

Chapter 9: Support Coordination in EarlySteps

This chapter describes the provision of support coordination for SPOE and FSC.

Topics in this chapter include:

	Page
Support Coordination in EarlySteps	2
Updates to Chapter 9	2
Introduction to Support Coordination	2
Support Coordination in Part C	2
Family Support Coordination	3
Family Support Coordinator Responsibilities	6
Referral to Office of Community Services	8
FSC Medicaid Eligibility Verification	8
Billing for FSC Services	8
FSC Activity Checklist	9
Maximum Caseload of a FSC	9
Caseload of a FSC Supervisor	9
Supervision Activities	10
Documentation of Supervision	10
Early Intervention Authorizations	11
Authorizing Services	11
Submitting Authorizations to the SPOE	11
Submission of Claims	11
Changing a FSC or Provider	11
Substituting Early Intervention Provider	12
Early Intervention Records – Family Support Coordinator	13
FSC File	14
FSC Contact Notes	14
FSC Quarterly Progress Report	15
Early Intervention Records Responsibility	15
Transfer of Documentation for IFSP's	15
Transfer of Records When a FSC Leaves an Agency	15
Early Intervention Records – Additional Information	15
Early Intervention Record Protections	15
Access to Records	16
Opportunity to Examine Records	17
Destruction of the Early Intervention Record	17
FSC Performance Indicators	19
References	21

EarlySteps State-Identified Measurable Result:

The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.

Updates to Chapter 9: Support Coordination

Added references to DEC Recommended Practices
Added expectations for team functioning
Added references to law and regulations
Added information from the Joint Position Statement on Support Coordination.
Updated caseload and training requirements from updated Case Management Rule (2021)
Added references to Act 421-TEFRA program
Added FSC supports to families throughout the Early Intervention Process
Added references to the Team-based Practice Supports Practice Profile and fidelity measure.
Updated performance expectations
Updating reporting link to DCFS
FERPA 2013 Update: Uninterrupted Scholars Act regarding sharing records

Support Coordination in EarlySteps

FORMS

- FSC Quarterly Progress Report
- Change Form
- FSC Support Coordination Billing Summary

Introduction to Family Support Coordination

Support Coordination Defined in IDEA, Part C:

Support Coordination means the activities carried out by an individual to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the state's early intervention program. (IDEA, Part C Regulations 34 C.F.R. § 303.34)

Additionally, the federal regulations implementing Part C of IDEA (2011) outline 10 specific service coordination activities:

1. Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
2. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;
3. Coordinating evaluations and assessments;
4. Facilitating and participating in the development, review, and evaluation of IFSPs;
5. Conducting referral and other activities to assist families in identifying available early intervention providers;
6. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;

7. Conducting follow-up activities to determine that appropriate Part C services are being provided;
8. Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;
9. Coordinating the funding sources for services required under this part; and
10. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services. (34 C.F.R. § 303.34).

As described in the Service Coordination in Early Intervention Joint Position Statement (2020) and in federal regulations, service coordination is an essential early intervention service that, along with other IFSP services, has an equal and impactful role in the experience of families. Service coordination is the only mandated early intervention service under Part C of the Individuals With Disabilities Education Improvement Act (2004); therefore, it should have equal importance, administrative support, and opportunities for professional development as other services. The service coordinator brings expertise to the early intervention team on navigating the early intervention system, using family-centered practices, linking families to community resources, fostering strong family-professional partnerships, and facilitating and documenting the early intervention process. As outlined in regulations implementing IDEA (2011), a service coordinator is an important team member as the single point of contact for all team members, including the family, to ensure that early intervention (EI) services are individualized and appropriate to child and family strengths, interests, and needs (2020).

The coordination of services and supports helps to reduce duplication of services and identifies service gaps. Service Coordination, support coordination, care coordination, service integration, and case management are all terms used to describe efforts and activities of family support coordination. Part C uses the term *service coordination* and Medicaid uses the term *support coordination*. For the purposes of the practice manual, EarlySteps uses the term *support coordination or family support coordination or FSC*.

Intake Coordinators, who are employees of the SPOE, serve as the initial support coordinator assigned to work with the family during the intake process and conduct/support the following activities: intake; screening; information gathering; family assessment of concerns, priorities and resources; eligibility determination; referral/arranging for resources and supports; offering families freedom of choice in selecting ongoing support coordination and service providers; and initial IFSP development.

Family Support Coordinators provide on-going support coordination for as long as the child is eligible for Part C services as part of the IFSP process. FSCs are the team leaders who promote ongoing activities that

1. Promote active participation of families in decision-making related to their child,
2. Lead to the development of the service plan,
3. Support families in achieving the goals they hold for their child and the other family members. (DEC, 2015)



The DEC Recommended Practices support 3 themes by which the FSC serves at the team leader:

1. Family-centered practices that are individualized, flexible, and responsive to family unique circumstances.
2. Family-capacity building practices that support opportunities for family participation and strengthen parenting knowledge and skills
3. Family and professional collaboration that builds relationships between families and early interventionists to promote family competencies and support child development (DEC, 2014)

Guidance and Requirements documents for family support coordination:

1. IDEA Part C law: Public Law 108-446 Section 636(7) (2004)
2. IDEA Part C Regulations (2011): 34 CFR Part 303.34; 303.344; 303.343; 303.345;

3. EarlySteps Policies (2014): A. Definitions (11); VII. Participants in IFSP meetings
4. Louisiana Case Management Rules: Title 48 Case Management Licensing Standards (Chapter 49); Title 50 Targeted Case Management (LAC 50:XV Chapters 101-117, updated August 2021)
5. Medicaid Case Management Manual (2002) and subsequent revisions (anticipated 2023)
6. EarlySteps Family Support Coordination Medicaid Billing Guide (May, 2012)

Family Support Coordinator

Beliefs of the Support Coordinator

The beliefs of service coordinators guide the services they provide.

- Belief in the value and uniqueness of families
- Belief in the strengths of teams
- Belief in the value of support coordination: more than a record keeper, serves as the leader of each family's IFSP team.

Roles of the Support Coordinator

The **role** of the FSC is to serve as the team leader for each child's IFSP team. In that role, the FSC:

- Implements strategies that support team effectiveness
- Encourages all team members to share expertise
- Stresses the importance of all team members sharing information and giving feedback to each other
- Encourages teams to identify and use community-based supports and organizations to meet family needs
- Encourages teams to work together to support families and children by serving as the primary liaison for the team. (DEC, 2015)
- Orients families to the early intervention system and provides procedural safeguards

Supporting Families throughout the Early Intervention Process

Steps in the "cycle" of activities that support families during the early intervention process are taken from the *Joint Position Statement on Support Coordination (2020)*.

1. When FSCs/ICs make first contacts with families, they set the stage by explaining how EI works. They answer questions and use active listening strategies to gather information from the parent about the reason for the child's referral as well as any concerns and priorities the family has related to the child's development. In EarlySteps this first contact is typically made at the SPOE through intake, the information gathered is shared with the ongoing FSC so contact can be made and an initial visits conducted.
2. When FSCs/ ICs first meet with a family, they begin to get to know the child and family and start building a trusting, collaborative relationship. During this visit, the service coordinator shares additional information about EI, describing what to expect from the EI process and explaining what high-quality services that employ evidence-based practices look like. The family's role as active participants and decision-makers in the process is also emphasized. Additionally, information is gathered about the child's development and daily routines, medical history, and the family's priorities and concerns. Families are informed about rights and procedural safeguards, important timelines, and the financial processes associated with enrollment in the program. Service coordinators work with families to understand and complete documentation, such as prior written notices, consent forms, family assessments, intake forms, releases of information, and other forms and processes. The service coordinator begins planning with the family for evaluation and assessment by explaining eligibility criteria and how a child's eligibility is determined. A family assessment may be conducted at this visit or in a subsequent visit, or as part of ongoing conversations with the family during intake, at monthly calls, and quarterly team meetings. If the child is found eligible for services, the process used to develop the IFSP is explained and the transition process at the end of EI service delivery is introduced.

The initial visits require planning and organization on the part of the service coordinator as well as balancing the giving and gathering of information with the family (Woods & Lindeman, 2008) as both begin to get to

know each other. The visits typically conclude with a review of next steps for the family, including scheduling the evaluation and assessment at a time and place that are convenient for the family.

3. In coordinating the evaluation and assessment processes, activities center around determining the child's eligibility for services. This is accomplished by gathering information about the family's priorities and concerns for the child's development and participation in daily activities and assessing the child's development in preparation for writing the IFSP if the child is found eligible. Service coordinators primarily participate in the process by gathering family assessment information about caregivers' priorities, concerns, and resources related to the child's development, family interests, and activities. This information is essential to the development of a meaningful IFSP, especially in developing outcomes, and may be gathered before or during the evaluation and assessment with the evaluator, as part of regular conversations with families during monthly calls, and/or in discussions with families at quarterly team meetings.
4. Service coordinators who apply recommended family-centered practices as they facilitate the development of the IFSP will
 - (a) use family priorities to guide the team decision-making;
 - (b) integrate child interests and family routines, activities, and materials into outcomes; and
 - (c) empower families to be active and informed decision-makers as EI and non-EI services are identified and transition planning occurs.

During the IFSP meeting, the service coordinator explains the process to the family and emphasizes that the IFSP is a fluid, working document that can be changed whenever priorities change, the child makes progress, etc. The IFSP process is facilitated to ensure the family members know they are valued and equal team members and that their input will be used to guide what is written in the plan. The service coordinator facilitates discussions that link family priorities and concerns, information from the evaluation and assessment process, health information and history, and expertise from all team members. This discussion results in the development of family and child outcomes that are individualized, functional, measurable, and situated in the context of child interests and family routines.

5. Once the IFSP is signed, the service coordinator monitors IFSP team activity to ensure the initiation of EI services within the required timeline of service delivery beginning within 30 days following parent consent. The service coordinator then coordinates and monitors service delivery to ensure that it aligns with the child's IFSP. This involves making regular, ongoing contact with the family and other EI team members who support the family. These contacts occur by monthly by telephone and during quarterly in-person/virtual visits with families and other IFSP team members. Regular, monthly contacts with all team members are essential so the service coordinator can stay abreast of the child's progress and any changes in family priorities, resources, concerns, life circumstances, and needs (Bruder & Dunst, 2008). When changes occur, the service coordinator can facilitate an IFSP review meeting to revisit the outcomes and services and consider, with team members, whether changes are warranted. Regardless, IFSP reviews are required at least every six months and annually and coordinated by the service coordinator.
6. Maintaining the EI record to include thorough, accurate documentation of the family's journey through the process is an important service coordinator responsibility. Service coordinators document all contacts and IFSP reviews in the child's EI record and, as appropriate, on the IFSP. The service coordinator ensures that family rights and procedural safeguards are provided to the family and that documentation is completed, information releases are maintained, timelines are recorded, and contact notes reflect the work they do on behalf of the family during ongoing service delivery. It is during this time, while services are being implemented, that service coordinators regularly check in with families for progress updates and to celebrate new milestones, ask about their satisfaction with EI, respond to requests for information or assistance, and link families to needed community resources. The goal of service coordination during this time is to help the family learn to navigate the EI system and meet their own needs, including accessing community resources, with less assistance over time. To meet this goal, service coordinators help families learn to advocate for themselves and access available resources when needed, including transition options for services after the child leaves
7. Service coordinators are key team members during the transition and exit processes. In EI, transition refers to the process of supporting children and families as they move between programs or leave the EI system, such as:

- (a) when a family relocates and the child is referred to another EI program;
- (b) when a child leaves the EI program to begin receiving early childhood special education or other preschool-age services and age 3;
- (c) after the child's third birthday, when the child moves to other non-EI community services; or
- (d) when a child is discharged after making sufficient progress and no longer qualifying for services.

Because all children in EI will eventually transition, discussions about this process between the service coordinator and the family begin as early as the initial visit. Successful transitions require ongoing conversations with families as service coordinators help families gather information, explore their options, and prepare to make informed decisions. Service coordinators also assist families as they prepare for transition by ensuring the required transition planning conferences occur, reviewing family rights, answering questions as they arise, and perhaps even arranging for and attending visits with potential transition options with families. Family support during the transition process requires that FSCs exercise patience and objectivity as they help families think about what they want for their children. When a transition is approaching or a family chooses to exit the EI program for any reason, the service coordinator conducts the exit process including arranging the exit evaluation and/or team meeting to close the child's record with the EI program. The exit process may include an exit (or discharge) meeting with the family as well as a collection of summary information from service providers. At this time, families are reminded of their rights and safeguards. To complete the exit process, service coordinators are required to complete final documentation, discuss and schedule an exit evaluation, and may conduct a final IFSP review to document the child's and family's progress and plan for exit. When facilitating a smooth exit, service coordinators help families feel confident about leaving the EI system and well-prepared for the next steps in their journey with their child.

Responsibilities of the Support Coordinator

The **responsibilities** of the FSC include, but are not limited to:

1. Maintaining the FSC Record for each child served with an IFSP.
 - a. Coordinating the sharing all early intervention forms to the SPOE for filing in the child's record and for uploading to EarlySteps Online.
 - b. Maintain documentation of ongoing services that includes meeting notifications, notices of action, IFSP reviews, annual evaluations and IFSPs, key correspondence (letters/emails to parents or providers, documentation of phone conversations regarding requests to change providers, change dates of meetings, etc.) and consents to release information in each enrolled child's early intervention record.
2. Ensuring that Eligibility Determination is completed annually and timely according to regulations.
 - a. Schedule the BDI-2* prior to annual IFSP meetings.
 - b. Collect relevant assessments, previous evaluations, contact notes, and team meeting notes necessary to conduct determination of eligibility and for the eligibility team meeting.
 - c. Ensure that the Eligibility Team reviews the materials assembled for eligibility determination.
 - d. Serve as team leader for the discussion of the results for determination of eligibility.
 - e. Summarize information collected from families over the previous months and/or conduct/coordinate the **Family Assessment of Concerns Priorities and Resources** with the evaluator for determination of family priorities for the IFSP team meeting.
 - f. Provide notice and advise the parent/legal guardian of the procedural safeguards related to eligibility determination/re-determination.
 - g. Ensure that if child is determined ineligible that service authorizations remain in effect until the end date of the current IFSP, that written notice is provided to the family and includes procedural safeguards available to the family.
 - h. With IFSP team input, complete steps for case closure at the current IFSP end date or date agreed upon by the team.
3. Collecting required information necessary to plan and complete an IFSP.
 - a. Assist family to select ongoing providers (**Provider Selection Form**), if a change in providers is needed/requested.
 - b. Obtain relevant releases and authorizations for activities necessary to develop the annual IFSP.

- c. Create authorizations for essential and necessary developmental assessments and participation of team members at team meetings (**Request for Authorization**).
 - d. Collect relevant reports, including the Comprehensive Developmental Assessment (BDI-2) Scores report, single domain assessment, etc., and input in preparation for the annual IFSP meeting.
 - e. Send available information to IFSP team members participating in annual IFSP development by uploading to EarlySteps Online and providing a copy to the family.
4. Facilitating the annual IFSP Team Meeting and completing the Annual IFSP.
- a. Ensure that the variety of planning activities prior to the annual IFSP team meeting are conducted with each family of an eligible child.
 - b. Ensure that each family understands the annual IFSP process, is familiar with the IFSP format, and is well prepared to act as an equal participant on the IFSP team for the scheduled meeting.
 - c. Ensure that the family's priorities from the Family Assessment are reflected in the IFSP outcomes that are developed.
 - d. Ensure that the annual IFSP is developed for each eligible child within the required timeframe.
 - e. Assist family in locating available provider(s) for identified IFSP services through the review of the service matrix (**Freedom of Choice of Provider Selection Form, Request for Authorizations**).
 - f. Develop authorization(s) for services based upon IFSP.
 - g. Identify team members responsible for following up with "other services" identified.
5. Facilitating and monitoring the provision of services, including revisions and 6 month review.
- a. Completing activities for which the FSC is responsible from the IFSP using the strategies identified in **Section 4: Outcomes for child and family** and in the "other services" section.
 - b. Notifying appropriate IFSP team members by sending out the **Team Meeting Notification**.
 - c. Providing **Notice of Action** to the family.
 - d. Reviewing **Monthly Progress Reports, Quarterly Reports**, and early intervention data.
 - e. Completing **IFSP Revision Form/6 Month Review Form**.
 - f. Completing **Change of Authorization Form** (as needed) and send to SPOE; file copy for in FSC record. Monitoring issuance of updated authorizations and notifying IFSP team members.
 - g. Sending appropriate **IFSP Revision/Review Forms** to all team members and to the SPOE and date copies
 - h. Writing, disseminating, and filing/uploading IFSP **Team Minutes** or document **Case Note** if changing provider only, and send completed **Freedom of Choice Provider Selection Form** to the SPOE.
6. Facilitating the Transition events required to support transition from Part C. Ensure that families are aware of all steps and supports when the child exits from Part C. (Chapter 8 provides more details regarding transition requirements).
- a. Disseminating notification (**Early Intervention Services Transition Notification**) to the family, LEA between 2 years, 3 months and 2 years 9 months, and OCDD at 2 years, 6 months.
 - b. Disseminating team-meeting notification to all team members prior to holding the transition team meeting including LEA, OCDD/HSA/D (also known as LGE), and child care staff.
 - c. Facilitating the Transition team meeting identifying next steps.
 - d. Scheduling and collecting the exit BDI-2 report and provide to SPOE and LEA for data entry between 2 years, 9 months and 3 years of age or annual BDI-2 if current within 6 months of exit.
7. Compiling and generating reports.
- a. Collecting all Provider Monthly Reports on a monthly basis or reviewing uploaded reports in EarlySteps Online.
 - b. Using data included in the Provider Monthly Reports to create the FSC Quarterly Progress report submitted to the SPOE by the 20th of the following month.
 - c. Uploading annual IFSP and supporting documents in EarlySteps Online.
 - d. Accurately track and document billable activities according to the FSC Billing Summary

*The BDI-2 will be replaced by another eligibility evaluation tool by 2024. Until the new tool is selected and in use the term "BDI-2" is used to name the statewide tool used for eligibility determination in Louisiana.

Referral to DCFS

EarlySteps providers, Intake Coordinators, Family Support Coordinators etc. are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect.

For more information on the Office of Community Services refer to:
<https://www.dcf.louisiana.gov/page/reporting-child-abuse-neglect>

FSC Medicaid Eligibility Verification

- The FSC must verify the child's Medicaid status each month by the 5th of the month. If the child's Medicaid eligibility has changed, the FSC must submit a **Change Form** to the SPOE and notify each provider of the change by the 5th of the month. The FSC must maintain documentation in the child's file that the early interventionist/SPOE was notified.
- FSCs must use their agency provider number to verify Medicaid status and ensure that the agency bills to the correct funding source. Incorrect fund source billing will be corrected by the CFO following monthly eligibility verification with the Medicaid Fiscal Intermediary, including retroactive Medicaid eligibility dates.
- FSCs must compare the child's Medicaid number from the Medicaid Eligibility Verification System with the number entered by the SPOE. Discrepancies should be reviewed and corrected. Failure to do so will result in denied Medicaid claims for FSC billing due to failure of authorizations to load in the Medicaid Management Information System (MMIS).
- ICs/FSCs discuss and track pending Medicaid eligibility when families apply for Act 421/TEFRA. This program, initiated by LDH in January, 2022 makes some children eligible for Medicaid despite the family's income. Eligibility for Medicaid will be retroactive to the application date for Act 421 if the child is determined eligible. It is acceptable to postpone setting up a Family Cost Participation account (when the family may have FCP assignment) until the Act 421 eligibility is determined. Upon determination, the FCP account will be updated to reflect income information for FCP assignment or Medicaid eligibility. The family notice statement will be completed and signed and the child's Medicaid status will be changed from "pending" or "not eligible" to "eligible," as appropriate, and the Medicaid number provided to the SPOE and IFSP team members for correct billing and prior authorization submission. Under no circumstances will the child's Medicaid status remain in "pending" status when regular communication with the family is ongoing and eligibility for the program is determined.

Billing for FSC Services

The EarlySteps Central Finance Office contractor (CFO) or the Medicaid Fiscal Intermediary reimburse the FSC agency for services provided. FSCs receive authorizations from the CFO that can then be used to document delivery of service for billing purposes—the authorizations are transmitted to Medicaid by the CFO.

Each face-to-face/virtual contact must have the signature of a parent/caregiver to verify that the service was provided. The FSC must obtain a parent signature on the Team Meeting Minutes Form, on the Contact Note/Log and other required documents.

Beginning in 2010, FSC agencies were billing for services in 15 minute units with a maximum number of 36 units per 6-month period being authorized by EarlySteps and submitted to Medicaid. There was no monthly cap for the number of billable units. However, all minimum requirements had to be met each month and each quarter for the 6-month period, regardless if the total number of units authorized was reached. FSC's must carefully track the utilization of units for the 6 months in order to meet family needs as well as to not exceed the 36 unit/6 month cap. FSC agencies should refer to www.lamedicaid.com for billing guidelines, procedures, and questions. Problems with Medicaid denied claims should be first addressed with the regional Medicaid representative. If the problem cannot be resolved, contact the regional coordinator for the information required to resolve the issue. A separate document, listed above and in the reference section, covers Medicaid billing for FSC services.

Effective in 2023, FSC agencies will bill using a flat monthly rate. The following activities must be completed within a quarter to bill the monthly rate:

- monthly call with families,
- quarterly team meeting,
- IFSP updated timely.

FSC agencies are not allowed to bill the monthly rate if these activities do not occur and if the IFSP is not updated timely.

FSC Billing Summary Checklist

The FSC Activity Checklist will not be required once the change to flat rate monthly billing is in effect. Until that time the checklist **must** be included in the official Early Intervention Record. It serves as a guide to assist FSCs with completing all necessary and billable activities throughout the IFSP process. With the change to monthly flat rate billing, this document can be used to support FSC activities for supervision. Documentation of FSC activity is required to verify FSC activities and to support billing.

Maximum Caseload of a FSC

According to the LDH Targeted Case Management Rule (LAC 50: XV, Chapters 101-117, §10503), the maximum caseload that a FSC can carry is 35 cases at any point in time. EarlySteps will authorize a caseload of up to 50 when necessary. Agencies should carefully assess each FSC’s caseload to determine the number of cases which are manageable by the individual FSC. It is not recommended that the maximum caseload be assigned, especially when the FSC and/or supervisor are new.

Caseload of a FSC Supervisor

A supervisor may supervise up to eight FSCs. The supervisor can also carry one-fifth of a caseload for each FSC supervised fewer than eight employees. **A supervisor may not use more than 50% time in managing a caseload.** The intent is to decrease the size of a supervisor’s caseload as the number of FSC’s supervised increases. As the number of FSC’s the supervisor supervises decreases the supervisor’s caseload can increase by one-fifth of the maximum caseload. For example, 8% of a caseload of 35 equals 2.8 rounded up equals 3 therefore for each FSC not supervised the caseload increases by 3. The chart which follows is intended to provide clarification of the state’s requirement for supervisor caseloads.

An individual who meets the supervisory qualifications described above **must** supervise any supervisor who carries a caseload. The FSC **must** submit a written plan for approval by Medicaid detailing how the same person will perform the functions of supervision and support coordination. This plan may not be implemented until approval is given.

Number of FSC’s Supervised*	Number of Cases the Supervisor Can Carry with FSC Caseload of 35	Number of Cases the Supervisor Can Carry with FSC Caseload of 40	Number of Cases the Supervisor Can Carry with FSC Caseload of 45	Number of Cases the Supervisor Can Carry with FSC Caseload of 50
7	3	2	1	0
6	6	5	4	3
5	9	8	7	6
4	12	11	10	9
3	15	14	13	12
2	18	17	16	15
1	21	20	19	18

FSC Supervision Activities

Effective supervision includes direct review, assessment, teaching and monitoring of family-centered practices, problem solving, and feedback regarding the performance of support coordination services. Supervisors are

responsible for assuring quality services, managing assignments of caseloads, assisting staff in meeting compliance areas and performance indicators, and arranging for professional development.

- Individual, face-to-face/virtual sessions to review cases, assess performance, and provide feedback for improving performance. This individual supervision **must** occur at least one time per week per FSC for a minimum of one hour.
- Group meetings with all support coordination staff to problem-solve, provide feedback, and collegial support.
- Joint sessions in which the supervisor accompanies a FSC to meet/participates in a virtual meeting with a family for purposes of teaching, coaching, and giving feedback to the FSC regarding performance related to the particular family is included. The team meeting Fidelity Measure can be used to ensure alignment with the DEC Recommended Practices and supervision of the FSC.
- Case record review. A minimum of 10% of each FSC's caseload **must** be reviewed for completeness, compliance with licensing standards and EarlySteps requirements, and quality each month.
- The supervisor is accountable for the training, experience, and activities of the FSC. The supervisor will be responsible to develop and implement an Individual Employee Supervision Plan (IESP) that designates the training, field experience, and peer relationships for a period of no less than (1) year. The requirements for supervisory record keeping are found in the Louisiana Medicaid Program *Case Management Services Provider Manual* and are required for all EarlySteps FSC agencies regardless of an individual child's eligibility for Medicaid.
- Consultation with agency supervisor, nurse consultant, service provider, supervisor or other professionals, scheduled or unscheduled, concerning a specific child/family, the medical condition or living situation to assist the support coordinator in finding appropriate supports is a billable activity. The billing code is included on the FSC Billing Summary form.
- The supervisor **must** evaluate Family Support Coordinators at least annually according to written agency policy on evaluating staff performance.
- The supervisor shall document all supervisory and case review sessions in compliance with the Targeted Case Management Rule and the Medicaid Case Management Manual.

Supervisor Support for FSC Practices

As part of the EarlySteps State Systemic Improvement Plan (SSIP), a staff and stakeholder workgroup assessed EarlySteps practices related to FSC and aligned these with the DEC RPs resulting in the *Team-based Practice Supports Practice Profile*. The Practice Profile identifies the expected components by which FSC-led teams operate. It identifies resources to support team activities. To measure consistent implementation of the practices the workgroup developed the Team-based Practice Supports Fidelity Measure. The measure identifies the practices expected for team meetings and the DEC RPs aligned with the practices. The workgroup recommends that each FSC is evaluated using the measure a minimum of annually. The use of the Practice Profile will be implemented statewide in 2023-2024.

Documentation of Supervision

Each supervisor is required to maintain a file on each FSC supervised that contains:

- Date, time, and content of the supervisory session; and
- The results of the supervisory case review which addresses completeness and adequacy of records, compliance with standards, and effectiveness of services.
- Documentation of required training.

FSC Nurse Consultant

FSC agencies must have 16 hours per month of nurse consultation to meet case management licensure requirements. The FSC Nurse Consultant role includes:

- Consultation on medical diagnoses, including impact of medical diagnosis on development
- Review of medical records to aid in medical eligibility determination
- Support with general child development issues

Early Intervention Service Authorizations

Step 1: Authorizing Services

Intake Coordinators and FSCs submit authorizations for services using the IFSP Section 6 page of the IFSP and **Request for Authorization** form which specifies the services to be authorized. All early interventionists are dependent upon the Intake Coordinator and FSC for service authorizations to provide services according to the IFSP, bill, and receive reimbursement of services delivered. Both Part C and Medicaid billing are dependent upon prior authorizations issued timely for service delivery. The authorizations are limited to a maximum 6 month period for direct services and FSC and according to the IFSP initial/review/annual dates. Since timely service delivery and payment are dependent upon authorizations, Intake Coordinators and FSCs **must** complete service details accurately to the SPOE for data entry. The SPOE must enter the authorization within 5 days of receipt.

Step 2: Submitting Authorizations to the SPOE

Intake Coordinators and FSCs must send current IFSPs to the SPOE for data entry no later than 3 calendar days after the completion of the IFSP or IFSP review/revision. This ensures that authorizations are issued in a timely manner.

1. An FSC may fax the IFSP to the SPOE for data entry but **must** subsequently send the original documents to the SPOE. The revision, review and annual IFSPs must be uploaded to EarlySteps Online so that all team members have the required documents.
2. The SPOE **must** date stamp the receipt of the IFSP or IFSP Revision Form.
3. The SPOE maintains the hard copy early intervention record; therefore all originals are sent to the SPOE. FSCs keep copies of all documents forwarded to the SPOE in their record.

Parents and other IFSP team members must also receive a copy of the IFSP within one week (7 days) of completion of the IFSP meeting. Providers can access the IFSPs in EarlySteps Online if uploaded by the FSC and the provider is notified.

Fully complete and accurate information is necessary for data entry by the SPOE. In the case of an incomplete or incorrect form, the documents are returned to the FSC for corrections. **NO AUTHORIZATIONS are entered until the corrected IFSP or Authorization form is received by the SPOE. The SPOE will follow up with the FSC agency if there are delays in returning any corrected documents. FSCs should check that FSC and service authorization are entered in LAEKIDS and/or EarlySteps Online. Failure to submit accurate, timely authorizations impacts timely service deliver.**

Step 3: Submission of Claims

Billing **must** be submitted within 60 days of the date of service using provider online system for Part C-paid claims. If billing is not received within this time frame, the CFO will deny payment. The check run schedule of the CFO is posted on the website, www.laiekids.com. **FSC should verify that an FSC authorization is active on the website.** EarlySteps **WILL NOT** pay for services delivered and billed without an active authorization. More information about FSC billing is found in the FSC Billing Manual.

Changing an FSC or Service Provider

Parents select their early intervention practitioners by using the Service Matrix. Agencies are not allowed to assign early intervention providers without the consent of the parent. The Family Support Coordinator **must** communicate on an ongoing basis (a minimum of monthly is required) with each family to ensure that services are being provided and that the family is satisfied.

When selecting and changing a provider based on a team's decision, the steps are:

1. FSC assists the family in selecting a new provider based on information from the service matrix
2. FSC ensures that the parent signs a "**Freedom of Choice Provider Selection Form**"
3. FSC makes the appropriate changes in the IFSP

4. FSC sends all original documentation to the SPOE
5. FSC calls the previous provider to advise them of the parent's change of providers and that authorizations will be cancelled and provide the date.
6. FSC mails a copy of "**Freedom of Choice Provider Selection Form**" to both the new provider and previous provider.
7. Originals of both forms are sent to the SPOE and kept in the child's early intervention record.
8. SPOE cancels the active authorizations for the previous provider based on the provided date.
9. SPOE issues new authorizations for the new provider based on the provided date.

If a parent requests a change of provider, and there is no provider available, the FSC continue to search for a provider that will assist the child with meeting outcomes. The FSC should search the Service Matrix at least one time per week to find a provider, and contact a Regional Coordinator if assistance is need with locating a provider. The FSC **must** document all attempts to locate a new provider. In the event that a provider is not available for more than one month, a team meeting could be held to determine other services which could assist the family in achieving an outcome. The regional coordinator is notified when delays in identifying a provider occur.

When changing FSC, the following steps **must** be taken:

1. The Support coordination Agency contacts the family and informs them that their FSC is leaving or left
2. The Support Coordination Agency offers the family the choice of selecting a new FSC from the same agency or from a different agency

If the family selects a FSC from the same agency, the FSC agency will present the family with a selection of agency FSCs from the service matrix. The FSC agency may select the replacement FSC.

3. The SPOE works with the FSC agency to set dates to cancel active authorizations for the previous FSC and issues new authorizations for the new FSC with agreed upon dates.

Note: the FSC Supervisor can assume caseloads from terminated FSCs using the same authorization for a maximum period of 14 days

If the family does not wish to use another FSC with the same agency, families **must** contact their local SPOE.

1. The SPOE helps the family choose a Family Support Coordinator by using the service matrix
2. The SPOE ensures that a **Freedom of Choice Provider Selection Form** is completed, including parent signature
3. The SPOE makes appropriate changes in the IFSP and issues service authorization with agreed upon date.
4. The SPOE mails copy of the **Freedom of Choice Provider Selection Form** to both the new FSC and previous FSC. Original is kept in child's early intervention record.
5. The previous Support coordination agency is responsible for sending copies of the complete Support coordination record to the new FSC within 7 calendar days.

Substituting Early Intervention Providers

There may be instances—such as in the event of an illness or vacation—when a substitute practitioner may be needed for the child/family. In this case, the family and Family Support Coordinator should jointly develop a plan as to how the IFSP outcomes will continue to be addressed.

- **A substitution of a provider for period of less than 14 calendar days**
 - This would not normally be considered a substantial change in the plan of care or require a change to the IFSP.
 - A substitute practitioner may continue to see the child as indicated on the IFSP and may bill on the regular provider's authorization.
 - The substitute must be enrolled in EarlySteps.
 - The substitute **must** sign his/her name as the provider substituting for the regular provider with other required documentation including the reason for the substitution.
- **A substitution of a provider for period of more than 14 calendar days**
 - If a substitution is expected to last longer than two weeks:

- The authorized early intervention provider notifies the family's Family Support Coordinator to discuss implications for the IFSP and options to ensure outcomes can be achieved.
- This may include a change in practitioner(s) during the specified period.

Substitute providers are not to be used as way to cover staff vacancies when a provider has terminated employment.

Early Intervention Records – Family Support Coordinator

Family Support Coordinators **must** maintain accurate documentation of each contact made on behalf of the child. FSCs develop a file that contains:

Copies of completed Early Intervention record from Referral to IFSP developed by SPOE

- **IFSP Revision**
 - Team Meeting Notice and Minutes Form and meeting authorizations for team members
 - Consents to Release and Share Information (as needed)
 - Notice(s) of Action
 - Completed IFSP Revision Form
 - Updated outcome page of the IFSP, if needed
 - New Authorizations, if needed
 - Documentation that new Authorization(s) were sent to the SPOE
 - Section 5, Transition, of the IFSP
 - Completed Team Meeting Notice and Minutes Form
 - Documentation that IFSP Team Minutes were distributed to all team members

- For change of provider only, receipt and processing of completed **Freedom of Choice Provider Selection Form**

- **Quarterly Progress Report/6-month Review**
 - Team Meeting Notice and Minutes Form and meeting authorizations for team members
 - Consents to Release and Share Information (as needed)
 - Notice(s) of Action
 - Completed Quarterly Progress Report/IFSP 6-Month Review checked on IFSP
 - Updated outcome page(s) of the IFSP
 - If needed, new Authorizations
 - Documentation that new Authorizations were sent to the SPOE
 - Completed Team Meeting Notice and Minutes Form
 - Documentation that IFSP Team Minutes were distributed to all team members

- **Provider Monthly Progress Notes**
 - Monthly Progress Notes from providers

- **FSC Quarterly Progress Report**
 - FSC Quarterly Progress Report
 - Documentation that FSC Quarterly Progress Report was sent to the SPOE

- **Annual Re-determination of Eligibility**
 - Authorization for eligibility evaluation
 - Team Meeting Notice and Minutes Form
 - Consents to Release and Share Information (as needed)
 - Completed Authorizations for Eligibility Team Meeting for all team members
 - Documentation that Authorizations were sent to the SPOE
 - Notice of Action
 - Completed **Eligibility Determination Process Report**
 - **IFSP Team Services Decision Form** if needed

- Completed Team Meeting Minutes
- Documentation that Team Meeting Minutes were sent to all team members
- **Annual IFSP**
 - Team Meeting Notice and Minutes Form
 - **Freedom of Choice Provider Selection** form
 - Consents to Release and Share Information (as needed)
 - Completed Authorizations for IFSP team meeting to all team members
 - Documentation that Authorizations were sent to the SPOE
 - Completed Assessment documentation: **BDI-2 Evaluation Report**
 - Completed IFSP, including Section 5, Transition
 - Completed/Updated **LDH Application**
- **Transition**
 - Early Intervention Services Transition Notification sent to LEA at 2 years, 2 months or later
 - Team Meeting Notice and Minutes and meeting authorization for all team members
 - Consents to Release and Share Information
 - Notice of Action
 - Completed Team Meeting Minutes
 - Documentation that Team Meeting Minutes were sent to all team members/uploaded
 - Completed exit BDI-2 Evaluation Report and/or completed BDI-2 Evaluation Report
 - Documentation that the exit BDI-2 Evaluation Report was sent to the SPOE and LEA/uploaded and/or LGE
 - IFSP Section 5 complete with steps and services and transition conference date indicated for SPOE to indicate in EarlySteps Online
 - Change Form
 - Documentation that the Change Form (Case Closure) was sent to the SPOE with accurate reason and date
 - FSC attends IEP meeting as requested by the parent
 - FSC Billing Summary/Contact Note/Log

FSC File

FSC Contact Notes

All FSCs must maintain contact notes/logs for all children served in the EarlySteps system. This documentation is required for audit purposes by the various funding sources utilized by the Part C system and to support billing. If contact was scheduled and did not occur, a contact note should be completed noting the missed contact and the reason that the contact did not occur.

The contact note is the way that the FSC documents **every individual service contact**. This is retained in the FSC early intervention record for each child for 6 years.

The FSC contact notes contain key information regarding activities that take place throughout the early intervention process. FSC contact notes also provide documentation of events that prevent progress. The FSC should use contact notes as a tool to monitor progress and determine if barriers to progress exist and/or if the family needs other types of assistance. FSC contact notes can provide guidance during individual contacts and assist the FSC with asking meaningful questions during contact with the family. Remember, "Support coordination means the activities carried out by an individual to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized ...under the state's early intervention program". Using contact notes as a tool assists the FSC with carrying out those duties.

EarlySteps does not have a required format for an FSC contact note, the EarlySteps Provider contact note could be utilized for this purpose or the agency must develop its own form and include the following:

- Child's Name
- Date of Birth
- Date of contact
- Time of contact

- Type of support coordination activity
- Descriptions of Actions Taken
- Follow-Up Actions Needed, including a detailed description of the Action and the Timeframe for Completion
- Parent/Caregiver Signature
- FSC Signature and Date of Completion

Parental/Caregiver Signature

Each face to face contact/virtual must have the signature of a parent/caregiver to verify that the service was provided. The FSC must obtain a parent and other team members' signature on the Team Meeting Minutes Form. Electronic signatures are acceptable and parent approval for their use is documented and maintained in the chart.

FSC Quarterly Progress Report

The **FSC Quarterly Progress Report** is a summary of the progress of the child and family as documented in the **Provider Monthly Progress Report**. The FSC should complete the **FSC Quarterly Progress Report** after review of the **Provider Monthly Report** on a quarterly basis. **Quarterly dates are based on the initial IFSP date not a calendar date.**

Example: IFSP begin date is 2-9-2020 and the end date is 2-8-2021. The quarterly reviews should be completed within the months of March through May, June through August (this will be with the 6 month review), September through November, and December through February (this will be the annual review). Quarterly team meetings are the minimum face-to-face contact requirement expected and should not exceed 3 month intervals.

Once completed, keep a copy of the **FSC Quarterly Progress Report** for the records. Send original copy to the SPOE within 5 days from the date of the meeting, and one copy to the family. Include a copy of the **Team Meeting Notice and Minutes Form** with the report for the SPOE record. Additional copies must be sent/uploaded to IFSP team members or other parties. Written parental consent is required for sharing with anyone other than IFSP team members.

If providers do not submit monthly progress reports to the FSC in a timely fashion, or not at all, the FSC should contact a Regional Coordinator for assistance. If FSC agencies do not submit Quarterly Progress Reports or other required information, the SPOE should contact the FSC, FSC's supervisor, the agency director, then the regional coordinator.

Early Intervention Records Responsibility

- **Transfer of Documentation for IFSPs**
 - FSCs **must** send **original** forms and other types of documentation to the SPOE for placement in the early intervention record. Copies of all of the above documentation, with the exception of contact notes and monthly progress reports from each provider, **must** be sent to the SPOE.
 - FSC **must** provide all IFSP team members with copies/or notify with uploads of IFSP documentation as well as copies of any updated assessment documentation.
 - All Requests for Authorization documentation **must** be sent to the SPOE within 2 days of request.
 - Copies of forms and documentation may be maintained in the file that the FSC keeps for her/his use. Families must also receive copies of forms for their personal file.
- **Transfer of Records When a FSC Leaves an Agency**
 - There will be instances in which the FSC is terminated or leaves an agency. Should this occur, the FSC agency where the FSC was employed is responsible for providing the new FSC chosen by the family with a complete child record. If the agency remains the same, the chart just needs

to include documentation of the FSC change. The child record **must** contain all information developed regarding the child's progress.

Early Intervention Records – Additional Information

Early Intervention Record Protections

Early intervention records are confidential. Parents **must** give permission to share information with others by signing a Release of Information. The release of information **must**:

1. Specify the information/records that may be disclosed or released;
2. State the purpose of the disclosure, and
3. Identify the party or class of parties to whom the disclosure may be made.
4. Verify the time period of the Release of Information.

If a parent so requests, the agency shall provide him or her with a copy of the records disclosed.

Access to Records

Provisions of IDEA regarding privacy are intended to protect the interests of families with infants and toddlers with special needs and of the early intervention system. Three primary privacy regulations that pertain to the exchange of personally identifiable information apply to the EarlySteps program: IDEA Part C Privacy Regulations, the Family Education Rights and Privacy Act of 1974 (FERPA), and the Health Insurance Portability Act of 1996 (HIPAA). These regulations govern activities describing parent consent, confidentiality and release of information, access to records, and the requirements for maintenance, storage and destruction of records.

1. According to the **Part C Privacy Regulations**, once a child is referred to EarlySteps, the system must have parent consent before disclosing personal information about the child or family. Signed consent is not needed for EarlySteps to share individual child information with an individual or entity that is an "EarlySteps participating agency." For example, a provider who is a member of the IFSP team for a child does not require consent to access information about that child.
2. **FERPA** specifies that families have the right to know about the information kept as part of the child's "educational record." Families are informed about the type of information EarlySteps keep in the printed record as well as the electronic record. FERPA was updated in 2013 with the Uninterrupted Scholars Act which allows EarlySteps to disclose records:
 - Without parent consent to a caseworker or other representative of a State or local child welfare agency to access the IFSP "when such agency is legally responsible for the care and protection of the child.
 - Pursuant to a judicial order without requiring additional notice to the parent in specified types of judicial proceedings in which a parent is involved, since the parent is already a party to the court proceeding where the order about the records was issued.

These changes help in improving child outcomes in foster care by providing agencies that are legally responsible to access specific information. Documentation of record access according to these provisions must also be documented.

3. **HIPAA** includes privacy rules to protect the privacy of individually identifiable health information and disclosure of health information. Health organizations must notify families of the agencies or "covered entities" with whom they may share information. HIPAA allows for covered entities, such as hospitals to share personal information to public health authorities without consent for the sake of surveillance, investigations, and interventions regarding the health or safety of a child.

There are two "levels" of access related to the Early Intervention Record maintained at the SPOE:

1. **General Access:** refers to office file access of the early intervention record. An access roster will be posted on the outside of all filing cabinets where the child records are maintained indicating those personnel (by title) who may have general access to the early intervention records. This access would generally apply to the supervisor, support staff, intake coordinators, and EarlySteps employees (quality assurance specialists, regional

coordinators, central office staff, etc.). Access by EarlySteps staff is for the purpose of monitoring, program or fiscal audits, or complaint investigation.

2. **Situation-specific Access:** refers to a specific request for information regarding an individual child by and agency or individual. This request must be accompanied by a signed, dated **Consent to Share and Release Information** by the parent/guardian authorizing access to that specific record or information. The SPOE agency is required to have policies in place regarding handling of these requests according to EarlySteps privacy regulations. This includes an access log in each child's file indicating the date, the purpose of any and all specific information, and signature of employee with access to the record.

Opportunity to Examine Records

It is required that all participating service providers permit parents to inspect and review any early intervention records relating to their child which are collected, maintained, or used by the SPOE and/or contracted service providers under this part within 45 days of a request to review. The right to inspect and review records under this section includes:

- The right to a response from the participating service provider to reasonable requests for explanations and interpretations of the records;
- The right to request that the service provider furnish copies of the records containing the information (if failure to provide those copies would effectively prevent the parent/legal guardian from exercising the right to inspect and review the records); and
- The right to have a representative of the parent/legal guardian inspect and review the records.

These access opportunities as set forth in federal and state regulations apply to the clinical record maintained by each individual early intervention provider, as well as to the early intervention record maintained and available through the System Point of Entry. If any Early Intervention Record or any documentation includes information on more than one child, the parents of those children shall have the right to inspect and review only the information related to their child. The identifying information on other children/individuals must be blacked out prior to inspection.

Under the provisions of FERPA, the early intervention record **must** be accessible to the parents. An effective practice is to provide parents copies of the documents maintained in the early intervention record when those documents are developed. However, the law does not require this unless it is the only way a parent has access to the record.

Agencies may charge a reasonable fee for making photocopies of the early intervention record. The fees must address only the cost of photocopying—not the time used by an employee to research and retrieve the document(s).

Each service provider must supply to parents, at their request, a list of the types and locations of early intervention records collected, maintained, or used by the Part C system.

All documentation related to information requests **must** be maintained in the early intervention record. Routine and ongoing communications, IFSP updates, releases, and other forms of documentation (such as assessment reports) are provided to the SPOE by the Family Support Coordinator on an ongoing basis.

There **must** be documentation of all record activities—including information alteration, destruction, or purging of the formal Early Intervention Record maintained at the SPOE.

Destruction of the Early Intervention Record

The Early Intervention Record must be maintained for six (6) years after the child is no longer provided services through EarlySteps. This is true for all records—including children found to be not eligible for EarlySteps.

The SPOE shall inform parents when personally identifiable information collected, maintained, or used in EarlySteps is no longer needed to provide Part C services to the child. The information **must** be destroyed at the request of the parent, subject to the state requirement that the records be maintained for a minimum of six (6)

years after the child is no longer provided services through EarlySteps. The child record **must** be shredded so that there is no identifying information after the six (6) year period expires.

Family Support Coordination Wrap Up

Service coordinators provide an anchor for the family and other EI team members that is unique among other service delivery systems. Without a service coordinator, families would be navigating a complicated system on their own at a time when many feel the most vulnerable. With a knowledgeable and skilled service coordinator, families and other team members have a guide to whom they can turn for information, assistance, and support. The presence of an engaged service coordinator who understands the role and skillfully conducts the many responsibilities of the position ensures a well-coordinated approach to EI service delivery. (2020)

FSC General Supervision Performance Expectations

The following are requirements of FSC agencies and in some cases, SPOEs. Agencies which do not meet these expectations will have findings issued, corrective action, and sanctions issued as appropriate. Findings of noncompliance must be corrected within one year.

	Expectation	Performance Indicators	Data Sources
1	Parents of eligible children gain access to all services identified in the Individualized Family Service Plan within 30 days of consent on the IFSP.	<ul style="list-style-type: none"> 100% of eligible children with completed initial/annual IFSP on time. 100% of services start within 30 days of parent consent date on IFSP. Family survey results meet targets set by stakeholders DEC RP fidelity measures are within acceptable program parameters. 	<ul style="list-style-type: none"> 45-day timeline report Indicator 7 Service authorizations issued timely Timely Services Indicator 1 data Family Survey-Indicator 4 Implementation of the DEC Recommended Practices according to the Practice Profiles(s) No Provider Available authorizations issued, policy followed, and NPA authorization closed according to policy.
2	Ensuring appropriate IFSP teams are established to determine appropriate levels of services with resources available to region in context of a consultative model and in a cost efficient manner.	<ul style="list-style-type: none"> 100% of quarterly team meetings are held on time and appropriate team members participate. Average cost of services within acceptable range, according to Best Practice Guidelines. Family survey results meet stakeholder determined targets DEC RP fidelity measures are within acceptable program parameters. 	<ul style="list-style-type: none"> Team meeting authorizations, Meeting Notices and Notes IFSP Team Decision Process Family Survey results Fidelity Measures demonstrate alignment with DEC Recommended Practices
3	Ensuring the services listed on the IFSP's are appropriately identified to meet the individual child and family outcome.	<ul style="list-style-type: none"> Average cost of services within acceptable range, according to Best Practice Guideline-service authorizations. Family survey results meet state targets. DEC RP Fidelity Measures are within acceptable program parameters. 100% of services begin within 30 days from parent consent on the IFSP. 	<ul style="list-style-type: none"> Team Decision Process followed according to guidelines Timely Services meet Indicator 1 guidelines
4	Coordinating the provision of early intervention services and other services (such as medical services for purposes other than diagnostic and evaluation reasons) that the child needs or is being provided in a consultative model of service delivery. Maximizing the use of community supports and resources, i.e. mental health, local education agencies, social services, etc.	<ul style="list-style-type: none"> 100% of families complete Family Assessment and have appropriate outcomes developed to meet child and family needs. Family survey results meet state targets DEC RP Fidelity Measures are within acceptable program parameters. IFSP outcomes requiring referral, application, assistance from early intervention and "other" services are supported by the FSC 100% of the time. 	<ul style="list-style-type: none"> Family Assessment results documented and IFSP outcomes prioritized according to results Document evidence of IC/FSC support in supporting family related to referrals, accessing services, including "other services."
5	Facilitating the timely delivery of services as identified on the IFSP.	<ul style="list-style-type: none"> 100% of services begin within 30 days of parent consent from the IFSP. 100% of authorizations are issued timely Family survey results meet state targets 100% of services provided according to IFSP. DEC RPs fidelity measures meet expected program parameters. 	<ul style="list-style-type: none"> As above
6	Ensuring annual redetermination of eligibility and providing information on community resources to families of children no longer eligible for EarlySteps.	<ul style="list-style-type: none"> Family survey results meet state targets 100% Percent of children receiving annual eligibility redeterminations within required timelines. 100% of annual eligibility evaluations and IFSPs occur timely with no break in services for eligible children DEC RP Fidelity Measures are within acceptable program parameters. 	<ul style="list-style-type: none"> Annual eligibility determination authorizations issued timely Eligibility evaluator completes evaluation timely such that the team completes the eligibility determination occurs in time for annual IFSP completion Eligibility Report shared with team members/uploaded Required team members participate in team meetings documented in meeting notes Annual IFSP complete, on time, and shared with team members.
7		<ul style="list-style-type: none"> 100% of transition meetings occur on time. 	<ul style="list-style-type: none"> See Performance Expectations in

	Expectation	Performance Indicators	Data Sources
	Ensuring child is appropriately transitioned.	<ul style="list-style-type: none"> 100% of transition conference notices issued a minimum of 10 calendar days prior to the conference 100% of LEA representatives participate in the transition conference 100% of Section 5 of the IFSP (Transition) has adequate steps and services developed to meet child and family needs for successful transition. Transition conference date within timelines and indicated in IFSP Section 5. Family survey results meet state targets. DEC RP Fidelity Measures are within acceptable program parameters. 	Practice Manual Transition Chapter
8	EarlySteps Intake Coordinators and Family Support Coordinators are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect.	<ul style="list-style-type: none"> 100% of children on the FSC's caseload are safe in their home environment For more information on the Office of Community Services refer to: http://www.dcfslouisiana.gov/page/109 Records are shared appropriately with DCFS and caseworkers invited to team meetings 	<ul style="list-style-type: none"> Referrals to DCFS according to requirements Follow up with DCFS to collaborate when children are referred according to CAPTA requirements, including soliciting participation by DCFS caseworkers when appropriate
9	Medicaid Eligibility Verification conducted monthly	<ul style="list-style-type: none"> FSC agencies verify Medicaid eligibility by the 5th of each month for each child on their caseload FSC agencies notify the SPOE/IFSP team when there are changes to a child's Medicaid status and/or number FCP account established correctly and timely Signed Family Notice Statement in chart 	<ul style="list-style-type: none"> Chart documentation of verification Medicaid number in EarlySteps Online is correct and current
10	FSC agencies meet Case Management Licensing requirements	<ul style="list-style-type: none"> FSC agencies maintain licensing requirements as defined by LDH Health Standards FSC agencies comply with LDH Case Management rules Targeted Case Management (LAC 50:XV.Chapters 101-117, August, 2021). FSC agencies comply with the LDH Case Management Manual (TBA 2023). 	<ul style="list-style-type: none"> License is current Agency quality assurance plans submitted to and approved by LGEs FSC and supervisor qualifications are met New FSC orientation requirements met Caseloads are within prescribed limits Annual training requirements met Charts are maintained according to requirements Supervision requirements are met Agencies follow freedom of choice process when FSCs are replaced. Agency documentation supports monthly billing
11	FSC activities meet DEC RP practice expectations	<ul style="list-style-type: none"> Team-based practice supports implemented according to the practice profile. 	<ul style="list-style-type: none"> FSC supervisor and FSC participate in a minimum of 1 fidelity assessment per year. TBPS Fidelity Measure within established performance levels

References

Federal and State Requirements

1. IDEA Part C law: Public Law 108-446 Section 636(7)
2. IDEA Part C Regulations: 34 CFR Part 303.34; 303.344; 303.343; 303.345;
3. EarlySteps Policies (2014): A. Definitions (11), VII. Participants in IFSP meetings
4. Louisiana Case Management Rules: Title 48 Case Management Licensing Standards (Chapter 49); Title 50 Targeted Case Management (LAC 50:XV Chapters 101-117, (updated August 2021)
5. Medicaid Case Management Manual (2002) and subsequent revisions (anticipated 2023)
6. Family Support Coordination Medicaid Billing Guide (May, 2012)

Resources for Quality Practices

Division for Early Childhood. (2014) DEC Recommended Practices.

Division for Early Childhood. (2015) DEC Recommended Practices: Enhancing Services for Young Children with Disabilities and their Families (DEC Recommended Practices Monograph Series No. 1). Los Angeles, CA.

Division for Early Childhood Recommended Practices Community of Practice for Support Coordination: [DEC Service Coordination Community of Practice \(dec-sped.org\) https://www.dec-sped.org/servicecoordinationcop](https://www.dec-sped.org/servicecoordinationcop)

Workgroup on Recommended Knowledge and Skills for Service Coordinators (RKSSC), National Service Coordination Leadership Institute Group. (2020). Knowledge and Skills for Service Coordinators. Retrieved from <https://tinyurl.com/KSSC-8-12-20Final>.