



**WV BIRTH TO THREE**

Office of Maternal, Child and Family Health  
 Bureau for Public Health  
 Department of Health and Human Resources

Child's Name: \_\_\_\_\_  
 Child's DOB: \_\_\_\_\_

**PRACTITIONER CONFIRMATION FORM**

Form to be completed by Interim or Ongoing Service Coordinator and submitted within two working days to the RAU. Copy to be provided to practitioner.

<b>SECTION I. Practitioners confirmed for Evaluation and/or Assessment Activities</b>						
Payee	Practitioner	*Part C Service	Location Code	Date Practitioner Confirmed	*Evaluation (E) *Assessment (A)	
<p><b>*Evaluation/Assessment services are to be provided within 15 days of confirmation or a new practitioner may be selected. E/A services are authorized on a 1x/auth basis, not to exceed 150 minutes. E/A authorizations are for maximum of 30 days.</b></p>						
<p><b>Part C Service Codes: (A) Audiology, (FC) Family Training and Counseling, (H) Health, (I) Interpreter, (M) Medical, (NR) Nursing, (NT) Nutrition, (O) Occupational Therapy, (P) Physical Therapy, (PSY) Psychology, (SC) Service Coordination, (SW) Social Work, (SI) Special Instruction, (SP) Speech Pathology, (V) Vision.</b>  <b>Location Codes: (H) Home, (CC) Child Care, (CS) Other Community Setting, (HI) Hospital Inpatient, (PCD) Program for Children with Developmental Delay, (SPL) Service Provider Location, (RF) Residential Facility.</b></p>						
<b>SECTION II. Must be completed for confirmed IFSP service practitioners</b>						
Payee	Practitioner	Part C Service Code	Date Practitioner Confirmed	Location Code	*** Add Practitioner/Payee for IFSP	*** Remove Practitioner/Payee for IFSP

Practitioners confirmed to provide IFSP services are authorized to provide services at the intensity/frequency and location as identified on the child/family's IFSP. Use these columns to confirm the family's selected practitioner(s)/payee(s) for the IFSP.

**\*\*\*It is important to indicate the practitioner being added and/or being replaced. For confirmation of IFSP services, an IFSP service page must be attached to this confirmation form when submitted to the RAU.**