate State and municipal authorities. (NYCRR 69-4.9(g)(6))

Agency and individual providers must maintain Early Intervention Program records for each eligible child that includes documentation necessary to support claims to third party payors, including the medical assistance program, and to the Department for reimbursement of early intervention services. (NYCRR 69-4.26(a)(15))

“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.*” (NYS DOH EIP Memorandum 2003-1)

The session note is also a valuable clinical tool to document how well previous activities worked for the family and child, what occurred during the session, what strategies and natural routines were used, and what learning activities are planned next. The session note can be used by the parents/caregiver as a reference tool, and can help support collaboration and communication among the other interventionists working with the child on the same functional outcomes.

II. PROCEDURE:

| Responsible Party | Action |
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| EIP Interventionists | <p>1. Document information regarding all scheduled sessions (held or cancelled) on the <i>Westchester County Early Intervention Program Session Note</i>.</p> <ul style="list-style-type: none"> a. The session note must be completed in its entirety. b. The session note must be completed as close to the conclusion of the visit as possible <ul style="list-style-type: none"> i. Sessions should be delivered at the duration specified in the IFSP and should not end early to complete the session note. Case recording, training, supervisory conferences ...are not separately billable activities. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: The duties of the provider are discussed in Social Service Law at 18 NYCRR Section 504.3. Providers must prepare and maintain contemporaneous records that demonstrate the provider’s right to receive payment under the Medicaid program. (“Contemporaneous” records means documentation of the services that have been provided as close to the conclusion of the session as practicable.)</p> </div> |

- c. A separate session note must be written for each service type that an interventionist is delivering.
- d. A separate session note must be written by each interventionist for authorized co-visits, and team meetings.
- e. Each interventionist must retain a copy of this session note and ensure that their corresponding provider agency(ies) receive a copy.
- f. Ensure that the parent/caregiver receive a copy of the session note(s) when requested.

Note:

- Demographic information (child's name, DOB, Authorization #, interventionist name, and discipline) may be entered in preparation for the session.
 - Session notes may be corrected if each strikethrough is initialed and dated by the interventionist.
 - Session note corrections will be questioned if the corrections create the appearance of impropriety.
- g. When a session cannot be held for a family or provider reason:
 - i. Session notes must be completed for every session that was cancelled/not held.
 - ii. The reason for the non-delivery of service must be indicated.
 - iii. A single session note can be completed to indicate a range of absences or cancellations such as in the case of vacations.
2. Ensures session notes are signed by the parent/caregiver and the interventionist at the end of each session for all home/community based services.
 - a. Parents should never be asked to sign a blank session note.
 3. Provides the family with a copy of the session note for their use as a reference tool and/or record of services when requested by the parent/caregiver.
 - a. The family should receive a copy of their session note as close as possible to the corresponding visit.
 4. Submits session notes to the authorized service provider.
 - a. Independent contractors must keep original session notes and submit copies to the provider agency.
 - b. Employed interventionist submit original session notes to the authorized provider agency.
 5. Makes all session notes available when requested by parents; the interventionist's supervisor or by their provider agency; and by Westchester County Department of Health Early Intervention Program and the New York State DOH .

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| Service Provider Agency | <ol style="list-style-type: none">1. Bills for services provided based upon the receipt and review of Interventionist's session notes.2. Reviews session notes to ensure that:<ol style="list-style-type: none">a. Services were provided in accordance with IFSP service authorizations in terms of service type, frequency and duration;b. Session notes demonstrate that services were delivered in compliance with regulatory requirements and include information necessary for reimbursement for services, as noted above (See I. Policy Description).3. Upon request, expeditiously provide session notes to WCDH EIP and NYSDOH EIP.4. Upon request, provide session notes to parents within:<ol style="list-style-type: none">a. Ten (10) business days upon receipt of request; andb. Five (5) business days when requested as part of a mediation or impartial hearing. |
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**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM
SESSION NOTE**

Child's Name: _____ DOB: ____/____/____ Sex: Male Female Authorization #: _____

Interventionist's Name: _____ NPI #: _____ Service type: _____

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| <p>Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> To ____:____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> ICD-9 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on ____/____/____ Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____</p> | <p>Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> To ____:____:____ AM <input type="checkbox"/> PM <input type="checkbox"/> ICD-9 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on ____/____/____ Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____</p> |
| <p>1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p> | <p>1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.</p> |
| <p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.</p> | <p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.</p> |
| <p>3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____ Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____</p> | <p>3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____ Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____</p> |
| <p>4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i></p> | <p>4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i></p> |
| <p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit:</p> | <p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit:</p> |
| <p>Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____ Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____</p> | <p>Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____ Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____</p> |

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM
SESSION NOTE**

Child's Name: _____ DOB: ____/____/____

Sex: Male Female Authorization #: _____

Interventionist's Name: _____ Credentials: _____

National Provider ID #: _____ Service type: _____

Session Date: ____/____/____ IFSP Service Location: _____

Time: From ____:____ AM PM To ____:____ AM PM

ICD-9 code: _____ HCPCS (if applicable): _____

1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____

- Session cancelled-reason listed in #1
- This is a make-up session for a missed session on ____/____/____

Session Participants: Child Parent/Caregiver Other: _____

Parent/Caregiver unable to participate during session due to:

1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.

2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.

3. Routine Activities worked on during the session: Activities of Daily Living (ADL) Play/Social

Community/Errand Other(s): _____

Strategies used within the Routine Activities: Modeling Cues Prompts Positioning

Assistive Technology Other(s): _____

4. How did you coach the parent/caregiver? Observed Parent/Caregiver and child during routines

Parent/Caregiver tried activity, feedback exchanged Demonstrated activity to Parent/Caregiver

Other: _____

If the parent/caregiver was unavailable, how did you communicate with them about the session?

5. What learning activities did the parent/caregiver agree to do with the child before the next visit:

Parent/Caregiver Signature: _____ Date: ____/____/____

Relationship to Child: _____

Interventionist Signature: _____ Date: ____/____/____

License/Certification #: _____

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

| GENERAL DIRECTIONS | |
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| 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. | |
| All Session Note fields are mandatory. Refer to the Session Note Policy | |
| 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-9 Code: | The relevant ICD-9 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): | Enter the CPT code(s) as indicated by the interventionist's professional association. <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: | When a session is cancelled: <ol style="list-style-type: none"> 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. |
| 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. | |

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| <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> |
| <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. |

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| <p>Parent/Caregiver Signature and Relationship to the child:</p> | <p>The parent/caregiver who participated in the session 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 for facility based or group development services.</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> |