

**Early Intervention Program
Guidance Document**

**Standards and Procedures for
Service Coordination
Under the Early Intervention Program**



New York State Department of Health
Bureau of Early Intervention
Revised: December 2016

**New York State Department of Health
Early Intervention Program Standards and Procedures for
Service Coordination
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Reissued
Early Intervention Memorandum

To: Early Intervention Officials
Interested Parties

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Subject: **Standards and Procedures for Service Coordination under the Early Intervention Program**

This memorandum provides guidance regarding the purpose of service coordination services and the role and function of service coordinators under the Early Intervention Program. The document is updated to incorporate changes to Public Health Law enacted in 2012, as well as recent changes to regulations and federal requirements.

Service coordination must be provided to all children referred to an Early Intervention Official (EIO) who are suspected of having a disability or developmental delay. Since infants and toddlers with disabilities require a comprehensive array of services that may be provided by multiple agencies or individuals, federal and state laws require a service coordinator who is responsible for ensuring communication, collaboration, and coordination among providers of service to eligible children and their families.

Early intervention service coordination combines the traditional case management activities of organizing and coordinating needed services with the philosophy of family-centered care. A major goal of service coordination is to create opportunities for collaborative, family-centered, community-based services for infants and toddlers with disabilities and their families. Service coordinators help families identify and prioritize concerns, assist parents in developing plans and strategies to meet the needs of their children and family units, and strengthen families' competencies and sense of control over life events.

Service Coordination Definition and Personnel

Service coordination is defined in regulation as “assistance and services provided by a service coordinator to enable an eligible child and the child’s family to receive the rights, procedural safeguards and services that are authorized under the Early Intervention Program.”¹

Service coordination services are provided by qualified personnel who are approved by the Department to provide service coordination services.² Service coordinators may be an employee of a municipality or an approved agency or may be an individually approved provider working as a contractor to an approved agency or under direct agreement with the State. Service coordination services are provided by two types of service coordinators under the Early Intervention Program: initial service coordinators and ongoing service coordinators.

The Initial Service Coordinator

The initial service coordinator is defined in regulation as “the service coordinator designated by the early intervention official upon receipt of a referral of a child thought to be eligible for early intervention services who functions as the service coordinator who participates in the formulation of the Individualized Family Service Plan.”³

The Early Intervention Official is required to promptly designate an initial service coordinator upon the referral of a child thought to be an eligible child.⁴ When appropriate, the early intervention official must select a service coordinator who has an established relationship with the child or family to serve as the initial service coordinator.⁵ For example, it may be appropriate for the early intervention official to designate a qualified service coordinator who has provided services to the family for a previous child who was in the EIP.

The Ongoing Service Coordinator

The ongoing service coordinator is defined in regulation as “the service coordinator designated in the individualized family service plan.”⁶

The Individualized Family Service Plan (IFSP) developed for an eligible child must include the name of the ongoing service coordinator selected by the parent who will be responsible for the implementation of the IFSP and the coordination of agencies and persons responsible for delivery of the services contained within the IFSP.⁷

¹ 10 New York Codes, Rules and Regulations (NYCRR) § 69-4.1(l)(2)(xii)

² 10 NYCRR § 69.4.5(a)

³ 10 NYCRR § 69-4.1(z)

⁴ Public Health Law § 2543

⁵ Id.

⁶ 10 NYCRR § 69-4.1(ag)

⁷ PHL § 2545(2)(i)

Qualifications of Approved Providers of Service Coordination

There are two types of approved providers of service coordination under the Early Intervention Program:

- (1) Incorporated entities, sole proprietorships, partnerships, and state-operated facilities that are approved by the Department of Health to deliver service coordination services; and
- (2) Individual service coordinators approved by the Department of Health.

All early intervention service coordinators, whether individual service coordinators or employees or subcontractors of an approved provider of service coordination services, are required to meet all of the following qualifications:

- a minimum of one of the following educational or service coordination experience credentials:
 - two years of experience in service coordination activities as delineated in regulation (voluntary or part-time experience which can be verified will be accepted on a pro rata basis);
 - one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities;
 - one year of service coordination experience and an associate degree in a health or human service field; or
 - a bachelor's degree in a health or human service field;⁸ and
- demonstrated knowledge and understanding in the following areas:
 - infants and toddlers who may be eligible for early intervention services;
 - state and federal laws and regulations pertaining to the Early Intervention Program;
 - principles of family centered services;
 - the nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and
 - other pertinent information.⁹

These qualifications enable approved providers of service coordination services to employ service coordinators with appropriate education and/or experience who are not otherwise considered “qualified personnel”¹⁰ under the Early Intervention Program. This facilitates the participation of individuals, including parents of children with disabilities, who have diverse experiential backgrounds and unique connections to the community, to participate as service coordinators within a supervised employment setting. This flexibility in hiring service coordinators is particularly important in meeting the program's statutory goals, including addressing the needs of historically underrepresented populations.

Only qualified personnel with appropriate licensure, certification, or registration are eligible to be approved by the Department of Health as an individual service coordinator. Approval requirements for providers of service coordination services are specified in 10 New York Code, Rules and Regulation (NYCRR) 69-4.5. In addition, applicants for approval as individual service coordinators must demonstrate a minimum of 1600 clock hours of experience in a clinical pediatric, early intervention, or early childhood program setting delivering services to children under five years old that includes children with disabilities and their families. Relevant supervised experience required for licensure or certification that involved direct experience in delivering services to children with disabilities and their families may be counted towards the 1600 clock hour minimum.¹¹

⁸ 10 NYCRR § 69-4.4

⁹ Id.

¹⁰ 10 NYCRR § 69-4.1(ak)

¹¹ 10 NYCRR § 69-4.5(a)(4)(iv)

In-Service Training Requirements

The Department of Health has a comprehensive statewide training program in place that includes training modules specific to service coordinators.

All providers, including individual service coordinators and service coordination agencies, are required to enter into an agreement with the Department.¹² The State Provider Agreement requires that:

- all service coordinators must participate in on-going training, including but not limited to, introductory service coordination, advanced service coordination, evaluation, and IFSP training sponsored or approved by the Department of Health; and
- service coordinators must complete introductory service coordination training sponsored or approved by the Department of Health prior to rendering service coordination services and participate in a minimum of one professional development activity totaling a minimum of 1.5 clock hours directly related to service coordination per calendar year and such activity is not limited to Department sponsored training but can include other professional development activities which focus on enhancing skills necessary for service coordinators to increase their competency to provide service coordination activities.

Responsibilities Unique to the Initial Service Coordinator

The initial service coordinator is frequently the first representative of the public agency responsible for the program with whom the parent interacts with subsequent to a referral of their child to the early intervention official. The initial service coordinator has primary responsibility for ensuring that parents are informed about the Early Intervention Program and their rights under the program; securing the essential information and consent from parents necessary for participation in early intervention services; and assisting parents in selecting an evaluator and obtaining a screening and/or multidisciplinary evaluation for their child.

The specific responsibilities, as specified in 10 NYCRR 69-4.7, include:

- promptly arranging an initial contact with the parent(s) in a time, place, and manner reasonably convenient for the parent(s)¹³ and within a timeframe consistent with the requirement to convene the IFSP meeting within 45 days of a referral.¹⁴ During these first contacts, the parent(s) may identify family priorities, concerns, and resources. With parental consent, the initial service coordinator should share this information with the evaluator to provide input into the family-directed assessment of the parent's priorities, concerns, and resources as related to the development of the child;
- providing parents with an overview of the early intervention system and services, as well as the role of service coordinators; ensure parents have a copy of, and reviews *The Early Intervention Program: A Parent's Guide*, the parental handbook that provides information about the program, to ensure parents understand the information contained within the handbook; and reviewing parents' rights under the Early Intervention Program;¹⁵
- explaining and discussing with the parent the potential benefits of early intervention services to the child and family;
- ascertaining whether the child and family are presently receiving case management services or other services from public or private agencies. When families are engaged in other case management services, the service coordinator must discuss options for collaboration with other case managers who

¹² Id

¹³ 10 NYCRR § 69-4.7(b)

¹⁴ 10 NYCRR § 69-4.11 (a)(1)

¹⁵ 10 NYCRR § 69-4.7(c)(1)

are working with the family and obtain consent for the release of information to facilitate such collaboration;¹⁶

- coordinating all aspects of the screening and evaluation process to determine a child's eligibility for the Early Intervention Program. The initial service coordinator is responsible for:
 - reviewing with parents the list of evaluators approved by the Department to perform screenings and/or evaluations;¹⁷
 - discussing pertinent information about potential evaluators with parents, including their location, types of evaluations performed, and settings for evaluations (e.g., home versus evaluation agency). Initial service coordinators are also responsible for discussing with parents any needs they might have in accessing an evaluation for their children and arranging or assisting the parent with arranging for the child's multidisciplinary evaluation.¹⁸

- discussing the IFSP process with the parents of children determined to be eligible for early intervention services.¹⁹ Service coordinators are required to inform parents:
 - of the required participants in the IFSP meeting and the parent's option to invite other parties;
 - that the initial service coordinator may invite other participants provided that the initial service coordinator explains the purpose of inviting other participants and obtains the parent's consent;
 - that inclusion of the family assessment is optional;
 - That the family's priorities, concerns, and resources will play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator, and early intervention official;
 - of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the IFSP meeting or at any other time after the formulation of the IFSP;
 - that the final decisions about the services to be provided to the child will be made by the parent and the early intervention official; and
 - that services can be delivered in a range of settings such as an approved provider's facility, as well as a variety of natural environments, including the child's home, childcare site, or other community settings;²⁰

- participating in the meeting to develop the IFSP. The initial service coordinator is a required participant in the meeting to develop the initial IFSP, along with the parent, early intervention official or designee, and the evaluator.²¹ The early intervention official is required to convene a meeting to develop the IFSP within 45 days of the receipt of the child's referral, provided however that such timeline does not apply for any period when:
 - the child or parent is unavailable to complete the initial evaluation and assessment of the child and family or is unavailable for the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records and the multidisciplinary evaluation and assessment and the initial IFSP meeting are completed as soon as possible after the exceptional family circumstances no longer exist;²² or
 - the parent has not provided timely consent for the initial evaluation or assessment of the child, despite documented, repeated attempts by the evaluator to obtain parental consent, and the multidisciplinary evaluation and assessment and the initial IFSP meeting are completed as

¹⁶ 10 NYCRR § 69-4.7(d)

¹⁷ 10 NYCRR § 69-4.7(j)

¹⁸ 10 NYCRR § 69-4.7(k)

¹⁹ 10 NYCRR § 69-4.7(o)

²⁰ Id

²¹ 10 NYCRR § 69-4.11(a)(2)

²² 10 NYCRR § 69-4.11(a)(1)(i)

soon as possible after parental consent is obtained for the initial evaluation and assessment of the child.²³

The initial service coordinator must document in the child's record reasons for extension of the 45 day time period for the development of the IFSP;

- informing parents of their option and providing them with the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, to be responsible for ongoing provision of service coordination and ensuring the implementation of the IFSP.²⁴ Parents must also be informed of their option to request a change in their ongoing service coordinator at any time in the future; and
- the initial service coordinator is responsible for facilitating the transmission of information concerning the child and family, including the IFSP document, to the ongoing service coordinator selected by the parent at or subsequent to the IFSP meeting (if applicable) and to service providers identified in the IFSP.

Informing Parents about the Use of Medicaid and Other Third Party Insurance

Initial service coordinators and ongoing service coordinators are responsible for informing parents that Medicaid and private insurance are required sources of payment for services provided under the Early Intervention Program. The initial service coordinator and ongoing service coordinator should inform the parent that health insurance policies regulated in New York and subject to New York Insurance Law are not permitted to apply payments for early intervention services to any maximum annual or lifetime limit specified in the plan. Parents must also be informed that the municipality is responsible for any co-payments and deductibles when insurance is billed for early intervention services.

Claims will not be submitted to any insurance plan which is not subject to New York Insurance Law, unless the parent has signed a written consent to use non-regulated insurance. Families should also be made aware that if they have both Medicaid and a regulated third party insurance plan that, per Medicaid rules, the third party insurance will be billed first.

Initial Service Coordinators and Ongoing Service Coordinators' Responsibility for Obtaining Information about the Status of the Family's Third Party Insurance

Initial service coordinators and ongoing service coordinators are required to obtain, and parents are required to provide, information about the family's third party insurance coverage, including Medicaid status and/or private health insurance.²⁵ Initial service coordinators are responsible for obtaining this information at the initial meeting with the family and ongoing service coordinators are responsible for ensuring that insurance information remains current and accurate throughout the time of the child's participation in the Early Intervention Program.

The Insurance Toolkit for Service Coordinators describes in detail the various steps and procedures required for the collection and sharing of insurance information, including forms, to implement the following activities:

- collection of insurance information, including:
 - Medicaid enrollment status and identification number, if any; and
 - type of other health insurance policy or health benefits plan, name of insurer or plan administrator, and policy or plan identification number;
- entering the insurance data into the New York Early Intervention System (NYEIS) and, if available,

²³ 10 NYCRR § 69-4.11(a)(1)(ii)

²⁴ PHL § 2545(9)

²⁵ 10 NYCRR § 69-4.7(h)

service coordinators may also upload a copy of the insurance card into NYEIS;

- keeping providers informed of current insurance data;
- completing notice of parent declination to provide insurance information;
- determining if a family's insurance is regulated by New York Insurance Law or is non-regulated;
- obtaining parent consent to bill non-regulated insurance;
- obtaining authorization to release health insurance information;
- completing and submitting request for coverage information; and
- obtaining a written referral from the child's primary health care practitioner.²⁶

Families with No Third Party Insurance

Eligible children and their families under the Early Intervention Program are entitled to receive appropriate early intervention services at no cost to the family, regardless of third party insurance coverage. Third party payments are, however, important sources of revenue for the Early Intervention Program to ensure the continued viability of the program.

Initial service coordinators are also required to assist parents of potentially eligible and eligible children in identifying and applying for benefit programs for which the family may be eligible, including:

- Medical Assistance Program (Medicaid);
- Supplemental Social Security Income Program;
- Physically Handicapped Children's Program;
- Child Health Plus; and
- Social Security Disability Income.²⁷

Responsibilities of the Initial Service Coordinator for a Child who is found to be Ineligible for the Early Intervention Program

Initial service coordination must be provided for any child thought to be eligible for early intervention services and referred to the early intervention official. For a child determined by an approved evaluator to be ineligible for early intervention services, the responsibilities of the initial service coordinator include:

- informing the parent of the right to due process procedures, including the right to mediation and an impartial hearing to contest the evaluator's eligibility determination;²⁸ and
- informing the parent of other services which the parent may choose to access and for which the child may be eligible and offer assistance with appropriate referrals.²⁹

Responsibilities Common to both Initial Service Coordinators and Ongoing Service Coordinators

All initial service coordinators and ongoing service coordinators must provide service coordination services consistent with the standards delineated in program regulations.³⁰ Every eligible infant and toddler is required to be provided with one service coordinator who is responsible for coordinating all services across agency lines and serving as the primary point of contact in helping parents to obtain the services and/or assistance they need.³¹ The service coordination process is an active process that involves:

²⁶ https://www.health.ny.gov/community/infants_children/early_intervention/docs/insurance_service_coordination_tool_kit.pdf

²⁷ 10 NYCRR § 69-4.7(i)

²⁸ 10 NYCRR § 69-4.17(f)(1)

²⁹ 10 NYCRR § 69-4.7(n)(1)

³⁰ 10 NYCRR § 69-4.6

³¹ 10 NYCRR § 6.9-4.6(a)(1)(i)(ii)

- assisting parents of eligible infants and toddlers in gaining access to the early intervention services and other services identified in the IFSP, including making referrals to providers for needed early intervention services and other services identified in the IFSP and scheduling appointments with service providers for infants and toddlers with disabilities and their families;
- ensuring the IFSP outcomes and strategies reflect the family's priorities, concerns, and resources and that changes are made as the family's priorities, concerns, and resources change;
- coordinating the provision of early intervention services and other services (such as educational, social, and medical services for other than diagnostic and evaluation purposes) that the infant or toddler and the family needs or is receiving;
- facilitating the timely delivery of early intervention services as soon as possible after written parental consent for the services in the IFSP is obtained; and
- continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility.³²

The specific activities required of initial service coordinators and ongoing service coordinators are specified in 10 NYCRR 69-4.6(c) and include:

- coordinating the performance of evaluations and assessments: Initial service coordinators are responsible for assisting parents in all aspects of arranging and obtaining a screening and/or multidisciplinary evaluation to determine a child's eligibility for the program. Ongoing service coordinators are responsible for arranging or assisting parents with arranging additional evaluations and assessments of the child and voluntary family assessments when additional evaluations are necessary to complete the required six-month reviews and annual evaluations of the IFSP or as otherwise needed;
- facilitating and participating in the development, review, and evaluation of IFSPs: The initial service coordinator facilitates and ensures the development of the initial IFSP. The ongoing service coordinator is responsible for implementation of the IFSP and facilitating any necessary changes to the IFSP.³³ The ongoing service coordinator is also responsible for planning, arranging, and participating in the required six-month reviews and annual IFSP meetings convened by the Early Intervention Official;
- keeping informed of available service providers: Initial service coordinators and ongoing service coordinators should be knowledgeable about the approved evaluators, service coordinators, and providers available to deliver services. Service coordinators should also be knowledgeable about the service models offered by different approved providers, the types of qualified personnel employed by various providers, languages spoken by staff, and the extent to which service providers offer culturally consonant services for diverse populations;
- informing families of their due process rights and the availability of advocacy services: Initial service coordinators and ongoing service coordinators are responsible for ensuring that parents are informed about advocacy services to facilitate their participation in the Early Intervention Program. Such information is particularly important for parents when a dispute about their child's eligibility or services arises and the pursuit of mediation or an impartial hearing procedure is being considered by the parent. All parents should be informed of their right to have an advocate accompany them to their child's evaluation and meetings pertaining to the IFSP;
- coordinating with medical and health care providers: Initial service coordinators and ongoing service coordinators are responsible for facilitating any necessary collaboration between early intervention service providers and medical and health care providers providing services to the child and/or family. Service coordinators should ascertain whether the child and family are engaged with a primary health care provider and refer for primary health care as appropriate. With parental consent, the service

³² 10 NYCRR § 69-4.6(b)

³³ PHL § 2545(10)

coordinator may maintain communication with health care providers by providing information about the child's participation in the program and relevant documentation. Initial service coordinators and ongoing service coordinators may, with parental consent, obtain medical information from the child's primary health care provider and/or specialty physicians when the information is relevant for the provision of services in the IFSP;

- ensuring that the funding sources for services included in the child's IFSP are current;
- notifying the Office for People with Developmental Disabilities (OPWDD): When the service coordinator identifies, in consultation with the evaluator, a child who is potentially eligible for programs or services under the auspices of OPWDD, the service coordinator is responsible, with parental consent, for sending a notification to the OPWDD's regional developmental disabilities office.³⁴ The service coordinator may also assist the family in making a formal referral to pursue an OPWDD eligibility determination for the child and should refer to the OPWDD Toolkit for Service Coordinators for more detail and to access relevant forms.³⁵

Service coordinators have primary responsibility for ensuring that parents are provided with ongoing information concerning due process and program procedural safeguards afforded to them under law and regulation.³⁶ Service coordinators should ensure that families are informed of, and, to the extent possible, understand:

- the voluntary nature of the Early Intervention Program;
- their right to select an approved evaluator and that their decision to access a multidisciplinary evaluation for their child does not obligate them to further participation in the program;
- the right to request a second evaluation or component of the evaluation from the early intervention official upon a determination by the evaluator of ineligibility for services;
- the right to access mediation and impartial hearing procedures in the event of a dispute with the early intervention official over their child's eligibility or any aspect of the IFSP;
- the right to confidentiality of all information pertaining to their child and family and requirements for parental consent for release of information; and
- the responsibility of the early intervention official to ensure that parents receive all information in their dominant language or other mode of communication used by the parent, including Braille, sign language, or oral communication, unless it is clearly not feasible to do so.

Responsibilities Unique to the Ongoing Service Coordinator

The ongoing service coordinator is responsible for securing and arranging for providers to deliver Early Intervention Program services, including ensuring the implementation of the child and family's IFSP as soon as possible but not later than 30 days after the parent provides written consent for the services in the IFSP or after any subsequent amendments to the IFSP.³⁷ If the parent and other members of the IFSP team determine that one or more types of service(s) included in the IFSP must appropriately be initiated more than 30 days after the parent provides written consent for the services in the IFSP, such service(s) must be delivered no later than 30 days after the projected date of initiation of such service(s) as set forth in the

³⁴ PHL § 2544(2)(c),

³⁵ https://www.health.ny.gov/community/infants_children/early_intervention/docs/opwdd_service_coordination_tool_kit.pdf

³⁶ PHL § 2549, 10 NYCRR § 69-4.17

³⁷ PHL § 2545(10)

IFSP.³⁸ The IFSP Toolkit for Service Coordinators provides additional details on this responsibility for the ongoing service coordinator.³⁹

The ongoing service coordinator is responsible for monitoring the delivery of early intervention services in accordance with the IFSP. Ongoing service coordinators provide parents with continuing opportunities to share information, priorities, and concerns regarding their IFSP. A variety of methods are available to the ongoing service coordinator for providing such opportunities to families and for monitoring and coordinating the provision of services in the IFSP, including home visits; telephone contacts with the parent, other caregiver, and service providers; and meetings with the parent and service providers to foster and support collaboration and integration of service strategies. While contact will vary depending on the needs of each family, a guideline that service coordinators should consider is an average of about one hour of total (contact and non-contact) time per week per family.

The ongoing service coordinator is responsible for facilitating the child's transition to preschool special education programs and services and/or other programs and services needed by the child and family as the child ages out of the Early Intervention Program, including the development of a transition plan. While this is typically the responsibility of ongoing service coordinators, initial service coordinators may be responsible for initiating these activities, depending on the age of the child at the time of referral to the Early Intervention Program. In situations that involve transition plans, the service coordinator is responsible for the following activities:

- reviewing information concerning the transition procedure with the parent(s) and obtaining parental consent for the transfer of appropriate evaluations, assessments, IFSPs, and other pertinent records;⁴⁰
- assisting the parent(s) in development of a transition plan to other appropriate early childhood and supportive services, including preschool and special education programs and services under Education Law § 4410, when appropriate;⁴¹ and
- establishing a transition plan in the IFSP, which must be developed with the child's family, and shall include procedures to prepare the child and family for changes in service delivery, including:
 - a review of program and service options for the child from the child's third birthday through the remainder of the program year, if appropriate;
 - steps for the child and the family to exit from the Early Intervention Program;
 - steps and services to help the child adjust to and function in a new setting;
 - procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate a smooth transition; and
 - transition services and other activities that the IFSP participants determine are needed by the child and family to support the transition of the child.⁴²

The service coordinator is responsible for coordinating the transition of young toddlers from the Early Intervention Program to preschool special education programs and services.⁴³ The Transition Toolkit for Service Coordinators includes relevant forms and describes the various steps and procedures for such transitions, which includes:

³⁸ 10 NYCRR § 69-4.11(a)(10)(x)

³⁹

https://www.health.ny.gov/community/infants_children/early_intervention/docs/ifsp_implementation_service_coordination_toolkit.pdf

⁴⁰ 10 NYCRR § 69-4.20(b)(3)

⁴¹ 10 NYCRR § 69-4.20(c)

⁴² 10 NYCRR § 69-4.20(a)(4)

⁴³ PHL § 2548

- sending written notification to the Committee on Preschool Special Education (CPSE) of the school district in which the child resides at least 120 days prior to a child's potential transition to preschool special education programs and services under Education Law § 4410, unless the parent opts out. The parent must be allowed 30 days to opt out, either orally or in writing, before the notification is sent to the CPSE;
- arranging, with parental consent, for a transition conference with the parent, Early Intervention Official, and CPSE chairperson or designee no fewer than 90 days before the child's third birthday or the date on which the child is first eligible for services under Education Law § 4410, and, at the discretion of all parties, no more than nine months prior to the child's third birthday, to discuss any services the child may receive under Education Law § 4410, review the child's program options, and establish a transition plan;
- assisting the parent with sending the parent referral to the CPSE of the local district in which the child resides for an evaluation to determine the child's eligibility for such services;
- transmitting, with parental consent, EIP records to the CPSE; and
- attending the initial CPSE meeting, if parent requests the CPSE to invite the EIP service coordinator.⁴⁴

Estimating the Need for Ongoing Service Coordination

The number of hours per month of service coordination included in the IFSP should be individually specified for each eligible child and their family based on the estimated time that will be needed by the service coordinator to perform the functions discussed in this memorandum. More service coordination time than average may be indicated for families:

- involved with multiple service providers and agencies;
- whose child or other family member has complex medical and health needs;
- experiencing environmental and social stresses; or
- whose other life circumstances may lead to the need for additional service coordination support.

Additional service coordination time may be needed depending on the needs of each child and family and/or for particular service events, such as six-month reviews and annual evaluations and transitions of children from the Early Intervention Program to other service systems.

Service coordination services are not a substitute for other appropriate early intervention services which may be needed by the child and/or family, including social work services, counselling, or psychological services.⁴⁵ Appropriate referrals and requests for amending the IFSP should be made as needed.

Coordination with Case Management Services Provided Outside of the Early Intervention Program

For children served by Medicaid, early intervention service coordination is a form of Comprehensive Medicaid Case Management Services (CMCM). Some children and their families referred to the early intervention official (EIO) may be enrolled in and receiving CMCM at the time the EIO designates an initial service coordinator. In such instances, parents need to be informed that only one service coordinator/case manager is reimbursable under Medicaid. If the CMCM provider engaged with the family at the time of the referral is an approved provider of early intervention service coordination services, the initial service coordinator designated by the municipality must discuss with the parent the option of receiving service coordination services from their CMCM provider. In such instances, the CMCM provider can be selected as the ongoing service coordinator and can bill the municipality for early intervention service coordination services provided to the family at prices set by the Department.

⁴⁴ https://www.health.ny.gov/community/infants_children/early_intervention/docs/transition_service_coordination_tool_kit.pdf

⁴⁵ 10 NYCRR § 69-4.1(xi)(xiv)

For children enrolled in both the EIP and the Home and Community Based Services (HCBS) waiver administered by OPWDD, service coordination services are provided by the early intervention service coordinator through the EIP.

For children enrolled in the Care At Home waiver administered by OPWDD, the Bridges to Health waiver administered by the Office of Children and Families, and the Long Term Home Health Care waiver administered by the Department at the time of a referral to the EIO, the initial service coordinator must inform the parents that the waiver case manager must serve as the ongoing service coordinator for purposes of the Early Intervention Program. The parent must be informed that in this case, seeking other service coordination services could result in the loss of the child's Medicaid eligibility. In these situations, the waiver case manager/service coordinator bills Medicaid Management Information Services directly for case management/service coordination services and may not bill the municipality for service coordination services.

The New York State Health Homes Program is designed to provide care management to children with Medicaid who have complex physical and/or behavioral health conditions through designated Health Homes (HH). For children that may be enrolled in the Health Home Care Management Program as of December 8, 2016, there will be changes in the way certain children's programs operate. For some children eligible for or currently enrolled in the Early Intervention Program, it is anticipated that they will also be eligible for Health Homes. The anticipated date of implementation for children eligible for the HH program and who may also be enrolled in the Early Intervention Program is March 2017. As the HH program evolves, guidance and supplemental materials specific to service coordination and case management for children eligible for both Early Intervention and HH will be forthcoming from the Department. General information regarding New York State Health Homes for Children may be found on the Department's website.

Billable Service Coordination Activities

Service coordinators are required to use NYEIS and the State Fiscal Agent for billing and claiming.⁴⁶ Contacts for service coordination services do not need to be direct contacts with the family to be billable events. For example, billable activities include face-to-face and telephone contacts with caregivers, childcare providers, and service providers as necessary to fulfill and monitor the child's IFSP. Activities which are indirectly related to the planning or implementation of a child's IFSP, such as case recording, travel, training and conferences, supervisory conferences, team meetings, and administrative responsibilities, are not separately billable service coordination events. These activities have been factored into the Department's reimbursement rate for service coordination services. Service coordinators must maintain appropriate documentation concerning the IFSP process, receipt of the services contained in the IFSP, and six-month and annual reviews of the IFSP. Contacts with parents, evaluators, and service providers should be documented and included in the child's record. Additional details can be found in the EIP Guidance Document on Billing for Initial and Ongoing Service Coordination Activities.⁴⁷

Caseloads

Service coordinators have wide-ranging responsibilities for assisting and facilitating families in negotiating all aspects of the Early Intervention Program. Service coordinators are also responsible for assisting families in accessing other services and negotiating other service systems that may be of benefit to them. Because the service coordinator role is intended to be flexible and tailored to meet individual family needs, resources, and priorities, families will be accessing differing intensities of service coordination services. This will

⁴⁶ PHL § 2559(3)(a)(iii)

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https://www.health.ny.gov/community/infants_children/early_intervention/docs/billable_initial_and_ongoing_service_coordination_activities.pdf

appropriately result in variations in service coordinator caseloads. For example, an economically stable family with a strong support network who has a toddler with a delay in speech development and whose current health and developmental status is otherwise normal may have less need for service coordination than families experiencing social or financial stresses or whose child has special medical needs in addition to a disability.

The Department anticipates a range in caseloads from 25 to 60 families per one full-time equivalent service coordinator, with an average caseload of about 35 families. When determining an appropriate caseload, early intervention officials and providers of service coordination services should consider a variety of factors, including the mix of families new to the program or transitioning from the program with families who are not in a transitional phase of service delivery, as well as community and life circumstances of families which may dictate a lesser or greater need for services. In determining appropriate caseloads, recognition should also be given to the unique developmental needs of infants and toddlers, ensuing parenting needs, and strengths of their families. Finally, service coordinators must receive sufficient oversight and supervision to ensure that each service coordinator has the necessary guidance to provide the service coordination activities listed in the program regulations.

For further information and assistance, please contact the Department of Health, Bureau of Early Intervention, Room 287, Corning Tower Building, Empire State Plaza, Albany, New York 12237-0618, (518) 473-7016, or at beipub@health.ny.gov.

