



Service Provider Manual

Chapter 8: Missed Visits and No-Shows

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CHAPTER 8: MISSED VISITS AND NO-SHOWS

Missouri Part C State Plan Section XII. (34 CFR 303.340 through 303.346)
Missouri Part C State Plan Section XV.

The Individualized Family Service Plan (IFSP) team identifies necessary early intervention services for eligible children and their families. The Service Coordinator enters authorizations for early intervention services in the child's electronic record (i.e., WebSPOE). Providers are expected to deliver services as outlined in the IFSP but there are times when a visit is canceled or the family is not available.

SECTION I: MISSED VISITS

A missed visit occurs when a scheduled early intervention visit is canceled either before the provider is in route to the visit or before the provider arrives at the location to deliver the service. A provider, parent or caregiver may cancel a scheduled visit.

When a provider cancels or misses a visit for any reason, the provider is required to make up the missed visit as soon as possible. If the provider is unable to make up the visit within the current IFSP period, the provider must have a conversation with the parent and Service Coordinator to determine how the missed visit will be made up.

A. Family Reason for Missed Visits

When a parent or caregiver cancels or misses a visit for any reason, the provider is not required to make up the visit. However, the provider should consider making up the visit based on the individualized needs of the child and family.

1. Family Illness

If one or more family members have a contagious illness (e.g., the flu) at the time a provider is scheduled for a home visit, then the provider is not required to complete the scheduled visit. The provider should maintain regular contact with the family. It is at the provider's discretion to determine when home visits with the family can resume.

2. Environmental

If the natural environment where services are delivered is determined unsafe (e.g., recent acts of violence, lice, bedbugs) and the provider cannot safely conduct a visit, then the provider informs the Service Coordinator of the safety concern. The IFSP team explores alternative solutions to provide services to the child and family, such as another location or through phone consultation. If an alternative solution cannot be agreed upon and one or more visits are missed, these missed visits are considered a parent or caregiver reason. It is at the

provider's discretion to determine when visits in the home can resume. For more information about safety concerns and when to report a case of suspected child abuse or neglect, see Chapter 6.

3. Shortened Visit

If the provider arrives for a visit and the parent or caregiver is present but the child is not available for the visit, (e.g., child is ill or sleeping), then the visit may be shortened if the parent needs to discuss something with the provider. For example, the provider is authorized for 60 minutes direct service in the home. The provider and parent discuss a recent appointment with the pediatrician for 15 minutes. The provider claims one unit (15 minutes) and attempts to make up the remaining 45 minutes at another time, but the provider is not required to make up this time.

However, if the parent or caregiver does not need to talk with the provider at that time, then no service is delivered and the provider can claim a no-show visit. For more information on no-show visits, see Section II.

B. Holidays and Breaks

If a provider's regularly scheduled visit falls on one of the following national holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day or Christmas Day, then the provider is not required to make up the visit. However, the provider should attempt to reschedule the visit or offer the family a make-up visit. For example, if a provider sees a family every Thursday, the provider is not required to make up a visit missed due to Thanksgiving but should attempt to make it up.

Make-up visits are not offered if the child receives services in a center-based program and the program is closed on the day the child is scheduled to receive services. For example, if a child attends a center-based program and the center is closed for spring break, then no make-up visits are required for services missed during that time. However, the provider should consider making up the visit based on the individualized needs of the child and family.

Service dates involving holidays and breaks are often known in advance. The provider must have a conversation with the parent and Service Coordinator to determine plans for services during holidays and breaks.

C. Frequently Missed Visits

Providers maintain regular contact with their families. Suggested guidelines to maintain contact with families include:

- Use a variety of methods to communicate with the family (phone calls, emails, visits);

- If the family is planning to move, take a vacation, or otherwise be unavailable for a period of time, include that information in a progress note;
- Enter provider progress notes on a regular basis (at least once a month); and,
- Talk to the Service Coordinator when there is difficulty contacting or locating the family.

When a family misses three visits in a row, the provider notifies the Service Coordinator immediately. The provider and Service Coordinator consider holding an IFSP meeting to discuss whether the current level of service is appropriate to meet the child's needs and the family's schedule. If the IFSP team convenes, the team considers the impact of the missed visits on the child's progress and determines how to ensure services continue in order for the child to make progress towards the outcomes in the IFSP. The IFSP team also considers any modifications to the current services, including changing the frequency or location of services.

Before attempting to deliver future services, the provider should contact the family prior to the visit (e.g., call the family before driving to the home).

D. Leave of Absence

A provider leave of absence may be unexpected (e.g., illness or family emergency), planned short-term leave (e.g., a vacation) or extended leave (e.g., maternity or medical leave). Before going on leave, when possible, the provider has a conversation with the family and Service Coordinator to develop a plan and change authorizations, as needed.

1. Provider Leave Plan

The plan for a provider's leave of absence should include conversations about how long the provider will be on leave and how the leave may impact services to the child and family. The purpose of these conversations is to decide the appropriate action to take so services continue to be delivered as written in the IFSP.

The leave plan may include the same provider making up visits once the provider returns from leave or finding another provider to temporarily or permanently replace the provider. If using another provider, the IFSP team should discuss continuing to use the provider who was covering the leave or return to the original provider, depending on the extent of time the provider is on leave.

The plan for providing services during a provider's leave must be documented in provider progress notes.

When the Primary Provider is going on leave, the IFSP team may decide to utilize one of the child's current Supporting Providers to temporarily or permanently replace the Primary Provider. If the providers have different disciplines, then the IFSP team has to meet to discuss the change, update the IFSP document and obtain the appropriate consent forms.

2. Substitute or Change Provider

If the IFSP team decides to temporarily or permanently replace the provider, then the authorization in WebSPOE may need to change to reflect the new provider.

- **Leave Plan Less Than Three Weeks (Substitute Provider)**

When the service is authorized under an agency provider, the agency may have a provider of the same discipline substitute for another provider within the agency for up to three weeks. The agency documents the substitute provider in the child's progress notes, and all services are claimed on the original provider's authorization. If an assistant substitutes for a specialist (e.g., Physical Therapist Assistant and Physical Therapist), then the rate for an assistant must be billed instead of the specialist's rate. There is no change to the authorization.

When the service is authorized under an independent provider, substitution is not available. The authorization must be changed as outlined below.

- **Leave Plan Greater Than Three Weeks (Change in Provider)**

When the provider is an independent provider, or the IFSP team decides a provider delivering services needs to change for a period of time greater than three weeks, the authorization must be changed. There are two options for changing the authorization:

- **Replace Provider.** If the only change needed is the provider who will deliver the service, and the service type (discipline), method, frequency, intensity and location remain the same, then the Service Coordinator may use the Replace Provider function to change the provider name. When this function is used, the authorization number stays the same. Service Coordinators should limit the use of the Replace Provider option since this function may create confusion with provider claims and billing because the authorization is shared between both providers.
- **Change Provider.** If the service type (discipline), method, frequency, intensity or location need to change, then a new authorization is required. Entering an authorization for the new provider and canceling the original provider's authorization is the preferred method for authorizing a change in provider in order to minimize confusion in provider billing.

When replacing or changing a provider, the provider notifies the Service Coordinator of the change at least one week before the start date of the new provider in order to change the authorization.

If the original provider is going to resume services, then the original provider notifies the Service Coordinator at least one week before returning from leave in order to change the authorization again to reflect the return date for the original provider.

SECTION II: NO-SHOW VISITS

A no-show visit occurs when a provider arrives to the natural environment (i.e., the child's home, a community setting or a family member's home) to deliver a service but the child, parent or caregiver is not there.

A no-show visit may also occur if the provider arrives to the natural environment and the parent or caregiver is present, but cancels the visit because the child is unavailable (i.e., child is ill or sleeping) and the parent/caregiver does not need to talk to the provider at that time.

A. No-Show Considerations

In order to consider the visit a no-show, the provider must arrive at the natural environment for a visit that was scheduled with the parent/caregiver and attempt to deliver the service. A no-show visit may not be considered if a provider drives by the home at an unscheduled time.

Only the following activities that the provider attempts to deliver in the natural environment can be submitted for a no-show payment: IFSP meetings, evaluation/assessment and direct service visits. Consultation, family education/training, group services or any activity in a special purpose center (e.g., evaluation/assessment, meeting) cannot be billed as a no-show visit.

The following scenarios meet the definition of a no-show visit:

- A provider is authorized for direct service in the child's home. The provider arrives at the home to complete a First Steps visit but the child or caregiver is not present.
- A provider is authorized for direct service in the child's home. When the provider arrives at the home to complete a First Steps visit, no one answers the door after multiple knocks although it appears someone may be home (e.g., can hear the television, someone is talking).
- A provider is invited to attend an IFSP meeting in the child's home. The provider arrives to the child's home to attend the IFSP meeting. The Service Coordinator is present and explains that the family is not home.
- A provider is authorized to complete an evaluation/assessment in the child's preschool. The provider arrives to the child's preschool to complete the evaluation/assessment but the child is not present.
- A First Steps provider is authorized to complete a Developmental Assessment of Young Children – 2nd Edition (DAYC-2) at the child's grandparents' home. The

provider arrives to the grandparent's home to complete the DAYC-2 but the family is not home.

B. No-Show Payments

If the provider arrives at the natural environment but the scheduled visit is not delivered, then the provider may request payment for a no-show visit. The provider must submit a claim for a no-show visit within 60 days following the attempted service.

A no-show claim equates to one unit of service (i.e., 15 minutes). A no-show claim is paid according to the rate associated with the provider type. For more information on the rates for each service type and setting, see the *Provider Rates Schedule* (Chapter 9 Documents).

1. No-Show Payment for Direct Services, Evaluation/Assessment or DAYC-2

When a no-show visit occurs for a direct service, an evaluation/assessment or DAYC-2 in the natural environment, as authorized in the child's IFSP, the provider may submit a claim for the no-show visit in WebSPOE under the *Provider Account Management* tab and *Claim Entry* option.

- **Direct Services and Evaluation/Assessment**

The provider selects the authorization that corresponds to the service and then selects *Add New Claim Line*. The new claim entry is completed as usual; however, the option *Family No-Show* is checked if the service was a no-show visit. Once the *Family No-Show* box is checked, the *Units* box will default to one unit and cannot be changed.

Each one unit that is claimed for a direct service or evaluation/assessment, the no-show visit will remove one unit from the "bucket" of units that is generated from the IFSP authorization.

- **DAYC-2**

The provider selects the authorization that corresponds to the service and then selects *Add New Claim Line*. The new claim entry is completed as usual; however, the option *Family No-Show* is checked if the service was a no-show visit. Once the *Family No-Show* box is checked, the *Units* box will default to one unit and cannot be changed.

In addition, a second claim cannot be submitted on a DAYC-2 authorization because it is a one-time activity. Therefore, the provider must inform the Service Coordinator of the no-show visit and request another authorization in order to complete the DAYC-2 for the child in First Steps.

When the no-show claim is paid, one unit will be deducted from the available units on the authorization. Providers should routinely check the number of remaining units available prior to delivering the service. For questions about authorizations or available units, providers should contact the Service Coordinator.

2. No-Show Payment for IFSP Meetings

When a no-show visit occurs for an IFSP meeting, the provider must request payment for the no-show visit through offline billing procedures. The Service Coordinator or System Point of Entry (SPOE) office must have documentation that the provider attempted to attend the IFSP meeting before offline billing can be requested.

The provider submits a completed *Offline Billing Request* (see Chapter 9 Documents) with supporting documentation to the First Steps Area Director to be processed for payment. For more information on offline billing procedures, see Chapter 9.

3. Mileage for No-Show Visits

Providers may claim mileage and a travel incentive related to the no-show visit. For more information on how to claim mileage, see Chapter 10.

SECTION III: DOCUMENTING MISSED VISITS AND NO-SHOWS

Providers are required to complete progress notes for all direct services delivered in accordance with the child's IFSP. This includes missed visits and no-show visits, whether initiated by the parent or the provider.

The state conducts regular fiscal monitoring activities in order to verify providers are documenting and claiming services in accordance with state guidelines and instructions. The state provides technical assistance to providers as needed.

A. Progress Notes

The progress note for a missed visit or no-show must contain the following information:

- Date of attempted service;
- What occurred when the provider arrived (e.g., family was not home);
- For no-shows, the location of the attempted service; and,
- For missed visits, who initiated the cancellation (family or provider).

As applicable, the provider may also include the following information about a missed visit or no-show:

- Attempts to contact the family (i.e., while at the home and afterwards or before, during and after scheduled visit);
- Any previous difficulty contacting the family; and,
- The plan to reschedule the visit, if available/applicable.

B. Progress Note Examples

The following is an example of a progress note for a missed visit:

The child was scheduled for a visit in the family's home for physical therapy for 60 minutes on 2/10. On 2/9 the parent called to cancel the visit due to child illness. The next visit is scheduled for 2/18.

The following is an example of a progress note for a no-show visit:

The child was scheduled for a visit in grandparent's home for physical therapy for 60 minutes on 2/10. Upon arrival, the family was not there and did not notify the provider about a change in schedule. The provider will attempt to reschedule the visit.

For more information on provider progress notes and recordkeeping, see Chapter 7.

SECTION IV: FREQUENTLY ASKED QUESTIONS

Question 1: If a visit is authorized for a location that is not a natural environment (i.e., special purpose center, hospital or clinic), and the parent or caregiver does not show for the visit, is the provider allowed to claim a no-show visit?

Answer: No.

Question 2: If the child attends a special instruction group for First Steps services, and the parent or caregiver does not bring the child to the group, is a provider allowed to claim a no-show visit?

Answer: No. Regardless of the location (e.g., community setting, special purpose center), a service in a group setting cannot be claimed as a no-show visit.

Question 3: When the provider is in route to a visit in the natural environment and the family calls to cancel, is the provider allowed to claim a no-show visit?

Answer: No. A no-show visit cannot be claimed if the visit was canceled before the provider arrived at the location. Mileage cannot be claimed for the partial trip.

Question 4: If the provider is scheduled to visit twins and the parent is not home, is the provider allowed to claim a no-show visit for both children?

Answer: Yes. Since each child has an authorization for service, the provider can bill a no-show visit for each child.