

First Steps Procedures for Cluster D

New Referrals

1. SPOE receives and documents referral information. Electronic file is started via the SPOE database. Intake Coordinator is assigned.
2. Intake Coordinator contacts family within 2 business days to schedule intake appointment.
3. Intake Coordinator meets with family and obtains permission to proceed with evaluation. Family also chooses agency, if applicable. Information obtained is entered in SPOE database.
4. Intake Coordinator forwards information to Assessment Team scheduler within 3 business days to schedule.
5. Intake Coordinator sends the physician the Physicians Health Summary to sign and return.
6. Assessment Team completes evaluation and communicates areas of concern and suggested services to Intake Coordinator.
7. Intake Coordinator mails copy of evaluation to family.
8. Intake Coordinator submits provider request to designated Agency Administrator based on Assessment Team recommendations.
9. Agency Administrator responds to Intake Coordinator with names of specific providers available to address identified areas of concern.
10. Intake Coordinator meets with family for Eligibility/IFSP meeting then obtains MD signature on completed IFSP. IFSP information is entered into the SPOE database.
11. Intake Coordinator mails copy of IFSP to family.
12. Intake Coordinator forwards completed IFSP to designated agency contact and Ongoing Service Coordinator.
13. SPOE staff will forward IFSP to child's MD to request signature on IFSP service page. The signed page will be forwarded to agency upon receipt at SPOE.
14. Upon receiving Initial IFSP, Ongoing Service Coordinator will send an introduction e-mail to each ongoing provider authorized on the IFSP.
15. Within 1 business day of receiving IFSP, agency will forward it to authorized providers.
16. The service authorization will be verified in Provider Account Management system to ensure it matches the IFSP paperwork received from the SPOE. Each agency may have different procedures for doing this.
17. Provider will contact family within 2 business days of receiving IFSP to schedule first appointment. First session must be held within 30 days of family's signature on IFSP. MD signature on IFSP service page must be obtained prior to first therapy session. It is responsibility of provider to make sure they have received it from their agency.
18. Provider will document in writing all attempts to contact the family.
19. Provider will notify Service Coordinator if they have difficulty contacting the family to schedule first session.
20. Immediately after the first session, provider will notify Service Coordinator of service start date using the "IFSP Service Start Date" form provided by the Intake Coordinator or by sending the same information by e-mail.
21. Upon receipt of referral, provider will review the IFSP to ensure that there is an outcome related to the service being provided. If no outcome is recorded, provider will contact Service Coordinator immediately.
22. Team members will immediately report any family changes to rest of team (phone #, address, persons living in home, job changes that affect scheduling, etc.)

Requests for Change in Service

1. Provider should discuss all recommended changes with the family prior to completing any formal paperwork. When discussing the recommended change with the family, it is important for the provider to inform the family of the process needed prior to changing a service.
2. In general, a provider should not recommend a service change after only one session with a child. There may be very rare exceptions to this rule. For example, when a parent reports that the child has made great improvement between the Assessment and first ongoing therapy session.
3. For any recommended change in service (new evaluation, addition of new service, increase in intensity/frequency, decrease in intensity/frequency, or discharge), provider completes the "First Steps Request for change or Addition in Service" form including a justification for the change and strategies that have already been tried. "MD recommended" and "parent requested" are not valid justifications without additional information to support the request.
4. A request for change form is required even if the provider has made a recommendation for service change in the most recent progress report. If parent requests a discharge of service, the provider is not required to complete a request for change form.
5. Provider submits the completed request for change form to the designated Agency Administrator who forwards the request to the Service Coordinator with agency approval. All requests go to the Agency first and should not be sent directly to the Service Coordinator by providers.
6. Service Coordinator contacts all ongoing providers to obtain input and ultimately team consensus regarding the requested change.
7. After team consensus from ongoing providers is obtained, Service Coordinator forwards request for change packet to the appropriate Assessment Team member for review. If service being considered by ongoing team was originally recommended by Assessment Team, but not authorized, request for change can be processed without further input from Assessment Team.
8. Assessment Team member reviews the information and requests additional information, if needed, from the provider.
9. After all information has been received, Assessment Team member responds to the Service Coordinator with agreement or disagreement of the request.
10. If agreement is obtained, Service Coordinator meets with family to complete a change page or obtain permission to evaluate.
11. If there is disagreement is expressed, members continue to discuss until a consensus is met.
12. When a new evaluation or services are added, "new referral" steps 3-19 are followed by Service Coordinator.
13. When changes in services are considered after an annual re-assessment, team consensus must also be obtained prior to the IFSP being revised.

Family Participation

1. Provider to schedule the first session with the parent/legal guardian. At this session, provider will explain the expectations for family's participation in therapy sessions and inform the family of their own attendance policy.
2. If family requests that services occur with someone else, a signed "Consent to Release Information" form must be obtained. This form should specify the name of the agency (if it is a childcare center) or the

individual who will be present during therapy. The signed release should be disseminated to all team members once obtained.

3. Provider will document family participation on the face-to-face sheet for each session. This documentation should capture specific details of how family participated (observed session – from same room or elsewhere, reported progress – describe progress, asked questions – list questions, attempted activities – list activities, etc.).
4. Service Coordinators will remind families of participation requirements at quarterly review meetings and more frequently for parents who are reported as not complying.
5. Provider will summarize family participation on the quarterly progress report.
6. Provider will keep Service Coordinator informed if family does not meet requirements for family participation. For weekly services, parent must attend at least once session per month. For services authorized on a monthly basis, parent must attend at least one session per quarter.
7. Provider will keep Service Coordinator and Agency informed of attendance issues (i.e. frequent cancelations, no-shows).
8. When a family demonstrates attendance problems, the provider should implement strategies that require the family to confirm appointments by calling/texting within a specified time frame before the provider travels to the home.
9. The provider should never discharge services due to attendance without the Service Coordinator already being aware of an attendance problem. Providers may not discharge a child due to attendance unless a written attendance policy has been provided to the family.
10. All team members (Service Coordinator, ongoing providers, Assessment Team, and Agency Administrator) will consider parent participation/attendance history when requests for increases/additions are submitted.

Progress Reports

1. Progress reports are due for all children in the First Steps program at the intervals of 3, 6, 9, and 12 months based on the child's IFSP date.
2. All providers authorized on an IFSP are required to contribute to the collaborative First Steps Progress Report. Even if no services occurred during the reporting period, but there was an active authorization, the provider must explain this in the report. *The only exception would be if a new service is added in the middle of a reporting period and the progress report is due before the 30-day start period is over.*
3. Reports must be completed and submitted to the Service Coordinator and Agency by midnight on the first day of each month. Agency may impose an earlier deadline.
4. On second day of month, Service Coordinator will identify providers who are late with reports. Notice of delinquency will be forwarded to the provider, Agency Administrator, and SPOE Director.
5. Providers who do not meet report deadlines will be added to the "Concerns Log" that the SPOE submits to the State bi-monthly. Concern log is also presented at the quarterly LPCC meeting. The Agency may impose other consequences for tardy reports.
6. For assistance with completion of the report, providers should refer to the detailed instructions "First Steps Progress Report Directions" provided by the State.

Discharge Reports

1. For children leaving First Steps due to "aging out", a Discharge Report is due on or before the child's third birthday.

2. For children being discharged from a single service and other services will continue, a Discharge Report is due the month the single service is discharged.
3. For children being discharged from all services and no additional services will be added, a Discharge Report is due immediately. See section below related to Exit Scores.
4. Discharge Reports must be submitted to both the Service Coordinator and the Agency.
5. A Discharge Report is due no matter how few sessions were held during the reporting period. At the very least the report should explain why the child is being discharged even if there is no progress information to report.
6. If child is being discharged within the calendar month that a Progress Report is due, the regular progress report may be considered the Discharge Report. It must be marked appropriately on the first page of the report to indicate which quarter and that it is a discharge.
7. If child is moving away from Cluster D and services will transfer to another cluster, progress report should be updated and submitted to Service Coordinator and Agency. This report would not be called a discharge report as services will continue elsewhere.

Exit Scores

1. Prior to discharge due to 3rd birthday, Service Coordinator will e-mail a request for exit scores to all providers authorized on an IFSP at least 45 days prior to 3rd birthday. Providers should be anticipating the request for children who are leaving First Steps due to age and be prepared. If child is being discharged for any other reason, the exit scores must be completed immediately.
2. To complete exit scores, providers must complete and return the Child Outcome Skills Inventory-Exit form within 30 days of the child's third birthday. A fillable PDF form is available for provider use.
3. If multiple providers serve the child, the form should be completed collaboratively.
4. If a single provider serves the child, the provider must score all areas of the form.
5. Providers can use the AEPS Family Interview and Data Recording Form to assist with completion of the form. Use of these tools will result in more accurate scoring as specific criteria for each skill is available.
6. Service Coordinator will forward the completed form to Assessment Team who will figure the standard deviations and send them back to the Service Coordinator.
7. Once the Service Coordinator has the appropriate paperwork, s/he will submit it to SPOE Director to be terminated in the SPOE database and reported to State.