



Illinois Department of Human Services

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**PROVIDER INFORMATIONAL NOTICE**

**TO:** Early Intervention Providers

**FROM:** Janet D. Gully, Chief  
Bureau of Early Intervention

**DATE:** June 12, 2008

**SUBJECT: CHANGE TO CBO PAYMENT PROCESS AND MAKE UP SESSION GUIDELINES**

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The Finance Workgroup of the Illinois Interagency Council on Early Intervention (IICEI) has been reviewing the financing policies/procedures of the Early Intervention service system. Based upon discussions with the workgroup there are two issues that are being brought to your attention.

All claims received by the CBO **beginning July 1, 2008** will no longer be paid for time billed over the intensity of the authorized amount identified on each child's authorizations. This means that if you have a direct service authorization for one time per week for 60 minutes each time, and you bill for 90 minutes instead of 60 minutes, the Early Intervention Central Billing Office (CBO) will only pay you for 60 minutes.

This intensity edit does not apply to IFSP development time or on-site interpreter services which can be bundled with multiple dates of service.

When you enroll as an Early Intervention services provider a Provider Agreement is signed and providers agree to **“Provide appropriate service(s) as set forth in the IFSP, to eligible children and their families upon referral and in accordance with pertinent rules, DHS directives, and frequency, intensity and duration timelines identified in the IFSP and on the authorization.”**

Early Intervention will begin to enforce this requirement in the CBO system by setting an intensity edit that will automatically deny time billed over and above the intensity that has been authorized for a single date of service. If time is denied due to being over the intensity authorized, you will receive the following denial reason on your Provider Claim Summary: “The intensity billed was over the authorized amount.” The implementation of the intensity edit will not impact make up sessions as long as the make up session policy identified below has been adhered to.

### Make Up Session Policy

A provider can reschedule a missed visit based upon the guidelines stated below:

- I. If a weekly or monthly service session cannot be rescheduled within seven (7) days from the original scheduled date, it should be considered a missed session.
- II. Given the frequency of illness in young children, family and provider vacations, and other unforeseen issues, missed sessions are inevitable. **However, they should not be routine occurrences.** Providers should make every effort to avoid missing service sessions.
- III. Never provide a make up session on the same date that a regular session has been scheduled (back to back sessions), as most birth to three children would be unable to tolerate an extended session.
- IV. If it is necessary for a provider to miss a number of service sessions due to an extended vacation or a prolonged illness/injury, etc., an equally qualified provider must be identified to carry out the services identified on the IFSP. The provider should contact the family and the service coordinator for each child on his/her caseload and work with the service coordinator to find a substitute for each child.
- V. Always document in your case notes the date of the missed visit, the reason for the missed visit and if you reschedule based upon the above guidelines.
- VI. Always bill for a make up session based upon the actual date of service, not the date of the missed session.

If you have questions about this Provider Informational Notice please contact the CBO Call Center at 800/634-8540. You may also call Jennifer Kepner at 217/782-1981, ext. 5. Thank you for your continued participation as a provider of services for the Early Intervention Services System.