

3rd Biennial Nebraska Young Child Institute
Services Coordinator Training
Q&A Session
6/27/2022

Q: What happens if the parent cannot attend the MDT meeting after a reasonable amount of time?

A: The parent is a required member of the Multidisciplinary team, thus the MDT meeting cannot be conducted without the parent. The school district will need to send a Prior Written Notice to the parent informing them that the eligibility determination could not be made due to the parents inability to attend the scheduled meeting. The Part C procedural safeguards must be included in the notice. The Services Coordinator will also send the DHHS-6 Notice of Action (which serves as the Services Coordination Prior Written Notice) advising that the referral is being closed.

Q: What happens if a family does not have or want a family goal?

A: Per the TA Guidebook, Section 11 “Initial Individualized Family Service Plan (IFSP) and Implementation, “Through the IFSP process, families can express their desired outcomes and participate in planning for their child and family.” IFSP goals should be based upon the family's concerns and priorities. If a quality RBI is completed with the family, this will usually provide a variety of both child and family concerns and priorities. However, the family ultimately gets to determine which concerns/priorities become a part of their IFSP.

Q: What do we do if we don't get a superintendent's letter for a child who is a state ward?

A: If the child is a state ward, an automated state ward notification letter (AKA Superintendent's letter) is generated to the school district. Per Section 4 of the NETA-C Guidebook, the EDN Services Coordinator contacts the family to set up a home visit to discuss the EDN program. The Services Coordinator also contacts the foster parents to inform them that a referral has been made and to determine if the foster parent has concerns for the child. The School District determines if a parent represents the child or if a surrogate parent is needed based on Rule 52, and shares the information with the EDN Services Coordinator.

If it is necessary for the Services Coordinator to request a copy of the state ward notification letter, the SC can call or email the CFS worker. If having difficulty getting a response, the SC can call or email the CFS Supervisor. Contact information can be found in the State of Nebraska online directory. <https://ne-phonebook.ne.gov/PhoneBook/faces/welcome.jsp>

Q: What if a member of the team, such as the school district representative, does not show for a meeting? Do we continue or reschedule?

A: Rule 52 007.03 addresses this. The only person(s) who can attend an IFSP meeting via an alternative method other than in-person is “a person or persons directly involved in conducting evals and assessments” so as long as this person is not providing services and/or isn't a representative of the district who is committing resources. Other than this exception all meetings must be done in person by all parties. Therefore if a school district representative is needed for the meeting and does not attend, the meeting should be rescheduled as soon as possible.

Q: What is required in the “What Will Be Done By Whom” on the IFSP? (Sue/Janice/Jean give a short answer/highlight) Do they want us to discuss IFSP training? What should we say? IFSP instructions?

A: Per the IFSP instructions, posted on the EDN website: List the activities to be done by appropriate IFSP team members, including the family, to accomplish the outcome.

https://edn.ne.gov/cms/sites/default/files/EI-1%20%28Instructions%29_0.pdf

This section records the strategies and methods that will lead to achievement of the outcome and who will help with the outcome (both early intervention providers and informal supports). Strategies are Who will do What in Which everyday routines, activities, and places. Describe in detail what the various team members (including family, friends, and other caregivers) will do in order to meet the outcome. Additionally, the State RBEI TA's are piloting a new training around Developing a Quality IFSP.

Q: What do you do when a parent stops communicating with the EDN team, how long do you keep the case open, what steps are needed before the case is closed?

A: The NETA-C Guidebook discusses the steps the Services Coordinator and school district personnel should take in various scenarios where there is an inability to contact the family, beginning in Section 5: Intake and more scenarios in Section 11: Initial IFSP and Implementation. <https://edn.ne.gov/cms/sites/default/files/u26/NETA-C-Guidebook.pdf>

Q: If the family indicates they no longer wish to receive EDN services and declines to hold a final IFSP meeting, what should we do?

A: The school district provides a Prior Written Notice and the Services Coordinator provides the DHHS-6 to the family describing the following: a-Child is eligible to receive early intervention services, b-the parent was informed that without parental consent, EDN services could not be provided, c-EDN case is closed based upon parent's consent, d- all procedural safeguards available to the family. The services coordinator provides information so the family can contact EDN in the future, if needed. The Services Coordinator assures completion of required CONNECT data entry, including narratives detailing above actions and EDN case closure.

Q: (For those trained and implementing Getting Ready Home Visiting) Can we use our Getting Ready visit notes and put them into CONNECT for our monthly narrative?

A: No. Ongoing, accurate, and timely documentation of services coordination activities for each child/family is maintained using the CONNECT narrative format. Medicaid billing requirements apply to CONNECT narratives. The Services coordination narrative must include dated, chronological documentation of the following:

1. Communication with the family, noting the Services Coordinator's location;
2. Communication with service providers;
3. Services Coordinator decisions and actions;
4. Referrals to resources, including, for example, when applications are mailed or items submitted;
5. Services delivery monitoring;

6. Other factual information and services coordination activity relevant to the case.
The NETA-C Guidebook contains detailed information around billing requirements in Section 3: Services Coordination.

Q: Should teams be completing an evaluation tool when there is documentation of the child having a diagnosed condition (failure to thrive, positive drug test, hearing loss, etc.)?

A: Helpful guidance can be found in the TA Guidebook, Section 7: Initial Evaluation and Assessment of the Child.

The federal and state regulations define 3 procedures evaluation teams must use in determining eligibility:

1. Use of a child's medical or other records if those records indicate the child's level of functioning in one or more areas meets the state's criterion for significant delay as defined in 006.04B: 2.0 standard deviations below the mean in one area of development or at least 1.3 standard deviations below the mean in 2 or more areas of development; or the medical or other records reflect that the child has a diagnosed physical or mental condition that has a high probability of resulting in a substantial developmental delay in one or more areas, and includes the conditions listed above (Rule 52-006.04A1-A2 and 006.04B). When using a child's medical or other records to establish eligibility then the team does not conduct an evaluation (Rule 52-006.05B). Instead, the team must conduct the child assessment (Rule 52-006.05B1) and family assessment (480 NAC 1), i.e. the RBI.
2. If the medical or other records do not indicate the child meets the state criterion as a child with a disability, as described above, then the team must follow the Procedures for Evaluation found in Rule 52-006.06.
3. If, after conducting all procedures listed within 52-006.06, the child does not clearly meet the definition of a child experiencing a significant delay in one or more areas (52-006.04B), then the team is required to use informed clinical
4. opinion when conducting evaluations and assessments of the child to establish eligibility. The school district *shall ensure that informed clinical opinion may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility* (Rule 52-006.05B2).

Q: Is it compliant to list Services Coordination as the only service on the IFSP, if the parent declines all other EI services?

A: Yes, services coordination can be the only EI service provided to the child/family. The IFSP must reflect the services offered to the parent by the IFSP team, and then the parent must list the service(s) they accept within the IFSP category of:

I/We do not agree with the proposed IFSP as written. However, I/we do consent to the following services/frequency:

The IFSP team must reflect the services the team has determined the child/family needs. Per state and federal regulations, families may accept or decline any/all EI services with the

exception of services coordination. If the family determines that they only want services coordination, then the family must document this under the section of the IFSP titled as “ I/We do not agree with the proposed ifsp as written - However I/We do consent to the following services/frequency.” In this situation, a provider is still required to conduct the Gold assessment and complete Gold entry data. The appropriate providers would then attend Periodic/Annual IFSP meetings to offer additional services as determined needed by the child/family.