

Component:12.0 Data Collection/Reporting and Record Keeping		
Related Policy Component	Guidance/Procedures	Reference/Related Documents
<b>12.5.0 Early Steps Record</b>		
<b>12.5.1</b>	<p>A. <a href="#">LES</a> may use the Early Steps Abbreviations/Acronyms Approved for Use in <a href="#">Early Steps Records</a>.</p> <p>B. If LES choose to use the <a href="#">Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</a>, the following actions should be taken by the LES:</p> <ol style="list-style-type: none"> <li>1. Distribute the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i> to all LES staff and instruct staff to:               <ol style="list-style-type: none"> <li>a. Write out words/phrases rather than using abbreviations/acronyms in documents that are routinely shared with families, providers, and others (i.e. <a href="#">IFSPs</a>).</li> <li>b. Use approved abbreviations/acronyms rather than writing out words/phrases in documents that are primarily kept within the LES (i.e. case notes).</li> <li>c. Use abbreviations/acronyms <u>exactly</u> as listed on the approved list.</li> <li>d. Use only the abbreviations/acronyms that appear on the list, or other locally recognized abbreviations/acronyms for local agencies or public places that do not conflict with or duplicate those that are listed on the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i> document.</li> </ol> </li> <li>2. Ensure that a legend of any locally recognized abbreviations/acronyms used is kept in the Early Steps record so that reviewers, auditors, families, or others will be able to understand what is written in the <a href="#">Early Steps record</a>.</li> <li>3. Ensure that hard copy of the <i>Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</i> document is kept in each child’s Early Steps record so that reviewers, auditors, families, or others will be able to understand what is written in the Early Steps record.</li> </ol> <p>C. The Early Steps record may exist in electronic format if it is:</p> <ol style="list-style-type: none"> <li>1. Saved securely in an electronic filing system.</li> <li>2. Easily accessible upon request.</li> </ol> <p>D. The Early Steps record should be in the following format with all items in chronological order per section with the most recent items on top:</p> <ol style="list-style-type: none"> <li>1. Front of Record: Log of Access to Confidential Record:               <ol style="list-style-type: none"> <li>a. <a href="#">Form DH-CMS 1063 , Log of Access to Confidential Record</a></li> </ol> </li> <li>2. Section 1: Notes/Service Implementation:               <ol style="list-style-type: none"> <li>a. Service Coordination/Targeted Case Management Notes</li> <li>b. Documentation of the substance of all contacts with or related to the child/<a href="#">family</a> including telephone contacts, home visits, office visits, meetings, emails, and etc.</li> </ol> </li> <li>3. Section 2: Intake/<a href="#">Referral</a>:</li> </ol>	<p><a href="#">Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records</a></p> <p><a href="#">Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review - English</a></p> <p><a href="#">Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review- Spanish</a></p> <p><a href="#">Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review- Creole</a></p> <p><a href="#">Informed Consent for the Use of Private Insurance- English</a></p> <p><a href="#">Informed Consent for the Use of Private Insurance- Spanish</a></p>

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	<ul style="list-style-type: none"> <li>a. Referral form</li> <li>b. Intake forms</li> <li>c. Enrollment information</li> <li>4. Section 3: Medical: (This section primarily includes collateral information obtained from medical providers outside Early Steps.) <ul style="list-style-type: none"> <li>a. Medical Progress notes</li> <li>b. Nursing notes</li> <li>c. Physical examination reports</li> <li>d. Growth charts</li> <li>e. Discharge summaries</li> <li>f. Birth history/delivery records</li> <li>g. Radiology/Laboratory reports</li> <li>h. CMAT medical information</li> </ul> </li> <li>5. Section 4: <a href="#">Evaluation/Assessment</a>/Eligibility: <ul style="list-style-type: none"> <li>a. Evaluation and assessment reports</li> <li>b. Evaluation and assessment protocols</li> <li>c. Collateral information/reports used for eligibility determination</li> <li>d. Therapy prescriptions and care plans (Physical Therapy - filed together, Occupational Therapy - filed together, Speech Therapy - filed together)</li> <li>e. Hearing screens and evaluations</li> <li>f. Vision screening information</li> <li>g. Progress reports generated by service providers (therapy, special instructions)</li> </ul> </li> <li>6. Section 5: <a href="#">Individualized Family Support Plan</a>: <ul style="list-style-type: none"> <li>a. Individualized Family Support Plans and updates</li> </ul> </li> <li>7. Section 6: <a href="#">Consent</a>/Legal: <ul style="list-style-type: none"> <li>a. <a href="#">Authorization to Disclose Confidential Information</a></li> <li>b. Court documents (custody orders, treatment orders, etc.)</li> <li>c. Informed Notice and Consent for Screening Evaluation, Assessment and Follow-Up Review</li> <li>d. Informed Consent for the Use of Private Insurance</li> <li>e. Permission to video/photograph, if appropriate</li> </ul> </li> <li>8. Section 7: Financial/Data: <ul style="list-style-type: none"> <li>a. Documentation of Insurance/Medicaid</li> <li>b. Medicaid eligibility information</li> <li>c. Service/payment authorization, when applicable</li> <li>d. Invoices and billing information (may be in a separate child-specific file)</li> <li>e. <a href="#">Early Steps</a> data forms - not required (Interventions/Appointments/Referrals)</li> </ul> </li> <li>9. Section 8: Correspondence/Miscellaneous: <ul style="list-style-type: none"> <li>a. Prior Written Notice forms</li> </ul> </li> </ul>	<p><a href="#">Informed Consent for the Use of Private Insurance-Creole</a></p> <p><a href="#">Operations Guide 8.5.1</a></p>

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	<ul style="list-style-type: none"> <li>b. Copies of correspondence sent out by Early Steps, record requests, notification of meetings/ appointments/missed appointments, referrals to services (to implement Individualized Family Support Plan or for transition from Early Steps)</li> <li>c. Copies of correspondence received by Early Steps: responses to referrals, requests for information, etc.</li> </ul>	
<b>12.5.2</b>	There may be limited items in the <a href="#">Early Steps record</a> for children for whom contact is not successful, eligibility is never determined, or an <a href="#">IFSP</a> is never developed.	
<b>12.5.3</b>	Progress reports summarize the services provided during a reporting period. Service documentation describing each encounter and service provided to an <a href="#">Early Steps</a> child or <a href="#">family</a> member are different from progress reports.	
<b>12.7.0 Data Reporting Requirements - ESSO to U.S. DOE/OSEP</b>		
<b>12.7.1</b>	<ul style="list-style-type: none"> <li>A. <a href="#">ESSO</a> will report on the number of infants and toddlers, ages birth through 2 (children who have not yet reached their third birthday), and their families receiving <a href="#">early intervention services</a> under <a href="#">IDEA, Part C</a> according to an individualized family service plan (<a href="#">IFSP</a>) in place on a specific date.</li> <li>B. ESSO will report on the number of infants and toddlers with disabilities, ages birth through age 2, who exited IDEA, Part C services during a 12-month reporting period. All children who reached their third birthday while still receiving IDEA, Part C services should also be reported as exits. Only infants and toddlers who had an active individualized family service plan (IFSP) in place at some time during the State-determined 12-month reporting period are to be reported.</li> </ul>	

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