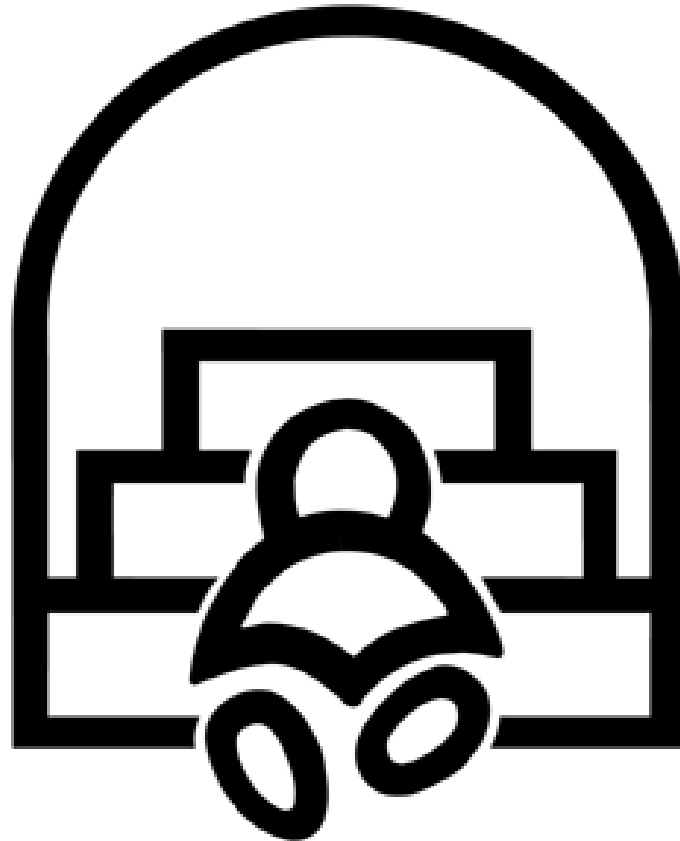


Indiana's Early Intervention System



First Steps

Service Coordination Orientation Training
Module 3 –
Service Coordination
Participant Materials

Training course for Indiana First Steps Early Intervention System 1/2008

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Introduction

Module One of the Service Coordination Orientation Training Modules focused on the vision, mission, and purpose of Indiana's First Steps Early Intervention System as well as the organizational structure of the System and the agencies involved. Module Two provided information on the procedural safeguards that are in place to protect the interests of families with infants and toddlers with special needs and of the early intervention system.

Module Three focuses on the role of service coordination during the intake and planning phases of the pathway to services in Indiana's early intervention system. The procedures that follow are written in general terms since this is a statewide training. Service Coordinators are encouraged to contact their supervisors about specific SPOE procedures.



Procedural Safeguard Moments: During this module as well as future modules, procedural safeguards will be mentioned again at points where they are applicable in the early intervention pathways. When this occurs, you will see the **Procedural Safeguard Moment** symbol to the left that will remind you of opportunities to be compliant with the First Steps procedural safeguards.

Usage of Terms

As mentioned in Module One, 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 review the terms that 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.

Individuals who enroll in the First Steps System as a service coordinator are responsible for all service coordination rules and

regulations regardless of the service coordination title they may assume within the SPOE.

Materials Needed

To complete Service Coordination Orientation Training Module 3, you need a computer with Internet access and the following:

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

Training Objectives

- Understand the role and responsibilities of a service coordinator in the intake and planning phase of the pathway to early intervention services.
- Know the different responsibilities of the intake and ongoing service coordinators.
- Know the challenges of service coordination.

What is Service Coordination?

Service coordination is included as one of the entitlements in the federal law IDEA and the Indiana code for families who participate in Indiana's First Steps System. Service coordination refers to those activities carried out by the service coordinator to assist eligible children and their families with procedural safeguards and authorization of services written on the Individualized Family Service Plan (IFSP).

Service Coordination is essential to:

- Supporting families through the early years after learning that their child has developmental delays or disabilities.
- Assisting families in navigating complex service systems to find necessary resources on behalf of their child.
- Strengthening families and empowering them to access services upon leaving First Steps.

The state of Indiana recognizes the importance of families having a single point of contact to help them obtain services and coordinate other

resources as they are needed. The position of service coordinator is this single point of contact.

A detailed version of Indiana's definition of service coordinator responsibilities follows:

Sec.2 (a) The division shall be responsible for developing and implementing policies to ensure that service coordinators are able to effectively carry out the responsibilities identified in this section. Each child eligible for early intervention services and the child's family must be provided with (1) service coordinator who shall be responsible for the following:

- (1) Coordinating all services identified in the IFSP.*
- (2) Serving as the single point of contact in helping families obtain the services and assistance they need.*

(b) Service Coordination is an active, ongoing process that involves the following:

- (1) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the IFSP.*
- (2) Coordinating the provision of early intervention services and other services, such as medical services for other than diagnostic and evaluation purposes that the child needs or is being provided.*
- (3) Facilitating the timely delivery of available services.*
- (4) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.*

(c) Specific service coordination activities shall include the following:

- (1) Coordinating the performance of evaluations and assessments.*
- (2) Facilitating and participating in the development, review, and evaluation of IFSPs.*
- (3) Assisting families in identifying available service providers.*
- (4) Coordinating and monitoring the delivery of available services.*
- (5) Informing families of the availability of advocacy services.*
- (6) Coordinating with medical and health providers.*
- (7) Facilitating the development of a transition plan into, within, or from preschool or other services, as appropriate.*
- (8) Assuring that the family is informed of its rights, options, and role in the early intervention process.*
- (9) Providing a conflict resolution function as needed.*

(10) Facilitating the sharing of early intervention information between participating service providers and the family.

(11) Coordinating financial case management at the family's request.

(12) Providing information and support to the family.


(Division of Family and Children; 470 IAC 3.1-10-2)


As seen above, the Indiana code defines the overall responsibilities of service coordination; however, Indiana has divided service coordination into two categories: intake and ongoing. This separation of duties will ensure that families participating in the First Steps System receive the assistance to which they are entitled. The intake coordinator is responsible for guiding the family through the intake process and for developing the IFSP within 45 calendar days of referral to the First Steps System. Typically, an intake coordinator works with the family from referral to completion of the initial IFSP.

The ongoing service coordinator, assigned at the time of the initial IFSP meeting, begins working with the family once the IFSP has been written and is responsible for the implementation of the IFSP outcomes as well as any subsequent IFSP activity. The ongoing service coordinator then works with the family once the initial IFSP has been developed and until the child transitions out of the System.

In most clusters, one individual is responsible for intake services and another is responsible for ongoing services. However, in some clusters, one individual may be both the intake and ongoing service coordinator.

Although intake and ongoing service coordinators have individual responsibilities, they do share some similar responsibilities. Below is a chart that shows an overview of the individual responsibilities of each service coordinator position.

<p>Primary Role of the Intake Coordinator</p> 	<ul style="list-style-type: none"> • Provide the family with information relating to the early intervention system, their rights and expectations. • Meet with the family to gather and collect child and family information to identify family concerns and priorities relating to the development of their child. • Coordinate eligibility process including coordinating the evaluation and assessment activities by the ED Team. • Coordinate and facilitate the eligibility meeting. • Coordinate the development of the initial Individualized Family Service Plan (IFSP). • Discuss Cost Participation with the family and complete cost participation activities.
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	<ul style="list-style-type: none"> Facilitate and submit applications to Hoosier Healthwise and Children's Special Health Care Services, as well as provide referral information to other community resources as needed.
<p>Primary Role of the Ongoing Service Coordinator</p> 	<ul style="list-style-type: none"> Provide the family with information relating to the early intervention system, their rights and expectations. Monitor the implementation of the IFSP, assuring that the services written into the plan meet the needs of the family and child, through ongoing communication with family and providers. Coordinate the evaluation of the IFSP, making additions or changes that the child and family need, based on a multi-disciplinary decision. Act as the focal point for team collaboration and communication. Coordinate the development and evaluation of the annual eligibility and IFSP review process. Assist the family in transitions and accessing other services and resources as needed.

Service coordination is an integral part of the First Steps System, and families are willing to attest to the importance of this service. Sarah O'Brien, whose daughter was in the First Steps System, shares her positive experience:

We were overwhelmed at first, but overall our experience with First Steps has been wonderful. We've been in control of the process and of what we want or need. Our service coordinator is great about making sure something isn't too much or that it fits within our means. If we need help with anything, she's right there!"

Enrolling in First Steps

Service coordinators must enroll in the First Steps System to be able to provide early intervention services for Indiana. Coordinators will be eligible to enroll once they

- complete Modules 1-7 of the Service Coordination Orientation Training (SC101) and the corresponding application station exercises.

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- achieve an 80% or higher on the online assessment that covers content in all seven modules.

How to enroll: In some clusters, the service coordinator supervisor is responsible for enrolling the service coordinators; in other clusters, the service coordinators are responsible for getting themselves enrolled. Service coordinators should ask their supervisor for the correct procedure within the cluster they will serve and for details and forms needed for the enrollment 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.

Credentialing

Indiana established personnel standards for service coordinators that reflect high standards supported by professional development activities. Indiana requires service coordinators to apply for and receive an initial service coordination credential within their first two years of service and an annual credential thereafter. Credentialing is based on a point system using a portfolio approach to accumulate the required points. Service coordinators are required to submit documents supporting their credentialing activities. Service coordinators must contact their supervisor to find out when credentialing information is due since each SPOE is assigned a month in which to credential their service coordinators.

In addition to obtaining and maintaining credentialing, service coordinators are required to attend mandatory trainings required by the lead agency and commit to increasing their skills through further education and training. Information about credentialing will be provided at Service Coordination 102 SC102 face-to-face training that service coordinators will attend within three months of completing the orientation training modules via distance learning.

In the meantime, coordinators are encouraged to keep all documentation that supports credentialing activities, i.e. certificates of completing the orientation, certificates of attendance at any conferences that might be applicable to their credentialing, etc.



Pathway to Early Intervention Services

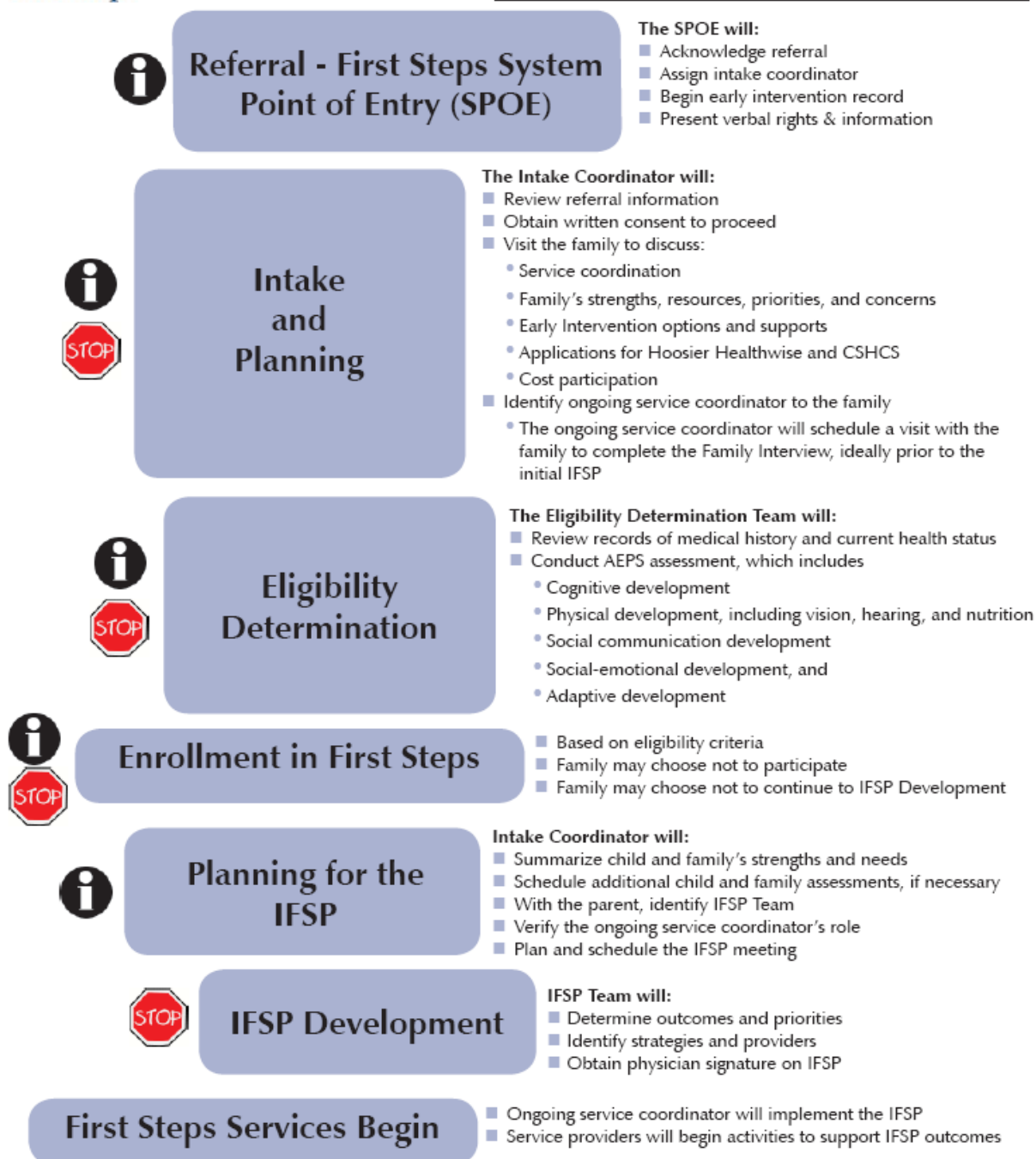
As previously mentioned, service coordinators serve as the families' single point of contact to guide them through the maze of early intervention services. The diagram on the next page gives an overview of this pathway to early intervention services. The remainder of this module focuses on the first two steps of the pathway: the referral process and the intake and planning process. The remaining steps are discussed in future modules.



Pathway to Early Intervention Services

Symbols Key

-  Informed Rights and Procedural Safeguards given to family.
-  Parent declines or child not eligible.



Referral-First Steps System Point of Entry (SPOE)

The Pathways to Early Intervention Services on the previous page shows Referral as the first step. As mentioned in Module One, Indiana is divided into regional areas. Each area has identified a System Point of Entry (SPOE) where referrals are received. Referrals may come from any source including healthcare providers, social service agencies, day care providers, or the families themselves – something as simple as a telephone call from a parent. Even though First Steps is a voluntary program, healthcare providers are required to make referrals for potentially eligible children within **two** business days from the date the child was identified as having a potential delay.



During referral phone calls, the service coordinator responding to the call

- asks the family for basic demographic information about the child and family.
- discusses with the families the reasons for the referral.
- discusses the concerns the families have for their children.
- gives an overview of Indiana's First Steps System and presents the families' rights to them verbally.
- mentions that the IFSP must be developed within 45 days of the referral date.


At this point a brief mention of cost participation must be included in the conversation. More details about cost participation will be provided at the intake meeting. Service coordinators should then mention that an intake coordinator will be contacting the family within **2 business days** to schedule an intake meeting. Also, the service coordinator should inform the family that current records proving income levels and insurance coverage will be needed at the intake meeting.

The information obtained during the referral phone call must be documented by the service coordinator on the referral form. This form is kept on file and is the first item in a child's early intervention record.

A referral does not commit the family to participate in the early intervention system. This system is voluntary, and if families choose not to proceed with intake, the service coordinator must explain to the families

their rights and provide documentation of these rights. Additionally, the service coordinator must let families know how to contact First Steps if a new concern arises or if families change their minds at a later date.

Below is a summary of the information that must be included in the referral/first contact call with the families.

<p>The Referral/First Contact Checklist</p> 	<ul style="list-style-type: none"> • First Contact <ul style="list-style-type: none"> ○ Discuss reason for referral and concerns for the child ○ Give an overview of the First Steps System ○ Present verbal rights ○ Schedule an intake meeting ○ Discuss cost participation • Provide a list of documentation needed at intake meeting <hr/> <ul style="list-style-type: none"> • Intake Coordinator receives referral and makes contact with family within 2 business days to arrange the intake meeting. • Arrange for interpreter if family's primary language is not spoken English or Spanish. SPOEs are required to have both English and Spanish speaking staff.
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If the family chooses to proceed with intake, the cluster SPOE immediately assigns an intake coordinator. The intake coordinator attempts to contact the family within **two** business days from the referral date in order to schedule a meeting to begin the intake process and to inform the families of what documentation they will need at the intake meeting. Timelines are critical to follow throughout First Steps because federal law dictates that the process to complete an IFSP must happen within 45 calendar days from the day the referral is received.

When scheduling the intake meeting, the intake coordinator must be considerate of the parents' schedules and make the meeting time and location convenient for them.



The only exception to the 45 calendar day timeline involves an exceptional family circumstance. If an intake coordinator has a referral going over 45 days, the coordinator **must** contact his/her supervisor for guidance.

Early Intervention Record

An early intervention record (EI record) is kept on every child in the First Steps System, and this record begins at referral. This record, in both paper and electronic format, is the legal record of all First Steps services and includes documents to support the child's evolution in early intervention. All **original** documentation, **forms**, and **signatures** must be kept in the paper file, which is kept at the cluster SPOE. The early intervention record includes the following:

- Eligibility determination statement
- All consent forms
- Combined Enrollment Forms
- All Cost Participation and Insurance Forms
- Initial IFSP
- Documents supporting the development of the initial IFSP
- Documents supporting the 6th-month IFSP review
- Documents supporting the annual re-determination of eligibility
- All change pages
- Direct Service Provider IFSP Progress Notes
- Service Coordinator progress notes
- Service coordinator logs
- All documents supporting transition
- Any other documents that support the child's evolution in the First Steps System

The early intervention record is mentioned early in the training so that service coordinators know to keep all documents associated with the children in First Steps. All early intervention records must be maintained according to the following criteria:

- The System Point of Entry personnel maintain the record.
- The service coordinator is responsible for assuring all appropriate documentation is in the record.
- Service coordinators are to review the records quarterly.
- Each record must have an Access Log form to document who has reviewed the file, when and why. Everyone who accesses the record, except for SPOE staff that maintain the files, must sign in on the log.

FERPA gives families the right to access their record, review their file, and make a statement in the file to correct information at anytime. These files must be retained for five years after the child leaves the System. After five years, the SPOE must attempt to contact the family and inform them of its right to the file. If the family declines or cannot be located, the file will be destroyed following FERPA and HIPAA laws.

Intake and Planning Meeting

Review referral information

During the first part of the intake meeting, intake coordinators discuss with families the reasons that their children were referred and document the families' priorities and concerns. They offer information about community programs and resources other than First Steps as well as explain Indiana's early intervention system. The service coordinator assists the family in understanding the First Steps System by presenting an overview of the program as well as a brief history to explain how the program evolved. Furthermore, the service coordinator discusses the basic philosophy of the program: that First Steps services are most effective when they are part of everyday routines, activities, and places. Therefore, services are family centered, a child's caregiver must be present when all therapy services are being provided, and families must participate in the services being provided. The service coordinator should mention that the program serves children from birth to the day before their third birthday.

Getting to know and building trust with families is an important role for both the intake and ongoing service coordinator. Many times the parents have only just learned that their child may have a developmental concern. They may not have any or may have only limited information about their child's delay or early intervention services. Consequently, they may not have considered what services they would like for their child and family. Therefore, it is critical at the first intake meeting that service coordinators provide information, discuss the parents' concerns, and answer questions.

Inform parents of their rights



The next step in the intake process is to review parental rights with the family. Present the families with a hard copy of the brochure, "Families Always Have Rights," which was presented in Module 2. The Bureau of Child Development Services is responsible for ensuring effective implementation of this

procedural safeguard by each early intervention service provider in the state who is involved in the provision of First Steps services. Therefore, the Bureau has established that at a minimum, **both oral and written notice** of rights must be provided at multiple points in the family's involvement with the early intervention system including when:

- a. the family has initial contact with the early intervention system.
- b. the (initial) evaluation for eligibility and/or assessments(s) is proposed.
- c. the eligibility determination is made.
- d. the IFSP is being developed or reviewed.
- e. a change in services, placement, or eligibility is proposed or refused.

Notice that a great emphasis is placed on informing the families of their rights. Families are to be informed of their rights multiple times throughout their journey in First Steps. Service coordinators are encouraged to mention family rights during conversations they are having with families. For example, "Next month we will be reviewing Joe's IFSP. Remember, you can invite a friend or professional to join us for the review." Families need to hear their rights more than once since they are given quite a bit of information during the intake process.

The National Early Childhood Technical Assistance Center (NECTAC) document, "Assuring the Family's Role on the Early Intervention Team: Explaining Rights and Safeguards" provides tips and suggestions for informing parents of their rights and responsibilities. This document can be located on the following website: <http://www.nectac.org>.

Inform parents of procedural safeguards



Parents are to be informed of the procedural safeguards that are in place for the First Steps System to protect the interests of families with infants and toddlers with special needs and of the early intervention system. As mentioned in Module 2, The handbook, *A Family's Guide through Procedural Safeguards*, was created to explain the procedural safeguards and due process regulations to the families. Families should know that the rights described in this handbook will apply at different points in time during their journey through First Steps, and that they should always feel comfortable to ask questions about these safeguards when necessary. The intake coordinator must leave a copy of this handbook with the families during the intake meeting.

Obtain written consent to proceed



After explaining the families' rights to them, the intake coordinator must obtain written, parental consent to proceed with the intake. Parental consent is defined as consent given after the parent has been fully informed of all information relevant to the activity for which consent is sought. The term, "informed, written consent" refers to the need for the family to sign a release form prior to the initiation of an action or activity.

Parental consent forms must be written and communicated in the parent's native language or other mode of communication that the parent can best understand. By signing the consent form, the parent understands and agrees, in writing, to the carrying out of the activity for which the parental consent is sought. The consent form describes the activity and lists records (if any), including physical documents and recorded information, that will be released and to whom. The parent must also understand that parental consent is voluntary and may be revoked at any time.

The terms release and consent are often used interchangeably and reflect the need for families to be fully informed of their rights, responsibilities, and opportunities under the First Steps System. Obtaining a family's signature on a release form or consent form provides an opportunity for the family to better understand its rights and the First Steps System.

During the early part of the intake meeting, families will be asked to sign the following consent forms. As the intake meeting progresses, other consent forms will be identified.

- First Steps Early Intervention System Documentation of Receipt of Rights/Consent to Proceed/Permission to Assess (State Form 51842)- this form provides written documentation for families and the First Steps System that the families were informed of their rights and, as a result, agree to proceed with the evaluation and/or assessment process. The form is valid only for the activities described on the form. If, in the future, other activities are needed that require a consent, a new consent needs to be completed and signed. Consent is granted for 12 months.
- Provider Reciprocal Consent to Release and Share Information (State Form 47960) – this form provides written documentation that the families agree to allow the First Steps direct service providers to have access to their children's information and to share this information with other First Steps personnel to those on a need to know basis. Consent is granted for 12 months.

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- General Reciprocal Consent to Release and Share Information (State Form 51675) - this document provides written proof that the families have agreed to allow designated individuals or agencies who have information about their children to share that information with First Steps personnel to determine eligibility for First Steps and to plan and provide necessary services as determined through a multidisciplinary team. Parents are also granting permission to the First Steps personnel to share the information collected during intake with other individuals who may be involved in the care of the child. Examples of other providers may include the child's physician, other family members, community agencies, or child care providers. Consent is granted for 12 months.
 - CRO 1 (Electronic Database Collection Systems Authorization for the Collection of Information, State Form 49006) – by signing this form, parents are granting permission to the First Steps System to collect demographic and service information about them and their children and to store it electronically in the Indiana State Department of Health and/or Family and Social Services Administration database system. Consent is granted for 12 months.

Families should understand that First Steps services are voluntary, and they have the right to opt out of participating if they feel doing so is best for their child. After the families have been informed, they will decide whether to proceed with eligibility determination. If they decide to participate, they must sign the consent forms mentioned above, and the original is filed in their child's early intervention record.

Planning

Once the written consent to proceed is signed, the intake coordinator arranges to meet with the family to begin the intake meeting. This meeting most likely takes place immediately after the consent form is signed; however, if the family wishes, it may be scheduled for another time. At the intake meeting, the intake coordinator explains service coordination and assists the family in completing the required paperwork to continue along the pathway to early intervention services.

Complete Combined Enrollment Form/Collect Medical Information

The intake coordinator begins the intake phase by completing the Combined Enrollment Form (State Form 49006). During completion of this form, the intake coordinator

- interviews the family to review the family's strengths, resources, priorities, and concerns.
- gathers basic information on the child's development.
- gathers income and health insurance information and verification.

Also during this discussion, the intake coordinator explains to the families that health related information about their children must be collected from their children's primary care physicians. The intake coordinator asks families to identify their child's primary care physician and to provide contact information so that the service coordinator can send the Physician's Health Summary Sheet (State Form 51929) to the physician for completion. If the family does not have a primary care physician, the intake coordinator must work with the family to locate one.

Once the combined enrollment form is completed, the intake coordinator copies the social history part of the form and sends it to the ED Team for their use during the evaluation and assessment. The original of the combined enrollment form will be placed in the child's early intervention record.

In addition to enrolling in the First Steps System, the Combined Enrollment Form enables families to apply for Hoosier Healthwise, Children's Special Health Care Services, and Maternal and Child Health Programs. Families may be eligible for one program, all, or any combination in between. Families will be asked to provide written consent to allow designated medical providers to share information with each of the three agencies listed above to determine eligibility. This consent form is entitled Maternal Child Health Services, Hoosier Healthwise, First Steps Early Intervention System, Children's Special Health Care Services Consent to Release and Share Medical Information (State Form 49006).

Below is an explanation of each of the three programs.

Hoosier Healthwise (Indiana's Medicaid program)- This program provides basic health care to children and families who meet the financial eligibility requirements. There are several different programs under

the umbrella of Hoosier Healthwise that depend on the income level of the family.

- For more information and brochures about Hoosier Healthwise, call 1-800-889-9949.

In addition to applying for the funding programs through the Combined Enrollment Form, children may apply for one or more waivers to obtain Medicaid depending on the child's medical condition.

- For more information and a booklet on the Waiver program, contact the Indiana Governor's Planning Council for People with Disabilities at 317-232-7770.

Children's Special Health Care Services (CSHCS)- This program financially assists families for the medical care of chronically ill children with special needs. Participants approved for the program must meet financial and medical guidelines.

- For more information and brochures about CSHCS, call 1-800-475-1355.

Maternal and Child Health (MCH) - The Indiana Department of Health, Maternal and Child Health Services seeks to improve the health status of women, infants, children and adolescents, and children with special health care needs.

- For information on the variety of MCH programs available and brochures, call the Indiana Helpline at 1-800-433-0746.

Professionals cannot make assumptions about families. Professionals must assist families in identifying their resources in a manner that is not intrusive yet meets the needs of the family. One mother of twins with special needs shared her experience:

When the twins were babies, we had a lot of interaction with many different professionals. We talked with our service coordinator about our family's strengths and needs and about the areas that we needed help with—things like equipment, home nursing, early intervention services, and various therapies. I guess we seemed like we knew just what we wanted. No one ever told us that we could share our need for

financial assistance, so we never said anything about it. It was six months later that we discovered we had been eligible for some financial assistance all along (NEC*TAS and ACCH, 1989).

Explain Cost Participation

In 2002, the Indiana General Assembly passed legislation implementing Cost Participation (CP) for all eligible families receiving direct therapy services. While First Steps does not have income requirements for eligibility, the program does have cost sharing for certain services received. Services excluded from having a cost share include Assistive Technology, Transportation, Interpreting, and Service Coordination.

Service coordinators are mandated to discuss cost participation with all families referred to the First Steps System. In addition to explaining the cost participation, service coordinators are required to complete the cost participation forms to determine the family's level of participation:

- First Steps Cost Participation Expenses Worksheet (State Form 51359)
- First Steps Cost Participation Co-Payment (State Form 51361)



At Referral: Each SPOE is responsible for ensuring that intake coordinators and other staff explain cost participation (CP) to families when referrals are made. During the referral process, families should be informed about the process for determining cost participation levels and informed that they will be required to provide a copy of their gross income and health insurance card (both front and back) at the intake meeting.

At the Intake Meeting: The intake coordinator will obtain verification of the family's gross income by asking for three of the family's most recent and consecutive paycheck stubs. In special circumstances, the family may supply their 1040 or their W-2 in lieu of paycheck stubs. The service coordinator must explain in the meeting minutes why the proof of income was something other than the paycheck stubs. If both parents work, the intake coordinator will need to obtain documentation from both parents. Intake coordinators will use this information to complete the CP forms. At a minimum, the ongoing service coordinator reviews CP information with the family every six months. However, if during the IFSP year the family incurs

changes, the ongoing service coordinator will have **30 days from the date the family notifies the service coordinator of the change to complete the necessary forms**. These forms must be submitted to the SPOE for data entry within **2** business days of completion.

To complete the cost participation process, service coordinators will calculate total gross income and determine family size. Family size is established by counting the dependent child, the child's parent(s) and child's siblings with whom the dependent child lives. For more explanation, read *First Steps Cost Participation Procedures*, which can be found at <http://www.in.gov/fssa/files/CPFlyer08.pdf>.

Once the gross income is calculated and the family size is determined, the intake coordinator will estimate the family's co-pay by referring to the First Steps Cost Participation Schedule of Costs, which can be found at <http://www.in.gov/fssa/files/CPFlyer08.pdf>. If the family makes over 250% of poverty, the family will have a cost share for each service received up to the maximum monthly fee. It is important that families understand that this is only an estimate of the family's co-pay. The CP documentation will be entered into the SPOE's database and a computer-generated co-pay verification form will be created. The family is required to sign this document acknowledging their acceptance and understanding of their co-pay amount.

Exceptions to the Cost Participation rules:

- *Step parents are not counted when determining the family's size or gross income.*
- *Children who are wards of the state or in foster care are considered a family of one and no income verification is required.*

First Steps Cost Participation Expenses Worksheet (State Form 51359)
- This form gives a family the opportunity to reduce their co-pay for services by deducting their out of pocket medical/personal care expenses from the past year for the entire family. This would include medical expenses for all family members and any out of pocket medical expense not covered by private insurance. Copies of receipts must be kept in the EI file. Service coordinators must review and document with all families who have co-pay for services that the family understands this form.



Go to <http://www.in.gov/fssa/files/CPFlyer08.pdf> to view the First Steps Cost Participation Schedule of Costs and co-pay amounts.



Determine your own family's cost share using the First Steps Cost Participation Schedule of Costs. This exercise allows you to become familiar with the chart and experience the same emotions that families have when their cost share is calculated.



If a family disagrees with the cost share calculation, the family should review the information with the intake or ongoing service coordinator. Also, if a family cannot participate because the co-pay creates a hardship, then the family should submit a waiver request in writing to the Bureau of Child Development Services requesting a cost participation administrative review. The service coordinator must have completed the First Steps Cost Participation Expenses Worksheet (State Form 51359) to reduce the co-pay to its lowest possible amount before the family submits a waiver to BCDS. More detailed information can be obtained in the First Steps Cost Participation Procedures, which is located at <http://www.in.gov/fssa/files/CPFlyer08.pdf>.

Private Insurance

After determining the family's cost share, the intake coordinator must also discuss consent to access private insurance. At this point in the intake process, the intake coordinator must work with the families to complete the Private Medical Insurance Supplement Form (State Form 51309) which verifies all insurance information about the family. Also, the service coordinator must copy both the front and back side of the family's insurance card. To accomplish this, some SPOEs have purchased digital cameras, pencil size scanners, and small, portable scanners/printers to assist service coordinators with copying insurance card. Service coordinators are encouraged to ask their supervisors for their SPOE's protocol.

The Central Reimbursement Office (CRO) has access to an insurance clearinghouse. This means they have access to bill insurance companies to help cover First Steps costs. First Steps is the payer of last resort meaning that all other financial resources should be utilized in a payment of EI services before First Steps.



The family must give consent before First Steps can submit claims to the family's insurance company. The consent form for this is entitled First Steps Private Medical Insurance Consent (State Form 51308). If the insurance company pays any

amount for a service(s), the family will have no cost share for that service once the insurance company has paid. If the insurance company denies payment for a service(s), families will be responsible for their determined cost share payment.



Go to www.firststeps.in.gov and click on the Forms link to view First Steps Private Medical Insurance Consent form.

If a family refuses to give consent to access its private insurance, the family has two options:

- **Option 1:** The family may continue with the First Steps process but will only be receiving the entitlement services listed below:
 - IFSP Development
 - Evaluation and Assessment
 - Service Coordination
 - Procedural Safeguards
 - Child Find Activities
- **Option 2:** The family can obtain direct therapy services but its cost share will be calculated at the maximum cost share up to the cost of the service also called full fee participation.

Frequently Asked Questions about Cost Participation

When will parents get their first bill?

The Central Reimbursement Office (CRO) will notify them if any co-payments are due. These amounts will be included on their explanation of benefits document. Parents should not provide payments to individual providers. Parents can expect to receive their explanation of benefits within 90 days from the date of service.

My friend gets twice as many visits from First Steps per month as I do, and we pay the same monthly fee. Shouldn't her family pay more?

The frequency of early intervention visits is based on the child and family's needs while the monthly fee is based on the family's ability to pay. The friend's family may have more significant needs requiring more frequent visits.

To whom do I make payment?

Payments should be sent to the billing contractor after the parents receive their monthly bill. Parents should not send a payment to the First Steps Office.

Can I wait to see what my insurance pays before I make a payment?

Parents should submit payment once they receive their statement from the billing contractor. It may take up to 90 days before the parents receive their first bill.

What if I have more than one child in the program?

Parents make only one payment per month, even if they have more than one child in the First Steps program. Cost participation co-payments are based on family income, family size, and ability to pay.

Explain developmental evaluation

After the service coordinator has guided the families through the intake process and had them complete and sign the necessary forms, the intake coordinator explains the next step, which is the developmental evaluation and assessment to determine eligibility.

The intake coordinator must explain

- what is involved in the evaluation process.
- how it is arranged.
- who will be participating.
- where it will be held.
- the families' rights relating to the eligibility determination process.

Written consent for the developmental evaluation would have been granted earlier in the intake process when the parents signed the First Steps Early Intervention System Documentation of Receipt of Rights/Consent to Proceed/Permission to Assess form (State Form 51842).

The service coordinator responsible for intake and the parent(s) select the two most appropriate disciplines to participate in the evaluation process based on the presenting needs of the child and the priorities and concerns of the family.

Again, the service coordinator must explain to the families that they have a right to refuse a developmental evaluation and that if they choose

not to have their child evaluated, they can contact First Steps later if they change their mind and would like to have their child re-evaluated. Service coordinators must provide families with First Steps contact information should this occur.

Once the family agrees to an evaluation to determine eligibility, the intake coordinator contacts the ED Team scheduler. The ED Team scheduler will then set the evaluation meeting date. ED Teams have a set schedule; however, the scheduler will work with the family to select the desired available time slot for the meeting. The intake coordinator must also forward all of the appropriate information to the ED Team scheduler within **1 business day** of the intake meeting.

Explain ED Teams and Ongoing Service Providers

During the early part of the intake meeting, the service coordinator discusses with the family that the early intervention services are provided by an ongoing direct service provider (therapist) who comes to the natural environment to provide services. Also, during the discussion with the family about the developmental evaluation, the service coordinator would have used the term ED Team providers. Families must be informed of the difference between the two. Families must know that the ED Team providers come to the natural environment to perform the initial evaluation, but they will not be the direct service providers. Based on the results of the evaluation and the eligibility meeting, the families select the direct service providers from the First Steps Matrix, which is explained below.

Explain How to Use the First Steps Website

First Steps Web Site: Since families are encouraged to be very involved in the planning and development of the IFSP for their children, families must be made aware of the early intervention resources available to them on the web. Service coordinators are encouraged to provide the First Steps web address to the families during the intake meeting and to show the families what information is available on the web. Share the following address with them: www.firststeps.in.gov.

Matrix: The matrix is an online, statewide listing of all enrolled direct service providers. The matrix is used by intake and ongoing service coordinators to assist families in selecting their direct service providers based on the needs of the family and child.

Intake coordinators should explain the Matrix system to families and provide them with the web address so that families can go online before the IFSP development meeting and begin to consider ongoing direct service providers. The Matrix can be found at the following web address:
<https://www.infirststeps.com/matrix/default.asp>.

Persons who are aware of or concerned about the integrity of a provider matrix page should notify the local First Steps Council or LPCC Coordinator. If the issue or concern cannot be resolved locally, notification to the Bureau of Child Development Services consultant serving that First Steps concentration area is suggested.

Provide families with oral and 10-day prior, written notice



The family must receive both an oral and 10-day prior, written notice notifying them of the developmental evaluation meeting. Therefore, the ED Team scheduler must contact the family within 2 business days of the intake meeting to schedule the evaluation meeting. The evaluation meeting must be scheduled within 10 business days of the referral. The oral notice is given by the ED Team scheduler during the phone call to schedule the evaluation meeting. The ED Team scheduler must contact the service coordinator responsible for intake immediately after the evaluation meeting appointment has been set so that the service coordinator can provide the family with a 10-day prior written notice.

This also allows the service coordinator responsible for intake time to contact the family to schedule the Eligibility Determination and IFSP meeting which will be held after the evaluation and to send out the required 10-day, prior written notice.

Summary of Referral and Intake/Planning

Below is a chart summarizing the intake meeting process.

Intake Meeting Checklist	Early Intervention File (EI File)
Discuss with Family: <ul style="list-style-type: none"> • First Steps Services/Eligibility • Family Rights/Procedural Safeguards • Cost Participation and Insurance • ED Teams 	Forms needed in EI file: <ul style="list-style-type: none"> • Combined Enrollment Packet • Cost Participation Forms • Copy of Procedural Safeguards • 10-day prior, written notice
	Consent Forms needed in EI file

<ul style="list-style-type: none"> • Direct Service Providers • Service Coordination • Daily routines, tasks, and responsibilities of the family • Family concerns, priorities, and resources <p>Things to do:</p> <ul style="list-style-type: none"> • Assure family appropriate evaluations will take place • Complete all intake documents • Complete all consent forms • Complete Combined Enrollment Form 	<p>(must be the original documents):</p> <ul style="list-style-type: none"> • Receipt of Rights/Consent to Proceed/Permission to Assess • Authorization for the Collection of Information • First Steps Provider Reciprocal Consent to Release and Share Information • General Reciprocal Release to Release and Share Information • MCHS/First Steps EI System/CSHCS Consent to Release and Share Medical Information • Physician's Health Summary • Private Medical Insurance Supplement • First Steps Private Medical Insurance Consent • Reason for Delay of IFSP (if applicable)
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Safety and Home Visiting

The previous sections focused on the responsibilities of the intake coordinator during the referral and intake process. The final section of this module moves away from procedures of service coordination and discusses issues important to safety in service coordination.

Meeting children and families in their natural environment, or where they typically live, learn, and play, usually requires meeting them in their homes. Early intervention service coordinators often comment that home visits are very informative and rewarding. Home visits allow the family to feel more comfortable about the early intervention process while offering service coordinators the opportunity to see children in action where they typically live, learn, and play.

However, all service coordinators need to be aware of their safety when visiting families in various environments. Safety of service coordinators is one of the utmost priorities in the early intervention system.

Law enforcement professionals suggest following the four “**A**” concepts when working in unfamiliar communities.

- **Awareness:** learn about the neighborhood you will be visiting before you go.
- **Assessment:** trust your instincts and your perceptions when visiting clients in the community.
- **Attitude:** look like you belong and not like a tourist.
- **Aptitude** – use common sense

Law enforcement professionals also suggest these tips:

- If confronted, be assertive.
- Only carry essentials instead of a complete purse or wallet.
- Leave valuables such as a purse or laptop locked inside your trunk (put these valuables in your trunk BEFORE arriving for the visit).
- Do all your organizing for the visit in your office and have your materials organized and ready for you on the front seat next to you – AVOID GOING THROUGH YOUR TRUNK AT THE SITE TO ARRANGE YOUR MATERIALS.
- Dress appropriately for the environment you are visiting.
- Plan ahead (notify someone of your schedule so a colleague knows where you are to be at all times).
- Vary the routines if possible (day and time of visit).
- Go to “high risk” neighborhoods early in the day.
- Be cautious and use common sense.
- Look for any suspicious activity and trust your instinct.
- Minimize your exposure from the car to the front door of the home you visit.
- When leaving, look to see that no one is around, under, or in your car.
- Use ignoring as a strategy if necessary.
- Keep a safe distance between you and other people.
- Always have an “out” or a plan to keep yourself safe.

Safety tips from Scott Hasler, Indianapolis Police Department

Barriers and Challenges

Helping families through service coordination can be very rewarding. However, the position does come with potential barriers and challenges. According to Rosin, Hecht, Green, and Robbins (1999), commonly identified challenges for service coordinators include the following.

- Time & resource management

-
- Paperwork, record keeping, forms
 - Timing of information to families
 - Meeting timelines
 - Building on the family's and child's natural supports and resources
 - Keeping up with changing resources and service providers
 - Knowledge of the multiple systems in which a family may participate
 - Understanding multiple funding sources and program eligibility
 - Undertaking strategies for working with outside agencies and funding sources
 - Balancing the philosophy of family-centered care with the reality of available resources
 - Successfully applying personal and interpersonal skills with families, other team members, and agency personnel
 - Creative problem solving, solution finding, and consensus building
 - Transferring skills
 - Influencing policies and practices
 - Building the community's capacity to meet child's and family's needs
 - Knowing and maintaining boundaries and roles
 - Obtaining sufficient ongoing support, training and supervision

Service coordinator supervisors are available to work with service coordinators to discuss any of these challenges. Perhaps a team meeting would be valuable to discuss these challenges and share "what works."

Summary

Module Three

- answered the question, "What is service coordination."
- provided information on the roles and responsibilities of service coordinators.
- navigated through the first two steps of the pathway to early intervention services.
- discussed service coordination safety and the barriers and challenges that service coordinators can face.

Future modules focus on additional steps of the pathway to services.

In order to complete this module and advance to the next module, you need to complete the application station exercises, which begin on the next page. Discuss any questions you have at this time with your Service Coordinator Supervisor or SPOE Supervisor.

Reference List

Hasler, Scott. Indianapolis Police Department, Indianapolis, Indiana.

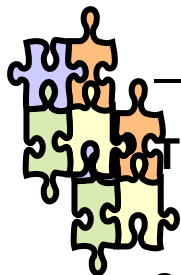
Indiana Administrative Code. Title 470 Division of Family Resources. Article 3.1, First Steps Early Intervention System. Indiana Register.

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

Guidelines and recommended practices for the individualized family service plan. (1989). Office of Special Education Programs. NEC*TAS and ACCH.

O'Brien, S. (Winter 2001). "The Happy Songs of Carrie O'Brien." *Indiana First Steps Magazine*. Indiana's First Steps Early Intervention System, Bureau of Child Development, Division of Disabilities and Rehabilitative Services, Family and Social Service Administration.

Rosin.P., Hecht,L., Green, M., & Robbins, S. (1999). *Pathways trail mix: A collection of ideas and training activities in early intervention service coordination*. Madison WI: Waisman Center-Early Intervention Program.



The Application Station... Connecting all the puzzle pieces

Service Coordination Module 3 Assignments

SC Name: _____

Email: _____

Number of pages faxed including Cover Page: _____

Complete the exercises below and review all assignments with supervisors. 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. Using the three points listed below, explain in writing your role as a service coordinator. Record your response on a separate sheet of paper and **submit a copy of your responses.**

- ✓ Supporting families through the early years after learning that their child has developmental delays or disabilities
- ✓ Assisting families in navigating complex service systems to find necessary resources on behalf of their child
- ✓ Strengthening families and empowering them to access services upon leaving First Steps

2. Observe two (2) intake meetings with different intake coordinators. Please arrange these meeting times with your SC supervisor. Prior to the intake meeting, you will need to review referral information. Forms are provided for you to record your observation. They are located at the end of this module. Please make a copy of the form so that you will have 2 clean forms to fill out. **Submit both completed forms.**

3. Collect a brochure from each of the three financial assistance programs talked about in this module (Hoosier Healthwise, CSHCS, MCH). **Submit copies of the brochures.**

4. **Submit a copy** of your SPOEs referral form.

5. In the cluster for which you will be working, who is responsible for the enrollment process? _____

6. Refer to the Personnel Guide and locate the INITIAL CREDENTIAL – Service Coordination Summary of Activity. Print a copy of the grid and complete your personal information at the top as well as record any points that you have earned so far toward credentialing. Then, **submit this form** to UTS with other papers for this module. Note: Completing this form at this time does not constitute submitting it for actual credentialing. Suggestion: you might want to keep a copy of this completed form before you submit it so that you can have the information later when you actually gather your materials for initial credentialing.

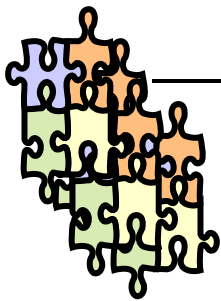
7. **Submit a copy** of page 30 of Module Three.

Service Coordinator Signature: _____

Service Coordinator Supervisor Signature: _____

Date _____

UTS/ProKids Office Only: Date received _____ Initials _____



Module 3
Service Coordination Application Station
Intake Session Observation

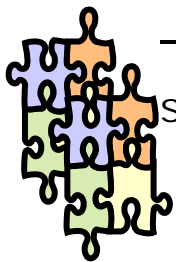
SC Participant Name: _____
Cluster Letter: _____
Address: _____
Phone #: _____
Fax #: (____) _____
Email address: _____
Date of Observation: _____

Print the name of the Intake Coordinator being observed:

Intake Coordinator's signature:

1. Intake Session Meeting:

Describe the process observed (identify specific activities that occurred within the timeframe of the meeting, e.g. did the coordinator explain the procedural safeguards to the family, what are the concerns for the child, were resources given?)



SC Participant Name: _____

1. (continued from page 1)

2. Impressions, comments, observations regarding the session:

3. Questions as a result of the observation:

Service Coordinator signature _____
Service Coordinator Supervisor initials _____
Date _____