



## Technical Assistance Bulletin

**TO:** WV Birth to Three Practitioners and Service Coordinators  
WV Birth to Three Regional Administrative Units

**FROM:** Mel Woodcock, Policy Coordinator  
WV Birth to Three

**DATE:** April 28, 2008  
(Replaces previous TA Bulletin released January 8, 2007)  
(New information is bolded and italicized)

**ISSUE:** Documentation of Service Components Not Provided Face-to-Face

The purpose of this Technical Assistance Bulletin is a reminder of the documentation requirements and definitions for WV Birth to Three service activities provided non-face-to-face. Each child's early intervention record must include documentation specific to the services and supports provided on behalf of the child and family, as per the WV Birth to Three Service Definitions and Procedures. WV Birth to Three face-to-face reimbursement rates were designed to cover the costs of typical administrative activities which are incurred in the provision of face-to-face services. This includes photocopying materials and forms, filing, sending copies of evaluations, assessments, IFSP or other pertinent information to team members and the family, and/or calling the family or other team members to reschedule a missed or cancelled visit, or receiving a call from the family to reschedule or cancel a scheduled visit.

### **Direct Service Practitioners – Documentation and Billing of Non-Face-to-Face Activity**

In accordance with WV Birth to Three Service Definitions and Billing Manual, providing occasional non-face-to-face activity is considered to be a component of the face-to-face activity and is not reimbursable as a separate activity for direct service practitioners.

Examples of non-face-to-face activities include:

- (a) with the family's permission, calling the child's physician to discuss how the child's diagnosis may impact decisions about interventions;
- (b) providing verbal or written updates to other team members about a child or family's concerns and/or progress;
- (c) writing an assessment summary for the annual IFSP or for transition meeting; and
- (d) communicating with the family and other team members to record and/or reschedule missed appointments. Activities completed non-face-to-face should be documented on the Correspondence/Phone Contact Log and submitted to the Regional Administrative Unit (RAU) for entry in the child's record. The Correspondence/Phone Contact Logs provide a chronological record of all activities to assist in the provision of early intervention services to the child and family including documentation of missed or cancelled visits.

## **Service Coordinators – Documentation and Billing of Non-Face-to-Face Activity**

As with direct service practitioners, the service coordination face-to-face reimbursement rates were calculated to include some of the non-face-to-face activities that service coordinators complete. However, WV Birth to Three recognizes that by virtue of the service itself, service coordinators may at times conduct other activities for families beyond typical coordination of Part C process and service. In accordance with the WV Birth to Three Service Definitions, ***the Non-Face-to-Face Service Coordination Code is a supplemental code that is reimbursable as one (1) unit of service during any given month, only if the service coordinator completes a qualifying linkage or referral during that month. This code is not to be routinely billed for every child. Allowable linkage and referral activities for billing of the Non-Face-to-Face Service Coordination Code are defined as: completing linkage or referral activities to assist the family in obtaining services other than those Part C services identified on the child/family's Individualized Family Service Plan (IFSP).***

***Linkage and referral to these other services includes:***

- (a) obtaining copies of pertinent medical records as consented by the family;***
- (b) copying and sending copies of appropriate records to medical providers as consented by the family;***
- (c) completing correspondence related to assisting the child/family to gain access to other needed services when the need has been identified through the service coordination assessment process. This may include linkage such as applying for child care or child care subsidies; acquiring applications for Family Support, Title XIX Waiver, SSI; or locating a health care provider; and***
- (d) scheduling the transition planning meeting to identify services and supports that the child and family may need.***

***Activities that are conducted specifically to coordinate the scheduling of IFSP meetings must be documented in the child's record (this includes scheduling, planning, calling team members or families to coordinate, or sending notices of upcoming IFSP meetings/reviews), but are not included as billable under the non-face-to-face code. Sending calendars or informational materials to all families on the service coordinator's caseload is not billable under this code. The non-face-to-face definition has been revised to be in compliance with recent changes in the Federal Medicaid rules.***

All non-face-to-face service coordination activities are to be documented on the Correspondence/Phone Contact Log and submitted to the RAU for entry in the child's record. WV Birth to Three Service Definitions and Billing Manual require that source documents are submitted to the child's record prior to billing for any qualified service. If a service coordinator bills for the non-face-to-face service coordination code, and there is no documentation of a qualified linkage or referral activity as described above, the service coordinator will be responsible for reimbursement of the amount paid.

Questions regarding this TA Bulletin may be forwarded to your Regional Technical Assistance Specialist or Mel Woodcock at [melwoodcock@wvdhhr.org](mailto:melwoodcock@wvdhhr.org).