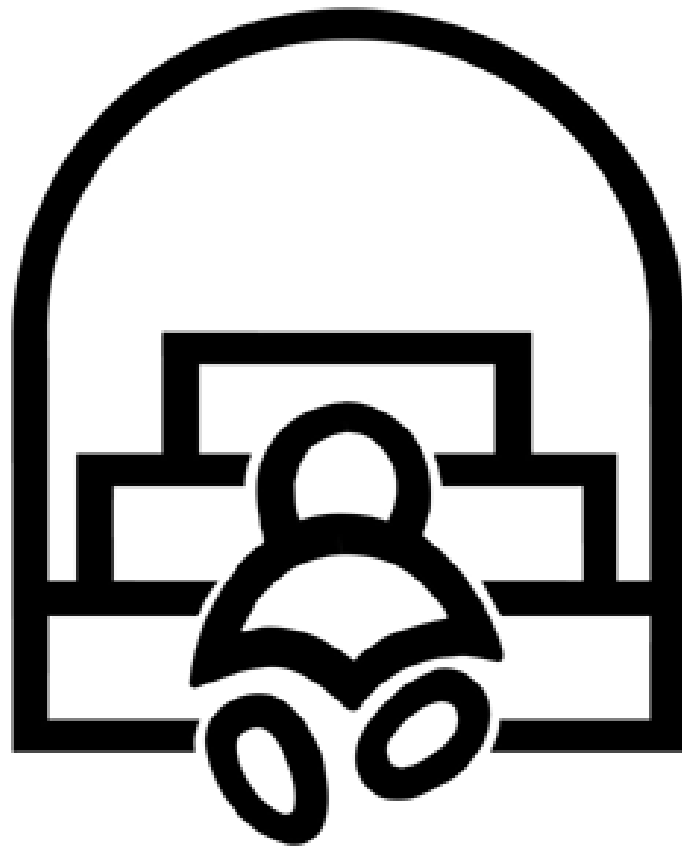


Indiana's Early Intervention System



First Steps

**Service Coordination Orientation Training
Module 6 –
Ongoing Service Coordination
Participant Materials**

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

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Introduction

Module Five focused on the development of the Individualized Family Service Plan (IFSP) and the importance of partnerships and collaboration among the families and First Steps personnel to ensure that family-centered care is implemented and that the children's and families' needs are met in the First Steps System.

Once the IFSP has been developed and services have begun, ongoing service coordination begins. Module Six focuses on the responsibilities of service coordinators as they work with the families to coordinate the activities of the IFSP team members while services are being provided. 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.

Since the role of a service coordinator is very detailed, the Participant Materials for the training modules have been designed to serve as a reference for service coordinators to use once they complete the orientation and begin a caseload.

Training Materials Needed

To complete Service Coordination Module 6, you need a computer with Internet access and the following:

- Participant Materials for Module 6
- PowerPoint slides for Module 6
- 3-ring binder – the same binder assembled in Module 1
- Folder(s) to keep downloaded material
- First Steps Forms – indicated throughout the participant material

Training Objectives

- Understand the role and responsibilities of the service coordinator in the First Steps System.
- Know the documentation that is required to be completed during each process of the First Steps System.
- Know the timelines associated with each process of the First Steps System for which the service coordinator is held accountable.



Pathway to Early Intervention Services

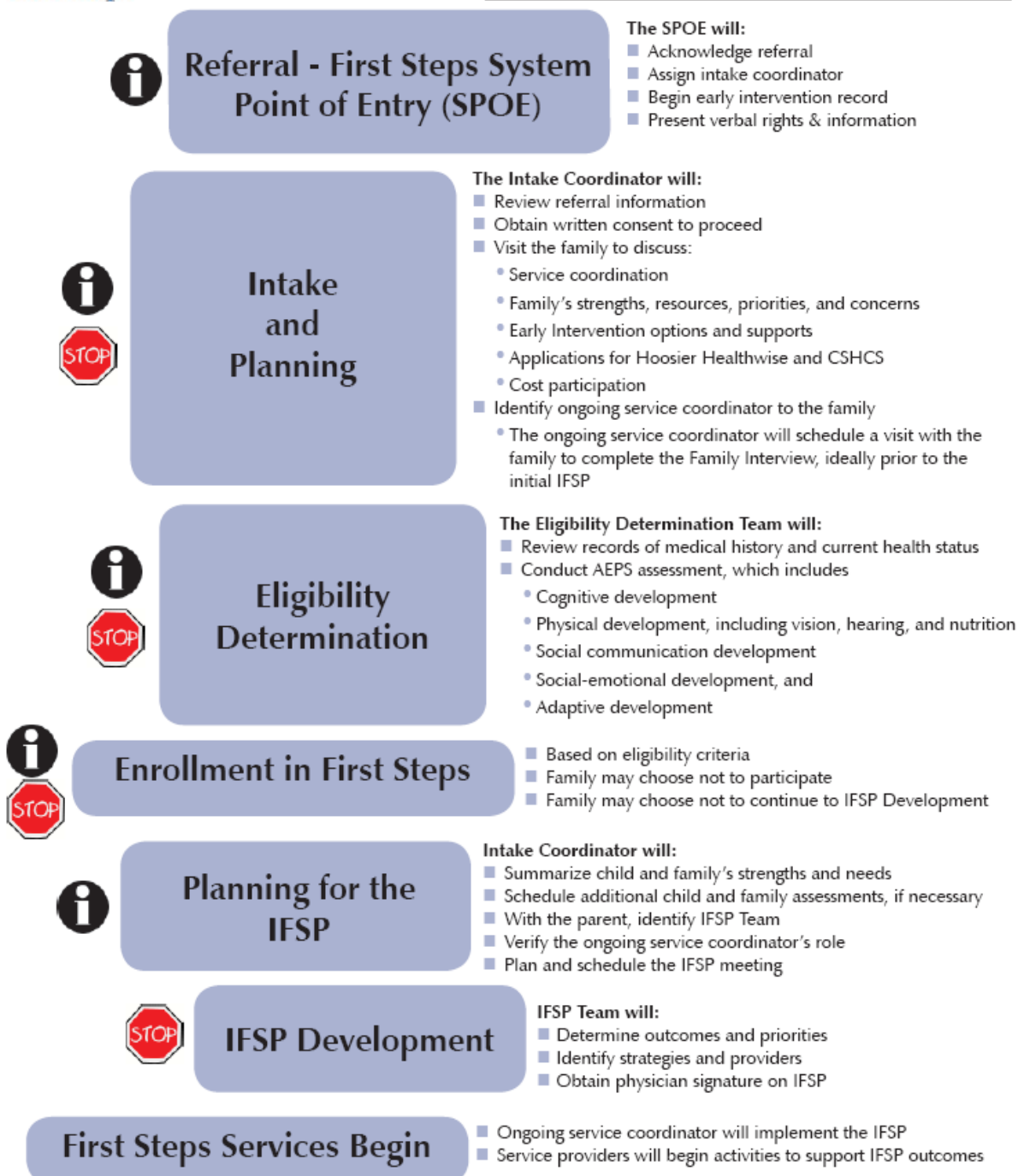
Symbols Key



Informed Rights and Procedural Safeguards given to family.



Parent declines or child not eligible.



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Coordinating/Supporting the IFSP Team

Ongoing Communication

As the lead member of the IFSP team, the service coordinator is responsible for ensuring that the team members work together to meet the needs of the families.

To develop these strong IFSP teams that are designed to focus on the families' strengths, concerns, priorities, and resources, service coordinators are encouraged to communicate regularly with both the families and their direct service providers. Having ongoing contact with both the family and the service providers allows the service coordinators to discuss the services being provided and to learn of any concerns, issues, or unexpected events that the families might be having.

Should the service coordinator learn of changes or concerns that their families are having during these ongoing conversations, the service coordinator can provide families with information and resources related to their questions and concerns. Service coordinators can also provide support to families when they experience unexpected events.

Providing support does not mean that the service coordinator must solve every problem or know all the answers. How the coordinator responds to the family will depend on the family's needs and wants. Here are various examples of ways to respond to families:

- Listen to and support the family.
- Refer the family to other agencies that can focus on the concern, issue, or unexpected event.
- Assist in resolving the issue or concern.
- Visit the child/family in the hospital.
- Review the IFSP based on the new information.
- Communicate to other team members regarding changes that might occur.

Having ongoing contact with the IFSP team members allows the service coordinator the opportunity to develop a deeper relationship with both the family and the direct service provider(s). A strong relationship among team members is necessary so that families have a successful experience in the First Steps System.

Planning

The service coordinators can also create strong teams by **constantly planning** for the First Steps activities and communicating these activities to the families and providers. It is the responsibility of the service coordinator to ensure that all timelines of the First Steps System are met and to communicate these timelines to the families. Most service coordinators have created some type of tracking system. Having a good tracking system is key to being organized with all the timelines and paperwork.

Take the time now to get yourself organized. Talk with your supervisor and veteran service coordinators to get ideas and tips. The time and energy you invest in this process will be beneficial to you when you begin your caseload. One resource available is an IFSP timeline which provides an outline of all of the activities that need to occur during each quarter of the IFSP.



Print the IFSP Timeline.

Also, service coordinators are encouraged to ask their supervisors for a Service Coordinator Tracking Tool.

Providing Family Support

The service coordinators will continue to build relationships with their families and to provide support and encouragement. To do so, service coordinators should discuss the following items with the family:

- Questions about the First Steps System
- The role of the direct service provider and service coordinator
- The outcomes written on the child's IFSP
- Transition issues
- Any other programs that might be beneficial to the family (HHW, WIC, CSHCS, Family to Family, etc.)

IFSP Progress Notes/ Other Documentation and Records

Because IFSP review meeting discussions focus on the progress of the child, all direct service providers are required to submit IFSP progress reports at the beginning of the last month of the current authorization. These dates are determined by the date the IFSP was written. For example, if the IFSP was written on 12/15, the following authorization periods and IFSP due dates would apply:

-
- First authorization period: 12/15~3/31; IFSP Progress Report due 3/1
 - Second authorization period: 4/1~6/30; IFSP Progress Report due 6/1
 - Third authorization period: 7/1~9/30: IFSP Progress Report due 9/1
 - Fourth authorization period: 10/1~12/14: IFSP Progress Report due 12/1

Every quarter, the service coordinator must send a copy of the direct service provider's IFSP Progress report to all IFSP Team members (including the family and the ED Team). The ED Team will review the reports, make comments, and approve or disapprove of continuing the services.

If providers do not submit their report to the service coordinator, the service coordinator will contact their supervisor to request the report. If the report has not been sent to the service coordinator prior to the scheduled review meeting with the family, services will not be reauthorized for the next quarter.

Planning and Preparing for the Quarterly Visits

The service coordinator completes the planning phase for quarterly visits by:

- Scheduling the meeting.
- Sending out the 10-day prior written notice to everyone on the IFSP team. At a minimum, the notice must reach the family at least 11 days prior to the meeting date.
- Obtaining the direct service provider(s) IFSP Progress Reports
- Obtaining ED Team documentation
- Arrange for an interpreter (if necessary)

Responsibilities during the Quarterly Review Meeting

The service coordinator facilitates the review meetings. During the meeting, the service coordinator:

- Reviews Family Rights and Procedural Safeguards
- Completes the paperwork required for the quarterly visit
- Reviews progress towards outcomes; add new ones if appropriate
- Reviews appropriateness of services
- Reviews cost participation
- Reviews transition

-
- Completes authorizations for services for next quarter by completing the Changes to the IFSP form, State Form #51841, commonly referred to as a Change Page.
 - Completes meeting minutes – thorough minutes that include documentation that the above items were discussed as well as follow-up notes are necessary



Ask your supervisor for a copy of your SPOE's 10-day prior written notice for an IFSP meeting. You will submit a copy of this form with your Application Station exercises at the end of this module.

After the Quarterly Review Meeting

After the meeting has been held, the service coordinator is responsible for obtaining the physician's signature on the Changes to the IFSP form (commonly referred to as the Change Page) **only if new services were added or the existing services were increased.** If a physician's signature is needed, providers cannot begin services until the physician has signed the Change Page. If a new service was added or there was an increase in services, the 30-day start date will need to be documented by the service coordinator.

All quarterly review paperwork is processed and sent to all members of the IFSP team.

Documenting IFSP Service Changes

Every three months, direct service providers submit IFSP Progress Reports to the SPOE that documents the child's progress towards the outcome(s) identified for the provider to work on. The IFSP team reviews the child's outcomes and progress and assesses the appropriateness of the current level of services. As a result, the status of services may remain the same or changes may occur. These possible changes include the following:

- Continuation of Services
- Decreasing a frequency or intensity of service
- Terminating a service
- Increasing a frequency or intensity of service
- Adding a new service

All changes to the IFSP must be documented on a form called Changes to the IFSP (State Form 51841) (commonly referred to as the Change Page).

Continuation of Service

It may be determined that current services, frequency, and intensity are appropriate and that no changes are needed. This is called a continuation of service. No physician's signature is required or 30-day start date is needed. However, the Changes to the IFSP (State Form 51841) still needs to be completed to reauthorize services for the next three months.

Decreasing/Terminating Services

Implemented by the direct service provider: If the direct service provider determines that a decrease in or termination of service is necessary, he/she will document this in the IFSP Progress Report. All IFSP team members must be given copies of the IFSP Progress Report, and the service coordinator will facilitate and document the team discussion regarding this change in service. The service coordinator will document the discussion on the First Steps Documentation of Team Discussion (State Form 51928) and submit it with the originals discussed below.

If the IFSP team agrees that a decrease in services is appropriate, the service coordinator sends out a 10-day prior written notice to all team members and schedules a time to meet with the family.

At the meeting, the service coordinator once again reviews procedural safeguards, answers any questions the family might have, and completes the Changes to the IFSP form (State Form 51841). A physician's signature is not required for a decrease or termination in services.

If the IFSP team determines that termination of services is appropriate, the service coordinator meets with the family, reviews the procedural safeguards, completes the Changes to the IFSP form. The service coordinator also completes the part of the Transition Packet, the Exit Interview, obtains updated AEPS scores from the ED Team, and completes the Ongoing Record Termination form (State Form 52001).

The service coordinator copies and distributes the paperwork relating to the decrease or termination to the Provider Agency, the ED Team, and the family. The service coordinator sends all of the originals accompanied by the Service Change to the IFSP Checklist form (State Form 51921) to the SPOE for data entry.

Implemented by the family: Since First Steps is voluntary, families can always decrease or terminate First Steps services at any time without needing team approval. If the family chooses to decrease services, the service coordinator must complete the Changes to the IFSP (State Form 51841).

If the family decides to terminate services, the service coordinator must complete the Ongoing Record Termination form (State Form 52001), request updated AEPS scores, complete the Transition Packet, complete the exit interview and complete the Changes to the IFSP form (State Form 51841).

Increasing/Adding Services

The service coordinator will receive the IFSP Progress Report from the Provider Agency or the direct service provider, which contains the recommendation for increasing or adding a service. All members of the IFSP Team receive a copy of the report.

All team members must review the IFSP Progress report which contains the request to add or increase services and participate in a discussion about increasing or adding services. This discussion can be held via email or phone or in person. Once the team determines to move forward with the request for an increase or addition in services, the service coordinator will send the IFSP Progress report containing the request to the ED Team for review. The ED Team can support or deny the proposed changes.

If the ED Team supports the additional services:

1. The service coordinator meets with the family to review the ED Team's report and to discuss the proposed changes. The meeting can occur face-to-face, by telephone, or by electronic means. Team member input is documented by the service coordinator on the First Steps Documentation of Team Discussion, State Form 51928.
2. The IFSP team approves of the proposed additional services, the service coordinator sends a 10-day written, prior notice form to the family, completes the Changes to the IFSP form, which requires the signature of the parent and then sends it to the physician for signature.
3. Once the service coordinator receives the physician-signed Changes to the IFSP form, the service coordinator sends copies of the paperwork to the Provider Agency, ED Team, and family.

-
4. All documentation must be submitted to the SPOE for data entry using the cover page called Service Change to the IFSP Checklist (State Form 51921). All relevant documents listed on the checklist must be submitted at one time with the cover page on top.
 5. The service coordinator then tracks the 30-day start date.
 6. All services are written for a 3-month authorization period. The end dates will be the current authorization end date.

If the ED Team denies support of the additional services:

1. The service coordinator shares all pertinent information including the ED Team's written report with all members of the IFSP team.
2. The IFSP team, including the family, reviews the report and pertinent information and holds a meeting to discuss the information. This meeting can take place face-to-face, by telephone, or via electronic means.
3. If the IFSP team agrees with the ED Team's decision to deny the additional services, the service coordinator documents this.
4. If the IFSP team disagrees with the ED Team's decision to deny the additional services, the service coordinator should schedule a meeting to discuss the concerns and decisions made. A team decision must be made by consensus rather than by majority vote. The service coordinator must complete the same steps for this IFSP review meeting and evaluation as he/she would complete for an annual IFSP review meeting.

If the additional services are denied after the meeting:

1. the service coordinator reviews with the family the procedural safeguard which includes due process.

Assistive Technology

Assistive Technology

Assistive technology devices can range from "low-tech" to "high-tech" and are intended to help achieve the developmental outcomes established by the team as listed in the IFSP.

All clusters have a lending library of assistive technology equipment. Before direct service providers request an AT item, they should contact the

service coordinator to learn if the item may be available through the lending library to avoid duplication of equipment. If the State approves and pays more than 50 percent of the price of an assistive technology device (excluding custom fit items), the device becomes the property of the state and is added to the lending library once the item is no longer being used. Service coordinators and direct service providers are responsible for obtaining any equipment and submitting it to the lending library when it is no longer being used or when the child exits the program.

The IFSP team will discuss the need for Assistive Technology (AT). All recommendations will address how the use of AT will assist the child in achieving a stated outcome on the current IFSP. The state has published an Assistive Technology Approved List, which can be found at each cluster or on the following web site: www.firststeps.in.gov under the Forms link labeled Final Assistive Technology Policy and Form SF. **Effective 5/2010, Indiana no longer purchases orthotics items.**

AT items on the state approved list (excluding non-orthotic items) do not need prior approval for the first occurrence during the IFSP year. If an item is needed additional times during the same IFSP year, the service coordinator must obtain prior approval for the item.

AT items not on the state approved list need prior approval. Below is a summary of each team member's responsibility for completion of the assistive technology forms and prior authorizations if needed.

For assistive technology requests not requiring a prior approval (PA) from a Bureau Consultant:

The direct service provider:

- Completes and signs the Request for Assistive Technology (AT) (State Form 50881).
- Provides a written justification as to how the AT will assist the child in achieving an outcome on the current IFSP.
- Obtains a doctor's order for the AT request.
- Forwards all of the above to the Service Coordinator.

The service coordinator:

- Reviews the related outcome(s) on the IFSP to ensure the request is related to the achievement of a functional outcome.
- Completes the First Steps Documentation of Team Discussion (State Form 51928) to obtain consensus of agreement to the addition of the AT.

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- Signs and dates the bottom of the AT form if the team supports the request.
 - Provides the family with a 10-day prior written notice to support the change(s) in IFSP services.
 - Completes the Changes to the IFSP form with the parent obtaining the parent's signature to document their agreement to the addition in service. A physician's signature is not needed on the Change Page because the doctor's order has been obtained.
 - Submits the AT form, justification, prescription, change page, and 10-day prior written notice to the SPOE for data entry.

For assistive technology requests requiring a prior approval (PA) from a Bureau Consultant:

The direct service provider:

- Obtains a doctor's order.
- Provides a written justification as to how the request will assist in achieving an outcome on the current IFSP.
- Obtains two documented product quotes from approved First Steps vendors.
- Provides a HCPC code.
- Submits all of the above to the Service Coordinator.

The service coordinator:

- Reviews the related outcome(s) on the IFSP to ensure the request is related to the achievement of a functional outcome.
- Completes the First Steps Documentation of Team Discussion (State Form 51928) to obtain consensus of agreement to the addition of the AT.
- Completes and faxes a Prior Approval Request (State Form 51311) to the state Bureau Consultant. Fax Number: 317-234-3566.

If the PA is approved, the service coordinator:

- Provides the family with a 10-day prior written notice to support the change(s) to the IFSP services.
- Completes a Change in the IFSP with the parents to add AT to the IFSP – obtains parent's signature. A physician's signature is not needed on the Change Page because the doctor's order has been obtained.
- Submits the Prior Approval Request form granting approval, justification, prescription, and change page to the SPOE for data entry.

If the PA is pending, the service coordinator:

- May be asked by the Bureau Consultant to submit missing documentation or further clarification.
- May resubmit the PA to the Bureau Consultant for reconsideration based on additional documentation not submitted in the initial PA request.
- Notifies team and family of approval and follows the same steps as above when the PA is approved.



Go to www.firststeps.in.gov and print the Final Assistive Technology Policy and Form SF form, which can be found under the Forms link.

Assistive Technology Buyout Program

Indiana has a buyout program. Families who are transitioning out of the First Steps System and who wish to keep the AT item(s) purchased by the state for their children may purchase the equipment from the state before they leave the First Steps System. Detailed information on Indiana's AT Buyout Program can be found at www.firststeps.in.gov. Click on the link titled Policy and Oversight Information, then Policy Information, then AT Buyout Methodology.

Audiology

If the family and/or direct service provider feels a hearing evaluation is needed, the provider will contact the service coordinator. The service coordinator will submit this written request to the ED Team. If the ED Team determines an evaluation is warranted:

- The service coordinator gets signed consent from the parent:
 - First Steps Early Intervention System Documentation of Receipt of Rights/Consent to Proceed/Permission to Assess (State Form 51842)
- The service coordinator faxes to the Provider Agency:
 - referral information

The First Steps System has enrolled audiology providers who can perform the evaluation. The evaluation will be held at the audiologist's office because the evaluation equipment is non-transportable. The Provider Agency is responsible for submitting the referral to the audiologist.

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- The audiologist will contact the family to schedule the appointment, which must take place no more than 10 business days from the date of referral.
 - The audiologist completes and signs the Request for Authorization for Audiology Services (State Form 51930) and returns it along to the service coordinator.
 - The signed Request for Authorization form will be signed by the service coordinator who then submits it to the SPOE for data entry. The document serves as authorization to perform services.
 - The audiologist submits a report of findings of the evaluation (audiograms) to the service coordinator and physician, if requested.
 - The service coordinator faxes the audiologist's report and recommendations to the Provider Agency and ED Team.
 - The service coordinator has a team discussion to determine if the proposed audiology services should be implemented. If audiology services will be added, the team must review the current outcomes to make sure they support the audiology services. If they don't, a new outcome must be written. Documentation of this meeting must be made on the First Steps Documentation of Team Discussion (State Form 51928).
 - After the IFSP team determines that audiology services should be implemented, the service coordinator
 - Sends out a 10-day prior, written notice to the family notifying them when the services will begin.
 - Completes the Changes to the IFSP (State Form 51841) obtaining parent and physician signature.
 - Completes the Service Change to the IFSP checklist (State Form 51921).
 - Sends the following documents to the data entry person at the SPOE
 - outcomes page to support the additional service
 - Documentation of Team Discussion
 - Changes to the IFSP form
 - Service Change to the IFSP Checklist
 - Signed Request for Authorization for Audiology Services
 - Audiologist's report
 - Audiologist's recommendations
 - 10-day prior, written notice

1st Quarter Activities (3-Month Authorization)

- Service coordinators must verify that services started within the designated timelines as follows:
 1. Initial IFSP – all services written in the IFSP must start within 30 calendar days of the parent’s signature on the IFSP.
 2. Annual IFSP – all services written in the IFSP must start within 30 calendar days of the annual IFSP date.
- Service coordinators must meet face-to-face with the family once a quarter. During this meeting, the service coordinator will
 1. Review the IFSP Progress Reports
 2. Review the frequency and intensity of services with the IFSP Team
 3. Review Cost Participation
 4. Complete a Change Page to reflect the decision of the IFSP team regarding the child’s services for the next three months.

6-Month Review (held within the 2nd Quarter)

Compliance with federal law requires that every IFSP must be reviewed every six months. The service coordinator is responsible for scheduling the 6-Month Review, assisting the family with identifying who will attend the IFSP review meeting, (if needed) arranging an interpreter, and obtaining IFSP progress reports from the direct service providers. This meeting also constitutes the 2nd quarterly visit.

Planning and scheduling for this meeting must occur before the IFSP enters into its sixth month. This allows the family time to receive notice of the scheduled meeting. In Indiana, families must receive a 10-day, written prior notice. At a minimum, the notice must reach the family at least 11 days prior to the meeting date.

3rd Quarterly Home Visit

The 3rd quarterly home visit is used to prepare for the annual IFSP review/eligibility re-determination meeting. Best practice states that the 3rd quarterly home visit should be completed in the 9th month of services. The service coordinator should complete the following steps to prepare for this review:

Prior to the visit: Since the service coordinator will be updating family cost participation information at this visit, it is best for the service

coordinator to have the family gather supporting documentation before the home visit. Many service coordinators will call the family to let them know to have copies of three (3) most current consecutive paycheck stubs available at the meeting as well as their current insurance card. If the family is unable to provide copies of three (3) consecutive paycheck stubs, please discuss the issue with your supervisor.

During the visit: The first part of the visit should focus on the parent(s). Ask them about the progress of their child. Ask them if they have any issues or concerns that need to be addressed. Ask them if any changes have occurred to the family.

Since services are authorized for a 3-month period, the service coordinator must complete a Change Page to re-authorize services for the next three months.

Once the service coordinator has spoken with the family and addressed all issues and concerns, the rest of the visit will be spent on preparing for the annual eligibility re-determination/IFSP review.

1. **Review** the Families Always Have Rights and A Family's Guide through Procedural Safeguards documents with the family and answer any questions that are posed. Have family sign First Steps Early Intervention System Documentation of Receipt of Rights/Consent to Proceed/Permission to Assess (State Form 51842). This form will be needed for the ED Team to do the evaluation to re-determine eligibility.
2. **Ask** the family about plans being made for transition from the First Steps System. Discuss any concerns or issues they might have.
3. **Update** the family's cost participation information.
4. **Complete** the Family Information Update form (State Form 51358). Information from the cost participation form will be used to complete the Family Update Form. Both the parent and service coordinator must sign the completed form.
5. **Complete** the Private Medical Insurance Supplement form (State Form 51309). The information to complete the form can be taken from the family's insurance card. Make a copy of both the front and back of the insurance card.
6. **Complete** the First Steps Cost Participation Expenses Worksheet (State Form 51359) with the family, collect all supporting documentation, and have the family sign the form. The service coordinator will sign the form as well. Send this information to the SPOE for data entry.

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7. **Obtain** parent signature on First Steps Private Medical Insurance Consent (State Form 51308). This allows the First Steps System to have access to the family's personal health insurance information.
 - a. If families do not want the First Steps System to have access to their personal insurance information, they can obtain entitlement services only
 - b. Families who are experiencing a financial or insurance hardship can apply for an administrative review.

 8. **Obtain** all new consents:
 - a. Authorization for the Collection of Information (State Form 49006).
 - b. Maternal Child Health Services/Hoosier Healthwise/First Steps Early Intervention System/Children's Special Health Care Services Consent to Release and Share Medical Information (also called State Form 49006) – good for 60 days to collect medical information to determine if child is eligible for services.
 - c. General Reciprocal Consent to Release and Share Information (State Form 51675)
 - d. Provider Reciprocal Consent to Release and Share Information (State Form 47960)

 9. **Schedule** an Eligibility/IFSP Annual Review meeting with the family – to be held 30 days prior to the annual IFSP due date. Following the visit, the service coordinator sends the 10-day, prior written notice to the family confirming the Eligibility Re-Determination/IFSP Review meeting.

Between the 3rd Quarterly Visit and the Annual IFSP Review

Preparing for the annual redetermination of eligibility and annual IFSP meeting requires thoughtful planning on the part of the service coordinator. Service coordinators are encouraged to seek guidance from their supervisor or mentor before facilitating their first annual eligibility/IFSP Review meeting.

Once the service coordinator has spoken with the family, completed the forms listed under the 3rd Quarterly Home Visits section and scheduled the eligibility/IFSP meeting with the family, the service coordinator is ready to request an evaluation by the ED Team. Ideally, the evaluation will be completed 30-45 days before the IFSP due date.

Each SPOE has its own referral for evaluation form to be completed so that the ED Team scheduler knows to contact the family to schedule the annual eligibility evaluations. Service coordinators will complete the referral form and send it to their ED Team scheduler along with a signed copy of the family's permission to evaluate. The ED Team scheduler will contact the family to schedule the evaluation for re-determination of eligibility.

At the same time that the service coordinator sends the request for evaluation, he/she must send the Physician's Health Summary to the child's physician to get updated health information about the child and updated ICD-9 codes. The physician must sign the form containing the updated information and return it to the service coordinator.

The ED Team completes the evaluation and sends its report to the service coordinator. The service coordinator then copies the ED Team report and signed copy of the Physician's Health Summary and sends them to all members of the IFSP team.

A chart summarizing the steps the service coordinator must take during the 3rd quarterly home visit and before the annual eligibility/IFSP review meeting is provided below.

| | |
|--|---|
| <p>Service Coordinator meets with family prior to Annual Eligibility/IFSP Review meeting</p> | <ul style="list-style-type: none"> • Contact ED Team scheduler to schedule evaluations • Contact interpreter if needed • Discuss with family any new concerns • Review Families Always Have Rights document and A Family's Guide through Procedural Safeguards booklet with family • Obtain new consent forms (signed) <ul style="list-style-type: none"> ○ Authorization for the Collection of Information ○ General Reciprocal Consent to Release and Share Information ○ Provider Reciprocal Consent to Release and Share Information ○ Maternal Child Health Services/Hoosier Healthwise/First Steps Early Intervention System/Children's Special Health Care Services Consent to Release and Share Medical Information |
|--|---|

| | |
|--|---|
| | <ul style="list-style-type: none"> • Complete Family Information Update form • Complete Physician Health Summary form • Complete Cost Participation and Insurance forms • Schedule the Eligibility/IFSP meeting • Complete and send 10-day, prior written notice • Send all evaluations/assessments to IFSP members • Prepare Agenda |
|--|---|

Eligibility/IFSP Annual Review Meeting

The same process that was followed during the initial eligibility meeting will be followed at the annual eligibility meeting.

Eligibility Determination Meeting Agenda

A basic agenda for the eligibility meeting includes explaining the purpose of the meeting, discussing procedural safeguards, reviewing the child's present level of performance, and determining eligibility. Service coordinators should follow the agenda below when conducting an eligibility meeting:

- Service coordinator briefly discusses intent of the meeting:
 - To discuss the child's potential eligibility
 - To discuss the information from the ED Team assessment activity
 - To insure the family understands its rights and responsibilities
- Evaluation reports are discussed.
- Eligibility is discussed – is the child eligible? how is the child eligible? Is the child in need of First Steps services? Utilize Section Three (3) of the IFSP.



First, eligibility is discussed. If a child is found eligible for First Steps, the service coordinator will complete the First Steps Part C Eligibility Determination Statement (State Form 50054) and identify the two disciplines administering the state approved assessment tool by completing the final section on the Eligibility Determination Statement. This verifies that the procedural safeguard requiring that the multidisciplinary team consisted of professionals from two different disciplines was followed. Minutes of

this meeting are to be recorded on the Request for Authorization/Meeting Minutes (State Form 51839).



The family and service coordinator must sign the Eligibility Determination Statement. The service coordinator can document participation for all other team members who are not present by writing "Per Report" for their signatures.

If the child is determined not eligible at this time, the service coordinator must complete the First Steps Part C Eligibility Determination Statement (State Form 50054). The service coordinator discusses transition options for the family, documents this discussion on the Individualized Family Transition Plan, and completes the exit interview at this meeting. Minutes of this meeting are to be recorded on the Request for Authorization/Meeting Minutes (State Form 51839) and copies sent to the SPOE.

IFSP Annual Review Meeting

Once the annual Eligibility Form has been signed by all members of the team, the IFSP team is ready to write an annual IFSP for the child. A chart is provided below describing what takes place at the IFSP meeting and what forms are needed.

| | |
|-----------------------------------|---|
| At the Annual IFSP Review Meeting | <ul style="list-style-type: none"> • Service coordinator facilitates meeting • Provide any information that family requested • Writes the IFSP • Complete Request for Authorization/Meeting Minutes |
|-----------------------------------|---|

After the Eligibility/IFSP Review Meeting

Physician's Signature: The service coordinator must obtain the physician's signature on the IFSP prior to the expiration of the current IFSP date. This ensures that a lapse in services does not occur. Once the document is signed, the service coordinator will copy and distribute all IFSP paperwork to the team members.

Annual IFSP Checklist: This document is required to be submitted with an annual IFSP packet. The service coordinator is responsible for ensuring all documents on the list are attached and submitted to the SPOE for

processing. The SPOE cannot process an annual IFSP without all of the information listed on the checklist.

Documentation

One of the main components of the service coordinator's job is documentation. So important is documentation that the state team has the following saying: "If it isn't documented, it didn't happen."

Service coordinators are required to complete log notes on each child on their caseload. The notes tell the story of the services and support the service coordinators have provided for the children and their families as well as the progress the children have made. It is important that every contact (letters, phone calls, emails, visits, etc) with the child and/or family or every contact on behalf of the child and/or family be documented. The notes should be written objectively, factually, and non-judgmentally. Impressions, unrelated personal information, and comments from third parties should be omitted. Listed below are basic elements that must be included in documentation, the basic characteristics of good notes, and the items to document:

Basic Elements:

| | |
|--|--|
| <ul style="list-style-type: none"> Name of recipient and date of birth Full names and titles Location of services Date of entry for each entry | <ul style="list-style-type: none"> Description of activity and service coordinator's follow up Signature and title of service provider – individual entries must be signed or initialed by the service coordinator |
|--|--|

Characteristics of good notes:

| | |
|---|--|
| <ul style="list-style-type: none"> Entry is legible No lines are left blank between entries Late entries are identified with "Late Entry" People discussed are identified Notes are grammatically clear and correct Clichés are avoided | <ul style="list-style-type: none"> Use blue or black ink Errors are noted with a single line through and initialed No white or black out of words Limit the use of abbreviations If abbreviations are used, use of abbreviations are identified Use precise language – i.e. use prefer instead of has a preference for; use please instead of I would appreciate it if |
|---|--|

Items to document:

| | |
|--|--|
| <ul style="list-style-type: none"> Telephone messages received or | <ul style="list-style-type: none"> Discussions or interactions with |
|--|--|

| | |
|---|--|
| <p>left</p> <ul style="list-style-type: none"> • Instructions to family • Discussions about procedural safeguards • Discussions about cost participation | <p>family members relevant to IFSP or IFSP planning</p> <ul style="list-style-type: none"> • Discussions or interactions with provider relevant to child or IFSP planning • Summary of visits with <ul style="list-style-type: none"> ○ Families ○ Providers ○ Community agencies or resources |
|---|--|

Service coordinators must remember that documentation is part of their job, not an afterthought. They should block out time during their work day for documentation. Some service coordinators leave themselves voice mail messages containing the information they want to put in notes or as a reminder to document.

The original log notes (not copies of) become part of the child's EI record. They may be reviewed by the family and, if legal issues arise, they can be subpoenaed by the courts.

When families share with service coordinators concerns that they do not want to share with the rest of the team, the service coordinator needs to decide how to handle this information. The service coordinator wants to build trust with the family. However, if the information affects the child's development and would be helpful for other team members to know, service coordinators should encourage the family to share this information or ask if they may. If the family requests the information to remain confidential, the log notes might simply indicate that the family discussed a family situation or the service coordinator agreed to locate some resources outside of early intervention services.

Each SPOE has its own forms and requirements for log notes. Service coordinators should ask their supervisors to explain the SPOE's procedures and forms for log notes.

Early Intervention Record

As mentioned in Module 3, the service coordinator is responsible for ensuring that all appropriate documentation is in the child's early intervention (EI) record. Therefore, it is important to revisit this concept at the end of the service coordination modules. Please refer to the list of items

to be included in the child's early intervention record that were mentioned in Module 3 on page 11.

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.

Family Moves out of Cluster or State

In order to provide a smooth transition for families who are moving within the state of Indiana but into a different cluster, the service coordinator should complete the following activities:

- Give families information about the new Cluster SPOE – contact information, address, matrices for the SPOE.
- Contact the new Cluster SPOE to let them know the family is moving to the cluster.
- Complete the Documentation of Child Transfer to Another County (State Form 52000).
- Send the child's EI file to the new Cluster SPOE

If the family moves out of state, service coordinators should complete the following activities:

- Obtain information about the new state's early intervention program and share it with the family.
- Inform families of different eligibility definitions in the new state (if applicable).
- Contact the new state's early intervention referral point to let them know a new family is moving into their area.
- Copy and send information as needed, with consent.
- Complete the Ongoing Record Termination form (State Form 52001) and complete the exit interview.

Reporting Suspected Child Abuse

Reporting suspected abuse or neglect – all states have statutes identifying mandatory reporters of child maltreatment. A mandatory reporter is a person who is required by law to make a report of child maltreatment under specific circumstances. Indiana is one of approximately 18 states that requires **all citizens** to report suspected maltreatment of children.

Suspected maltreatment of a child/children can be called into Indiana's toll free number – 1-800-800-5556. Indiana requires the reporter to provide his/her name and contact information. However, Indiana law does have provisions in statute to maintain the confidentiality of abuse and neglect records. The person who suspects or has reason to believe maltreatment is occurring must be the one to place the call, not his/her supervisor.

For detailed information about Indiana's child protection laws including definitions of abuse and neglect, identifying child abuse and neglect and reporting standards, visit Indiana's Department of Child Services website at <http://www.in.gov/dcs/protection>. Click on the link on the left hand side entitled Child Protective Services.

Strategies for Organizing the Job

Organizational skills have an important impact on how service coordinators use their time and manage their paperwork and record keeping. They should develop time management strategies in a way that work best for them. Below are some helpful hints for organizing paperwork:

1. Keep resources handy that are used repeatedly, such as brochures or descriptions of the First Steps System, services, procedures, family rights, and procedural safeguards.
2. Other frequently used informational handouts might include a one-page listing of area health, education, and social services telephone numbers and addresses. Some programs have put together a packet of information for each family in their program. The packet can be individualized based on the family's concerns and priorities.
3. Put together a transition packet for families. The packet can also contain service coordinator timelines and activities during transition.
4. Develop categories of paperwork based on what is generally done on the job. These categories can serve as the headings for dividers

- in a filing system and for the file folders that contain the paperwork. Some categories to consider are:
- a. Intake
 - b. 10-day notices
 - c. Physician letters
 - d. Travel
 - e. IFSP
 - f. Family Interview
5. Develop a standardized letter, agenda, or memo on your computer. This can be personalized for each family member.
 6. Keep track of current phone and fax numbers and addresses.
 7. Keep a directory of parents, providers, agencies, and other resources.
 8. Shred all unneeded paperwork. When you read it over the first time, make a decision to keep it or throw it away.

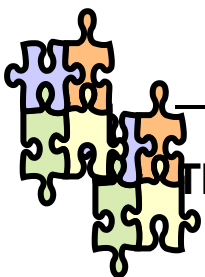
Summary

Module 6 focused on the day-to-day activities of a service coordinator and the documentation and timelines that accompany these activities.

Please complete the activities in the Application Station section of this module.

Reference List

Viehweg, S., Ballard, J., & Downer, D. *Eligibility determination team manual*. Indiana First Steps.



The Application Station... Connecting all the puzzle pieces

Service Coordination Module 6 Assignments

Newly Hired 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. List the elements of good documentation. Use the form titled Elements of Good Documentation, which is on page 32.
2. **Submit a signed copy** of the Attestation Statement (page 31)

B. Ongoing Service Coordinator Application Station Exercises

1. List the elements of good documentation. Use the form titled Elements of Good Documentation, which is on page 32.
2. Observe the following meetings:
 - a. one 6-Month (2nd Quarter) Review meeting
 - b. one 3rd Quarterly visit,
 - c. one Annual Eligibility/IFSP meeting.

Document your observations and questions on the forms provided on the following pages. **Submit your observations** as part of the requirements for Module 6 Application Station exercises

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

C. Blended Service Coordinator Application Station Exercises

1. List the elements of good documentation. Use the form titled Elements of Good Documentation, which is on page 32.
2. Observe the following meetings:
 - a. one 6-Month (2nd Quarter) Review meeting
 - b. one 3rd Quarterly visit,
 - c. one Annual Eligibility/IFSP meeting.

Document your observations and questions on the forms provided on the following pages. **Submit your observations** as part of the requirements for Module 6 Application Station exercises

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

Service Coordination Orientation
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.

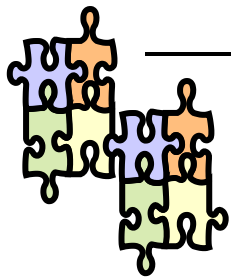
Service Coordinator signature: _____

Service Coordinator Supervisor signature: _____

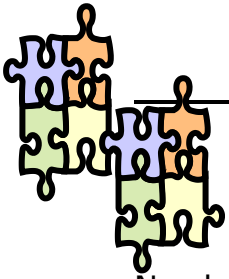
Date _____

UTS/ProKids Office Only: Date received _____ Initials _____
Sc101 Module 6

Cluster Supervisor Comments:



Elements of Good Documentation



6-Month (2nd Quarter) Review Meeting Observation

Newly Hired SC Name: _____

Cluster Letter: _____

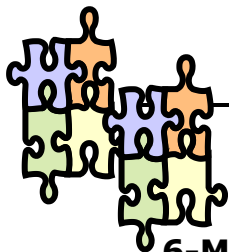
Date of Observation: _____

Print name of Service Coordinator you shadowed:

Service Coordinator's Signature: _____

6-Month (2nd Quarter) Review Meeting Observation:

1. Write a description of the meeting observed. Identify specific activities that occurred during the meeting about the following: family rights review, discussion of child's progress and any areas of concern, any changes in intensity or frequency of services, transition outcome review, cost participation review:

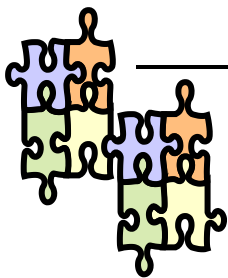


6-Month (2nd Quarter) Review Meeting Observation (continued)

Newly Hired SC Name: _____

2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.



(3rd Quarter) Meeting Observation

Newly Hired SC Name: _____

Cluster Letter: _____

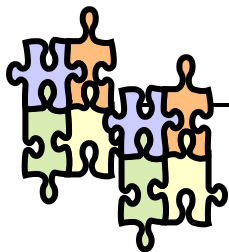
Date of Observation: _____

Print name of Service Coordinator you shadowed:

Service Coordinator's Signature: _____

3rd Quarter Meeting Observation:

1. Write a description of the meeting observed. Identify specific activities that occurred during the meeting about the following: family rights review, discussion of child's progress and any areas of concern, any changes in intensity or frequency of services, transition outcome review, cost participation review, updating cost participation forms, updating all paperwork needed for annual eligibility determination process:

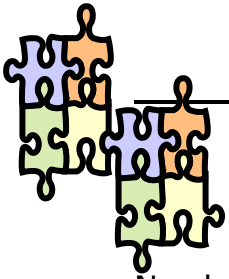


3rd Quarter Meeting Observation (continued)

Newly Hired SC Name: _____

2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.



Annual IFSP Meeting Observation

Newly Hired SC Name: _____

Cluster Letter: _____

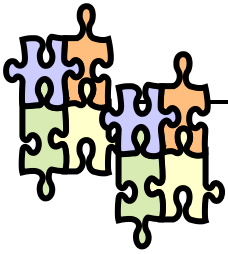
Date of Observation: _____

Print name of Service Coordinator you shadowed:

Service Coordinator's Signature: _____

Annual IFSP Meeting Observation:

1. Write a description of the meeting observed. Identify specific activities that occurred during the meeting about the following: procedural safeguard review, review of AEPS and discussion of eligibility determination, cost participation review, discussion around and writing of family outcomes (did it incorporate family's concern for the child, the family's priorities, and the family's resources), discussion around the transition outcome and discussion about types of services, including frequency and intensity:



Annual IFSP Meeting Observation (continued)

Newly Hired SC Name: _____

2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.