



WV Birth to Three

Interim Service Coordination Activity Note

Service Coordination is an active, on-going process that involves assisting families in accessing services, resources, and supports. Service Coordinators assess the child and family's needs, facilitate timely delivery of services, and provide linkages to community services that may benefit the development of each child enrolled with WV Birth to Three.

The Interim Service Coordination Activity Note is completed with the family/caregiver during the Family Assessment/Intake. The Service Coordinator will document conversations that occurred, decisions that were made, and any next steps that will be taken to support the child and family.

Note: Interim Service Coordinators, in preparation for the Family Assessment/Intake, should review the Initial Child Record and any medical information that is available.

Header of Each Page

Child Last Name: Enter child's legal last name.

Child First Name: Enter child's legal first name.

MI: Enter child's middle initial. If child does not have a middle initial leave blank.

Date of Birth (DOB): Select the date from the calendar drop down or enter child's date of birth using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

ID #: Enter the child's ID number from BTT Online.

Date: Select the date from the calendar drop down or enter the date using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

NOTE: Some data from the header will automatically populate into the document content.

Delivery: Select from the drop down, the method that best describes how the services were provided.

Face to face: You are face to face in the same location as the family or caregiver.

Virtual Teleconference: You are providing services via a virtual platform such as Zoom, Microsoft Teams, Google Meet, etc.

Phone Call: You are providing service via the telephone only- there is no video.

Visit Location: Select from the drop down, the location where the family/caregiver is receiving the service.

Home: The child/parent are at their home.

Community Setting: The child/parent are in a community setting. For example, meeting a parent their workplace such as a childcare center that the parent works at.

Childcare: The child/caregiver are at a childcare site.

Service Provider Location: The child/parent are at a clinic, hospital setting, outpatient setting.

Start Time: Enter the actual start time. Do not round up or round down.

End Time: Enter the actual end time. Do not round up or round down.

Total Time: Enter the total time spent face to face with the parent or caregiver. The time should be entered prior reviewing the note with the parent. This recorded time is documentation to support billing.

NOTE: There may be situations when a family must end the Family Assessment due to circumstances that are out of their control. Examples might be the loss of internet connection or family emergency. When this occurs, the end time is documented as the time the family is no longer available.

Parent and Other Caregiver Present: Enter name(s) of the parent(s) or caregiver(s) present.

Summary of Family Assessment/Intake Visit:

In this section, enter a summary of the Family Assessment/Intake visit. This might include the family's priorities and concerns, locations where child spends time during the day, observations shared with the family, description of steps taken when a family declines to proceed with the evaluation for eligibility.



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Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

Steps Taken:

- ☐ Procedural Safeguards reviewed
- ☐ Provided overview of evaluation/assessment and IFSP process (Family Guide)
- ☐ Consent for Multi-disciplinary Evaluation/Assessment signed by parent
- ☐ Consent to Obtain Medical Information signed by parent
- ☐ Other consents signed for release or to obtain information signed by parent as appropriate
- ☐ Supported family in selecting evaluation/assessment team
- ☐ Other

Evaluation/Assessment Team Selection:

Enter the disciplines selected by the family. The form allows a first, second and third choice per discipline. One discipline must be a licensed health care provider and one a Developmental Specialist.

Potential Eligibility/IFSP Meeting – Time/Dates/Location:

Enter potential dates, times, and locations for the eligibility/IFSP meeting. The form allows for a first and second choice.

Linkages and Referrals: (Are there any identified needs for linkages or referrals to other community resources for your child and/or family? Is this child/family in need of transition supports?)

Enter information on any identified needs for immediate linkages and referrals. Note if this is a child who will be needing transition supports and next steps.

Things to do before next visit:

This section is available to document any follow up activities that have been identified. Review with family the possible next steps and check the appropriate box(es).

- ☐ Confirm Evaluation/Assessment Team
- ☐ Update Change of Information Form as applicable
- ☐ Coordinate Eligibility/IFSP Meeting
- ☐ Follow up for obtaining medical information with family consent
- ☐ Research information/resources of interest to family
- ☐ Communicate with the child's physician or others

- ☐ Submit Audiological or Vision Evaluation Request
- ☐ Link to Parent Partner or parent supports
- ☐ Coordinate with CPS
- ☐ Other

NOTE: Complete and review the note with the family before you sign.

Interim Service Coordinator Signature:

Service Coordinators will sign electronically using a valid digital or electronic signature. A *digital signature* is an electronic fingerprint which encrypts and identifies the individual who is using the form. They are considered digital as they are encrypted with a certificate based digital ID and the date a document is signed. An *electronic signature* is an image of your signature. An example of this would be signatures that are created with a stylus or signature capture application. The date in this case, will need to be added to the form.

For more information on electronic signatures visit:
http://www.wvdhhr.org/birth23/sdform/acceptable_signatures_BTT_docs.pdf

Interim Service Coordinator Phone/Email: Enter your phone number and email address.

Ask the family how they prefer to receive a copy of the Family Assessment and ISC Coordination Activity Note, secure email or via postal mail.

Send the parent a copy of the Family Assessment and ISC Activity Note in the family's preferred format. Document on the Phone/Correspondence Log.

NOTE: When in the home, the family may take a photo of the ISC Activity Note for quick access to the information. You are still required to send a copy to the family in their preferred method.

Follow Up Activities

1. Within five days of the visit, upload the original electronically signed document to BTT Online.