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Version History

Version Number	Changes	Date
V1.0	Initial Publication	December 2023
V1.1	Posted Version	August 2024
V1.2	Updates to remove Basic Group Type (9/1/24 effective)	September 2024

Introduction to the Resource:

When completing a new application to be a New York State Early Intervention provider or submitting an amendment to an existing agreement, you will be asked to select which service models you would like to provide. Providers can only render services consistent with their professional discipline, licensing, and other credentials. In the EI-Hub Provider Application Tool and in the Provider Management section of the Case Management module, services are broken into **Service Models** and **Service Types**. The allowable **Service Types** a qualified professional is eligible to render or apply for as an early intervention provider is determined by their professional qualification, certification, or license. The **Service Type** indicates the kind of therapy being addressed based on the child's needs and in some cases indicates the duration or location of the visit but does not prescribe the specific activities or tools used by the qualified professional. Qualified professionals are limited to **Service Types** that align with their professional qualifications and their agreement with the Bureau of Early Intervention. **Service Types** combine to a defined **Service Model**, further defined below. Questions regarding an individual's professional scope of practice should be directed to the New York State Education Department.

Service Models:

Early Intervention **Service Models** outline the locations and participants of the allowable early intervention services. Each **Service Model** is associated with a specific type of location where the **Service Types** falling under that **Service Model** may take place as well as guidance for who should participate in the service.

Service Model	Definition
Service Coordination	Refers to the assistance and services provided by an appropriate qualified service coordinator to enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the Early Intervention Program. Service coordination is the Service Method and Service Type and is billed in 15-minute increments that reflect the time spent providing services in accordance with Section 69-4.6 and Section 69-4.7 .
Evaluations	Refers to the multidisciplinary procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for the Early Intervention Program. Only agencies can be approved for multi-disciplinary evaluations.
Supplemental Evaluations	Refers to supplemental physician or non-physician evaluations and shall be provided upon the recommendation of the multi-disciplinary team conducting the core evaluation and agreement of the child's parent. A supplemental evaluation may also be authorized if determined necessary by the IFSP team and added to an IFSP.
Home/community-based Individual/collateral	<p>Refers to early intervention services rendered by appropriate qualified personnel to an individual child in the child's home or other natural setting in which children under three years of age are typically found. This includes playgrounds, parks, and day care centers and family day care homes if the daycare center is not located on the same premises as an approved early intervention provider facility.</p> <p>Home/community-based individual/collateral services authorized on the IFSP with a duration of less than one-hour are considered a "Basic" visit, if the visit is authorized on the IFSP for an hour or longer the visit is classified as an "Extended" visit.</p>
Facility-Based Individual/collateral	Refers to early intervention services rendered by appropriate qualified personnel to the child and/or parent or other designated caregiver at an approved early intervention provider's site. A "site" is defined as any location where the provider will provide services at a facility that the individual or agency owns, leases, rents, manages, operates from, or otherwise uses on a regular basis. The facility where the service is rendered must also be approved as part of the provider's agreement with the Bureau of Early Intervention.

Group Developmental Intervention

Refers to early intervention services rendered by appropriate qualified personnel to a group of eligible children at an approved early intervention provider's site or in a community-based setting where children under three years of age are typically found. Group Developmental Interventions may also include children without disabilities. If a provider wants to deliver group services, the location of the group services must be approved by the Bureau of Early Intervention and included on the provider's profile as an approved site.

For more information about service models, service types, or other information about early intervention services and qualified professions, please visit the [Bureau of Early Intervention website](#) or review [Section 69.4](#) of the regulations.

The screenshot displays the 'Services' tab in the EI-Hub system. On the left is a navigation menu with options: Child, Therapist, Provider, Attendance, Billing, Enrollment, and Help (option 1). The main content area shows a 'Provider Service' table with columns: Catchment Area, Service Type, Service Model, Start Date, End Date, and Action. The table lists three services for the 'Albany' catchment area, all of type 'Non-physician Supplemental Eval - Social Work' or 'PT' or 'OT', with a model of 'Supplemental Evaluation'. Each row has an 'Edit' button. Above the table is a search bar and a 'Rows per page' dropdown set to 10. A green 'Add Provider Service' button is located above the table. Below the table is a 'Provider Service Add' form with fields for: *Catchment Area (dropdown), *Service Type (dropdown), *Service Model (dropdown), *Start Date (text input), and End Date (text input). A blue 'Submit' button is at the bottom right of the form.

Catchment Area	Service Type	Service Model	Start Date	End Date	Action
Albany	Non-physician Supplemental Eval - Social Work	Supplemental Evaluation	02/26/2016	02/22/2017	Edit
Albany	Non-physician Supplemental Eval - PT	Supplemental Evaluation	08/31/2015	02/22/2017	Edit
Albany	Non-physician Supplemental Eval - OT	Supplemental Evaluation	02/26/2016	02/22/2017	Edit

Programs:

Once you have an agreement with the Bureau of Early Intervention that includes your approved service models and types, service coordinators will be able to assign you children residing in your selected catchment areas. In the EI-Hub, service authorizations and case assignments are the means to granting the provider access to view the child and family information as well as bill for services rendered. The service authorizations in the EI-Hub utilize the term “program” to indicate what services a provider will be rendering. The “programs” in the service authorizations will mirror the approved service types and models included in your provider agreement.

Audiology

Audiologist

Audiologist (Individual Providers or Agencies who have a qualified professional employed or contracted by the agency)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual & Agency
	Service Coordination - Ongoing	Individual & Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual & Agency
	Non-physician Supplemental Eval - Audiology	Individual & Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual & Agency
Home/community-based individual/collateral	Assistive Technology	Individual & Agency
	Audiology	Individual & Agency
	Family Support	Individual & Agency
	Family Training	Individual & Agency
Facility-Based Individual/collateral (Individual and Agency providers must have facility approved as part of their agreement)	Assistive Technology	Individual & Agency
	Audiology	Individual & Agency
	Family Support	Individual & Agency
	Family Training	Individual & Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Individual providers are not eligible)		
Evaluations	Multi-Disciplinary Evaluation (Core Evaluation)	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Applied Behavior Analysis (ABA) Services

Certified Behavior Analyst Assistant (CBAA)

With the exception of service coordination, a CBAA rendering services within the Early Intervention Program must be under the direction of a Licensed Behavior Analyst. CBAA's must be employed by an approved Early Intervention Program agency and cannot receive individual approval from the New York State (NYS) Department of Health (DOH) Bureau of Early Intervention (BEI). CBAA's cannot contract with an Early Intervention Program (EIP) agency.

Certified Behavior Analyst Assistant (CBAA)		
Agency Only Services:		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Home/community-based individual/collateral <i>Note: These services must be provided under the direction of a Licensed Behavior Analyst</i>	Applied Behavior Analyst Treatment Services	Agency Only
Facility-Based Individual/collateral <i>Note: These services must be provided under the direction of a Licensed Behavior Analyst</i>	Applied Behavior Analyst Treatment Services	Agency Only
Group Developmental Intervention <i>Note: These services must be provided under the direction of a Licensed Behavior Analyst</i>	Enhanced Group Developmental	Agency Only
	Enhanced Group Developmental with 1:1 Aide	Agency Only

Licensed Behavior Analyst (LBA)

Licensed Behavior Analyst (LBA)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agencies)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Home/community-based individual/collateral	Applied Behavior Analyst Treatment Services	Individual AND Agency
Facility-Based Individual/collateral	Applied Behavior Analyst Treatment Services	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency

Medical and Nursing Services

Licensed Practical Nurse

A Licensed Practical Nurse (LPN) is only eligible to render services in the Early Intervention Program if they are an employee of an approved agency **AND** acting under the direction of a Licensed Registered Nurse or Nurse Practitioner, Clinical Nurse Specialist, Physician, Dentist, or other health care provider authorized under the Nurse Practice Act. LPNs cannot receive approval by NYS DOH BEI as an individual provider.

Licensed Practical Nurse		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who Is Eligible (Individual or Agency)
Service Coordination <i>Note: These services must be provided under the direction of an RN or NP.</i>	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Home/community-based individual/collateral <i>Note: These services must be provided under the direction of an RN or NP.</i>	Assistive Technology	Agency Only
	Family Training	Agency Only
	Health	Agency Only
	Nursing	Agency Only
Facility-Based Individual/collateral <i>Note: These services must be provided under the direction of an RN or NP.</i>	Assistive Technology	Agency Only
	Family Training	Agency Only
	Health	Agency Only
	Nursing	Agency Only
Group Developmental Intervention <i>Note: These services must be provided under the direction of an RN or NP.</i>	Enhanced Group Developmental	Agency Only
	Enhanced Group Developmental with 1:1 Aide	Agency Only
Parent – Child Group	Parent/Child Group	Agency Only

Nurse Practitioner

Nurse Practitioner		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Nursing	Individual AND Agency
Supplemental Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Counseling	Individual AND Agency
	Family Training	Individual AND Agency
	Health	Individual AND Agency
	Nursing	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Counseling	Individual AND Agency
	Family Training	Individual AND Agency
	Health	Individual AND Agency
	Nursing	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Physician

Physician		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Physician Supplemental Evaluation	Individual AND Agency
Supplemental Evaluations - Requires Language other than English	Bilingual Evaluation Add on - Physician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Counseling	Individual AND Agency
	Family Training	Individual AND Agency
	Health	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Counseling	Individual AND Agency
	Family Training	Individual AND Agency
	Health	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Physician Assistant (PA)

A Physician Assistant is only eligible to render services in the Early Intervention Provider if they are an employee of an approved agency and acting under the direction of a licensed physician. Physician Assistants cannot be approved as an individual DOH-approved independent provider.

Physician Assistant		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Supplemental Evaluations	Physician Supplemental Evaluation	Agency Only
Supplemental Evaluations - Requires Language other than English	Bilingual Evaluation Add on - Physician	Agency Only
Home/community-based individual/collateral	Assistive Technology	Agency Only
	Family Counseling	Agency Only
	Family Training	Agency Only
	Health	Agency Only
Facility-Based Individual/collateral	Assistive Technology	Agency Only
	Family Counseling	Agency Only
	Family Training	Agency Only
	Health	Agency Only
Group Developmental Intervention	Enhanced Group Developmental	Agency Only
	Enhanced Group Developmental with 1:1 Aide	Agency Only
Family Caregiver/Support Group	Family Caregiver Support Group	Agency Only
	Sibling Support Group	Agency Only
Parent – Child Group	Parent/Child Group	Agency Only
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Registered Professional Nurse

Registered Professional Nurse		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Nursing	Individual AND Agency
Supplemental Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Health	Individual AND Agency
	Nursing	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Health	Individual AND Agency
	Nursing	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Nutrition

Certified Dietician/Nutritionist (NYSED)

Certified Dietician/Nutritionist (NYSED)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Nutrition	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Nutrition	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Nutrition	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Registered Dietician (CDR)

Registered Dietician (CDR)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Nutrition	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Nutrition	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Nutrition	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Occupational Therapy

Occupational Therapist

Occupational Therapist		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - OT	Individual AND Agency
Supplemental Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	OT	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	OT	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Occupational Therapist Assistant (OTA)

An OTA is only eligible to render services in the Early Intervention Provider if they are an employee of an approved agency and acting under the direction of a licensed occupational therapist. An occupational therapy assistant cannot be approved as a DOH independent provider.

Occupational Therapist Assistant (OTA)		
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Home/community-based individual/collateral <i>Note: These services must be provided under the direction of an OT.</i>	Assistive Technology	Agency Only
	Family Training	Agency Only
	OT	Agency Only
Facility-Based Individual/collateral <i>Note: These services must be provided under the direction of an OT.</i>	Assistive Technology	Agency Only
	Family Training	Agency Only
	OT	Agency Only
Group Developmental Intervention <i>Note: These services must be provided under the direction of an OT.</i>	Enhanced Group Developmental	Agency Only
	Enhanced Group Developmental with 1:1 Aide	Agency Only
Parent – Child Group <i>Note: These services must be provided under the direction of an OT.</i>	Parent/Child Group	Agency Only

Physical Therapy

Physical Therapist

Physical Therapist		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - PT	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	PT	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	PT	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Physical Therapy Assistant (PTA)

A PTA is only eligible to render services in the Early Intervention Provider if they are an employee of an approved agency and acting under the direction of a licensed physical therapist. In addition, a PTA is only able to render facility-based services. The facility/site must be approved as part of the employing agency's agreement with the Bureau of Early Intervention. PTAs cannot be DOH-approved as an independent provider.

Physical Therapist Assistant (PTA)		
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Facility-Based Individual/collateral <i>Note: These services must be provided under the direction of an PT.</i>	Family Training	Agency Only
	PT	Agency Only

Psychology

Certified School Psychologist

A school psychologist is only eligible to render services in the Early Intervention Program if they are an employee of an approved agency. School psychologists are only eligible to deliver EIP services until June 30th, 2024. School psychologists cannot be DOH-approved as an independent provider.

Certified School Psychologist		
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Supplemental Evaluations	Non-physician Supplemental Eval - Psych	Agency Only
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Agency Only
Home/community-based individual/collateral	Assistive Technology	Agency Only
	Family Counseling	Agency Only
	Family Support	Agency Only
	Family Training	Agency Only
	Psychology	Agency Only
Facility-Based Individual/collateral	Assistive Technology	Agency Only
	Family Counseling	Agency Only
	Family Support	Agency Only
	Family Training	Agency Only
	Psychology	Agency Only
Group Developmental Intervention	Enhanced Group Developmental	Agency Only
	Enhanced Group Developmental with 1:1 Aide	Agency Only
Family Caregiver/Support Group	Family Caregiver Support Group	Agency Only
	Sibling Support Group	Agency Only
Parent – Child Group	Parent/Child Group	Agency Only

Licensed Creative Arts Therapist		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Psych	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Facility-Based Individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Licensed Marriage and Family Therapist

Licensed Marriage and Family Therapist		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Psych	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Facility-Based Individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Licensed Mental Health Counselor		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Psych	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Facility-Based Individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Licensed Psychoanalyst		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Psych	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Facility-Based Individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Family Training	Individual AND Agency
	Psychology	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Licensed Psychologist

Licensed Psychologist		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Psych	Individual AND Agency
	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Psychology	Individual AND Agency
Facility-Based Individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Psychology	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Social Work

Licensed Clinical Social Worker (LCSW)

Licensed Clinical Social Worker (LCSW)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Social Work	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Social Work	Individual AND Agency
Facility-Based Individual/collateral	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Social Work	Individual AND Agency
Family Caregiver/Support Group	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Licensed Master Social Worker (LMSW)

An LMSW is only eligible to render EI services while under the supervision of an LCSW, Licensed Psychologist, or Licensed Psychiatrist. LMSW's can be approved by DOH as independent providers and can contract with approved EIP agencies to deliver services while under the supervision of an LCSW, Licensed Psychologist, or Licensed Psychiatrist.

Licensed Master Social Worker (LMSW)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Non-physician Supplemental Eval - Social Work	Individual AND Agency
Evaluations - Requires Language other than English <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Social Work	Individual AND Agency
Facility-Based Individual/collateral <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Family Counseling	Individual AND Agency
	Family Support	Individual AND Agency
	Social Work	Individual AND Agency
Family Caregiver/Support Group <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Family Caregiver Support Group	Individual AND Agency
	Sibling Support Group	Individual AND Agency
Parent – Child Group <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Core Evaluation	Individual AND Agency
	Screening Evaluation	Individual AND Agency
Evaluations - Requires Language other than English <i>Note: These services must be provided under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist.</i>	Bilingual Core Evaluation Add on	Individual AND Agency

Speech Pathology

Speech-Language Pathologist

Speech Language Pathologist		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Speech	Individual AND Agency
Evaluations - Requires Language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Speech Language	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Speech Language	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires Language other than English	Bilingual Core Evaluation Add on	Agency Only

Speech-language Pathology Licensure Applicant (CFY)

Except for Service Coordination, a Speech-Language Pathology Licensure Applicant (Clinical Fellowship Year (CFY) is only eligible to render EI services while under the supervision of a Licensed Speech-Language Pathologist. A Speech-Language Pathology Licensure Applicant (CFY) cannot be DOH-approved as an independently approved provider and must work for a DOH-approved EI agency.

Speech Language Pathology Licensure Applicant (CFY)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Agency Only
	Service Coordination - Ongoing	Agency Only
Supplemental Evaluations <i>Note: These services must be provided under the supervision of a Speech-Language Pathologist.</i>	Non-physician Supplemental Eval - Assistive Technology	Agency Only
	Non-physician Supplemental Eval - Speech	Agency Only
Evaluations - Requires language other than English <i>Note: These services must be provided under the supervision of a Speech-Language Pathologist.</i>	Bilingual Evaluation Add on - NonPhysician	Agency Only
Home/community-based individual/collateral <i>Note: These services must be provided under the supervision of a Speech-Language Pathologist.</i>	Assistive Technology	Agency Only
	Family Training	Agency Only
	Speech Language	Agency Only
Facility-Based Individual/collateral <i>Note: These services must be provided under the supervision of a Speech-Language Pathologist.</i>	Assistive Technology	Agency Only
	Family Training	Agency Only
	Speech Language	Agency Only
Group Developmental Intervention	Enhanced Group Developmental	Agency Only
	Enhanced Group Developmental with 1:1 Aide	Agency Only
Parent – Child Group <i>Note: These services must be provided under the supervision of a Speech-Language Pathologist.</i>	Parent/Child Group	Agency Only
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations <i>Note: These services must be provided under the supervision of a Speech-Language Pathologist.</i>	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Speech and Hearing Handicapped (TSHH)

A Teacher of Speech and Hearing Handicapped (TSHH) is only eligible to render speech EI services while under the direction of a Licensed Speech-Language Pathologist.

Teacher of Speech and Hearing Handicapped (TSHH)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Speech	Individual AND Agency
Evaluations - Requires language other than English <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Speech Language	Individual AND Agency
Facility-Based Individual/collateral <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Speech Language	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires language other than English <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Bilingual Core Evaluation Add on	Agency Only

Teacher of Students with Speech and Language Disabilities (TSSLD)

A Teacher of Students with Speech and Language Disabilities (TSSLD) is only eligible to render speech EI services while under the direction of a Licensed Speech-Language Pathologist.

Teacher of Students with Speech and Language Disabilities (TSSLD)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Speech	Individual AND Agency
Evaluations - Requires language other than English <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Speech Language	Individual AND Agency
Facility-Based Individual/collateral <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Speech Language	Individual AND Agency
Group Developmental Intervention <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires language other than English <i>Note: These services must be provided under the direction of a Speech-Language Pathologist.</i>	Bilingual Core Evaluation Add on	Agency Only

Teacher

Teacher of Blind and Partially Sighted

Teacher of the Blind and Partially Sighted		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Blind and Visually Handicapped

Teacher of the Blind and Visually Handicapped		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Blind and Visually Impaired

Teacher of the Blind and Visually Impaired		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Deaf and Hard of Hearing		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Special Instruction	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Deaf and Hearing Impaired

Teacher of Deaf and Hearing Impaired		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Special Instruction	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Special Education

NYS EIP recognizes the following special education teacher certifications, “Special Education” (permanent) and “Teacher of Students with Disabilities (Birth-Grade 2)”. An individual must have verification that they hold an NYS certificate in one of the titles above. “Special Education” is not a general phrase for any type of special education teacher. The Teacher of Special Education certificate title stopped being issued in 2004 and was replaced by the certificate title of Students with Disabilities. The “Teacher of Students with Disabilities (All Grades)” was created in 2023 and currently is not applicable to Early Intervention Program services. This certificate is utilized with children Pre-K through Grade 12 and, per NYSED, is not applicable to children aged 0-2.

Teacher of Special Education		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Special Instruction	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction - Basic	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Teacher of Students with Disabilities (Birth-Grade 2)

Teacher of Students with Disabilities (Birth-Grade 2)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Special Instruction	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Special Instruction	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency
Agency Only Services: (Only agencies who employ or contract with a qualified professional may apply to include these services as part of their agreement with the Bureau. Independent providers are not eligible)		
Evaluations	Core Evaluation	Agency Only
	Screening Evaluation	Agency Only
Evaluations - Requires language other than English	Bilingual Core Evaluation Add on	Agency Only

Vision Services

Certified Low Vision Therapist (ACVREP)

Certified Low Vision Therapist (ACVREP)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who Is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology - Basic	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency

Certified Orientation and Mobility Specialist (ACVREP)

Certified Orientation and Mobility Specialist (ACVREP)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision - Basic	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency

Certified Vision Rehabilitation Therapist (ACVREP)

Certified Vision Rehabilitation Therapist (ACVREP)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency

Optometrist (NYSED)

Optometrist (NYSED)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency

Optometrist Board Certified Fellow (COVD)

Optometrist Board Certified Fellow (COVD)		
Allowable Service Models	Allowable Service Types/Methods for each Service Model	Who is Eligible (Individual or Agency)
Service Coordination	Service Coordination - Initial	Individual AND Agency
	Service Coordination - Ongoing	Individual AND Agency
Supplemental Evaluations	Non-physician Supplemental Eval - Assistive Technology	Individual AND Agency
	Non-physician Supplemental Eval - Vision	Individual AND Agency
Evaluations - Requires language other than English	Bilingual Evaluation Add on - NonPhysician	Individual AND Agency
Home/community-based individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Facility-Based Individual/collateral	Assistive Technology	Individual AND Agency
	Family Training	Individual AND Agency
	Vision	Individual AND Agency
Group Developmental Intervention	Enhanced Group Developmental	Individual AND Agency
	Enhanced Group Developmental with 1:1 Aide	Individual AND Agency
Parent – Child Group	Parent/Child Group	Individual AND Agency

Service Coordination

Professionals otherwise qualified to provide services in the Early Intervention Program may be eligible to provide service coordination services, however, there are additional qualification verifications required. If you are applying to include service coordination as an approved service in your agreement with the Bureau of Early Intervention, the information in Appendix I and Appendix II will need to be part of your application.

- If you are submitting a **new application through the PEM tool**, this information is included in the data you enter as part of the tool and no additional steps are required.
- If you are requesting to include service coordination as part of the **amendment or re-approval process**, please download and complete the forms in Appendix I and Appendix II and then upload the documents as part of your re-approval or amendment application in the EI-Hub.

Please refer to the table associated with your profession to determine if there are any additional requirements for you to provide service coordination services in the Early Intervention Program. Some professions may be required to act as an employee or an agency or to work under the direction of another licensed professional. Agencies approved for the service coordination services hire employees who meet the service coordination criteria identified in NYCRR Section 69-4.4 – Qualifications of service coordinators. Agencies must retain proof of the individual's qualifications and produce this information when requested. [Title: Section 69-4.4 - Qualifications of service coordinators | New York Codes, Rules and Regulations \(ny.gov\)](#)

Below is an embedded PDF of the NYS EIP Service Coordination Qualifications Verifications Form, followed by the full text of the document. **Click the icon** to open the document for use to attach to your submission.



NYS Early Intervention Program Service Coordination Qualifications Verifications

Name:
Street Address:
City, State, Zip:
Phone Number:
Email Address:

DEMONSTRATED KNOWLEDGE AND UNDERSTANDING IN THE FOLLOWING AREAS:

Knowledge	Response (Include Knowledge Level for Each Area)	Adequate (Yes/No) For PAU Only
Infants and toddlers who may be eligible for early intervention services		
State and federal laws and regulations pertaining to the Early Intervention Program		
Principles of family centered services		

The nature and scope of services available under the Early Intervention Program and the system of payments for services in the State		
Other pertinent information		

Training Reminder: As specified in the *Early Intervention Provider Agreement*: Provider, and employees and Individual Providers utilized by an Agency Provider who deliver service coordination services on behalf of the Agency Provider shall complete introductory service coordination training sponsored or approved by the Department of Health prior to rendering service coordination services and participate in a minimum of one (1) professional development activity totaling a minimum of 1 1/2 clock hours directly related to service coordination per calendar year. Such activity is not limited to Department sponsored training but can include other professional development activities which focus on enhancing skills necessary for service coordinators to increase their competency to provide service coordination activities.

Declaration:

The following must be completed by the individual provider with this approval.

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge are true and correct. I further understand that a false statement knowingly made by me may be the cause for suspension or revocation of my agency or individual approval to deliver early intervention services.

Print or Type the Name of Person Signing

Signature of Individual Provider

Date (MM/DD/YYYY)

PAU Approval:

X

New York State Department of Health
Bureau of Early Intervention

QUALIFICATIONS OF EARLY INTERVENTION PROGRAM SERVICE COORDINATORS

PURPOSE

This document will assist employers in determining if an individual meets the qualifications of an Early Intervention Program (EIP) Service Coordinator.

BACKGROUND

A Service Coordinator works in partnership with the family by providing assistance and services that help the family to coordinate and obtain their rights under the EIP and services agreed upon in the Individualized Family Service Plan (IFSP).

These qualifications facilitate the ability of approved providers of service coordination services to employ service coordinators with appropriate education and/or experience who are not otherwise considered “qualified personnel” under the EIP. This flexibility in hiring service coordinators makes it possible for individuals with diverse experiential backgrounds or unique connections to communities to be hired as service coordinators in the EIP within a supervised employment setting.

As defined in NYS EIP Regulations (10 NYCRR § 69-4.4(a)), a Service Coordinator shall meet the following qualifications:

- A minimum of one of the following educational or service coordination experience credentials:
 - Two years of experience in service coordination activities as delineated in Early Intervention Program regulation 10 NYCRR § 69-4.6 and 4.7 (voluntary or part-time experience which can be verified will be accepted on a pro rata basis);
 - One year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities;
 - One year of service coordination experience and an associate degree in a health or human service field; ○ A bachelor’s degree in a health or human service field; or
 - A license, certification, or registration in one of the professions listed in section 69-4.1(al); **and**
- Demonstrated knowledge and understanding in the following areas:
 - Infants and toddlers who may be eligible for early intervention (EI) services;
 - State and federal laws and regulations pertaining to the Early Intervention Program;
 - Principles of family centered services;
 - The nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and
 - Other pertinent information.

INSTRUCTIONS TO APPLICANT

Use this document to demonstrate how you meet the qualifications of an EIP Service Coordinator. The information should be completed in ink and in legible print. Dates should be complete and in the following format: "09/10/2013".

Last Name		First Name	MI
Mailing Address: No, Street, Apt., or PO Box			
City	State	Zip Code	
Email Address			
Day Phone			

PART I: EDUCATION (*select one*)

Associate Degree(s) in a health or human service field*

College/University	
Name	
Address	
Type of Degree Received	
Major Subject	
Date of Degree	

Bachelor's Degree(s) in a health or human service field*

College/University	
Name	
Address	
Type of Degree Received	
Major Subject	
Date of Degree	

EIP Qualified License/Certification/Registration

Profession	
License/Control Number	
Date of Licensure/Issued/Effective Date	
Registered Through Last Day of/Expiration Date	

***Examples of Health and Human Service Field:** Anthropology, Art/Dance Therapy, Audiology, Child Development/Family

Relations, Community Mental Health, Chemical Dependence Administration, Counseling/Guidance, Criminal Justice,

Divinity/Religion/Theology, Drama Therapy, Education, Gerontology, Health Administration, Health Education, Music Therapy, Nursing/Medicine, Nutrition, Occupational Therapy, Pastoral Counseling, Physical Therapy, Psychology, Recreational Therapy, Rehabilitation Counseling, Social Work, Sociology, Special Education, Speech Pathology, and Vocational Counseling.

Foreign Degrees: If your degree was issued from an academic program outside of the United States (U.S.), you must demonstrate that it is equivalent of a U.S. degree.

<u>Degree Name</u>	<u>Country and Name of University/College Degree Obtained from</u>	<u>Concentration/Focus of Degree Program</u>

☐ No College Degree

PART II: EXPERIENCE IN SERVICE COORDINATION ACTIVITIES (If needed make additional copies of pages 3 and 4.)

Beginning with your most recent, list all employment, volunteer, or parenting a child with a developmental disability or delay experience that shows you meet the Early Intervention (EI) Service Coordination Activities and/or General Service

Coordination Activities. Tally by months. A total of 24 months of experience equals two years of service coordination activities. These are examples of places where relevant Service Coordination experience might be gained:

- A governmental sponsored program such as the early intervention program
- Office of Mental Health (OMH)
- Office for People with Developmental Disabilities (OPWDD)
- Office of Children and Family Services (OCFS)
- Medicaid Health Home
- A community setting such as a hospital, shelter, head start, preschool, or volunteer organization such as the March of Dimes or Easter Seals
- Parent or guardian of a child with a disability/ developmental delay (see second table for tracking)

Length of Employment Mo. Year Mo. Year TO: <input type="text"/> FROM: <input type="text"/>	Employer's Name	Address	City and State

Your Exact Title				
Name of Supervisor and Title				
Employer's Phone Number (Including Area Code)				
Number of hours worked per week (exclusive of overtime)				
Early Intervention Service Coordination Activities	Number of Months	General Service Coordination Activities	Number of Months	Total Number of Months
Coordinating services across agency lines		Coordinating services across agency lines		
Serving as the single point of contact in helping parents to obtain the services and/or assistance they need		Serving as point of contact in helping parents to obtain the services and assistance they need		
Assisting infants and toddlers in gaining access to the EI services and other services identified in the IFSP		Assisting parents gain access to the services they need		
Ensuring the IFSP outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities concerns and resources change		Ensuring that outcomes and strategies reflect the family's priorities, concerns and resources		
Coordinating the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is receiving		Coordinating the provision of needed services		
Early Intervention Service Coordination Activities	Number of Months	General Service Coordination Activities	Number of Months	Total Number of Months
Facilitating the timely delivery of available services		Facilitating the timely delivery of services		
Continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility		Continuously seeking appropriate services for children and families		
Coordinating the performance of evaluations and assessments		Coordinating the performance of evaluations and assessments		
Facilitating and participating in the development, review and evaluation of IFSPs		Participating in the development, review and evaluation of a family service plan		
Assisting families in identifying available service providers		Assisting families in identifying available service providers		
Coordinating and monitoring the delivery of services		Coordinating and monitoring the delivery of services		
Informing families of the availability of advocacy services		Informing families of the availability of advocacy services		
Coordinating with medical and health care providers, including a referral to appropriate primary health care providers as needed		Coordinating with medical and health care providers, including a referral to appropriate primary health care providers as needed		
Facilitating the development of a transition plan to preschool services or to other available supports and services		Facilitating the development of a transition plan to other available supports and services		

Obtaining third party payor coverage, and the nature and extent of such coverage, including coverage through the medical assistance program, other state governmental insurance or benefit program, and/or other plan of insurance		Obtaining third party payor coverage, and the nature and extent of such coverage, including coverage through the medical assistance program, other state governmental insurance or benefit program, and/or other plan of insurance		
	Total=		Total=	Grand Total=

PARENT OR GUARDIAN OF A CHILD WITH DISABILITY/DEVELOPMENTAL DELAY

If you are citing service coordination experience as a parent/guardian, please complete the following. See General SC Activities above for examples.

Number of Children with a Disability/Delay	Child 1	Child 2
Child's First Name		
Current Age		
What system(s) have you had experience working with (e.g., DDSO, EI, etc.)		
Provide an example of being an advocate for your child		
Provide an example of seeking the appropriate services and situations necessary to benefit the development of your child		

I affirm under penalties of perjury that all statements made on this document (including any attached papers) are true. I understand that all statements made by me in connection with this document are subject to investigation and verification and that a material misstatement or fraud may disqualify me from employment and/or lead to revocation of my employment.

Signature of Service Coordinator Candidate

Date

Please print any other last name by which you are or have been known.

FOR EMPLOYERS USE ONLY

PART I: EDUCATION *(check which applies)*

- ☐ Associate Degree in health or human services (must have one year of Service Coordination experience)
- ☐ Bachelor's Degree in health or human services EIP
- ☐ Qualified License/Certification/Registration

No college degree but has:

- ☐ Two years in EI Service Coordination experience, **or**
- ☐ One year of Service Coordination experience and one additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities

PART II: EXPERIENCE *(verified)*

Early Intervention Service Coordination Activities Total Number of Months: _____

General Service Coordination Activities Total Number of Months: _____

- ☐ Based on the individual's education and work/volunteer history they have the required amount of experience.
- ☐ Based on the individual's education and work/volunteer history they do not have the required amount of experience.

PART III: DEMONSTRATED KNOWLEDGE AND UNDERSTANDING IN THE FOLLOWING AREAS *(Obtained during the interview process.)*

Knowledge	Response	Adequate (Yes/No)
Infants and toddlers who may be eligible for early intervention services		
State and federal laws and regulations pertaining to the Early Intervention Program		
Principles of family centered services		
The nature and scope of services available under the Early Intervention Program and the system of payments for services in the State		
Other pertinent information		

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This individual meets the qualifications of an EIP Service Coordinator ☐ **Yes** ☐ **No**

<hr/>	<hr/>	<hr/>
Reviewer's Name	Date	EIP Agency's Name