Early intervention service coordination is a mandated service under Part C of IDEA, provided at no cost to families. Service coordination is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards.

**IDEA, definition of Service coordination**

<table>
<thead>
<tr>
<th>§ 303.34 Service coordination services (case management).</th>
<th>(b) Specific service coordination services. Service coordination services include—</th>
<th>(8) Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) General. (1) As used in this part, service coordination services mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child’s family to receive the services and rights, including procedural safeguards, required under this part.</td>
<td>(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;</td>
<td>(9) Coordinating the funding sources for services required under this part; and</td>
</tr>
<tr>
<td>(2) Each infant or toddler with a disability and the child’s family must be provided with one service coordinator who is responsible for—</td>
<td>(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;</td>
<td>(10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.</td>
</tr>
<tr>
<td>(i) Coordinating all services required under this part across agency lines; and</td>
<td>(3) Coordinating evaluations and assessments;</td>
<td>(c) Use of the term service coordination or service coordination services. The lead agency’s or an EIS provider’s use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of §§ 303.501 through 303.521 (Payor of last resort provisions).</td>
</tr>
<tr>
<td>(ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.</td>
<td>(4) Facilitating and participating in the development, review, and evaluation of IFSPs;</td>
<td>(Authority: 20 U.S.C. 1432(4), 1435(a)(4), 1436(d)(7), 1440)</td>
</tr>
<tr>
<td>(3) Service coordination is an active, ongoing process that involves—</td>
<td>(5) Conducting referral and other activities to assist families in identifying available EIS providers;</td>
<td></td>
</tr>
<tr>
<td>(i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and</td>
<td>(6) Coordinating facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;</td>
<td></td>
</tr>
<tr>
<td>(ii) Coordinating the other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child’s family.</td>
<td>(7) Conducting follow-up activities to determine that appropriate part C services are being provided; requirements of §§ 303.501 through 303.521 (Payor of last resort provisions).</td>
<td>(Authority: 20 U.S.C. 1432(4), 1435(a)(4), 1436(d)(7), 1440)</td>
</tr>
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Up to 3 program’s Policies, Procedures, and Responsibilities

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d. Assessments to Evaluate

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AEPS Evaluation testing guidelines

1. Books, Puzzles, and things
2. Jumping Ball play
3. Magic Show
4. Bean Play
5. Snack

CHECKLIST

1. Initial
   a. Evaluation
   b. Initial IFSP Meeting

2. Annual
   a. Annual Evaluation
   b. Annual IFSP Meeting

3. 6-month
   a. 6-month Evaluation
   b. 6-month IFSP meeting

4. Transition
   a. Transition Discussion
   b. Transition Conference with school district
   c. IEP

Referrals

- Referrals: Referrals for the Up to 3 program can be made by anyone concerned about a child such as a: parent, doctor, daycare provider, DCFS, etc.

1. Policy:
a. 45 days to complete evaluations and put an IFSP in place (Target Date)

b. If the family cancels or needs to reschedule an evaluation or the IFSP meeting, the Service Coordinator is responsible to continue contact with the family to reschedule and hold the IFSP meeting as soon as it can be done.

2. **Procedures:**
   
a. Up to 3 Office Staff administer an ASQ (Ages and Stages Questionnaire) over the phone to help identify areas of concern

b. On Tuesday mornings, Service Coordinators and therapists will sign up for new referrals of children to evaluate and schedule eligibility/IFSP meetings.

c. Annual or 6 month IFSP’s will be scheduled on the First Tuesday two months previous to when they’re due.

3. **Service Coordinator responsibilities:**
   
a. **Receiving initial referrals**
   
   1. Sign up for new referrals
   
   2. Read through all attached paperwork
   
   3. If there’s an ASQ SE, make sure our Autism Specialist, Janel or Lisa has looked it over

b. **Deciding the multidisciplinary team**

   1. Look at the ASQ results for communication to determine (BLACK, GRAY, WHITE)

   2. Determine all other members of the evaluation team needed by looking at ASQ scores in the developmental areas addressed and the concerns on the referral

   a. each team member will schedule their own evaluation date and time

   3. Schedule IFSP meeting and check to confirm date and time with other members of the team

c. **SC Confirming with the family**

   1. Call to introduce yourself and confirm evaluation dates and times with the family

   2. Inform family that you will be sending out a letter that will have the name/date/time/purpose for each appointment

   3. Send out Prior Written Notice of all evaluations scheduled

   a. Or if discussed and confirmed with the family on the telephone, you can send a PWN electronically in BTOTS and document in contact log.

   b. In BTOTS, it will not allow you to send multiply appointments on a PWN. You will have to send a PWN for each evaluation date/time for each disciplinary team member evaluating

d. **Assessments to Evaluate**
1. **H.E.L.P:** for children 12 months or younger or developmentally at 12 months or younger

2. **AEPS:** 12 months and older

3. **BDI:** used to determine eligibility on all children referred for initial eligibility and all annuals

**Intakes**

- **Intakes:** The intake process includes the initial face-to-face visit with the family and the start of information gathering for eligibility determination. The initial visit provides the opportunity to welcome and get to know the family, further describe the Up to 3 Program (which was introduced in the phone call with the family to schedule the visits), and discuss the options and opportunities available to them through the system.

1. **Initial Evaluation**
   
   a. **Service Coordinator responsibilities**

   1. **Meet with the family face-to-face**
      
      a. Give consistent information about the Up to 3 program using **“Topics to discuss with families during the Service Coordinator’s first visit/Initial Evaluation”**. (on page that follows)

   2. **Child’s File**

   3. **Complete BDI**

   4. **Complete Family assessment**

   5. **All necessary FORMS are completed:**

      a. Give copy of Parent rights/Procedural safeguards to family in their native language (WHITE BOOK, Baby Watch, parent rights)

      b. Obtain parent signature on Consent to Evaluate (PINK SHEET)

      c. Obtain parent signature for Release of Information (YELLOW/ORANGE SHEET, Physician release of medical records, informing Physician of eligibility for our program, or providing services to the child with another caretaker other than their legal guardian)

      d. Go over parent information on Verification sheet and obtain parent signature (GREEN HALF SHEET)

      e. Go over and have family fill out Family Interview or Concerns, Priorities, and Resources with caregiver (WHITE SHEET)

      f. Obtains parent signature on Family Fee form (GREEN SHEET, make sure to get WIC/CHIP/MEDICAID # on form)

6. **Procedure after initial visit:**

   a. Copy Fee form and turn into Miriam
b. Fill out all appropriate paper work for IFSP meeting (see IFSP meeting for forms)

**Topics to discuss with families during the Service Coordinators first visit:**

1. Introduce yourself and explain that you are their service coordinator and will assist the family during the eligibility process and if their child is found eligible you will be the one to help them obtain the services and assistance they need.

2. Purpose of your visit:
   - Answer any questions they have about the program
   - Learn about their child and his/her development and family

3. Discuss with the family that the information you collected today and all information from the early intervention team will be used in determining eligibility.

4. Eligibility and planning of goals and services will be discussed during the initial IFSP meeting (Individualized Family Service Plan)

5. Explain the purpose of Early intervention is to support children in developing positive social relationships, acquiring new skills, and assisting children in learning how to get their needs met in the routines and activities that are important to the child and family.

6. Emphasize that we are a teaching program and provide the parents with the tools, resources, and support necessary to accomplish the goals proposed.

7. Explain that the parents and caregivers are involved in each step of the process and in each early intervention session.

8. Explain that some services are available at no cost to families such as eligibility determination, assessments and evaluations, and IFSP planning. The other services no matter how many visits per month will have a monthly payment fee that is determined based on their family size and income, a sliding scale. If the child has WIC, CHIP, or MEDICADE their payment fee is exempt. However, no family will be denied services because of an inability to pay.

9. Any information shared about their child and family is kept confidential.

10. Give opportunity to ask questions and share any information that they feel is important.
Eligibility Determination

1. **Policy:**
   a. Eligibility determination is made by using results from a developmental screening tool, medical information, parent report, formal/informal observation and written assessment reports if available. The multidisciplinary team must be comprised of the service coordinator and one or more professionals representing at least 2 different disciplines (other than service coordination).

2. **Procedure:**
   a. **Service Coordinator/ Multidisciplinary team responsibilities:**
      1. Determine Eligibility with the multidisciplinary team by 1 of 3 ways in ranking order:
         a. **Medical Diagnosis**
         b. **Standard Score (SS)**
            1. Needs to be a Moderate Delay for Initial Evaluation (7th percentile or lower), and a Mild Delay for an Annual (16th percentile) to be eligibly by a SS
         c. **Informed Clinical Option**
            1. If the child has a medical diagnosis, then make that child eligible through medical diagnosis rather than a SS or ICO.
            2. If the child is eligible by a SS, then make then eligible by a SS rather than an ICO.
   2. Document Evaluation results in appropriate places If a Standard Score, include percentile

IFSP Development and Implementation

1. **Initial IFSP meeting:**
   a. **Service Coordinator responsibilities:**
      1. ALL testing/evaluating has to be done and completed before IFSP can be held
         a. Health, all developmental areas unless parents declined, and other evaluations by other disciplinary team members
   2. **Prior to IFSP meeting:**
      a. All forms and documents filled out as much as can be
         1. IFSP Cover page/signature page (top section)
         2. Evaluation/assessment scores cover page and eligibility page (top section and all evaluation scores)
         3. Strengths and Needs
4. Outcome page (wait to fill out during meeting with family)
5. Service page

3. IFSP Meeting Agenda:
   a. ALWAYS ask if the family would like another copy of the Parent Rights
   b. Go over ALL testing results and scores:
      1. On the AEPS, the Percentage given is how much knowledge and skills the
         child has out of a 100 %. EX: 57% = Child has 57% out of 100% of those
         skills of what they need to have by age 3
      2. **NS- Nonsufficient**
      3. **AT-mild delay**
      4. **Below M = Moderate delay (2 points below cutoff)**
      5. **Below S = Severe delay (more than 2 points below cutoff)**
   c. Strength and Needs/present levels: Go over concerns and resources, and ask
      which of those concerns is their top priority for their family
   d. Discuss and write goals that relate to the areas of need
      1. If you are making or have made an internal referral, put it as a goal that
         the SC will make a referral to that Therapist/specialist.
   e. Discuss and plan services
   f. Sign the signature page (everyone attending the meeting)
      1. Have parent check the two boxes above the signatures stating that they
         have participated in the development of their child’s individualized family
         service plan and that they have received their Parent Rights

4. Data
   a. Put visit date/time/purpose in BTOTS
   b. Put through DATA

b. **Multidisciplinary team responsibilities:**
   1. All members on the multidisciplinary team attend if possible
      a. Initial/Annual IFSP: minimum of 2 team members of different disciplinarians
         required for eligibility
      b. 6 months’ review: minimum of 1 person
   2. Prior to IFSP meeting
      a. IF any team members aren’t able to make the IFSP meeting, get
         recommendations from them: (Recommendation form)
         1. Goals
         2. Services
         3. First visit date
   3. Fill in appropriate sections on the paperwork in the child’s fill
2. **6 month Reviews/IFSP**

   a. **Service Coordinator responsibilities:**

   1. ALL testing/evaluating has to be done and completed before IFSP can be held
      a. Health doesn’t need to be assessed
      b. All developmental areas unless parents declined, and other evaluations by other disciplinary team members completed

   2. **Prior to IFSP meeting:**
      a. All forms and documents filled out as much as can be
         1. Top section of cover page of IFSP
         2. AEPS scores and eligibility sheet: Top section, all Evaluation scores
         3. Strengths and Needs
         4. Child’s name in correct place on all forms

   3. **IFSP Meeting Agenda:**
      a. ALWAYS ask if the family would like another copy of the Parent Rights
      b. Go over ALL testing results and scores:
         1. On the AEPS, the Percentage given is how much knowledge and skills the child has out of a 100 %. EX: 57%= Child has 57% out of 100% of those skills of what they need to have by age 3
         2. **NS- Nonsufficient**
         3. **AT-mild delay**
         4. **Below M= Moderate delay (2 points below cutoff)**
         5. **Below S=Severe delay (more than 2 points below cutoff)**
      c. Strength and Needs/present levels: Go over concerns and resources, and ask of those concerns, which is their top priority for their family
      d. Evaluate and rate goals
         1. **M = Mastered/Met**
         2. **PM = Partially Met**
         3. **NM = Not Met**
         4. If you are making or have made an internal referral, put it as a goal that the SC will make a referral to that Therapist/specialist.
      e. Discuss services and make changes in needed
      f. Sign the signature page (everyone attending the meeting)
         1. Have parent check the two boxes above the signatures stating that they have participated in the development of their child’s individualized family service plan and that they have received their Parent Rights

4. **Data**
   a. Put visits dates/times/purpose in BTOTS
   b. Put through DATA
b. **Multidisciplinary team responsibilities:**

1. **All members on the multidisciplinary team attend if possible**
   a. Initial/Annual IFSP: minimum of 2 team members of different disciplinarians required for eligibility
   b. 6 months’ review: minimum of 1 person

2. **Prior to IFSP meeting**
   a. IF any team members aren’t able to make the IFSP meeting, get recommendations from them: (Recommendation form)
      1. Goals
      2. Services
      3. First visit date

3. **Fill in appropriate sections on the paperwork in the child’s fill**

3. **Annual IFSP meeting**
   a. **Service Coordinator responsibilities:**
      1. **ALL testing/evaluating has to be done and completed before IFSP can be held**
         a. Health, all developmental areas unless parents declined, and other evaluations by other disciplinary team members
         b. If child *has a diagnosis*, the nurse will need to review/complete Health assessment, vision, and hearing
         c. If *no diagnosis*, the SC will do the Annual Health Assessment, vision, and hearing if trained, or SLP can do hearing and the nurse can check vision if needed
      2. **Prior to IFSP meeting:**
         a. All forms and documents filled out as much as can be
         b. Top section of cover page of IFSP
         c. AEPS scores and eligibility sheet: Top section, all Evaluation scores
         d. Strengths and Needs
         e. Child’s name in correct place on all forms
      3. **IFSP Meeting Agenda:**
         a. ALWAYS ask if the family would like another copy of the Parent Rights
         b. Go over ALL testing results and scores:
         c. On the AEPS, the Percentage given is how much knowledge and skills the child has out of a 100%. EX: 57%= Child has 57% out of 100% of those skills of what they need to have by age 3

         1. NS- Nonsufficient
         2. AT-mild delay
         3. Below M= Moderate delay (2 points below cutoff)
         4. Below S=Severe delay (more than 2 points below cutoff)
d. Strength and Needs/present levels: Go over concerns and resources, and ask of those concerns, which is their top priority for their family

e. Evaluate and rate goals
   1. All goals that are not mastered/met need to be re-written on a new goal sheet along with new proposed goals
   2. If you are making or have made an internal referral, put it as a goal that the SC will make a referral to that Therapist/specialist.
   3. Discuss services and make changes in needed

f. Sign the signature page (everyone attending the meeting)
   1. Have parent check the two boxes above the signatures stating that they have participated in the development of their child’s individualized family service plan and that they have received their Parent Rights

4. Data
   a. Put visits dates/times/purpose in BTOTS
   b. Put through DATA

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**Transition**

1. **Policy:**
   a. A Transition Discussion is to be given to the parents prior to the child turning 27 months old.
   b. A Transition Conference is to be scheduled and completed before the child turns 33 months old

2. **Procedure:**
   a. **Service Coordinator responsibilities:**
      1. **Transition Discussion with the family/Referral Notification due by 27 months**
         a. At the IFSP closest to the child’s turning 24 months, share with family that At 27 months, child’s name, parent’s name, and address is transferred automatically to the school district listed under child contacts if child is eligible and parents don’t opt out.
         b. If not completed at the IFSP, service coordinator schedules a home visit before child is 26 months.
         c. Service Coordinator Team Lead gives service coordinators reports monthly of children turning 27 months in the next few months so they can plan when to hold the opt out discussion.
         d. Go over pamphlet that is provided for their local school district

   1. **Documentation**
a. **OPT OUT form** (SC just fills out the top part and dates it and no one signs at the bottom unless parents choose to opt out. Document discussion in box in botos.)

b. **Transition Plan (steps 5a-f) form** (SC dates when discussed and documents brief discussion in boxes in botos. Reviews preschool preparedness and develops outcomes and services to prepare child for transition. Obtain parent signature on release of information to Part B and include in file/document in botos. Arrange transition conference to occur BEFORE child is 33 months of age.)

c. **Eligibility for the school district:** The school district has their own eligibility criteria that is different from Early Intervention

d. **Release of Record form:** ALL evaluations, records, and information that Up to 3 has obtained will be sent to local school districts. Parents need to sign this paper form or the electronic version.

1. Or they can sign the Opt Out form and discuss community options available

2. **32 months:** Discuss 90 day meeting/Transiting conference and schedule it with school district and parent if release has been signed.

3. **By 90 days before 3rd birthday:** Transition conference has to be completed by this date

   a. The LEA from the school district will lead the meeting and ask areas of concern from the parents, explain testing that is needed to assess those areas and set up testing date/time and IEP date/time.

4. **IEP with school district to discuss eligibility for services**

2. **Transition Conference / 90 day meeting with family and local school district**

   a. **Schedule**

      1. Call local school district to set up date/time (each district has certain days and times allotted for 90 day meetings

         a. **Logan City:** Kim Barfuss at Riverside Preschool- (435)755-2337

         b. **Cache County:** Kelly Garcia –

         c. **Box Elder:** Jason Udy at Corrine Early Learning Center in Corrine, UT (435)230-1135

      2. Inform family of date and time and their child does not have to attend this meeting and send a Prior Written Notice

      3. Prior to meeting, fax child’s IFSP and any other test results they’ve had while with Up to 3

         a. AEPS

         b. ASQ-SE

         c. PLS-5

         d. PDMS

         e. FEAS

         f. CBCL

         g. BDI
b. **Meeting**
   1. Transition Conference form to fill out during meeting (yellow copy will go to the parents)
   2. Obtain copy of the local school districts form
   3. IEP date will be scheduled by the school district

c. **BTOTS**
   1. Enter visit note
   2. Enter Transition Conference information under IFSP tab, Transition Conference and link it to the associated visit note you submitted

d. **Data**
   1. File paper work
   2. Submit to data

3. **IEP**
   a. Goals to rate with parents
   b. **Case Disposition**
      1. Service Coordinator will mark the appropriate boxes and sign
      2. Obtain signature from parent

c. Obtain a copy of Evaluation Summary from the local school districts testing

d. **BTOTS**
   1. Enter visit note in BTOTS
   2. Exit COSF

e. **Data**
   1. Turn in to data to exit after the child’s 3rd birthday

4. **Transitioning into the community**
   a. Not eligible to receive services for the school district or parent’s chose to OPT out
      a. Community resources:

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**Exiting a child from the program**

1. **Service Coordinator responsibilities**
   a. Rate the goals
   b. Exit COSF in BTOTS (before the end of the month that they turn 3)
   c. **Case Disposition**
      1. If the parents aren’t present, document it on the form
2. Make a copy and mail to parents
   a. Put a note on the form saying that you mailed copy to parents with the date / time
   d. Document in BTOTS when Case Disposition was completed and mailed to parents
   e. Put through Data (only after the child has turned 3)