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Component: 4.0 Service Coordination

Related Policy Component	Guidance/Procedures	Reference/Related Documents
4.1.0 Assignment		
4.1.3	All activities that occur at the time of referral and thereafter that are TCM billable activities should be conducted by the child's assigned service coordinator.	
4.1.4	Regardless of the family's geographical location, attempts should be made to match the family with a service coordinator who has specific skills and knowledge to assist with the family's needs. Some factors that can be considered are native language, presence of a hearing impairment, presence of a visual impairment, complexity of the child's needs, cultural nuances, and specialty areas of service coordinators.	
4.1.5	A. The individual completing first contacts should inform the family that they may request a change in their service coordinator. Instructions regarding how to request a different service coordinator should include a contact person's name and contact information. It is highly recommended that this contact person be someone other than the assigned service coordinator. B. LES should accommodate requests for a change in the service coordinator to the best of their ability. C. When there is a change in service coordinator assignment to a specific child, the IFSP team, including the family should be informed of the change. D. It is not necessary to hold an IFSP periodic review or provide prior notice simply to change the name of the service coordinator on the IFSP.	
4.2.0 Responsibilities and Activities		

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4.2.2	A. Other services may include access to child care, assistance in applying for Medicaid benefits and food stamps, specialized medical services related to the child's disability, etc. B. Other services do not apply to routine medical care such as immunizations or well baby check-ups unless the child needs those services and they are not otherwise available or being provided.	
4.2.4	The service coordinator will facilitate the IFSP team meeting by: A. Providing the IFSP team with basic information about the family composition, the family network and the family's formal and informal support systems that was gathered during first contacts, B. Sharing information with the IFSP team regarding the family's concerns, priorities and resources relevant to the child's development that were discussed during first contacts and any subsequent information the family wishes to share or discuss, C. Discussing with the IFSP team the infant or toddler's present levels of development based on information gathered during first contacts and the evaluation and assessment process, D. Integrating the IFSP team's functional developmental concerns identified as a result of evaluation and assessment activities with the family's concerns, E. Sharing with IFSP team the family's everyday routines, activities and places (ERAP) identified beginning with first contacts and any subsequent information shared by the family, F. Facilitate process for determining outcomes, timelines, and criteria for progress, strategies, and services, and G. In accordance with local procedures, complete the IFSP document based on information shared and gathered at the meeting.	
4.2.5	The service coordinator should encourage and facilitate, but not require, the completion of a public health insurance application for families who report that their household size and income are within the eligibility criteria for public health insurance.	

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4.2.6	A. Upon notification from a provider that a family has missed two consecutive appointments without advance notice , the service coordinator will work with parents to find out what will work best to keep them engaged, using strategies such as: 1. Attempting to contact the family, starting with the mode of communication previously successful, 2. Discussing and considering whether unmet basic needs may be affecting family health and well-being and/or influencing the amount of time and energy the family has to invest in interventions, 3. Making referrals to community resources, when necessary to assist families in addressing any unmet needs, 4. Offering to coordinate with the provider(s) to reestablish services, including assisting the family in rescheduling appointments, 5. Adapting engagement strategies as discussions and experience demonstrate what does and does not work well, and 6. Proceeding to the activities in Policy 6.12.2 if follow-up strategies for contact are unsuccessful. B. The above strategies will be documented in the Early Steps record.	Operations Guide 6.1.3
4.2.9	Coordinating and monitoring the delivery of identified services can be done in several different modes such as by: A. Observing an actual intervention session, B. Interviewing the service provider face-to-face or via a phone call, C. Observing and interacting with the child, D. Interviewing the family face-to-face or via a phone call, and E. Reviewing service documentation from providers.	
4.2.16	A. The assessment tool used may be selected from existing tools such as the Family Needs Scale, Family Resource Survey, Family Needs Assessment, or may be	

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	developed locally as long it is comprehensive enough to identify medical, social, educational, environmental and other needs of the child/family. B. The tool used to conduct the service coordination/targeted case management assessment may be the same tool used to complete the family assessment described in Policy 3.2.5 as long as it collects information about the child's and family's needs, strengths and resources as outlined in the Florida Medicaid Child Health Services Targeted Management Coverage and Limitations Handbook. C. Monitoring and follow-up activities to ensure that the service coordination/targeted case management plan is effectively implemented and adequately addresses the needs of the child/family will be documented in service coordination/targeted case management notes and may result in adjustments to the plan.	
4.2.17	A. The frequency of service coordination can be more frequent than quarterly, as needed to ensure access to services. B. The periodic IFSP review can be counted as one of the required quarterly contacts.	
4.3.0 Caseload Size		
4.3.1 & 4.3.2	A. Many families with children who are eligible for Early Steps have complex needs and interact with a variety of agencies. Service coordinators working with families who have complex needs, such as children who have medical complexities or more than one child with special needs require additional consideration in caseload size. B. In determining caseload sizes, there should be recognition that the intensity of the service coordinator's involvement with individual families will vary. Service coordination is designed to be flexible. For all eligible families, the activities of the service coordinator should be individualized based on family concerns, preferences and requests. Service coordination activities and contacts should not be dictated solely by the minimum requirements. The family, in conjunction with the IFSP team, should determine the level of contact needed and \frequency of contacts.	

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	C. It is not required or expected that service coordinator supervisors carry a caseload.	