

Service Log Documentation

Service logs in TOTS serve two purposes. First, they provide information to the Individualized Family Service Plan (IFSP) team members about the ongoing implementation of interventions for the child and family. Since IFSP teams do not usually work together in the exact location simultaneously, TOTS provides information that allows each team member to prepare appropriately for their visit with the family. Providers who keep up with the interventions other IFSP team members provide can tailor their strategies to coach, support, scaffold, and enhance developmental skills. Secondly, service logs are the documentation of services delivered per the IFSP. This documentation backs all claims for payment. Once a service log entry is entered, a pending claim will be created on the Accounts Payable page in TOTS.

The Kentucky Early Intervention System (KEIS) regulations require that services be documented in the KEIS data management system and include a list of all those present during the session, a description of each early intervention service provided, the family's report of the child's progress since the last session, the child's response to intervention, and future action to be taken (902 KAR 30:200 Section 2(3)2). Service documentation must be entered within ten (10) calendar days of the service delivery date. The service log entry structure in TOTS facilitates compliance with regulations.

Timelines

- All service logs must be entered into TOTS within ten (10) calendar days from the service date. The day of service counts as day one (1).
- Missed/make-up visits must be documented in the Service Log and made up within the current 6-month IFSP plan.
- Make-up visits cannot be completed on the same day as a regular visit.
- Services can start no sooner than five (5) working days from the date of consent and no more than thirty (30) calendar days for an initial IFSP.
- When added to an existing IFSP or when services change due to an IFSP meeting, services cannot start/change before five (5) working days from the date of consent and no more than thirty (30) calendar days.
- Service logs entered after ten (10) calendar days from the service date must include the reason for the late note entry in the Correction/Addendum field. If the reason for the delay is not entered, the late note will be disapproved until details have been entered into the corresponding Correction/Addendum field in TOTS and the KEIS State Office has been notified of the entry by email. Payment adjustments will be prorated per 902 KAR 30:200 Section 2(3)(c).

The Service Log page defaults to the most current IFSP. If the current plan is pending or a recent one has been entered, the provider may need to choose the previous plan from the drop-down list in the top right corner of the TOTS page. The provider should choose the most recent IFSP under which the service was authorized. If you try to enter a service log and cannot find the correct IFSP service date from the drop-down, do not proceed. Contact the service coordinator (SC) immediately for assistance.

Entering the Service Log on TOTS

Figure 1: TOTS Service Log Information

Select the correct IFSP from the drop-down menu and verify that the date of service falls within the planned period.

Select the correct "Service" from the drop-down menu: Individual, Co-treatment, Collateral, Assessment, etc.

Service Log Information

Select a Plan to Add Service Log (if it is not on current plan):
ANNUAL - 01/26/2024 (Note: Except for services authorized prior to the current Service Plan, service logs cannot be entered on plans marked "Pending". Choose another plan or contact the SC for assistance.)

Add Service Log:

*Service(#, #) Physical Therapy (Individual, Coached C	Provider Mary Mover - KEIS Test Agency	Planned Period 01/26/2024 - 07/26/2024		Planned Setting Family/Guardian Home	Frequency 15/Biannual	Length 1 (hours, or miles)
*Actual or Missed Service Date (Note: If late entry (>10 days), enter reason in Addendum box. May result in reduced payment.)	*Service Delivery Status <input type="radio"/> Service Delivered <input type="radio"/> Absence Due to Family <input type="radio"/> Absence Due to Provider <input type="radio"/> Family No Show	*Start Time (hh:mm) EST	*End Time (hh:mm) EST If your service duration is across the noon time, use 24-hour time clock.	*Actual Setting Select Setting ...	CPT Code (CPT code)	ICD Code

Enter the actual date of service: mm/dd/yyyy

Select the service delivery method: service delivered, absence, or no show if the family wasn't present and did not provide notice of cancellation.

Start and end times should be entered in military time (24-hour format). hh:mm

Choose the setting of the EI service from the drop-down menu. Payment rates vary based on the selected setting.

Enter the treatment code and code modifier (as needed) for the services provided.

Enter the diagnosis codes for the child based on early intervention services provided. Up to 3 ICD codes may be entered.

The "Actual Setting" is the location of the early intervention service. Children and families should receive early intervention services in their natural environment. This information is reported annually to the Office of Special Education Programs (OSEP) and is pulled from service log documentation. The selected setting should accurately reflect where early intervention services are provided. Choices are:

- **Community** - These are **natural** environments and settings in the community, such as libraries, parks, YMCAs, grocery stores, churches, and restaurants.
- **Day Care Center** - This is a **natural** environment and a facility where the child attends with other children who are typically developing while the parent/guardian cannot provide care.
- **Day Care Provider Home** - This is a **natural** environment and the private residence where the child receives care while the parent/guardian cannot provide care.
- **Early Childhood Center** - This is a **natural** environment and a facility where the child attends with other children who are typically developing for learning and social experiences.
- **Family/Guardian Home** - This is a **natural** environment and the private residence where the child lives.
- **Tele-intervention** - This is a **natural** environment created for all tele-services that are provided.
- **Early Intervention Center/Independent Clinic** - This is a *non-natural* environment and a special-purpose facility where specialized care or services are provided to children.
- **Hospital-Associated Clinic** - This is a *non-natural* environment and a special-purpose facility under the administration of a hospital, where specialized care or services are provided to children.
- **Other** - These are *non-natural* environments that do not fit the definitions of settings listed above, such as POE offices, service provider offices, parent's work settings, etc.

Entering the Service Note

Figure 2: Service Note/Description of Intervention

***Service Note/Description of Intervention**
 Document coaching interactions within child and family routines to support function and active engagement with the environment, including how caregiver's confidence and competence was supported during visit. Service note must provide clear, unique and detailed description of the visit.

The Service Note should be written using family titles or first initials for participants in the early intervention visit (see example below). If a service log is entered in error, this will ensure that a breach of confidentiality hasn't occurred.

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Service Note Example: *“Upon arrival, T and his mother were looking at a book. We all sat on the floor and made a plan for the visit. Mom would like to work on expanding T’s use of sign language to communicate. Mom suggested that we could do this during story time. I asked Mom to think about things she could do to get T to sign. Mom suggested we wait to see if T would prompt her to open the book by signing “open.” As Mom read the story, she stopped and selected a few words for T to imitate. I asked Mom if she had any ideas about how to get T to imitate the sound/word. She was unsure what she could do and asked for advice. I asked her what method she thought might assist her if she were learning a new word. Mom said it would be helpful to see the person’s face and how they modeled the word with their mouth. I shared with Mom that it sounded like a great plan, and Mom took several opportunities to try this strategy. At the end of the book, Mom waited to see if T would request another book by signing “more.” Once story time was over, Mom allowed T to select a few other opportunities to play while ST and Mom reflected on how successful the session felt and whether Mom wanted to continue utilizing these strategies until the next session.”*

***Please include in the Service Note if an interpreter was used.**

Entering the Delivery Method and Participants

Figure 3: Delivery Methods and Participants in Intervention Visit

***Delivery Method:**

- Modeling
- Provide Resources and/or Coordination Services
- Assessment
- Coached Caregiver (includes Prompting)
- Co-Treatment

Select all methods of service delivery that apply to the early intervention visit.

***Participants in Intervention Visit**
 List the family/caregiver/siblings/peers who participated in the visit.

List all individuals present for the early intervention visit. Do not use proper names. Use family titles such as mom, dad, grandparent, parent, childcare teacher, brother, sister, aunt, uncle, etc.

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Entering the Caregiver Report

Figure 4: Caregiver report

***Caregiver report**
 Note child health and temperament status. Document caregiver updates related to family priorities and routines; the previous joint plan. Record any data gathered by caregiver. Confirm/note caregiver priorities for the visit.

Document family updates on family priorities/IFSP outcomes, routines, and the previous joint plan. Record any data provided by the family. Confirm family priorities for the visit.

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Caregiver Report Example: *“Mother reports that T continues showing progress in following directions and routines. She said he seems to understand more of what she tells him even though he is not imitating words or saying things spontaneously. She also shared that he’s been using signs for “more” and “open” consistently after being given a prompt.”*

Entering the Response to Intervention

Figure 5: Response to Intervention

***Response to intervention**
 Document an overview of caregiver insight and child response to coaching, data collection in visit and progress on outcomes.

Document family insight and child response to coaching and data collection around progress on IFSP outcomes.

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Response to Intervention Example: *“T was cooperative for most of the session. He tolerated transition and helped during clean-up before moving to the next task. He consistently used signs for “more,” “open,” and “please” during today’s intervention after being prompted during story time. T. tried to imitate words: “blue,” “pink,” “red,” “go,” “bang,” and “boo.” He would say the beginning of words and drop the ending. He was receptive to the request to look at his mother’s face to imitate sounds/words. When he wanted to change activity, he would pull on his mother’s hand and take her to stand by other toys. He initiated play several times, but assistance was provided to elaborate/expand play. He did not imitate pretend play with stuffed animals after his mother.”*

Entering the Plan for the Next Visit

Figure 6: Plan for next visit

***Plan for next visit**
 Document activities the provider and caregiver plan to do between visits in preparation for the next visit.

Document the strategies and activities that the provider and family plan to do between visits in preparation for the next visit.

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Plan for Next Visit Example: *“The child’s mother discussed wanting to work on incorporating more sequencing in the daily routine now that he is more aware of his surroundings and the daily routine. She will continue giving him choices to increase his focus on a task and give him opportunities to sign. She will make it fun for him by praising and cheering him when he works on and completes an activity. She will provide play where he needs to interact more with utensils (bath time, sand play, Play-Doh, pretend play, etc.). She will continue to model words during playtime, mealtime, and bath time. We will discuss progress at the next session.”*

Once all text fields have been completed, double-check the service log entry for accuracy, including spelling and grammar, and that the information has been entered into the correct child’s record. Select the blue “Save” arrow, and the entry will drop down to the archived service logs at the bottom of the page.

Editing the Service Log on TOTS

After the service log has been saved, select the “Edit” button to the left of the entry if changes need to be made. The service log will regenerate at the top of the service log page on TOTS. The previous content will be grayed out and cannot be changed. Edits must be entered into the “Correction/Addendum” box and re-saved. Contact the KEIS State Office immediately if the edit includes information of a breach of confidentiality or a billing error.

Figure 7: Plan for next visit and Correction/Addendum

***Plan for next visit**

Plan for Next Visit:
The plan for the next visit is where you can enter the time and location of the next visit and what outcomes you will be working on. You should also document the plan for the child and parent to work on between visits.

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Correction/Addendum ←


(NOTE: If this is a breach or a billing error, contact chfsfirststepsbilling@ky.gov)

Time is 11:00 am to 11:45 am.

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Corrections to the record can only be made in this field. Late notes must include a reason for the late entry in the Corrections/Addendum box.

**Contact the State Lead Agency immediately if there is a breach of confidentiality or a billing error at chfsfirststepsbilling@ky.gov.*



Service Log (All): Show Service Log In 60 Days Export to Excel

	Service Log ID	IFSP	Service Name	Provider	Interpreter	Service Date & Time	Actual Setting	Service Note	Correction/Addendum	Reason No Service	Tre Cor
Edit	Del	5331669	ANNUAL-01/26/2024	Physical Therapy	Mary Mover - KEIS Test Agency	01/26/2024 10:00 - 11:00 EST	Family / Guardian Home	Visit 1 of 15. Please be sure to look at the grayed-out text as it gives you prompts to guide you in the process. In the service information box, it is helpful to put the number of visits of how many are approved (Visit 4 of 12). You can type your notes in Word and copy and paste them into TOTS. If you are using AT equipment, this is where you document it. Please be sure to use broad names in your service notes.	Time is 11:00 am to 11:45 am.	Service Delivered	971 GP

Once the service log is saved, it becomes part of the child’s permanent early intervention record. Service logs are archived by date at the bottom of the Service Log Information page in TOTS, with the most recent logs at the top. When the log is saved, a pending claim is created on the Accounts Payable page so the agency can bill for the provided early intervention service. Service logs will be visible for sixty (60) calendar days. Providers may select “Show All Service Log.” If a provider needs to access older service logs, select “Show all Service Log.”

Missed and No-Show Visits

The IFSP is a legal document between KEIS and the family. The services planned by the IFSP team and included in the IFSP must be provided as documented. Missed and no-show visits must be documented in TOTS to accurately reflect the KEIS services provided to a child and family.

Missed visits occur when an early intervention visit is arranged but canceled before the start time of the visit. The missed visit may occur because of the provider or the family due to illness, conflicts, emergencies, etc. If the family notified the provider of the need to cancel before the service starts, the provider must offer a make-up visit. This missed visit is documented as “Absence Due to Family.” A make-up visit must be offered if a provider needs to cancel the service. This missed visit is documented as “Absence Due to Provider.”

No-show visits occur when a provider arrives at the appointment location, and the child or parent is not present, no one answers the door, or for a virtual visit, the family does not log on or reach out for technical assistance. Providers are not required to offer a make-up for a no-show visit. Providers may use their discretion to determine if a make-up is warranted.

Missed Visit Guidelines

- Missed visits must be made up unless the family declines the make-up visit. If the family declines the make-up visit, the provider must document in the missed visit service log that the family declined the make-up KEIS service.
- Interpreter services are provided through a KEIS contract with the Office for Children with Special Health Care Needs (OCSHCN). Interpreters are paid by OCSHCN for missed visits if they are canceled within 24 hours of the service time. Providers must enter a separate note for each missed visit and document when the parent canceled so that OCSHCN can determine if the interpreter is entitled to payment.

- For family no-shows, the provider needs to include whether the session was virtual or in-person in the missed visit service log. The interpreter may also be entitled to mileage for driving to a home for a no-show.
- Make-up visits cannot be scheduled for the same day as a regular visit. Insurance and Medicaid rules specify that there can only be one visit per day per discipline. However, a make-up visit can be scheduled in the same week as a regular visit. To avoid confusion, it must be documented as a make-up service in the service log.
- Make-up visits cannot be separated into smaller segments and made up over a series of visits. An entire make-up session must be conducted at once.
- You can schedule a make-up visit for a known missed visit. For example, if a family receives weekly services and the provider is going on vacation next week. If the family agrees, the provider could schedule the make-up session the week before their vacation. To avoid confusion, the service must be documented as a make-up service in the service log.
- For extended absences, there may be procedures in place, such as file closure, that need to be completed depending on the length and cause of absence. Notify the SC for all extended absences. If the SC notifies the provider that the plan will stay open, then they must document it in a missed visit service log in TOTS the reason for the planned absence, the time frame of the absence, the number of services that will be missed, and the parent's decision as to whether these services will be made up or not.
- If a provider is added late to an IFSP team, the provider will need to count the missed weeks/months and offer make-up visits for all missed early intervention service visits. If only a short amount of time remains on the IFSP, making it impossible to complete all visits, contact the child's SC. The family may qualify for compensatory services.
- A provider should not accept a referral if they cannot accommodate the required number of visits included on an IFSP.
- If a provider accepts a referral and finds that the number of early intervention visits seems inappropriate based on the child and family's needs, the provider should speak with the IFSP team about the discussion that led to the service choices and their concerns. If the team agrees that changes to the IFSP are warranted, a requested review IFSP meeting may be held. There must first be time for the child and family to adjust to the KEIS services before making changes (generally about three (3) months).
- If the family frequently cancels their EI visits, the provider must diligently document their documentation. This allows the KEIS State Office to verify that attempts to complete the correct number of early intervention visits were made. The provider should notify the SC of the frequent cancellations. The SC can follow procedures to discuss the situation with the family to determine if changes are needed to the IFSP.
- If the provider cannot contact the family, they must document all attempted contacts in the communication log and missed visits in the service log. The provider must notify the SC that they cannot reach the family and document this notification in the communication log.
- The number of early intervention visits included in IFSP planned services must equal the number of services delivered. The only exceptions are declined make-ups and no-show visits. The provider is non-compliant if the number of early intervention visits doesn't match the authorization on planned services.

Entering a Missed or No-Show Visit on TOTS

Figure 8: Service Log Information

Service Log Information

Select a Plan to Add Service Log (if it is not on current plan):
 ANNUAL - 01/26/2024 (Note: Except for services authorized prior to the initiation of the plan, services must be entered within the planned period.)

Add Service Log:

*Service(##,##) Physical Therapy (Individual)	Planned Period 01/26/2024 - 07/26/2024	Planned Setting Family/Guardian Home	Frequency 15/Biannual	Length 1 (hours, or miles)
*Actual or Missed Service Date 06/27/2024 <small>(Note: If late entry (>10 days), enter reason in Addendum box. May result in reduced payment.)</small>	*Service Delivery Status <input type="radio"/> Service Delivered <input checked="" type="radio"/> Absence Due to Family <input type="radio"/> Absence Due to Provider <input type="radio"/> Family No Show	Actual Setting Select Setting	CPT Code (CPT code) (Code modifier)	ICD Code (ICD code)

***Service Note/Description of Intervention**
 Document coaching interactions within child and family routines to support function and active engagement with the environment, including how caregiver's confidence and competence was supported during visit. Service note must provide clear, unique and detailed description of the visit.

The "Service Note/Description of Intervention" section is where the provider must document the missed or no-show visit and all relative details.

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Once the service log for the missed/no-show visit is saved, it becomes part of the child's permanent early intervention record. The provider can select the "Edit" button if the note needs to be edited. The missed/no-show visit service log will populate at the top of TOTS's Service Log Information page but will be grayed out. The amendment to the service log must be entered in the "Correction/Addendum" section of the note. The note must be re-saved and will be archived in the child's record in TOTS.