



PRACTITIONER CONFIRMATION FORM

Instructions/Guidance

Purpose: The Practitioner Confirmation Form (PCF) is used by Interim and On-Going Service Coordinators to confirm the practitioners selected by a family to complete evaluation/assessment and in combination with the Individualized Family Service Plan (IFSP), the direct services and service coordination activities needed to address the child and family's needs.

Legal Basis: WV Birth to Three State Policy

Process for the Completion of the Form:

Interim and On-Going Service Coordinators assist families in the selection of practitioners who have the knowledge and skills to answer the family's questions about their child's development, to determine the child's eligibility, to identify the child's strengths and needs, develop an appropriate IFSP and for providing appropriate early intervention services. Once selections are made, the Interim or On-Going Service Coordinator contacts the practitioner(s) selected to confirm availability.

The Practitioner Confirmation Form is completed and submitted to the RAU data entry within two days of completion to initiate the authorization process for services. A copy of the PCF is also securely emailed to the practitioner so the practitioner knows they can contact the family to schedule for the service. Once the information on the PCF is entered into the data system, an authorization is generated in the BTT Online Claiming System (OSC) for the practitioner's reference and to support billing.

Filling in the Blanks:

Header

Child Last Name: Enter child's legal last name.

Child First Name: Enter child's legal first name.

MI: Enter the child's middle initial. If the child does not have a middle initial, leave the field blank.

Date of Birth (DOB): Select the date from the calendar drop down or enter the child's date of birth using month/day/year (MM/DD/YYYY or MM-DD-YYYY).

ID #: Enter the child's ID number from BTT Online.

Date: Select the date from the calendar drop down or enter the date using month/day/year (MM/DD/YYYY or MM-DD-YYYY).

Form

SECTION I. Evaluation/Assessment. *One evaluation/assessment service per practitioner may be authorized with the family present to determine eligibility for the initial or annual IFSP, or in situations where the family has expressed concerns about a new developmental area in one of the following settings (Choose One): **F-F H, F-F CS, F-F CC, F-F SPL or F-F RF** on a 1 per auth basis for no more than 90 minutes OR **VH** on a 1 per auth basis for no more than 60 minutes. If there are concerns with the child's participation in a childcare or preschool setting, one additional authorization per practitioner may be given*



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to gather additional information in that setting to determine the need for ongoing services without the family present (F-F CC-NF) or (F-F CS-HS (Head Start) or PS (Private Preschool) -NF) on a 1 per auth basis for no more than 60 minutes. E/A authorizations are issued for a maximum of 60 days but are to be completed within 15 days of confirmation date. E/A authorizations may be discontinued at any point within the 60-day period if the practitioner does not complete their E/A activities timely.

Payee: Enter the Payee name. Agency Name or the independent Practitioner's Name if the practitioner does not have an Agency name.

Practitioner: Enter the Practitioner's name.

*** Part C Service:** Enter the Part C service code to be provided from the codes on the form.

Codes: (FC) Family Training and Counseling, (H) Health, (NR) Nursing, (NT) Nutrition, (O) Occupational Therapy, (P) Physical Therapy, (PSY) Psychology, (SC) Service Coordination, (SW) Social Work, (SI-ASL) ASL Specialist, (SI-DS) Developmental Specialist, (SI-HS) Hearing Specialist, (SI-AU) Special Education - Autism, (SI-BCBA) Special Education - BA/BCBA/BCaBa, (SI-BEH) Special Education – Behavior, (SP) Speech Pathology, (V) Vision.

Date Practitioner Confirmed: Enter the date the practitioner confirmed in person, on phone, email or text. This date starts the timeline for evaluation/assessment. E/A authorizations are issued for a maximum of 60 days but are to be completed within 15 days of confirmation date. E/A authorizations may be discontinued at any point within the 60-day period if the practitioner does not complete their E/A activities timely.

E/A Activities: Enter the method for how the evaluation/assessment activities will be provided. Service authorizations for evaluation and assessment activities are limited to the number of minutes indicated with the codes below. Only choose one evaluation/assessment activity per practitioner under family present options. If there are concerns with the child's participation in a childcare setting, an additional assessment per practitioner may be authorized in a childcare setting to determine the need for ongoing services without the family present.

FAMILY PRESENT

(F-F H) Face to Face-Home-90 mins
(F-F CS) Face to Face-Community Setting-90 mins
(F-F CC) Face to Face-Child Care-90 mins
(F-F SPL) Face to Face-Service Provider Location-90 mins
(F-F RF) Face to Face-Residential Facility-90 mins
(VH) Virtual-60 mins.

FAMILY NOT PRESENT

(F-F CC-NF) Face to Face-Child Care-No Family Present-60 mins
(F-F CS- HS-PS-NF) Face to Face - Community Setting - Head Start or Private Preschool- No Family Present- 60 mins



Add Practitioner/Payee for Evaluation/Assessment: When the current practitioner authorized to provide evaluation/assessment is unavailable, you will enter the Payee and Practitioner name of the person newly selected who will conduct the evaluation/assessment.

Remove Practitioner/Payee for Evaluation/Assessment: When the current practitioner authorized to provide evaluation/assessment is unavailable, you will enter the Payee and Practitioner name of the person who needs to be removed so that their authorization can be ended.

SECTION II. IFSP Services - *Section II of this form is required to be completed and submitted with all Initial and Annual IFSPs to confirm practitioners selected by families for IFSP services. Section II is also required to be completed and submitted with any IFSP Review resulting in changes to IFSP services to confirm practitioners being removed and/or added by the family for the IFSP services.*

Payee: Enter the Payee name. Agency Name or the independent Practitioner's Name if the practitioner does not have an Agency name.

Practitioner: Enter the Practitioner's name.

*** Part C Service:** Enter the Part C service code to be provided from the codes on the form.

Codes: **(FC)** Family Training and Counseling, **(H)** Health, **(NR)** Nursing, **(NT)** Nutrition, **(O)** Occupational Therapy, **(P)** Physical Therapy, **(PSY)** Psychology, **(SC)** Service Coordination, **(SW)** Social Work, **(SI-ASL)** ASL Specialist, **(SI-DS)** Developmental Specialist, **(SI-HS)** Hearing Specialist, **(SI-AU)** Special Education - Autism, **(SI-BCBA)** Special Education - BA/BCBA/BCaBa, **(SI-BEH)** Special Education – Behavior, **(SP)** Speech Pathology, **(V)** Vision.

Date Practitioner Confirmed: Enter the date the practitioner confirmed in person, on phone, email or text. All services must be provided within 30 days of the family signing agreement for the service on the IFSP or IFSP Review.

Method Code: Enter how services will be provided - **(F-F)** face to face or **(V)** virtually.

Location Code: Enter where services will be provided – **(H)** Home; **(CC)** Childcare; **(CS)** Other Community Setting; **(SPL)** Service Provider Location; **(RF)** Residential Facility

****Add Practitioner/Payee for IFSP:** In situations where the IFSP service and intensity/frequency is not going to change but there will be a new practitioner providing the services, you will enter the Payee and Practitioner name of the person who will be added to the IFSP team to provide the service.

****Remove Practitioner/Payee for IFSP:** In situations where the IFSP service intensity or frequency is not going to change but there will be a new practitioner providing the services, you will enter the Payee and Practitioner name of the person who will be removed from the IFSP team will no longer continue to provide the service.

A Practitioner Confirmation Form must be submitted even when the intensity and frequency is not going to change on the IFSP.