



First Steps

Indiana's First Steps Early Intervention System

*Service Coordination
Orientation Training SC101
Modules 1-7
January 2008*

Author Betsy Ray, Training Coordinator, UTS ProKids

Technical Support Renee Nigh, Training Manager, UTS ProKids

Advisory Council Ann Ruhmkorff, Quality and Training Consultant,
UTS ProKids

Focus Group Members

Paula Anderson, Service Coordinator Supervisor, East Central First Steps

Diane Buff, Service Coordinator Supervisor, Northwest Indiana First Steps

Debbi Davis, SPOE Supervisor, Central Indiana First Steps

Becky Haymond, Service Coordinator Supervisor, First Steps-South East

Pam Schena, Service Coordinator Supervisor, Northeast Indiana First Steps

Jennifer Stutler, Service Coordinator Supervisor, First Steps of West Central Indiana

Jane Wirth, Manager, First Steps of Southern Indiana

Reviewers Dawn Downer, Part C Coordinator,

Bureau of Child Development Services, FSSA

Janet Ballard, BCDS Consultant, FSSA

Mary Chalmers, BCDS Consultant, FSSA

Kelli Plummer, BCDS Consultant, FSSA

Cathy Robinson, BCDS Consultant, FSSA

Mindy Dunn, Trainer, UTS ProKids

Becky Haymond, Trainer, UTS ProKids

Pilot Group Member Katie Sullivan, Central Indiana First Steps

We thank those involved in this project for their input, ideas, and support of this important role in the early intervention system as well as their dedication to their profession. This training was developed as part of Indiana's Unified Training System (UTS). The development of this training was funded through Indiana First Steps, Bureau of Child Development Services (BCDS), Division of Disability and Rehabilitative Services, FSSA.

Table of Contents

Welcome to First Steps!	3
Supplemental Materials	3
Training Format.....	4
Service Coordination Orientation Objectives	5
What is First Steps	5
First Steps Mission	6
Indiana's First Steps Vision.....	6
Early Intervention Legislation.....	7
Federal Laws.....	7
IDEA Part C, Early Intervention Services	7
Family Education Rights and Privacy Act (FERPA)	10
State Law	11
Funding Sources.....	11
Lead Agency.....	11
Indiana's First Steps System Organizational Chart	12
Interagency Coordinating Council (ICC).....	14
Local Planning and Coordinating Councils (LPCC)	14
Fiscal Agents	15
System Point of Entry (SPOE)	15
The Central Reimbursement Office (CRO)	16
Enrollment Process	17
Provider Matrix.....	17
The Central Directory.....	18
Indiana's Eligibility Definition	18
Individualized Family Service Plan	18
First Steps Services.....	19
Summary.....	20
Reference List.....	21
First Steps Acronyms	22
Glossary of Terms	23
Application Station... Connecting the puzzle pieces	29

Welcome to First Steps!

Service coordination is one of the most important roles in early intervention. Service coordinators are responsible for the activities carried out to assist and enable a child who is eligible for early intervention services, and the child's family, to receive the procedural safeguards and services that are authorized to be provided through the Individualized Family Service Plan (IFSP). To accomplish this, service coordinators must be properly trained, well informed, and have a variety of skills. The service coordinator orientation training modules have been designed to help them learn the philosophy of Indiana's early intervention system called First Steps and the policies and procedures that service coordinators must follow to be compliant with the System's procedural safeguards and guidelines.

First Steps is an educational program employing the developmental model. First Steps addresses developmental delays through individualized child-family planning to achieve functional outcomes. In this model, providers go into the natural environment to train parents to integrate activities benefiting their child's development into the family's daily routine.

This training will provide service coordinators with comprehensive information about state and federal regulations, useful resources that can strengthen their knowledge and skills as a coordinator, practical strategies that guide them in their role as a service coordinator, and hands-on activities to help them retain the training material. They will come away with a basic understanding of the First Steps System and their role as a service coordinator. Service coordinator supervisors can assist them to further develop their skills as they work with children, families, providers and community resources.

Supplemental Materials

To complete Service Coordination Module 1 you need a computer with Internet access and the following:

- Participant Materials for Module 1
- PowerPoint Slides for Module 1
- 3-ring binder (2" – 2 ½") to store participant materials – will be used for this module as well as future modules
- Folder(s) – to keep downloaded forms
- Additional documents that you will be instructed to download as you go through the modules

Training Format

Since service coordination is such an important role in the First Steps System, having fully-trained coordinators is vital to the success of the program. Therefore, a thorough training program has been created which consists of an orientation program delivered via distance learning and two follow-up face-to-face training events.

A. Orientation: During the orientation phase of the training program, service coordinators complete modules that focus on:

- An Overview of First Steps
- Procedural Safeguards
- Service Coordination
- Evaluation and Assessment
- Individualized Family Service Plans
- Ongoing Service Coordination
- Transition

All service coordinators must successfully complete the orientation by:

- a. viewing the narrated PowerPoint presentation for Modules 1-7 and completing the self-assessment questions during the presentation.
- b. Completing the application station exercises for all seven modules
- c. Achieving an 80% or higher on an online assessment after Modules 1-7. They can use their notes.

Ideally, service coordinators will complete the orientation modules within their first two weeks of employment as a service coordinator and the associated Application Station exercises and online competency assessment within 30 days of hire.

B. Follow-up Face-to-Face Training Events: these training events are designed to allow service coordinators an opportunity to ask and receive answers to questions that they have after working as a service coordinator and to provide additional training on chosen focus areas that are relevant to service coordinators performing their jobs. The timelines for these trainings are as follows:

- a. Complete SC102 after 3 months and before 6 months after completion of SC101. At the end of this training, they will take an assessment, which will cover content in all seven SC101 modules as well as content delivered during the face-

to-face training. Again, an 80% or higher is required, and they will be able to use their notes.

- b. Complete SC103 after 3 months and before 9 months after completion of SC102.

Supervisors, experienced service coordinators, families and other community workers are valuable resources. They are able to provide guidance and information for service coordinators based on their experience and knowledge. Service coordinators should use these resources and ask questions because this training cannot cover every question or scenario that might arise as you are working with families. The intent of this self-paced training is to familiarize service coordinators with basic early intervention information and tools that will be used in their positions as service coordinators.

Service Coordination Orientation Objectives

- Understand federal and state laws regarding the First Steps System and Service Coordination.
- View the organizational chart of Indiana's First Steps System to understand the components and to determine the service coordinator's role in the System.
- Understand the mission and vision of the First Steps System.
- Learn the federal, state, and local resources available to the service coordinators

What is First Steps

Indiana's First Steps System is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children who have developmental delays or who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay.

First Steps brings together families and professionals from education, health and social service agencies. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention services.

Families who are eligible to participate in Indiana's First Steps System include children ages birth to their 3rd birthday who:

-
- Are experiencing developmental delays.
 - Have a diagnosed condition that has a high probability of resulting in developmental delay.

A child referred to First Steps may, with parental consent, be assessed and evaluated to determine if eligibility criteria are met to receive services through First Steps.

First Steps Mission

The First Steps System's mission is to assure that Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home and in their community when they need them. This is accomplished through the implementation of a comprehensive, coordinated statewide system of System Points of Entry and Local Planning and Coordinating Councils providing early intervention services called First Steps.

Indiana's First Steps Vision

The First Steps System's goal is to serve infants and toddlers with special developmental needs or with a diagnosis putting them at a high probability of having special developmental needs by providing a family-centered, comprehensive, coordinated, neighborhood-based system of services for them and their families. To achieve this goal, the System:

- Involves families in the development, implementation and evaluation of the statewide early intervention service system.
- Works with families to give children "peer-bound" experience. Peer-bound children are happy, have friends, go to school, and are active and accepted members of their community.
- Makes services accessible and widely dispersed throughout the community.
- Offers choices to families that are typical of the choices available to all families of young children in their everyday routines, settings and activities.
- Offers services that are culturally sensitive and tailored to individual needs of the child as well as family priorities.
- Offers services that exemplify best practices in early intervention and remain accountable for the quality of these services by evaluating them in terms of process and outcome.

-
- Respects families by acknowledging that they are the primary constant in the child's life and by helping them to make choices as well as supporting them as they implement those choices.
 - Promotes lifespan empowerment by enabling parents and caregivers to effectively advocate for their children while in First Steps and beyond in order to maximize potential.
 - Creatively uses existing resources and seek additional resources to maximize service options for families and to fairly compensate staff providing services.

Early Intervention Legislation

Federal Laws

IDEA Part C, Early Intervention Services

In November of 1975, the United States Congress passed Public Law 94-142, known as the Education for All Handicapped Children's Act (EHA). This legislation defined the education rights of children and adults with disabilities. Public Law 99-457 amended the EHA in 1986. It established a discretionary program (Part H) for states to provide Early Intervention Services for infants and toddlers (from birth to their 3rd birthday) and their families. In 1990, the law was again amended and the name was changed to the Individuals with Disabilities Education Act (IDEA). IDEA was further amended in 1991 to Public Law 102-119. It was this amendment that required transition plans from Early Intervention Services to Part B (Public Special Education Preschool programs). Public Law 105-17 reauthorized IDEA in 1997. In this reauthorization, Part H became Part C.

More importantly, the 1997 reauthorization of IDEA reemphasized the requirement that states ensure that Part C services for eligible infants and toddlers be provided in natural environments. Indiana defines natural environment as settings that are natural or normal for the child's age peers who have no disability (Division of Family and Children; 470 IAC 2.1-1-20). To the maximum extent appropriate for the needs of the child and family, early intervention services must be provided in natural settings including the home and community settings in which children and families without disabilities would participate. The identification of natural setting(s) should begin with a discussion with the family members, prior to the Individualized Family Service Plan (IFSP) development, to identify activities and services that the family would (have) participated in prior to the identification of the child's disability or would want to return to (Indiana's First Steps Practice Manual, 2000).

For many this meant shifting services from segregated, clinic-based programs to environments such as children's homes, childcare centers and preschools. This requirement, however, has not only meant a shift in where services are provided but also a change in how services are provided. The services are determined by the parents' concerns based on the parents' priorities and needs. This change in the law occurred to support families in their natural environments.

On December 3, 2004, President Bush signed into law the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, although today it is still commonly referred to as IDEA. The final rules for implementation of the 2004 reauthorization are not currently available. A timeline highlighting the progression of EHA to IDEIA is provided below.

1975	1986	1990	1991	1997	2004
EHA (Education for All Handicapped Children's Act) adopted	EHA amended: Part H established	EHA changed to IDEA	Transition Plans to Part B	IDEA reauthorized	IDEA changed to IDEIA
Defined educational rights of children and adults with disabilities	Part H: discretionary program that provides EI services to infants and toddlers from birth to 3 rd birthday	Individuals with Disabilities Education Act	Transition plans from Part C to Part B (public special education preschool programs) required	Part H became Part C. Early intervention services now required to be provided in natural environments	Individuals with Disabilities Education Improvement Act (still commonly referred to as IDEA)

The goals of early intervention according to IDEA Part C are listed below. Service coordinators are to assure that these goals are being met for the families they serve.

1. To enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life
2. To reduce the educational costs to our society including our nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age

-
3. To maximize the potential for individuals with disabilities to live independently in society
 4. To enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities
 5. To enhance the capacity of state and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care (Public Law 108-446; 118 Stat. 2744; 20 USC 1421; Sec. 631)

States choosing to implement Part C services must address the minimum components of a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all infants and toddlers with disabilities and their families. (Public Law 105-17). These components include:

- State definition of developmental delay
- Central Directory
- Timetables for all eligible children
- Public awareness program
- Comprehensive child find system
- Evaluation, assessment and nondiscriminatory procedures
- Individualized Family Service Plan (IFSP)
- Comprehensive System of Personnel Development (CSPD)
- Personnel standards
- Procedural safeguards
- Supervision and monitoring of programs
- Lead agency procedures for resolving conflict
- Financial policies and procedures
- Interagency agreements
- Policy for contracting/arranging for service
- Data collection

The content of this and other legislation is available at the following Web sites:

<http://www.nichcy.org> National Dissemination Center for Children with Disabilities

<http://www.ed.gov/about/offices/list/osers/osep/index.html> Office of Special Education Programs (OSEP)

<http://nectac.org> National Early Childhood Technical Assistance Center (NECTAC)



In the Practice Manual, locate and read the Individuals with Disabilities Education Act in section: **Statutes and Regulations.**

Family Education Rights and Privacy Act (FERPA)

FERPA is a federal law that contains important procedural safeguards (rights) for all families participating in publicly supported educational services, including early intervention services. FERPA provides families

- an assurance of confidentiality of information.
- the ability to review and request amendments to their child's early intervention record.
- the responsibility to manage the distribution of information properly. This includes
 - obtaining informed, written, parental consent regarding the type of information
 - the specific source or receiver of information,
 - the manner in which the information will be shared,
 - and the period of time for information sharing

All early intervention providers participating under this program are responsible for enforcing the provisions of FERPA. In maintaining the early intervention record, the intake and/or ongoing service coordinator makes sure the files are kept in a secure location. All documents, including those created prior to a referral to First Steps, are a part of the early intervention record and are protected under FERPA.



Go to www.ed.gov/policy/gen/guid/fpco/ferpa and read the FERPA rules.

State Law

Indiana's administrative code includes the required federal components and defines the early intervention system that was established to meet the needs of eligible children and their families, including the coordination of all available federal, state, local and private resources available to provide early intervention services. (Division of Family and Children; 470 IAC 3.1-1-12) The Lead Agency is responsible for developing policy and procedures to implement Indiana's administrative code for early intervention.



Go to www.firststeps.in.gov to view the Indiana code. Click on Policy and Oversight Information, then Policy Information, then First Steps Final Rule under the heading State Code Changes.

Funding Sources

When early intervention legislation was passed, the intent was to access existing resources to fund services. Indiana has several different sources of funding to support services for eligible children and families. These include the following programs:

- Hoosier Healthwise (Medicaid)
- Children's Special Health Care Services (CSHCS)
- Temporary Assistance for Needy Families (TANF)
- Cost Participation - In 2002, the Indiana General Assembly passed legislation implementing Cost Participation (CP) for all eligible families receiving direct therapy services. Cost Participation is calculated using family gross income and family size taking into account out-of-pocket healthcare costs. More information about cost participation will be provided in Module 3.
- Private insurance

First Steps is always the payer of last resort and services should not be duplicated. For example, a child may be receiving nutrition services through Women, Infants and Children (WIC). If so, First Steps should not also provide nutrition services. Service coordinators are stewards of this System and must commit to effective and efficient stewardship of public dollars to avoid duplication of resources.

Lead Agency

The Indiana Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services (DDRS) is the lead agency assigned by the Governor with responsibility for the First Steps Early Intervention

System. As such, the division is responsible for all aspects of state administration for the First Steps System including, but not limited to:

- The development and promulgation of rules and program guidance materials for service providers and Local Planning and Coordinating Councils (LPCCs).
- The establishment of inter/intra-agency agreements to ensure a coordinated service delivery system exists for children and families.
- The preparation of the federal Infants and Toddlers program (now referred to as "Part C") application and administration of these federal early intervention funds.
- Supervision and monitoring of providers participating in the early intervention system.

The Indiana Code has transferred responsibilities for these functions within the Division of Disability and Rehabilitative Services (DDRS) to the Bureau of Child Development Services (BCDS).

Every state is required to identify a Part C Coordinator and staff to assist in these responsibilities. Indiana's Part C Coordinator is Dawn Downer. She is assisted by several Bureau Consultants. These lead agency representatives meet regularly with cluster System Points of Entry (SPOE) Supervisors and Local Planning and Coordinating Council (LPCC) Coordinators to ensure Indiana's First Steps System is meeting the needs of all eligible children and their families.

If service coordinators have questions that cannot be answered by their supervisors, LPCCs, or local SPOE offices, they are encouraged to email the First Steps web at firststepsweb@fssa.in.gov.

Indiana's First Steps System Organizational Chart

The next page contains the organizational chart for Indiana's First Steps System which shows the relationship among all of the partners in the System. The next few pages following the chart provide information about the various partners in the System.



Family and Social Services Administration (FSSA)

Maternal and Child Health (Office of Medicaid Policy and Planning)

Division of Disability and Rehabilitative Services (DDRS)

Division of Aging

Division of Mental Health and Addictions

Division of Family Resources

**Bureau of Child Development Services – (BCDS)
Lora Miller – Director of BCDS**

Central Reimbursement Office

**First Steps Part C Coordinator
Dawn Downer
Bureau Consultants**

Interagency Coordinating Council (ICC)

Quality Review Team

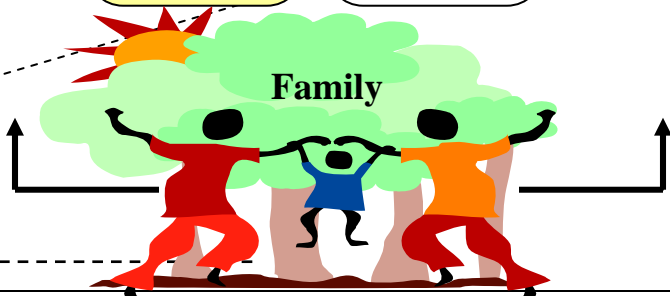
Fiscal Agents for 9 statewide clusters

Unified Training System (UTS)

**SPOE
Intake and Ongoing Service Coordinators**

LPCC

Direct Service Providers (independent or agency-based)



Interagency Coordinating Council (ICC)

Members of the ICC are appointed by the Governor to advise and assist the Lead Agency in its responsibilities. The ICC is committed to sharing the vision of First Steps Early Intervention Services in Indiana and keeping updated on issues, concerns, and trends which may affect First Steps in the future. The ICC members are parents, early intervention providers and other professionals who have a vested interest in First Steps.

The ICC utilizes standing committees and task forces to identify current issues, gather information and make informed and supportive recommendations to the Bureau of Child Development Services. Family members, early intervention providers, Local Planning and Coordination Council members and other interested, committed leaders serve on the committees and task forces of the ICC. These committees assist the ICC to advise the Bureau in the development of an effective early intervention system that seeks to balance family-centered services with fiscal responsibility.



For more information on the ICC, visit www.firststeps.in.gov. Click on the Interagency Coordinating Council link for information about meeting dates, to view minutes from past meetings, and to read the ICC's mission and vision.

Local Planning and Coordinating Councils (LPCC)

The LPCC's primary responsibility is to advise and assist with the implementation of the First Steps System in their local cluster of counties. They provide the voice for early intervention services at the local level by identifying concerns, issues, and strengths unique to each cluster and then developing a service delivery system that meets the locally identified needs.

Each LPCC has a chair and members composed of local providers, parents and community partners. Through the LPCC, community resources and service providers are identified to coordinate all available early intervention resources for children. Each council is responsible for developing and documenting a formal system of communication and coordination among participating agencies operating in its cluster of counties. LPCCs have a number of responsibilities:

1. Public awareness
2. Child find activities

3. Identification of resources within the community
4. Family and provider training
5. Recruitment of early intervention providers
6. Development of effective communication and memorandums of understanding (MOU's) with other agencies serving families in their community.

Each LPCC has the opportunity to advance the First Steps System in its local cluster. The cluster LPCC will identify different committees to work on specific assignments. The LPCC has at least one coordinator, who oversees the council and its meetings. Members, **at a minimum**, shall include the following:

1. Two parents of children with disabilities
2. One health or medical representative
3. One educational representative
4. One social services representative
5. One early intervention service provider
6. One Head Start representative
7. One child care representative



Read the LPCC booklet found at:

<http://www.utsprokids.org/partnersandlinks.asp>

Fiscal Agents

The cluster LPCC recommends to the state for approval one fiscal agent for each cluster following an application process. The fiscal agent is a grantee of the state and is responsible for operating and maintaining the System Point of Entry (SPOE) and the Local Planning and Coordinating Council (LPCC).

System Point of Entry (SPOE)

The SPOE is the lead agency at the local level and is the first point of contact for service coordinators and direct service providers. Indiana has ten cluster SPOEs across the state. Some SPOEs have satellite offices based upon their geographical size and the unique needs of the cluster. The SPOE maintains the electronic database of all referrals, including information

obtained and decisions made regarding eligibility, service planning, and service delivery through the development of an Individualized Family Service Plan (IFSP). The SPOE is the designated point-of-contact within the cluster where:

- referrals are received for children who may be eligible for early intervention services. The SPOE is responsible for ensuring that all referrals of children, under the age of three, receive a timely response. An intake is conducted with families in a prompt, professional and family-centered manner to coordinate the eligibility process.
- intake/ongoing service coordinators are employed and supervised by the Fiscal Agent.
- the early intervention (EI) records are maintained.
- families may apply/or be referred for Children's Special Health Care Services, Hoosier Healthwise, or other programs that support young children's healthcare and overall development.
- the electronic link between the First Steps System and the Central Reimbursement Office (CRO) is made.

The Central Reimbursement Office (CRO)

The Central Reimbursement Office (CRO) is designed to manage the finances and data collection for Indiana's First Steps System. Currently, the CRO is administered by CSC Covansys through a state contract. The CRO ensures the:

- consolidation of all relevant state and federal resources to support early intervention services and activities.
- maintenance of the enrollment and credentialing status of all providers in the First Steps System.
- timely reimbursement to early intervention providers.
- generation of financial and data reports needed for various federal, state, and local funding sources.
- accuracy of the data to insure that no duplication of effort to collect, maintain and report relevant data exists.
- operation of a comprehensive data and financial system that can monitor and manage the level of early intervention resources so as not to exceed availability.

-
- establishment of short- and long-term projection of the costs of early intervention services.

The child's early intervention record has many data elements that are maintained as an electronic file with parental consent. This data file is maintained at the SPOE and transmitted to the CRO to provide documentation to facilitate reporting requirements. Based upon the statewide IFSP form, these data elements must be collected and maintained electronically in order for the direct service provider to receive reimbursement for services provided to eligible children and their families.

The CRO receives and dispenses all relevant state and federal resources for early intervention services by reimbursing providers from a revolving fund as invoices are submitted. A number of features of the CRO ensure timely and appropriate reimbursement for enrolled providers.

The CRO is also responsible for:

- enrolling intake coordinators, service coordinators, and direct service providers.
- maintaining the online provider matrix.
- maintaining the Central Directory.

Enrollment Process

All providers, including intake and ongoing service coordinators as well as direct service providers, must enroll in the First Steps System. Service coordinators are eligible to enroll after they complete the seven training modules in SC101 and achieve an 80% or higher on their online assessment that covers material in SC101. Service coordinator supervisors will assist service coordinators in this process.

Service coordinators may not be assigned a caseload or conduct any service coordination activities until they are successfully enrolled in the First Steps System.

Provider Matrix

The CRO maintains the First Steps online provider matrix, a statewide listing of all enrolled direct service providers. After enrollment, the CRO creates an individualized matrix that the provider can personalize with additional comments and information. The matrix is used by intake and ongoing service coordinators to assist families in selecting their direct service providers. All direct service providers must update their availability at least monthly and keep other information current.



Go to www.firststeps.in.gov. Click on Information for Providers, then click on Provider Matrix then click on "Search the Matrix." Find and print matrix forms for a PT, OT and SLP who have availability from your cluster. If you find that no one is available in one of the above disciplines, then print for the disciplines that have availability.

The Central Directory

The Central Directory is accessible online and features a searchable database of resources. This resource can assist professionals working with families who need more information about their child's special needs. For example, a family is moving out of state and has requested information about the new state's early intervention system. Service coordinators can access the Central Directory to obtain contact information for any state's early intervention program.

Indiana's Eligibility Definition

Each state is responsible for defining its eligible population within the parameters set by IDEA. Indiana has a broad eligibility definition. Eligible children must have medical condition that has a high probability of resulting in a developmental delay or a developmental delay, be between birth and their 3rd birthday, and be in need of early intervention services. Eligibility must be determined by a multidisciplinary team using multiple sources of information within 45 calendar days of referral and must be re-determined annually. A multidisciplinary team consists of the parent(s), service coordinator and providers from 2 discipline areas.

Indiana has two categories of eligibility: high probability of developmental delay and developmental delay. In rare instances, eligibility may also be determined using informed clinical opinion when the standardized assessments or criterion referenced measures are not appropriate because of a child's age or disability.

Detailed information about eligibility determination and the service coordinator's role in the determination process is covered in Module 4.

Individualized Family Service Plan

Once a child is determined to be eligible for First Steps, the family, the service coordinator and providers develop an initial IFSP (Individualized Family Service Plan) that reflects the desired outcomes for the child and the services to be addressed within the system. The IFSP is a legal document that reflects the family's concerns, priorities and resources with regard to

the development of their infant or toddler. All children enrolled in the First Steps System have an IFSP. Families are always collaborative and active partners in the planning, development, implementation and review of their IFSP.

The IFSP is reviewed at a minimum every six months. The IFSP team can, however, review the IFSP outside this timeframe if conditions warrant. The ongoing service coordinator also works with the family and team to annually re-determine eligibility and to develop a new IFSP if the child is still determined to be eligible.

First Steps Services

The goal of First Steps is to help Hoosier families make sure their infants and toddlers receive services now to help them in the future. Services through First Steps are designed to meet the developmental needs of the child; except in limited circumstances, First Steps does not provide services to meet medical needs. The 17 services available through First Steps include the following:

1. Assistive Technology	9. Nutrition Services
2. Audiology	10. Occupational Therapy (OT)
3. Developmental Therapy (Special Instruction)	11. Physical Therapy (PT)
4. Evaluation/Assessment	12. Psychological Services
5. Family Training, Counseling, and Home Visits	13. Service Coordination (SC) (case management/care coordination)
6. Health Services	14. Social Work Services
7. Medical Services (Diagnostic/Evaluative Purposes only)	15. Speech Language Pathology (SLP)/Speech Therapy
8. Nursing	16. Transportation
17. Vision	

All early intervention services should assist the child and family in meeting their individualized outcomes as listed on the IFSP as well as be provided within the daily routines and activities that are most appropriate for the child and family.

First Steps services are provided by service coordinators and direct service providers. Service coordinators are responsible for the activities carried out to assist and enable a child who is eligible for early intervention

services and the child's family to receive the procedural safeguards and services that are authorized to be provided through the First Steps System. Indiana has two levels of service coordination – intake and ongoing. Each category of service coordination has its own set of responsibilities.

Individuals are enrolled in the First Steps System under the common term Service Coordinator. In some clusters, individuals are either intake coordinators or ongoing service coordinators. In other clusters, one individual may be responsible for both intake and ongoing service coordination activities. Therefore, it is important to know what terms are used in this training that refer to intake or ongoing service coordination and what term is used to refer to both.

- The term **intake coordinator** refers to the person responsible for intake service coordination activities.
- The term **ongoing service coordinator** refers to the person responsible for ongoing service coordination activities.
- The term **service coordinator** refers to both intake and ongoing service coordinators.

Direct service providers are the individuals who work independently or with an agency to provide one or more of the required early intervention services as designated on the IFSP. These providers are enrolled in the First Steps System and must meet the state's qualification requirements and service standards and be credentialed.



Read [Indiana's Best Practices in Early Intervention Document](#) found on the First Steps web page. Go to www.firststeps.in.gov. Click on System Point of Entry and Local Planning and Coordinating Council, then click on Publications for SPOE/LPCC.

Summary

This module provided a basic understanding of IDEA, Part C, how Indiana has defined early intervention services and the different entities supporting the First Steps System statewide. Successful completion of Module One will require you to complete all the assignments in the application station.

The next six modules focus on topics pertinent to your role as a service coordinator in Indiana's First Steps System.

Reference List

Indiana's First Steps Practice Manual. December 2000. Bureau of Child Development Services, Family and Social Services Administration, Indiana.

Indiana Administrative Code. Title 470 Division of Family Resources. Article 3.1, First Steps Early Intervention System. Indiana Register.

Public Law 105-17. June 4, 1997. Page 111. Statute 109. 20 USC 1435, Sec. 635. Requirements for Statewide System.

Public Law 108-446. December 3, 2004. Page 118. Statute 2744. 20 USC 1431, Sec. 631. Findings and Policy.

First Steps Acronyms

AEPS-Assessment Evaluation and Programming System
BCDS- Bureau of Child Development Services
CCC- Case Conference Committee Meeting
CP-Cost Participation
CPS-Child Protective Services
CRO-Central Reimbursement Office
CSHCS-Children's Special Health Care Services
CSPD-Comprehensive System of Personnel Development
DDRS-Division of Disability and Rehabilitative Services
DT-Developmental Therapy (special instruction)
ED Team-Eligibility Determination Team
EI-Early Intervention
ENT-Ear, Nose, and Throat physician
FERPA-Family Education Rights and Privacy Act
FSSA-Family and Social Services Administration
HH- Hoosier Healthwise-state of Indiana's Medicaid program
HIPAA-Health Insurance Portability and Accountability Act
IC-Intake Coordinator
ICC-Interagency Coordinating Council
IDEA/IDEIA-Individual with Disabilities Education Act/Individuals with Disabilities Education Improvement Act
IEP-Individual Education Plan for Part B Services
IFSP-Individualized Family Service Plan for Part C Services
LPCC-Local Planning and Coordinating Council
LRE-Least Restrictive Environment
LEA-Local Educational Agency
MDT-Multidisciplinary Team
MOA-Memorandum of Agreement
MOU-Memorandum of Understanding
NECTAC-National Early Childhood Technical Assistance Center
NICU-Neonatal Intensive Care Unit
OFC-Office of Family and Children
OSC – Ongoing service coordinator
OSEP-Office of Special Education Programs
OT- Occupational Therapy
PT- Physical Therapy
RFF-Request for Funds
ROM-Range of Motion
SC-Service Coordination
SLP-Speech and Language Pathologist
SPOE-System Point of Entry

SPP-State Performance Plan

TANF-Temporary Assistance for Needy Families

UTS-Unified Training System

WIC-Women, Infants, and Children

Glossary of Terms

Advocate - One who acts on behalf of another

Assessment - An ongoing process of looking at a child's development to gather information about strengths, needs, level of functioning

BCDS – Bureau of Child Development Services – the lead agency for Indiana's First Steps System. The Indiana Code has transferred responsibilities for Part C functions with the Division of Disability and Rehabilitative Services to the BCDS

Central Directory - Lists early intervention services, resources, and experts available in the state, research, demonstration projects, and professional and other groups providing assistance to eligible children and their families

Central Reimbursement Office (CRO) - Facilitates coordination of payment to providers for early intervention services approved on the IFSP. Accesses federal, state, local, and private funding sources. Maintains matrix of provider availability. Enrolls and credentials providers

Child Find – strategies and activities, including awareness activities, conducted for the purpose of bringing children into the early intervention system so that individual eligibility may be determined and potential need for early intervention services can be identified

Children's Special Health Care Services (CSHCS) - Often referred to as "Children's". Program in the Division of Maternal and Child Health that provides diagnostic and treatment services as well as medical reimbursement for children with chronic illness or developmental disabilities

Complaint – A written, signed report of an alleged violation of federal or state regulations, rules, or constructions, and a request that the alleged violation be investigated

Confidentiality – The protection, by law, of personal information found in records about a child and family that cannot be shared without written parental consent

Conflict Resolution – A systematic process for managing disagreements and conflicts that seeks a "win-win" outcome

Cluster – A group of counties that have formed under one System Point of Entry (SPOE). Clusters may have satellite offices within their clusters but all are connected to the Cluster SPOE office. There are 9 clusters in Indiana. First Steps Cluster Map is online at the First Steps Web page

CSPD – Comprehensive System of Personnel Development – thorough and complete system of training and accountability standards for individuals providing early intervention services for young children

Developmental Age – The age at which a child is functioning (demonstrating specific abilities), based on assessment of the child's skills and comparison of those skills to the age at which they are considered typical

Developmental Assessment – Looks at a child's strengths and needs in the areas of social/emotional, self-help, cognitive, motor, vision, hearing, and communication development

Developmental Disability – A severe, chronic disability of a person which:

- Is attributable to a mental and/or physical impairment
- Is manifested before age 22
- Is likely to continue indefinitely
- Results in substantial functional limitations in three or more areas of major life activities

Developmentally Appropriate Practice – Developmentally appropriate practice is based on knowledge about how children develop and learn and based on characteristics of the individual child

Due Process – Legal action that protects a person's rights

Early Intervention Services (EI Services) – developmental services that are designed to meet the developmental needs of each child eligible for services through the early intervention system, and the needs of the family related to enhancing the child's development; are selected in collaboration with the child's parents; are provided under public supervision, by qualified personnel, and in conformity with an individualized family service plan; meet state and federal laws, regulations, and rules; are provided in natural environments to the maximum extent appropriate to the needs of the child, including the home and community settings in which children without disabilities participate

Eligibility Determination Team (ED Team) – Family members and professionals who review documentation to decide if the child is eligible

Entity – An agency or organization

Environment – Everything the child encounters. The rooms, furniture, toys, the opportunity to experience new and different places, and the behaviors of those around the child constitute the environment

Evaluation – The process that determines a child’s eligibility for services

Family and Social Services Administration, Division of Disability and Rehabilitation Services, Bureau of Child Development Services (FSSA/DDRS/BCDS) – The lead agency administering the First Steps Early Intervention System; Indiana Code transferred responsibility for the First Steps System within DDRS to the BCDS

Family Centered – Services designed to include the family as decision makers and to ensure that the full range of needs expressed or needed by a family is addressed

First Steps Early Intervention System – A family-centered, neighborhood-based, coordinated System which provides early intervention services to infants and young children with disabilities or who have qualifying developmental delays

Functional Skills – Skills that will be immediately useful to the child and will be used relatively frequently in the child’s typical environment

Hoosier Healthwise – Indiana’s health care program for children, pregnant women, and low-income working families. It is administered by the Indiana Family and Social Services Administration

Identification – The process of finding and screening individuals to determine whether they might benefit from specialized services

Inclusion – Another term used for integration of children with and without disabilities

Inclusive Settings – Sites, classrooms, and programs where inclusion takes place

Individualize – Match a teaching task to the capacity of the particular individual being taught

Individualized Family Service Plan (IFSP) – The written plan for providing early intervention services to an eligible child and the child’s family, based on evaluation and assessment of the child and family

Individuals with Disabilities Education Improvement Act (IDEIA)/Individuals with Disabilities Education Act (IDEA) – Public Law 101-476, governing special education for students with disabilities, aged birth-21. Enforced by the federal Office of Special Education Programs. Part C of the law focuses on services to infants and toddlers who are at risk for, or who have, developmental disabilities

Informed Clinical Opinion – a decision made by appropriate, qualified personnel regarding the developmental status of a child, which is utilized for purposes of eligibility determination, assessment of service needs, and development of an IFSP, and which is based upon observation, interviews, or other appropriate techniques

Intake Coordinator (IC) – the service coordinator responsible for service coordination activities from referral to the development of the initial IFSP. Talks to family about their concerns, explains First Steps System, informs the family of their rights, and guides family through preliminary steps of determining eligibility

Interagency Agreements – Formal agreements between/among agencies in cooperation to provide coordinated services

Interagency Coordinating Council (ICC) – Parents and professionals appointed by the Governor to advise and assist the FSSA/DDRS/BCDS in its responsibilities

Lead Agency – Indiana Code has transferred responsibilities for the First Steps System within the Division of Disability and Rehabilitative Services (DDRS) to the Bureau of Child Development Services (BCDS)

Least Restrictive Environment (LRE) – A basic concept of Public Law 94-142 that requires children with disabilities to be educated with peers without disabilities in regular educational settings to the maximum extent appropriate

Local Planning and Coordination Council (LPCC) – A broad-based, community-directed working group that advises and assists with implementation of the First Steps System in each county or cluster

Mediation – One method for solving a formal written complaint. The parties that are in disagreement meet with a neutral person or mediator, to solve the problem.

Memorandum of Agreement – Includes components necessary to ensure cooperation and coordination among agencies. Specifies the financial responsibility of public agencies to pay for early intervention services, and procedures for timely resolution of disputes

Multidisciplinary – the involvement of two or more different disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities, and development of the IFSP

Natural Environment – A home, child-care center, or other place in the child's daily routine or where children without disabilities tend to be

Ongoing Service Coordinator (OSC) – the service coordinator who is responsible for coordinating the implementation of the IFSP and works with families to develop skills and knowledge to access, coordinate, and manage services needed

Outcome – A statement for the changes family members want to see for their child or themselves

Parent – a parent, a guardian, a person acting as a parent of a child, foster parent, or a surrogate parent who has been appointed in accordance with 470 IAC 3.1-13-5. The term does not include the state if the child is a ward of the state

Part B – Subchapter II of the Act, codified at 20 U.S.C 1411 et seq., which provides federal assistance to states for the education of children with disabilities

Part C – Subchapter III of the Act, codified at 20 U.S.C. 1431 et seq., which provides federal assistance to states for infants and toddlers with disabilities

“Peer-Bound” Experience – children with developmental delays have the same experiences as their peers. Peer-bound children are happy, have friends, go to school, and are active and accepted members of their community.

Personnel Development – Training conducted for a variety of early intervention personnel, primary referral sources, and service coordinators

Procedural Safeguards – Rights and protections to ensure unbiased, and confidential early intervention services for children and their families

Rendering provider – the individual who provides the early intervention services

Referral – The procedure for requesting that a child be evaluated to determine if special services are needed

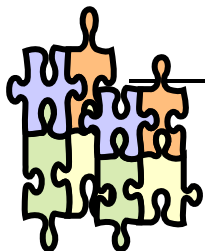
Service Coordination – those activities carried out by the intake and ongoing service coordinators to assist and enable an eligible child and the child’s family to receive their rights, procedural safeguards, and services that are authorized to be provided through the early intervention system

System Point of Entry (SPOE) – Contact location in each cluster for families seeking First Steps Services. Connects electronically with Central Reimbursement Office

Transdisciplinary approach – team members work across disciplinary boundaries to plan and provide integrated services

Transition Plan – A purposeful, organized process to plan for supports whenever a placement change is made, whether from hospital to home, home to preschool or childcare, to another county or state, or from the early intervention program

Unified Training System (UTS) – A consortium of agencies and organizations collaborating to plan and provide training statewide for personnel development, education, and quality assurance



Application Station... Connecting the puzzle pieces

Service Coordination Module 1

SC Name: _____

Email: _____

Number pages faxed including cover page: ____ (Submit all documents at once.)

Throughout the training module, you completed several learning activities that required you to read and review documents. These learning activities were designed to introduce you to the many resources that are available to you as a service coordinator. To continue your application of the material in this module, you are asked to complete the assignments listed below.

Once you have completed **all** of the assignments for this module, please sign and date the forms and have your supervisor sign the forms. Then, **save** all of the completed documents because you will be submitting them to UTS at the end of Module 7, which is the last module of the training.

1. During the training module, you were asked to read the LPCC booklet. Your next activity is to attend a Cluster LPCC meeting. Prior to attending the meeting, please read the minutes from the previous meeting or schedule a time to meet with the LPCC coordinator. After you attend the meeting, please complete the form at the end of the Application Station materials entitled The LPCC Meeting Observation. **Submit the completed form.** (If you cannot attend an LPCC meeting, please obtain the minutes from the last LPCC meeting and use these minutes to obtain information to complete as much of the LPCC Meeting Observation form located at the end of this module).
2. Print Provider Matrix forms for a PT, OT, and SLP who have availability from your cluster. **Submit these 3 forms.** If you were unable to find a provider with availability in all 3 areas, submit the ones that you were able to find.
3. List five local community organizations that families can apply to for financial assistance to attend training about their child's disability, delay or medical diagnosis. Provide your answer below and **submit this form.**
 1. _____
 2. _____
 3. _____
 4. _____

5. _____

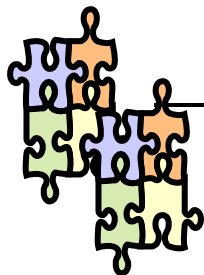
Cluster Supervisor Comments:

Service Coordinator signature: _____

Service Coordinator Supervisor signature: _____

Date _____

UTS/ProKids Office Only: Date received _____ Initials _____



The LPCC Meeting Observation Service Coordination Module One

Service Coordinator Name: _____

LPCC Coordinator Name: _____

LPCC Coordinator Initials: _____

1. **Submit an agenda** for the meeting.
2. Identify who attended the meeting? (First Step Parents, Service Providers, Part C representatives, Community representatives)

3. What was discussed at the meeting?

4. What are your observations and impressions of the meeting?

LPCC Meeting Observation (continued)

Service Coordinator Name: _____

5. After the meeting, introduce yourself to the Chairperson or Coordinator and ask for additional information. What additional information did you learn as a result of this encounter?

Service Coordinator signature: _____

Service Coordinator Supervisor initials: _____