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1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instruction for service coordination from a qualified Early Intervention (EI) provider who coordinates all services across agency lines as a single point of contact in helping each eligible child and family obtain the Connecticut Birth to Three System support and services and assistance they need.

2.0 REFERENCES

2.1 Associated Documents

- 2.1.1. Evaluation and Assessment Procedure
- 2.1.2. Form 3-1, Individualized Family Service Plan
- 2.1.3. Form 3-5a and 3-5b, Service Coordinator Contact Sheet
- 2.1.4. Individualized Family Service Plan Procedure
- 2.1.5. Personnel Standards Procedure
- 2.1.6. Planning and Documenting Intervention Services Procedure


2.2 Source Information

- 2.2.1. Connecticut Birth to Three Service Coordination Procedure, Effective July 1, 1996. Revised June 16, 2021.

3.0 INSTRUCTIONS

3.1 Overview of Service Coordination

- 3.1.1. Service Coordinator (s) **PROVIDE** service coordination to each referred child and family.
1. **SERVE** as a single point of contact to parents.
 2. **COORDINATE** all services across agency lines.
 3. At least one time per month for each family, **PROVIDE** service coordination.
 4. **DOCUMENT** all service coordination in the child's early intervention record.

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3.2 Service Coordinator Qualifications and Training


3.2.1. Service Coordinator (s) **MEET** the qualifications as follows:

1. **ADHERE** to personnel standards.
 - a. **REFER TO** Personnel Standards Procedure.
2. **SERVE** as one of the family's service providers.
3. **ENSURE** applicable training is completed as required and specified by Lead Agency.
 - a. **REFER TO** [Required Training page of the Birth to Three website](#) for additional information.
4. **COMPLETE** and **RECEIVE** the following certifications:
 - a. Birth to Three Initial Certificate
 - b. Service Coordinator Certificate

3.3 Documentation of Applicable Training

3.3.1. Birth to Three Program **MAINTAIN** proof of completion of Service Coordinator(s) required training of:


- Birth to Three Initial Certificate
 - Service Coordinator Certificate
1. **ENSURE** certificates are available upon request.

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- 3.3.2. Birth to Three Program **VERIFY** staff completion of applicable required training.
1. Program staff member **PRINT** Service Coordination Certificate of Completion from Protraxx.
 - Available for 2005 and later dates.
 2. **WHEN** verification is for staff training from 1996-2004 , which is **NOT** recorded in Protraxx,

THEN EMAIL Lead Agency to CTBirth23@ct.gov and **REQUEST** confirmation of attendance at Service Coordination.

 - a. **PLAN** accordingly to obtain necessary verifications prior to ensure immediate availability.
 - b. **OBTAIN** the required information via email:
 - Staff member's name.
 - Service Coordination attendance date.
- 3.3.3. **IF** both of the following criteria are met for a staff member that was previously trained as a Service Coordinator:
1. Has been acting as a service coordinator with families.
 2. Unable to show proof through Service coordination Certificate of Completion or verification of training from Lead Agency.
- THEN** Staff Member **COMPLETE** and **OBTAIN** Service Coordination Training and Certificate.
1. **REFER TO** [Birth to Three Required Training](#) page for information on accessing the module.
- 3.3.4. **PRINT** Certificate of Completion of the Connecticut Birth to Three: IFSP Module, Initial Certificate.

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- 3.3.5. Staff members **NEVER** previously trained as Service Coordinator(s) **ADHERE** to the following:
1. **DO NOT ACT** as a Service Coordinator until completion of applicable training.
 2. **PERFORM** the following Service Coordinator trainings:
 - a. **COMPLETE** the following:
 - Birth to Three Initial Certificate
 - Service Coordinator Certificate
 - b. **COMPLETE** knowledge test at end of each module.
 - c. **PERFORM** a verified observation of:
 - Evaluation
 - Initial Form 3-1, IFSP
 - Form 3-1, IFSP review
 - d. After successful completion of modules **COMPLETE** one-day in-person training.
 - e. After completion of in-person training **AND** completion of the Service Coordinator Certificate, **ACT** as Service Coordinator
 - f. **PRINT** all Certificates of Completion from Protraxx.
 3. **ENSURE** Birth to Three Program has Certificates of Completion to maintain proof of completion.

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3.4 Knowledge and Skills

3.4.1. Service Coordinator(s) **ENSURE** knowledgeable about the following per the Individuals with Disabilities Education Act (IDEA):

- Infants and toddlers eligible under Connecticut's definition.
- Federal and state laws and regulations governing the Birth to Three System.
- Nature and scope of support and services available under Birth to Three System.
- Birth to Three System of payments for support and services in Connecticut.
- Connecticut Birth to Three Evaluation and Assessment Procedure
- Connecticut Birth to Three Individualized Family Service Plan (IFSP) Procedure
- Birth to Three Service Guidelines
- Transition from Birth to Three to community programs or preschool special education.
- Federal, state, and local resources available to families and young children.

3.5 Assignment of Initial and Ongoing Service Coordination


NOTE

When a family contacts the Birth to Three System to refer their child, a program is chosen from among those available to complete an evaluation to determine eligibility.

3.5.1. Birth to Three Program, **IDENTIFY** a person as the family's initial Service Coordinator.

3.5.2. Family's initial Service Coordinator **PERFORM** the following:

1. **COORDINATE** child's eligibility evaluation and assessment.
2. **REVIEW** results with the family.
3. **PROVIDE** families of eligible children information about Birth to Three Programs available in their geographic area.


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3.5.2 (continued)

4. **IF** the child is **NOT** eligible,
THEN PERFORM the following:
 - a. **INFORM** family about Birth to Three Ages and Stages Monitoring process.
 - b. **ASSIST** in connecting the child and family to additional resources.

3.5.3. Ongoing Service Coordinator **PERFORM** the following:

1. **LIST** Service Coordinator's name on Form 3-1, Individualized Family Service Plan (IFSP).
2. **SCHEDULE** regular visits with family and child as the primary provider.
 - a. **DOCUMENT** in Notes Section of Form 3-1, IFSP when not acting as the primary provider.
3. **COORDINATE** performance of evaluations and assessments.
4. **INFORM** families of their rights and procedural safeguards.
5. **FACILITATE** and **PARTICIPATE** in the following for Form 3-1, IFSP:
 - Development of IFSP
 - Review of IFSP
 - Evaluation of IFSP
6. **ASSIST** families in identifying available service providers.
7. **COORDINATE** and **MONITOR** delivery of services.
8. **INFORM** families of the availability of advocacy services.
9. **COORDINATE** with medical and health providers.


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3.5.4 (continued)

10. **FACILITATE** development of a transition plan to:
 - Pre-school services
 - Community Services
11. **COMPLETE** ongoing documentation and record requirements of the Birth to Three System.
12. **ENSURE** required information is collected for accessing third party reimbursement for Early Intervention Services (EIS) identified in Form 3-1, IFSP, including but not limited to:
 - Private insurance
 - Board of Education and Services for the Blind (BESB)
 - Medicaid
13. **ASSIST** family in locating and contacting:
 - Services outside of the Birth to Three System.
 - Other families, if requested.

3.6 Documenting Service Coordination

- 3.6.1. Service Coordinator(s) **DOCUMENT** service coordination activities occurring during an outside of Early Intervention (EI) visit, including but not limited to:
 - Phone contacts
 - Visits with family to physician or other professionals
 - Face-to-face meeting notes
 - Emails or texts

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3.6.2. Service Coordinator(s) **DOCUMENT** service coordination occurring during an Early Intervention (EI) visit in the Early Intervention Visit Plan.

1. **REFER TO** Planning and Documenting Intervention Services Procedure.
2. **INCLUDE** information on community resources where family can easily reference them.
3. **USE** a contact sheet for activities occurring outside of a visit, including:
 - Blank page.
 - Form 3-5a, Service Coordination Contact Sheet.
 - Form 3-5b, Service coordination Contact Sheet.
 - Customized form by the program.
4. **DATE** and **SIGN** service coordination notes.
5. **ENSURE** families have full access to everything in their child's record.

END of Instructions

4.0 REVISION HISTORY

Location	Description of Change
All	Updated Human Factored Procedure in New Template.