

**NEW YORK STATE EARLY INTERVENTION PROGRAM
EARLY INTERVENTION QUALIFIED PROVIDERS AND REQUIRED DOCUMENTATION**

SERVICES	ORDERING/REFERRING REQUIREMENTS	QUALIFIED SERVICE PROVIDER ⁴	DOCUMENTATION REQUIREMENTS (PER ENCOUNTER)
OCCUPATIONAL THERAPY	A signed and dated written order or prescription from a NYS Medicaid ¹ enrolled physician, a physician assistant or a nurse practitioner who is currently licensed, registered, and/or certified as required	Occupational Therapist Occupational Therapy Assistant working "under the direction of" (UDO)	Individualized Family Service Plan Order for service ¹ Session Notes ² Progress Notes ³ Service Log
PHYSICAL THERAPY	A signed and dated written order or prescription from a NYS Medicaid ¹ enrolled physician, a physician assistant or a nurse practitioner who is currently licensed, registered, and/or certified as required	Physical Therapist Physical Therapy Assistant - UDO	Individualized Family Service Plan Order for service ¹ Session Notes ² Progress Notes ³ Service Log
SPEECH-LANGUAGE PATHOLOGY SERVICES	A signed and dated written order or prescription from a NYS Medicaid ¹ enrolled physician, physician assistant, nurse practitioner, or speech-language pathologist (SLP), who is currently licensed, registered, and/or certified as required	Speech-Language Pathologist Speech-Language Pathology Licensure Applicant (CFY) - UDO	Individualized Family Service Plan Order for service ¹ Session Notes ² Progress Notes ³ Service Log
AUDIOLOGICAL SERVICES	A signed and dated written order or prescription from a NYS Medicaid ¹ enrolled physician, a physician assistant or a nurse practitioner who is currently licensed, registered, and/or certified as required	Audiologist Audiology Licensure Applicant (CFY) – UDO	Individualized Family Service Plan Order for service ¹ Session Notes ² Progress Notes ³ Service Log
NURSING SERVICES	A signed and dated written order or prescription from a NYS Medicaid ¹ enrolled physician, physician assistant or nurse practitioner who is currently licensed, registered, and/or certified as required	Nurse Practitioner (under agreement w/ licensed physician) Registered Nurse Licensed Practical Nurse – UDO	Individualized Family Service Plan Order for service ¹ Session Notes ² Progress Notes ³ Service Log

¹ Medicaid enrolled providers required for children enrolled in Medicaid.

² Session Notes- shall include all required components

³ Progress notes shall be made at a minimum frequency of twice during the IFSP yearly cycle – align with six-month IFSP reviews and for the annual IFSP review.

⁴ Qualified Service Providers must be NYS licensed, registered, or certified and acting within their scope of practice under NYS law.

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SCREENINGS		Audiologist Occupational Therapist Occupational Therapy Assistant - UDO Physical Therapist Psychologist Speech Language Pathologist Speech-Language Pathology Licensure Applicant (CFY) - UDO Licensed Clinical Social Worker Licensed Master Social Worker – USO Teacher of Special Education Teachers of Students with Disabilities (Birth to Grade 2) Teacher of the Speech and Hearing Handicapped Teacher of Students with Speech and Language Disabilities	Written parental notice of intent to screen Written Screening Report Signed parental consent prior to screening
PSYCHOLOGICAL SERVICES		Psychologist Licensed Clinical Social Worker Licensed Master Social Worker – USO Licensed Mental Health Counselor Licensed Marriage and Family Therapist Licensed Psychoanalyst Licensed Creative Arts Therapist	Individualized Family Service Plan includes recommendation for service ¹ Session Notes ² Progress Notes ³ Service Log
SOCIAL WORK SERVICES		Licensed Clinical Social Worker Licensed Master Social Worker - USO	Individualized Family Service Plan includes recommendation for service Session Notes ² Progress Notes ³ Service Log
SPECIAL INSTRUCTION/ DEVELOPMENTAL SERVICES		Teachers of Special Education Teachers of Students with Disabilities (birth through grade 2) Teacher of the Blind and Partially Sighted Teacher of the Blind and Visually Handicapped Teachers of the Blind and Visually Impaired Teacher of the Deaf and Hard of Hearing Teacher of the Deaf and Hearing Impaired Teacher of the Speech and Hearing Handicapped Teacher of Students with Speech and Language Disabilities	Individualized Family Service Plan Session Notes ² Progress Notes ³ Service Log

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ASSISTIVE TECHNOLOGY SERVICES		Audiologist Physician Physician Assistant - USO Psychiatrist Psychologist Nurse Practitioner (under agreement w/licensed physician) Registered Nurse Licensed Practical Nurse –UDO Licensed Mental Health Counselor Licensed Marriage and Family Therapist Licensed Creative Arts Therapist Licensed Psychoanalyst Certified Dietitian/Nutritionist (NYSED) Registered Dietitian (CDR) Speech-Language Pathologist Speech-Language Pathology Licensure Applicant (CFY) Physical Therapist Occupational Therapist Occupational Therapy Assistant - UDO Certified Orientation and Mobility Specialist Certified Low Vision Therapist Certified Vision Rehabilitation Therapist Optometrist (NYSED) Optometrist Board Certified Fellow (COVD) Teachers of Special Education Teachers of Students with Disabilities (birth through grade 2) Teacher of the Blind and Partially Sighted Teacher of the Blind and Visually Handicapped Teachers of the Blind and Visually Impaired Teacher of the Deaf and Hard of Hearing Teacher of the Deaf and Hearing Impaired Teacher of the Speech and Hearing Handicapped Teacher of Students with Speech and Language Disabilities	Individualized Family Service Plan Session Notes ² Progress Notes ³ Service Log
APPLIED BEHAVIOR ANALYSIS (ABA) SERVICES	A signed and dated written order or prescription from a NYS Medicaid ¹ enrolled physician, a physician assistant or a nurse practitioner who is currently licensed, registered, and/or certified as required.	Licensed and Registered Behavior Analyst Certified and Registered Behavior Analyst Assistant “under the documented direction of” such a qualified licensed and registered licensed behavior analyst	Individualized Family Service Plan Order for service ¹ Session Notes ² Progress Notes ³ Service Log

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SERVICE COORDINATION		Service Coordination Service Providers meets qualifications defined in NYS EIP Regulation 10 NYCRR § 69-4.4(a)	Initial Service Coordinator designated by municipality Ongoing Service Coordination pursuant to IFSP/Service Authorization Service Coordination Notes ² See documentation requirements on service coordination billing
TRANSPORTATION	Attestation Form signed by Physician stating need for Non-Emergency Medical Transportation (NEMT)	Medicaid Transportation Vendor ¹ Transportation Vendor in Contract/Agreement with Municipality Parent or Caregiver authorized on IFSP	Individualized Family Service Plan The family must have an attestation form signed by the Physician; <ul style="list-style-type: none"> • The NEMT must be documented in the child's IFSP; • The NEMT must be authorized by the EIO/D in the EI information system; • Bus/Transportation logs must be kept and must include at least the following: <ul style="list-style-type: none"> - The child's name; - Date of Service; - Both the origination of the trip and time of pickup; - Both the destination of the trip and time of drop off; - Bus number or the vehicle license plate number; and, - The full printed name of the driver providing the transportation.

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