



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

March 31, 2006

Dear Early Intervention Official:

I am writing to provide guidance and clarification on the appropriate use of joint home- and community-based visits by early intervention providers to children and families under their mutual care (referred to as “co-visits”).

We have received several inquiries recently regarding the appropriate use of *periodic* co-visits by two or more qualified personnel who are providing early intervention services to a child and family. While these visits typically involve qualified personnel from different professional disciplines, there may also be circumstances under which two different individuals with the same professional qualifications are providing early intervention services to a child and family where periodic co-visits may be warranted (e.g., two or more special educators delivering intensive behavioral interventions to a child with autism and the child’s family).

Periodic co-visits (e.g., monthly, bimonthly, quarterly) by qualified personnel are not considered necessary for all children and families in the EIP. However, when children are experiencing multiple delays and/or disabilities that affect multiple areas of development and functioning (such as cerebral palsy, autism, Down syndrome, and other conditions), and families are receiving EIP services from two or more professionals, there may be circumstances under which periodic co-visits by professionals are determined to be necessary and appropriate by participants in the child’s and family’s Individual Family Service Plan (IFSP) meeting.

In general, such co-visits, when determined necessary and appropriate, should not be authorized on a routine basis (e.g., weekly or biweekly) by the Early Intervention Official/Designee (EIO/D) unless the IFSP meeting participants provide specific justification as to why such co-visits should be provided on a more frequent basis to meet the needs of the child and the family, and the EIO/D agrees that such need exists. The reasons why co-visits are needed on a more frequent basis (e.g., weekly or biweekly) must be documented in the child’s and family’s IFSP.

Periodic co-visits by qualified personnel, either in a home- and community-based setting or on-site at a provider’s facility, may be appropriate when two or more providers are delivering services to the same child and family, and the focus and purpose of the co-visits are to:

- provide for co-treatment of a child during a single intervention session targeting an area of child need in which two or more qualified personnel are providing different

interventions (e.g., co-treatment by speech-language pathologist and motor therapist such as a physical therapist or occupational therapist to provide co-treatment related to oral-motor functioning);

- enable professionals to collaborate in providing education, training, and instruction to the parent/designated caregiver in use and integration of specific techniques and strategies to enhance the child's development and functioning in the area of need being addressed by each of the individual professionals, including how to incorporate these intervention strategies and techniques into daily routines and activities; or
- enable professionals and parents/designated caregivers to work together to assess child progress and problem-solve on emerging issues related to child and family needs across the areas of needs that are being addressed by differently qualified personnel, and the different types of strategies and techniques being used by the professionals and parent/family members/caregivers to meet those needs.

Co-visits can be conducted by qualified personnel with the child or the child and the parent/designated caregivers, either at the family's home or a provider site, only under the following circumstances:

- the need for periodic joint visits by providers delivering services to a child and family is identified in the context of development, review, or evaluation of the Individualized Family Service Plan (IFSP) and documented in the IFSP; and
- the duration, frequency, intensity, location, and method of delivering the co-visits, including all qualified personnel who will be participating in the co-visits is specified in the IFSP and agreed to by the parent and the EIO/D.

Please note that co-visits do not replace any meetings with the parent convened by the EIO/D and/or service coordinator for the purpose of initial IFSP development or six-month review or annual evaluation of the IFSP.

In addition, meetings between/among professionals that do not include the child or the family cannot be billed as a co-visit. The rates for early intervention visits allocate time each week for meetings among professionals, and these meetings cannot be billed as separate units of service.

Consistent with the above requirements, each provider involved in a co-visit must receive a separate service authorization and submit a separate bill to the municipality for co-visits delivered to the child and family. Co-visits that are provided for the purpose of co-treatment and to assess child progress and problem-solve on emerging issues must be authorized in KIDS, billed either as home- and community-based visits or as facility based visits with the appropriate *service type* and *procedure code* for the individual profession (e.g., physical therapy, or speech language therapy, etc.), consistent with agreements reached on service location and method, and documented in the child's and family's IFSP.

For example, if it is agreed upon that during the course of the first six months of the IFSP, the child and family should receive one home- and community-based visit each week from a

physical therapist and one from a speech-language pathologist, and a monthly co-visit by the two professionals for the purpose of co-treatment, the IFSP must authorize each service for each professional, and indicate the number of home- and community-based visits that will be delivered in collaboration with the other professional.

For co-visits by professionals that are specifically for the purpose of enabling professionals to collaborate in *providing education, training, and instruction to the parent/designated caregiver in use and integration of specific techniques and strategies to enhance the child's development*, the service type should be specified as *family training*, and the procedure code used for each professional involved in the visit should be an appropriate family training procedure code in accordance with the service authorizations included in the IFSP. The IFSP must specify the purpose of the visit as providing education, training, and instruction to the parent/designated caregiver, must specify all of the qualified personnel who will be involved in the family training session(s), and must include a separate service authorization for each individual professional that is to participate in the co-visits for the purpose of family training.

For all co-visits, the IFSP must indicate the specific duration and frequency agreed upon for co-visits (total number of co-visits during the time period covered by the IFSP and whether these co-visits will occur biweekly, monthly, or other specified periodicity), each professional involved in each co-visit with the family, and the location of the visits.

The IFSP must also specifically address the procedures that will be used when one or more of the professionals involved in a co-visit are unable to participate in a scheduled visit. Under these circumstances, the professional(s) involved is/are responsible for contacting the child's and family's service coordinator to request that the co-visit be cancelled and rescheduled. If a co-visit is scheduled and one or more of the provider(s) is/are absent for the visit, a visit can be billed by providers present if they have provided a service.

Please be advised that because each provider will be authorized for and bill for the co-visit separately, each provider must prepare his/her own session note for the co-visit. The session note prepared by each provider must be consistent with the requirements specified in the Department's administrative *Guidance on Early Intervention Program Records* and should also specify all other professionals involved in the visit and the role of each professional involved.

Co-visits by providers with different professional qualifications are generally consistent with billing rules set forth in regulations at 10 NYCRR 69-4.30. However, please be reminded that 10 NYCRR 69-4.30(c)(5) and (6) set forth billing rules regarding certain limitations on home- and community-based and facility-based collateral visits, which can be waived with prior approval of the EIO/D, and which are applicable to co-visits. Specifically, prior approval by the EIO/D is required under the following circumstances:

- when the child's and family's IFSP includes co-visits with the child and parent/designated caregiver (either home- and community-based or facility-based) on the same day by three or more differently qualified personnel; or

- when the child’s and family’s IFSP includes co-visits with child and parent/designated caregiver (either home- and community-based or facility-based) on the same day by two or more professionals with the same qualifications (e.g., two or more special educators).

As you know from previous correspondence from the Division of Family Health Fiscal Unit ( see the September 18, 2002 letter from Deborah Nance), municipalities receive a “New York State Department of Health Program Billing Waiver Report” for all claims that violate a billing rule associated with EIP reimbursement regulations at 10 NYCRR 69-4.30. These reports include the child ID, authorization number, service begin date, and billing rule which was violated. Any violation of billing rules that result from authorization of co-visits and that must have the prior approval of the EIO/D for a waiver of billing rules will be reflected in these reports. Municipalities are responsible for reviewing these reports to ensure they are correct, making any necessary changes to the reports (i.e., the claim should not have been paid for any reason), and, ensuring the reports are signed and dated by an authorized individual and returned to the Department’s Division of Family Health Fiscal Unit. The Department maintains these signed billing waiver reports for audit purposes.

Please be advised that the Department intends to monitor and audit the use of co-visits to ensure the appropriate use and documentation of such visits, including adherence to regulations related to reimbursement for early intervention services (10 NYCRR 69-4.30) and the guidance provided in this letter.

I hope this clarification is helpful. Should you have any questions, please contact the Bureau of Early Intervention at (518) 473-7016.

Sincerely,



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Acting Director, Early Intervention Program  
Director, Division of Family Health

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