FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

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Commonwealth of Kentucky
Department for Public Health

# Meeting the 45 Day Timeline

This month's newsletter focuses on the 45 day timeline in which eligible children are to receive an evaluation, assessment and IFSP. Pages 3 and 4 of the newsletter offer local areas some strategies that may help address barriers to improved performance.

The U.S. Department of Education, Office of Special Education Programs (OSEP) has expressed significant concern with the percent of children in Kentucky's First Steps program who do not receive an evaluation, assessment and IFSP within the 45 calendar days required by federal regulation.

Kentucky's *State Performance Plan* reported that 34% of eligible children received a timely IFSP in FY03, 40% in FY04 and 36% in FY05. With increased efforts focused on improvement during FY06, performance reached a high of 53%.

All states receiving Part C Early Intervention (EI) funds must assure OSEP that 100% of eligible children receive an evaluation, assessment and IFSP within 45 calendar days.

OSEP will permit states to separately identify children whose IFSP delays can be solely attributed to special family circumstances. However, OSEP must be assured that these family circumstances are reviewed and verified.

All stakeholders are encouraged to read this month's newsletter, discuss strategies for improvement at the local level and share strategies that have worked with others to assure timely services to all children and families. -Kirsten Hammock

# Important Announcement from CBIS

The December 13, 2006 billing cycle will be the last billing cycle for 2006. In the past, CBIS has ran a short cycle before the Christmas holiday. CBIS will NOT run a short cycle this year.

The next billing cycle after December 13, will be on January 11, 2007. This means that there will be roughly 4 weeks between those two billing cycles. Please be reminded to have all billing and summary sheets into CBIS by our December 6 cut-off date. Anything received after December 6, will not be processed until the January 11 billing cycle. The cut-off date for the January 11, 2007 cycle will be on January 3, 2007.

All bills and summary sheets that will be processed for the January 11 cycle must be at CBIS on January 3. Plan your billing based on the cut-off and billing cycle dates. Providers must submit billing and summary sheets for processing based on the CBIS cut-off dates. If CBIS receives bills and/or summary sheets by the cut-off date, those bills and summary sheets will be processed for that billing cycle. If CBIS receives bills and/or summary sheets after the cut-off date, those documents will not be processed until the following billing cycle.

Additional details can be found on the CBIS webpage: http://cbis.louisville.edu

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## Survey Results

Three surveys were circulated at the Infant Toddler Institute: Satisfaction Survey, Technical Assistance Survey, and the Training Survey.
The Satisfaction Survey rated satisfaction with the Technical Assistance Teams, Points of Entry, Central Billing Information System, and Central Office. The questions asked if each division was meeting all the needs of respondents.

Results show that for Technical Assistance Teams 30% strongly agree, for Points of Entry 50% strongly agree, For CBIS 10% strongly agree, and for Central Office 0 strongly agree, but 50% agree.

The Technical Assistance Survey shows the TA Team is contacted about once a month and that the most common reason for contact is for clarification of policy. The majority of respondents indicate that the TAT solves their problems and that they call central office if they need further assistance. The majority of respondents indicated that calls and emails should be returned within 48 hours. Suggestions for improved communication included: offering a question and answer system, having TAT members in the field more often, cell phones or pagers, quicker response times from TATs, and consistent answers to questions. The majority of respondents indicate that information is received from the TAT between once per week to once per month. Email and telephone were identified as the preferred methods of contact.

The Training Survey indicates dissatisfaction with training due to: too much information is included in training, too many responsibilities assigned, and not enough training. The majority indicate that training is appropriately structured, but there is a need for more hands on training, and for training specific to the responsibilities of each job title.

New trainings suggested: Billing Insurance, Foster Care, Cultural Diversity, Consultative Model, Early childhood Development, Sensory deficits, Ethics, Professionalism. Results indicate a strong preference for local training. The majority indicate that face to face training is preferred followed by on line training.

-Lynn Butler

## Things to Consider

### Direct Deposit on Hold

Due to continuing issues with the states new accounting system, eMARS, First Steps will be unable to begin offering Direct Deposit at the first of the year. We have been told that we will eventually be able to provide this service to our providers, but we have not been given a specific timeframe. There are apparently numerous "bugs" in the eMARS system that take priority, but once those have been worked out we plan to offer Direct Deposit. We ask that providers continue to be patient with us but know that we have their best interests at heart! -Angie Lawrence

### Fax Machines

POEs and other providers have reported that many providers are not turning on their Fax machines during the day so that information can be sent in a timely manner. Please turn on your Fax machine if you leave your office/home for an extended amount of time. We are doing everything possible to get children and families in the system within the 45 day timeline. The 45 day timeline is a Federal Regulation and is a requirement to receive federal funding for Kentucky's First Steps Program.

### Additional Assessments

When additional assessments are requested after the identified initial assessments have been completed, PSC's must document, Reg. 2:130 Sec. 1 (4) (a-c), on the IFSP/Amendment Rationale. A – The parent has a documented concern that would necessitate another assessment, B – Why there is not a current provider on the IFSP team that can assess the area of concern, & C – What has changed in the child's ability or the family's capacity to address their child's developmental needs to warrant the subsequent assessment. All 3 parts must be included in the Amendment Rationale section on Page A of the IFSP.

### Authorization for IFSP's

Therapists must complete a **staff note** when they verbally approve service changes on an IFSP or if they are unable to attend an IFSP meeting and the PSC contacts for approval. If you give written approval, that documentation must be placed in the file. **All** members of a team must approve the IFSP for authorization of covered services.

### Service Changes

Services should not be discontinued or changed prior to the PSC obtaining written or verified verbal approval from all team members and documented on the IFSP, team member's document in a staff note, **and** the family is given Prior Written Notice, Form 15, of any changes.

-Jane Fay

# How They Improved Their 45 Day Timeline

There are, without question, challenges to completing an evaluation, assessment and IFSP in 45 calendar days. Some of those challenges include difficulty contacting families; difficulty coordinating ISC, provider and family schedules; disruptions due to child illness and/or hospitalization; and untimely receipt of reports and other necessary paperwork.

In an attempt to assist POEs in addressing some of these challenges, we are sharing some strategies used by point of entry offices in Illinois (called Child & Family Connections [CFC] offices). Illinois began focusing attention on the 45 day timeline in January, 2002 through a system of performance contracting. At the time only 18% of eligible children were receiving an evaluation, assessment and IFSP within 45 days of referral. By February, 2003 statewide performance had improved to 86% and has steadily improved to it's current 96% with several CFC offices routinely reporting 100% compliance. It should be noted that while OSEP has decided to permit states to separately report delays due solely to exceptional parent circumstances, Illinois did not except these delays.

Three former CFC Managers from Illinois were interviewed and offered the following thoughts:

"We first contacted the providers and asked them to tell us what days they were available for IFSP meetings, so they felt we were taking their schedules into account when we scheduled initial IFSP meetings with families. Then, at intake appointments, we scheduled the initial IFSP with the family, 2-3 weeks from the intake date, based on the days the providers were available. At first, it was difficult getting schedules to mesh and we sometimes had to call providers from the intake to see if they could be available, but eventually, the providers realized how important the initial IFSP meetings were. We also gave families CFC calendars that we created and wrote the date of the initial IFSP on the calendar (and encouraged the providers to remind the families of the initial IFSP date when they completed their evaluations). We also decided to help the providers at six month and annual review meetings by asking them when they were at the home for visits, so we scheduled our meetings around their schedules at those times (a little give and take on both sides always helps)." -Delreen (rural CFC serving 11 counties in Central and Southern Illinois with an average monthly caseload of 400—500 children and families)

"We had difficulties with families contacting us back and we also had trouble with providers being full/extremely busy and not able to evaluate children in a timely manner. When performance contracting came to be, we made it clear to the providers about the 45 day federal guideline even though it wasn't something new (it really didn't seem to be understood by them before that and we weren't good about making it a priority)."

"We discussed the problem at length with all staff, key staff, providers, and in small groups and everyone had a different reason why IFSPs weren't completed in 45 days … providers not complying … families dropping out … baby ill, etc. But rather than taking subjective anecdotal information, I decided to just look at the process and really identify/quantify where the process was working and where we were actually encountering problems. I analyzed all the IFSPs that were completed in the past six months and charted each IFSP from referral through IFSP meeting. I noted the day of initial contact, intake, evaluation authorization, eligibility determination and then IFSP meeting. Our goals were the old Illinois State Board of Education guidelines of Contact by day 2, Intake by day 10, Eligibility by day 30 and IFSP by day 45. We then reviewed the data that we had to see where we were against our targeted timeframe and where we were losing days. This was done for each individual service coordinator and for the CFC as a whole.

When we looked at raw data, we found a great variance among our service coordinators. Some staff excelled throughout the process, others did well through intake and then let the file sit for weeks before authorizing evaluations; others had more problems after eligibility and didn't get the IFSP scheduled in a timely manner. There were also files that weren't assigned until day 3 or 4, which put us behind from the

# How They Improved Their 45 Day Timeline (cont'd)

beginning. By actually having data, we were able to really identify the issues involved in completing the process within the 45 days and establish guidelines for the process. This was very labor intensive for management in the beginning because we had to enter and track so much data. But, after identifying where the process was breaking down, we were also able to take ownership for the problem. The 45 day timeline became a priority for all staff involved from referral through IFSP completion. -Dolores (urban CFC serving Southwest Chicago and averaging monthly caseload of 800—1000)

"We assigned new referrals immediately (I assigned daily at 3pm and on Fridays at 2 pm). This doesn't sound like a big deal, but prior to being very concerned about the 45 days, we were in the habit of assigning referrals every other day which just wasted time. Also, by assigning at 3pm, coordinators started getting in the habit of calling the family before they left for the day and at least leaving a message—at least the process got going." - Susan (urban CFC serving North Chicago and averaging a monthly caseload of 1700—1900 children and families)

"For families who were difficult to contact, if we were unable to contact them by telephone in the first two days, we immediately sent the 1st unable to contact letter, giving them 10 days to respond. We always sent a SASE in case they didn't have a telephone and put in our planners to send the 2nd unable to contact letter on the 10th day. If we had to send the 2nd unable to contact letter, we then gave the families another 10 days, again keeping track in our planners. Therefore, by day 22, if we hadn't heard from a family, we could then close the file, since we had given them the appropriate time to contact us back. Even if the families did contact us at the very last day (day 22), we still had 23 days (a little over 3 weeks) to get the intake and evals completed. Before performance contracting, I noticed that the Service Coordinators didn't really keep track of when they sent the 1st and 2nd unable to contact letters...it might have been within a week of the 10 day date, but that didn't help us, because the later we sent the letters, the later families were contacting us back." - Delreen

"We had an excellent and experienced staff at the time who took pride in the work they did. We also had an excellent working relationship with our EI community who were committed to the improvement in the IFSP process. When we identified problem issues within the process, we were able to work these out with individual providers. Providers who didn't buy into the process, wouldn't comply with our report guidelines, etc. were eventually weeded out of our service area. Without the excellence and commitment of our staff, we would never have succeeded" - Dolores

"Another thing that we tried was talking to the referral sources we had close relationships with...if the referral sources understood the timelines we had in place, they would sometimes call us with a referral while they were with the family and we could immediately schedule intake appointments with families (some of the health departments did this and some of the prevention initiative programs used their cell phones from family homes). We discussed things such as this at Local Interagency Council meetings and also personally contacted the referral sources we knew well. - Delreen

"As a manager, I communicated with my service coordinators much more frequently and gave them 10 day reminders … basically, a reminder that this family was nearing their 45th day—was there a problem, was something scheduled, etc. If I could help, I would." - Susan

Another strategy that is being explored by a POE here in Kentucky is the use of a "pre-report" form, which would allow the evaluator to provider the ISC with some basic eligibility information shortly following the evaluation so that the ISC can immediately begin scheduling assessments, if necessary, and planning for the IFSP meeting.

# Center to Inform Personnel Preparation Policy and Practice Survey

On behalf of the Center to Inform Personnel Preparation Policy and Practice, we thank you for taking the time to complete this survey. The purpose of the survey is to examine issues important to work force development in Early Intervention. The items will help us develop a national training agenda which will be shared with the Office for Special Education Programs (the funder for this project) as well as states that are looking to develop training opportunities for their work force in Part C programs.

In order to be eligible for this survey, you must be working for or contracting with a Part C or Part 619 funded program. Please pass this along to your colleagues in this category.

The survey should take about 30 minutes to complete.

Your participation is voluntary and you may refuse to participate and/or discontinue participation at any time without consequence. You may also skip any question that you do not wish to answer. Your responses are anonymous.

You will not be paid for completing this survey.

Questions about this study may be directed to the Principal Investigator, Dr. Mary Beth Bruder, at 860-679-1500. Questions regarding the rights of research subjects should be directed to an IRB Representative at 860-679-8729 or 860-679-3054.

Click on the appropriate link below to go directly to SurveyMonkey, the website hosting our study:

**Part C Providers Link:**

http://www.surveymonkey.com/s.asp?u=661022667204

**619 Providers Link:**

http://www.surveymonkey.com/s.asp?u=623972729565

# A Word About Record Retention

HIPPA requires that records be retained for 6 years from the date when it was last in effect. In addition, it may be necessary to retain the record longer if it is part of an ongoing dispute. Records can be scanned and saved and the hard copy destroyed provided that the it meets the guidelines outlined below:

As long as the scanned copy is readable and not distorted in a way that is significant to the understanding, interpretation or legal admissibility of the document.

There is actually a statute that covers this and which refers to Kentucky Department of Libraries and Archives (KDLA) policies.

Here is a link to that statute: http://www.lrc.state.ky.us/KRS/171-00/660.PDF.

KDLA's policies provide guidelines for quality controls on digital imaging. They also provide some other requirements that only apply to records required to be retained for longer than 10 years, such as creation of a microfilm or other eye-readable backup. Here is an excerpt that would apply to your project:

A process of inspection must be in place to confirm that imaged documents are legible and that no corners of the original documents were folded or obscured during scanning. This process should include systematic quality control and audit procedures, as well as operational oversight by staff with detailed knowledge of the process or system used to produce the records. Resolution and use of gray scale should be appropriate to capture all needed detail within documents. Similarly, scanned images must capture all colors represented in the original documents which are needed to interpret or understand the meaning of the original. The accuracy of the indexing process must also be assured through procedures that visually verify indexes after they have been keyed or created through optical character recognition.

Here is a link to the complete text of the policy memorandum: http://www.kdla.ky.gov/recmanagement/tutorial/PM96-1.htm

Here is a link to some general information about digital imaging of records: http://www.kdla.ky.gov/recmanagement/tutorial/digitalimaging.htm

Finally, here is a link to some guidelines for ensuring the long-term accessibility and usability of digital records: http://www.kdla.ky.gov/recmanagement/Imaging%20guidelines.pdf

-Legal Counsel

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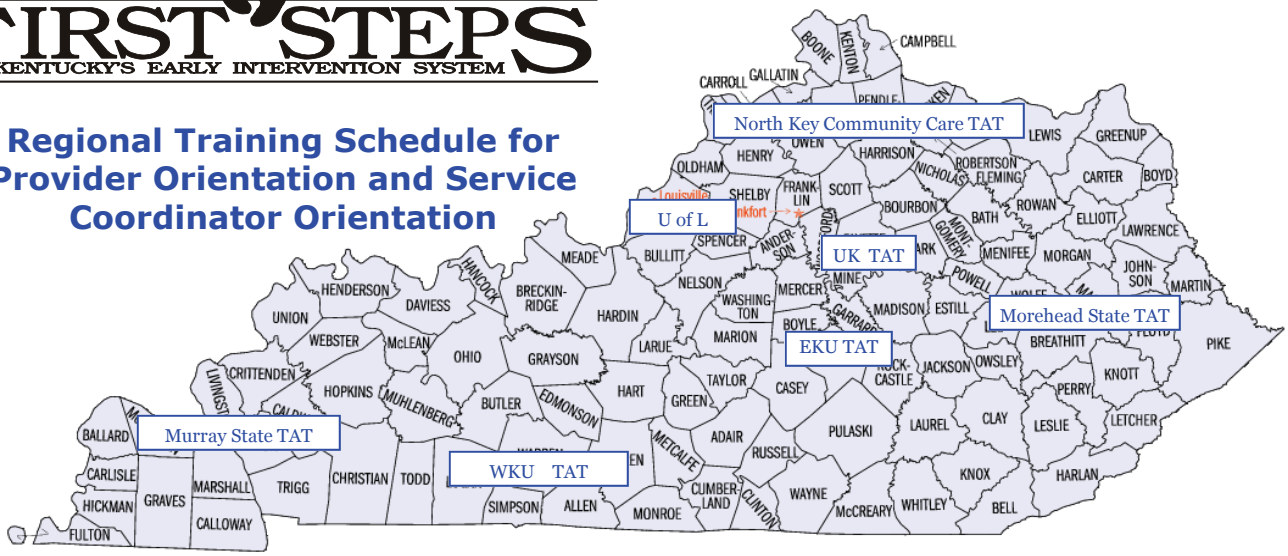
# Regional Training Schedule for Provider Orientation and Service Coordinator Orientation




Technical Assistance Teams (TAT) by region throughout Kentucky

**January Provider Orientation:**

Morehead State TAT-Jan. 3, W. Liberty Campus
Murray State TAT-Jan. 3, Murray State Campus
WKU TAT-Jan. 9, Owensboro, Green River Health Dept.
EKU TAT-Jan. 22, Laurel Co. Library in London, KY
UK TAT-Jan. 23, UK Taylor Ed. Bldg.
U of L TAT-January 24, Urban Government Bldg
NorthKey TAT-Jan. 24, NKY ADD, Florence

# January 2007

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3<br>Morehead State TAT-Jan. 3, W. Liberty Campus<br>Murray State TAT-Jan. 3, Murray State Campus | 4 | 5 | 6 |
| 7 | 8 | 9<br>WKU TAT-Jan. 9, Murray State Campus Green River HD | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22<br>EKU TAT-Jan. 22, Laurel Co. Library London | 23<br>UK TAT-Jan. 23, UK Taylor Ed. Bldg. | 24<br>N NorthKey TAT-Jan. 24, NKY ADD<br>U of L TAT-Jan. 24, Urban Government Bldg. | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | 30 |
| | | | | | | |

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