



First Steps

UTS TRAINING TIMES

Volume 4 Issue 4

November 2008

Inside this issue...

It is hard to believe, but another year is coming to an end. This issue of the *Training Times* fittingly closes out the year with the annual index of articles published in the *Training Times* since its inception in December of 2004. Over the years, UTS-Programmatic Training has been fortunate to have received reprint rights to many journal articles of interest to early intervention providers and to publish several original articles authored by your peers. We hope you will use the index as a guide to locate previously published articles. All past issues of the *Training Times* are available on the UTS website at <http://www.utsprokids.org/newsletter.asp>. Recently, we have received several requests to secure additional journal reprints and have received a few original article proposals. We look forward to bringing these to you in 2009. Please continue to contact UTS at training@utsprokids.org with your suggestions.

In the Summer of 2007, UTS facilitated a retreat for SPOE Directors, LPCC Coordinators, SC Supervisors and State staff. From that meeting, a service coordinator workgroup was formed. The group has continued to meet to discuss issues related to intake and ongoing service coordination, including ways to improve service coordination and the working relationship between service coordinators and providers. The article, *An Overview of the Roles and Responsibilities of Service Coordination* is the first publication from this workgroup.

It has been almost three years since a group of First Steps stakeholders developed a State Performance Plan (SPP), as required by federal IDEA, Part C regulation. Indiana must report on its progress in meeting these indicators annually. The next report is due February 2, 2009. As you review the SPP required reporting indicators, consider ways in which you, as a First Steps provider, can positively impact the achievement of these goals.

All of us at UTS-ProKids wish you a Joyous Holiday Season and a Happy New Year.



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INDIANA'S UNIFIED TRAINING SYSTEM

"Creating Learning Opportunities for Families and Providers Supporting Young Children"

First Steps Enrollment and Credential Training Requirements

Provider Level—New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing) New to First Steps December 2007 and after	SC 101—SC Modules (self-study)	SC 102—SC follow up at 3-6 months (on-site)* SC 103— SC follow up at 6-12 months (on-site)* Quarterly—Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential
Direct Service Provider (new to First Steps December 2007 and after)	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	DSP 102—Half day follow up at 3-6 months (on-site) DSP 103— Half day follow up at 6-12 months (on-site) Quarterly—Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential
Provider Level Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101—SC Modules (self-study)	Quarterly—Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101—Provider Orientation Course (self-study)	Quarterly—Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 3 points for annual re-credential

* Replaces Service Coordination Level 2

Attention New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete the *Training Times* assessment as part of your mandatory training requirements for credentialing.

New providers must establish an account on the UTS website (<http://www.utsprokids.org>). Obtaining an account is easy.

1. Click on Account Login in the upper right hand corner.
2. On the login page click on Create One Here
3. Enter your information (note that UTS Training Times is mailed to your primary address—you are encouraged to use your home address, especially if it is difficult to get personal mail at your workplace, e.g. hospital system). UTS does not give any of your training profile information to anyone outside of First Steps. The BCDS and UTS will periodically send you email updates regarding First Steps.
4. When all information has been entered click on Update Information.
5. Register for your annual training fee.

6. Once your payment has been posted, you can take the Training Times assessment, under My Quizzes.
7. If you have questions or encounter problems email Meg in the UTS Connect office at: registration@utsprokids.org

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Web Address: <http://www.utsprokids.org>
Email: Training questions training@utsprokids.org
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First Steps Core Training

Last year, the Bureau issued new guidelines for the Mandatory Annual Provider/Service Coordinator Training. All providers (intake/service coordinators and non-exempt direct service providers) are required to attend or complete one First Steps Core Training (FSCT) annually. Trainings eligible for FSCT all have **FSCT** in their title. A variety of topics and learning style options, including classroom and distance education are available.

- In 2009, you are required to attend or complete one First Steps Core Training (FSCT) and four Training Times assessments (Winter, Spring, Summer and Fall). The calendar of available FSCTs are posted online. Additional FSCT will be added throughout the training year. A summary of current courses is included in this edition of the *Training Times*.
- All providers must register and pay their Annual Training Fee (ATF) online at <http://www.utsprokids.org>, by December 31, 2008. The Annual Training Fee remains at \$60 per provider. Remember if you are paying by check, money order or purchase order, you **must** print and include a copy of the confirmation with payment. This is necessary to insure that the correct account is credited. Agencies paying for multiple providers must include confirmations for each provider. Payments received without the confirmation page will be returned to the sender.
- Providers can not register for their FSCT without first paying the ATF. Once you register and pay your Annual Training Fee, you will receive an email confirmation within 2 business days. The confirmation will include an ATF number. You must use this number in lieu of payment for your FSCT (there is a place to enter it on the payment page).
- When you get to the payment page you will have 3 choices; 1) Pay with ATF; 2) Pay with credit card or 3) Pay with purchase order or check. Please make sure that if you are registering for your FSCT that you enter the ATF number to pay for your course. If you click on credit card or purchase order, you will be charged for the training.
- Most trainings designated as FSCT can also be taken as a topical training. You will recognize those trainings offered as FSCT, because they will include **FSCT** immediately before the course title. It is important that if you are taking the training as your FSCT that you use the ATF number provided in your confirmation email. This number is only good for one FSCT per year. Registration for any additional topical trainings offered will be at the usual rates of \$25 per half day or \$40 for full day.
- The Bureau has authorized the full 2 day AEPS course as a FSCT, however the fee for this training is not covered by the ATF. Providers and Intake/Ongoing Service Coordinators who wish to take this course and count it as their FSCT, still must pay the \$75 fee. They may use their ATF to attend another topical training during the year. Please note that the 2 Day AEPS® course can only be used as a FSCT once and only in the year that it was completed.
- **Courses not eligible for FSCT** include SC 101, 102 & 103 and DSP 101, 102 & 103. There are refresher courses for "seasoned" Service Coordinators and Providers who entered the system before July 31, 2007. These are clearly marked as a **Refresher** course and the include **FSCT** in their title.
- Don't forget to pay your annual fee before December 31, 2008 and complete your November Training Times assessment by January 15, 2009.

- ✓ **The Annual Training Fee (ATF) of \$60 is due 12/31/08.**
- ✓ **You must include a copy of your ATF confirmation page with your payment, if paying by check, money order or purchase order.**
- ✓ **All First Steps Providers, Intake and Ongoing Service Coordinators are required to complete one First Steps Core Training (FSCT) each year and four *Training Times* assessments.**
- ✓ **The November (Fall) *Training Times* assessment is due by 11:59pm on 1/15/09 (EST).**



An Overview of the Roles & Responsibilities of Service Coordination

This is the first of a series of articles on the roles and responsibilities of intake and ongoing service coordinators from the Service Coordinator Workgroup.

Service Coordinator Roles and Responsibilities

Over the past several months, a group of representatives from System Points of Entry (SPOE's) and the state's Unified Training System (UTS) have been working to clarify Service Coordinator roles and responsibilities. The goal of this group was to broadly identify the role of the Service Coordinator and define best practice for specific responsibilities within that role. If you have been a First Steps provider for many years, you know the structure of Service Coordination has evolved over time, especially since Service Coordinators were moved under the SPOE's in July, 2006. Now that the "dust has settled" from that monumental change, we thought it would be useful to offer this discussion about the role and responsibilities of the Service Coordinator and how Service Coordinators and providers can work together in delivering the highest quality services to children and families.

Part of our goal in clarifying Service Coordinator roles and responsibilities is to strengthen the relationship between Service Coordinators and providers by making clear the expectations for both.

What is the Service Coordinator's role?

The Service Coordinator's primary role is to ensure that families of eligible children have access to needed services. This includes acting as a single point of contact for families and coordinating the IFSP team in a way that meets each family's individual needs. The Service Coordinator empowers the family in making decisions for their child by helping them identify priorities and by presenting all options in an unbiased manner. The Service Coordinator then leads the IFSP team based on the family's priorities and choices. The Service Coordinator also works to ensure a cohesive IFSP team, including facilitating communication between team members, and ensures that quality service delivery is well-documented based on state requirements and best practice guidelines.

What are the Service Coordinator's responsibilities?

Although the Service Coordinator's responsibilities can vary depending on the specific needs of each family, the following are requirements that must be met for every family.

Transition into Services

When a child is determined eligible, the Service Coordinator (or Intake Coordinator, depending on the SPOE structure) is required to complete a family interview within 30 days of the initial IFSP. Best practice is for the interview to be completed prior to the initial IFSP, so the concerns and questions identified in the interview may be included in the IFSP discussion. The family interview includes the child's AEPS scores, along with survey questions adopted from the Early Childhood Outcomes (ECO) family survey. The information from the family interview is used as baseline data for determining child and family progress as reported to the federal Office of Special Education Programs (OSEP).

Quarterly Face to Face Meetings

The Service Coordinator is required to meet face to face with each family at least quarterly to continue building a rapport and ensure the IFSP is being implemented appropriately. Meetings during the first and third quarters of service are less structured "check-ins", while meetings during the second and fourth quarters coincide with the six month review and annual IFSP.

Six Month Review/Annual IFSP

The six month review meeting must be held within the fifth month of service. The annual IFSP meeting must be held prior to the expiration of services. Because providers have the most in-depth knowledge of the child's progress, thorough and timely progress reports are critical to ensuring the team completes a comprehensive review as a part of the six month review and annual IFSP process. Families, providers, and the lead ED team member will be provided a minimum of 10 days written prior notice for six month review and annual IFSP meetings, and the Service Coordinator should make every attempt to schedule the meetings to allow provider

An Overview (continued)

and ED team participation. All team members should receive copies of the evaluation report, including the AEPS “arrow form”, prior to the IFSP meeting. The Service Coordinator should lead the six month review and annual IFSP meetings based on family priorities. All team members should have the opportunity for input, and decisions about outcomes, strategies, services and service levels should be reached by team consensus. All team members should receive copies of meeting documentation (six month review, change page(s), annual IFSP) following the meeting.

Transition out of Services

Each child exiting First Steps services must have a transition meeting, either upon exit (if the child is not aging out) or within 270-90 days prior to the third birthday (if the child is aging out). The Service Coordinator must offer the families of children turning 3 the opportunity to work with the local education agency (LEA) representative, as well as information about other community resources that may serve the family’s needs. For children who are not aging out, the availability of additional community resources and supports will be discussed as needed. In addition to coordinating the transition meeting, the Service Coordinator is responsible for completing an exit summary upon a family’s transition out of services. This summary includes updated AEPS scores (from the most recent evaluation, if it is conducted within 3 months of exit, or based on more recent provider/ED team information) and the same survey questions from the initial family interview. The exit data is compared to the initial family interview data for each family and is used to evaluate our state’s achievement of child and family outcomes for OSEP.

Other Responsibilities

In addition to the above, the Service Coordinator should attempt to make contact with each family monthly. The Service Coordinator will respond to requests for changes in IFSP services as needed. When possible, changes will be processed to coincide with a naturally occurring family meeting (1st/3rd quarter, six month review, annual IFSP), however, urgent changes will receive immediate attention. Communication with the IFSP team should be a priority, and all team members should receive notice of any family and/or service changes as they occur. In return, it is very important that providers communicate changes they are aware of to the Service Coordinator. The Service Coordinator will provide families with resource and referral information for other community programs and services as needed.

Working Together

Part of our goal in clarifying Service Coordinator roles and responsibilities is to strengthen the relationship between Service Coordinators and providers by making clear the expectations for both. In the months to come, we are planning to detail some specific activities and outline both the Service Coordinator and provider/ED team responsibility for each activity. In addition, we will address frequently asked questions regarding Service Coordination and SPOE’s. If you have issues or questions you would like addressed, please contact your cluster’s representative on this workgroup. On behalf of your cluster SPOE, thank you for all you do for families and children!

Did You Know?

Service Coordinators are typically managing caseloads of 70+ families. This can be a challenge for even the most experienced Service Coordinator. Providers can do their part in making sure services are delivered without interruption by following the local SPOE procedures regarding submission of documentation. With 70+ families, a number of whom are receiving multiple services, tracking down progress reports and start date documentation can quickly become a nightmare!

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FIRST STEPS CORE TRAINING CATALOG

All providers (intake/ongoing service coordinators and non-exempt direct service providers) are required to attend or complete one First Steps Core Training (FSCT) annually, along with completion of the quarterly Training Times quizzes. Eligible core trainings have "FSCT" noted in their title. A variety of topics and learning style options, including classroom and distance learning are available. All courses are offered multiple times throughout the year. Distance learning modules are limited to 60 active participants. The number of participants at on-site trainings is determined by room capacity and the type of presentation. Additional sessions are scheduled as courses reach capacity.

Face-to-Face Classroom Trainings:

FSCT- AEPS® Overview

Unrestricted Audience: Open to all Direct Service Providers and Intake/Ongoing Service Coordinators

Description: The Assessment, Evaluation and Programming System for Infants and Toddlers® (AEPS®) is the assessment tool used by Eligibility Determination (ED) teams as part of the process to determine First Steps eligibility. This half day course is available as a First Steps Core Training for providers and intake/service coordinators. Topics to be covered include an overview of the AEPS tool, scoring guidelines, family reporting and the use of the AEPS assessment in the development of IFSP goals, strategies and activities. The course will provide general information about the AEPS tool and the eligibility determination process for newly enrolled ongoing providers and intake/service coordinators. **This course provides an overview only and does not provide instruction on the administration of the AEPS®. It does not substitute for the full 2-day AEPS training that is required for all ED team members.**

Credential Units: 3 hours (.3)

FSCT - The Paper Trail – A Guide to First Steps Provider Documentation

Restricted Audience: Open to all Direct Service Providers, only

Description: First Steps, Indiana's program for the Individuals with Disability Education Improvement Act, (IDEA) Part C, has many requirements for the early intervention record and individual provider documentation. This half-day course will provide an overview of the early intervention record, including the Individual Family Service Plan (IFSP), Face-to-Face form, and provider progress notes. Participants will discuss requesting changes in IFSP services, writing effective outcomes and organizational strategies to insure that documentation meets all required timelines. Basic information on documentation needed for First Steps credentialing and billing are also presented.

Credential Units: 3 hours (.3)

FSCT - Understanding Diversity within Families

Unrestricted Audience: Open to all Direct Service Providers and Intake/ Service Coordinators

Seminar Description: Participants will engage in guided learning opportunities that will demonstrate how cultural influences affect all of us. Participants will discuss how their own perceptions and experiences impact their daily interactions and those with the children and families they serve.

Seminar Objectives: Identify individual beliefs and biases related to your own culture. Determine action steps towards developing cultural sensitivity that can be integrated into your work. Recognize cultural differences and report how you value them in relation to families and have an opportunity to talk about the aspects of recognizing the importance of fathers and their roles within the family structure.

Credential Units: 6 hours (.6)

FSCT - Using the AEPS® to Develop Strategies for Therapy Sessions

Restricted audience: Direct Service Providers who completed their initial credential prior to January 1, 2008.

Description: This half day training focuses on interpreting the AEPS® report to facilitate the development of child and family outcomes on the Individualized Family Service Plan (IFSP). Providers will also learn how to write IFSP progress reports that reflect the progress made on the IFSP outcomes. This course includes similar material to that in DSP 103 that all new providers must take in their first year of enrollment, therefore those providers who have completed DSP 103 should not enroll in this course. This course **IS NOT** a substitute for DSP 103.

Credential Units: 3 hours (.3)

FSCT - AEPS® 2 Day Course

Unrestricted audience: Open to all Direct Service Providers and Intake/Service Coordinators. **This is a required course for anyone participating on an Eligibility Determination team.**

Description: The Assessment, Evaluation and Programming System for Infants and Toddlers® (AEPS®) is the assessment tool used by Eligibility Determination (ED) teams as part of the process to determine First Steps eligibility. Topics covered during this two day course include a comprehensive overview of the AEPS® test and its administration, (including practice observing and scoring infants and toddlers), family interviewing and reporting, and the use of the

FIRST STEPS CORE TRAINING CATALOG

AEPS® as part of the First Steps eligibility determination process. The Bureau of Child Development Services has approved the full 2-day AEPS course as a (FSCT). Providers who wish to take advantage of using the 2-day AEPS for their annual mandatory training cannot have used it for credential points in a previous credential period.

Cost: The cost for the 2 day AEPS training is \$75 and is not included in the Annual Provider Fee. (Providers may still use their annual training fee to attend another FSCT for additional credential points).

Credential Units: 12 hours1 (1.2)

FSCT - Writing Functional Outcomes for Service Coordinators

Restricted Audience: Intake/Ongoing Service Coordinators, only

Description: IFSP outcome writing has long been a challenge for both families and professionals. However, writing functional, measurable, and family driven outcomes provides the needed evidence to support IFSP services and demonstrates that early intervention programs do make a difference in the lives of children and families served by First Steps. The goal of this training is to revisit what we may think we know about writing family guided outcomes in order to encourage participants to "think outside the box" on how to make outcomes truly belong to the family.

Credential Units: 3 hours (.3)

FSCT - Documentation for Service Coordinators

Restricted Audience: Intake/Ongoing Service Coordinators, only

Description: Service Coordinators do many different activities with and on behalf of their First Steps families. This half day training focuses on how to become more effective in your role by exploring what needs to be documented, techniques on how to document, and organizational tips on staying on top of documentation and IDEA, Part C required timelines.

Credential Units: 3 hours (.3)

FSCT - Home Visiting

Unrestricted Audience: Open to all Direct Service Providers and Intake/Ongoing Service Coordinators

Description: Home visiting strategies are key to anyone working in early intervention. This session presents strategies early interventionists can use to carry out the IFSP in the natural environment of home and community settings. The session will focus on the audience's relationships with families, parent-child interactional techniques, and intervention with high risk families. Participants will engage in observation and discussion of effective strategies that promote the ongoing relationship of the family with their child and the child's development.

Credential Units: 6 hours (.6)

FSCT - Writing Functional Outcomes

Unrestricted Audience: Open to all Direct Service Providers and Intake/Ongoing Service Coordinators

Description: Writing Functional Outcomes.

This is an interactive workshop designed for participants to both evaluate and write functional Individualized Family Service Plan (IFSP) outcomes for children and families in First Steps. Functional outcomes emphasize outcomes that reflect family priorities, promote successful and independent functioning, have current and future relevance, and are easily embedded into everyday routines, activities, and places. (Participants are encouraged to bring copies of current IFSP outcome pages from which to practice. **Please remember that you must redact (blackout) any child/family names from these pages prior to bringing them to the course.**

Credential Units: 6 hours (.6)

Family Involvement Fund for First Steps Families

Do the families you serve know about the Family Involvement Fund?

The Family Involvement Fund (FIF) provides support for family members of children with disabilities to help increase their knowledge and understanding of their child's disability, parenting, and the systems that provide services. First Steps families are eligible to receive financial reimbursement to attend conferences, seminars, public forums and hearings, task force meetings, online trainings, teleconferences, etc. The FIF also provides financial reimbursement for approved print materials and electronic media purchases such as CDs/DVDs, and videos. In fact, funding within the FIF is available for parents who participate officially as members on the Local Planning and Coordinating Council (LPCC), its committees and sponsored activities, Transition Local Learning Opportunities, or other requested committee participation. You and the families you serve can visit the Family to Family Website to learn more about the Family Involvement Fund and apply online or download an application to mail! Please point your browsers to <http://www.INF2F.org>; or call Cathy Beard, Family Involvement Fund, at the Indiana Institute on Disability and Community, at 1-800-825-4733.

FIRST STEPS CORE TRAINING CATALOG

Distance Learning Courses:

FSCT- Direct Service Provider Refresher Course

Restricted Audience: Direct Service Providers who entered the system prior to August 2007.

Description: This course takes you through the newly revised Direct Service Provider (DSP) 101 orientation course. The training includes many topics not covered in the old format of the First Steps Orientation self-study. This interactive training requires providers to view narrated PowerPoint presentations, complete self-assessment questions, and apply the newly learned concepts by completing several Application Station exercises. The training, which consists of six modules, focuses on the following content areas: Overview of First Steps; Natural Environments; Procedural Safeguards; Working as a Team to Provide Family-Centered Care; Home Visiting; and Mechanics for Direct Service Providers. After providers complete the six modules, they are required to take an online assessment and achieve an 80% or higher and complete application stations for the 6 modules. **Please note:** There is a 45 day timeline in which to complete this training.

Credential Units: 10 hours (1.0)

FSCT- Service Coordination Refresher Course

Restricted Audience: Intake/Ongoing Service Coordinators who entered the system prior to December 2007.

Description: This course takes you through the newly revised Service Coordination (SC) 102 and 103 courses. The training includes many topics covered in the old format of the First Steps Service Coordination Level One and Two courses, with much new material added. This interactive training requires intake/service coordinators to view narrated PowerPoint presentations, complete self-assessment questions, and apply the newly learned concepts by completing several Application Station exercises. **Please note:** There is a 45 day timeline in which to complete this training. The time to complete is approximately 10 hours.

Credential Units: 10 hours (1.0)

FSCT- Providing Early Intervention (EI) Supports and Services in Everyday Routines, Activities, and Places

Unrestricted Audience: All Direct Service Providers and Intake/Ongoing Service Coordinators

Description: Through this interactive distance learning module, participants will learn the guiding principles for providing early intervention services and supports in everyday routines, activities, and places and the key features of quality early intervention supports and services. By completing this training, participants will be able to understand the value of providing early intervention services in natural environments, understand the importance of identifying a family's everyday routines, activities, and places, identify the elements of quality early intervention services and supports, and design early intervention activities that include the features of quality services and supports. Participants will observe these principles and features being applied while viewing vignettes on Larry Edelman's DVD, Just Being Kids. Participants will also receive planning tools that can be used to identify a family's routines that can be used to develop early intervention activities that encompass the family's natural environment. **Please note:** There is a 45 day timeline in which to complete this training.

Credential Units: 5 hours (.5)

FYI: First Steps Core Trainings must be applicable to all First Steps Providers, Intake and Ongoing Service Coordinators and they must address core competencies. These trainings provide a solid foundation for early intervention services and family centered care. UTS plans to add to the catalog of available FSCT courses in the future. If you have ideas for a First Steps Core Training or other topical trainings, please email us at training@utsprokids.org.



UTS is currently completing a distance education course on Procedural Safeguards. This training will provide an overview of IDEA, Part C procedural safeguards, family rights and the Family Education Rights and Privacy Act (FERPA). Participants will also learn about confidentiality, important timelines and informed consent for families.

Training Times—Index of Articles

The Training Times is beginning its fifth year of quarterly editions. All back issues remain available on the UTS website: <http://utsprokids.org> (click on Newsletter). Annually, the Index of Articles is updated and printed for easy reference.

Topic	Issue	Article Title
45 days Referral to IFSP	Feb-06 Nov-08	Indiana's Part C State Performance Plan
Adaptations in Community Settings	March-05	Sharing Information about Adaptations with Child Care and Pre-School Providers
AEPS	June-06	The AEPS
	December-06	AEPS Chosen for First Steps Eligibility Determination
	December-06	Assessment, Evaluation and Programming System - AEPS ®
	December-06	Frequently Asked Questions About The AEPS®
Assessment	June-06	The AEPS
	June-06	New Visions: A Parent Guide to Understanding Developmental Assessment
	December-06	Assessment, Evaluation and Programming System - AEPS ®
Authorizations	April/May 2007	Provider Update Newsletter Volume 1 Issue 2 May 2007
	December-06	Provider Update Newsletter Volume 1 Issue 1 November 2006
Autism	Sept/Oct 2006	What Are Autism Spectrum Disorders?
	Sept/Oct 2006	Increasing Incidence of Autism Spectrum Disorders Continues in Indiana
	Sept/Oct 2006	Opportunity to Communicate: A Crucial Aspect of Fostering Communication Development
	Sept/Oct 2006	Good Night, Sleep Tight and Don't Let the Bed Bugs Bite: Establishing Positive Sleep Patterns for Young Children with Autism Spectrum
	Sept/Oct 2006	Mealtime and Children on the Autism Spectrum: Beyond Picky, Fussy and Fads
Billable Services	March-07	Provider Update Newsletter Volume 1 Issue 2 February 2007
	June-05	Transition - Issue Clarification 503-11-044
Billing	February-06	Common Billing Errors
	February-06	CRO Changes
	June-05	Credentialing and Billing Reviews
Billing Waivers	July/August 2007	Over the Filing Limit Billing Waiver
Billing Issues	March-07	Provider Update Newsletter Volume 1 Issue 2 February 2007
Billing Reviews	December-06	Provider Billing Reviews and Audits
Care for Caregiver Change	February-06	New Year's Resolution #1 - Take Care of Yourself
	February-06	Change in the Workplace
		Sharing Information about Adaptations with Child Care and Pre-School Providers
Child Care Settings	March-05	
Child Find	Feb-06 Nov 08	Indiana's Part C State Performance Plan
		Yes, You Can! Providing Inclusive Services During Everyday Routines, Activities and Places
Child/Family Routines	December-04	Opportunity to Communicate: A Crucial Aspect of Fostering Communication Development
Communication	Sept/Oct 2006	
Complaints	Feb-06 Nov 08	Indiana's Part C State Performance Plan
Compliance	Feb-06 Nov 08	Indiana's Part C State Performance Plan
Cost Participation	June-06	Cost Participation Q & A
CPT Codes	February-06	More CRO Information
Credentialing	February-06	CRO Changes
	June-05	Credentialing and Billing Reviews
	November-07	First Steps Credentialing
		Understanding and Negotiating Cultural Differences Concerning Developmental Competencies: The Six Reason Solution
Culture, Diversity	December-04	

Topic	Issue	Article Title
Developmental Therapy	December-06	State Provider Update November 2006 Volume 1 Issue 1
	December-06	Developmental Therapy White Paper
Down Syndrome	March-07	The Goal and Opportunity of Physical therapy for Children with Down Syndrome
Early Intervention Services	March-05	Maximizing Your Role in Early Intervention
	Apr/May 2007	Cortical Visual Impairment: An Overview of Current Knowledge
	Apr/May 2007	The Goal and Opportunity of Physical therapy for Children with Down Syndrome
	June-06	The Art and Science of Home Visits
	February-06	A Model By Any Other Name...
	Sept/Oct 2005	A Relationship-Based Approach to Early Intervention
	Sept/Oct 2005	Principles and Strategies for Family-Centered Home-Based Services
	June-05	Sensory Integration: A Key Component of the Evaluation and Treatment of Young Children with Severe Difficulties in Relating and Communicating
	June-05	From Early Intervention to Special Education
	December-04	Understanding and Negotiating Cultural Differences Concerning Developmental Competencies: The Six Raison Solution
Eligibility Definition	December-04	Yes, You Can! Providing Inclusive Services During Everyday Routines, Activities and Places
	December-06	State Provider Update November 2006 Volume 1 Issue 1
Eligibility/Need for Service	August/September 2008	Updated Policy - Need For Service
Empowering Parents Face-To-Face Forms	March-05	Maximizing Your Role in Early Intervention
	December-06	State Provider Update November 2006 Volume 1 Issue 1
Family-Centered Care	December-06	Face-To-Face Summary Sheet
	December-05	Understanding and Negotiating Cultural Differences Concerning Developmental Competencies: The Six Raison Solution
	February-06	Early Intervention Affects Families' Quality of Life
	June-06	New Visions: A Parent Guide to Understanding Developmental Assessment
	April/May 2007	Writing Functional, Meaningful and Family-Centered Outcomes
	April/May 2007	Generating Relevant IFSP Outcomes
	March-05	Maximizing Your Role in Early Intervention
	Sept/Oct 2005	Principles and Strategies for Family-Centered Home-Based Services
	August/September 2008	Giving Families A Chance To Talk
	March-07	Privacy and Confidentiality
FERPA	March-07	Privacy and Confidentiality
GSEG	June-06	Indiana Receives US Dept of Education GSEG
Hearing Loss	November-07	Effects of Hearing Loss on Children
	March-05	Safety Tips For Home Visitors
Home Visiting	June-06	The Art and Science of Home Visits
	Sept/Oct 2005	Principles and Strategies for Family-Centered Home-Based Services
IDEA Part C	March-05	Maximizing Your Role in Early Intervention
	June-06	New Visions: A Parent Guide to Understanding Developmental Assessment

Topic	Issue	Article Title
IFSP Outcomes	April/May 2007	Generating Relevant IFSP Outcomes
	April/May 2007	Writing Functional, Meaningful and Family-Centered Outcomes
IFSP Services	March-07	Provider Update Newsletter Volume 1 Issue 2 February 2007
Infections	November-07	Alphabet Soup of Bacteria and Viruses
Influenza	November-07	CDC Fact Sheet on Influenza
Informed Clinical Opinion	December-06	State Provider Update November 2006 Volume 1 Issue 1
		Yes, You Can! Providing Inclusive Services During Everyday Routines, Activities and Places
Integrated Therapy	December-04	
	May-08	Integrating Therapy into the Classroom
Initial Services - 7 months	December-06	State Provider Update November 2006 Volume 1 Issue 1
ITSI	February-06	ITSI
	June-06	ITSI
Motor Development	July/August 2007	A Look at Motor Development in Children
National Provider Identifier	April/May 2007	National Provider Identifier (NPI)
		Yes, You Can! Providing Inclusive Services During Everyday Routines, Activities and Places
Natural Environments	December-04	
	March-05	Maximizing Your Role in Early Intervention
	Feb-06 Nov-08	Indiana's Part C State Performance Plan
Obesity - Childhood	February-06	Childhood Obesity - What All Professionals Should Know
Outcomes	February-08	DEC Promoting Positive Outcomes for Children with Disabilities
	May-08	Steps to Using the AEPS to Write IFSP Outcomes
OSEP Child Outcomes	Feb-06 Nov-08	Indiana's Part C State Performance Plan
		Family and Child Outcomes for Early Intervention and Early Childhood Special Education
	Sept/Oct 2005	
OSEP Family Outcomes	Feb-06 Nov-08	Indiana's Part C State Performance Plan
		Family and Child Outcomes for Early Intervention and Early Childhood Special Education
	Sept/Oct 2005	
Osteogenesis Imperfecta	August/September 2008	Osteogenesis Imperfecta (Brittle Bone Disease)
Physical Therapy	March-05	Maximizing Your Role in Early Intervention
	March-07	The Goal and Opportunity of Physical therapy for Children with Down
Picky Eater	Sept/Oct 2006	Mealtime and Children on the Autism Spectrum: Beyond Picky, Fussy
Privacy and Confidentiality	March-07	Privacy and Confidentiality
Procedural Safeguards	March-07	Privacy and Confidentiality
Progress Report Form	March-07	Provider Update Newsletter Volume 1 Issue 2 February 2007
	March-07	Sample Progress Report
Progress Report Form	April/May 2007	Progress Report Sample
Provider Taxonomies	February-06	More CRO Information
Quality Review	Feb-06 Nov-08	Indiana's Part C State Performance Plan
	March-07	Quality Review Snapshots
Relationship-based Approach	Sept/Oct 2005	A Relationship-Based Approach to Early Intervention
		Request For Change or Addition in Services ED Team Response Form
Request for Change	December-06	
Safety Tips	March-05	Safety Tips For Home Visitors
		Sensory Integration: A Key Component of the Evaluation and Treatment of Young Children with Severe Difficulties in Relating and Communicating
Sensory Integration	June-05	
Service Coordination, Role and Responsibilities	November-08	An Overview of the Roles & Responsibilities of Service Coordination
Service Delivery Models	March-05	Maximizing Your Role in Early Intervention

Topic	Issue	Article Title
Service Delivery Models	February-06	A Model By Any Other Name...
Service Delivery Models	December-04	Yes, You Can! Providing Inclusive Services During Everyday Routines, Activities and Places
Signature, Family on Billing Documents	July/August 2007	Issue Clarification - Updated Family Signature on Billing Documentation
Sleep	Sept/Oct 2006	Good Night, Sleep Tight and Don't Let the Bed Bugs Bite: Establishing Positive Sleep Patterns for Young Children with Autism Spectrum
Special Education	June-05	From Early Intervention to Special Education
State Performance Plan	Feb-06 Nov-08	Indiana's Part C State Performance Plan
Team Approach	March-05	Maximizing Your Role in Early Intervention
Timely Services (30 days of IFSP)	Feb-06 Nov 08	Indiana's Part C State Performance Plan
Transition	June-05	From Early Intervention to Special Education
	June-05	Transition - Issue Clarification 503-11-044
	June-05	FAQs About Transition
	February-06	Indiana's Part C State Performance Plan
	Sept/Oct 2005	First Steps Updates and Information
Vision	April/May 2007	Cortical Visual Impairment: An Overview of Current Knowledge
Universal Precautions	November-07	Universal Precautions and Other Means of Preventing Infection

Indiana's State Performance Plan and You

Understanding IDEA, Part C Federal Compliance Requirements

The February 2006 Training Times article, "Indiana's Part C State Performance Plan", introduced providers to this new OSEP reporting requirement. Since that time Indiana has submitted two annual performance reports (2005-2006 and 2006-2007) describing Indiana's progress in meeting the rigorous and measurable targets of the SPP. Copies of the State Performance Plan (SPP), the Annual Performance Reports (APR) and OSEP's determination of how well Indiana meets the requirements and purposes of IDEA 2004 are posted for public review at <http://www.utsprokids.org/firststepsinfo.asp>. This article, suggested by a member of Indiana's Interagency Coordinating Council (ICC), provides a review of the SPP/APR requirements and specifics on the roles that First Steps providers, intake and ongoing service coordinators play in complying with state and federal IDEA, Part C legislation. Data for FFY 2007-2008 will be posted in February 2009 after the submission of the APR.

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 required each state to develop a six year (2005-2010) State Performance Plan (SPP) and to submit an Annual Performance Report (APR) to the Office of Special Education Programs in the US Department of Education. The IDEA, Part C SPP consist of 14 performance indicators. Major components of the SPP include the following:

- An overview of the state early intervention system, including how broad stakeholder input was obtained to develop the SPP/APR and how this information is reported to the public.
- Baseline data from 2004 and 2005 for most indicators, with a discussion of the baseline data, and annual data updates with a discussion of the progress or slippage in relation to the indicator targets.
- Measurable and rigorous targets for the indicators.
- Improvement activities, with timelines and resources

The initial SPP was submitted for approval December 2005. The initial APR was submitted in February 2007 for FFY 2005 (July 1, 2005 – June 30, 2006) and the FFY2006 APR was submitted February 2007. Following the submission of each APR, OSEP reviews the report and issues a determination as to whether the plan and the report demonstrate compliance with the requirements of IDEA, Part C. The determination categories are:

- Meets requirements and purposes of IDEA, Part C
- Needs assistance in implementing the requirements of IDEA, Part C
- Needs intervention in implementing the requirements of IDEA, Part C, and
- Needs substantial intervention in implementing the requirements of IDEA, Part C

SPP/APR (continued)

Indiana has been determined to need assistance for the past two years, primarily because it has not been able to demonstrate the required correction of all noncompliance within one year. In order to demonstrate compliance, state First Steps staff have accessed numerous technical assistance resources, including national conferences, webinars, teleconferences and assistance from the North Central Regional Resources Center (NCRRC). This past summer, all state staff and QR contractors, along with representatives from the SPOEs and LPCCs attended two "Thinking Through Improvement" trainings. These trainings provided a foundation for critically reviewing data needs and data results, in order to develop comprehensive improvement plans that identify the targets, resources and timelines to achieve the desired outcomes. The goal of the "IT Kit" trainings is to empower the local clusters to assume responsibility for their own quality review and improvement. As the primary stakeholder group for Indiana's Part C system, the Interagency Coordinating Council (ICC) invited Ann Bailey from the NCRRC to provide an overview of the SPP/APR requirements, along with the basics of the "Thinking Through Improvement" training to their annual ICC retreat in September of 2008. These initiatives were undertaken to improve quality services to children and families in the First Steps System; but, they cannot be successful without the active involvement of all First Steps providers, intake and ongoing service coordinators. To assist you in understanding your role in achieving compliance with each indicator, a summary of the indicator, its target, data sources and improvement plans is provided. You are asked to review each indicator and consider how your participation in the First Steps System is positively or negatively affecting compliance with the requirements of IDEA, Part C. Meeting the requirements of federal and state regulations regarding IDEA, Part C is the responsibility of everyone in the First Steps System and is a required component of the Provider Agreement and the SPOE/LPCC Request For Funds contract. If you have suggestions for ways to improve compliance with any of the indicators, please email them to the First Steps office at FirstStepsWeb@fssa.in.gov.

SPP/APR Indicators:

- 1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner. This is a compliance indicator that requires 100% of all IFSP early intervention services from the initial IFSP and any subsequent new services added to the IFSP to be provided within 30 days of the parent signature on the IFSP or the Service Change Page.** Data for this indicator is obtained from a statistical sample of early intervention record reviews conducted by the Quality Review Teams annually and through local quality review audits that have been verified by the state through the QR contractors. The EI record is reviewed for documentation of the start date for all new EI services. Service Coordinators are required to complete a form that identifies if the start date for each new service is within 30 days; only exceptional family circumstances (child/family illness, hospitalization, etc.) may be excluded and the circumstance must be documented in the EI record. Every provider is required to send the service start date to the ongoing service coordinator via email or faxed/scanned copy of the initial face-to-face form with the date of the initial provider visit (providers are asked to follow their SPOE procedure for this). When providers fail to submit this required information, the service coordinator must call the family or the provider to obtain the service start date for each new service on the IFSP or change page. The initial service date should also be included on the provider progress report, as this is another source of documentation for the service start date.
- 2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. This is a results indicator with the SPP target increasing from 94% in 2005 to 96% in 2010.** Indiana obtains this data from the service location codes on provider billing claims. It is imperative that providers use the correct code when billing for early intervention services. Correct service billing codes are part of the provider billing reviews performed by the QR contractors. Providers entering location codes that do not agree with the service location identified on the face-to-face form could incur a payback, if the service location is authorized in the natural environment, but the service is provided onsite.



Infant-Toddler Specialist of Indiana

Providing resources for education and care of infants, toddlers, and families in **Indiana**. The ITSI website provides access to many resources for Infant-Toddler Specialists. Explore this site and add it to your favorites! Find information, links to other important sites, a discussion forum, and news of upcoming events—and it's all FREE!! Check it out at <http://www.cfs.purdue.edu/itsi/>.

SPP (continued)

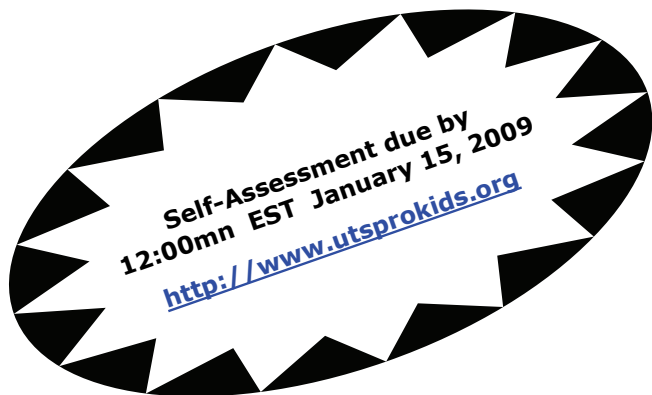
- 3. Percent of infants and toddlers with IFSPs who demonstrate improved: a) positive social-emotional skills (including social relationships); b) acquisition and use of knowledge and skills (including early language/communication); and c) use of appropriate behaviors to meet their needs. This was a new requirement from IDEIA 2004. It is a results indicator that reports the percent of improvement in relation to typically developing peers. There are 5 categories that must be used for each child outcome: 1) % who did not improve; 2) % who improved, but not nearer to same age peers; 3) % who improved near same age peers; 4) % who improved function comparable to same age peers; and 5) % who maintained function comparable to same age peers. States will not set targets until 2010. Currently states are required to report baseline information with the APR.** Indiana obtains child outcome data by comparing AEPS scores on entrance to First Steps with the AEPS score near transition from First Steps (at age 36 months or when the child is determined to no longer be eligible for First Steps). The scores are to be recorded on the Entrance and Exit Family Interviews. These data are entered into a database by the ongoing service coordinator or other designated SPOE staff after the child leaves First Steps. Eligibility Determination Teams are responsible for providing these scores to the ongoing service coordinators. Evaluation and reporting of child outcomes are performed by the Indiana Institute on Disability and Community (IIDC) at Indiana University.
- 4. Percent of families participating in First Steps who report that early intervention services have helped their family: a) know their rights; b) effectively communicate their children's needs; and c) help their children develop and learn. This is a new indicator from IDEIA 2004. It is a results indicator for which Indiana has set its rigorous and measureable target at 99% for each category.** Indiana obtains data for this indicator from the Entrance and Exit Family Interviews. The family interviews were developed from the Early Childhood Outcomes Center Family Survey. Responses are made using a 7 point Likert scale. Scores of 5, 6 or 7 are used to indicate a positive response. Scores of 4 or less are deemed a negative response. Intake and ongoing service coordinators are responsible for insuring that the Entrance and Exit Family Interviews are completed. The family's responses from both interviews are entered into a database by the ongoing service coordinator or other designated SPOE staff after the child leaves First Steps. Evaluation and reporting of the family outcomes are performed by the Indiana Institute on Disability and Community (IIDC) at Indiana University.
- 5. Percent of infants and toddlers birth to one year with IFSPs compared to: a) comparable states; and b) national data. This is a results indicator for which Indiana has set its target to 1.4% of the population of infants, birth to one year.** Indiana utilizes the SPOE database to count all active IFSPs for infants, birth to one year, on December 1st of each year. This percent is compared to states with comparable eligibility and size (PA, WI, MD, AK, KS, IA, VA, WA, MS and AL) and with the national average. This indicator relates to Indiana's child find activities for infants. While child find activities are primarily a responsibility of the LPCCs and the Local Education Agencies (LEAs), referrals to early intervention for all children with a suspected delay is a requirement of medical homes, children's services and other programs that serve infants.
- 6. Percent of infants and toddlers, birth to 3 with IFSPs compared to: a) comparable states; and b) national data. This is a results indicator for which Indiana has set a target range of 3.94% in 2005 decreasing to 3.00% in 2010. This range reflects the change in First Steps eligibility that occurred in 2006.** Indiana utilizes the SPOE database to count all active IFSPs for infants, birth to three years, on December 1st of each year. This percent is compared to states with comparable eligibility and size (PA, WI, MD, AK, KS, IA, VA, WA, MS and AL) and with the national average. This indicator relates to Indiana's child find activities for infants and toddlers. While child find activities are primarily a responsibility of the LPCCs and the Local Education Agencies (LEAs), referrals to early intervention for all children with a suspected delay is a requirement of medical homes, children's services and other programs that serve infants and toddlers.
- 7. Percent of infants and toddlers with IFSPs for whom an evaluation, assessment and initial IFSP meeting were conducted within Part C's 45 day timeline. This is a compliance indicator that requires 100% of all referrals, who are found eligible, to have an IFSP written within 45 days.** Indiana obtains data for this indicator from the SPOE database. All children who are referred to First Steps are entered into the SPOE database. The referral date begins the 45 day timeline. To insure that the IFSP is written in 45 days, the following must occur; 1) intake—includes explanation of First Steps, parent rights and procedural safeguards and consents to proceed and gather information; 2) evaluation/assessment—gathering of medical information and the ED team assessment, using the AEPS and other tests, as appropriate; 3) the provision of 10 day written, prior notice to families before any decision-making moments (eligibility, IFSP meetings); 4) eligibility meeting; and 5) initial IFSP development. The ability of the SPOE to respond promptly to referrals, set Intake appointments and schedule ED team

assessments, along with a prompt response from the ED team in scheduling, completing and submitting the evaluation/assessment is critical in meeting this outcome. Only exceptional family circumstances (child/family illness, hospitalization, etc.) may be excluded. Difficulty in contacting the family or scheduling appointments is not deemed an exceptional family circumstance.

- 8. Percent of children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a) IFSPs with transition steps and services; b) notification to LEA; and c) transition meetings if the child is potentially eligible for Part B. All components of # 8 are compliance indicators with a required 100% target.** Indiana obtains data for this indicator from several sources. Data for 8a, transition steps and services are obtained from a statistical sample of early intervention record reviews conducted by the Quality Review Teams annually and through local quality review audits that have been verified by state through the QR contractors. The EI record is reviewed for completion of the IFSP transition page which includes steps, services, dates and transition outcomes. Service Coordinators are required to discuss transition with the IFSP team (includes the family) and to complete the transition page based on this discussion. Data for 8b, notification to the LEA is now accomplished through a data transfer of child/family directory information (child/family names, child date of birth, residence and school district) from the SPOE to the appropriate school district. Service Coordinators are responsible for subsequent notification to the LEA, with family consent, prior to scheduling the transition meeting (this previously was known as the 30 month notice, but transition meetings now may occur 270 to 90 days before the child's third birthday). Data for 8c, timely transition meetings are obtained from several sources. Transition meeting dates are entered into the SPOE computer, allowing a report of transition meeting dates for all children, age 27 months to 33 months within the FFY. Data for c) transition meetings are also obtained from a statistical sample of early intervention record reviews for children, age 27 months to 33 months within the FFY, conducted by the Quality Review Teams annually and through local quality review audits that have been verified by state through the QR contractors. The EI record is reviewed for the transition packet that includes the transition plan, transition meeting minutes and a record of those in attendance. This review provides valuable information, including whether the LEA representative was invited and present at the transition meeting.
- 9. General supervision system, (including monitoring complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. This is a compliance indicator with a required 100% target.** Indiana's general supervision system consists of a comprehensive SPOE database; a quality review and focused monitoring system that includes, annual verification visits to each cluster, provider billing and credential reviews, family and provider surveys; local cluster quality review assessments; policies for concern and complaint review and reporting procedures at the LPCC level and at the state for any complaints that are a violation of state or federal regulation. Annually each cluster receives a table of findings of noncompliance, which must be corrected within one year and a local determination of the cluster's ability to meet the requirements of IDEA, Part C. This indicator measures the cluster's percent of identified noncompliance from all sources that is corrected as soon as possible, but no later than one year from identification.
- 10. Percent of signed written complaints resolved within 60 day timeline. This is a compliance indicator with a required 100% target.** At the state level all written complaints must be investigated and resolved within 60 days of receipt.
- 11. Percent of due process hearing requests fully adjudicated within the applicable timeline. This is a compliance indicator with a required 100% target.** To date, Indiana has not had a due process request.
- 12. Percent of hearing requests resolved through resolution session settlement agreements—Not Applicable to Part C, Part B due process procedures have not been adopted.** Since Indiana has not adopted Part B due process procedures, it is not required to report on this indicator.
- 13. Percent of mediations resulting in mediation agreements. This is a compliance indicator with a required 100% target.** To date, Indiana has not had any mediations.
- 14. State reported data (618 and SPP/APR) are timely and accurate. This is a compliance indicator with a required 100% target.** The data reported in the APR for indicator 2—natural environments, Indicators 5 & 6—December 1 child counts and indicator 10 must agree with the previously submitted 618 data reports. Additionally all data presented in the APR must be accurate and if sampling is used, sample must be statistically valid and representative of the infant/toddler population served. Finally, all reports (618 and APR) must be submitted by the dates due.

These are the indicators on which Indiana must provide data to OSEP, annually. Hopefully, the explanations of each have made you more aware of why First Steps institutes related policies and procedures to insure compliance.

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ET CETERA

- ✓ Annual training fees are due by the end of the year. More information and a catalog of First Steps Core Trainings is included. UTS is working with the state to add more face-to-face and distance education learning opportunities in 2009.
- ✓ The new CRO vendor (CSC—Covansys) starting date has been pushed back to February 2009. The state will soon post updates regarding billing passwords for providers on the First Steps website at <http://www.in.gov/fssa/ddrs/2633.htm>. (Please note that the previous link to the state First Steps webpage at www.firststeps.in.gov is currently displaying an error message. In the meantime, use the Division of Disability and Rehabilitative Services (ddrs) address above. UTS will email providers when new information regarding the CRO is posted.
- ✓ Please welcome Suzanne Sears, a new state First Steps Consultant. Suzanne is from Bloomington, Indiana and has experience as a Developmental Therapist.
- ✓ UTS is conducting a training survey. IC/SC and providers will receive a link to the survey via email. Please take a few minutes to complete the online survey.