

# GUIDANCE FOR SERVICE COORDINATORS



## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

Overview of interim methods of supporting families remotely. This guide includes best practices for virtual meetings, tips for successful virtual meetings, required documentation for meetings, and tools available to support service coordinators

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### Course content:

- [What's New -- Forms](#)
- Where Do I Find Forms?
- [Prior Authorizations](#)
- [Types of Virtual Meetings](#)
- Tips for Successful Virtual Meetings
- Required Documentation
- [Overview of New Tools/Support](#)
- [Link to SC survey](#)



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

During a public health emergency, service coordinators can work with families remotely to support families in meeting OSEP-identified goals for families participating in early intervention:

- ✓ Families know their rights
- ✓ Families communicate their child's strengths and needs to advocate for their child/family
- ✓ Families help their child learn and develop



Service coordination services are provided remotely via teleconference or other methods accessible and acceptable to the parent/guardian.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

Service coordinators are not providers of health care, so they do not provide health information (or opinions) but can direct families to current information from reputable sources. State resources available for questions or concerns related to COVID-19:

- ✓ UAMS Help Hotline @ 800-632-4502 to be triaged or for questions regarding COVID-19
- ✓ Arkansas Children's Hospital @ 800-743-3616 24-hour Family Information Hotline
- ✓ Arkansas Department of Health Hotline @ 800-803-7847 for individuals who have been exposed or have symptoms

Service coordinators can be an important “connection” and encouragement to families experiencing feelings of isolation and those who may be at home with their children for significantly more time than what was typical prior to the crisis.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

Current Part C Providers in good standing are eligible to provide Tele-Intervention (Remote EI) services if the following criteria are met:

- Parental consent has been obtained on FC Remote Services Consent Form
- FC Remote Services Consent Form is uploaded in the child's electronic record in CDS
- Prior Authorization (PA) is obtained (new PA required for all services provided via tele-intervention (teletherapy))
- All other applicable requirements for a Part C EI service are met, including, but not limited to: practitioner qualifications and current Part C provider certification

Services on an IFSP are IDEA, Part C Program services regardless of pay source.  
Compliance with service provision and documentation requirements for Part C Program Tele-Intervention services will be periodically monitored by the lead agency.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

“Continuity of services” is defined as the continuation of services on a current IFSP to which the parent/guardian has granted consent to receive via tele-intervention.

Evaluations may not be conducted via remote services (tele-intervention, teletherapy) per Medicaid guidelines and Medicaid interim operations policy.

The Part C program is following the Medicaid guidance on non-allowance of remote evaluations at this time.

### How does this impact new referrals?

Children who do not meet program eligibility with a medically diagnosed condition whose developmental evaluation has not been completed will not have the initial IFSP developed until the DT eval has been completed.

These families are to be supported through provision of developmentally appropriate activities to do at home while awaiting evaluation, program eligibility determination, and initial IFSP.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### **Other areas of service coordination impacted:**

- Explaining options to families
- New forms for e-fill/e-sign
- Obtaining consent for remote services (tele-intervention)
- New PA for all IFSP services provided via tele-intervention
- Annual Re-evaluation and Annual IFSP
- Adding IFSP Services
- Transition





# WHAT'S NEW -- FORMS

AND WHERE TO FIND THEM, WHEN TO USE THEM



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### WHAT'S NEW – FORMS?

#### For service coordinators:

- Fillable/e-sign Intake and IFSP Documents
- FC Consent for Remote Services (form)

#### For service providers:

- FC Remote Session Outcome (form)



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### **For Service Coordinators: Fillable/e-sign Intake and IFSP Documents**

All FC forms/required documentation and notices have been converted to Adobe fillable / e-sign documents.

The forms, documentation, and notices are downloadable in a Google drive for service coordinators.

As tools and TA documents are developed, they also will be added to the Google drive with the e-forms/documents.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### **For Service Coordinators: FC Consent for Remote Services (form)**

Service coordinators obtain parental consent for IFSP services to be provided remotely (via tele-intervention).

The signed form must be attached to PA requests for all services on an IFSP that will be provided via tele-intervention.

The IFSP does not have to be changed for this change in mode of service delivery or service setting because use of tele-intervention is a temporary measure. Service delivery as listed on the IFSP will return to its usual mode and levels when the health emergency is over.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### FC Consent for Remote Services (form)

Do not give a parent a blank form to sign. After ***discussing current services on their IFSP*** and the Tele-intervention option with the parent, complete the bottom section of the form before sending to the parent to sign.

-----the section below is to be completed by therapy provider program or SC-----

Provider Program: Virtual Visits Intervention	Proposed Service Start Date: 4/1/2020	
Service(s) Provided (on the current IFSP): <input checked="" type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input checked="" type="checkbox"/> SLP	Child has Medicaid? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Name of Service Coordinator: Shelly Sellers		
Reason: Declared State of Emergency		

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### FC Consent for Remote Services (form)

The parent checks  
the boxes (or Xs)  
and e-signs/dates  
the form in the top  
portion

#### Family Consent for Tele-Intervention (Remote EI):

*My signature below documents my informed consent to receive tele-intervention services (check boxes).*

- ☒ I understand that for a limited period of time, my early intervention services will be provided remotely via tele-intervention (video and audio meeting) to protect my family and the EI professionals.
- ☒ I understand that I or another adult whom I designate must be present and participate in the virtual visit with my child and my child's therapist for each session.
- ☒ I understand that tele-intervention sessions are limited to one hour per week (per service listed on my child's current IFSP) and that when face to face visits resume, my services will return to their normal levels (frequency, duration of therapy).
- ☒ I understand that I can revoke this consent at any time and all future tele-intervention sessions will be cancelled.
- ☒ I understand that if I choose to invite other people to join into our tele-intervention session, I may do so and will list those individuals below.

Typed/Printed Name of Child: John Doe

Typed/Printed Name of Parent/Guardian: James Doe

Parent e-Signature: James Doe Date: 3/31/2020

by typing and/or e-signing, I certify that I am granting permission to receive current services via teletherapy

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### FC Consent for Remote Services (form)

Is there someone the parent would like to join in on their Tele-intervention session? If the parent would like someone who is not at the parent’s/child’s location to participate, the parent can identify that person (or people) on the form. The provider will be responsible for inviting this person to the tele-intervention session and proving them with the date/time and connection information.

Other individuals I grant consent to join in our tele-intervention (remote) sessions to participate:

Individual	Phone number/contact information
Janiece Doe	870-999-9999    glamgram@hotmail.com



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### FC Consent for Remote Services (form)

Parents can change their mind and withdraw consent for a service or all services provided via Tele-intervention (this does not change their IFSP or a return to service provision as written in the IFSP when the public health emergency has ended).

This form shows consent is withdrawn for both DT and SLP.

-----parent only completes this portion to revoke/withdraw consent for tele-intervention/remote services-----

<input checked="" type="checkbox"/> I revoke my consent:	
Typed/Printed Parent Name: <u>James Doe</u>	
Signature or e-Signature: <u>James Doe</u>	<u>4/15/2020</u>

-----the section below is to be completed by therapy provider program or SC-----

Provider Program: <u>Virtual Visits Intervention</u>	Proposed Service Start Date: <u>4/1/2020</u>
Service(s) Provided (on the current IFSP): <input checked="" type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input checked="" type="checkbox"/> SLP	Child has Medicaid? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Name of Service Coordinator: <u>Shelly Sellers</u>	
Reason: <u>Declared State of Emergency</u>	

# GUIDANCE FOR SERVICE COORDINATORS

CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

WHERE DO I FIND SERVICE COORDINATION FORMS?



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### For Service Providers: FC Tele- Intervention Session Outcome (form)



All services on an IFSP provided via Tele-intervention (teletherapy) must be documented in the child's electronic record in CDS.

Service providers also upload the parent-signed FC Tele-Intervention Session Outcome (form) and attach it in case notes. The file should be saved with the name "Remote" (example: RemoteSP\_Jdoe\_4/3/2020)

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### For Service Providers: FC Tele-Intervention Session Outcome (form)

The therapist completes the top section of the form and sends to the parent or other caregiver who participated in the Tele-intervention session with the child and therapist after the service session has ended.



#### FC Tele-Intervention Session Outcome

Required documentation for Remote Early Intervention Services

Provider Completes this section and signs (electronic or typed signature is acceptable:

Child's name: John Doe

Date of Tele-Intervention Session: 4/3/2020 Time: 10:00

IFSP service provided (check one): ☐ DT ☐ OT ☐ PT ☒ SP

e-Signature of therapist providing service: Rolanda Owens

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### For Service Providers: FC Tele-Intervention Session Outcome (form)

The therapists sends the form to the parent to complete the highlighted portion of the form after the tele-intervention therapy session. The parent completes the form, e-signs the form, and returns the signed form to the provider to attach in case notes using a file name of:

Remote + svc + first initial last name + date of service

Parent/Guardian/Other Caregiver who participated in the virtual session completes and signs  
(electronic or typed signature is acceptable):

Check all that apply to your virtual EI session on the date listed above	Tele-Intervention (Remote Early Intervention) Session Activities:
<input checked="" type="checkbox"/>	Therapist checked in with me on any new concerns I have and/or any new skills/abilities of my child at the beginning of our session.
<input type="checkbox"/>	Therapist reviewed my child's plan (the IFSP) and asked me what I want to work on in our session today.
<input checked="" type="checkbox"/>	I was able to use things I have at home to participate in my virtual therapy session (my child's toys, household items, people at home, things we do, etc.).
<input checked="" type="checkbox"/>	Therapist modeled or demonstrated what to do with my child in a way that I could understand and do (copy).
<input checked="" type="checkbox"/>	Therapist watched (or observed) me trying out each activity (or strategy) with my child and provided useful, positive feedback so that I feel able to do this with my child and I can practice between therapy sessions.
<input checked="" type="checkbox"/>	Therapist asked about my comfort level using the activities (or strategies) we practiced today. If I wasn't sure or was uncomfortable, he/she provided alternative things to do or try.
<input type="checkbox"/>	Therapist talked with me about other times in our day where I could use the strategy to practice with my child in other activities we typically do (or routines).
<input checked="" type="checkbox"/>	Therapist asked me if I need any other support to practice with my child between this session and our next session.
<input checked="" type="checkbox"/>	Therapist checked with me to get my perspective on what "worked/didn't work" in today's virtual session.
<input type="checkbox"/>	At the end of our time together, the therapist reviewed our plan (our IFSP) and allowed me to decide what we will work on in our next session.

e-Signature of parent/guardian/other caregiver who participated in the session: James Doe



# PRIOR AUTHORIZATIONS

ALL IFSP SERVICES PROVIDED THROUGH TELE-INTERVENTION REQUIRE A NEW PA



# INTERIM PART C PROGRAM POLICY

TO PROVIDE CONTINUITY OF SERVICES FOR CHILDREN WITH AN ACTIVE IFSP

## **Billing/Payment for IFSP Services Provided via Tele-Intervention**

### **Payor of Last Resort:**

Part C (federal) funding must be used as the payor of last resort (used to pay for services when there is no other funding source).

Part C funds may be used to pay for IFSP services provided via tele-intervention (remote services) when public or private insurance will not pay for the service (or when the family does not have public or private insurance).



Software used must have the ability to perform the coaching style of interaction. Compliance with federal and state documentation requirements for IFSP services provided via Tele-Intervention will be periodically monitored by the lead agency.

# GUIDANCE FOR SERVICE COORDINATORS

## COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

### **Billing/Payment for IFSP Services Provided via Tele-Intervention**

Tele-intervention service provision during the period of a public health emergency, under the interim program policy may not exceed 60 minutes per week -- per discipline/service listed on the child's current IFSP.

After the public health emergency has been cleared and providers are notified in writing by the lead agency, services will be provided at the frequency/intensity listed on the IFSP. There will not be an extension of benefits allowance or process during the public health emergency.



All early intervention services on an IFSP are IDEA, Part C services regardless of pay source or method of delivery.

# GUIDANCE FOR SERVICE COORDINATORS

## COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

### IFSP SERVICES PROVIDED VIA TELE-INTERVENTION

No evaluations (or annual re-evaluations) may be completed via remote service (tele-intervention).

Developmental Therapy  
Occupational Therapy  
Physical Therapy  
Speech Therapy



*Any of these services on a current IFSP may be provided via tele-intervention (with parent consent) for a maximum of 60 minutes per week (per service).*

The IFSP team does not need to meet for a review to change service levels or service setting/location in order to provide IFSP services via tele-intervention. The parent signs the FC Remote Services Consent Form.



# GUIDANCE FOR SERVICE COORDINATORS

COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

## IFSP SERVICES PROVIDED VIA TELE-INTERVENTION

### **Developmental Therapy**

*Part C funding only*

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### **Occupational Therapy**

*Medicaid. Part C for non-Medicaid children with a current IFSP*

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### **Physical Therapy**

*Medicaid. Part C for non-Medicaid children with a current IFSP*

---

### **Speech Therapy**

*Medicaid. Part C for non-Medicaid children with a current IFSP*

---

# GUIDANCE FOR SERVICE COORDINATORS

## COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

### IFSP SERVICES PROVIDED VIA TELE-INTERVENTION

<b>Developmental Therapy</b>	<i>Part C funding only</i>	<ul style="list-style-type: none"><li>▪ SC enters PA request in CDS</li></ul>
<b>Occupational Therapy</b>	<i>Medicaid</i>	<ul style="list-style-type: none"><li>▪ Provider enters PA request in Interchange Provider Portal</li></ul>
	<i>Part C (non-Medicaid)</i>	<ul style="list-style-type: none"><li>▪ SC enters PA request in CDS</li></ul>
<b>Physical Therapy</b>	<i>Medicaid</i>	<ul style="list-style-type: none"><li>▪ Provider enters PA request in Interchange Provider Portal</li></ul>
	<i>Part C (non-Medicaid)</i>	<ul style="list-style-type: none"><li>▪ SC enters PA request in CDS</li></ul>
<b>Speech Therapy</b>	<i>Medicaid</i>	<ul style="list-style-type: none"><li>▪ Provider enters PA request in Interchange Provider Portal</li></ul>
	<i>Part C (non-Medicaid)</i>	<ul style="list-style-type: none"><li>▪ SC enters PA request in CDS</li></ul>

PAs for Tele-intervention are for 30 days and can be back-dated to March 30, 2020.

# INTERIM PART C PROGRAM POLICY

TO PROVIDE CONTINUITY OF SERVICES FOR CHILDREN WITH AN ACTIVE IFSP

## PROCESS FOR IFSP SERVICES PROVIDED VIA TELE-INTERVENTION

**1** Parent grants consent on the FC Remote Services Consent Form

### Part C Service Coordinator:

**2** Enters a new PA for 30 days of service in CDS. Types “teletherapy” in the “notes” box in the PA request in CDS.

**3** Uploads/attaches the signed FC Remote Services Consent Form in the justification section of the PA request in CDS.

### Part C Provider:

**4** Enters the PA in the Interchange Provider Portal.

**5** If additional time beyond 30 days is needed, the therapist:

- emails [Amanda.Smith@dhs.arkansas.gov](mailto:Amanda.Smith@dhs.arkansas.gov) to request an additional 30-day increment of tele-intervention service and CCs the family’s service coordinator
- documents the extension in the child’s electronic record (in case notes in CDS)



# GUIDANCE FOR SERVICE COORDINATORS

## COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

### ENTERING THE PA IN CDS FOR TELE-INTERVENTION

The Service Coordinator chooses “Part C” for funding source.

The PA request is for a 30 day date range.

**Prior Authorizations**

- 303 - Submitted
- Add New

**Evaluation Reports**

- 09/12/2019 - Developmental Therapy
- Add New

**Delivered Services**

- Developmental Therapy
- Service Coordination
- Speech Therapy (Individual)
- Add New

**Transition** (09/11/2021)

**Notices and Communication**

- Case Notes
- Case History
- Client Exit

**Provider**

Provider A

**Fiscal Year:**

2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

**Funding Source:**

Medicaid Part C

**Provider A**  
DDS Provider Number: 356949512  
FY 2020 Balance: \$ 4,000,000.00

**Evaluation Request**

☐ Developmental Therapy (96111)

**Evaluation Total:**

**Service Request**

☒ Developmental Therapy (97530)

Unit: 15 min  
Rate: \$ 18.00  
Guideline: 4 units per week

**Start Date** 03/30/2020 **End Date** 04/30/2020

**Comment:** teletherapy

**4 Units per Session**  
1 Sessions per Day  
2 Days per Month  
2 Months  
16 Total Units

**Service Total:**

**Request Total:**

Sample PA Request for DT 60 minutes 2x per month

# GUIDANCE FOR SERVICE COORDINATORS

## COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

### ENTERING THE PA IN CDS FOR TELE-INTERVENTION

The Service Coordinator types “teletherapy” in the notes box or in the comments box.

**Service Request**

☒ Developmental Therapy (97530)  
Unit: 15 min  
Rate: \$ 18.00  
Guideline: 4 units per week

Start Date: 03/30/2020  
End Date: 04/30/2020  
4 Units per Session  
1 Sessions per Day  
2 Days per Month  
2 Months  
16 Total Units

Comment: teletherapy

**Service Total:** \$ 288.00  
**Request Total:** \$ 288.00

**Doctor's Prescription**  
Prescription Date:

Doctor's prescriptions on this case.  
None.

Justification(s) to exceed guidelines for this PA.  
Attachments

Notes: teletherapy

Sample PA Request for DT 60 minutes 2x per month

# GUIDANCE FOR SERVICE COORDINATORS

## COORDINATING PAYMENT AND DELIVERY OF SERVICES ON THE IFSP

### ENTERING THE PA IN CDS FOR TELE-INTERVENTION

The FC Remote Services Consent Form is attached where justification goes (or where the Rx is uploaded/attached).

file name format:  
TeletherapyConsent + first initial last name

The screenshot shows a 'Choose File to Upload' dialog box open over a 'Doctor's Prescription' form. The dialog box is displaying the contents of the Desktop, with the file 'TeletherapyConsentJDoe' selected. A red arrow points from the text 'The FC Remote Services Consent Form is attached where justification goes (or where the Rx is uploaded/attached)' to the 'TeletherapyConsentJDoe' file. Another red arrow points from the 'file name format: TeletherapyConsent + first initial last name' text to the 'File name' field in the dialog box.

**Choose File to Upload**

← → ▾ ↑ This PC > Desktop ▾ ↻ Search Desktop 🔍

Organize ▾ New folder

Name	Date modified
TeletherapyConsentJDoe	4/5/2020 4:51 PM
SCGuidanceforVirtualMeetings	4/5/2020 4:24 PM
FC Tele-Intervention Session Outcome	4/3/2020 5:54 PM

File name:  All Files (\*.\*)

Open Cancel

**Doctor's Prescription**

Prescription Date:

Doctor's prescriptions on this case.  
None.

Justification(s) to exceed guidelines for this PA.  
Attachments



# GUIDANCE FOR SERVICE COORDINATORS

## MONITORING SERVICE PROVISION OF SERVICES ON A CHILD'S IFSP

Another duty of service coordinators is to monitor that the IFSP services are provided as outlined on the current IFSP.

Providers document services provided via tele-intervention in the child's electronic record in CDS in two ways:

- **Delivered Services notes in CDS**

identify who participated in the remote visit, and which objectives/goals were worked on, how the therapist worked with the family/caregiver.

- **FC Tele-Intervention Session Outcome Form**

parent-signed and completed. Form is uploaded in case notes

Tele-intervention sessions must be documented in the child's electronic record in CDS within 30 days of delivered tele-intervention session.



# INITIAL CONTACTS WITH FAMILIES

DOCUMENTING CONTACTS AND MANAGING REFERRALS

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL CONTACTS ON NEW REFERRALS:

Initial contacts with the parent/guardian of a child newly referred must be made by phone and documented in the “Notices and Communication” section of the child record in CDS.

John Doe

Notices and Communication

Status:

Parent Contact	Call Parent or Guardian	Send a Notice to ...	Actions
Jordan Doe	501-555-5555	123 Sleepy Hollow Dr Little Rock, AR 72222	<a href="#">Edit Rela</a> <a href="#">Edit Rela</a>

Parent Contact

Contact Date:  Contact Method:

☐ Response Received or Spoke with Parent / Guardian

Save Parent Contact

Contact History

3/30/2020	Phone Call Made
3/30/2020	Notice Letter Sent
4/06/2020	Phone Call Made

Notices

Notice Type:  Initial Contact

Parent / Guardian:  Jordan Doe

Return Address:  -Select Return Address--

Generate Notice

To protect child/family privacy, it is critical for the person making the initial call on a new referral to make sure that they are speaking to the parent/guardian of the child referred before sharing information about the child or the referral.





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL CONTACTS ON NEW REFERRALS:

**The primary purpose of the initial contact (phone call) is to:**

- answer the family's question(s) about the referral (unless the parent self-referred)
- answer the family's questions about the Part C program
- provide accurate information about options for services/programs for children 0-3 so that families can make informed choices that fit their priorities
- help families understand the basic steps in the process for a Part C program



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TIPS FOR EFFECTIVE INITIAL CONTACTS:

- Prepare in advance: look at the referral in order to answer basic questions such as “who referred my child?” and “why?” Check to see if there is any documentation attached to the referral in CDS (for example, a screening result from an EHS or PCP, a DCFS investigation record, or an evaluation report from ACH).
- Use some of the language from the FC Parent Participation document (at the front of the FC Family Rights Booklet and a required form for intake) to explain the Part C program accurately and in a way that helps families understand their role as an active participant in all aspects of early intervention.
- Obtain the parent’s email address at initial phone contact since work will be conducted with families remotely during the period of the public health emergency.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### Policy/Process/Timeline for managing referrals when family cannot be contacted:

Timeline	Step	Documentation
<b>Within 2 days of date on the referral</b>	<ol style="list-style-type: none"> <li>1. Attempt to contact parent/guardian by phone</li> <li>2. Send referral notice and referral response enclosure form</li> </ol>	<ol style="list-style-type: none"> <li>1. Record call in Notices and Communications section of CDS.</li> <li>2. (a) Record notice sent in Notices and Communications section of CDS. (b) Scan/upload letter sent in the case notes section of child record in CDS.</li> </ol>
<b>5-7 days later</b> (7-9 days from the date on the referral)	<p>(if the family has not returned response form or called)</p> <ol style="list-style-type: none"> <li>1. Attempt to contact the family by phone again</li> <li>2. Send 2<sup>nd</sup> notice (referral notice and referral response enclosure form)</li> </ol>	<ol style="list-style-type: none"> <li>3. Record call in Notices and Communications section of CDS.</li> <li>4. (a) Record notice sent in Notices and Communications section of CDS. (b) Scan/upload letter sent in the case notes section of child record in CDS.</li> </ol>
<b>5-7 days later</b> (12-16 days from the date on the referral)	<p>(if the family has not returned response form or called)</p> <ol style="list-style-type: none"> <li>1. Send referral notice via certified mail</li> </ol>	<ol style="list-style-type: none"> <li>5. (a) Record notice sent in Notices and Communications section of CDS. (b) Scan/upload letter sent in the case notes section of child record in CDS.</li> </ol>
<b>5-7 days later</b> (17-23 days from the date on the referral)	<p>(if the family has not returned response form or called)</p> <ol style="list-style-type: none"> <li>5. Close the referral in CDS</li> </ol>	<ol style="list-style-type: none"> <li>6. Document as “unable to reach” as the reason the referral is closed.</li> </ol>



# TYPES OF VIRTUAL MEETINGS

AND THE DOCUMENTATION REQUIREMENTS FOR EACH

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TYPES OF VIRTUAL MEETINGS, DOCUMENTATION, AND TIPS

- Intake
- Initial IFSP
- IFSP Quarterly Reviews
- IFSP Bi-Annual and Annual Reviews
- Transition Conference
- Exit Meeting
- Screenings to Support Parents

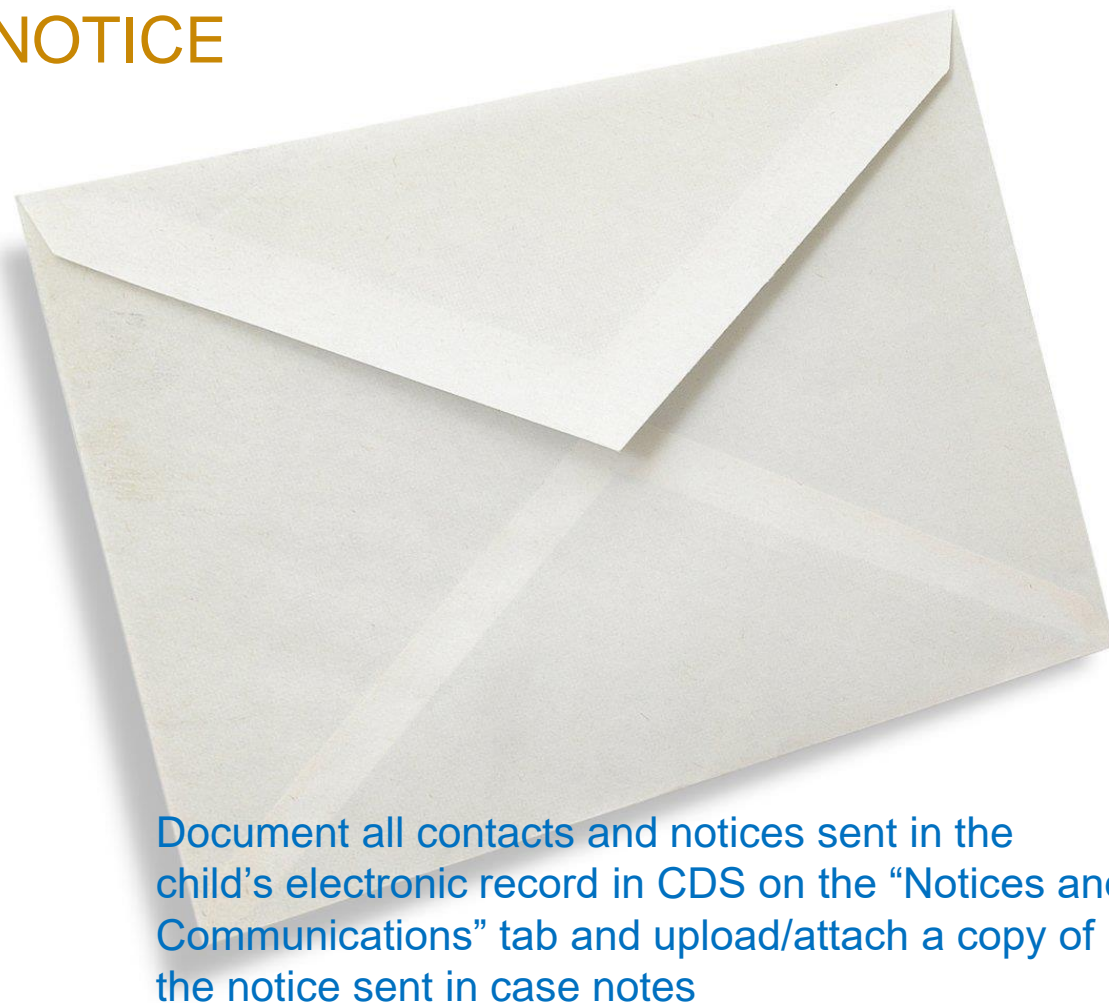


# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### PRIOR WRITTEN NOTICE

IDEA requires “prior written notice” be sent before any meeting is conducted with the family. Notices must state the proposed action and who will be present at the meeting. The notice must be written in a way that is generally understandable to the public and arrive far enough in advance of the meeting for the parent to prepare or take other action.



Document all contacts and notices sent in the child's electronic record in CDS on the “Notices and Communications” tab and upload/attach a copy of the notice sent in case notes






# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### ELECTRONIC PRIOR WRITTEN NOTICE

During the period of a public health emergency when service coordinators are working remotely, access to mail may be limited. For this period, service coordinators may send electronic notices to the family. The form is fillable, and the service coordinator chooses from a drop-down menu what type of virtual meeting this notice is for.

If the parent wants to “meet” before receiving notice, he/she may sign/date the notice

 First Connections  
Arkansas' Early Intervention Program  
Division of Developmental Disabilities Services  
P.O. Box 1437, Slot N-504 - Little Rock, AR 72203-1437  
800-643-8258 - Fax: 501-682-8890 - TDD: 501-682-1332  
  


*Click or tap to enter a date.*

**RE: Notice of Virtual (Remote) Meeting**

Dear Parent(s),

First Connections early intervention program is pleased to meet with you for the purpose of collaborating with you to complete the Individualized Family Service Plan (IFSP).

Under the Individuals with Disabilities Education Act, you must receive prior written notice at least seven days before any meeting. During the current public health emergency, this notice has been replaced with phone/virtual meetings, paid by the state. The service coordinator and/or other members of their IFSP team will meet with you in advance.

Your signature on this notice documents your agreement to the meeting. *Click or tap here to enter text.*

*Click or tap to enter a date.*

*Parent e-signature*

*date of signature*

*Name of SC who will conduct meeting, Service Coordinator*  
First Connections, early intervention under IDEA, Part C  
DHS:DDS  
*phone number*  
*email address*

**type of meeting selection**  
Choose an item. *enter date at time*

- intake meeting
- IFSP quarterly review
- IFSP bi-annual
- IFSP annual review
- Transition planning
- Transition conference
- a developmental screening



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### THE PURPOSE OF THE INTAKE MEETING

“At intake, I answer your questions about our program and learn about your priorities for your child’s early learning, your concerns, and your goals for your child and family. There is paperwork to be completed, and I will explain the forms and the process as we go so that you are in charge of your child’s early intervention. The intake meeting begins the process, and it’s my job to explain the process and next steps to you as we go. ”



There are two required participants: Family and SC

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

**Q:** *Do I complete intake on new referrals if we can't do evaluations – or do I just wait until the public health emergency is over?*

**A:** Yes, complete intake to have everything ready to move forward when the public health emergency is over.

SCs can support families during this time by completing the ASQ-3 as part of your intake (with parent consent on the form typically used to get consent for an evaluation). Provide the family with developmentally appropriate activities from the ASQ activities that align with areas of family concern and “grey” or “black” scores on the ASQ-3 screening.

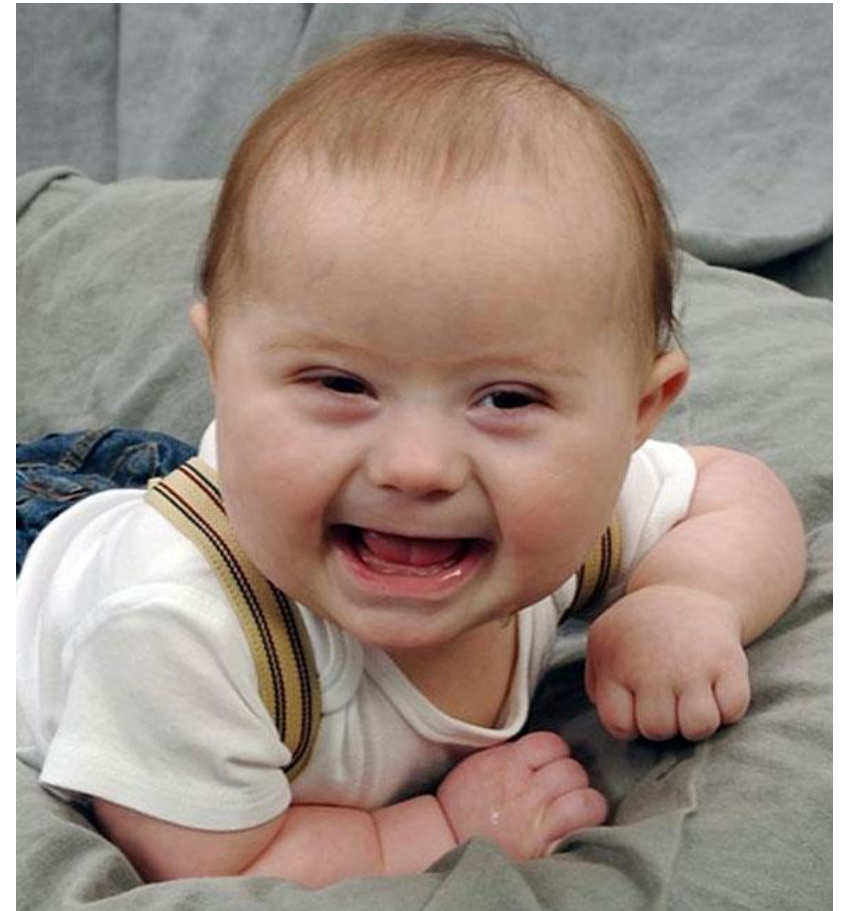
# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

The service coordinator will want to make sure to ask the family during the intake if the child has a medically diagnosed condition from the list of eligible conditions that would make the child automatically eligible for the program.

If so (and there is documentation of the child's diagnosis), then an Interim IFSP can be made (**that meeting requires 3 participants like an initial IFSP meeting**). Developmental therapy can be provided on the Interim IFSP (temporary IFSP) while waiting for the developmental evaluation.





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

#### **Basic Structure of an Intake – “How to:”**

1. Explain the purpose of the intake in way that the parent/caregiver understands.
2. Provide the parent information about the First Connections (Part C) program from the Parent Participation Agreement and/or the 1-page “program overview.”
3. Answer questions the parent has about the program.
4. Ask about the parent’s priorities for the child’s early learning. (Take notes)
5. Go over Child/Family Rights booklet to explain some of the basic rights that a family has that we will talk about during this meeting (like consent, choice, etc)
6. Explain the basic process (steps for intake, what is next).

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

#### **Basic Structure of an Intake – Continued:**

7. Obtain consent for screening (ASQ-3 or ASQ-SE) and consent for DT evaluation (which will happen when the public health emergency has passed).
8. Complete FC Child & Family Assessment.
9. Obtain consent to bill public or private insurance and make sure the parent understands the no-cost protection provisions on the back of the form.
10. If the child has Medicaid, make sure to get the Medicaid number and PCP's name for the DMS-640.
11. Obtain Demographics Data and let the parent know the purpose of this form/collecting this data.
12. Complete the fillable form "Notice of Remote Meeting Outcome" to summarize what took place in the virtual intake.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

**Send the following documents for the parent/guardian to e-sign:**

- ✓ FC Parent Participation Agreement
- ✓ FC Family Rights Brochure Documentation
- ✓ PUB-408
- ✓ Race and Ethnicity Data Collection
- ✓ FC-D Consent to Evaluate
- ✓ FC Medicaid Authorization OR Private Insurance Authorization
- ✓ FC-C Notice of Remote Meeting Outcome
- ✓ Any DHS 4000s needed to share information with other programs or family members





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

#### **Additional documentation for initial IFSP meeting (not signed):**

- [optional page 1 of the IFSP]
- FC Child & Family Assessment\*

\*The family assessment would not be part of the documentation for an intake if it will be completed at the virtual initial IFSP meeting or at a separate teleconference between intake and initial IFSP.





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

#### TIPS:

- If the parent has the capability to do a video meeting, do the intake with video capabilities so you can show the pages you're going over in the family rights book, forms, etc.
- Be prepared – review the referral and notes from the initial contact call. Have all the required documentation/forms in front of you in some sort of logical order
- Have the child record in CDS open in front of you so small details (child's Medicaid number or the name of the child's PCP) aren't overlooked.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INTAKE

**TIP:** At the end of the intake meeting, prepare the family for “what’s next” by explaining the next step and what they can do to prepare.

Typically, the next step is a developmental evaluation. During the public health emergency, evaluations may not be provided via teletherapy. Let parents know that their service coordinator will be in contact with them when the process can begin again.

Provide the family with developmentally appropriate activities (use ASQ-3 or ASQ-SE activities that accompany the screening tools).

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### THE PURPOSE OF THE MEETING TO DETERMINE PROGRAM ELIGIBILITY / INITIAL IFSP MEETING

“The purpose of this meeting is to go over evaluation results, answer questions that you have, and as a team, determine if your child is eligible for this program with a developmental delay of 25% or more in any one area. If your child meets Part C program eligibility, we will work with you to develop your child’s and family’s plan, called an IFSP or Individualized Family Service Plan.”

It is important that the parent understands that the team isn’t determining what services the child is eligible for at this time, because that is determined later in the process based on what is needed to reach functional goals on the child’s and family’s plan.



There are 3 required participants: Parent, SC, and evaluator or evaluation interpreter



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

**Q:** *When can the service coordinator complete an initial IFSP (remotely) during the public health emergency?*

**A:** Children who were “in the process” when the public health emergency began and whose Developmental Evaluation was already completed may go on to initial IFSP.

Newly referred children with a medically diagnosed condition who are Part C program-eligible in the “MD” category (medical diagnosis) can have an Interim IFSP (temporary IFSP) developed to receive some services while waiting for the developmental evaluation which can take place when the public health crisis has ended.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

#### **Basic Structure of an Initial IFSP Meeting – “How to:”**

1. Explain the purpose of the meeting to determine Part C Program Eligibility and (if eligible) develop with the parent their Individualized Family Service Plan
2. Review results of evaluation(s) and answer any parent questions
3. As a team (with the parent) determine if the child meets Part C Program eligibility
4. If program-eligible, move forward with gathering information from the family to assist in developing the IFSP:
  - review notes from intake about the parent's priorities for the child's early learning
  - review FC Child & Family Assessment (or complete it now)
5. Complete the initial COS Rating as a team with the parent
6. Work with the parent to set 1-2 Family Goals for the IFSP (recorded in “Concerns” section of Family Information tab in CDS.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

#### **Basic Structure of an Initial IFSP Meeting – Continued:**

7. Using information from #4-#5 above and working with the family, develop 5-7 functional goals that describe what the parent wants the child to be able to do
8. With the evaluator, therapist, or evaluation interpreter, develop the action steps to reach the goal (objectives) and make sure they're linked to typical activities (routines)
9. As a team review the goals and objectives to see if there is anything the parent wants to add or change
10. As a team discuss what type of early intervention professional can best help the family work with their child to reach these goals (this will be the therapy/discipline selected on the IFSP)



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

#### **Basic Structure of an Initial IFSP Meeting – Continued:**

11. As a team, discuss how often (frequency) and for how much time (intensity) the parent or other caregivers who will be participating in the therapy visits will need training and coaching from the provider to implement their IFSP
12. Obtain parent consent for services on the FC-F “Program Participation Authorization” (often called “Consent to Serve” form)
13. Obtain consent for services provided via Tele-Intervention (FC Remote Services Consent Form)
14. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what happened in the virtual initial IFSP meeting



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

**Send the following documents for the parent/guardian to e-sign:**

- ✓ FC Remote Services Consent Form 3/2020
- ✓ FC-F Program Participation Authorization (Consent to Serve Form)
- ✓ IFSP page 7
- ✓ FC-C Notice of Remote Meeting Outcome
- ✓ Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

#### **Additional documentation for initial IFSP meeting (not signed):**

- FC Child & Family Assessment\*
- Initial COS Rating

\*The family assessment would not be part of the documentation for an initial IFSP meeting only if it has already been completed at intake or at a separate teleconference between intake and initial IFSP.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

#### TIPS:

- Prepare the parent/family members to participate in this meeting by clearly explaining the purpose and process of the meeting (at the end of intake). Have the family jot down their ideas for what they'd like their child to be able to do and bring them to the meeting.
- If the parent has the capability to do a video meeting, do the IFSP with video so you can show the pages you're going over.
- Be prepared – review the intake and referral notes. Have all the required documentation/forms in front of you in some sort of logical order.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### INITIAL IFSP MEETING

**TIP:** Make sure that parents understand that services provided via tele-intervention may be provided at a different frequency and intensity than what is listed on the IFSP but will return to the IFSP levels when the public health emergency has been declared ended and all Part C providers have been notified in writing.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### THE PURPOSE OF QUARTERLY REVIEWS (1<sup>ST</sup> / 3<sup>RD</sup> QUARTERS)

“The purpose of the quarterly review meeting is to go over your child’s progress and touch base with you to see how the strategies you’ve learned from your therapist are working for you. If there are any new concerns, needs, interests, or priorities, we can update your IFSP to reflect these things. If we update IFSP goals, we can determine if the services on your plan need to be changed to meet those needs.”



There are two required participants: Family and SC

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

The Quarterly Review is a good time to make sure the Family Goal on page 1 of the IFSP is a “true family goal” (something the adult caregivers will be working on).

If not, now is a good time to correct/update the family goal (recorded in the “Concerns” section of CDS Family Information tab).





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

**Q:** *If the parent identified a new need (say for PT because now the child is over 1 year old and not yet walking, can we add this service to the IFSP?*

**A:** Yes, services on the IFSP will change whenever the goals/objectives change or a new need is identified.

NOTE: not all services added to an IFSP can be provided during the public health emergency without an evaluation. Service coordinators can provide much needed support using “Teaming.” To do this: (1) add the service that won’t be able to be provided to the IFSP (2) also add service “Other/Consultation” to the IFSP one or two times per month (3) continue providing DT to the child/family but now a therapist from another discipline (PT, OT, SLP) can get paid to participate in one or two therapy sessions a month with the family and the DT.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

#### **Basic Structure of Quarterly Review – “How to:”**

1. Explain the purpose of the meeting in a way that the parent/caregiver understands.
2. Work through the tabs in the IFSP review meeting in CDS.
3. Review the goals (outcomes) on the IFSP. Is this still what the parent wants to work on with their child? Are there 6-8 functional goals? If not, the team may update/revise/edit/add to IFSP goals.
4. Make sure that any objectives that have not been met are re-targeted (change the date for a beginning date of the day of the review and the end date 3 months out – when the bi-annual (or annual) review will take place.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

#### **Basic Structure of a Quarterly Review – Continued:**

5. If more goals were added or other goals revised, review services to see if the current services are what would most help the parent implement the IFSP strategies to help the child reach the goals.
6. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

**Send the following documents for the parent/guardian to e-sign:**

- ✓ FC-C Notice of Remote Meeting Outcome
- ✓ Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members (if nothing has changed since initial IFSP, there might not be any new 4000s completed in this meeting)





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

#### **TIPS – BEFORE THE MEETING:**

- When calling to schedule the review meeting, help the parent know what to do to prepare to participate in the review meeting.
- Communicate with provider(s) to complete goals/objectives status before the review meeting if the therapist is unable to attend the virtual quarterly review meeting.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### “QUARTERLY REVIEWS” -- 1<sup>ST</sup> / 3<sup>RD</sup> QUARTER REVIEWS

#### TIPS:

- Engage the parent in talking about the progress that he/she has noted (or not noted) in his her child.
- Engage the parent in identifying things in their plan that need to be updated.
- Have CDS open and type review information directly into the fields so nothing is missed.
- If possible, do the meeting through Skype or Zoom so that you can screen share with the parent and show them what you're entering in their child record in CDS.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### THE PURPOSE OF BI-ANNUAL REVIEW (6 MONTHS)

“The purpose of the bi-annual review is to go over your child’s progress and touch base with you to see how the strategies you’ve learned from your therapist are working for you. If there are any new concerns, needs, interests, or priorities, we can update the IFSP to reflect these things. If we update IFSP goals, we can determine if the services on your plan need to be changed to meet the updated plan.”



There are three required participants: Parent, SC, and provider(s)



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL REVIEW (6 MONTHS)

#### **Basic Structure of Bi-Annual Reviews – “How to:”**

1. Explain the purpose of the meeting in a way that the parent/caregiver understands.
2. Work through the tabs in the IFSP review meeting in CDS.
3. Review the goals (outcomes) on the IFSP. Is this still what the parent wants to work on with their child? Are there 6-8 functional goals? If not, the team may update/revise/edit/add to IFSP goals.
4. Make sure that any objectives that have not been met are re-targeted (change the date for a beginning date of the day of the review and the end date 3 months out – when the bi-annual (or annual) review will take place.





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL REVIEW – (6 MONTHS)

#### **Basic Structure of a Quarterly Review – Continued:**

5. If more goals were added or other goals revised, review services to see if the current services are what would most help the parent implement the IFSP strategies to help the child reach the goals.
6. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened
7. Everyone signs IFSP p. 7

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL REVIEWS – 6 MONTH FULL IFSP TEAM MEETING

**Send the following documents for the parent/guardian to e-sign:**

- ✓ IFSP p. 7
- ✓ FC-C Notice of Remote Meeting Outcome
- ✓ Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members (if nothing has changed since initial IFSP, there might not be any new 4000s completed in this meeting)



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### THE PURPOSE OF THE ANNUAL REVIEW (12 MONTHS)

“The purpose of the annual review is to review your child’s progress and annual re-evaluation to see if your child is still program-eligible. If so, we’ll develop your new IFSP with you around your goals for your child. Then we’ll work together to determine what services are needed to reach these goals and how often you’ll want to meet with your child’s therapist to learn from him/her how to work with your child.”



There are three required participants: Parent, SC, and provider(s)

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### ANNUAL REVIEW MEETING

**Q:** *How will the IFSP team determine ongoing eligibility if we can't do annual re-evals via tele-intervention?*

**A:** For children eligible in the DD and ICO categories, the team will have to use other sources of information about child progress such as: annual COS rating (compared to initial rating), ASQ-3 and/or ASQ-SE, goals/objectives status to measure child progress.

On the new IFSP made at annual review, in the CDS record on the IFSP page where date of eligibility is entered, in the ICO box, type in: ***“team was unable to determine ongoing program eligibility due to no annual re-evaluation”*** and develop the new IFSP.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### ANNUAL REVIEW (12 MONTHS)

#### **Basic Structure of Annual Reviews – “How to:”**

1. Explain the purpose of the meeting in a way that the parent/caregiver understands.
2. Team looks at a variety of sources of information to determine if child is still eligible to participate in the Part C Program (without the re-evaluation).
3. Team works through the tabs in the IFSP review meeting in CDS.
4. Team completes annual FC Child & Family Assessment.
5. Team completes annual COS Rating with the family.
6. Team develops a new IFSP (with the parent) that has 6-8 functional goals for the child around things the parent wants their child to be able to do.
7. The provider on the team assists the team in making action steps to reach each goal.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL REVIEW – (6 MONTHS)

#### **Basic Structure of a Quarterly Review – Continued:**

8. Team discusses what type of EI professional could best help the parent implement the IFSP strategies to help his/her child reach the IFSP goals and selects the service provider(s).
9. The team discusses how much training, coaching, support the parent will need from therapy providers to implement the strategies on the IFSP (frequency / intensity).
10. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened.
11. Everyone signs IFSP p. 7

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL REVIEWS – 6 MONTH FULL IFSP TEAM MEETING

**Send the following documents for the parent/guardian to e-sign:**

- ✓ IFSP p. 7
- ✓ FC-C Notice of Remote Meeting Outcome
- ✓ Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members (if nothing has changed since initial IFSP, there might not be any new 4000s completed in this meeting)







# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL AND ANNUAL REVIEWS (6 MONTHS/12 MONTHS)

#### **TIPS – BEFORE THE MEETING:**

- Schedule the review meeting at a time that is convenient to the family and to the provider(s) on the IFSP team.
- When calling to schedule the review meeting, help the parent know what to do to prepare to participate in the review meeting.
- Communicate with provider(s) to complete goals/objectives status before the bi-annual or annual review meeting.
- Open the child record in CDS right before connecting with participants.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### BI-ANNUAL AND ANNUAL REVIEWS (6 / 12 MONTHS)

#### TIPS:

- Engage the parent in talking about the progress that he/she has noted (or not noted) in his/her child.
- Engage the parent in identifying things in their plan that need to be updated.
- Engage the parent in discussing what's “working” or “not working” in their tele-intervention services (not for a gripe session but to find solutions to support the parent to help their child learn and develop).



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### WHAT IS TRANSITION?

Transition occurs whenever a child exits the Part C Program, and we support children and families when they leave the program.

The Transition Conference is a meeting held with parent, SC, and a representative of a program serving children ages 3-5 to which the child may attend. This conference must be conducted for every child with a current IFSP no later than 90 days prior to the child's third birthday is an IDEA, Part C requirement.

The Part C Transition Conference must meet all the requirements of an IFSP meeting. It is OK for a service coordinator to combine an IFSP meeting with a Transition Conference.

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### THE PURPOSE OF THE TRANSITION CONFERENCE

“The purpose of the transition conference is to support your child in a smooth transition from Part C services to services for children 3-5. The Transition Conference is for the you to get information and meet with a representative of the 3-5 program that you’ve chosen. The parent may use the meeting to complete consent for any evaluations the 3-5 program plans to do to ensure there isn’t a “gap in services” between programs.”



There are three required participants: Parent, SC, and rep of program to which the child may transition. It is important to include/invite/involve the child’s current service providers.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TRANSITION CONFERENCE

**Q:** *How does the SC contact the EC Coordinator if all of the schools are closed during a public health emergency?*

**A:** EC Coordinators (listed on the ADE Web site) are working remotely. They will not have access to their fax number, and the phone number listed will be an office number, so email is the best way to reach EC Coordinators.

Be careful when sending child-specific information because ADE email is not encrypted, so marking sensitive in the subject line may not encrypt the message on their side – check first!



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TRANSITION CONFERENCE

#### **Before the Meeting--**

1. Send a notice of the virtual Transition Conference to the child's current providers and to the representative(s) of the 3-5 program or programs to which the child may transition.
2. If the child is transitioning to Part B/619, the service coordinator must send the child's early intervention records to the school district or the LEA at least three weeks before the Transition Conference so that the Part B program can prepare – must have parent consent (DHS4000 to send child record to the district or LEA).
3. Prepare parent/family to participate when scheduling the Transition Conference.
4. Review the Transition Plan.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TRANSITION CONFERENCE

#### **At the Meeting--**

1. Introduce all present. Make sure there is a DHS4000 signed by the parent for each person/program in attendance before going over any child/family information.
2. Explain the purpose of the meeting in a way all can understand.
3. Team reviews the transition plan in the IFSP and determines if anything needs to be added, marked complete/updated.
4. If the Transition Conference is combined with an IFSP review meeting, go through all of the review tabs in CDS like for a review.
5. Team MAY complete final COS Rating with the family – or team may schedule an “exit meeting” to do final COS rating closer to or at age 3.
6. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what happened.
7. Participants e-sign IFSP p. 7



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TRANSITION CONFERENCE

**Send the following documents for the parent/guardian to e-sign:**

- ✓ IFSP p. 7
- ✓ FC-C Notice of Remote Meeting Outcome
- ✓ Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members (if nothing has changed since initial IFSP, there might not be any new 4000s completed in this meeting)





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### TRANSITION CONFERENCE

#### TIPS:

- Prepare families as far in advance as possible, ideally beginning shortly after the child's 2nd birthday, parents can begin thinking about, visiting, and exploring the 3-5 program options in the area in which they live.
- Plan ahead! Get DHS4000s signed as parents decide who they'd like to attend and invite those organizations/agencies/programs well enough in advance.
- For children who may transition to Part B, get consent to send the child record to the EC Coordinator at least 3 weeks before the transition conference.
- Schedule the Transition Conference (meeting) at a time that is convenient to the family and to the reps of 3-5 programs who will be attending.
- When calling to schedule the Transition Conference (meeting), help the parent know what to do to prepare to participate.



# OVERVIEW OF NEW TOOLS

SUPPORT DOCUMENTS FOR SERVICE COORDINATORS WORKING REMOTELY

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### OVERVIEW OF NEW TOOLS

- SC Guide to Virtual Meetings
- Adobe How To Guide
- Sample Virtual Intake



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### SC Guide to Virtual Meetings

The SC Guide includes detailed information about every type of meeting along with:

- how to explain the purpose of each type of meeting to the family
- policy/requirements for the meeting
- tips for holding a successful virtual meeting (of each type)
- how to help the family prepare to participate in each type of meeting
- what documentation is required for each type of meeting

#### Service Coordinator's Guide to Conducting Remote Meetings with Families: *Initial Contact(s), Screening, Intake, IFSP, IFSP Reviews, Transition*

Introduction: During a public health emergency, service coordinators can work with families remotely to support families in meeting OSEP-identified goals for families participating in early intervention:

- Families know their rights
- Families communicate their child's strengths and needs to advocate for their child/family
- Families help their child learn and develop

Moreover, service coordinators can be an important "connection" and encouragement to families experiencing feelings of isolation and those who may be at home with their children for significantly more time than what was typical prior to the crisis.

Service coordinators fill a vital role in supporting families with information and also through emotional support. It is important to remember, however, that service coordinators are not licensed therapists or guidance counselors; it is not the service coordinator's role or responsibility to question, challenge, or change parents'/guardians' ideas, values, beliefs, or lifestyles in this time of crisis. Service coordinators are not providers of health care, so they do not provide health information (or opinions) but can direct families to current information from reputable sources:

State resources available for questions or concerns related to COVID-19:

- UAMS Help Hotline @ 800-632-4502 to be triaged or for questions regarding COVID-19
- Arkansas Children's Hospital @ 800-743-3616 24-hour Family Information Hotline
- Arkansas Department of Health Hotline @ 800-803-7847 for individuals who have been exposed or have symptoms

*Thank you for the valuable work you do with families.*

This guide will support service coordinators (both state staff SCs and provider program SCs) in adjusting to a new way of connecting with and serving families during the current public health emergency. The contents of this guide are arranged in the order that "the process" happens with families. However, current cases will already be in various stages of the process, so the pages are numbered with each type of meeting in its own section. Note: to go directly to the section that you need, press the CTRL (control) key on your keyboard and click on the hyperlink.

I.	<a href="#">Common Questions</a>	2-3
II.	<a href="#">Initial Contact(s)</a>	4-6
III.	<a href="#">Intake</a>	7-12
IV.	<a href="#">Initial IFSP</a>	13-24
V.	<a href="#">IFSP Review (1<sup>st</sup> and 3<sup>rd</sup> quarters)</a>	25-28
VI.	<a href="#">Bi-annual and Annual Review</a>	29-41
VII.	<a href="#">Virtual Transition Conference</a>	42-47
VIII.	<a href="#">Conducting Screenings to Support Families</a>	48-50

# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### SC Guide to Virtual Meetings

The SC Guide to Virtual Meetings is hyperlinked to make it easy to find what information the service coordinator is looking for just by pressing the Control button down and clicking the link.

- |       |  |       |
|-------|--|-------|
| I.    | <a href="#">Common Questions</a>   | 2-3   |
| II.   | <a href="#">Initial Contact(s)</a>                                       | 4-6   |
| III.  | <a href="#">Intake</a>   | 7-12  |
| IV.   | <a href="#">Initial IFSP</a>   |       |
| V.    | <a href="#">IFSP Review (1<sup>st</sup> and 3<sup>rd</sup> quarters)</a> |       |
| VI.   | <a href="#">Bi-annual and Annual Review</a>                              |       |
| VII.  | <a href="#">Virtual Transition Conference</a>                            |       |
| VIII. | <a href="#">Conducting Screenings to Support Families</a>                | 48-50 |

file:///c:/users/rdhawkins/appdata/local/microsoft/windows/inetcache/ie/nhy2losh/scguidetovirtualmeetings.docx#ScreeningSection  
**Ctrl+Click to follow link**



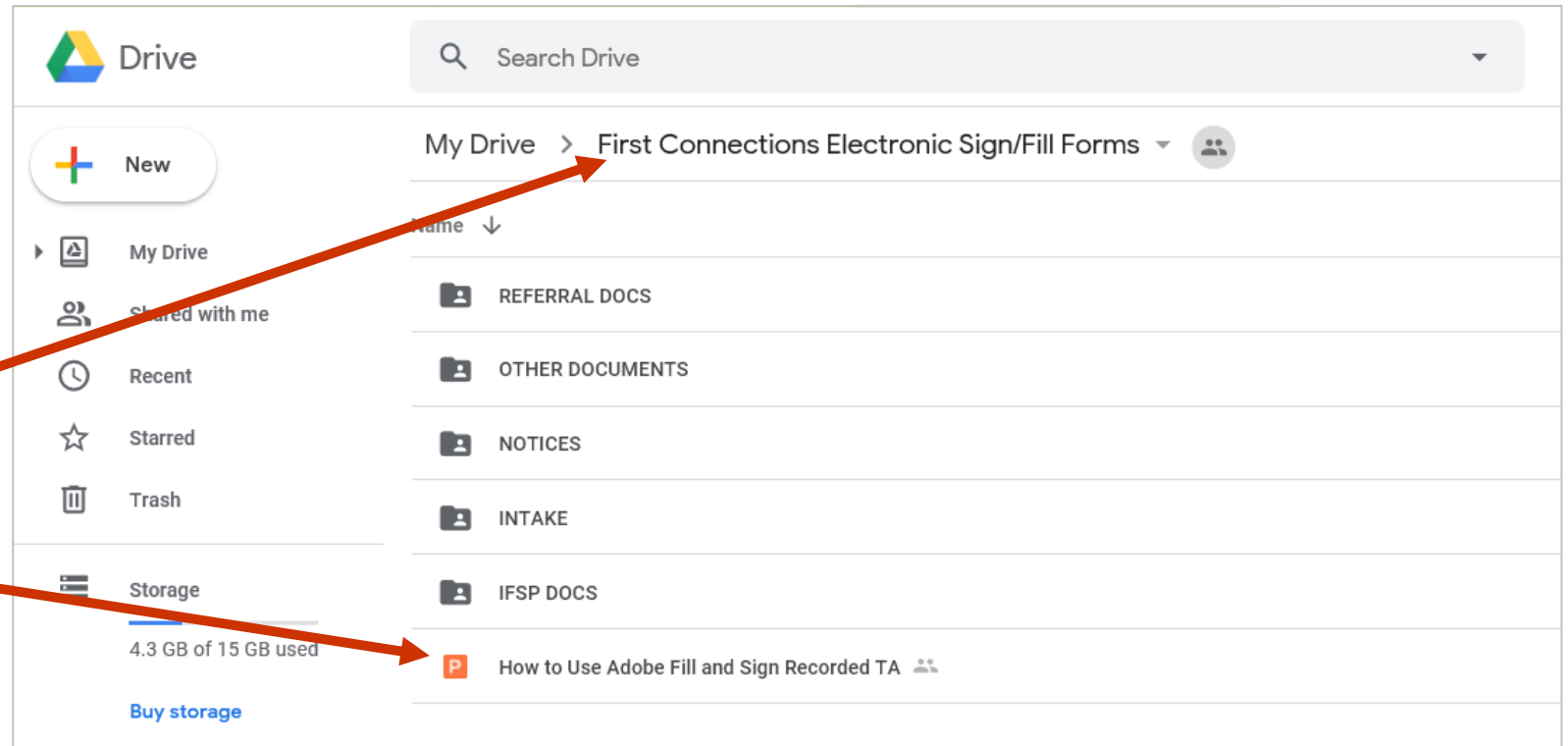
# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### Adobe How To Guide

The Adobe How To Guide is a recorded lesson on using Adobe to e-fill and e-sign documents for virtual meetings. It is in the main folder.

The recorded TA can be downloaded/saved on your desktop along with all of the other folders full of forms. New materials, tools, and TA will be added to this folder as it is developed.





# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### Adobe How To Guide

Using Sign Here Tab and Signature

**SIGN HERE**

*John Hancock*

Using Fill & Sign and Check Mark Function

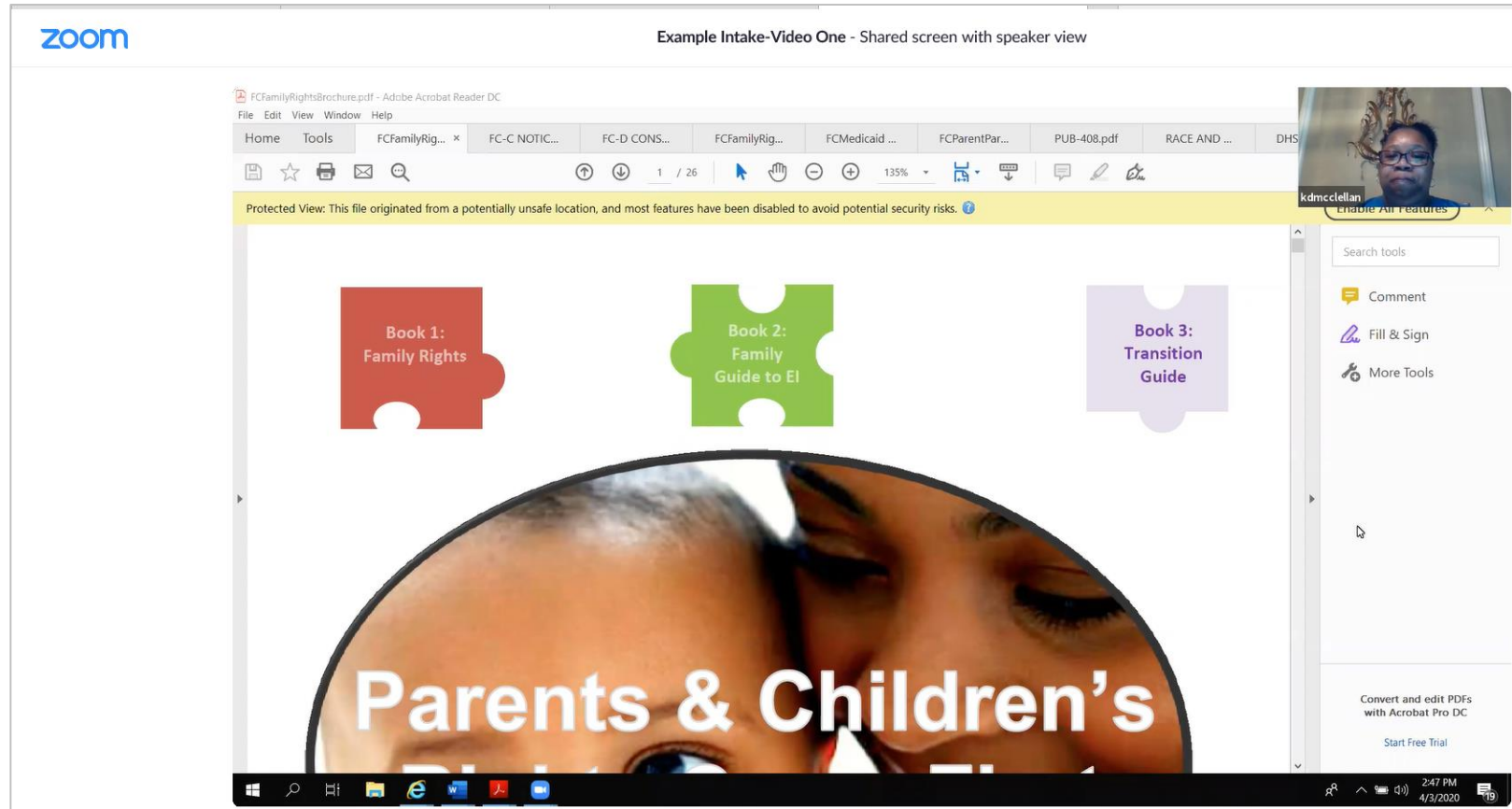


# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### Sample Virtual Intake [Recorded in Sections]

Two First Connections staff demonstrate holding an intake meeting using Zoom to see one another and for the service coordinator to screen share documents she will be going over with the parent in the virtual meeting. These recorded sessions will be in the Google drive along with the forms and the Adobe How To guide.



# GUIDANCE FOR SERVICE COORDINATORS

## CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

### ADDITIONAL SUPPORT

- This presentation in the Google drive with electronic fill/sign forms
- Adobe How To Guide and Sample Intake Videos in the Google drive
- Service Coordinator guide to virtual meetings in the Google drive and linked on the FC Web site
- Last slides include links to online resources
- SC survey to identify training/TA needs

# GUIDANCE FOR SERVICE COORDINATORS

CONDUCTING VIRTUAL MEETINGS DURING A PUBLIC HEALTH EMERGENCY

## PLEASE COMPLETE SERVICE COORDINATOR SURVEY

The responses will help First Connections work with OSEP-funded TA providers to develop useful tools, guidance, and training to support service coordinators working remotely.

Survey is anonymous. Survey is brief (10 questions).

<https://www.surveymonkey.com/r/ZVJNNJS>



# FC PROGRAM CONTACTS



## PA/Fiscal Questions

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[amanda.smith@dhs.arkansas.gov](mailto:amanda.smith@dhs.arkansas.gov)



## CDS (Data System) Questions

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[stacy.curtis@dhs.arkansas.gov](mailto:stacy.curtis@dhs.arkansas.gov)



## Training and TA

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[ravyn.hawkins@dhs.arkansas.gov](mailto:ravyn.hawkins@dhs.arkansas.gov)  
[heather.preston@dhs.arkansas.gov](mailto:heather.preston@dhs.arkansas.gov)

# SC RESOURCES

## Protecting Zoom Meetings

### OSEP-funded TA Center, ECTA Early Intervention Hub

The ECTA Center was asked by OSEP in late March to serve as the 'hub' for resources to support IDEA early intervention and early childhood special education (0-5) service delivery.

[ectacenter.org](https://ectacenter.org) now offers daily updates on:

- [Supporting Children and Families during the COVID-19 Pandemic](#)
- [Tele-Intervention and Distance Learning](#)
- [Activities for Families at Home](#)

These resources support state and local programs, practitioners and families, and provide continuity of learning for young children with disabilities, and their families.

# SC RESOURCES

## Protecting Zoom Meetings

### Tips Offered to Avoid 'Zoom-Bombing'

With the increased use of videoconferencing, opportunities for "zoom-bombing" have also increased. Zoom-bombing is when unwanted guests intrude on video meetings for malicious purposes.

The FBI warns that two online classrooms were interrupted by ininvited, unidentified persons disrupting the virtual class. To prevent this from occurring: update to the latest version of the app, set a meeting/webinar password, disable guest screen sharing, require a host to be present, and use the waiting room. This article offer recommendations to reduce hackers' ability to zoom-bomb.

Source: <https://www.inc.com/jason-aten/hackers-are-trying-to-get-into-your-zoom-meetings-here-are-5-ways-to-stop-them.html>

### Zoom Security Guide

This guide helps Zoom users access security features and functions related to meetings, webinars, chat, file sharing, and voice calling. Major areas covered include meeting security, administrative control and special security features.

Source: <https://zoom.us/docs/doc/Zoom-Security-White-Paper.pdf>



# SC RESOURCES

## Self Care: Put on Your Own Mask First Before Helping Someone Else

### When Home Becomes The Workplace: Mental Health And Remote Work

For those accustomed to and appreciative of conventional "office life" and a steady rate of social interactions at the office, the shift to remote work during the COVID-19 pandemic might cause a surprising, even if relatively mild, deterioration of mental health. This article alerts readers to two potential mental health consequences of working remotely such as isolation and burn-out and practical ways to alleviate them.

Source: <https://www.forbes.com/sites/onemind/2020/03/17/when-home-becomes-the-workplace-mental-health-and-remote-work/>

# SC RESOURCES

Self Care: Put on Your Own Mask First Before Helping Someone Else

## Real-time Resilience Strategies for Coping with Coronavirus

Challenging times require us to consider how our thoughts and actions might help or hinder our resilience and that of those around us. This brief, 12-point guide focuses on how to cope in the days ahead, based on the best science as well as the author's experiences working in emergency management and conducting international resilience training programs. Guidance includes choosing where to focus your attention, having a 'timed wallow' and finding ways to help others emotionally or practically.

Source: [https://nziwr.co.nz/wp-content/uploads/2020/03/NZIWR\\_Real-time\\_Resilience\\_Coping\\_with\\_Coronavirus.pdf](https://nziwr.co.nz/wp-content/uploads/2020/03/NZIWR_Real-time_Resilience_Coping_with_Coronavirus.pdf)