

Section 3: Service Coordination

Introduction The overall purpose of Early ACCESS service coordination is to help the child and family meet their unique needs within an integrated system of informal supports and early intervention services with natural communities of support [281—120.15(1)].

Definition Each child referred to Early ACCESS and all eligible children and their families must have one Service Coordinator who is responsible for:

1. Coordinating all early intervention and other services identified on the IFSP across agencies and
2. Serving as the single point of contact in helping parents obtain the services and assistance that the parents need. [281—15 (3-5)].

Role of Service Coordinator Service Coordinators serve as a representative of the Early ACCESS system of early intervention services. They have three important roles:

1. Partner with each family in continuously seeking the appropriate services, resources and supports necessary to benefit the development of each child being served for the duration of the child’s eligibility.
2. Assist the family in accessing early intervention services and resources from a variety of formal and informal community agencies or providers.
3. Facilitate communication among early intervention service providers across agencies, resulting in a more coordinated and responsive delivery system.

Family centered practices The relationship between the Service Coordinator and the family demonstrates family-centered practice, and is a partnership that:

- Employs active and reflective listening;
- Helps the family clarify concerns and needs;
- treats the family with respect and dignity;
- communicates openly and honestly;
- allows the family to make decisions and accepts those decisions; and
- offers help that matches the family’s view of needs.

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Federal indicator family outcomes

√ C4
family
outcome

Survey data from families in Early ACCESS are collected and analyzed to assess the impact of early intervention services on families. Data are reported annually as a federal indicator in order to show Regional and State performance. All states collect data on a Family Survey and have set targets. Each AEA/Early ACCESS Region is to meet the state target, which is reported in the Part C Annual Performance Report available at www.iowa.gov. Iowa collects Indicator C4 data using the Early ACCESS Family Survey. The Early ACCESS system uses this indicator as a general means to evaluate the overall effectiveness of its service coordination system.

Qualifications

Service Coordinators must meet the qualifications of the Iowa Administrative Rules for Early ACCESS. They are employed by any of the Signatory Agencies (including AEAs) or agencies that have a contract, memorandum of understanding, or memorandum of agreement with AEAs [281—120.19(8)].

All Service Coordinators must meet the established requirements of the state developed Service Coordination Competency Module Training program. [281—120.15(4)].

Service Coordinator responsibilities

The minimum responsibilities of Service Coordinators are provided in the following table [281—120.15(5)].

#	Service Coordinator Responsibilities
1	Assist parents of eligible children in gaining access to the early intervention services and other services identified in the IFSP.
2	Facilitate the timely delivery of available services.
3	Use family-centered practices in all contacts with families.
4	Explain the system of services and resources called Early ACCESS.
5	Assist families in identifying and accessing available resources and services needed, and actions to meet needs.
6	Coordinate the performance of evaluations and assessments.
7	Inform families of the availability of advocacy services and explaining family rights.
8	Facilitate and participate in the development, review and evaluation of IFSPs.

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Service Coordinator responsibilities (continued)

#	Service Coordinator Responsibilities
9	Coordinate services with medical and health providers.
10	Coordinate and monitor the delivery of available services.
11	Manage the case file, including the IFSP and all necessary related information and reports.
12	Provide necessary information at formal periodic and annual reviews of the IFSP
13	Facilitate the development of a transition plan prior to child's age of three years. See next block.

Service coordination at transition

The Service Coordinator is responsible for initiating discussion with the family about transition within the timelines established by IDEA Part C (within 9 months prior to and 90 days before the child's third birthday), including development of a transition plan, as appropriate.

Service coordination activities at the time of transition include:

- Preparation of the child and parents for transition;
- Preparation for the transition planning meeting;
- Facilitation of the transition planning meeting; and
- Implementation of the transition plan.

Note. More specific information and procedures for transition responsibilities can be found in the Transition section of this manual.

Minimum service coordination requirement

Service coordination varies both among families and within any given family over time. Service coordination frequency and intensity is to be responsive to the changing child and family needs over time.

Early ACCESS has established a policy for the minimum amount of service coordination to be provided each eligible child and their family:

- One face-to-face contact with the child and family every three months.
- Telephone contact occurs in the months in which a face-to-face contact does not occur.

Note. See guidance on how to document service coordination on IFSPs.

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Documentation of service coordination requirements

Ongoing and accurate documentation of service coordination activities for each child/family is maintained by using the Service Coordination Log/Service Notes. The log can be typed or written legibly in ink and includes:

- Child's name and date of birth.
- Date of service.
- Beginning and ending time of activity.
- Location of activity.
- Summary of activity and/or result of activity.
- Signature and title of staff position on **each** log sheet.

The log is kept in the active or working file while the child is served in Early ACCESS. When the child exits Early ACCESS, the logs are kept as part of the child's official IFSP file in the designated AEA office. The logs may also serve as documentation for Medicaid billing.

Workloads and family contact

Each AEA establishes local procedures for assignment of Service Coordinators, within the AEA and across agencies, including consistent practice for monitoring case work loads of Service Coordinators.

It is important for workloads to allow a Service Coordinator to build a relationship with families and understand their concerns, priorities and resources. Service Coordinators and their supervisors work collaboratively to monitor workloads to ensure adequate support is available. Flexibility in workload is necessary to allow a range of support from intensive to minimal services. Service coordination varies both among families and within any given family over time.

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Interagency service coordination

The Early ACCESS system was designed to support and to meet the priority needs of the child and family. The Iowa Department of Public Health (IDPH) and Child Health Specialty Clinics (CHSC), as signatory partners of the Early ACCESS system, have committed to provide service coordination to targeted populations.

IDPH grantee agencies, Title V Maternal Health Agencies, provide service coordination for children who have a venous blood lead level at 20 ug/dl or higher (blood poisoning). If it is determined that a child has significant developmental delays, the child is transferred to the regional AEA for service coordination. If a child has an active IFSP when a high lead level has been newly determined, service coordination remains with the AEA Service Coordinator.

A child with critical health concerns may need primary service coordination from CHSC. CHSC and each AEA collaborate to provide service coordination for children identified as drug exposed, premature or medically fragile. As a child's health needs stabilize, other developmental needs may take priority and service coordination transfers to the AEA.
