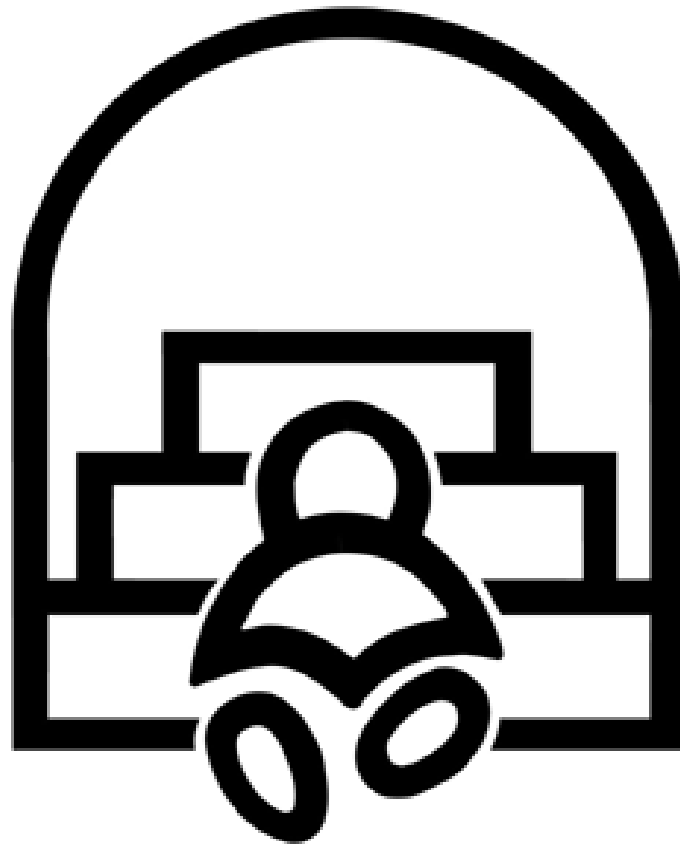


Indiana's Early Intervention System



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 ongoing 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 ongoing 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 intake coordinator and ongoing service coordinator are held accountable.



Pathway to Early Intervention Services

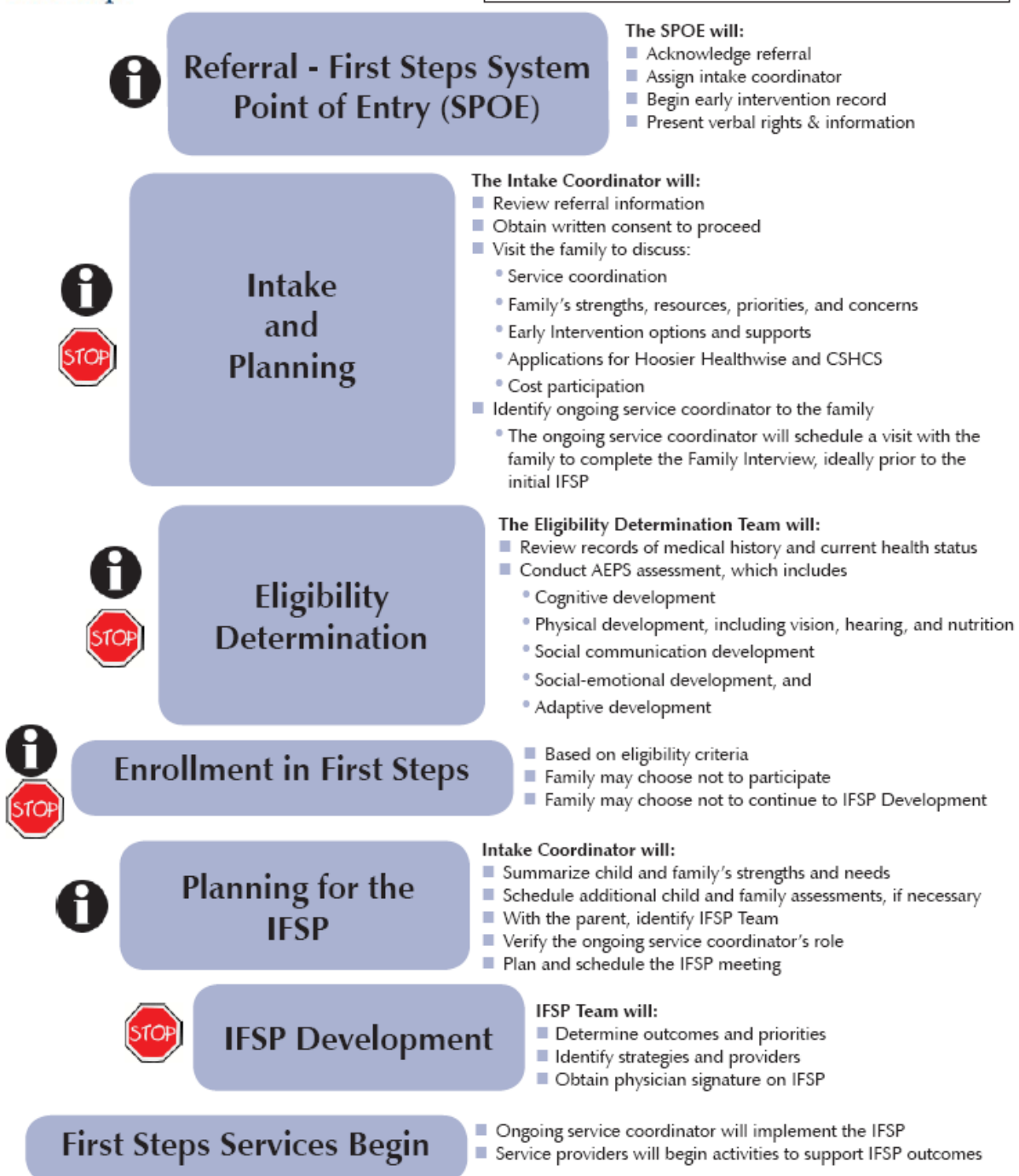
Symbols Key



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 ongoing 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, ongoing 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 ongoing 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 ongoing 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. Ongoing service coordinators can also provide support to families when they experience unexpected events.

Providing support does not mean that the ongoing 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 at hand.
- Visit the family to assist them in resolving the issue or concern.
- Visit the child/family in the hospital.
- Revisit the IFSP based on the new information at hand.
- Communicate to other team members regarding changes that might occur.

Having ongoing contact with the IFSP team members allows the ongoing 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 ongoing 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 ongoing service coordinator to ensure that all timelines of the First Steps System are met and to communicate these timelines to the families and direct service providers. For example, the IFSP must be reviewed in 6 months of the date of the original IFSP. Therefore, the ongoing service coordinator can create a tickler system to remind him/her of the approaching 6-month review date and contact all IFSP team members to set the date for the review and send out the required 10-day prior written notice to the family before the review.

In reality, a service coordinator's job is that of planning. They are always planning for the next First Steps activities. This planning is the main technique that service coordinators can use to ensure the family's concerns, resources, and priorities are met in the First Steps System.

Ongoing service coordinators have two resources that can help them with their planning. One is a timeline that provides an outline of all of the activities that need to occur from the initial IFSP until the child ages out of First Steps. The dates are based on a child who has a birthday of July 23, 2004 and whose initial IFSP was written on March 15, 2005.



Print the timeline for Baby Jane Smith. This document shows all of the timelines for which the ongoing service coordinator is responsible.

Another helpful tool for coordinators to assist them in their planning is provided by FSSA on their website.



Go to www.firststeps.in.gov. Click on System Point of Entry and Local Planning and Coordinating Council, then click on Service Coordination, then click on Transition and/or Quarterly Tracking Tool to view the tracking tool provided by FSSA. This is a great tool that can assist service coordinators in their planning to meet the mandated timelines. Service coordinators can simply plug in the child's name and birthday and have instant access to dates when certain timelines are due.

Changing Providers/Service Coordinators

What does the ongoing service coordinator do if the family requests a different provider or service coordinator? Sometimes the “fit” between the professionals and the family is not the best. If the family requests a new provider, the ongoing service coordinator must first talk with the family to discuss the concerns and issues and see if they can be resolved between the family and provider. If no resolution is possible, the ongoing service coordinator assists the family in selecting a new provider by presenting to the family the matrices of enrolled providers. Once the family chooses a new provider, the service coordinator:

- Contacts the existing provider(s) to let him/her know that the family has chosen a new provider and that contact and services with the family must be discontinued immediately.
- Contacts the newly chosen provider(s) to inform him/her of a new client and when services can begin.
- Completes the Changes to the IFSP form (State Form 51841) and send it to the SPOE and all other team members.

Families can also request new service coordinators. To do so, they must contact the SPOE. Each SPOE determines who works to resolve the issues and concerns the family has. In some SPOEs, the SPOE supervisor works with the family to create a resolution. In other SPOEs, the service coordinator supervisor works toward the resolution. In any situation, if a resolution cannot be achieved, the service coordinator must immediately discontinue contact and services with the family, and the SPOE assigns a new service coordinator.

When the inaccurate fit results in a change, it is important for service coordinators to act professionally. They are encouraged to set aside their feelings and recognize that what is best for the family is a smooth transition with a new service coordinator. They must avoid making any comments or displaying actions that might be construed as sabotage of the new situation. They are encouraged to take care of themselves during the transition and process their feelings about the situation with their supervisor if necessary.

1st Quarterly Home Visit

Ongoing service coordinators are required to have a face-to-face meeting with the family at least once a quarter. If the ongoing service coordinator attended the initial IFSP meeting, this qualifies as their visit for the first quarter. However, the ongoing service coordinator must call the family to assess services. If the ongoing service coordinator did not attend

the initial IFSP meeting, then he/she must have a face-to-face visit with the family within the first quarter. This visit must happen based on the date of the IFSP. For example, if the IFSP was written on June 20, the first quarterly home visit must happen by September 20.

At the annual IFSP review, however, the IFSP meeting does not count as the first quarterly home visit. Therefore, service coordinators must have a first quarter home visit with the family within the first three months of the anticipated start date of the annual IFSP.

Providing Family Support

During the first quarterly home visit, the ongoing service coordinators continue to build relationships with their families and to provide support and encouragement for their families. To do so, ongoing 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.)

Preparing for the 6-Month IFSP Review

The 1st quarterly home visit is also used to prepare for the upcoming 6-month IFSP review. Compliance with federal law requires that every IFSP must be reviewed by the six month of the initial IFSP date. For example, if the initial IFSP date was January 20, 2008, the six-month review must be completed by July 20, 2008. The ongoing service coordinator is responsible for scheduling the meeting, notifying the IFSP team of this meeting, and obtaining IFSP progress reports from the direct service providers. This meeting also constitutes the 2nd quarterly home visit.

Planning and scheduling for this meeting must occur before the IFSP enters into its sixth month because families must receive a 10-day, prior written notice of the meeting. Therefore, the notice must reach the family at least 11 days prior to the meeting date.

All IFSP Team members (parents, providers, ED Team members, and ongoing service coordinators) should be invited to the meeting and should plan to attend. The ongoing service coordinator is responsible for arranging interpreters or surrogate parents if needed.

Each SPOE has its own form to be completed during the first quarterly home visit. Space is allowed on the form for comments and follow-up notes. The form will be signed and dated by both the parent and service coordinator.



1. Ask your supervisor for a copy of your SPOE's First Quarter Home Visit form. You will submit a copy of this form with your Application Station exercises at the end of this module.
2. 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.

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 to the ongoing service coordinator at the beginning of the 3rd, 5th, 9th, and 11th months of the IFSP. These dates are determined by the date the IFSP was written.

Prior to the six-month IFSP review meeting, the ongoing service coordinator must send the direct service provider's five-month report to the ED Team. The ED Team will review the reports, make comments, and send the reports and comments back to the ongoing service coordinator, who then brings them to the meeting.

The ongoing service coordinator is also responsible for obtaining and sending any other documentation and/or reports to all IFSP team members before the meeting so that everyone who attends is informed.

Shadowing Direct Service Providers

Because the ongoing service coordinators facilitate all aspects of the family's IFSP, ongoing service coordinators are encouraged to observe the therapy sessions during the first quarter of the child's program of services. By doing so, the ongoing service coordinator can learn about the child's

diagnosis and develop a relationship with other members of the child's IFSP team.

Six-month IFSP Review

IFSP Six-Month Review Meeting

As mentioned in the 1st Quarterly Home Visit section, the ongoing service coordinator completes the planning phase for the 6-month IFSP review by:

- scheduling the meeting.
- Sending out the 10-day prior written notice to everyone on the IFSP team
- obtaining feedback from the ED Team

The ongoing service coordinator facilitates the 6-month IFSP review meeting. During the meeting, the service coordinator:

- Reviews Family Rights and Procedural Safeguards
- Completes the six-month packet of forms
 - 6 Month IFSP Review Cover Sheet
 - Outcome Review
 - Request for Authorization/Meeting Minutes
 - Family Information Update (if necessary)
- Reviews progress towards outcomes; add new ones if appropriate
- Reviews appropriateness of services
- Reviews cost participation
- Reviews transition
- Completes meeting minutes – thorough minutes that include documentation that the above items were discussed as well as follow-up notes are necessary

After the IFSP Six-Month Review Meeting

After the meeting has been held, the ongoing service coordinator is responsible for obtaining the physician's signature on the Changes to the IFSP form.

The ongoing service coordinator sends copies of the physician signed Changes to the IFSP form to everyone on the team. Providers cannot begin services until the physician has signed the change page.

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 ongoing service coordinator should complete the following steps to prepare for this review:

Prior to the visit: Since the ongoing 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 ongoing service coordinators will call the family to let them know to have their current pay check stubs or updated income verification information available at the meeting as well as their current insurance card.

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.

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 IFSP review/eligibility re-determination.

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 First Steps Cost Participation Expenses Worksheet (State Form 51359) with the family, collect all supporting documentation, and have the family sign the form. The ongoing service coordinator will sign the form as well. Send this information to the SPOE for data entry.
5. **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.

6. **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.
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
 - i. opt to participate in First Steps at the highest co-pay level, which is referred to as the full fee option.
 - ii. Receive 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 prior to the annual IFSP date.
10. **Send** the 10-day, prior written notice to the family confirming the Eligibility Re-Determination/IFSP Review meeting.

Between the 3rd Quarterly Home Visit and the Annual IFSP Review

Preparing for the annual IFSP Annual Review/Eligibility Re-determination meeting requires thoughtful planning on the part of the ongoing service coordinator. Ongoing service coordinators are encouraged to seek guidance from their supervisor or mentor before facilitating their first annual eligibility/IFSP Review process. Listed below are the activities that

need to be completed before the annual IFSP meeting to ensure all timelines are met.

Once the ongoing 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 annual IFSP 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. Ongoing service coordinators are to complete the referral form and send it to their ED Team scheduler along with the signed copy of the family's permission to assess. The ED Team scheduler will then send the completed forms to the ED Team.

At the same time that the ongoing service coordinator sends the request for evaluation, he/she must send the Physician's Health Summary to the child's physician to get an updated, signed copy of the summary.

The ED Team completes the evaluation and sends its report to the ongoing 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 ongoing service coordinator must take during the 3rd quarterly home visit and before the annual eligibility/IFSP review meeting is provided below.

<p>Ongoing 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
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	<ul style="list-style-type: none"> ○ Maternal Child Health Services/Hoosier Healthwise/First Steps Early Intervention System/Children's Special Health Care Services Consent to Release and Share Medical Information ● Complete Family Information Update form ● Obtain 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
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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 of 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:

- Introductions of all attendees, first and last name and area of discipline, lead by ongoing service coordinator
- Ongoing 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
- Entire report is discussed by the ED Team member. ED Team member summarizes what he/she saw during the assessment activity – family has opportunity to ask questions.

- Eligibility is discussed – is the child eligible; how is child eligible? Is the child in need of First Steps services? Utilize Section Three (3) of the IFSP.



Eligibility is discussed by all attendees. If a child is found eligible for First Steps, the ongoing service coordinator will complete the First Steps Part C Eligibility Determination Statement (State Form 50054) and provide a list at the bottom of the form of everyone who was involved in determining the child's eligibility (which must include the family, the service coordinator, and the two ED Team members from two different disciplines).



The family must sign the Eligibility Determination Statement as well as the ongoing service coordinator and all other team members. If the physician and ED Team members are not present, the service coordinator can write "Per Report" in the area for their signatures.

The ongoing service coordinator must identify the two disciplines administering the state approved assessment tool by completing the final section on the Eligibility Determination Statement. At the bottom of the Eligibility Statement is an area that asks for 1st Discipline and 2nd Discipline to be completed. 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) and copies sent to the SPOE.

If the child is determined not eligible at this time, the ongoing service coordinator must complete the First Steps Part C Eligibility Determination Statement (State Form 50054). The ongoing service coordinator discusses transition options for the family as well as 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 Development

Once the Eligibility Form has been signed by all members of the team, the IFSP team is ready to write its 2nd 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 Eligibility/IFSP Review Meeting	<ul style="list-style-type: none"> • Ongoing service coordinator facilitates meeting • Review <u>Families Always Have Rights and A Family's Guide through Procedural Safeguards</u> • Provide any information that family requested • Complete forms: <ul style="list-style-type: none"> ○ Eligibility Determination Statement ○ IFSP ○ Computer generated Cost Participation form showing the family's co-pay • Complete Request for Authorization/Meeting Minutes* • Complete Request for Authorization for Eligibility Determination (ED) Team set up for length of IFSP (each SPOE has its own form)
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*It is imperative that service coordinators submit provider's financial authorizations for data entry in a timely manner. Direct service providers are required to submit their billing within 60 days of service. If this does not occur, the provider may be denied payment by the CRO.

After the Eligibility/IFSP Review Meeting

Physician's Signature: The ongoing service coordinator must obtain the physician's signature on the IFSP within 10 days of the parent's signature because services cannot begin without this signature. Once the document is signed, the service coordinator will copy and distribute all IFSP paperwork to the team members.

SPOE Documentation: The documentation required to be submitted with an annual IFSP is listed on the State Form 51919, Annual IFSP Checklist. The ongoing service coordinator is responsible for ensuring all documents on the list are attached to the list and sent to the SPOE for processing. The SPOE cannot process an annual IFSP without all of the information listed on the checklist.

Changes to the IFSP

The ongoing service coordinator is responsible for monitoring the IFSP and service delivery to ensure that the needs of the child and family are being met. As the needs of the child and family change, it is the job of the ongoing service coordinator to facilitate discussion among the IFSP team on how to meet the family's needs. Just as the initial IFSP is a multidisciplinary process, all changes to the IFSP must also represent the decision of a multidisciplinary team, which includes the family (Viehweg).

In addition to changing a direct service provider or service coordinator as mentioned previously, other changes to the IFSP can occur and each must be documented on a form called Changes to the IFSP (State Form 51841). The other changes are as follows:

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

Changes to the IFSP can occur at anytime. However, to minimize meetings for the families and service coordinators, the BCDS has requested, if appropriate, that changes be completed at the next natural meeting with the family. However, if this is not appropriate for the child and family, the ongoing service coordinator must begin the change page process. Each type of change and the process to implement each change is discussed on the following pages.

Adding A New Service

During the course of providing services, direct service providers may sometimes determine that additional services should be considered before the scheduled IFSP reviews take place to ensure children meet their outcomes. When this occurs, direct service providers are responsible for initiating the change process to request a change to the authorized services listed on the IFSP. The process is as follows:

1. The direct service provider completes the Request for Change or Addition in Service with ED Team Response form (hereafter referred to as Request for Change form) and submits it to the service coordinator who is coordinating the care for the child.
2. The ongoing service coordinator then reviews the Request for Change form to verify its completeness and signs the form. Once the form is completed and signed, the ongoing service coordinator sends it to the lead ED Team member.
3. The lead ED Team member reviews the proposed changes and responds in writing to the ongoing service coordinator within 5 working days. The ED Team can either support or deny support of the proposed changes.

If the ED Team supports the additional services:

1. The multidisciplinary IFSP team then meets with the family to review the lead ED Team member'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 ongoing service coordinator on the First Steps Documentation of Team Discussion, State Form 51928.

2. If the IFSP team approves of the proposed additional services, the ongoing service coordinator completes the Changes to the IFSP form and acquires the signature of the family members and then sends it to the physician for signature.
3. Once the ongoing service coordinator receives the physician-signed Changes to the IFSP form, the coordinator sends a 10-day prior written notice to notify the family and direct service provider(s) when the new services are authorized to begin.
4. The ongoing service coordinator also sends all documentation to the SPOE for data entry using the cover page called Service Change to the IFSP Checklist (State Form 51921). All documents listed on the checklist must be submitted at one time with the cover page on top.
5. The ongoing service coordinator must submit the same documentation listed in Step 4 to all IFSP team members.

If the ED Team denies support of the additional services:

1. The ongoing service coordinator shares all pertinent information including the ED Team leader's written report with all members of the multidisciplinary 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 lead ED Team member's decision to deny the additional services, the ongoing service coordinator documents this and sends all documents to the SPOE.
4. If the IFSP team disagrees with the lead ED Team member's decision to deny the additional services, the ongoing service coordinator should schedule an IFSP review meeting, which will include an evaluation. The ongoing 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 IFSP review meeting:

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

Increasing Services

Completing this change to the IFSP is very similar to adding a new service. The ongoing service coordinator needs to receive written justification from the requesting direct service provider. The service coordinator must send a copy of this document to all members of the IFSP and the ED Team and schedule a discussion meeting. The meeting can be held face-to-face, by telephone, or by electronic means.

All team members must review the written request to increase services and participate in a discussion about increasing services. If the team determines that an increase is necessary, the ongoing service coordinator sends out a 10-day prior written notice to all IFSP team members. The ongoing service coordinator also completes the First Steps Documentation of Team Discussion (State Form 51928) and submits it with the information listed below.

The service coordinator also schedules to meet with the family. At this meeting, the service coordinator reviews procedural safeguards, reviews outcomes and writes new outcomes if necessary to coincide with the increase in services, and completes the Changes to the IFSP form (State Form 51841). The parent, ongoing service coordinator and physician will need to sign the change page to the IFSP.

Once the physician returns the signed change page, the ongoing service coordinator must send a copy of all documents relating to the change to all IFSP team members. Additionally, the ongoing service coordinator must send the original documents relating to the change as well as provider authorizations to the SPOE for data entry. These originals must be submitted with the cover sheets, Service Change to the IFSP Checklist (State Form 51921).

Decreasing/Terminating Services

Implemented by the direct service provider: If the direct service provider determines that a decrease in or termination of services is necessary, the direct service provider must submit in writing to the ongoing service coordinator justification for the decrease/termination. The ongoing service coordinator will send the written document to all team members and schedule a team discussion. All IFSP team members must review the

document(s) and participate in the discussion meeting. The ongoing service coordinator must complete the First Steps Documentation of Team Discussion (State Form 51928) and submit it with the originals discussed below.

If the IFSP team determines that a decrease in services is necessary, the ongoing 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 in services. However, the parent(s) and ongoing service coordinator must sign the Changes to the IFSP form. The ongoing service coordinator also completes the First Steps Documentation of Team Discussion.

If the IFSP team determines that termination of services is appropriate, the ongoing service coordinator completes the Changes to the IFSP form and has the parents sign it. The service coordinator also completes the Exit Interview and the Ongoing Record Termination form (State Form 52001).

The ongoing service coordinator copies and distributes all paperwork relating to the decrease or termination to all team members. 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: The family can always decrease or terminate First Steps services at any time without team approval. If the family chooses to decrease services, the ongoing service coordinator must complete the Changes to the IFSP (State Form 51841).

If the family decides to terminate services, the ongoing service coordinator must complete the Ongoing Record Termination form (State Form 52001) and perform the exit interview.

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 ongoing service provider 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, ongoing 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.

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.

Some clusters have a lending library of assistive technology equipment. If the state pays more than 50 percent of the price of an assistive technology device (excluding custom fit items), then the device becomes the property of the state and is added to the lending library once the item is no longer being used by the child for whom the item was ordered. Service coordinators are responsible for obtaining any equipment and keeping track of it when it is no longer being used. Before direct service providers request an AT item, they should contact the LPCC Coordinator (Local Planning and Coordinating Council) to learn if the item may be available through the lending library to avoid duplication of equipment.

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.

Any AT item on the state approved list does not need prior approval for the first time during the IFSP year. If an item is needed additional times during the same IFSP year, the ongoing service coordinator needs to obtain prior approval for the item, which is described in the next paragraph.

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 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 ongoing Service Coordinator.

The ongoing service coordinator:

- Reviews the related outcome(s) on the IFSP to ensure the request is related to the achievement of a functional outcome.
- Complete the First Steps Documentation of Team Discussion (State Form 51928) to document the discussion with all team members in order to obtain consensus.
- 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 about the change(s) in IFSP services.
- Completes the Changes to the IFSP form with the parent for the purpose of adding AT to the IFSP and obtains a parent signature on the form documenting agreement with the addition of the AT.
- 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.

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- 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 ongoing Service Coordinator.

The ongoing service coordinator:

- Reviews the related outcome(s) on the IFSP to ensure the request is related to the achievement of a functional outcome.
- Complete the First Steps Documentation of Team Discussion (State Form 51928) to document the discussion with all team members in order to obtain consensus.
- Completes and submits (faxes) a Prior Approval Request (State Form 51311) form to the state Bureau Consultant. Fax Number: 317-234-3566.

If the PA is approved, the ongoing service coordinator:

- Completes a Change in the IFSP with the parents to add AT to the IFSP – obtains parent’s signature.
- Submits the Prior Approval Request form granting approval, justification, prescription, and change page to the SPOE for data entry.
- Notifies the family in writing of their procedural safeguards due to a change in IFSP services.

If the PA is denied, the ongoing service coordinator:

- 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 denial.

If the PA is pending, the ongoing 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 should contact the ongoing service coordinator. The ongoing service coordinator then calls a team discussion to determine if a request for a hearing evaluation should be made. If the IFSP team determines an evaluation is warranted:

- The ongoing 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 ongoing service coordinator faxes to the audiologist:
 - 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 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 to the ongoing service coordinator.
- Once the ongoing service coordinator receives the signed Request for Authorization form, he/she reviews it, signs it, and faxes it to the audiologist. The document serves as authorization to perform services.
- Once the evaluation is completed, the audiologist faxes to the ongoing service coordinator:
 - Copies of the audiograms
 - A report with his/her recommendations

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- The ongoing service coordinator faxes the audiologist's report and recommendations to every member of the IFSP team including the lead ED Team member.
 - The ongoing service coordinator convenes another team discussion to determine if the proposed audiology services should be implemented. If audiology services will be added, the team must write new outcomes to support the audiology services. 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 ongoing 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).
 - 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

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.

Documentation

One of the main components of the ongoing 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 progress notes on each child on their caseload. The notes tell the story of the services and support the ongoing 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
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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 	<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
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<ul style="list-style-type: none"> • Notes are grammatically clear and correct • Clichés are avoided 	<p>abbreviations are identified</p> <ul style="list-style-type: none"> • Use precise language – i.e. use prefer instead of has a preference for; use please instead of I would appreciate it if
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Items to document:

<ul style="list-style-type: none"> • Telephone messages received or left • Instructions to family • 30-day start date • Discussions about procedural safeguards • Discussions about cost participation 	<ul style="list-style-type: none"> • Discussions or interactions with family members relevant to IFSP or IFSP planning • 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
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Service coordinators are encouraged to consider documentation as part of their job, not an afterthought. They should block out time from each 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 progress 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.

When families share with ongoing 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 progress 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 progress notes. Service coordinators should ask their supervisors to explain the SPOE's procedures and forms for progress notes.

Early Intervention Record

As mentioned in Module 3, the ongoing 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 ongoing service coordination modules.

All **original** documentation, **forms**, and **signatures** must be kept in the paper file, which is kept at the cluster SPOE. The early intervention record includes the following:

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

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.

Strategies for Organizing the Job

Organizational skills have an important impact on how ongoing 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 handy resources 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. Use a calendar such as the FSSA Tracking Tool to keep track of IFSP timelines (www.firststeps.in.gov, click on System Point of Entry and Local Planning and Coordinator Council, then click on Service Coordination, then click on Transition and/or Quarterly Tracking Tool.)
9. Throw out 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 an ongoing 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

SC Name: _____

Email: _____

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

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

1. During the training module, you were asked to obtain a copy of your SPOE's 1st Quarterly Home Visit form and a copy of your SPOE's 10-day prior written notice form for the IFSP meeting. Please **submit a copy of both of these forms**.

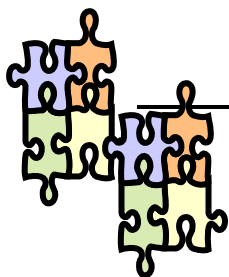
2. Observe one annual IFSP meeting. Document your observations and questions on the forms provided on the following pages. **Submit your observation** as part of the requirements for Module 6 Application Station exercises.

Service Coordinator signature: _____

Service Coordinator Supervisor signature: _____

Date _____

UTS/ProKids Office Only: Date received _____ Initials _____



Annual IFSP Observation

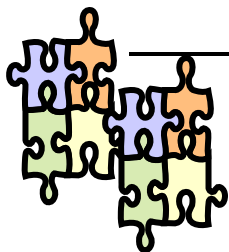
SC Name: _____
Cluster Letter: _____
Cluster Address: _____
Cluster Phone# : (____) _____
Cluster Fax# : (____) _____
Work Email Address: _____
Date of Observation: _____

Print name of Ongoing Coordinator you shadowed:

Ongoing Coordinator's Signature: _____

Annual IFSP Meeting:

1. Write a description of the process observed (try to identify specific activities that occurred during the meeting, did the family feel comfortable with the process, did the family ask for additional resources, did any concerns or issues come up during the meeting?):



Annual IFSP Observation (continued)

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.

Service Coordinator signature: _____

Service Coordinator Supervisor initial: _____

Date _____

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