



**Family Service Coordinator Rider**

This document is attached to and incorporated into the Provider Agreement which is active and in force at the time of execution of this agreement for:

Family Service Coordinator	Payee/Agency Name
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**Service Coordinator Services:** The Service Coordinator has represented to the Department of Health and Hospitals (DHH) that he/she possesses the ability to provide service coordination for eligible children and their families under this program, certifying that he/she meets all current state credentialing, licensure, and training requirements established as of the effective date of this Agreement.

**The Service Coordinator further agrees to:**

1. Provide service coordination to eligible children and their families upon referral as set forth in the Individualized Family Service Plan (IFSP). These responsibilities include, but are not limited to:
  - Assisting in the implementation and facilitating of the IFSP with the parent/legal guardian(s).
  - Conducting formal and informal review of the IFSP with the parent/legal guardian and other IFSP service providers, ensuring that at least monthly, written progress reports are obtained from each provider and reviewed quarterly with the parent/legal guardian.
  - Facilitating the provision of assessments requested by the IFSP Team.
  - Facilitating the completion of the Combined Enrollment Form for any potentially eligible child and actively assisting the family in identifying and accessing additional resources and programs, including Medicaid.
  - Participating as an initial IFSP team member and attending the initial IFSP team meeting.
  - Ensuring that, at a minimum a six-month review and an annual evaluation of the IFSP be conducted, and that the new IFSP generated from this evaluation meeting is incorporated into the child's record at the SPOE, and that the appropriate authorizations for funding are obtained.
  - Ensuring that an annual redetermination of eligibility is conducted.
  - Follow all procedures for the acquisition and disposition of assistive technology devices.

- Following all procedures for family cost participation in the EarlySteps system.
  - Meeting and communicating regularly with the parent/legal guardian as defined in the IFSP, conducting these contacts using a variety of face-to-face, telephone, written correspondence, and team meetings to ensure that the family is well-informed and an active participant in the implementation of the IFSP.
  - Facilitating the transition activities into, within, and from the service system for eligible children.
  - Notifying the local school district of a child's transition out of Part C no later than when the child is 2 years, 3 months of age.
2. Ensure that, at all times, service is accurate and family-centered, and that no activities are conducted that are adversarial to or inconsistent with local and state program policies, regulations, or practice.
  3. Adhere to the established timelines as set forth in the EarlySteps Practice Manual.
  4. Contribute to the child's record at the SPOE for all referred and eligible children original copies of releases, IFSP's, correspondence, evaluation/assessment materials, and medical/health information and reports.
  5. Submit progress reports on a quarterly basis to the SPOE and family for each individual child/family receiving service coordination services.
  6. Coordinate activities with and cooperate with the designated SPOE so that children and families receive timely and appropriate service.

## FSC PERFORMANCE INDICATORS

	<b>Responsibility</b>	<b>Performance Indicators</b>
1	Assisting parents of eligible children in gaining access to all services identified in the Individualized Family Service Plan.	Percentage of eligible children with completed annual IFSP on time. Parent CQI survey results are within acceptable program parameters. Self- Assessments are within acceptable program parameters.
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.	Average cost of services within acceptable range, according to Best Practice Guidelines. Parent CQI survey results are within acceptable program parameters. Self Assessments are within acceptable program parameters.
3	Ensuring the services listed on the IFSP's are appropriately identified to meet the individual child and family outcome.	Average cost of services within acceptable range, according to Best Practice Guidelines. Parent CQI survey results are within acceptable program parameters. Self Assessments are within acceptable program parameters.
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.	Parent CQI survey results are within acceptable program parameters. Self Assessments are within acceptable program parameters.
5	Facilitating the timely delivery of services as identified on the IFSP.	Parent CQI survey results are within acceptable program parameters. Percent of service provided according to IFSP. Self Assessments are within acceptable program parameters.
6	Ensuring annual redetermination of eligibility and providing information on community resources to families of children no longer eligible for EarlySteps.	Parent CQI survey results are within acceptable program parameters. Percent of children receiving annual eligibility redeterminations within required timelines. Self- Assessments are within acceptable program parameters.
7	Ensuring child is appropriately transitioned.	Percentage of transition meetings that occur on time. Parent CQI survey results are within acceptable program parameters. Self Assessments are within acceptable program parameters.

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Signature of Individual Provider

\_\_\_\_\_  
Date Signed

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Provider Name (Printed)

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Signature of Authorized Payee Name