



Practice Manual

Chapter 8: Early Intervention Services

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TABLE OF CONTENTS

SECTION I: EARLY INTERVENTION SERVICE TYPES.....	4
A. Audiology	4
1. Evaluation Considerations	4
2. Assessment Considerations.....	5
3. IFSP Considerations.....	5
B. Dietary and Nutrition Services.....	5
1. Assessment Considerations.....	6
2. IFSP Considerations.....	6
C. Family Training/Education.....	6
D. Health Services	6
1. Service Description	7
2. IFSP Considerations.....	7
E. Medical Services	7
F. Nursing Services	7
1. Assessment Considerations.....	8
2. IFSP Considerations.....	8
G. Occupational Therapy	8
1. Assessment Considerations.....	8
2. IFSP Considerations.....	8
H. Other Services	9
1. Applied Behavior Analysis	9
a) Assessment Considerations.....	9
b) IFSP Considerations.....	9
2. Early Intervention Testing	10
3. Translation Services.....	10
I. Physical Therapy	10
1. Assessment Considerations.....	10
2. IFSP Considerations.....	11
J. Psychological (including Counseling).....	11
1. Assessment Considerations.....	11
2. IFSP Considerations.....	11
K. Sign Language and Cued Language Services.....	12
L. Social Work.....	12
1. Assessment Considerations.....	12
2. IFSP Considerations.....	13
M. Special Instruction	13
1. Assessment Considerations.....	13
2. IFSP Considerations.....	13
N. Speech Language Pathology.....	14
1. Assessment Considerations.....	14
2. IFSP Considerations.....	14
O. Transportation and Related Costs	14
1. Transportation	15
a) Family Member Transportation	15

b) Provider Agency Transportation.....	17
2. Related Costs – Family Child Care Assistance Services	18
a) FCCA Payment Considerations	18
b) IFSP Considerations.....	18
P. Vision Services	18
1. Evaluation Considerations	19
2. Assessment Considerations.....	19
3. IFSP Considerations.....	19
SECTION II: ASSISTIVE TECHNOLOGY	20
A. Assistive Technology Services	20
B. Assistive Technology Devices	20
1. Items Considered Assistive Technology Devices	21
2. Items Not Considered Assistive Technology Devices.....	21
C. IFSP Considerations for Assistive Technology	22
1. Recommendations for Assistive Technology Devices	22
2. IFSP Discussion	23
3. IFSP Documentation for Assistive Technology	24
4. Parental Consent for Assistive Technology.....	25
5. SPOE Director Review	25
6. Assistive Technology Authorizations.....	26
D. Obtaining Assistive Technology Devices Near Transition	27
E. Assistive Technology Ownership	28
1. Devices Purchased by First Steps	28
2. Devices Rented or Loaned by an Assistive Technology Resource.....	28
SECTION III: SERVICE COORDINATION	29
A. Service Coordinator Duties	29
1. Service Coordination Duties at Intake	29
2. Service Coordination Duties at IFSP	30
3. Other Duties	30
a) Shared Service Coordination	30
b) Early Intervention Teams.....	30
c) Linking Families to Outside Resources	31
B. Case Notes	31
1. Activities to Case Note	31
2. Content of the Case Note	32
C. Organization and Time Management	32
D. Communication	33
E. Professional Boundaries	34
SECTION IV: FREQUENTLY ASKED QUESTIONS.....	35



EARLY INTERVENTION SERVICES

The Individuals with Disabilities Education Act (IDEA) defines early intervention services as developmental services designed to meet the developmental needs of a child with a disability in at least one of the following areas: a) physical development (including vision and hearing), b) cognitive development, c) communication development, d) social or emotional development, or e) adaptive development.

The definition of early intervention services also includes services designed to meet the needs of the family to assist in the child's development. Services are selected in collaboration between parents and professionals on the child's Individualized Family Service Plan (IFSP) team. This chapter defines each service identified in IDEA and describes guidelines for determining IFSP services for children and families in First Steps.

SECTION I: EARLY INTERVENTION SERVICE TYPES

Missouri Part C State Plan Section I. (34 CFR 303.13 and 303.16)

First Steps offers 18 types of early intervention services to eligible children and families. All 18 services are available to every child and family eligible for First Steps; however, the type and level of service appropriate for each child and family is decided by the child's IFSP team.

The following sections describe the various types of early intervention services with the exception of Assistive Technology and Service Coordination. See Section II for more information about Assistive Technology and see Section III for more information about Service Coordination.

A. Audiology

Audiology is the science of hearing and hearing related disorders. Audiology services for First Steps include activities necessary to evaluate or monitor hearing loss in young children. Audiology services are provided by an Audiologist.

1. Evaluation Considerations

The need for an audiological evaluation may be identified during the intake process as part of the evaluation of the child. An audiological evaluation may be necessary to determine

whether the child has a hearing loss that meets eligibility criteria for First Steps. For more information about eligibility determination, see Chapter 4.

2. Assessment Considerations

The need for an audiological assessment may be identified as part of the initial or ongoing assessment of the child. An audiological assessment may be necessary to determine the child's current hearing level and to identify whether the child has an auditory impairment, including the range, degree or nature of the child's hearing loss.

In the event a child has already been diagnosed with a hearing loss, an audiological assessment may also involve determining the child's individual amplification and selecting appropriate amplification. An audiological assessment may also include selecting, fitting and dispensing appropriate devices.

3. IFSP Considerations

Audiology services should be considered when a child has specific needs regarding a hearing loss and the needs relate to outcomes developed by the IFSP team. Early intervention services may include training or connecting parents with other community resources that can assist families to learn how to help their child communicate.

Audiology services may be delivered to families in a variety of ways, including coaching, demonstrating, modeling and parent/caregiver education sessions. Examples of audiology services include educating parents on the nature of their child's hearing loss or training parents on how to use certain devices.

Audiology services may also include routine hearing tests and monitoring the child's hearing devices. The Service Coordinator enters a routine test as an evaluation/assessment authorization; however, it is listed as an early intervention service on the Notice of Action/Consent (NOA/C).

B. Dietary and Nutrition Services

Dietary and nutrition services are designed to help meet a child's nutritional needs to maintain growth and development. Dietary and nutrition services for First Steps include activities necessary to assist the parents in meeting the nutritional needs of the child. Dietary and nutrition services are provided by a Dietician.

State and federal regulations allow some activities necessary for dietary and nutrition services to be completed outside of the visit with the family (e.g., caloric calculations and researching dietary needs).

1. Assessment Considerations

A dietary/nutrition assessment may be necessary to determine the child's current feeding skills and identify any feeding problems. A dietary/nutrition assessment may include collecting information about the child's history, identifying the child's current dietary intake, and discussing the child's feeding habits and food preferences.

Other important activities in a dietary/nutrition assessment may involve the development of a sample diet or nutrition plan including creating recipes, identifying ingredients based on the child's food preferences, calculating caloric needs for the child's diet, or measuring the child's weight/height ratio based on the child's age.

2. IFSP Considerations

Dietary and nutrition services should be considered when a child has specific needs regarding healthy growth and those needs relate to outcomes developed by the IFSP team. Examples of outcomes that may be addressed by dietary and nutrition services include feeding issues associated with prematurity, poor weight gain and food preferences.

Dietary and nutrition services may include monitoring or revising a nutrition plan or family training on selecting foods and preparing nutritional meals or snacks. Dietary and nutrition services may also include modifying recipes for the child and family, locating specialized food products related to the child's needs, or identifying community resources to assist the family in carrying out nutritional goals.

C. Family Training/Education

Family training/education is a service provided by qualified personnel to assist the family of a child in First Steps with understanding the unique needs of the child and enhancing the child's development. Family training/education is provided as a part of other services (e.g., social work) and may include sharing information to help the family care for the child.

The purpose of family training/education in First Steps is to emphasize family participation and education in order to maximize a child's development. Family participation is the key to early intervention and families are more likely to participate when services are meaningful and delivered throughout their everyday routines and activities.

D. Health Services

Health services are provided by nurses or other medical staff. Health services for First Steps include the activities necessary to enable a child to benefit from the other early intervention services. Health services may be provided by a Licensed Practical Nurse (LPN), Registered Nurse (RN) or licensed physician.

1. Service Description

Health services include activities such as tracheotomy care, tube feeding, clean intermittent catheterization, changing a dressing or a colostomy collection bag, and consultation with a physician about the child's complex medical needs that must be addressed while the child is receiving another early intervention service.

Health services do not include activities such as hospitalizations, surgeries, post-surgical rehabilitation, prescription drugs or medicines, devices necessary for a medical condition (such as heart monitors, respirators, oxygen, gastrointestinal feeding tubes), routine medical services generally recommended for all children (such as immunizations and regular "well-baby" care) and services related to the optimization (e.g., mapping), maintenance or replacement of a surgically implanted medical device such as a cochlear implant.

2. IFSP Considerations

Health services should be considered when a child faces significant health issues or medical procedures during the time the child is in First Steps. The IFSP team may consider modifying services while the child's health issues are being addressed, including decreasing, increasing or discontinuing services for a specific period of time.

E. Medical Services

Medical services for First Steps involve a diagnostic evaluation to determine the child's developmental status and the need for early intervention services. Medical services are provided by a licensed physician.

Medical services may be necessary when other evaluations have failed to determine the child's eligibility for services and the child is likely to be determined eligible if additional developmental diagnostic services are provided.

Medical services are not an ongoing service offered by First Steps. Services that are purely medical in nature cannot be considered as medical services for First Steps, including hospitalizations, medicines, devices that control medical conditions, and routine health care for all children such as immunizations and wellness visits.

F. Nursing Services

Nursing services are designed to provide care to ensure a child can participate in everyday activities. Nursing services for First Steps involve activities related to maintaining and improving the child's health. Nursing services may be provided by a LPN or RN.

1. Assessment Considerations

A nursing assessment may be necessary to determine the child's health status and the need to provide nursing care for the child. A nursing assessment may include identifying current or potential health problems, determining the extent of actual health problems and discussing ways to prevent health problems when possible.

2. IFSP Considerations

Nursing services should be considered when a child has significant health concerns. Nursing services may include helping to restore or improve the child's health, promote optimal health and development and assist the family with administering medications or treatments prescribed by a licensed physician.

Nursing services may also include a nurse consulting with a provider who needs advice regarding the health issues of the child that may impact the strategies and activities used to meet the child's IFSP outcomes, or teaching the family how to conduct a particular treatment for the child.

Nursing services are not intended to be provided on a continual basis, such as private duty nursing or nursing care for maintenance of life. Examples of when nursing services are not appropriate include monitoring the child's weight or health conditions such as asthma or allergies, providing consultation to families on common health issues such as colds or immunizations and allowing a nurse to accompany the parent to a doctor appointment.

G. Occupational Therapy

Occupational therapy is designed to focus on an individual's daily living skills. Occupational therapy for First Steps includes coaching and educating the family to improve the child's abilities in adaptive or self-help skills. Occupational therapy may be provided by an Occupational Therapist or Occupational Therapy Assistant (COTA).

1. Assessment Considerations

An occupational therapy assessment may be necessary to determine the child's current functioning in sensory processing, visual motor, feeding or fine motor skills in order to identify any problems. An occupational therapy assessment should include determining the impact of a developmental delay or a disability on the child's development, play, learning and overall adaptive ability.

2. IFSP Considerations

Occupational therapy includes activities that emphasize physical skills to increase movement, strength, and/or coordination; and adaptive skills in order to help a child who has challenges with cognitive functions, sensory processing, visual motor or depth perception.

Occupational therapy should be considered when a child needs assistance with meeting developmental milestones related to sitting, crawling or walking independently; eating, drinking, washing, and dressing independently; building skills for sharing, taking turns, and playing with peers; using toys appropriately during play time or activities related to sensory processing such as sensitivity to light, sound or touch.

Occupational Therapists may assist with adapting activities, materials and environmental conditions so children can participate in everyday routines in various settings (e.g., home, child care setting, a park).

H. Other Services

Other services are early intervention services that are not specified in the Part C federal regulations but may be appropriate when determined necessary by the child's IFSP team to meet the developmental needs of the child and family. Other services for First Steps include the following:

1. Applied Behavior Analysis

Applied behavior analysis (ABA) is the science of human behavior using observation or experimental information in order to change an individual's behavior. ABA services for First Steps include analyzing a child's behaviors in a natural setting to determine why those behaviors are, or are not, occurring. ABA services may be provided by an ABA Consultant or ABA Implementer.

a) Assessment Considerations

An ABA assessment may be necessary to determine the child's current functioning and identify whether the child has a significant behavior problem. An ABA assessment includes formal (i.e., standardized) and informal measures to obtain information about some or all of the five developmental areas (i.e., adaptive development, cognitive development, communication development, physical development including vision and hearing, and social or emotional development).

An ABA assessment may include a functional behavioral assessment in order to develop an appropriate behavior plan. A functional behavioral assessment includes a review of existing records or tests, parent interviews and direct observations of the child.

b) IFSP Considerations

ABA services should be considered when a child has atypical behavior, significant sensory or communication issues that prevent the child from participating in daily routines and activities with the family. ABA services may improve the child's ability to make eye contact, imitate or increase appropriate behaviors, reduce inappropriate

behaviors, notice and understand social, verbal or non-verbal cues, and form appropriate social and interpersonal relationships.

ABA services may involve modifying the child's environment in order to promote learning and minimize distractions, or consulting with a provider who needs advice regarding behaviors that may impact the strategies and activities used to meet the child's IFSP outcomes. ABA services may also include time for the provider to create behavior scales or to develop an appropriate behavior plan for the child.

Young children often cannot tolerate extended periods of instructional time; therefore, ABA services for First Steps are intended to be delivered in a manner that includes the parent or caregiver in the visit and embeds the intervention in the family's daily routines.

2. Early Intervention Testing

Early Intervention (EI) testing is part of the evaluation of the child, which is conducted to determine whether a child has a developmental delay that meets eligibility criteria for First Steps. EI testing must be completed by a provider selected by a System Point of Entry (SPOE) to attend a state-sponsored training and assigned the specialty of an EI Examiner. For more information on the evaluation of the child and EI Examiners, see Chapter 3.

3. Translation Services

Translation services involve providing verbal information and written documentation to a parent so the parent understands required information. Translation services may be necessary when a parent has limited English proficiency, meaning the parent has difficulty reading, speaking, writing, or understanding the English language that would result in the inability to access the First Steps program or participate in early intervention services. Translation services are provided by a Translator. For more information on translation services, see Chapter 2.

I. Physical Therapy

Physical therapy is designed to focus on an individual's mobility and movement. Physical therapy for First Steps includes coaching and educating the family to improve the child's motor development. Physical therapy may be provided by a Physical Therapist or Physical Therapist Assistant (PTA).

1. Assessment Considerations

A physical therapy assessment may be necessary to determine the child's current functioning in fine and gross motor skills, including balance and coordination, in order to identify any problems. A physical therapy assessment should include determining the impact of a developmental delay or a disability on the child's development, play, learning and overall motor ability.

2. IFSP Considerations

Physical therapy includes activities that emphasize physical skills to increase movement, strength, coordination, balance and/or coordination in order to help a child who has challenges with motor development.

Physical therapy should be considered when a child needs assistance with meeting developmental milestones related to sitting, crawling or walking independently, going up and down stairs, throwing or kicking a ball, playing with push-pull toys such as a wagon or cart, increasing strength or endurance, improving flexibility and other sensorimotor activities.

Physical Therapists may assist with adapting toys or modifying the family's environment so a child can participate in everyday routines in various settings (e.g., home, child care setting, a park).

J. Psychological (including Counseling)

Psychological services are designed to focus on how individuals respond and relate to each other and their environments. Psychological services for First Steps include activities necessary to assist parents in meeting the social and emotional needs of the child and family. Psychological services may be provided by a Counselor or Psychologist.

1. Assessment Considerations

A psychological assessment may be necessary to determine patterns in individual or family behaviors to identify any relationship or attachment problems. A psychological assessment may include interviewing family members, reviewing the child's history, observing and recording how family members relate to one another, and interpreting results from assessments conducted outside of First Steps.

Psychologists often conduct diagnostic testing in order to identify emotional or mental disorders and administer personality, intelligence or developmental testing in order to design behavior modification plans. The need for a psychological assessment may be identified during the intake process or after the IFSP has been developed.

2. IFSP Considerations

Psychological services should be considered when a parent needs formal sessions in order to cope with issues related to the family or parent-child relations. Psychological services may include obtaining, integrating, and interpreting information about the child's behavior or child and family conditions related to the child's learning, mental health, or social and emotional development.

Psychological services may include individual or family counseling with parents and other family members. Counseling may include providing information to parents or other family members in a structured program or one-on-one to assist in caring for their child, such as a support group facilitated by a professional, an individual therapy session or a family therapy session.

Psychologists may be involved in planning or managing a program of psychological or counseling services that focuses on building the family's capacity to take care of their child with a developmental delay or disability.

K. Sign Language and Cued Language Services

Sign/cued language services involve teaching sign language, cued language and auditory/oral language to a child and family members. Sign/cued language services are provided by an Interpreter for the Deaf.

Sign/cued language services also involve providing information in another mode of communication (e.g., sign language) so that the parent understands required information. Sign/cued language services may be necessary when a parent is deaf or hard of hearing and are provided by an Interpreter for the Deaf. For more information on sign/cued language services, see Chapter 2.

L. Social Work

Social work services are designed to focus on an individual's mental and physical well-being. Social work services for First Steps include activities necessary to assist parents in meeting the social and emotional needs of the child and the family. Social work services are provided by a Social Worker.

1. Assessment Considerations

A social work assessment may be necessary to determine parent-child or family interactions and identify any social or emotional problems. A social work assessment may include collecting information about family members, reviewing the child's history, identifying any factors that interfere with the family being able to engage in everyday activities and evaluating the child's living conditions. A social work assessment may also involve examining any social or economic difficulties facing children and their families, such as hospitalizations or unemployment, and the family's ability to meet their basic needs.

2. IFSP Considerations

Social work services should be considered when a parent has specific needs regarding the child's quality of life, improving family relationships, strengthening parent-child interactions, issues related to the child's living situation or the ability to care for the child.

Social work services may include individual or family counseling with parents and other family members. When working to improve family relationships or parent-child interactions, social work services may require a combination of individual and family counseling. Social workers may also want to identify and coordinate other community resources and services to enable the child and family to maximize the benefit from receiving early intervention services.

M. Special Instruction

Special instruction is designed to provide educational activities related to a child's general development in adaptive, cognitive, communication, physical and social/emotional development. Special instruction for First Steps includes coaching and educating the family to improve the child's abilities in one or more developmental area, including hearing and vision. Special instruction may be provided by a Special Instructor, Special Instructor – Hearing Impairment, Special Instructor – Vision Impairment, Paraprofessional in Early Intervention, Parent Advisor – Hearing Impairment or Parent Advisor – Vision Impairment.

1. Assessment Considerations

A special instruction assessment may be necessary to determine the child's current functioning in problem-solving, thinking or memory in order to identify any problems with cognition. A special instruction assessment should include a review of the child's general abilities in all five developmental areas to determine the impact of a developmental delay or disability on the child's development, play, learning and overall growth.

2. IFSP Considerations

Special instruction services include activities that promote the enhancement of the child's overall development. Special instructors provide the family with information, skills and support to help their child grow and learn within the daily routines and activities of the family.

Special instruction services should be considered when a child needs assistance with meeting developmental milestones related to using simple reflexes, learning to clap or wave, using pretend play, playing hide-and-seek, following directions, imitating the actions of siblings or peers, remembering recent events, building skills for sharing, taking turns and playing with peers, safely exploring their surroundings or the ability to form appropriate social and interpersonal relationships.

Special instruction services may also involve designing learning environments and creating activities that promote the child's use of skills in one or more developmental areas, including cognitive processes and social interaction, so children can participate in everyday activities in various settings (e.g., home, child care setting, a park).

N. Speech Language Pathology

Speech language pathology is designed to focus on an individual's communication skills. Speech language pathology for First Steps includes coaching and educating the family to improve the child's abilities in communication or oral-motor skills. Speech language pathology may be provided by a Speech Language Pathologist or Speech Language Pathology Assistant (SLPA).

1. Assessment Considerations

A speech assessment may be necessary to determine the child's current functioning in expressive or receptive language, swallowing or oral-motor skills in order to identify any problems. A speech assessment should include determining the impact of a developmental delay or a disability on the child's development, play, learning and overall communication ability.

2. IFSP Considerations

Speech services include activities that emphasize communication skills to improve expressive or receptive language and oral-motor skills in order to help a child who has challenges with verbal or nonverbal language ability.

Speech services should be considered when a child needs assistance with meeting developmental milestones related to making eye contact, babbling, talking, listening, understanding familiar words (spoken or signed), gesturing, imitating different speech sounds, following directions, drooling, eating solid foods, pointing to pictures in storybooks, taking turns and responding to requests.

Speech Language Pathologists may assist with adapting activities and materials so children can participate in everyday routines in various settings (e.g., home, child care setting, a park).

O. Transportation and Related Costs

Transportation and related costs involves the necessary expenses to enable a child and family to receive early intervention services identified in the IFSP.

1. Transportation

Transportation services are not authorized for services delivered in a natural environment, such as a child care center the child attends, the park or a library.

Transportation services are not authorized for services that are delivered by providers outside of First Steps, such as when a child goes to a special purpose center for a service not listed in the IFSP.

Transportation services may be provided by a family member or by a provider agency. Any individual/agency providing transportation services must be enrolled with the Central Finance Office (CFO) and authorized for transportation in the child's IFSP.

a) Family Member Transportation

Family member transportation provides reimbursement to the family for travel (e.g., mileage, taxi, bus) and related costs (e.g., tolls, parking) to a special purpose setting in order for the child to receive early intervention services as identified in the IFSP.

i. Family Member Payment Considerations

If the IFSP team determines transportation is a necessary service, then the parent decides which family member will enroll with the CFO in order to be authorized and paid as a transportation provider. It is acceptable for the parent to identify a grandparent, other relative or close family friend to enroll as the transportation provider. Additionally, when the parent is enrolled and another family member provides transportation, it is acceptable for the parent to claim the mileage and pay that person for transportation.

To enroll, the family member completes the enrollment paperwork and submits the paperwork to the CFO before authorizations can be entered. The required forms are available on the First Steps website under For Providers.

Once the Service Coordinator confirms the family's enrollment, a transportation authorization is entered in the IFSP. This authorization lists the maximum number of miles the family will travel to transport the child to and from (round-trip) the location where early intervention services are delivered.

Once the enrollment paperwork is processed at the CFO, a ***Family Member Transportation Billing Form*** (see Chapter 8 Documents) is mailed to the family. Only one copy is mailed, so the family should make copies of the form for future submissions. If the parent misplaces the form, then the parent can call the CFO and ask that a replacement be mailed to the home address. A blank form is also available on the First Steps website under For Providers.

Family members are paid 47 cents a mile to provide transportation services. After transportation services have been provided, family members complete the Family Member Transportation Billing Form and mail it to the CFO for payment. Family members should make a copy of the completed form before sending it to the CFO.

Family members will receive a paper check in the mail approximately two to three weeks after the CFO receives the completed form. Checks for family member transportation are prepared and mailed out in accordance with the provider reimbursement schedule, which is available on the First Steps website under For Providers.

ii. IFSP Considerations

Family member transportation should be discussed any time the team decides a First Steps service will be provided in a special purpose center. For example, if a service cannot be provided in the natural environment, such as audiology, then the IFSP team discusses the need for the child to receive the service in a special purpose center, including the cost to transport the child.

If the family states they want reimbursement for transporting to/from the special purpose center, then the Service Coordinator gives the parent a NOA/C that lists both the service (i.e., audiology) and transportation. The parent checks the accept box for both actions, signs consent and both services are authorized in the IFSP. The Service Coordinator documents the discussion in case notes and in the IFSP under strategies to support the outcome.

If a family declines family member transportation, then the IFSP team discussion and decision are documented in case notes and in the IFSP. The Service Coordinator gives the parent a NOA/C that lists both the service (i.e., audiology) and transportation. The parent checks the accept box for the service but checks the decline box for transportation, signs consent and only the service is authorized in the IFSP. The Service Coordinator documents the parent's decision in case notes.

➤ Non-mileage Reimbursement

When a family does not have access to an automobile, they can still be reimbursed for transportation costs; however, the child's electronic record (i.e., WebSPOE) only allows transportation authorizations to be entered in miles. If a family needs to take a bus, taxi or other mode of transportation to receive early intervention services at a special purpose center, then the SPOE pays for the transportation services and submits a letter to the Department of Elementary and Secondary Education (DESE) requesting reimbursement for family transportation. The letter must detail the service provided, including the date, type and amount.

If a family already purchases a monthly bus pass as their normal mode of transportation and the route to the special purpose center is included in the bus

pass, then First Steps would not purchase the bus pass for the family to take the child to the early intervention service.

The Service Coordinator documents the discussion regarding transportation reimbursement and payment arrangements in case notes or in the IFSP under strategies to support the outcome.

b) Provider Agency Transportation

Provider agency transportation provides mileage reimbursement for an agency to transport a child to their special purpose setting in order for the child to receive early intervention services as identified in the IFSP.

i. Agency Payment Considerations

In order to be authorized and paid for transportation services, the special purpose center where services are delivered must enroll with the CFO as a First Steps transportation provider. To enroll, the agency completes and submits the provider enrollment paperwork to the CFO before authorizations can be entered. The required forms are available on the First Steps website under For Providers.

ii. IFSP Considerations

If the special purpose center selected for services is an enrolled transportation provider, then the IFSP team includes the center's transportation as an option when discussing the need for transportation services. For example, if group special instruction is determined necessary and the center selected for the services has a bus that transports children to and from the center, then the IFSP team discusses the need for the child to use the center's transportation in order for the child to receive the special instruction services.

If the IFSP team agrees to authorize the center for transportation services, then the Service Coordinator gives the parent a NOA/C that lists both the service (i.e., special instruction) and transportation. The parent checks the accept box for both actions, signs consent and both services are authorized in the IFSP. The Service Coordinator documents the discussion in case notes and in the IFSP under strategies to support the outcome.

If a family declines transportation, then the IFSP team discussion and decision are documented in case notes and in the IFSP. The Service Coordinator gives the parent a NOA/C that lists both the service (i.e., special instruction) and transportation. The parent checks the accept box for the service but checks the decline box for transportation, signs consent and only the service is authorized in the IFSP. The Service Coordinator documents the parent's decision in case notes.

2. Related Costs – Family Child Care Assistance Services

Family Child Care Assistance (FCCA) is in-home or other care arrangements for the child in order for the family to participate in early intervention services that have a defined family component, such as family training, counseling services or social work.

FCCA is not intended to be respite from caring for the child in First Steps and it does not serve as child care or babysitting assistance under ordinary circumstances. FCCA is not to be provided to meet daily family needs, such as time for family members or caregivers to work or run errands. Additionally, FCCA is not intended to be used by families to participate in activities unrelated to the implementation of the child’s IFSP, such as attending Regional Interagency Coordinating Council (RICC) meetings, parental support groups, etc.

a) FCCA Payment Considerations

First Steps cannot pay First Steps providers or family members to provide FCCA services. For the purposes of FCCA, a family member is defined as: mother, father, sibling, aunt, uncle, grandparents, step-relatives and in-laws.

Once the IFSP team has decided FCCA services are necessary, the selection of a FCCA provider and arrangements for delivery of FCCA services are made by the family. Providing FCCA services is an agreement between the family and the FCCA provider selected by the family. The family is responsible for paying the FCCA provider and the family is then reimbursed by First Steps.

b) IFSP Considerations

When a potential need for FCCA services is identified, the Service Coordinator facilitates an IFSP meeting to discuss FCCA services as it relates to the outcomes in the child’s IFSP. As with all early intervention services, the IFSP team first considers the use of natural supports (e.g., family members, volunteers) to meet the needs of the child and family before considering the use of FCCA.

If the IFSP team determines FCCA services are necessary, then the Service Coordinator and the family determine how long the service will be needed. The Service Coordinator authorizes FCCA services for the amount of time determined necessary for the family.

P. Vision Services

Vision services are designed to focus on visual impairments and related disorders. Vision services for First Steps include activities necessary to evaluate or monitor vision loss in young children. Vision services may be provided by an Ophthalmologist, Optometrist or Orientation and Mobility Specialist.

1. Evaluation Considerations

The need for a vision evaluation may be identified during the intake process as part of the evaluation of the child. A vision evaluation may be necessary to determine whether the child has a vision loss that meets eligibility criteria for First Steps. For more information about eligibility determination, see Chapter 4.

2. Assessment Considerations

The need for a vision assessment may be identified as part of the initial or ongoing assessment of the child. A vision assessment may be necessary to determine the child's current visual functioning and to identify whether the child has a visual impairment, including the degree or nature of the child's vision loss.

In the event the child has already been diagnosed with vision loss, a vision assessment may involve determining the child's individual correction and selecting appropriate corrective lenses. A vision assessment may also include selecting, fitting, and dispensing appropriate optical devices.

3. IFSP Considerations

Vision services should be considered when a child has specific needs regarding blindness or any type of vision loss and the needs relate to outcomes developed by the IFSP team. Early intervention services may include training or connecting parents with other community resources that can assist families to learn how to help their child move around the environment.

Vision services may be delivered to families in a variety of ways, including coaching, demonstrating, modeling and parent/caregiver education sessions. Examples of vision services include educating parents on the nature of their child's vision loss or training parents on how to use certain optical devices.

Vision services may also include routine vision tests and monitoring the child's corrective lenses, if applicable. The Service Coordinator enters a routine test as an evaluation/assessment authorization; however, it is listed as an early intervention service on the NOA/C.

SECTION II: ASSISTIVE TECHNOLOGY

Missouri Part C State Plan Section I. (34 CFR 303.13)

Assistive technology includes both assistive technology services and devices. A general way to distinguish the difference is an assistive technology service is the provider's time and an assistive technology device is a piece of equipment or the materials used to construct an item.

Assistive technology services and devices must be directly related to the developmental needs of the child, and necessary for the child to accomplish IFSP outcomes within the child and family's everyday routines and activities.

A. Assistive Technology Services

Assistive technology services are used in conjunction with an assistive technology device. For First Steps, assistive technology services mean the time providers spend assisting the child and family in the selection, acquisition or use of an assistive technology device. Assistive technology services may include:

- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing devices
- Purchasing, leasing or otherwise acquiring a device
- Evaluating the child's needs or the environment in order to identify the need for or accommodate the use of a device
- Coordinating existing therapies, interventions or services with devices
- Training or technical assistance related to a device for professionals including First Steps providers or other individuals (e.g., family members, caregivers, child care providers) who are involved in the child's life and may include specific instruction on the use of the device or follow-up visits to make adjustments to the device
- Routinely checking either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) to ensure proper functioning

B. Assistive Technology Devices

Assistive technology devices are items or equipment that are purchased or constructed to increase independence or improve function. For First Steps, assistive technology devices mean items acquired commercially off the shelf, modified or customized that can be used to help the child function in everyday routines and activities. First Steps provides assistive technology devices when the IFSP determines a device is necessary to improve or maintain the child's functioning in one or more developmental area.

Assistive technology devices can range from items considered low technology to those considered high technology. Low technology devices can be purchased or made using simple tools and easy to find materials. High technology devices include sophisticated equipment and may involve electronics. Assistive technology devices also include the cost of materials a provider may need to construct low technology devices.

1. Items Considered Assistive Technology Devices

The following are examples of assistive technology devices that may be provided to children when determined necessary by the IFSP team. This is not an exhaustive list of assistive technology devices and is intended to provide guidance for decisions regarding assistive technology devices. There may be other items not listed that would appropriately meet the needs of a child in First Steps.

- Devices to improve or maintain self-help skills and functional abilities related to daily living activities. Examples include adapted feeding utensils, devices that assist with seating and positioning (e.g., prone standers), and insertions and adaptations necessary to correctly position or support a child. These devices may include adaptations to common items such as car seats and strollers.
- Devices to improve or maintain functional mobility. Examples include orthotics, walkers, therapeutic strollers and wheel chairs.
- Vision and hearing aids for children with diagnosed visual impairments and hearing impairments. Examples include eyeglasses, external contact lenses, magnifiers and assistive listening devices (e.g., hearing aids or other forms of amplification).
- Accessories and maintenance items for the care, protection and use of assistive technology devices, including devices purchased outside of First Steps. Examples include an eyeglass case, lens cleaning wipes, ear molds and dry aid jars.
- Devices to improve or maintain communication skills and development consistent with expectations for age-appropriate development. Examples include communication boards, augmentative and alternative communication aids, dedicated communication devices and more complex communication systems.
- Devices to improve or maintain cognitive development. Examples include adapted toys with auditory signals for children with visual impairments, switches and necessary connections to toys in order for the child to be more independent in the natural environment.

2. Items Not Considered Assistive Technology Devices

First Steps does not provide assistive technology devices to meet the medical, life sustaining or common everyday needs for a child. The following are examples of items that are not considered assistive technology devices in First Steps. If the family expresses a need for one of these items, the Service Coordinator can assist the family in finding another community agency or resource in order to obtain the item.

- Common items typically needed by all children. Examples include car seats, high chairs, youth beds, play tables, bath seats, infant swings, potty chairs and strollers.
- Toys not adapted for children with disabilities. Examples include building blocks, dolls, puzzles, balls and other common play materials used by all children and not specifically designed for children with disabilities.
- Equipment or medical supplies solely related to a medical condition, chronic illness unrelated to the child's disability and developmental status, or life-sustaining in nature. Examples include medical equipment such as suction machines, feeding pumps, nebulizers, ventilators, apnea monitors, neuromuscular stimulators for shock treatment and pulse oximeters.
- Standard equipment and supplies used by providers delivering early intervention services, regardless of the service setting or preferred methodology. Examples include tables, desks, chairs, therapy mats, therapy balls, vestibular swings, treadmill, listening tapes, special CDs and head phones. This equipment should be provided or loaned to the family by the provider.
- Medical devices that are surgically implanted, including cochlear implants and accessories, or the optimization (e.g., mapping), maintenance and replacement of such devices.
- Warranties or product protection plans for devices purchased by First Steps or outside of First Steps. Examples include warranties for wheelchairs, FM systems and hearing aids.
- Structural modifications or construction to the family's home. Examples include wheelchair ramps, stair or doorway expansions.

C. IFSP Considerations for Assistive Technology

Prior to an IFSP team discussion about the need for assistive technology, a First Steps provider may try a device as a strategy to determine whether the device is feasible for the child and family to use. The trial device may belong to the provider or come from the SPOE's inventory.

For First Steps, assistive technology is considered appropriate if the service or device relates to an IFSP outcome and it will help the child participate in daily routines and activities. Before authorizing assistive technology, the IFSP team decides if the child requires the assistive technology service or device in order to achieve one or more outcomes on the child's IFSP.

1. Recommendations for Assistive Technology Devices

A recommendation for an assistive technology device may come from any IFSP team member or a professional outside of First Steps (e.g., therapist or physician). Regardless of the individual recommending an assistive technology device, the recommendation is taken to the IFSP team for discussion and team decision in order for the device to be considered a

First Steps purchase. All assistive technology suggested by medical personnel are treated as recommendations to the IFSP team. A provider's recommendations for assistive technology must be consistent with the provider's qualifications and licensure.

If any professional (i.e., enrolled providers or professionals outside of First Steps) bypasses the First Steps process (i.e., decides to obtain or purchase the device outside of an IFSP meeting), then the device is not considered a First Steps item.

An assistive technology device determined necessary by the IFSP team is authorized through the First Steps system. However, the parent can decline the assistive technology device recommended by the IFSP team if the parent doesn't want the device or if the parent chooses to obtain the device privately using other resources.

2. IFSP Discussion

The decision to authorize assistive technology is made by the entire IFSP team. The team should carefully consider all available options, including the appropriateness and usefulness of the device.

The IFSP team should use the *Assistive Technology Devices: Considerations for IFSP Team Meetings* (see Chapter 8 Documents) to discuss the following questions when determining the need for assistive technology devices:

IFSP Outcomes

- What strategies have worked and not worked to assist in the child's development?
- What are the current outcomes?
- Which IFSP outcome requires the strategy to obtain a device?
- Which daily routines will be improved with the use of this device?
- How will the child's progress with the device be monitored?

Child's Skills and Abilities

- Is the child making progress with current IFSP strategies and activities?
- Is the device developmentally appropriate given the child's current skills and abilities?
- How will this device help the child participate in daily routines and activities?
- Would the child need this device regardless of having a disability?
- Is the child able to tolerate using the device?

Family's Concerns and Resources

- What are the family's questions and concerns about the device?
- What are the family's expectations for the device?
- Can this device be easily integrated into the family's daily routines and activities?
- How manageable is the device for the family (e.g., ability to move, function)?

- How much training is required for caregivers to use the device?
- Will the child’s environment accommodate the size of the device (e.g. home, child care)?
- Would the family need this device regardless of the child’s disability?

Time Considerations

- How long may it take the SPOE Director to obtain the assistive technology device?
- Will the child have enough time to utilize the device and make progress before exiting First Steps?
- How quickly will the child outgrow the device?

Device Considerations

- What are the specific features of the device that meet the needs of the child?
- Is the device currently available in the child’s natural environment?
- Can the device be adapted or made?
- Can the outcome be met with a low technology device or is a higher technology device required?
- Is there a loan or rental program for the device the team could suggest to the SPOE Director to try?
- Is there a specific brand or modification that the team could suggest to the SPOE Director?

3. IFSP Documentation for Assistive Technology

A summary of the assistive technology discussions, regardless if the IFSP team decides to authorize assistive technology, must be documented in the strategies and activities section under the corresponding outcome in the IFSP document. If the IFSP team decides assistive technology is necessary, then the strategies and activities must include a general description of the following:

- Specific training on the use of the device, if needed
- Qualified personnel who will educate the family on the use of the device
- The setting where the device will be used

The IFSP team decision to authorize assistive technology devices, regardless of the method in which the assistive technology will be obtained (e.g., provider loan or purchase), must be included in the IFSP document. If additional discussions are held after the IFSP meeting, the Service Coordinator documents the discussions in case notes.

4. Parental Consent for Assistive Technology

After a thorough discussion of assistive technology, if the IFSP team determines the service and/or device is appropriate, then the Service Coordinator provides the parent with a NOA/C.

The first time consent is obtained for an assistive technology device, the Service Coordinator selects the action of Initiation of EI Service. The reason for the action must include the device (e.g., orthotics). The reason for the action does not include dates because the parent's consent covers obtaining and using the assistive technology device.

If another assistive technology device is needed (e.g., replacement, repair or different device), then the parent signs a new NOA/C indicating Change in EI Service. The service type is assistive technology and the reason for the action must include the device (e.g. weighted vest). When the discussion is only for a replacement device, the manner in which the IFSP meeting is conducted may vary. For more information on IFSP meeting requirements, see Chapter 6.

If the IFSP team determines the provider needs extra time for selecting, fitting or constructing the device (i.e., assistive technology service), then the Service Coordinator must provide the parent with a NOA/C indicating Change in EI Service. The service type is the provider's discipline and the reason for the action must include an explanation of the extra time needed for assistive technology service.

The *Provider Types: Matrix, Parental Consent and Authorizations* chart (see Chapter 6 Documents) may be used to match the corresponding service type to the content of the NOA/C and the authorization.

If the IFSP team determines the service and/or device is inappropriate and the parent agrees, then the Service Coordinator documents the discussion in the IFSP and case notes. However, if the parent continues to request assistive technology, then the Service Coordinator provides the parent with a Notice of Action (NOA) indicating the IFSP Team Refused Parent Request for Ongoing Assessment or Service and lists the specific device in the reason for the action.

If after parental consent is obtained, the parent no longer wants the device, then the Service Coordinator provides the parent with NOA indicating the Parent Request to Discontinue a Service and lists the specific device in the reason for the action. However, if the parent gave consent for a device and it was not delivered before age three, then the Service Coordinator provides the parent with a NOA indicating IFSP Team Refused Parent Request for Service and lists the specific device in the reason for the action. For more information on NOA/C and NOA, see Chapter 2.

5. SPOE Director Review

It is the IFSP team's decision to determine the necessary devices for the child and family and the SPOE Director does not have the authority to approve or deny team decisions. However, the SPOE has a responsibility to provide oversight and guidance to IFSP teams, including

the appropriateness of assistive technology, to ensure the IFSP process is followed according to First Steps philosophy and regulations.

After the IFSP team has decided on the appropriate assistive technology device, the Service Coordinator completes the *SPOE Assistive Technology Pricing Worksheet* (see Chapter 8 Documents) listing a description of the necessary device, including all pertinent information such as size and modifications. The IFSP team may suggest a specific item, brand name or modification, and the SPOE Director reviews the suggestion as part of the determination of the most economical method to obtain the device.

The SPOE Director is responsible for determining the specific model or brand and how the device will be obtained. The Service Coordinator submits the worksheet to the SPOE Director for review and processing requests for assistive technology devices.

6. Assistive Technology Authorizations

The SPOE Director determines who will enter authorizations in the child's electronic record (e.g., SPOE Director, Service Coordinator, data entry staff). Finalizing the IFSP document in the child's electronic record should not be delayed due to obtaining assistive technology devices. Service Coordinators should finalize the IFSP meeting within expected timelines even though the details of the assistive technology purchase are pending. The IFSP meeting may be amended to include the assistive technology authorizations for up to 60 days after the meeting date.

Authorizations for assistive technology services and devices may vary depending on how items are purchased, customized and delivered. A provider may be authorized for assistive technology device for any needed materials and for assistive technology service for the time to construct a low technology item, assemble a new device, fit a commercial item to a child or repair a device. A provider may also be authorized for time to train parents and caregivers on how to use a device. However, if the provider assembles or fits the device in conjunction with an existing IFSP outcome during a regular home visit, then no additional authorizations are necessary for the provider's time.

The following are examples of authorizations for assistive technology services and devices purchased by First Steps:

- A device is purchased through a First Steps assistive technology provider and the manufacturer charges the provider \$100 for the device with shipping/handling. The assistive technology provider charges First Steps \$100 for the total cost of the device. One assistive technology authorization is entered as \$100 for the device.
- A manufacturer charges a First Steps assistive technology provider \$100 for the device with shipping/handling. The assistive technology provider charges First Steps for the time to research and select the appropriate device, in addition to the \$100 for the device. Two authorizations are entered: one authorization is entered as \$100 for the device and one authorization is entered as \$15 for assistive technology service.

- A First Steps physical therapist makes a low technology device for a child. It takes the provider one hour to construct the device and \$50 in materials. Two authorizations are entered: one authorization is entered as \$50 for the materials (i.e., assistive technology device) using a “SPOE as Provider” authorization if the physical therapist is not enrolled as an assistive technology provider and one authorization is entered as 60 minutes for physical therapy.
- The SPOE orders a device that costs \$100 and the shipping/handling is expected to be \$10, for a total cost of \$110. One assistive technology authorization is entered as \$110 for the device.

Devices that are loaned do not have authorizations entered in the child’s electronic record. However, a device that is rented or repaired by First Steps requires an authorization.

The following are examples of authorizations for renting or repairing assistive technology devices:

- The IFSP team decides to try different hearing devices for a child with a hearing loss before purchasing a device. The assistive technology provider charges \$100 per month for rentals. An authorization is entered for the Rental for the amount of \$100 for the number of months (i.e., quantity) determined by the IFSP team.
- The head rest on a child’s wheelchair needs to be repaired. The device is repaired by an assistive technology provider for \$75. An authorization is entered for the Repair in the amount of \$75.

D. Obtaining Assistive Technology Devices Near Transition

IFSP teams must carefully consider recommendations for assistive technology devices near the time a child will be exiting First Steps. Authorizing assistive technology devices a short time before the child exits is not appropriate because the child will not have the opportunity to use the device and make progress toward IFSP outcomes while in the program.

If an IFSP team member suggests an assistive technology device close to the time a child is transitioning out of First Steps, the IFSP team must consider these additional questions:

- How long will it take to obtain the device either through loan or purchase?
- How much time does the child have left in First Steps?
- Does the child have a summer third birthday? Is it possible for the child to continue in First Steps over the summer months?
- Will the child have time to utilize the device and make progress before exiting First Steps?

If an assistive technology device is ordered prior to a child's exit, but is not available until after the child exits, then the device cannot be delivered to the family since the date of service (i.e., the delivery date) would occur outside of the child's participation in First Steps. Therefore, in order for a device to be determined necessary near a child's transition, the IFSP team identifies the device, obtain parent consent for the device and ensure the device will be delivered in time for the child to use the device as it relates to the IFSP outcome.

Attempting to obtain assistive technology devices as the child is transitioning out of First Steps does not support the First Steps philosophy of increasing the family's capacity to meet their child's needs. It also does not assist the child and family with implementing the IFSP when the child is approaching the time to exit First Steps.

E. Assistive Technology Ownership

The ownership of an assistive technology device depends on the funding source used to obtain the device.

1. Devices Purchased by First Steps

Any assistive technology device authorized by the IFSP team and purchased by First Steps for a child is considered property of the family.

At any time, the family may donate an assistive technology device back to First Steps. All donated devices are assessed for safety and cleaned before including them in the assistive technology inventory at the SPOE office.

2. Devices Rented or Loaned by an Assistive Technology Resource

If the device is on loan from the SPOE inventory or rented from another assistive technology resource, then the device is considered property of the original owner. The SPOE collects and returns the device to the owner when the child no longer needs the device or when the child exits First Steps.

SECTION III: SERVICE COORDINATION

Missouri Part C State Plan Section I. (34 CFR 303.34)

Service coordination includes activities conducted by a Service Coordinator to assist a child and family from referral to transition out of First Steps, including explaining parental rights and ensuring early intervention services are delivered as identified in the IFSP. Service Coordinators do not deliver early intervention services but are important in helping the family access services and supports for their child.

The SPOE is responsible for employing all Service Coordinators. The SPOE decides the most efficient operation for service coordination in a particular region in order to complete required referral and IFSP activities. Regardless of the specific duties, all Service Coordinators need skills to organize information effectively, manage time efficiently and communicate clearly with families and providers.

A. Service Coordinator Duties

The Service Coordinator actively assists the family in all aspects of the family's participation in First Steps, including eligibility determination, IFSP development and transition services. Service Coordinators are responsible for meeting federal and state regulations and for ensuring a parent's rights are protected.

The SPOE may decide to divide service coordination duties into two positions, Intake and Ongoing, or have Service Coordinators who perform the duties of both positions.

1. Service Coordination Duties at Intake

Each child and family is assigned to a Service Coordinator who is responsible for making the initial contact with the parent and explaining the First Steps process, once the referral is received by the SPOE. The Service Coordinator holds the first meeting with the parent (i.e., the intake visit) and informs the parent of their parental rights. Regardless of the parent's decision to participate in First Steps, Service Coordinators may need to provide parents with information about other resources and supports outside of First Steps.

The Service Coordinator is responsible for collecting information to determine the child's eligibility for First Steps. Generally the Intake Service Coordinator conducts the Initial IFSP meeting and completes the Initial IFSP document. However, depending on how the SPOE arranges Service Coordinator duties in a particular region, the Ongoing Service Coordinator may complete the Initial IFSP process.

2. Service Coordination Duties at IFSP

Each family is assigned to a Service Coordinator once a child is determined eligible for First Steps. If the Intake Service Coordinator conducts the Initial IFSP meeting, the Ongoing Service Coordinator is encouraged to participate in the meeting.

One of the primary roles of the Service Coordinator is to ensure the IFSP is developed, implemented and reviewed. Each Service Coordinator must understand the steps and the purpose of the IFSP process. For more information about the IFSP, see Chapter 6.

The Service Coordinator serves as the first point of contact for the family if there are issues or concerns with any part of the IFSP process, including the providers delivering early intervention services. While the Service Coordinator assists the family with accessing early intervention services, there may be times when the Service Coordinator needs to assist the family in the identification or receipt of services from other programs or agencies such as educational, social or medical services.

The Service Coordinator is responsible for coordinating early intervention services and facilitating a smooth transition to prepare the child to exit the program. For more information about transition, see Chapter 10.

3. Other Duties

The SPOE determines how service coordination duties are shared to ensure all timelines and requirements are covered. Beyond the activities related to referral, eligibility determination, and the IFSP process, Service Coordinators play an important role in the functioning of an Early Intervention Team (EIT) and linking families to resources within the community.

a) Shared Service Coordination

Service Coordinators are assigned to complete certain activities (e.g., intake visit, eligibility determination, IFSP meetings), other activities may be completed by providers or administrative staff at the SPOE (e.g., filing, phone calls, data entry). For more information about the activities required of Service Coordinators and activities that may be shared with others, see the *Shared Service Coordination Chart* (Chapter 8 Documents).

b) Early Intervention Teams

The Service Coordinator is an important member of an EIT. The EIT meetings allow Service Coordinators to remain up-to-date with any progress or concerns regarding children and families on their caseloads. The responsibility a Service Coordinator has with regard to EIT operations is determined by the SPOE. For more information on EIT, see Chapter 7.

c) **Linking Families to Outside Resources**

Service Coordinators need to be knowledgeable of local resources to share with the family throughout their participation in First Steps, including when the child is not eligible for First Steps or when the child is transitioning out of First Steps.

Families are encouraged to make their own contacts with resources; however, the Service Coordinator can assist the family. A Service Coordinator should explain which resources might be appropriate depending on the family's individual needs.

The following are suggestions for Service Coordinators to consider when sharing information with families:

- Stay informed about resources available for families with young children and individuals with disabilities in the community and in the state.
- Work with SPOE staff or the RICC to develop a booklet or listing of community resources, if one does not already exist.
- Keep a packet or listing of current, local resources that can be given to families if needed. Service Coordinators may want to develop a one page form for listings of area health, education, and social service telephone numbers and addresses with descriptions of funding sources.
- Provide families with information about children's events and parent-to-parent or other support groups available in the community.

B. Case Notes

Case notes are the Service Coordinator's method of documenting any activities conducted in First Steps, including actions in the 45-day timeline or preparing and planning for IFSP meetings.

1. Activities to Case Note

Each Service Coordinator ensures all key First Steps activities are accurately documented and adequate case notes are maintained in the child's electronic record. When deciding what activities should be included in a case note, the general rule for maintaining documentation is: "if it is not documented, it did not happen."

Some examples of key activities to document in case notes include:

- Discussions with the family about Parental Rights, System of Payments or NOA/C (e.g., parent decline a service, compensatory services)
- Discussions or actions related to disagreements between providers and/or Service Coordinators, child complaint or due process hearings if one arises

- Discussions with a parent or provider related to the child (e.g., a referral to Parents as Teachers, a provider’s availability)
- Telephone messages received from or left for the parent, provider or Early Childhood Special Education (ECSE) representative (e.g., parent availability, receipt of referral to ECSE)
- Instructions to the family (e.g., asking a parent to obtain medical records from doctor’s office)

2. Content of the Case Note

A quality case note must be written with enough detail and explanation so anyone within or outside of First Steps understands what happened. Abbreviations and jargon should be limited.

Each case note should contain the following information:

- Date and time, and late entries should be identified as such
- Method of the contact (e.g., phone, mail, email, meeting, file review)
- Person who is contacting or being contacted by the Service Coordinator. Individuals should be identified by name and discipline (e.g., Sue – Special Instructor)
- A description of the discussions or activities that occurred

When entered in the child’s electronic record (i.e., WebSPOE), the system automatically “signs” every note with the name of the person who is logged into the record at the time.

Case notes in WebSPOE are only accessible by SPOE staff (i.e., Service Coordinators, SPOE Directors and other designated SPOE personnel) and DESE staff. Other individuals (e.g., parents) may request to review case notes at any time. For more information about access to a child’s record, see Chapter 2.

C. Organization and Time Management

A crucial part of service coordination is organization and time management. Service Coordinators need a system of organizing their caseload and responsibilities to utilize their time wisely and efficiently in a manner that works for them. It is suggested that Service Coordinators:

- Maintain a to-do list
- Prioritize activities according to importance and urgency
- Set personal deadlines for tasks
- Post pertinent information in a central location (e.g., bulletin board, dry erase board)

- Set up an efficient filing system for required paperwork; organize by subject, chronological, alphabetical, or color code files
- Maintain current phone numbers, fax numbers, and addresses for local physicians, hospitals, and school districts
- Keep regularly used brochures and forms on hand

Service Coordinators should also find ways to carefully manage their time in order to be prepared for meetings and to meet various deadlines. It is recommended that Service Coordinators:

- Begin planning for IFSP meetings at least four to six weeks in advance
- Make contacts with families on the same day of the week or month (e.g., every Monday, the 15th of the every month)
- Schedule blocks of time for regular activities such as data entry and family contacts
- Create packets with required forms in preparation for various meetings
- Type case notes and other information directly into a child's electronic record, instead of keeping notes on paper and transferring the notes into the child's record at a later date

D. Communication

Strong communication skills are essential in engaging and building relationships with families and providers. The Service Coordinator must be sensitive to different perspectives and experiences in order to facilitate clear communication.

Monthly contact with families is best practice and the Service Coordinator can use a variety of communication tools including phone calls, in-person conversations, emails, letters and text messages. The Service Coordinator maintains regular contact with providers through IFSP and EIT meetings.

The Service Coordinator builds a strong relationship with families and providers through active listening and reflective questions. The Service Coordinator asks appropriate follow-up questions to clarify the information shared, which allows the Service Coordinator and provider to understand the family's concerns, priorities and available resources. Asking parents and providers about their preferred method of contact may also facilitate successful communication.

The Service Coordinator has regular contact with families and providers for a variety of reasons (e.g., ensuring services are delivered, discussing the child's progress, sharing local resources). Regular contact helps determine if there are any questions or a need for the IFSP team to meet to discuss changes.

If the Service Coordinator has difficulty contacting the family, then the following strategies should be considered:

- Try alternate contacts to reach the family (e.g., different phone number, different person)
- Send the family a letter and give them the SPOE contact information
- Ask a provider if there have been any changes in family contact information
- Visit the home at the same time the provider routinely sees the child
- If there is a signed Release of Information on file, contact another person or agency who may have regular contact with the family (e.g., the child's physician, Parents as Teachers educator, child care provider) to see if there is new contact information or if they know how to best reach the family

For more information about what to do when the family is unable to locate and the child has been determined eligible for First Steps, see Chapter 6.

E. Professional Boundaries

The Service Coordinator must be professional when interacting and communicating with families and providers. Establishing and maintaining professional boundaries is an ongoing and important process for Service Coordinators.

Since the Service Coordinators works closely with families and providers, the boundaries between the professional relationship and a friendship can become blurred. It is the responsibility of the Service Coordinator to maintain the boundary. If the boundaries are becoming difficult to maintain, the Service Coordinator should talk to the SPOE Director.

SECTION IV: FREQUENTLY ASKED QUESTIONS

Question 1: When a child undergoes a surgical or medical procedure requiring post-surgical rehabilitation, is it appropriate for First Steps to cover those services?

Answer: In general, post-surgical rehabilitation is not a service addressed through the IFSP process. The child's physician orders and supervises the necessary rehabilitation. However, existing IFSP services may need reevaluation by the IFSP team in order to determine if the services should be discontinued or modified while the child receives the post-surgical rehabilitation.

Question 2: Should the IFSP team consider the temporary impact of surgery on the child's development and any regression during the recovery period?

Answer: Yes. Surgical procedures with infants and toddlers may impact a child's development in a variety of ways. The IFSP team considers the impact of the surgery on how the child participates in the activities currently outlined on the IFSP. The team takes into account the child's medical and physical status, including the child's ability to tolerate additional developmental services. The decision to increase, decrease or maintain services to a child and family is an IFSP team decision. This requires the team to reconvene and discuss the child and family's current priorities and concerns.