



**WV BIRTH TO THREE**

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

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

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

**AUTHORIZATION FOR TEAMING UNITS FORM**

Effective October 1, 2008

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

**SECTION I. Standard Teaming Activities under Part C of IDEA and BTT Service Limits:** Initial Eligibility/IFSP Meeting (**up to 6 units**), Six-month Review (**up to 4 units**), Annual IFSP (**up to 4 units**), Face-to-Face Transition Planning Meeting (**up to 4 units**), IEP Meeting, when invited by family if the meeting occurs prior to the child's third birthday (**up to 4 units**), Exit COST (**up to 4 units**), MDT Meeting when invited by DHHR (**up to 4 units**).

Payee	Practitioner	Part C Service	Type of Meeting from List Above	Location Code	Date of Meeting	Number of Units Practitioner Initial

**Part C Service Codes:** (A) Audiology, (FC) Family Training and Counseling, (H) Health, (I) Interpreter, (M) Medical, (NR) Nursing, (NT) Nutrition, (O) Occupational Therapy, (P) Physical Therapy, (PSY) Psychology, (SC) Service Coordination, (SW) Social Work, (SI) Special Instruction, (SP) Speech Pathology, (V) Vision

**Location Codes:** (H)-(includes Home, Child Care, Other Community Setting, and Residential Facility) or (SPL)-(includes Service Provider Location, Hospital Inpatient, and Program for Children with Developmental Delay).

**SECTION II. Other Requested Teaming Activities and BTT Service Limits:** Requested IFSP Review or Requested Problem – Solving Meetings (**up to 4 units between each six month review**)

Payee	Practitioner	Part C Service	Type of Meeting from List Above	Location Code	Date of Meeting	Number of Units Practitioner Initial