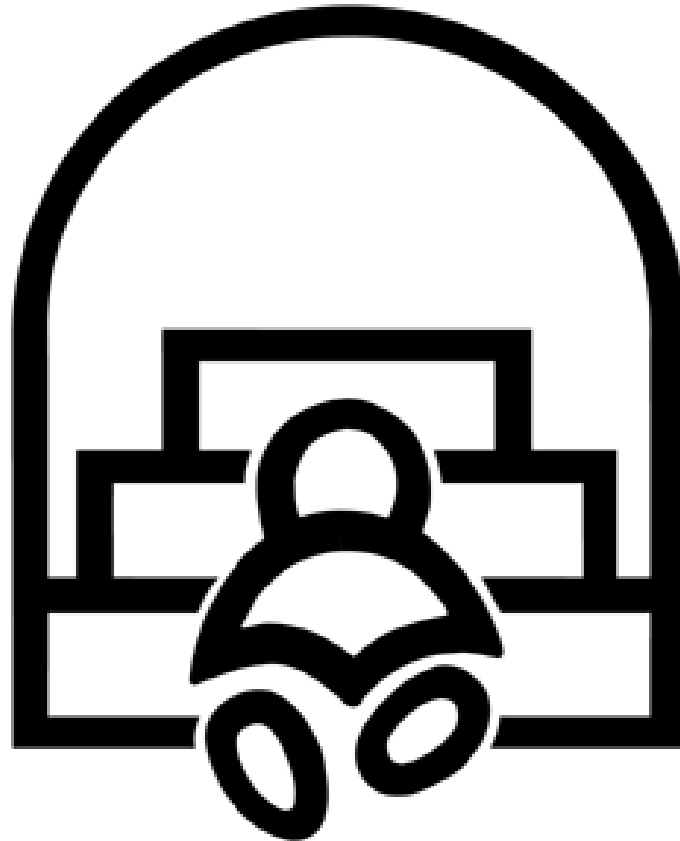


Indiana's Early Intervention System



First Steps

**Service Coordination Orientation Training
Module 3 –
Service Coordination
Participant Materials**

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

Table of Contents

Introduction.....	3
Materials Needed.....	3
Training Objectives.....	3
What is Service Coordination?	4
Enrolling in First Steps	5
Credentialing	6
Pathway to Early Intervention Services	6
Referral-First Steps System Point of Entry (SPOE)	7
Intake and Planning Meeting	10
Review referral information.....	10
Inform parents of transition.....	10
Inform parents of their rights	11
Inform parents of procedural safeguards.....	11
Obtain written consent to proceed.....	13
Planning	14
Complete First Steps Enrollment Form/Collect Medical Information	15
Hoosier Healthwise (Indiana’s Medicaid program)-	15
Children’s Special Health Care Services (CSHCS)-	15
Maternal and Child Health (MCH)	16
Explain Cost Participation	16
Suspension of Services	19
Private Insurance	19
How can families find out?	22
Frequently Asked Questions about Cost Participation and Insurance.....	23
Explain eligibility evaluation	24
Explain ED Teams and Ongoing Service Providers	25
Explain How to Use the First Steps Website.....	25
Summary of Referral and Intake/Planning	25
Safety and Home Visiting	26
Barriers and Challenges.....	27
Summary	28
Reference List	29
The Application Station... Connecting all the puzzle pieces.....	30

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.

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 1/2") 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 responsibilities of the service coordinator.
- 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 main purpose for the position of service coordinator is to be the 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)

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

In some clusters, the service coordinator supervisor is responsible for enrolling the service coordinator; in other clusters, the service coordinators

are individually responsible for enrollment. 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 will be allowed to enroll once they have completed SC101.

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 specific 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 advancing their skills through further education and training.

Service coordinators are encouraged to keep all documentation that supports credentialing activities, i.e. certificates of completion for SC101, SC102, and SC103; certificates of attendance to any conferences, trainings, or meetings 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, guiding them through the maze of early intervention services. The diagram on the next page gives an overview of this pathway to early intervention services. Service coordinators should discuss with their supervisor any slight variations to this overview specific to the individual SPOE within the cluster they will serve. 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 SPOE will:

- Acknowledge referral
- Assign intake coordinator
- Begin early intervention record
- Present verbal rights & information



Intake and Planning

The Intake Coordinator will:

- Review referral information
- Obtain written consent to proceed
- Visit the family to discuss:
 - Service coordination
 - Family's strengths, resources, priorities, and concerns
 - Early Intervention options and supports
 - Applications for Hoosier Healthwise and CSHCS
 - Cost participation
- Identify ongoing service coordinator to the family
 - The ongoing service coordinator will schedule a visit with the family to complete the Family Interview, ideally prior to the initial IFSP



Eligibility Determination

The Eligibility Determination Team will:

- Review records of medical history and current health status
- Conduct AEPS assessment, which includes
 - Cognitive development
 - Physical development, including vision, hearing, and nutrition
 - Social communication development
 - Social-emotional development, and
 - Adaptive development



Enrollment in First Steps

- Based on eligibility criteria
- Family may choose not to participate
- Family may choose not to continue to IFSP Development



Planning for the IFSP

Intake Coordinator will:

- Summarize child and family's strengths and needs
- Schedule additional child and family assessments, if necessary
- With the parent, identify IFSP Team
- Verify the ongoing service coordinator's role
- Plan and schedule the IFSP meeting



IFSP Development

IFSP Team will:

- Determine outcomes and priorities
- Identify strategies and providers
- Obtain physician signature on IFSP

First Steps Services Begin

- Ongoing service coordinator will implement the IFSP
- Service providers will begin activities to support IFSP outcomes

© 2007 Early Childhood Center, Indiana Institute on Disability and Community, Indiana University-Bloomington

The Pathways to Early Intervention Services on the previous page shows Referral as the initial step. As mentioned in Module One, Indiana is divided into cluster service areas. Each cluster 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 First Steps personnel 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.
- mentions cost participation.

At this point a brief mention of cost participation must be included in the conversation. The family is informed that copies of current records verifying income levels and insurance coverage will be needed at the intake meeting. More details about cost participation will be provided at the intake meeting. A service coordinator will contact the family within **2 business days** to schedule the intake meeting.

The information obtained during the referral phone call must be documented by the FS Personnel on the referral form. This form is kept on file and begins the 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 FS Personnel must explain to the families their rights and provide documentation of these rights. Additionally, the FS Personnel 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"> • Service 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.
--	--



If the family chooses to proceed with intake, the service coordinator will schedule a meeting to begin the intake process and to inform the families of what documentation they will need at the intake meeting. When scheduling the intake meeting, the service coordinator would ideally consider a meeting time and location convenient for the family.

Timelines are critical to follow throughout First Steps. Federal law dictates that the intake process from referral to completing the IFSP must happen within 45 calendar days.



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

Intake and Planning Meeting

Review referral information

At this meeting, the service coordinator discusses the reason for the referral to the program, documents the family's concerns for their child, and explains that the program serves children from birth to the day before the child's third birthday or until the child's skills become developmentally age appropriate. The service coordinator assists the family in understanding the First Steps System by presenting an overview of the program and a brief history of its evolution. The service coordinator discusses the basic philosophy of the program: First Steps services are most effective when provided as part of a child's natural environment, which encompasses everyday routines, activities, and places. First Steps services are family centered; therefore, families must participate in the services being provided. If services are provided in a child care setting, the caregiver must be present during the sessions and the family must attend once a month or every 4th session if they receive services once a week. Please see the State guidelines for other frequencies of service.

Getting to know and building trust with families is an important role for the service coordinator. Many times the parents have only recently learned that their child may have a developmental concern. They may have limited or no 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 to help families as they transition into the First Steps System.

Inform parents of transition

Transition is a process of movement from one environment to another - change into, within, and from programs or services that bring new opportunities and challenges for children and families. First Steps recognizes three categories of transition: transition **into, within, and from** First Steps. Examples of transitions into include from no early intervention to First Steps, or from another early intervention program to Indiana's First Steps.

In both instances, the intake meeting is the initial transition into the First Steps Early Intervention System. During this meeting, service coordinators have an opportunity to introduce the concept of transition to families, to explain the importance of focusing on transition throughout the

family's journey in First Steps, and to encourage families to discuss transition needs with their service coordinators. Transition within and from will be discussed in later modules.

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 often in order to understand and internalize them.

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 service coordinator must leave a copy of this handbook with the families during the intake meeting.

Families must also be informed that 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 involvement in early intervention. All **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
- First Steps Enrollment Forms
- All Cost Participation and Insurance Forms
- Documents supporting the development of the IFSP
- Direct Service Provider IFSP Progress Notes
- Service coordinator logs
- All documents supporting transition
- Any other documents that support the child's involvement 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 maintains the files, must sign in on the log.

FERPA gives families the right to access their early intervention record, review their file, and request the SPOE to include a statement in the file to correct information in the file at any time. 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 the right to the file. If the family declines or cannot be located, the file will be destroyed following FERPA and HIPAA laws.

Obtain written consent to proceed



After explaining the families' rights to them, the service coordinator must obtain written, parental consent to proceed with the evaluation process. 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 their 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 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 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 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 on a need to know basis. Consent is granted for 12 months.
 - General Reciprocal Consent to Release and Share Information (State Form 51675) - this document provides written proof that 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 may also grant permission to First Steps personnel to share 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. Each original consent is filed in the child’s early intervention record.

Planning

At the intake meeting, the service coordinator explains the First Steps System and assists the family in completing the required paperwork to continue along the pathway to early intervention services. Again, the service coordinator should remind the family that this system is voluntary, and if families choose not to proceed with intake, the FS Personnel must explain to the families their rights and provide documentation of these

rights. Additionally, the FS Personnel must let families know how to contact First Steps if a new concern arises or if families change their minds at a later date.

Complete First Steps Enrollment Form/Collect Medical Information

The service coordinator begins the intake phase by completing the First Steps Enrollment Form. During completion of this form, the service coordinator documents:

- the family's demographics
- basic information on the child's development.
- income and health insurance information.

Also during this discussion, the service coordinator explains to the families that health related information about their children must be collected from their children's primary care physician(s). The service 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 (State Form 51929) to the physician for completion. If the family does not have a primary care physician, the service coordinator must work with the family to locate one.

In addition to enrolling in the First Steps System, families may be interested in additional programs for their child. 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.

Parents may also 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 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. These forms are the First Steps Enrollment at intake and the Family Information Update at the annual review of the IFSP.



At Referral: Each SPOE is responsible for ensuring that service 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 three most current consecutive paycheck stubs and health insurance card (both front and back) at the intake meeting.

At the Intake Meeting: The service coordinator will obtain verification of the family's gross income by obtaining copies of 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, but the service coordinator must document in the meeting minutes why the proof of income was something other than the paycheck stubs. If both parents work, the service coordinator must obtain documentation from both parents. Service coordinators will use this information to complete the CP forms. At a minimum, the service coordinator reviews CP information with the family every three months.

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.

Once the gross income is calculated and the family size is determined, the service coordinator will estimate the family's co-pay by referring to the First Steps Cost Participation Schedule of Costs. For more explanation, read *First Steps Cost Participation Procedures*, which can be found at http://www.in.gov/fssa/files/First_Steps_20100930_FCP_Procedures_FINAL.pdf

If the family makes over 250% of poverty, the family will have a co-pay per unit for each service 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 once eligibility is determined 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.*

Possible Reduction of Co-Pay Amount: Service coordinators must inform all families who have a co-pay about how they can reduce it by completing the 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 to support these expenses must be kept in the EI file.

Families who do not claim medical deductions will be asked to initial the First Steps Cost Participation Expense Worksheet indicating their decision not to claim medical expenses.



Go to

[http://www.in.gov/fssa/files/First Steps Cost Participation Sliding fee Schedule.pdf](http://www.in.gov/fssa/files/First_Steps_Cost_Participation_Sliding_fee_Schedule.pdf)
to view the First Steps Cost Participation Schedule of Costs and co-pay amounts.



Determine your own family's cost share using the current 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 during the IFSP year the family incurs changes, the service coordinator has **30 days from the date the family notifies the service coordinator of the change to complete the updated CP forms.** These forms must be submitted to the SPOE for data entry within **2** business days of completion.



If a family disagrees with the cost share calculation, the family should review the information with the service coordinator. Also, if a family cannot participate because the co-pay creates a financial

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 complete 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/First_Steps_20100930_FCP_Procedures_FINAL.pdf



Print the document titled Cost Participation Items to Discussion with Families. Click on Attachments to view and print this document.

Suspension of Services

Families must remain current with their co-pays, or services will be suspended. Families who have a 60-day or greater past due balance on their co-pays will receive a letter from the State stating that services are at risk of being suspended. Each SPOE will also receive this information. Once this occurs, the service coordinators must complete the following steps:

1. The service coordinator must contact the family to confirm that they received the suspension letter and understand what the notification means. The CRO must have payment posted on or before the payment due date on the suspension letter to avoid any disruption in services.
2. The service coordinator must then walk the family through options. One option is to pay the balance due. If the family cannot pay the balance, the service coordinator must assist them with creating a payment plan to avoid suspension of services. This payment plan must be approved by the State.
3. Families should be advised that if their services are suspended, it is likely they will not resume with the same service providers currently on their child's (children's) IFSP once the suspension is lifted.
4. Families should also be advised that services will be suspended the day following the payment due date.

Private Insurance

After determining the family's co-pay, the service coordinator must also discuss consent to access private insurance. At this point in the intake process, the service 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.

Private Insurance: The Basics: Service coordinators must understand the basics of insurance so they can explain it to their families. Employers have two options for providing insurance to its employees. They can provide a self-funded plan or a fully funded plan.

Self-funded (ERISA) – the employer collects premiums from employees. This money is invested by the company and is used to pay the insurance claims that come in. The employer assumes the risk of actual claims going over the amount collected from premiums.

Fully-funded plan (non-ERISA) – the employer collects premiums from employees and sends this money to the insurance company. The insurance company uses this money to pay the claims. The insurance company assumes the risk of the actual claims going over the amount collected from premiums.

What is the difference between a self-funded (ERISA) and a fully funded (non-ERISA) insurance policy?

A self-funded insurance policy is one in which the sponsoring employer pays all claims, either directly or through a third party administrator/insurance company. Self-funded plans are almost always overseen by the jurisdiction of the federal government under the Employee Retirement Income Security Act (ERISA).

Many large companies have found that they can control health insurance costs better by "self" funding their own plans. The company funds the health care plan directly or through premiums paid by its employees. It often contracts with a third party administrator/insurance company to obtain negotiated discounts with hospitals, physicians and other providers and to process its claims. Once the claims have been processed, the company is responsible to pay for the claim. Sometimes a self-funded plan may also include a stop loss policy. This type of policy protects the company from paying for very large, unanticipated and catastrophic healthcare expenses. Employees at companies with a self funded plan still will have insurance cards that often are in the name of the third party administrator/insurance company. Because the TPA/Insurance company only processes the claims

and is not responsible for actually paying the claim, the self-funded plans may have the following statement on the back of the insurance card:

"X Company provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims."

A fully funded (non-ERISA) insurance plan is one in which the company and/or employee pays insurance premiums to an insurance company for a prescribed set of healthcare benefits. Non-ERISA plans are governed by the state. Plans sold in Indiana are governed by the Indiana State Department of Insurance. These plans are fully funded by the insurance company and the employer has no financial risk for any of its employees' healthcare expenses. The company is only responsible for paying the cost of the insurance plan. The company can decide how much it will have its employees contribute to the plan cost. In a fully funded plan, the cost to the employee can range from nothing up to 100% of the insurance premium cost for an individual or family. The back of the insurance card may not have any statement or it may read:

"X Insurance Company is the trade name of XYZ Insurance Companies, Inc. an independent licensee of the XXO Association."

State employees and employees of state-funded universities are considered exempt. The legislation states that all plans for state and state funded university employees will participate in the capitation payments and those payments cannot go against annual or lifetime coverage caps.

Why is it important?

It is important because new rules regarding insurance coverage and limits for First Steps were enacted by the General Assembly. Indiana code cannot supersede federal rules, so these new rules only affect non-ERISA plans and exempt plans (state employee and state funded university employee insurance whether ERISA or non-ERISA).

Non-ERISA and exempt plans that cover early intervention services may now be billed a monthly bundled (capitation) rate for all eligible First Steps services. If the child's non-ERISA or exempt insurance plan covers any eligible First Steps service, the insurance provider is to pay the monthly capitation rate and these capitation payments cannot go against the child's annual or lifetime cap on coverage. There is no family co-payment due for any month in which a child's non-ERISA or exempt plan paid the monthly

capitation rate. If the non-ERISA or exempt plan denies payment of the capitation rate, the family must pay their monthly co-payment and they should file an appeal with their insurance company. If their appeal is successful, a credit for that co-payment is made to their account.

What happens to families with ERISA insurance?

Very little will change for those with an ERISA policy. The CRO will continue to bill the health insurance plans for the units of First Steps services received, with the exception of Developmental Therapy. (DT is never billed to insurance and is billed to the family at their co-payment rate). If the child's insurance pays the claim, then the family is not charged a co-payment for that service. Families receive a full accounting of all services billed and all third party payments received for the statement month. If the insurance company rejects or denies the claim, the family will be charged a co-payment based on the number of units received for each co-pay eligible service. If the insurance claim is denied, the family should file an appeal with their insurance company and must pay the monthly co-pay. If their appeal is successful, a credit for that co-pay is made to their account. In an ERISA plan all insurance payments for First Steps services will likely apply to the child's annual and lifetime caps.

How can families find out?

How can Service Coordinators and families find out what type of plan they have?

1. By the tag line on the back of the insurance card (see above)
2. The family can contact the employer through which the insurance is offered to ask.
3. Families can also contact the insurance company.

What is a Capitated Rate?

A capitated rate is a rate set by the state that insurance companies opt to accept to cover First Steps services. The insurance company agrees to pay a flat monthly negotiated rate for all FS services for the family. There is no co-pay for EI services for families whose insurance participates in capitated rate and reimburses FS for the services

Consent to Access Insurance



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 co-pay for that service.



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 may continue with the First Steps process but will receive the entitlement services listed below:

- IFSP Development
- Evaluation and Assessment
- Service Coordination
- Procedural Safeguards
- Child Find Activities

Frequently Asked Questions about Cost Participation and Insurance

When will parents get their first bill?

Parents can expect to receive their First Steps Statement up to four months from the first date of service from the Central Reimbursement Office (CRO). This statement will notify them if any co-payments are due. Parents should not provide payments to individual providers.

To whom do I make payment?

Payments should be sent to the billing contractor indicated on the monthly statement 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 must submit payment once they receive their statement from First Steps. There could be a delay in payment from the insurance company. If this occurs and the family had not paid their co-pay, the family would be placed on the suspension list. Families who pay their co-pays will receive a credit if the insurance company pays for the service.

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

All siblings are linked in the database, so parents will get only one bill from First Steps. Cost participation co-payments are based on family income and family size.

Explain eligibility evaluation



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

The service coordinator must explain

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

Written consent for the eligibility 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 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 an eligibility 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 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 service coordinator contacts the ED Team and sends referral information about the child. The ED Team will then set the evaluation meeting date. ED Team members are part of the SPOE staff, and each cluster will have their own policies about how a referral is made to the ED Team. Discuss this with your supervisor.

The service coordinator must then send a 10-day, prior written notice informing them of the eligibility/initial IFSP meeting.

Explain ED Teams and Ongoing Service Providers

During the intake meeting, the service coordinator must inform the family of the difference between the ED Team providers and the ongoing direct service providers. The ED Team providers, assigned by the SPOE, come to the child's natural environment to perform the initial evaluation to determine eligibility. The ongoing direct service providers come to the child's natural environment to provide services to address family's concerns or the child based on the results of the evaluation and eligibility meeting.

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.

Summary of Referral and Intake/Planning

Below is a chart summarizing the intake meeting process.

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

Safety and Home Visiting

The previous sections focused on the responsibilities of the service 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.

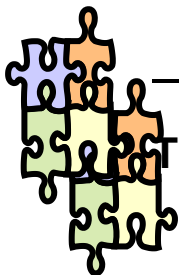
Indiana Administrative Code. Title 470 Division of Family Resources. Article 3.1, First Steps Early Intervention System. Indiana Register.

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: _____

For this module, you will complete activities based on your category of service coordination. The activities are grouped into three categories, and you are to complete **one group of activities**. Please choose the group of activities based on the following criteria:

- Intake Coordinator Application Station Exercises – complete the activities in this list if you are responsible for service coordination activities only through intake.
- Ongoing Service Coordinator Application Station Exercises – complete the activities in this list if you are responsible for service coordination activities after the intake process is completed.
- Blended Service Coordinator Application Station Exercises – complete the activities in this list if you are responsible for both intake and ongoing service coordination activities.

Once you have completed **all** of the assignments in your category, please sign and date the forms and have your supervisor initial the forms. **Save** all of the completed documents. You will submit them to UTS at the end of Module 7, which is the last module of the training.

A. Intake Coordinator Application Station Exercises

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 three (3) intake meetings. This meeting time will be arranged by your supervisor. Prior to the intake meeting, you will need to review

referral information. A form is provided for you at the end of this module to record your observation of the intake meeting.

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. 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.
5. **Submit a signed copy** of the Attestation Statement (page 31).

B. Ongoing Service Coordinator Application Station Exercises

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. 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.**
3. 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.

4. **Submit a signed copy** of the Attestation Statement (page 31).

C. Blended Service Coordinator Application Station Exercises

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 three (3) intake meetings. This meeting time will be arranged by your supervisor. Prior to the intake meeting, you will need to review referral information. A form is provided for you at the end of this module to record your observation of the intake meeting.

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. 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.

5. **Submit a signed copy** of the Attestation Statement (page 31).

Service Coordination Orientation SC101
Attestation Statement

By signing this form, I, _____,
attest that I personally completed all of the learning activities and self-
assessment quizzes and the final assessment and that no one completed
them on my behalf. Should it be proven that someone else completed the
components of this training for me, I understand that my enrollment in
Indiana's First Steps System could be in jeopardy.

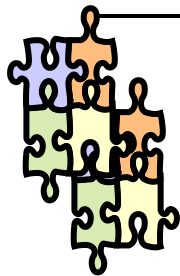
Service Coordinator signature: _____

Service Coordinator Supervisor signature: _____

Date _____

UTS/ProKids Office Only: Date received _____ Initials _____
SC101 Module 3

Cluster Supervisor Comments:



Module 3
Service Coordination Application Station
Intake Session Observation - #1

SC Participant Name: _____

Cluster Letter: _____

Date of Observation: _____

Print the name of the Service Coordinator being observed at intake:

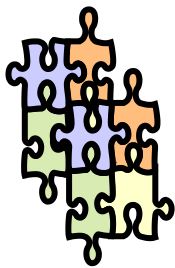
Signature of Service Coordinator being observed:

1. Intake Session Meeting:

Describe in detail how the Intake Coordinator explained each of the following to the family:

- the First Steps program,
- the family's participation in therapy sessions,
- procedural safeguards,
- cost participation,
- suspension of services,
- the evaluation process,
- any other information provided.

(Details include items such as the Intake Coordinator provided a copy of the procedural safeguards to the family and orally reviewed each of the 10 rights on the Families Always Have Rights brochure and answered the family's questions, the Intake Coordinator showed the family the Federal Poverty Level Chart and explained how the family's co-payment is determined; the Intake Coordinator provided a brochure about First Steps to the family and gave an oral overview of the program stressing the importance of providing services in the natural environment).

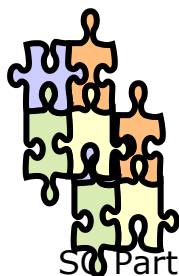


SC Participant Name: _____

1. Intake Session Meeting (continued):

2. Impressions, comments, observations regarding the session:

3. Questions as a result of the observation:



Module 3
Service Coordination Application Station
Intake Session Observation - #2

SO Participant Name: _____

Cluster Letter: _____

Date of Observation: _____

Print the name of the Service Coordinator being observed at intake:

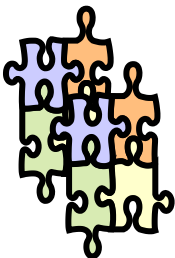
Signature of Service Coordinator being observed:

1. Intake Session Meeting:

Describe in detail how the Intake Coordinator explained each of the following to the family:

- the First Steps program,
- the family's participation in therapy sessions,
- procedural safeguards,
- cost participation,
- suspension of services,
- the evaluation process,
- any other information provided.

(Details include items such as the Intake Coordinator provided a copy of the procedural safeguards to the family and orally reviewed each of the 10 rights on the Families Always Have Rights brochure and answered the family's questions, the Intake Coordinator showed the family the Federal Poverty Level Chart and explained how the family's co-payment is determined; the Intake Coordinator provided a brochure about First Steps to the family and gave an oral overview of the program stressing the importance of providing services in the natural environment).

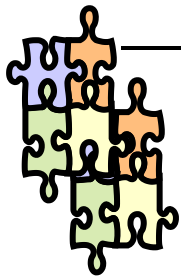


SC Participant Name: _____

1. Intake Meeting (continued)

2. Impressions, comments, observations regarding the session:

3. Questions as a result of the observation:



Module 3
Service Coordination Application Station
Intake Session Observation - #3

SC Participant Name: _____

Cluster Letter: _____

Date of Observation: _____

Print the name of the Service Coordinator being observed at intake:

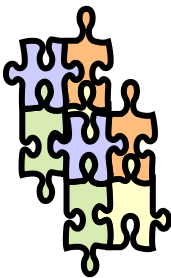
Signature of Service Coordinator being observed:

1. Intake Session Meeting:

Describe in detail how the Intake Coordinator explained each of the following to the family:

- the First Steps program,
- the family's participation in therapy sessions,
- procedural safeguards,
- cost participation,
- suspension of services,
- the evaluation process,
- any other information provided.

(Details include items such as the Intake Coordinator provided a copy of the procedural safeguards to the family and orally reviewed each of the 10 rights on the Families Always Have Rights brochure and answered the family's questions, the Intake Coordinator showed the family the Federal Poverty Level Chart and explained how the family's co-payment is determined; the Intake Coordinator provided a brochure about First Steps to the family and gave an oral overview of the program stressing the importance of providing services in the natural environment).



SC Participant Name: _____

1. Intake Session Meeting (continued)

2. Impressions, comments, observations regarding the session:

3. Questions as a result of the observation: