CHAPTER 700 – SERVICE COORDINATION PROCEDURES

FEDERAL POLICY 34 CFR §303.34 Service Coordination

BABIES CAN'T WAIT PROGRAM STANDARD

Every child receiving early intervention services in Babies Can't Wait (BCW) and their family will be assigned one Service Coordinator (SC) who is responsible for coordinating all services across providers, settings and agency lines. This SC will serve as a single point of contact in helping parents to obtain the services and assistance they require to address their child's needs. Service coordination takes place within a collaborative relationship between a family and a SC. Local programs may choose to provide service coordination using a blended or dedicated model of service coordination. Each child and family will receive a minimum of four face to face service coordination visits per Individualized Family Service Plan (IFSP) year with additional visits based upon child and family needs, strengths and resources as outlined in each child's IFSP. Service coordination is an ongoing process, responsive to the needs of each child and family. Service coordination is offered at no cost to families. State Policies and Procedures are applicable to the assigned SC without regard to service provider or profession from which the assignment is made.

A. Assignment of Intake Service Coordinator

When children and their families are referred to BCW, the Early Intervention (EI) Coordinator or his/her designee shall assign an Intake SC to:

1. Complete intake activities with the family, and
2. Coordinate child developmental evaluation and assessment, as well as facilitate the eligibility determination processes.

If the child is determined eligible for BCW, a SC will be assigned as the Ongoing SC. In some cases, the Intake and Ongoing SC will be the same person.***

*** **Please note Districts are subject to be audited in regards to fair distribution of Service Coordination cases.**

B. Intake Activities

1. When an ongoing relationship has previously been established between a child and family and the personnel working in any Public Health program serving children birth to five, (i.e., Children 1st, 1st Care, or Children's Medical Services) intake activities may be completed by Public Health staff with whom the relationship exists and who have received training in performing intake activities.
2. When no ongoing relationship or involvement with another Public Health program has been previously established, the BCW Intake SC shall complete intake activities.
3. Intake activities must include the following:
    a. Providing information about Georgia's Birth to Five system of services and asking the parent if they would like to proceed further;
    b. Informing families of the voluntary nature of the program and their right to refuse involvement in the program;
    c. Asking the parent(s) if they would like to proceed further in the system processes;
    d. Discussing with the parent(s) or guardian the need for a developmental 5screening if the child has not been determined to have a Category 1 condition or if the child has not had a prior up-to-date screening that has been provided to BCW by their pediatrician or other referral source (i.e., health department, C1st, Early Head Start, etc.);
    e. Obtaining written informed parental consent using the Babies Can't Wait Prior

Written Notice (for screening if needed);

f. Providing all information regarding the BCW Program, including family rights and procedural safeguards under the law as well as a copy of the "Notice of Infant/Toddler and Family Rights under Babies Can't Wait" to each family. Discussing as well as reviewing each document with them if the screening or developmental information of the child indicates further testing or if the family indicates they want further testing (and the screening does not indicate a need);
g. Obtaining written informed parental consent for the developmental evaluations and assessments to be completed by BCW, using the Babies Can't Wait Prior Written Notice & Consent form (for evaluation and Assessment);
h. Obtaining written parental consent (using current DPH/BCW Authorization for Release of Information Form) to obtain and share necessary information with the child's primary care physician (PCP), other appropriate medical specialists, health service providers, child care providers and other parties/providers, as necessary or indicated by the family;
i. Requesting from the PCP a completed Physician's Health Summary Form;
j. Completing with the family the initial intake information to be discussed and used for assessment purposes;
k. Reviewing and completion of Family Assessment and Routines and Activities Section of the IFSP based on gathered information about the family's everyday routines and activities as well as the child's behavior and interactions within those contexts during family interview and initial intake activities;
l. Discussing topics the family is interested in learning more about;
m. Gathering information about the family concerns, priorities and resources;
n. Discussing the formal and informal supports the family uses or would like to use; completed with family consent;
o. Obtaining a summary of child's medical status;
p. Exploring and identifying roles that the family may want to play in the evaluation and assessment process;
q. Entering into BIBS any needed screening and intake authorizations, including interpretation.

NOTE: These sections must be completed with the family during intake, shared with individuals involved in the evaluation/assessment process and the IFSP Team.

C. Initial Evaluation, Assessment, Eligibility Determination and IFSP Development

1. The ISC is responsible for:
    a. Requesting a surrogate parent for any child that needs one;
    b. Coordinating and ensuring the completion of the initial developmental evaluations and assessments in order to develop the initial IFSP within 45 days of the receipt of the referral;
    c. Explaining to the family the roles and functions of the early intervention team members, including that of the individual who will provide service coordination;
    d. Explaining to the family of an eligible child the IFSP process and what they can expect in each step of the process;
    e. Informing the family, and other participants of scheduled evaluation, assessment and IFSP meetings, no less than five calendar days in advance, followed by written confirmation;
    f. Explaining the Primary Service Provider model of care to families and answering questions they may have regarding this;
    g. Ensuring that each child referred to BCW has been linked to routine health care services, and that informed written parental consent, using the DPH/ BCW Authorization For Release of Information form has been signed, to allow the child's

primary care provider to participate throughout the evaluation, assessment, eligibility determination and IFSP development processes, if the primary care provider chooses to do so;

h. Obtaining from parent PII Consent to bill public insurance if applicable and once signed consent is given, obtaining needed health plan information and entering into BIBS for any billable evaluation activities;
i. Entering into BIBS any needed intake and evaluation authorizations including interpretation;
j. Referring and/or linking parent(s)/legal guardian(s) of children who are ineligible for BCW to other agencies or relevant community resources as appropriate, and to refer child back to Children 1st with parental consent for appropriate monitoring and follow-up.

2. The SC is responsible for on-going services which include facilitating and participating in the development and implementation of the initial IFSP for each eligible child. The SC:
    a. Ensures that the initial evaluation/assessment is reviewed with the family so that the information/results accurately reflect their child and family;
    b. Acts as a support on behalf of the family when no other identified advocate is in attendance;
    c. Ensure procedural safeguards are observed (especially parent/legal guardian right to participate fully) throughout the process;
    d. Ensures that the parent/guardian and other meeting participants have been given prior written notice within 5 calendar days of the IFSP Meeting;
    e. Ensures that the IFSP meeting is conducted according to procedures and the IFSP document is appropriately completed;
    f. Is responsible for obtaining parental consent for EI services by securing written signature on the IFSP document and reviewing their rights, opportunities, and responsibilities under federal law;
    g. Is responsible for sending the information that the Primary Care Physician has requested concerning the child's Individualized Family Service Plan (IFSP) within 10 business days of the initial and annual IFSP;
    h. Is responsible for on-going review and discussion with the family of parental rights, using the "Notice of Infant/Toddler and Family Rights Under Babies Can't Wait" booklet;
    i. Is responsible for entering all IFSP information in Babies Information and Billing System (BIBS) within seven calendar days of completion of all initial, annual and periodic reviews as well as all transition activities;
    j. Ensures consent/decline forms to bill public insurance and/or private insurance are signed as applicable and entered into BIBS;
    k. Ensures that the Babies Can't Wait Financial Analysis Form is completed and signed by the parent/guardian.

D. Service Implementation

When a child is determined eligible for BCW and an IFSP is developed, based on the evaluation and assessment results, with established intervention objectives and outcomes, a Service Coordinator links families to the Babies Can't Wait team and other community resources for the provision of all needed services, monitors outcomes and ensures that the IFSP is reviewed and revised as necessary. The Service Coordinator will authorize four (4) face to face service coordination visits per Initial/Annual IFSP for each family. Additional visits may be requested from the local BCW administrative office as recommended by the MDT to meet the specific needs of the child and family. The authorization of a number of face to face visits will in no way limit the availability of the Service Coordinator to the family for any needed activities.

1. The SC must:

a. Assist parents/legal guardians of eligible children in gaining timely access to the EI services and other services identified in the IFSP;
b. Coordinate the provision of the identified EI services and other services documented on the IFSP;
c. Actively seek and link children and their families to appropriate providers, medical services, social and other support services as needed;
d. In collaboration with the IFSP/PSP team, monitor delivery and effectiveness of services identified in the IFSP, and review the outcomes and need for new, additional, reduced or modified services;
e. Inform the family of advocacy services and groups that assist families in accessing or relating to providers, and help them resolve their complaints including providing them information on available fair hearing or complaints resolution process as needed or requested;
f. Promote family centered services that respect family's decisions, values, beliefs and norms;
g. Collaborate with the IFSP/PSP team to provide continuity and coordination of care required across agency, providers and settings that are necessary to benefit the child development and outcomes;
h. Assist the family in completing the Financial Analysis for Cost Participation Form to determine the assignment of family fees for some or all of their child's EI services at initial and annual IFSP and whenever family's circumstances change;
i. Ensure that the family understands their rights, opportunities and responsibilities as they relate to the implementation of the child's IFSP;
j. Ensure that the parent has all of the necessary and relevant information to access the services identified in the plan that they will access independently.
k. Validate Medicaid eligibility on a monthly basis for each child with Medicaid, inactive Medicaid, applied for Medicaid and check third-party payer status for each child with no health plan.

2. SC for families may request assistance and additional support from others when family/child needs are significantly increased in intensity or complexity.

3. Caseloads should be examined and weighted using the following variables:
   a. The extent and intensity of the family supports and services provided;
   b. The extent and intensity of the child's and family's needs;
   c. Location of services and supports including travel time to and from the home and service settings;
   d. Number of children in BCW in the family;
   e. The involvement and assistance of related services and other agencies;
   f. The service options available within the community; and
   g. The SC's ability to manage caseload in order to guarantee that all mandated service coordination responsibilities are provided and that the diverse needs of families receiving ongoing services are being met.
   h. The number referrals assigned (if Service Coordinator is an intake and on-going Service Coordinator)

4. The EIC in each local program will be required to evaluate their referral levels to determine if all Service Coordinators will be required to perform both intake and ongoing activities.

E. Annual Evaluation of the IFSP

The purpose of the annual evaluation is to evaluate the IFSP for a child and the child's

family and as appropriate, to review its provisions and determine what services are needed. The SC is responsible for coordinating the process to ensure appropriate continuous assessment of the child and IFSP review to meet the child and family needs related to the child's development. This process includes the annual evaluation of the IFSP.

The SC will (also see Individualized Family Service Plan policy):

1. Provide written notice to the family and inform participants, including the child's primary care physician if applicable, prior to the scheduled IFSP meetings. For all CAPTA children, the DFCS caseworker must be invited to the meeting;
2. Facilitate and participate in the monitoring, review, and evaluation of the IFSP and the development of the annual IFSP;
3. Ensure that current ongoing assessment information is available to the IFSP/PSP team to support annual and periodic review of the IFSP.
4. Act as a support on behalf of the family when no other identified advocate is in place;
5. Routinely review and update information in the IFSP, Family Assessment and Routines and Activities Section;
6. Continue ongoing discussion regarding the family's everyday routines and activities and child's behavior and interactions within those contexts;
7. Update the information about family concerns, priorities and resources. (completed with family consent);
8. Update the formal and informal supports the family uses or would like to use;
9. Ensure procedural safeguards are observed (especially parent/legal guardian's right to participate fully) throughout the process;
10. Ensure that the IFSP meeting is conducted according to procedures and the IFSP document is appropriately completed;
11. Be responsible for obtaining parental/legal guardian consent for EI services by securing written signature on the IFSP document and reviewing their rights, opportunities, and responsibilities under federal law;
12. Is responsible for entering all IFSP information in Babies Information and Billing System (BIBS) within seven calendar days of completion of all initial, annual and periodic reviews as well as all transition activities;
13. Complete a new Financial Analysis form with the family annually and as needed;
14. Obtaining a new PII and/or private insurance consent(s) annually as applicable and entering into BIBS.

F. Transition Planning

The SC shall:

1. Ensure that every IFSP includes documented steps toward transition.
2. Ensure that initiation of transition activities, with parental consent, shall begin as early as 27 months (nine months before age three). It is strongly recommended that the transition plan and transition conference be completed by 30 months but no later than 90 days (three months before age 3) prior to the child's third birthday.
3. Ensure that any revisions to the transition plan are documented as part of the IFSP. Discussion at the transition conference may require changes to the transition plan.
4. Ensure that the family has all needed information about potential service options in order to make an informed choice.
5. Assist the family in understanding the differences between Part C and Part B eligibility criteria and programs as their child approaches age three.
6. Ensure that the family understands all of their rights related to the transition process.
7. Invite the Local Education Agency (LEA) to the transition conference for those families seeking Part B services. For children transitioning to non-Part B services, other community agencies should be invited to the transition conference as appropriate.

8. Obtain by child's second birthday (unless late referral) parent signature on Notification to LEA form and signature on form if family opts out of notification.
9. Provide family with Steps for Success booklet and tri-fold brochure.

Service Coordination after age 3:
During the transition planning process for **children whose third birthdays fall during; June, July, or August,** the need for service coordination as a transition activity must be discussed with the family. If service coordination is needed in order to assist the family with medical/health or other needs which might be met by the community, it must be documented on the IFSP and provided by BCW during the period from the third birthday until Aug. 31 or until the day before the Individualized Education Plan (IEP) begins, whichever comes first. This need and expected outcome must be documented in the transition plan. Service Coordination is the only service that may be funded with BCW funds for a child after the child's third birthday during the months of June, July or August.

G. Service Coordination Qualifications, Training and Continuing Education

1. All individuals providing service coordination must have at least a bachelor's degree in a related field (see Personnel Management section).
2. All individuals providing service coordination (including the blended model of service coordination) must successfully complete a state online service coordination orientation and a local program conducted orientation and training prior to providing service coordination.
3. Skilled Credentialed Early Interventionists (SCEIs) training must be completed within six months of initial date of hire or contract with BCW. Also, the Praxis II test is available for Level II professionals as an alternate to completing the SCEIs modules.
4. The six month SCEIs period begins on:
    a. The effective date of a contract with the BCW program or the effective date of contract, subcontract, or employment with any agency or organization which contracts with the BCW program or
    b. The beginning date of employment with the BCW program through a local lead agency.
5. All individuals providing service coordination regardless of licensure/certification are required to complete Continuing Education hours upon completion of the SCEIs Modules requirements, which is twenty (20) contact hours of continuing education every two years that clearly focuses on:
    a. Young children, birth to age eight
    b. Families of young children, birth to age eight and/or
    c. Particular disabilities covered under babies can't wait;
    d. Ten (10) of these hours must be specific to young children with disabilities and/or their families.
6. Personnel who fail to comply with this policy in the timelines stated above will not be able to provide services for families and/or children through the Babies Can't Wait program until requirements are completed.
7. Continuing education requirements go into effect for an individual July 1 after s/he has received a certificate of completion for the Project SCEIs modules.

H. Service Coordinator Billing

In order to bill for service coordination services for an individual child, the BCW Service Coordinator must have in the **SAME** calendar month a minimum of one face-to-face child **and** family contact and at least three ancillary contacts. All contacts and activities must be documented in the child's active clinical record. All contacts must be related to the child's IFSP and the documentation must reflect effort. Refer to Data and Child Record Policy for required

documentation details.

Below are what can be counted as billable ancillary contacts:
Telephone calls that result in a progress note:

- To family = 1 ancillary contact
- To medical staff = 1 ancillary contact
- To other agencies = 1 ancillary contact
- To schedule a meeting = 1 ancillary contact per meeting regardless of the number of persons called
- To coordinate meetings resulting in scheduling = 1 ancillary contact per
- To transition or arrange to transition child = 1 ancillary contact
- To therapist = 1 ancillary contact

Visits

- To family after 1 minimum face-to-face contact = 1 ancillary contact
- To day care or other community agency = 1 ancillary contact
- To therapist = 1 ancillary contact
- Meeting to transition child = 1 ancillary contact
- Attendance at other meetings on behalf of child = 1 ancillary contact

Non-covered contacts include emails, letters, faxes and texts.

I. Service Coordinator 60 Day Approval Form to Provide Services

Pursuant to **Service Coordinators** not being able to become credentialed by Medicaid in a timely manner and in order to allow Babies Can't Wait to meet Federal Regulations, this form is to be used to seek approval from the State Office to allow Service Coordinators 60 days only to see children that have either no health plan, private insurance or CMO insurance only while they are waiting on their pending Medicaid number. The 60 Day approval form can be found with the EIC.