**New York City Early Intervention Program**

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| **Policy Title: Make-up Sessions** | **Effective Date: 10/17/2010** |
| **Policy Number: 6-D** | **Supersedes: N/A** |
| **Attachments:*** **IFSP Page 8: Attestations, Consent for Services**
* **NYC EI Make-up Policy – Information for Families**
* **Service Authorization Data Entry Form**
 | **Regulation/Citation: NYCRR 69-****4.9 (g)(2)(i); NYCRR 69- 4.9****(g)(2)(ii); NYCRR 69- 4.9 (g)(2)(i)(a)** |

# POLICY DESCRIPTION:

“Providers shall make reasonable efforts to notify the child’s parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies**,** hazardous weather, or other circumstances which impede the provider’s ability to deliver the service.

Providers shall notify the child’s parent and service coordinator **at least five (5) days** prior to any scheduled absences due to vacation, professional activities, or other circumstances, including the dates for which the provider will be unable to deliver services to the child and family in conformance with the Individualized Family Service Plan and the date on which services will be resumed by such provider.

Missed visits may be rescheduled and delivered to the child and family by such provider, as clinically appropriate, agreed upon by the parent and in conformance with the child’s and family’s IFSP.”

Sessions delivered in excess of the authorized frequency per week/month to compensate for a prior missed session (make-up) may be rescheduled by the service provider according to the procedure indicated below.

# PROCEDURE:

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| **Responsible Party** | **Action** |
| **Early Intervention Official Designee (EIOD)** | 1. Reviews the make-up policy with parents at conclusion of every IFSP meeting. (**IFSP Page 8: Attestations, Consent for Services**)
	1. Gives parent a copy of the *NYC EI Make-Up Policy – Information for Families.*
	2. Explains that:
		1. Make–up sessions are delivered to compensate for one or more missed sessions in excess of the authorized frequency (per week/month).

*Example: A child is authorized to receive Speech Therapy once a week. In a particular week, no session was delivered. In a future week, two (2) sessions were delivered; the second is a “make-up” for the missed session of the earlier week.** + 1. While make-up sessions are not mandatory, providers are encouraged to make-up missed sessions.
		2. Sessions can be made up **within two (2) weeks** after the missed session.
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|  | iv. Interventionist(s) will notify the child’s parent and Service Coordinator (SC) **at least five (5) days** prior to any scheduled absences.**Note:*** If the family has circumstances that may result in many missed sessions, those circumstances should be documented in the IFSP, if known.
* The Ongoing Service Coordinator (OSC) is responsible for monitoring delivery of services.
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| **Service Provider Agency** | 1. Does not provide individual and/or group (Group Developmental, Parent/Child Group, Family/Caregiver Support Group) make-up sessions under the following circumstances:
	1. While the services are being located, not to exceed **fourteen (14) calendar days**.
		1. Refer to **Start Date of Service Policy**.
	2. During family vacations:
		1. Service Provider must document such occurrence (s) in the Session Notes.
		2. Refer to **Family Vacation Policy**.
	3. If parent/child displays a pattern of missed sessions (three (3) consecutive missed scheduled sessions) that was not agreed to by the interventionist and the parent.
		1. This does not apply to waived services.
	4. Provider agency must document such occurrences in the **Session Notes**.
	5. Refer to Closure Policy.
2. Provides individual and/or group make-up sessions within **two (2) weeks** of the missed session within the existing IFSP period, if the following conditions are met:
	1. The session is not medically or therapeutically contraindicated, as indicated by the child’s record
	2. The make-up session cannot be on the same day as a regularly scheduled service of the same type.

**Note:*** For service with a billing waiver, therapeutic sessions cannot exceed the frequency of services authorized on the IFSP or the number of sessions waived on the IFSP.
* Waivers are not given to address missed sessions.
* Make-up sessions may not take place in advance of a missed session.
	1. Scheduling of the make-up session does not violate any New York State Department of Health billing rules for a particular day:
		1. Home/Community, Individual/Collateral Visit - Basic and Extended: Up to **three (3) per day**. The **three (3) visits** may include only **one (1) visit** per discipline per day.
		2. Office/Facility Individual/Collateral Visit: Up to **three**

**(3) per day**. The **three (3) visits** may include only one (1) visit per discipline per day.* + 1. Group developmental visits and parent-child group – No
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|  | more than one (1) per day1. Family/caregiver group – No more than **two (2) per day**.
2. Regularly scheduled Early Intervention therapy sessions may not be extended for the purpose of making up a missed session.
3. Group sessions can be made up if all of the conditions above are met and:
	1. An appropriate group is available
	2. An appropriate teacher or therapist is available
	3. The transportation company can accommodate the child on an existing route (if transportation has been authorized) or the parent can provide transportation for the child for the make-up session.
4. Provider agencies **must** plan as far in advance as possible for absences known ahead of time.
	1. Provider agencies must give families a calendar with scheduled agency closures at the initiation of service and yearly thereafter.
	2. Provider agencies must notify the child’s parent and SC at least **five (5) days** prior to any scheduled absences due to vacation, professional activities, or other circumstances
	3. If missed sessions are due to a prolonged absence by an interventionist (absence of **more than fourteen (14) calendar days** since the last intervention session), a new interventionist should be assigned by the service provider with parent/caregiver consent.
	4. If the parent consents to a new interventionist but the provider agency cannot locate a new therapist within **three (3) business days**, the provider agency must immediately contact the parent and service coordinator.
	5. If the parent/caregiver chooses to wait for the interventionist to return (**not to exceed three (3) weeks**):
		1. The agency must notify the OSC.
		2. The agency must document parent/caregiver choice in the child’s record.

**Note:** The provider agency must ensure that the parents and the OSCare fully aware of the days when the agency or individual therapists cannot provide services due to scheduled vacations or agency closures. |
| **Ongoing Service Coordinator (OSC)** | 1. OSC must locate another interventionist/service provider when s/he becomes aware of any interventionist vacation lasting longer than **fourteen**
	1. **calendar days**.
		1. Notifies the EIOD/Assistant Regional Director (AD).
		2. Completes the **Change in Services/Service Provider/ Service Coordinator Form** and new **Service Authorization Data Entry Form** and submit it to the RO for approval (applicable if changing provider agency).
		3. No parent signature is required when changing service providers but the OSC must notify the parent of the change.
		4. SC must document all attempts to locate a new interventionist/service provider and include a copy of the **Change in Services/Service Provider/Service Coordinator Form** (if applicable) in the child’s case record.
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|  | 1. If the parent/caregiver chooses to wait for the interventionist to return:
	1. OSC must document parental choice in the SC notes.
	2. OSC must review the make-up policy with the parent.
	3. A child cannot go without services for more than **three (3) weeks**.

**Note:** If a prolonged absence is due to a delay in initiation of services that exceeds **fourteen (14) days** see **Start Date of Services Policy**. |
| **Early Intervention Official Designee** | 1. Reviews and approves the **Change in Services/Service Provider/Service Coordinator Form** and new **Service Authorization Data Entry Form within two (2) weeks of receipt**.
2. Ensures that arrangements for additional sessions are authorized for missed intervention sessions, if appropriate.
3. If the EIOD determines that a provider has not delivered services for a excessive period of time (**more than four (4) weeks**), and a new provider for those services is located:
	1. An increased frequency **may** be added to the new provider’s **Service Authorization Data Entry Form** to the extent that the sessions are clinically appropriate and feasible.
		1. A note will be made on the form and in the IFSP that “[X] number of sessions are being added for services not delivered as authorized.”
		2. Sessions can be added to either the current or subsequent IFSP service authorizations. (This determination is made after consultation with the AD.)

**Note:*** How changes in frequency are scheduled will be addressed on a case-by- case basis depending on the new provider’s ability to accommodate increased sessions.
* Authorization for services not delivered as authorized by the previous provider will be documented as such in the IFSP and on a **Service Authorization Data Entry Form.**

- Authorization will include the frequency and duration of the therapy. Refer to the **Obtaining Prescriptions for Authorized Services Policy** for informationregarding changes to frequency.* + If the EIOD determines that a provider agency is at fault of extended periods of services not being delivered as authorized, the AD will notify Program Monitoring and Quality Improvement (PMQI).
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| **Program Monitoring and Quality Improvement (PMQI)** | 1. PMQI will investigate the reasons for services not being delivered as authorized and determine if a Corrective Active Plan or further sanctions are warranted. |

**Approved By: Date: 9/17/10**

**Assistant Commissioner, Early Intervention**

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