

# TOTS Provider Matrix



May 2011



# Purpose of Webcast

- ◉ *To introduce the new Provider Matrix housed on TOTS*
- ◉ *Highlight procedures for completing and updating the matrix*

# Purpose of the Provider Matrix

- To have an easily accessible source for information about the individuals who provide services to children and families

# WHO IS INCLUDED?

- ◉ Service Coordinators
- ◉ Primary Level Evaluators (including DCES)
- ◉ Early Intervention Providers

# Access to Complete or Edit the Provider Matrix

## ○ Agency Administrators

- For independent providers, the provider is the agency administrator
- For agency with multiple providers, the agency has a designated agency administrator
- For Service Coordinators, the POE Manager and/or the DCES has agency administrator rights.

# Getting Started

Edit/Find User





# Home Page



Alicia Admin

Provider Agency:

Test Agency

Service Provider:

ALL

Total Active Case Load - 2

Pending Review on Provider Profile - 0

[Service Logged Awaiting Payment](#)

Search Child

Logout

## Report

Caseload Summary

Child Attendance Rpt

Contact Report

Planned Service Report

Upcoming Meeting Rpt

Agency Invoice Report

Schedule

## Management Tool

Edit/Find User

Provider Matrix

Change My Password

Recent Improvement/Update Notes



## Find/Edit User

[Home](#)

(This is for updating existing users only. Please select the user in User List at bottom to modify it)

### User Information:

1. \*Type Of User: Service Provider

2. \*Login ID:

3. \*Password:  (>= 8 characters and <20 characters)  
(This might be the encrypted password with 32 characters, you can change it or leave it as it is)

4. District(s) Served:

5. County(ies) Served:   
(This is only for service provider users)

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

6. \*First Name:

7. \*Last Name:  Prefix:

8. Work Address:  Line 2:   
\*City:  County:  \*State:  \*Zip:

9. \*Office Phone:  (###)###-####

10. Office Fax:  (###)###-####

11. Home Phone:  (###)###-####

12. Cell Phone:  (###)###-####

13. \*Email:

*Form 6 must be submitted*

Additional Information for Service Provider and Primary Service Coordinator:

*This information is locked and entered only by SLA*

1. \*Provider Agency:

2. Is User an Agency Administrator?  Yes (If [Yes] is checked, this user will be able to see all workloads in an agency and handle Account Payable function)

3. \*\*NPI#:

4. \*\*Discipline(s):

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

5. Education Area(s):

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

6. Highest Degree:

7. License Area(s):

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

8. License# (s):

9. License Expiration Date:  (MM/DD/YYYY)

10. Certification(s):  
IECE:  IECE-Other  IECE-PROF  IECE-PROV  IECE-SOE IECE Certification Expiration Date:

Other:

11. Training:

**Add Training Log:**

*Date:	<input type="text" value="mm/dd/yyyy"/>	*Category:	<input type="text" value="Select Training Category ..."/>	Clock Hours:	<input type="text"/>
Notes (<200 chars):	<input type="text"/>				
<input type="button" value="Save"/>					

11. Training:

**Add Training Log:**

\*Date:  (mm/dd/yyyy) \*Category:  Clock Hours:

Notes (<200 chars):

**Save**

	Log ID	Date	Category	Clock Hours	Note	User Entered
Delete	1545		Assessment		Transfer from the old data	STATE
Delete	1548		Provider Orientation		Transfer from the old data	STATE
Delete	1547		Typical Child Development		Transfer from the old data	STATE
Delete	1546		TOTS		Transfer from the old data	STATE

*Entered by SLA*

12. Background Check:

AOC:  Pass  Fail  Unknown DPP:  Pass  Fail  Unknown SOR:  Pass  Fail  Unknown

13. Available Language:

(<200 chars)

14. Personal Information:

(<3980 chars)

15. Special Interests/ Continuing Education:

(<3980 chars)

16. Last Review Date:

(MM/DD/YYYY)

17. Listed on Provider Matrix:

Yes

18. Evaluation/Assessment Availability Information:

Day:  Evening:  Weekend:

19. Ongoing Availability Information:

Day:  Evening:  Weekend:

*If you are unavailable for referrals, all boxes must be marked with a 0 in order for your name to not appear on the Provider Matrix*



# DOs and DON'Ts....

## # 14: Personal Information

- Do:
  - Number of years working in First Steps
  - Number of years working with B-5 age groups and in what capacity
  - Areas of professional interests
  - May include if a parent of a child with a disability or who was in First Steps
- Don't:
  - Family composition, marital status
  - Type of religion, religious beliefs
  - Social media addresses, connections
  - Volunteer work
  - Hobbies
  - Work experience not relevant to early intervention

# DOs and DON'Ts....

## # 15: Special Interest/Training

### ■ Do:

- Areas for interventions (feeding, swallowing, sign language, etc.)
- Types of disabilities or diagnoses that are of interest (Autism Spectrum Disorders, Down Syndrome, etc.)
- Specialized trainings
- College courses, efforts toward advanced degrees
- Experience that is relevant, but not in the field of service

### ■ Don't:

- List of all work shops or trainings completed
- College coursework that does not relate to early intervention
- Hobbies



# Provider Matrix

Maintenance and  
Updates

- ⦿ At least every 90 days
- ⦿ No limitation on the number of updates
- ⦿ Form 6 must be submitted to SLA if contact information changes (failure to do so will result in NO PAYMENT)
- ⦿ Availability must be current
- ⦿ No discrimination when offered a referral
- ⦿ Provider information must remain accurate and up to date

\*\* Misrepresentation of information on the matrix may be viewed as grounds for disenrollment from the First Steps program.



# Provider Matrix

Searching for  
Providers



# Home Page



Alicia Admin

Provider Agency: Test Agency

Service Provider: ALL

Total Active Case Load - 2

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Schedule

## Management Tool

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Change My Password

## Recent Improvement/Update Notes

## Provider Search

[Show Service Coordinator List](#)

**Select one or more counties to search:**

Select County ...  
Adair  
Allen  
Anderson

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

**Search by Discipline:**

Select Service ...  
Assistive Technology Provider  
Audiologist  
Certified Psychological Associate

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

**Search by Availability:**

Eval/Assess Days  Eval/Assess Night  Eval/Assess Weekend  Ongoing Days  Ongoing Night  Ongoing Weekend

**Search by Provider Name:**

First Name  Last Name

**Available for Referral?**

Yes

**S928V**

Enter the code shown above before search:

Search

Clear Form

Developed by Yahasoft, Inc

# Provider Search

[Show Service Coordinator List](#)

Select one or more counties to search:

Select County ...  
 Adair  
 Allen  
 Anderson

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

Search by Discipline:

Select Service ...  
 Assistive Technology Provider  
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 Certified Psychological Associate

(To select/deselect multiple items, please hold Ctrl key from your keyboard while selecting items with your mouse)

Search by Availability:

Eval/Assess Days
  Eval/Assess Night
  Eval/Assess Weekend
  Ongoing Days
  Ongoing Night
  Ongoing Weekend

Search by Provider Name:

First Name  Last Name

Available for Referral?

Yes



Enter the code shown above before search:

Service Provider List:

Search Criteria: First Name =Mary ; Last Name =Mover; Available for Referral = Yes;

Check Detail	Last Name	First Name	Agency Name	Last Review Date	Evaluation Avail Opening # in Day	Evaluation Avail Opening # in Evening	Evaluation Avail Opening # in Weekend	Ongoing Avail Opening # in Day	Ongoing Avail Opening # in Evening	Ongoing Avail Opening # in Weekend	Available for referral?	Discipline
<a href="#">Detail</a>	Mover	Mary	Test Agency	04/14/2011	2	1	0	5	1	0	Yes	Physical Therapist

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**Provider's Availability listed here....**

## Provider Information Detail

(Notice: To print this page, please click on the "File" menu of your browser, and choose "Print".)

1. <b>Provider Name:</b>	Mary Mover
2. <b>Agency Name:</b>	Test Agency
3. <b>Provider Type(s)</b>	Physical Therapist
4. <b>Address:</b>	123 Anywhere Street Frankfort, KY 40621
5. <b>Office Phone:</b>	(333)333-3333
6. <b>Fax:</b>	N/A
7. <b>Cell Phone:</b>	N/A
8. <b>Email:</b>	mary.mover@testagency.com
9. <b>Languages Available:</b>	Spanish
10. <b>Districts:</b>	N/A
11. <b>Counties Served:</b>	N/A
12. <b>Personal Information:</b>	I have 8 years working in the First Steps system as a Physical Therapist. Before First Steps, I worked at Kosair Children's Hospital for 5 years. I am a parent of a child with Cerebral Palsy.
13. <b>Special Interests/Continuing Education:</b>	Due to my child's diagnosis, I have attended additional trainings on Cerebral Palsy. I have also attended extensive training on Assistive Technology for infants and toddlers addressing movement.
14. <b>Last Review Date:</b>	04/14/2011



*Print*

# Provider Matrix

Presentation to the  
Family



# Presentation to Families

- At this time, SCs should have hard copies of available providers on the matrix to show families
- SCs reviews with the families
- Notify families when online matrix is available

# Presentation to Families

- ◉ SCs discuss important qualities with the families (days, hours, specific experience, etc)
- ◉ No anecdotal, hearsay or personal opinion on selection of a provider
- ◉ Providers do not recommend other providers

# QUESTIONS?

[chfs.firststeps@ky.gov](mailto:chfs.firststeps@ky.gov)

Or call:

1-877-417-8377

1-877-41 STEPS

