

DEPARTMENT OF HEALTH – EARLY INTERVENTION SECTION
BILLING REFERENCE GUIDE
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Attachment G

1. **Billing for Service Activities** are compensated at the authorized Purchase of Service (POS)/Fee-For-Service (FFS) Rate Schedule except for mileage which is compensated at the authorized EIS mileage rate and other billable activities that are compensated at the authorized EIS mandated training rate (i.e., coaching logs, mentoring sessions, and EI Provider Orientation Trainings). Refer to Invoicing Guidelines and sample invoicing templates.
 - All authorized EI services (e.g., PSP/Consultation Sessions, Service Meetings) except for applicable Audiology services and Assessment/Evaluation activities (unless specified otherwise) are compensated based on the actual time rounded to 5-minute increments, up to what is authorized by EIS. For example, when 3 minutes or more then round up and when 2 minutes or less then round down. If total billable time is 2 minutes or less, then no billable time is calculated.
 - Audiology services are compensated in accordance with the [Audiological and Hearing Aid FFS Rate Schedule](#).
 - For applicable Assessment/Evaluation service activities, compensation is a flat rate. The flat rate compensation for an Assessment/Evaluation service activity is calculated based on the Service Provider's hourly (unit) rate and the total number of units authorized (1 Unit = Hourly (Unit) Rate). For Database/Documentation Purposes 1 Unit = 60 Minutes, the conversion of "units into minutes" does not equal to "authorized time" allowed meaning the Service Provider bills for the total number of units authorized regardless of the actual time it took to complete the Assessment/Evaluation process with the child/family. However, the actual clock time must be tracked for the documentation "clock time" field for tracking purposes.
2. **Cancelled/No Show Appointments.** EIS shall not compensate or reimburse for any cancellations and no-show appointments.
3. **Care Coordination and Social Work services** provided by an EI Program Care Coordinator (CC), Licensed Social Work (LSW), or Program Manager (PM) functioning as a CC or LSW, is not a separate POS billable activity. However, all CC and SW service activities including travel time must be entered into the database, "tracking" box must be checked, and the actual time spent for each service activity must be identified on documentation "billable time" field for tracking purposes.
4. **PM Coverage:** PMs may provide CC, SW, and direct services within their specified discipline (OT, PT, SLP, or SPIN) after exhausting other coverage options (i.e., leveraging other staff, subcontracts etc.). PM may only bill for services activities at the PM Rate when functioning as an OT, PT, SLP, or SPIN provided it is part of the POS EI Program's Contract Agreement. Refer to [PM Service Provider Guidelines](#).
5. **POS Subcontracts** (OT, PT, SLP, or SPIN) may bill for service activities provided it is part of the POS EI Program's Contract Agreement. Refer to [POS Subcontract Request Guidelines](#).
6. **Program Support Unit (PSU) Services:** Assistive Technology, Hearing, Nutrition, Psychology, and Vision refer to Access to [PSU Services Guidelines](#).
7. **Fee-For-Service (FFS) Providers** may bill for services activities specified in the "FFS" Column (blue) of this document with an "Authorization for Service (AFS)" form authorized by EIS. EI Program must send the authorized AFS to the designated Agency Point of Contact for Scheduling Services/FFS Provider prior to services being delivered. Refer to [AFS Form/Instructions](#).
 - FFS Providers shall not go over the Frequency/Intensity authorized on the AFS Form unless exceptions are specified.
 - A new AFS must be submitted if Frequency/Intensity changes (i.e., add additional sessions) for the authorization period.
 - FFS contracts for CC, OT, PT, SLP, SPIN, SW and Interpreter services are only authorized to provide services for ECSPs.
8. **Documentation:** All Service Providers except for Audiologist must use applicable EIS templates to complete the required documentation (i.e., services notes and assessment/evaluation reports) for each service activity. Refer to [Documentation Guidelines](#) and applicable [Documentation Notes/Report Templates](#).
 - Reminder time spent completing documentation must not be reported as billable time.
9. **Database:** EI Program Service Providers must enter all service activities into the database. Adjunct Providers (i.e., PSU and FFS) are not required to input into the database.
10. **Medicaid and Tricare Reimbursements:** POS/FFS Contractors shall not bill the child's family or the child/family's insurance. If the child's family is Medicaid or Tricare eligible and the family provides a consent to bill insurance, the EIS will submit claims to Medicaid and Tricare for reimbursement of authorized EI services invoiced by the POS/FFS Contractors.

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<u>Service Types:</u> CC/Other – Care Coordination/Other E/A – Evaluation/Assessment OS – Ongoing Service <u>Location:</u> Location is where the child/family is when receiving services: Home, Community Setting (Pre-School, Park, Beach), or Other Non-Natural (Skilled Nursing Facility, Office) <u>Single Provider or Multi Provider:</u> 1. Single = Child received services by 1 EI provider Example: EI provider + one of the following: interpreter, DOE provider, person shadowing/mentoring, supervisor/mentor, or trainee (not providing a service) = Single 2. Multi = Child received services by 2+ EI providers Example: EI CC + EI Provider = Multi <u>Delivery:</u> In-Person, Telepractice, or Blended (Note: IFSP Services delivered via Telephone is only used for emergency situations (i.e., Pandemic) with EIS authorization) <u>Method:</u> Primary Service Provider, Consultant, Individual, or Group	<u>Service Activities:</u> (Refer to service activity for billing codes) 1. Intake 2. Individual Family Support Plan (IFSP) Prep (Non-CC Service Provider) 3. IFSP Prep (FFS CC Only) 4. IFSP meetings - Interim, Initial, 6-Month Review, Annual or Exit 5. Review IFSP - Other than 6-month review 6. CC on-going service 7. Eligibility meeting 8. Family Direct Assessment 9. Transition Conference 10. Transition DOE meeting 11. Transfer Observation Session 12. Multidisciplinary Evaluation (MDE) 13. EI Provider Assessment 14. Functional Behavior Assessment (FBA) 15. Psychological Diagnostic Evaluation (PYDE) 16. Audiology Diagnostic Evaluation (AUDE) 17. Primary Service Provider (PSP)/Consultant Session 18. Positive Behavioral Support (PBS) Services (Individual) 19. Social Work Services 20. Audiology - Hearing Aid Related Services 21. Audiology - Aural Rehab Services 22. Developing or Repairing Assistive Technology (AT) Materials 23. Sign Language and Cued Speech Services 24. Interpreter Services- ECSPs only 25. Transportation 26. Family Support Team (FST) meeting 27. Joint Visit Planning (JVP) meeting 28. PSP Selection meeting (Non FST Meeting) 29. Telepractice Set-up and Troubleshooting 30. Travel Time 31. Mileage 32. Coaching Logs 33. Mentoring Sessions 34. EI Provider Orientation Training & Other Mandated Trainings	<u>Billing Codes Substitute * with Discipline Codes:</u> *E = EI Provider Assessment *F = Primary Service Provider *C = Consultation <u>*Discipline Codes:</u> 1. Assistive Technology Specialist (AT) = A (AE, AC) 2. Behavioral Support Specialist (BSS) = B (BE, BF, BC) 3. General Educator (GE) = PP (PPF) 4. Hearing Specialist = H (HE, HC) 5. Nurse = RN (RNE, RNC) 6. Nutritionist (NUTR) = N (NE, NC) 7. Occupational Therapist (OT) = O (OE, OF, OC) 8. Physical Therapist (PT) = P (PE, PF, PC) 9. Psychologist (PSY) = PY (PYE, PYC) 10. Social Worker = SW (SWE, SWC) a. <i>Currently there is no SW Assessment code in the database, use the SWF code to input a SW Assessment for tracking purposes.</i> 11. Special Instructor = SI (SIE, SIF, SIC) 12. Speech Language Pathologist (SLP) = L (LE, LF, LC) 13. Vision Specialist = V (VE, VC) <u>EIS Mandated Training Rate:</u> \$37.50/Hour <u>Mileage Rate:</u> ¢ 65.5 cents/per mile (effective 01.01.2023)
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1. Intake Family Present	CC/ Other	EI Program Staff: Actual time FFS CC: 1.5 Units	C1 FP1	Yes	Note: Only CC or PMs functioning as a CC can complete an intake. - If CC, use C1. - If PM functions as CC, use FP1. - Only if CC is not available and since there are no other IFSP team member(s) authorized to complete Intake, only PM can substitute for CC. - Telepractice set-up applies. <u>FFS AFS Instructions: *ECSPs ONLY*</u> - Services: Check “Care Coordination” box. - Type in Frequency/Intensity: 1x, 1.5 Units in “Meeting” Section. Specify Meeting as “Intake”. - Date and Comments about Service Section: Type in “<u>date and time</u>” of Intake. - If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. There will be no additional billable time/units for when an interpreter is used. - If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
2. IFSP Prep (Non-CC Service Providers Only)	CC/ Other	Actual time up to 30 minutes per Service Provider	FP	Yes	Note: IFSP Prep (Non-CC Service Provider except for Audiologist and Sign Language) allowed for Initial, 6-Month Review, Annual, and Exit IFSP only (Does not apply to Review IFSP Other than the 6-Month Review unless an assessment/evaluation report(s) need to be reviewed prior to the meeting). <u>For IFSP Document:</u> This is applicable only when preparing PLODs (optional) and reviewing reports prior to IFSP meeting. - Evaluator – OPTIONAL: Time may be used to draft PLODs prior to IFSP meeting based on MDE, Assessments, or other applicable information. - Service Provider (Non-Evaluator) – Time is used to review reports prior to IFSP meeting. May draft PLODs (optional) in place of the Evaluator.

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IFSP Prep (Non-CC Service Providers Only) (Continued)					4. Two (2) providers of the same discipline are acceptable when one is the Evaluator, and the other is the Service Provider. 5. Telepractice set-up does not apply. FFS AFS Instructions: Note: IFSP Prep is combined on the same AFS form for IFSP Meeting.
3. IFSP Prep (FFS CC Only)	CC/ Other	Actual time up to 30 minutes per IFSP	FP	Yes	Note: IFSP Prep (FFS CC Only) allowed for Interim, Initial, 6-Month Review, Annual, and Exit IFSP, and Review IFSP Other than the 6 Month Review. 1. IFSP Prep for CC includes sending out documents (i.e., PWN, IFSP Invitation, etc.), scheduling the IFSP meeting, and reviewing applicable documents. 2. Telepractice set-up does not apply. FFS AFS Instructions: *ECSPs ONLY* Note: IFSP Prep is combined on the same AFS form for IFSP Meeting. Required documentation must be submitted.
4. IFSP Meeting - Interim, Initial, 6-Month Review, Annual or Exit Family Present	CC/ Other	Actual time	C2 FP2 FP5	Yes	Note: Only CC or PMs functioning as a CC can Facilitate IFSP meetings all other Service Providers except for Audiologist and Sign Language Instructors are IFSP Participants. 1. <u>IFSP Facilitator</u> - If CC, use C2. - If PM functions as CC, use FP2. - Only in emergency situations when CC/PM is not available, a non-CC Service Provider (GE, OT, PT, SLP, or SPIN) on the IFSP team must facilitate the meeting, use FP2. 2. <u>IFSP Participants</u>, use FP5: - Two (2) providers of the same discipline are acceptable when one is the Evaluator, and the other is a potential Service Provider. - Potential Service Provider may represent the Evaluator, or the other Evaluator may attend the IFSP Meeting. 3. Telepractice set-up applies. FFS AFS Instructions: 1. Services: Check appropriate box for “discipline” OR Check “Care Coordination” box.

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IFSP Meeting - Interim, Initial, 6-Month Review, Annual or Exit (Continued)					2. Type in frequency/Intensity in IFSP Prep: actual time up to 30 minutes. 3. Type in Frequency/Intensity: 1x actual time up to 120 minutes in “Meeting” Section. Specify IFSP Meeting – “Interim, Initial, 6-Month Review, Annual or Exit”. 4. Date and Comments about Service Section: Type in “ <u>date and time</u> of IFSP Meeting. If IFSP Meeting exceeds the amount of minutes authorized, the EI Program must notify EIS within 1 business day to amend AFS. a. If applicable indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
5. Review IFSP Other than the 6-Month Review Family Present	CC/ Other	Actual time	C3 FP3 FP5	Yes	Note: Only CC or PMs functioning as a CC can Facilitate IFSP meetings all other Service Providers except for Audiologist and Sign Language Instructors are IFSP Participants. 1. <u>IFSP Facilitator</u> a. If CC, use C3. b. If PM functioning as CC, use FP3. c. Only in emergency situations when CC/PM is not available, a non-CC Service Provider (GE, OT, PT, SLP, or SPIN) on the IFSP team must facilitate, use FP3. 2. <u>IFSP Participants</u> , use FP5. a. Two (2) providers of the same discipline are acceptable when one is the Evaluator, and the other is a potential Service Provider. 3. IFSP Prep does not apply. 4. Telepractice set-up applies. FFS AFS Instructions: 1. Services: Check appropriate box for “discipline” OR Check “Care Coordination” box. 2. Type in frequency/Intensity: 1x actual time up to 120 minutes in “Meeting” Section. Specify IFSP Meeting – “Review IFSP Other than 6 Month Review”.

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Review IFSP Other than the 6-Month Review (Continued)					3. Date and Comments about Service Section: Type in “<u>date and time</u> of Review IFSP. If Review of IFSP exceeds the number of minutes authorized, the EI Program must notify EIS within 1 business day to amend AFS. a. If applicable indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
6. Care Coordination On-going Service Family Present	CC/ Other	Actual time	C3 FP3	Yes	Note: Only CC or PMs functioning as a CC can provide on-going CC services. 1. If CC, use C3. 2. If PM functions as CC, use FP3. 3. The following activities are <u>not considered an IFSP CC session</u>: a. 6 month and Annual IFSP meeting. b. CC session immediately after IFSP meeting, except for Review IFSP other than 6-month. c. Observation of PSP/Consultation session without 1:1 visit with the family. 4. For Billable Time, a. If a CC session consists of observation time and 1:1 visit with family, include the entire time (observation + visit). b. Select Multi Provider when CC Services includes observation time with another Service Provider. 5. Telepractice set-up applies. FFS AFS Instructions: *ECSPs ONLY* 1. Services: Check “Care Coordination” box. 2. Type in Frequency/Intensity according to IFSP in “Services” Section. Specify CC On-going Service as “Individual”. 3. Date and Comments about Service Section: Type in “CC is allowed to go over the AFS frequency/intensity no more than 2x max. After this the CC will discuss modifying the IFSP frequency/intensity with the family and submit a new AFS form”.

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Care Coordination On-going Service (Continued)					a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed actual time up to 15 minutes.
7. Eligibility Meeting Family Present	CC/ Other	Actual time	C3 FP3 FP5	Yes	Note: Only CC or PMs functioning as a CC can function as a facilitator for the eligibility meeting. Service Provider will attend as an Evaluator only if child was found ineligible. If another Service Provider is needed to address the family’s concerns, the Service Provider would replace the Evaluator. 1. <u>Eligibility Meeting Facilitator</u> a. If CC, use C3. b. If PM functions as CC, use FP3. 2. <u>Evaluator or Other Service Provider</u>, use FP5. 3. Telepractice set-up applies. <u>After an Initial MDE</u> 1. Eligible: CC prepares family for IFSP meeting and completes Family Directed Assessment (FDA). 2. Ineligible: CC and Evaluator/Other Service Provider share results and resources. <u>After Subsequent MDEs</u> 1. Eligible: CC prepares family for IFSP meeting and completes FDA. 2. Ineligible: CC conducts an Exit IFSP meeting. FFS AFS Instructions: *ECSPs ONLY* 1. Services: Check “Care Coordination” box OR Check appropriate “discipline”. 2. Type in Frequency/Intensity: 1x actual time up to 30 minutes OR if an interpreter is present: actual time up to 45 minutes in “Meeting” Section. Specify Meeting as “Eligibility Meeting”.

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Eligibility Meeting (Continued)					3. Date and Comments about Service Section: Type in “<u>date and time</u> of Eligibility Meeting. If Eligibility Meeting exceeds the amount of minutes authorized, the EI Program must notify EIS within 1 business day to amend AFS”. a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.” 4. Note: Eligibility and FDA can be combined on the same AFS form (see FDA section for AFS Instructions).
8. Family Direct Assessment (FDA) Family Present	CC/ Other	Actual time	C3 FP3	Yes	Note: Only CC, PMs functioning as a CC or SW can complete the FDA for EI eligible children. 1. If CC or SW, use C3. 2. If PM functions as CC, use FP3. 3. Telepractice set-up applies. FFS AFS Instructions: *ECSPs ONLY* 1. Services: Check “Care Coordination” box. 2. Type in Frequency/Intensity: 1x actual time up to 60 minutes in “Assessment” Section. Specify Meeting as “FDA”. 3. Date and Comments about Service Section: Type in “<u>date and time</u> of FDA. If FDA exceeds the amount of minutes, the EI Program must notify EIS within 1 business day to amend AFS”. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. a. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.” 4. Note: Eligibility and FDA can be combined on the same AFS form (see Eligibility section for AFS Instructions).

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9. Transition Conference Family Present	CC/ Other	Actual time	C4 FP4 FP5	Yes	Note: Transition Conference (TC) is an EIS meeting for CC only or PMs functioning as a CC to attend. Another EI Program Service Provider (GE, OT, PT, SLP, or SPIN) on the IFSP team may attend as an exception only in emergency situations when CC/PM is not available. <u>Transition Conference</u> - If CC, use C4. - If PM functions as CC, use FP4. - If Other Service Provider, use FP5. - Telepractice set-up applies. FFS AFS Instructions: *ECSPs ONLY* - Services-Check “Care Coordination” box. - Type in Frequency/Intensity: 1x actual time up to 90 minutes OR if an interpreter is present: actual time up to 105 minutes in “Meeting” Section. Specify as “Transition Conference”. - Date and Comments about Service Section: Type in “<u>date and time</u> of TC. If TC exceeds the amount of minutes authorized, the EI Program must notify EIS within 1 business day to amend AFS”. - If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
10. Transition DOE Meeting Family Present	CC/ Other	<u>CC attending:</u> Actual time <u>Service Provider attending:</u> Actual time up to 30 minutes	C4 FP4 FP5	Yes	<u>Transition DOE Meetings (i.e., Student Focused Team Meeting, Eligibility, IEP Meeting)</u> - If CC, use C4. - If PM functions as CC, use FP4. - If Primary Service Provider is needed to provide information and respond to specific questions for areas of concern, use FP5. - If Consultant is needed PM approval required, use FP5. - DOE provides the interpreter. - Telepractice set-up does not apply. DOE provider is responsible for the telepractice set-up.

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Transition DOE Meeting (Continued)		If an interpreter is present (DOE provides interpreter): Actual time up to 45 minutes			<u>FFS AFS Instructions:</u> Care Coordinator: - Services: Check “Care Coordination” box. - Type in Frequency/Intensity: 1x actual time up to 90 minutes in “Meeting” Section. Specify as “Transition DOE Meeting (<u>i.e., Student Focused Team Meeting, Eligibility Meeting, IEP Meeting</u>)”. - Date and Comments about Service Section: Type in “date and time of Transition Meeting.” If the DOE transition meeting exceeds the amount minutes authorized, the EI Program must notify EIS within 1 business day to amend AFS”. Other Service Providers: - Services: Check appropriate “discipline” functioning as PSP/Consultant. - Type in Frequency/Intensity: 1x actual time up to 30 minutes OR if an interpreter is present: actual time up to 45 minutes in “Meeting” Section. Specify as “Transition DOE Meeting (<u>i.e., Student Focused Team Meeting, Eligibility Meeting, IEP Meeting</u>)”. - Date and Comments about Service Section: Type in “<u>date and time</u> of Transition Meeting”.
11. Transfer Observation Session Family and Child Present	CC/ Other	Actual time up to 60 minutes If an interpreter is present: Actual time up to 75 minutes	FP5	Yes	Note: Transfer Observation Session is for a PSP from the receiving EI Program to attend via telepractice (If transfer EI Program is on the same island, PSP may attend in-person) a PSP Session that is conducted by another PSP in the current EI Program prior to child transferring to another EI Program before age of three (3). - Transfer Observation Session is not required, prior approval from PM required. - Telepractice set-up applies. <u>FFS AFS Instructions:</u> - Services: Check appropriate “discipline” functioning as PSP. - Type in Frequency/Intensity: 1x actual time up to 60 minutes OR If an interpreter is present: actual time up to 75 minutes in “Meeting” Section. Specify “Transfer Observation Session”. - Date and Comments about Service Section: Type in “<u>date and time</u> of Transfer Session “.

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Transfer Observation Session (Continued)					a. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
12. Multidisciplinary Evaluation (MDE) Family and Child Present	E/A	2 Units (Rate x2) per evaluator maximum 2 evaluators	DE DR	Yes	Note: CC, GE, OT, PT, SLP, SPIN, and SW can complete an MDE for Eligibility for suspected developmental delay and/or biological risk for IFSP development. - Initial MDE and Annual MDE (completed prior to Annual IFSP), use DE. - Other eligibility re-evaluation, except for Initial and Annual, use DR. - For Billable Time: - If the evaluation was completed on separate days, enter the date the last session the MDE is completed as the official date. - Service Note/HEIDS Database for the last session enter 2 units = 120 minutes per evaluator for billable time regardless of the actual clock time. Example: Session 1 – clock time, no billable time / Session 2 Last Session – clock time and billable time. - There will be no additional billable time/units for when an interpreter is used. - Telepractice set-up applies. FFS AFS Instructions: - Services: Check appropriate “discipline” functioning as Evaluator OR Check “Care Coordination” box. - Type in Frequency/Intensity: 1x, 2 Units in “MDE” Section. - Date and Comments about Service Section: Type in “<u>date and time</u> of MDE” OR “TBD within respective authorization period”. - If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. - If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”

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13. EI Provider Assessment Family and Child Present	E/A	Assessment: 1 Unit (Rate) PSP attending EI Provider Assessment: Actual time up to 60 minutes as a PSP Session	*E	Yes	Note: All EI Service Providers except for Audiologist, CC, GE, and Sign Language Instructors can complete an EI Provider Assessment when additional information is needed in a specific developmental area or concern. BSW/MSW cannot complete a SW Assessment, SW must be licensed. 1. Substitute *with appropriate Discipline Codes. 2. For Billable Time: a. Service Note/HEIDS Database for Assessment Session: enter 1 unit = 60 minutes for billable time regardless of the actual clock time it took to complete the Assessment. 3. There will be no additional billable time/units for when an interpreter is used. 4. Telepractice set-up applies. <u>FFS AFS Instructions:</u> Service Provider conducting EI Provider Assessment: 1. Services: Check appropriate box for “discipline”. 2. Type in Frequency/Intensity: 1x, 1 Unit in “Assessment” Section. 3. Type in Frequency/Intensity: 1x actual time up to 15 minutes in “Meeting” section. Specify “JVP”. 4. Date and Comments about Service Section: Type in “<u>date and time</u> of Assessment OR “TBD within respective authorization period”. “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) JVP with another provider, bill actual time up to 15 min. maximum.” If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. a. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.” Service Provider attending the assessment as the PSP: 1. Services: Check appropriate box for “discipline” functioning as PSP. 2. Type in Frequency/Intensity: 1x actual time up to 60 minutes in “Services” Section, Check “PSP”.

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EI Provider Assessment (Continued)					3. Type in Frequency/Intensity: 1x actual time up to 15 minutes in “Meeting” section. Specify “JVP”. 4. Date and Comments about Service Section: Type in “With the required documentation submitted to the EI Program: 1) JVP with PSP is billable, bill actual time up to 15 min. maximum” and “type of Assessment with Date and Time” OR “TBD within respective authorization period”. a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
14. Functional Behavior Assessment (FBA) Family and Child Present	E/A	3 Units (Rate x3) Unsuccessful FBA: Actual time, not to exceed 180 minutes = 3 Units flat rate compensation	FBA	Yes	Note: Only qualified Service Providers (i.e., BSS or Psych with the skills, training, and knowledge) can complete an FBA for children needing Positive Behavioral Support (PBS) Services. 1. For Billable Time: a. If the FBA was completed on separate days, enter the date the last session the FBA is completed as the official date. b. Service Note for FBA Last Session: enter 3 Units =180 minutes for billable time regardless of the actual clock time it took to complete the FBA process which does not include documentation time. Example: Session 1 – clock time, no billable time / Session 2 Last Session – clock time and billable time. c. Developing the PBS plan is included as part of the FBA Process. d. <u>Unsuccessful FBA:</u> Service Provider must complete documentation which must include what occurred and a statement that Parent decided to not proceed with the FBA process. 2. There will be no additional billable time/units for when an interpreter is used. 3. Telepractice set-up applies. FFS AFS Instructions: 1. Services: Check “PBS” box.

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Functional Behavior Assessment (FBA) (Continued)					2. Type in Frequency/Intensity: 1x, 3 units in “FBA” Section. 3. Date and Comments about Service Section: Type in “ <u>date and time</u> of FBA” OR “TBD within respective authorization period. The FBA process also includes developing the PBS Plan” - If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. - If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
15. Psychological Diagnostic Evaluation Family and Child Present	E/A	3 Units (Rate x3) Unsuccessful Diagnostic Evaluation: Actual Time but will not be compensated time that exceed 180 minutes = 3 Units Flat Rate Diagnostic Evaluation Review Meeting (Optional - Family Request): Actual time up to 60 minutes	PYDE	Yes	Note: Only applies to Psychologist or Licensed Clinical Social Workers. 1. For Billable Time: - If the Diagnostic Evaluation was completed on separate days, enter the date the last session the Diagnostic Evaluation is completed as the official date. - Service Note for Diagnostic Evaluation Last Session: enter 3 units=180 minutes for billable time regardless of the actual clock time it took to complete the Diagnostic Evaluation process which does not include documentation time. Example: Session 1 – clock time, no billable time / Session 2 Last Session – clock time and billable time. - Unsuccessful Diagnostic Evaluation: Service Provider must complete documentation which must include what occurred and a statement that Parent decided to not proceed with the Diagnostic Evaluation process. - Service Note for Diagnostic Evaluation Review Meeting “Type of Service” = “Other”. 2. There will be no additional billable time/units for when an interpreter is used. 3. Telepractice set-up applies. FFS AFS Instructions: <u>Psychological Diagnostic Evaluation</u> - Services: Check “Psychology” box. - Type in Frequency/Intensity: 1x, 3 units in “Diagnostic Evaluation” Section.

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Psychological Diagnostic Evaluation (Continued)		If an interpreter is present: Actual time up to 75 minutes			3. Date and Comments about Service Section: Type in “<u>date and time</u> of Psychological Diagnostic Evaluation Date and Time” OR “TBD within respective authorization period.” a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter”. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.” <u>Diagnostic Evaluation Review Meeting:</u> 1. Services: Check “Psychology” box. 2. Type in Frequency/Intensity: 1x, actual time up to 60 minutes OR if an interpreter is present: actual time up to 75 minutes in “Meeting” Section. Specify: “Diagnostic Evaluation Review Meeting”. 3. Date and Comments about Service Section: Type in “<u>date and time</u> of Diagnostic Evaluation Review Meeting” OR “TBD within respective authorization period” “If Diagnostic Evaluation Review Meeting exceeds the amount of minutes authorized, the EI Program must notify EI within 1 business day to amend AFS”. a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
16. Audiology Diagnostic Evaluation Family and Child Present	E/A	According to Audiological and Hearing Aid FFS Rate Schedule “Evaluation Procedures” Section	AUDE Applicable CPT Code, refer to the Audiological and Hearing	Yes	Note: Only applies to EIS FFS Audiologist. 1. If Audiology Diagnostic Evaluation is prior to Initial IFSP, CC contacts Newborn Hearing Screening Program (NHSP) to generate the AFS. EI Program can generate the AFS once an IFSP is in place. 2. Telepractice set-up does not apply.

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Audiology Diagnostic Evaluation (Continued)			Aid FFS Rate Schedule “Evaluation Procedures” Section		<u>FFS AFS Instructions:</u> - Services-Check “Audiology” box. - Write in Frequency/Intensity: 1x in “Diagnostic Evaluation” Section. - Complete Audiological Screen Results. - Date and Comments about Service Section: Type in the service “code(s)” in accordance with the Audiological and Hearing Aid FFS Rate Schedule Evaluation Procedures Section and the “Audiology Diagnostic Evaluation Date and Time” OR “TBD within respective authorization period”. “If ABR, EIS does not cover sedation”. - If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter.
17. Primary Service Provider (PSP)/ Consultant Session Family engaged and participating in coaching session. Child participation occurs to the extent possible.	OS	<u>Child Present</u> Actual time up to 60 minutes regardless of intensity time on IFSP service page. However, if this occurs >2 times, IFSP should be revised. If an interpreter is accessed: Actual time up to 75 minutes	*F *C FP5	Yes	Note: GE, OT, PT, SLP, SPIN, and BSS Service Providers can function as a PSP. All Service Providers except for Audiologist, General Educators and Sign Language Instructors function as a Consultant. - Family engaged and participating in coaching session. Child participation occurs to the extent possible. - Child is Present: - If PSP, use *F Substitute *with appropriate Discipline Codes. - If Consultant, use *C Substitute *with appropriate Discipline Codes. - Consultant must obtain prior approval from PM, if providing service without PSP. - PSP must review Consultant note, initial, and date when PSP is not in attendance for joint visit. - Child is Not Present, use FP5. - Documentation must state that the child was not present. - Telepractice set-up applies. <u>FFS AFS Instructions:</u> - Services: Check appropriate box for “discipline” functioning as PSP/Consultant. - Type in Frequency/Intensity: actual time up to 15 minutes in “Meeting” section. Specify “JVP”.

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Primary Service Provider (PSP)/Consultant Session (Continued)		<u>If Child is Not Present (e.g., sleeping),</u> Actual time up to 30 minutes. If an interpreter is accessed: Actual time up to 45 minutes			3. Type in Frequency/Intensity according to IFSP in “Services” section. Specify “PSP” or “Consultant”. 4. Date and Comments about Service Section: Type in “1. If Child is Present and additional time is needed to support the family, Service Provider is allowed to go over the AFS frequency/intensity no more than 2x max. After this the Service Provider must inform CC to discuss modifying the IFSP frequency/intensity and submit a new AFS form. 2. If Child is not present: Bill actual time up to 30 min. 3. JVP with another Service Provider is billable, actual time up to 15 min. maximum per JVP session. a. If applicable, indicate if an interpreter is needed. Type in “If an interpreter is accessed: actual time up to 75 minutes is allowed for the session OR Child not present: actual time up to 45 minutes is allowed”. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
18. Positive Behavioral Support (PBS) Services (Individual)	OS	<u>Child Present</u> Actual time up to 60 minutes regardless of intensity time on IFSP service page. However, if this occurs >2 times, IFSP should be revised. If an interpreter is accessed:	B1 FP5	Yes	Note: Only applies when PBS services frequency and intensity is needing to be more than the PSP/Consultation sessions frequency and intensity. 1. Family engaged and participating in session. Child participation occurs to the extent possible. 2. Child is Present, use B1 3. Child is Not Present, use FP5. a. Documentation must state that the child was not present. 4. Telepractice set-up applies. FFS AFS Instructions: Note: PBS Individual sessions can be combined on the same AFS form as the Consultation sessions. 1. Services: Check “PBS” Box. 2. Type in Frequency/Intensity according to IFSP in “Services” section. Specify “Individual”.

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PBS Services (Individual) (Continued)		Actual time up to 75 minutes <u>If Child is Not Present (e.g., sleeping),</u> Actual time up to 30 minutes. If an interpreter is accessed: Actual time up to 45 minutes			3. Date and Comments about Service Section: Type in “1. If Child is Present and additional time is needed to support the family, Service Provider is allowed to go over the AFS frequency/intensity no more than 2x max. After this the Service Provider must inform CC to discuss modifying the IFSP frequency/intensity and submit a new AFS form. 2. If Child is not present: Bill actual time up to 30 min. a. If applicable, indicate if an interpreter is needed. Type in “If an interpreter is accessed: actual time up to 75 minutes is allowed for the session OR Child not present: actual time up to 45 minutes is allowed”. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
19. Social Work Services Family Present	CC/ Other	Actual time up to 60 minutes regardless of intensity time on IFSP service page. However, if this occurs >2 times, IFSP should be revised. If an interpreter is accessed: Actual time up to 75 minutes <u>If Child is Not Present (e.g., sleeping),</u>	SWF	Yes	Note: Only applies to Licensed SW. If SW is providing CC Services refer to CC service activities 1. If additional time is needed to support the family, Social Worker is allowed to go over the AFS intensity no more than 2x max. After this the Social Worker must discuss with the IFSP team to modifying the IFSP intensity. 2. Telepractice set-up applies. FFS AFS Instructions: 1. Services: Check “Social Work” Box. 2. Type in Frequency/Intensity according to the IFSP in “Services” section. Specify “Individual”. 3. Date and Comments about Service Section: Type in “1. If Child is Present and additional time is needed to support the family, Social Worker is allowed to go over the AFS frequency/intensity no more than 2x max. After this the Social Worker must inform CC to discuss modifying the IFSP frequency/intensity and submit a new AFS form. 2. If Child is not present: Bill actual time up to 30 min.” a. If applicable, indicate if an interpreter is needed. Type in “If an interpreter is accessed: actual time up to 75 minutes is allowed for the session”. FFS Provider coordinates with EI Program to schedule an interpreter.

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Social Work Services (Continue)		Actual time up to 30 minutes. If an interpreter is accessed: Actual time up to 45 minutes			b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
19. Audiology Services-Hearing Aid Related Family and Child Present	CC/ Other	According to Audiological and Hearing Aid FFS Rate Schedule “Hearing Aid Related” Section	HAR Applicable CPT Code, refer to the Audiological and Hearing Aid FFS Rate Schedule “Hearing Aid Related” Section	Yes	Note: Only applies to EIS FFS Audiologist. 1. Hearing Aid Related Services includes: a. Hearing aid examination (monaural/binaural). b. Fitting/Orientation/checking of hearing aid(s) (monaural/binaural). c. Hearing Aid Check: Electroacoustic evaluation (monaural/binaural). d. Ear Mold and Ear impression. 2. Telepractice does not apply. FFS AFS Instructions: 1. If child has MedQuest, Family should access Hearing Aid Related service directly through MedQuest. 2. Services: Check “Audiology” Box. 3. Type in Frequency/Intensity: 1x in “Hearing Aid Related” section. 4. Date and Comments about Service Section: Type in the service “code(s)” in accordance with the Audiological and Hearing Aid FFS Rate Schedule Hearing Aid Related Section, specify if one ear or both ears and the “Hearing Related Aid Service Date and Time” OR “TBD within respective authorization period”. (Note: Multiple hearing aid related service can be submitted on one AFS). a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter.

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20. Audiology Services-Aural Rehab Family and Child Present	CC/ Other	Actual time up to 60 minutes If an interpreter is accessed: Actual time up to 75 minutes According to Audiological and Hearing Aid FFS Rate Schedule “Treatment/ Consultation” Section	AUR	Yes	Note: Only applies to EIS FFS Audiologist. 1. Telepractice does not apply. FFS AFS Instructions: 1. Services: Check “Audiology” Box. 2. Type in Frequency/Intensity according to IFSP in “Services” section. Specify: “Aural Rehab” and “Individual”. 3. Date and Comments about Service Section: Type in “if additional time is needed to support the family, Service Provider is allowed to go over the AFS intensity no more than 2x max. After this Service Provider must inform CC to discuss modifying the IFSP intensity and submit a new AFS form. If an interpreter is accessed: actual time up to 75 minutes is allowed for the session”. a. If applicable, indicate if an interpreter is needed. FFS Provider coordinates with EI Program to schedule an interpreter.
21. Developing or Repairing Assistive Technology Materials (FFS AT Provider Only)	CC/ Other	Actual time up to 180 minutes	AT	Yes	Note: Developing or Repairing Assistive Technology (AT) materials may include but not limited to programming devices, creating communication layouts, designing, building switches and mounting systems for access, etc. 1. Telepractice set-up does not apply. FFS AFS Instructions: 1. Services: Check “Assistive Technology” Box. 2. Type in Frequency/Intensity: 1x, actual time up to 180 minutes in “Services” section. Specify: “Developing AT Materials” and “Consultant”. 3. Date and Comments about Service Section: Type in the specific AT materials being developed or repaired (i.e., Low Tech, Moderate Tech). a. Low tech Example: an item from the child’s home (toy/book etc.) with customized adaptation (i.e., battery interrupter switch, picture symbol or page bumper) b. Moderate tech Examples: i. Communication Aids – Picture communication, augmentative and alternative communication devices (AAC)

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Developing or Repairing Assistive Technology Materials (FFS AT Provider Only) (Continued)					ii. Adaptive Play device - Switch activated toys, toys with customized adaptations to enhance developmental outcomes. iii. Adaptive Switch – allows children with movement-limiting disabilities to interact with toys and communication devices adapted to their unique physical abilities.
22. Sign Language and Cued Speech Services Family and Child Present	CC/ Other	Actual time up to 60 minutes, up to 12x a quarter max. If an interpreter is accessed: Actual time up to 75 minutes Note: Based on review of the IFSP, additional sessions may be requested.	ASL CUE	Yes	Note: Sign language and cued language services includes teaching sign language, cued language, and auditory/oral language, providing oral transliteration services, such as amplification, and providing sign and cued language interpretation. Only applies to EIS FFS Sign Language Instructors. Cued Speech Instructors and Listening and Spoken Language (LSL) Instructors. 1. Telepractice set-up applies. FFS AFS Instructions: 2. Services: Check “Other” Box and type in Sign Language, Cued Speech, OR Oral Transliteration services. 3. Type in frequency/Intensity according to IFSP in “Services” Section. Specify “Individual”. 4. Date and Comments about Service Section: a. If applicable, indicate if an interpreter is needed. Type in “If an interpreter is accessed: actual time up to 75 minutes is allowed for the session”. FFS Provider coordinates with EI Program to schedule an interpreter. b. If doing telepractice type in: “The following activities are billable if the activity was completed with the required documentation submitted to the EI Program: 1) Telepractice set up/Troubleshooting, actual time up to 10 min. OR If an interpreter is accessed bill actual time up to 15 minutes.”
23. Interpreter Services	CC/ Other	In accordance with Interpreter Agency’s Rate Schedule	IS	Yes	1. ECSPs access EIS FFS Agency’s for Interpreter Services. 2. POS Programs coordinate Interpreter Services and Invoice EIS for reimbursement. FFS AFS Instructions: *ECSPs ONLY* 1. Services: Check “Other” Box and type in “Interpreter + <u>Language</u> .”

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Interpreter Services (Continued)					2. Type in Frequency/intensity in applicable section to specify service activity in accordance with the FFS Agency's Interpreter Service Rate Schedule. a. If the Intensity of the service activity is less than the FFS Interpreter Agency minimum billable time, EI Program to input the minimum billable time for an interpreter that will be billed to EIS. See below example: i. FFS Agency minimum billable time is 120 min. ii. Service Activity is 60 min. iii. AFS intensity will be 120 min. (FFS Agency minimum billable time). b. If the Intensity for the service activity is more than the FFS Interpreter Agency minimum billable time, input the actual schedule time in accordance with what is authorized by EIS Billing Reference Guide. See example below: iv. FFS Agency minimum billable time is 60 minutes. v. Service Activity is 90 minutes. vi. AFS intensity will be 90 minutes. 3. Date and Comments about Service Section: Type in <u>"date and time of appointment"</u>. If the interpreter exceeds the amount of minutes authorized, the EI Program must notify EIS within 1 business day to amend AFS within 1 business day".
24. Transportation	CC/ Other	N/A	TR	Yes	Note: Transportation and related costs include the cost of travel to enable an infant or toddler with special needs and the child's family to receive EI services. 1. To access an EIS FFS Provider for Transportation contact EIS Contract Specialist if transportation services are needed. <u>FFS AFS Instructions:</u> 1. Services: Check "Transportation" Box. 2. Type in Frequency: 1x in appropriate section for when transportation service is needed. 3. Date and Comments about Service Section: Type in the <u>"appointment with date and time"</u>. Requires an explanation as to why transportation service is needed. Provide Family Contract information and details regarding the transportation request.

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25. Family Support Team (FST) Meeting	CC/ Other	Actual time up to 90 minutes a week, per team <u>Welcome:</u> Actual up to 5 min./child <u>Quarterly Update:</u> Actual up to 10 min./child * If a PBS Plan Progress Update Report is included, Quarter Updated: Actual up to 15 min./child <u>Primary Coaching Opportunity:</u> Actual up to 15 min./child <u>Primary Service Provider (PSP) Selection:</u> Actual up to 15 min./child If an Interpreter is accessed see comment #3	CTM	Yes	Note: Weekly FST meeting are scheduled to discuss a child’s progress, answer questions the family/other team members have, and obtain support from other team members. All applicable Service Provider (PSP and Consultants) except for Audiologist and Sign Language Instructors shall attend FST meetings. 1. Participation in FST meetings via telepractice recommended. 2. Telepractice set-up does not apply. 3. Only one provider per discipline per child may be billed. 4. Transition, Transfer and Exit are included in the agenda but not billable discussions. 5. <u>When an interpreter is accessed Service Providers may bill up to the additional time below for the respective child:</u> a. Welcome, actual time up to 10 min. b. Quarterly Update (QU), actual time up to 20 min. c. Primacy Coaching Opportunity (PCO), actual time up to 30 min. d. Primary Service Provider (PSP) Selection, actual time up to 30 min. <u>FFS AFS Instructions:</u> 1. Services: Check appropriate box for “discipline” function as PSP/Consultant <u>OR</u> check “Care Coordination” Box. 2. Write in Frequency/Intensity: 1x actual time up to what’s authorized for WTE, QU, PCO, or PSP Selection in “Meeting” section. Specify Meeting as “FST” - WTE, QU, PCO, PSP. 3. Date and Comments about Service Section: Type in “<u>date and time</u>” of FST meeting date.

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26. Pre-Joint Visit Planning (JVP) Meeting	CC/ Other	Actual time up to 15 minutes	CTM	Yes	Note: JVP is a PSP and Consultant meeting to plan and prepare for a joint session. Discuss question(s) the family/PSP/other team members have identified for the Consultant. - If the family cancels the visit, the JVP that was held can still be billed and another JVP is not necessary unless the family has a new question (Refer to JVP Guidelines). - Telepractice set-up does not apply. FFS AFS Instructions: - JVP is combined on the same AFS Form for applicable Services. Required documentation must be submitted.
27. PSP Selection Meeting (Non-FST Meeting)	CC/ Other	Actual time up to 15 minutes If an interpreter is accessed: Actual time up to 30 minutes	CTM	Yes	Note: PSP selection should occur during the FST meeting. If PSP selection occurs outside of the FST meeting this is an exception for when the PSP selection needs to occur prior to an IFSP meeting (i.e., when a child is being transferred). All applicable Service Provider (PSP and Consultants) except for Audiologist and Sign Language Instructors shall attend. - Telepractice set-up does not apply. FFS AFS Instructions: - Services: Check appropriate box for “discipline” function as PSP/Consultant <u>OR</u> check “Care Coordination” Box. - Write in Frequency/Intensity: 1x actual time up 15 minutes <u>OR</u> if an interpreter is accessed: Actual time up to 30 minutes in “Meeting” section. Specify Meeting as “PSP Selection. - Date and Comments about Service Section: Type in “<u>date and time</u>” of PSP selection meeting date.
28. Telepractice: Set-Up and Troubleshooting Family Present	CC/ Other	<u>Set-up including Unsuccessful Set-Up</u> : Actual time up to 10 minutes	FP5	Yes	<u>Set-up</u>: The Service Provider who is responsible for the TP set-up (Meeting Host) (includes setting up TP equipment in the home, opening the zoom room for the participants) prior to the start of the session/meeting is authorized to bill for the TP set-up, actual time up to 10 minutes. Set-up is additional time and not counted as the session/meeting time. Note: If the family does not sign-on, notify the CC to follow-up with the family.

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Telepractice: Set-Up and Troubleshooting (Continued)		<u>Troubleshooting During Session</u> Only 1-episode, Actual time up to 10 minutes If an interpreter is accessed: Actual time up to 15 minutes			a. Example for IFSP Meeting: FP5, 10 mins. (set-up) + FP5, 60 mins. IFSP meeting. b. Example for Session: FP5, 10 mins. (set-up) + PC (PT consult), 45 mins. 2. <u>Unsuccessful Set-up:</u> Service Provider(s) may bill for the actual time up to 10 minutes, if technical difficulties occur during set-up and is not resolved within 10 minutes, discontinue set-up, and reschedule session. 3. <u>Troubleshooting During Session:</u> Service Provider(s) may bill for only one (1) episode of troubleshooting, actual time up to 10 minutes is allowed during a session/meeting. <u>Troubleshoot Time spent is part of session/meeting time.</u> Definition of Telepractice “Troubleshooting” = Working to resolve technical difficulties (i.e., restore connection) between provider(s) at an originating site (e.g., home) and telepractice provider(s) at a distant site (e.g., via Zoom). It does not include minor glitches such as increasing sound volume, minor pauses in connection, etc. If technical difficulties are not resolved within 10 minutes, reschedule the session. a. Example for IFSP Meeting: FP5, 30 mins. IFSP meeting + FP5, 10 mins. troubleshooting during session + FP5, 20 mins. IFSP meeting. The total amount for IFSP meeting = FP5, 60 mins. b. Example for Session: LF, 20 mins SLP PSP + FP5, 10 mins. troubleshooting during session + LF, 15 mins. SLP PSP. The total for SLP PSP = LF, 45 mins. and FP5, 10 mins. 4. For billable time, Service Provider must document the TP set-up, technical difficulties or troubleshooting that occurred in the session/meeting. TP set-up and/or Troubleshooting time is reported in the TP column on the documentation note associated with the delivered service. FFS AFS Instructions: 1. Telepractice set-up is combined on the same AFS form for applicable services activity.

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29. Travel Time	N/A	Travel Time	N/A	No	- Travel time is billable for a Service Provider to travel to/from the Program office to the child/family's location (e.g., child/caregiver's home, preschool, etc.) to provide the services activity identified on the IFSP. - If back-to-back visits time travel would be from child's home to child's home. - Travel time is billable for no-show/late cancellation appointments. A late cancellation appointment is when the appointment was canceled prior to the session start time after the fact the Service Provider traveled to the community site. - Calculate travel time when the service provider's first/last visit of the day results in starting/ending at employee's home. - Travel time from employee's home to child's home/child's home to employee's home is longer than the travel to/from Employee's home to Program office (Note: If staff does not go directly home after their last visit no travel time is billable). - Employee's home to child's home = 45 min. - Employee's home to Program/Satellite office whichever is closer = 30 min. - Total Travel Time Claiming: $45 - 30 = 15$ min. - No travel time is billable when travel time to the child's home is shorter than the travel time to the Program to/from employee home. - No travel time is billable when travel time to the child's home is the same travel time to the Program to/from employee home. - For billable time, travel time is reported in the travel column on the documentation note associated with the delivered service.
30. Mileage	N/A	Mileage Claim	N/A	Yes	<u>El Programs Mileage Claim:</u> - Mileage is billable for a Service Provider to travel to/from the Program office to the child/family's location (e.g., child's or caregiver's home, preschool, etc.) to provide services identified on the IFSP. - If back-to-back visits mileage would be from child's home to child's home.

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Mileage (Continued)					2. Mileage is billable for no-show/late cancellation appointments. A late cancellation appointment is when the appointment was canceled prior to the session start time after the fact the Service Provider traveled to the community site. 3. Calculate Mileage when the service provider's first/last visit of the day results in starting/ending at employee's home. a. Mileage from employee's home to child's home/child's home to employee's home is longer than the travel to/from Employee's home to Program office. i. Employee's home to child's home /child's home to employee's home = 15 miles. ii. Employee's home to Program office = 10 miles. iii. <u>Total Mileage Claiming: 15 – 10 = 5 miles.</u> b. No Mileage is billable when travel to the child's home is shorter OR the same distance as traveling to the Program to/from employee home. 4. If the visit with the family is outside of the Program's geographical area, an authorized geographic exemption form is required. 5. <u>Mileage Claim supporting document is not required to be submitted with POS invoice</u>, however, Programs should have Service Providers complete a mileage claim tracker and have mileage claim on file for Fiscal Monitoring purposes. 6. Note: POS EI Programs are authorized to bill mileage for other non-IFSP service-related activities that are required by EIS (e.g., obtaining passes to access military base). FFS Mileage Claim: 1. Mileage is billable for a Service Provider to travel to/from the respective Program office to the child/family's location (e.g., child's or caregiver's home, preschool, etc.) to provide services identified on the IFSP. a. If provider has back-to-back visits within a Program's geographical area, mileage shall be from child location to the next child's location. When going to another Program's geographical area, restart the process. i. Program 1 has child A and B in their geographical area. ii. Program 2 has child C in their geographical area *Mileage is from Program 2 to child C location.

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Mileage (Continued)					- Mileage is billable for no-show/late cancellation appointments. A late cancellation appointment is when the appointment was canceled prior to the session start time after the fact the Service Provider traveled to the child's location. - Submit Invoice for Mileage along with the invoice for the delivered service that it is associated with. - Note: If authorized by EIS, FFS Providers may bill mileage for other activities in support of IFSP services that are required by EIS (e.g., picking up assistive tech equipment).
31. Coaching Log DEMO SITES and APPLICABLE COHORTS	N/A	Actual time up to 60 minutes per log.	N/A	Yes	- Do not enter in HEIDS. - Submit the Invoice for EIS Mandated Training using authorized Mandated Training Rate - Billable item for Service Provider to write coaching log. - A maximum of 6 logs may be billed for one Service Provider or 9 months, whichever comes first. - Billable item for Service Provider functioning as a mentor to review and code the coachee's log. (Excludes PM and CCs). No restrictions on number of billable mentor sessions.
32. Mentor Session DEMO SITES and APPLICABLE COHORTS	N/A	Actual time up to 60 minutes per Mentor Session	N/A	Yes	- Do not enter in HEIDS. - Submit the Invoice for EIS Mandated Training using authorized Mandated Training Rate. - Must submit a coaching log prior to the Mentor Session as specified by mentor. - Billable item for Service Provider to participate in the mentor session. - A maximum of 6 sessions may be billed for one Service Provider. - Billable item for Service Provider functioning as a mentor (Excludes PM and CCs). No restrictions on number of billable mentor sessions.
33. EI Provider Orientation Training & Other Mandated Training	N/A	Actual time up to what is authorized by EIS	N/A	Yes	- Do not enter in HEIDS. - Submit the Invoice for EIS Mandated Training using authorized Mandated Training Rate.

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EI Provider Orientation Training & Other Mandated Training (Continued)					3. EI Provider Orientation Training is mandatory for all Service Providers, except for Audiologist and Sign Language Instructors, who must complete the EI Provider Orientation Training. a. EI Provider Orientation Training must be completed within six (6) months of the contract's start date or from start date for newly hired Service Providers. 4. Service Provider must complete the EI Provider Orientation Checklist "EI Overview Section" prior to attend the EI Provider Orientation Training. a. The EI Provider Orientation Checklist "EI Overview Section" is not compensated at the EI Mandated Training Rate. 5. Any EI Provider Orientation refresher trainings are at the expense of the Contractor.