



WV Birth to Three

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 Service Coordination Activity Note is completed with the family/caregiver during each home visit. 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. The Service Coordinator will discuss the family's interactions with any community resources referred at previous home visits and identify any new referrals necessary and why they may be relevant.

Note: Service Coordinators, in preparation for the home visit, should review any follow up activities from the last Service Coordination activity note.

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.

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.

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

Follow Up from Last Meeting/Visit:

In this section, enter a description of any follow up from previous visits including those by parent or service coordinator. This may include completion of applications, results of a medical visit for the child, submission of an Assistive Technology Request, or that an invitation to Transition Conference has been mailed to the IFSP team and others, etc.

Ongoing Assessment of Services:

In this section, document how communication is going with team members, the family's thoughts on how services are helping them and their child to achieve IFSP outcomes, and/or if services are being provided as called for on the IFSP. If "no" to any of these, document the next steps that need to be taken.

Coordination of IFSP Services:

In this section, document any upcoming IFSP reviews, appointments, child transitions, or family changes that need to be discussed.

Linkages, Referrals and Supports:

In this section document any identified needs for linkages or referrals to other community resources for the child and/or family. Identify why the linkage is needed and identify who will do what to make it happen. Document how previous referrals are going and if there are any issues.



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

Things to do before next visit:

This section is available to document any follow up activities that have been identified. At the very least, you should be communicating with other IFSP team members regarding important information (i.e., changes in family schedule, telephone number, or other updates). Review with family the possible next steps and check the appropriate box(s).

- Provide update to other IFSP team members
- Coordinate the Assistive Technology or Audiological Request
- Update Change of Information Form as applicable
- Link to Parent Partner or parent supports
- Research information/resources of interest to family
- Communicate with the child's physician or others
- Other

Next Visit Has Been Scheduled:

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

Time: Enter the time of the next visit on the date above.

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 providing a billable service to the parent or caregiver. The billable service includes completing and reviewing the Intervention Activity Note with the family. Enter the total time prior to signing the note. 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. You will still check the Attestation Box.

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

Attestation:

Check the box to attest that: *My signature confirms that the information contained herein has been completed in the presence of the child's parent(s) and/or other caregivers.*

Service Coordinator Signature and Date:

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. An example of this would be signatures created in DocuSign. 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

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

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

Send the parent a copy of the SC 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 SC 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, upload the original electronically signed document to BTT Online.