

Frequently Asked Questions and Answers- Group Early Intervention Services

1. Under the new regulations, how many children are allowed to be in a group?

The regulations state that a group early intervention service visit may include two to ten children. (10 NYCRR 69-4.30)

2. What is the minimum and maximum length of time for a group early intervention service visit?

A group early intervention service session shall be a minimum of 60 minutes and a maximum of 120 minutes in length and in accordance with the child's Individualized Family Service Plan (IFSP).

3. Can a child attend two, 60-minute group early intervention service visits in one day? Can the groups be provided back-to-back?

Billing for back-to-back group sessions for the same children/same discipline is prohibited. A 120-minute group early intervention service visit for the same children receiving the same service is considered a single session and must be billed accordingly.

However, if in one day, two separate, 60-minute groups occur in a row (back-to-back) with different students or with a different discipline (e.g., speech-language group led by a speech-language pathologist for the first hour and a different group service such as special instruction led by a special educator during the next hour), billing for each 60-minute session would be permissible. Providing Early Intervention services in this way, where appropriate, to meet children's Individualized Family Service Plan outcomes, has the potential to improve capacity for delivery of Early Intervention group services. Please note that if a child's IFSP team determines a need for additional group services above 120 minutes in a day, it will need the approval of the Early Intervention Official. (10 NYCRR 69-4.30)

4. Are group early intervention services in the community allowed?

Group early intervention services may be provided in community settings by approved providers when:

- The community-based site is identified in the provider's initial or amended application and documented in the provider's current Department approval.
- When required, the community site where the group service takes place may also need to have dual approval as an early intervention approved site and a daycare site.
- Parent-child groups: may take place at an early intervention provider's site or a community-based site (e.g., day care center, family day care, or other community settings).
- The site of the service must be listed on the child's Individualized Family Service Plan with the name of the provider and contact information.

5. Is it still permissible for group early intervention services to include typically developing children?

The change in regulatory language at 10 NYCRR 69-4.30(8) is not to be interpreted as an exclusion or disallowance of typically developing children from participation in group early intervention services. Group locations must be on a provider's approval if to be delivered at a provider's site. When a provider of group early intervention service intends to include typically developing children, all Early Intervention regulations and health and safety standards must be adhered to as well as all requirements of the setting which may include daycare laws and mandated group ratios. When indicating group size in a session note, the providers should include the number of eligible Early Intervention children.

6. Did the new regulations change anything regarding the provision of parent-child groups or family caregiver support groups?

No. A **parent-child group** must have attendance of a minimum of two families participating in the parent-child group to constitute group (e.g., two Early Intervention Program eligible parent-child dyads participating). The group size and configuration must also allow for all applicable health and safety guidelines to be adhered to. A parent-child group must be composed of, at a minimum, one appropriate professional qualified to provide EIP services, in addition to the parent or other designated caregiver attending with each child and the eligible children. There is not a limit on participants (number of parent child dyads) who participate in a parent-child group. At this time, there is no minimum or maximum amount of time required for a parent-child group intervention service; decisions about the length of the group should be based on the needs and capacity of the children and the outcomes being addressed. In addition, the parent/child group must be delivered in accordance with the Individualized Family Service Plan (IFSP).

Family/Caregiver Support Groups also have no minimum or maximum amount of time the group must meet. The number of participants must be at least two, but there is no limit to the number of parents/caregivers who may attend.

7. How should documentation be completed to support billing and claiming for group early intervention service visits when children attend without a parent or caregiver (e.g. bussed to group location)?

Documentation for billing and claiming of an authorized group early intervention service visit, where the **child attends without a parent or caregiver present**, includes a session note completed and signed by the qualified personnel who led the group and a separate service log that captures the child's attendance at the service. Each child attending the group will need a separate session note and service log.

There is not a required format for the service log capturing attendance at a group service. The service log used to document a child's attendance and receipt of the service must contain all information required in regulation. The service log must be signed by a person responsible for the child during the delivery of the service, for example, the qualified personnel who led the group (e.g., special instructor, speech-language pathologist, etc.) would sign the child's service log to indicate the child attended the group on the day and time the service was provided. Together, the session note and the service log, signed by the qualified personnel who led the group, would fulfill the requirements of documentation for billing and claiming of the group early intervention service visit.

8. How should documentation be completed to support billing and claiming for parent-child group services or family-caregiver support group services?

Early Intervention regulations state that to support billing and claiming for services there must be a session note signed by the provider and a service log signed by the parent. The format chosen by the provider for the group session note and service log must meet the Early Intervention Program regulatory requirements for documentation, billing and claiming of services, and EI Program record keeping requirements, in addition to any other documentation required by the local municipality.

When a group service in which the parent or caregiver is present is provided as authorized in a child's Individualized Family Service Plan, documentation will include a completed session note and a service log which is signed by the parent/caregiver who has participated in/received the group service. The signature on the service log verifies that they attended the group service and that the service was provided on the day and time indicated on the service log. Together, the contemporaneous session note signed by the provider who led the group, and the accompanying service log signed by the parent/caregiver, provide the documentation necessary for billing and claiming of the group service. Contemporaneous notes shall be completed as soon as practicable after the service is provided and before submission of billing.

9. Are there any changes to the process of creating service authorizations for Group Early Intervention Services in NYEIS?

Previously, the delivery of a basic group developmental intervention, basic group developmental intervention with 1:1 aide, enhanced group developmental or enhanced group developmental with 1:1 aide were billed at separate rates. At the implementation of the new regulations on September 1, 2024, there will be a consolidation of the group types. Effective for dates of service beginning September 1, 2024, group early intervention services will be billed by providers using either the enhanced group developmental or the enhanced group developmental with 1:1 aide rate (for children who have support of a 1:1 aide to participate in group). *The basic group rates will no longer be used for group services rendered after August 31, 2024.* The rates for the enhanced group services will remain the same. An assistant is required unless the group contains fewer than four eligible children. Use of a 1:1 aide is based on clinical appropriateness. Service Authorizations will be updated with September 1, 2024 dates as appropriate.

Effective for all dates of service beginning 9/1/2024, please keep in mind the following guidelines for service authorizations of Group Early Intervention Services (GEIS) in NYEIS:

- A. The qualified personnel who are leading the group should be selected. This professional would correspond with the type of group being delivered and should include one of the following who can provide: special instruction, occupational therapy, physical therapy, or speech and language therapy services. Options include Occupational Therapist, Occupational Therapist Assistant, Physical Therapist, Speech Language Pathologist, and all Teacher options (Teacher of Special Education, Teacher of Students with Disabilities, Teacher of Blind and Partially Sighted, Teacher of Blind and Visually Impaired, Teacher of Deaf and Hearing Impaired, Teacher of Deaf and Hard of Hearing, Teacher of Speech and Hearing Handicapped, & Teacher of Speech and Language Disability).

Select Delivery Details ?

Enhanced Group Developmental

Delivery Details

Qualified Personnel:

- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Speech Language Pathologist
- Teacher of Special Education
- Teacher of Students with Disabilities (Birth - Grade 2)
- Teacher of Blind and Partially Sighted
- Teacher of Blind and Visually Impaired
- Teacher of Deaf and Hearing Impaired

Location Type:

Group Type:

Service Intervention Methodology:

If other than home or provider location please enter address

Address Line 1: Address Line 2:

City: State:

County: Zip:

Census Tract:

B. Duration must be between 60 and 120 minutes. Please enter appropriate duration based on the needs of the child as determined by the Individualized Family Service Plan team.

Create General Service Authorization Details ?

Enhanced Group Developmental

Service Authorization Details

Script Recommendation Provided By:

Script recommendation on file?:

Script Start Date:

Script End Date:

Frequency & Duration

Start Date: End Date:

Number of Visits: Per:

Number of Minutes Per Visit:

Comments

- C. Service Type & Method *needs* to be either Enhanced Group Developmental or Enhanced Group Developmental with 1:1 Aide. Please select based on the needs of the child as determined by the Individualized Family Service Plan team.

Selection Criteria

Category:

Select Service Type & Method (Number of Items: 55)

Action	Service Type/Method
Select	Assistive Tech - Basic
Select	Assistive Tech - Extended
Select	Assistive Technology - Facility
Select	Audiology - Basic
Select	Audiology - Extended
Select	Audiology - Facility
Select	Basic Group Developmental
Select	Basic Group Developmental with 1:1 Aide
Select	Enhanced Group Developmental
Select	Enhanced Group Developmental with 1:1 Aide
Select	Family Caregiver Support Group
Select	Family Counseling - Basic

10. Are other early intervention services allowed to be delivered while the child is receiving a group early intervention service (i.e. “push in/pull out”)?

No, with the implementation of the new regulation, effective September 1, 2024, no “push in” or “pull out” services are permitted to be provided to the child. These individual services may be provided to the child prior to or after the time they are participating in the early intervention group service.

Other Frequently Asked Questions and Answers:

1. What is the new regulatory requirement that was added for service coordination notes as of 2/14/2024?

The regulations in Section 69-4.26(d) provide the list of required elements of a service coordination note. The service coordinator must now also include the date the note was created as well as Child’s name; date of service; a description of the specific service coordination activity performed; name, date and purpose for contacting providers or others on behalf of the child and family as necessary to implement the IFSP; start and end time for each contact; name, title (ISC or OSC) and signature of the service coordinator; and the date the note was created. *The note should be signed and dated at the time that it is written.*

2. Does a provider have to create both a session note, and a service log for each service delivered? Does a parent need to sign both of those documents to verify the service was delivered?

The session note and the service log are two different documents required to document activities and progress made during each session and to substantiate billing and claiming for those services rendered to children and families in the Early Intervention Program (EIP). The current Early Intervention regulations, which were adopted on December 5, 2018, included the addition of a service log to be completed and submitted along with the required session notes as documentation necessary for billing and claiming. As part of monitoring by the Department's contractor, providers are now monitored on compliance with the current regulations and must be able to produce upon request, session notes and service logs that were used to document service delivery and substantiate billing and claiming of services rendered to children and families in the EIP.

Though the parent/caregiver signature is required by EI Regulations to be on the service log, municipalities may impose more stringent requirements such as the provider obtaining a parent/caregiver signature on both the session note and the service log. Electronic signatures are permissible provided all regulations regarding signatures are met.

Guidance on Collection of Parent/Guardian Consent Using Electronic Systems January 2022 (https://www.health.ny.gov/community/infants_children/early_intervention/docs/guidance_use_of_electronic_signatures.pdf)

Early Intervention Programs (EIPs) are administered locally. It is recommended that providers contact the municipalities in which they provide services for specific policy questions and to determine if any particular session note or service log templates/forms are required by the local EIP.

3. What do the regulations adopted on 2/14/2024 say about the multidisciplinary evaluation and the practice of adding supplemental evaluations?

Regulation changes adopted 2/14/2024, eliminate supplemental evaluations as part of the multidisciplinary evaluation. Supplemental evaluations are now allowed to be provided with the recommendation of the multidisciplinary evaluation team, after the child's initial multidisciplinary evaluation, and must be included on the child's initial individualized family service plan as agreed upon by the individualized family service plan team. 10 NYCRR 69-4.8(l) After a child's initial multidisciplinary evaluation, any additional evaluation shall be described in the child's individualized family service plan, including the type of evaluation, projected date for the evaluation, and if known, the evaluator. The exception to this would be audiological evaluations as noted below in Question 6.

4. If supplemental evaluations are no longer to be authorized as part of a multidisciplinary evaluation, how can a determination of eligibility for the Early Intervention Program be made for the child?

Regulations in section 69-4.8 include that *“the multidisciplinary evaluation team shall include two or more qualified personnel from different disciplines who are trained to utilize appropriate methods and procedures and have sufficient expertise in child development; and at least one of whom shall be a specialist in the area of the child's suspected delay or disability, if known.”*

The qualified personnel who conduct a multidisciplinary evaluation for a child must carry out all requirements included in regulation 69-4.8(f). The responsibility of the evaluators chosen to complete the multidisciplinary evaluation is to assess all five of the required developmental domains (communication, physical, cognitive, social-emotional, adaptive). This means that the qualified professionals who are part of the multidisciplinary team assigned must be able to, among them, assess the child to determine their current level of functional skill, strengths and needs in each of the five developmental domains.

While regulation requires a minimum of two qualified professionals (one of which is a specialist in the area of concern or suspected delay, if known) when a multidisciplinary team is comprised of two qualified personnel, they must between them, be able to fully assess all five of the required domains. If the two people assigned to the multidisciplinary evaluation cannot fully assess all five domains, (e.g., due to their knowledge, experience, or a limited scope of practice) additional early intervention qualified personnel must be added to the multidisciplinary team to ensure that all developmental areas are fully assessed.

A reminder that a multidisciplinary evaluation is used to determine eligibility for the Early Intervention Program, *not* for specific services. Once a child's eligibility for the Program is established (by qualifying diagnosis or meeting program eligibility criteria), it is the individualized family service plan team who determines what services are appropriate for the child and family based upon the information from the multidisciplinary evaluation. The team is tasked with determining which services will best address the outcomes included in the individualized family service plan and which qualified professionals would be most appropriate to deliver those services.

5. What if, upon referral the parent has multiple areas of concern that are across developmental domains and of equal priority? How should the evaluator choose qualified personnel to do an assessment in all domains?

It is the responsibility of the evaluator, chosen by the parent, to assign qualified personnel to the child's multidisciplinary evaluation team who are qualified to address the area(s) of greatest concern while assessing the child's functional level in each of the five domains. The evaluators must determine the child's Program eligibility. The assessments and methods for evaluation completed by the evaluators need only determine the child's eligibility for the Early Intervention Program, not for each individual service.

6. Are supplemental audiological evaluations the only supplemental evaluations allowed prior to or as part of a multidisciplinary evaluation?

The regulations adopted on 2/14/2024 allow a supplemental hearing evaluation to be completed prior to the individualized family service plan meeting for those children who are referred based on the results of their newborn hearing screening. All other types of supplemental evaluations must now be conducted after the multidisciplinary evaluation is completed and the child is found eligible for the Early Intervention Program based on the criteria in EI regulations. Supplemental evaluations are to be recommended by the team and must be included in an eligible child's individualized family service plan.