

Common Service Coordination Mistakes: How to Correct Them and Better Yet, Prevent Them



(This document is a technical assistance resource for purposes of the above teleconference presentation)

All men make mistakes but only wise men
learn from their mistakes.

Winston Churchill

Effective service coordination is an active, ongoing process that assists families in accessing the needed services and supports that will enable them to meet the developmental and health needs of their infant and toddler. To assist the great diversity of families we serve, professionals must continue to learn, grow and develop skills just as the infants, toddlers and families that we partner with. To this end, we will make mistakes. But as professionals, we must recognize and acknowledge our mistakes, correct as appropriate and then take steps to develop a plan to prevent them in the future.

Staying Organized Means Staying On Top (Organizational Mistakes)

- ❖ **Mistake:** Sometimes you do not return phone calls or emails for days, and this is affecting your working relationship with team members and families.

Correction: Service coordinators should return calls/emails within 48 hours of receiving the correspondence. Document all conversations on a *Correspondence/Phone Contact Log*. If the correspondence was via email, record your conversation from the email on a *Correspondence/Phone Contact Log* and print off the email correspondence to be filed in your clinical record.

Prevention: Develop good habits of ending your work day (or starting it) by returning all calls and emails. Keep a few blank *Correspondence/Phone Contact Logs* by your phone to document each conversation. Send these to the RAU when the page is full and keep a copy for your clinical record. Print all emails from families and team members and file in your clinical record for future reference if needed. Remember to use one *Correspondence/Phone Contact Log* per child until full. Do not record more than one child's contacts on a log.

- ❖ **Mistake:** You have not sent the required documentation to the RAU for a month and the RAU has called you with questions.

Correction: Service coordinators should review clinical records weekly to determine if all required documentation has been sent to the RAU. WV Birth to Three requires *Practitioner Confirmation* forms, annual IFSPs or IFSP review forms to be delivered/faxed to the RAU within 2 calendar days of completion to ensure the timely delivery of service to children and their families. All other documents/forms must be submitted within five calendar days of completion. WV Birth to Three has a *Documentation Submission Chart* on the WV Birth to Three website that assists practitioners in knowing if the original or a copy of the document/form must be submitted to the RAU for inclusion in the early intervention record. WV Birth to Three billing procedures requires that documentation originals be in the child's record at the RAU prior to billing. If documentation is found in your clinical files that has not been mailed, mail the found documents immediately and notify the RAU and team members, when appropriate, that documents were found and sent to the RAU.

Prevention: Here are a couple of tips to try: 1) Carry to each visit or meeting a separate brightly colored folder. Place all completed activity notes, teaming notes or other completed documents in this separate folder. Every evening or at the end of each week, empty the folder, filing any documentation that belongs in the clinical file while mailing all required documentation to the RAU. All required documentation should be mailed or delivered to the RAU at least once per week. 2) Organize documents into packets (annual

IFSP packet or transition packet). These packets should contain all required paperwork needed for that activity. Just grab a packet and go! Service coordinators should ALWAYS keep a copy of EVERY document in their clinical files just in case the mail never reaches the RAU. Losing documents in the mail is rare but why chance it?

- ❖ **Mistake: You have made several home visits and the families have not been home. You wonder if something is wrong.**

Correction: Service coordinators, who travel for a scheduled visit and find that family is not home, should leave a note indicating that they were there. This note should be placed in an envelope to protect confidentiality. Document information on a *Missed Appointment* form and the *Correspondence/Phone Contact Log* that the family was not at home and you were unable to complete the visit.

Prevention: Call the night before to remind families and team members of upcoming meetings. Always call just before leaving your home to make sure the time and place is still good for the family. If not, reschedule and document on the *Missed Appointment* form.

- ❖ **Mistake: You have recently been late or have had to reschedule home visits due to poor planning. You are struggling to stay organized and realize you are not meeting your obligation to the family as per the IFSP.**

Correction: Service coordinators are responsible for providing the required intensity and frequency of services as indicated by the IFSP. At the initial IFSP meeting, the intensity and frequency for the provision of service coordination is determined by the IFSP team based on the priorities, concerns and resources of the family in meeting the unique needs of their child and the amount of support needed by the family. Service coordinators should not exceed their skill/time level when accepting new referrals, and should always maintain a caseload that is easily met with excellence.

Attempt to work out a schedule that works for both the family and the service coordinator. WV Birth to Three requires that all missed home visits be made up within three months of the missed visit. Offer to make up the missed visits and document on either the *Correspondence/Phone Contact Log* or *Service Coordination Activity Note* if the family does not want the visits to be made up. Cancellations, “no-shows” or missed visits should be documented on the *Missed Appointment* form.

Prevention: When scheduling times, cross check with the other person to determine you both wrote down the correct date and time. Don’t overbook. Give ample travel time between each visit in case of delay or traffic. Don’t take on more families than what you can provide excellent service to.

- ❖ **Mistake:** You have scheduled an IFSP or 6-month review but several team members were not aware of the meeting and were not present. You realize you have forgotten to send a copy of the IFSP Meeting Notice to the IFSP team members.

Correction: When scheduling IFSP team meetings, all team members must be notified in writing of the upcoming meeting. WV Birth to Three requires that **all members** of the IFSP team receive the *Notice of IFSP Meeting* form at least **ten** days prior to the IFSP meeting date. This form confirms the date, time and location of the meeting as well as provides a description of the purpose of the meeting. A copy of this meeting notice must also be filed at the RAU in the early intervention record.

Prevention: Start early!!!! Start annual IFSP planning at least 2 months prior to the expiration date of the IFSP. This gives you time to coordinate the schedules of the family and other team members to ensure the best participation possible. The service coordinator should have the family choose at least 2-3 good dates and times approximately 3-4 weeks before the IFSP expires. Use these dates to coordinate with the WV Birth to Three team. The service coordinator may need to assist the family in prioritizing which members are most needed for the IFSP Review if not all members can attend the dates selected. When a date and time is agreed upon and selected, send out the WV Birth to Three *Notice of IFSP Meeting*, any copies of releases that are appropriate for that team member and the *IFSP Planning Worksheet* to all IFSP team members so they will know the agenda for the meeting.

- ❖ **Mistake:** You need to speak with the child's day care provider and realize that the **Consent for WV Birth to Three to Release Information has expired as well as other important consents to share information.**

Correction: Remember, identifiable information cannot be shared without the parents' written consent. All releases probably expire well before the IFSP. At two months prior to the IFSP expiration, the service coordinator should have a meeting with the family and complete the *IFSP Planning Worksheet*, as well as have family sign all new consents and releases that are appropriate to the re-determination of eligibility and the development of a new IFSP.

Prevention: Design a tracking system for all children that you provide service coordination. Have a column for important dates such as when eligibility must be re-determined, the annual IFSP date, when releases expire, etc. If you do not know how to make this chart, ask other service coordinators in your area. There are many great systems already in use that your peers have designed.

- ❖ **Mistake:** You have just completed a 6-month review or annual IFSP and realized that although you discussed the family’s rights, you forgot to provide the family with a copy of their Procedural Safeguards booklet.

Correction: Review of family’s *Procedural Safeguards* must be done at the initial and every annual eligibility/IFSP meeting, at the 6-month IFSP review, when changes are made to the IFSP, or when family concerns arise. These discussions must be documented on a *Teaming Activity Note* or the *Service Coordination Activity Note*. If you forgot to review the *Procedural Safeguards* at the meeting, call and ask the family’s permission to either review over the phone or schedule a home visit to review the Procedural Safeguards with the family. Make sure you bring a copy of the *Procedural Safeguards* booklet to give the family at your next home visit.

Prevention: Service coordinators should order and maintain a supply of *Procedural Safeguards* booklets. Always make sure you have extra copies with you at all times. Develop a checklist of “things to do” not only for regular service coordination visits but for annual IFSP and 6-month review meetings. On your “things to do” list for the annual IFSP or IFSP review, place “review and give procedural safeguard booklet” right at the top of the list. Attach this list to your home visit folder and refer to the list frequently. Service coordinators may also give each family a “notebook” to maintain documents that have been provided by WV Birth to Three. Completed activity notes, copy of the child’s IFSP and *Procedural Safeguards* booklet can be kept in this notebook.

- ❖ **Mistake:** You were not able to keep track of upcoming timelines and a child’s IFSP is close to expiring.

Correction: Immediately notify the child’s IFSP team that the annual IFSP is close to expiration and you will need an evaluation summary from each member of the IFSP team to facilitate the eligibility determination and to develop an IFSP if the child remains eligible. Begin working with the family to choose an IFSP meeting date prior to the expiration. If the child only has one IFSP team member, assist the family in selecting a second team member as **the eligibility/IFSP requires two professionals of two different disciplines (one must be a licensed health care practitioner)** to ensure that eligibility is appropriately established and the IFSP is completed prior to expiration.

Prevention: Frequently review all timelines for your entire caseload, including expiration of consent and release forms, 6-month review due dates and annual IFSP due dates. Schedule all meetings immediately, as appropriate. The families’ and service coordinators’ annual IFSP pre-planning meeting should take place two months prior to the expiration of the IFSP. That will give service coordinators time to complete new consent and release forms, to set dates for the meeting in advance, send out the *Notice of IFSP Meeting* and copies of the signed *Reciprocal Consent* for the WV Birth to Three Team to share information at least **ten** days prior to the meeting. Service coordinators can use a variety of strategies to keep timelines in place such as:

- Using your calendar/appointment system on your computer to keep track of dates
- Using charts and graphs to keep track of timelines
- Using your appointment book and placing due dates in the “things to do” section
- Placing due dates on the inside of the child’s working folder
- Keeping track of “start process” dates by documenting due dates and then back tracking 1-2 months and entering that date

❖ **Mistake:** You have billed for services provided to families but have not yet sent in the supporting documentation to the RAU.

Correction: All supporting documentation must reach the RAU within the 2-day or 5-day timeline. You should never bill for services until all documentation has been sent to the RAU. If you have billed and your documentation is not already at the RAU, make sure you mail it as soon as possible.

Prevention: Service coordinators should review their clinical files regularly to determine that all required documentation has been sent to the RAU. The WV Birth to Three billing manual requires that documentation of service be sent to the RAU *prior* to billing for the service. If you are audited for a billed service and your documentation is not in the record, you will have to repay that amount.

❖ **Mistake:** You have provided a non-face-to-face linkage or referral activity for a family but did not document the activity on a Correspondence/Phone Contact Log.

Correction: Immediately complete a *Correspondence/Phone Contact Log* entry with documentation of the linkage or referral activity and make sure the documentation says, “LATE ENTRY”. You should not make a habit of adding late entries, as numerous late entries would indicate that you are not completing documentation in a conscientious and timely manner.

Prevention: Service coordinators must document on the *Correspondence/Phone Contact Log* all non–face-to-face activities such as phone calls to and from families, phone calls to and from team members or others with whom WV Birth to Three has written consent to correspond such as the child’s physician. If a completed non-face-to-face activity is linkage or referral, as per the WV Birth to Three Service Definitions, that activity can be billed for that month. Prior to billing, the *Correspondence/Phone Contact Log* supporting that billing should be mailed/delivered to the RAU for filing in the child’s early intervention record. Activities such as leaving messages and scheduling IFSP meetings are not activities of linkage and referral. For additional guidance on billing for non-face-to-face activities please refer to the Technical Assistance Bulletin, “Documentation of Service Components Not Provided Face to Face” dated **April 28, 2008**.

- ❖ **Mistake:** You have completed and turned in all required documentation but your handwriting can not be easily read. The RAU has called with questions.

Correction: If your handwriting is poor make sure you take your time and print when completing documentation. Remember that families, IFSP team members and other professionals may read what you have written. Take pride in your work.

Prevention: Service coordinators are responsible for ensuring that all individuals can read the completed documents. Service coordinators should complete activity/teaming notes, IFSP's and other hand written documents using a hard surface to write upon. Printing may be preferable to cursive writing.

- ❖ **Mistake:** A family requested information or assistance about a service, support or need and you forgot to follow through with their request.

Correction: Have a conversation with each family and team member to ensure that you have completed all needed and required activities. Service coordinators are responsible for maintaining timelines, facilitating communication, transition, accessing needed assistive technology, as well as assisting the family in accessing needed resources. It is the job of the service coordinator to follow through with requests and provide families with information and assistance on community resources, obtaining new assessment information to answer new questions or to schedule and facilitate team meetings to make necessary changes to the IFSP.

Prevention: Develop a system of keeping track of “things to do”. Documenting these types of activity in your appointment book may be helpful in keeping track. Also, review each activity note prior to filing, making sure that you have followed through with all of the required job duties. Document all completed activities on the *Correspondence/Phone Contact Log* or *Service Coordination Activity Note* if you are face-to-face with the family.

The In's and Out's of Service Coordination (Keeping Up-to-Date and Informed)

- ❖ **Mistake:** You have been unable to keep up regular communication with families and other team members and feel out of the loop as to how the child and family are doing.

Correction: At the next IFSP team meeting, develop a plan for team communication. This can be through phone calls, emails or scheduled visits with team members. Many service coordinators schedule their home visit at the end of a direct service practitioner's visit so the team can share updates and problem-solve, if needed, in better meeting the child and family's needs.

Prevention:

- Have frequent conversation with families and team members
- Return emails and phone calls within 48 hours
- Do not make a habit of canceling appointments or being late
- Communicate in a positive way
- Value the team process

- ❖ **Mistake:** You have completed your *activity notes* and *Correspondence/Phone Contact Logs* but when reviewing them, you realize that they are very vague and don't follow WV Birth to Three guidelines for documentation.

Correction: If you have not done so, **schedule an appointment with your WV Birth to Three State Technical Assistance (TA) Specialist to review documentation guidelines and requirements.**

Prevention: Review **WV Birth to Three training materials received** at WV Birth to Three trainings **related to documentation**. Review each activity note prior to leaving the meeting to ensure that the activity note is correctly completed. Each activity note should:

- Be filled out completely; with the child's name and date of birth at the top, location of service, date, start and stop times, total time and parent and service coordinators signature and date at the bottom
- Have each outcome addressed or discussed at the visit and listed in Section 1 (obtaining housing, accessing WIC, monitoring IFSP, etc). Writing "All" is not appropriate unless you list ALL IFSP outcomes individually and document the discussion of each.
- Have the appropriate box checked to indicate the "type" of service coordination activity completed. More than one box may be checked **ONLY** if more than one type of service was provided or discussed.

- Have documentation in Section 2 of the service coordinator's discussions, activities, resources discussed and provided. The activity note should also refer to their job roles and responsibilities to ensure that they are providing and documenting appropriate WV Birth to Three service coordination.
- Have documentation in Section 3 of the service coordinator's follow up for themselves and the family. It is important that service coordinators follow through with the family and document when these needs and activities have been accomplished.
- Signed, dated and copied for the family's record. The top copy has to be submitted to the RAU within 5 days of completion and prior to billing.

❖ **Mistake:** You made changes to the IFSP with the family in regards to service coordination and have not notified the IFSP team of those changes in intensity and frequency.

Correction: Communication among team members is the key to the success of the provision of early intervention services. Contact the IFSP members immediately to alert them to the new service coordination outcomes, strategies and/or intensity and frequency of services.

Prevention: Completion of the IFSP and any changes to this plan must be facilitated through the team process of communicating the strengths and needs of the child and family. Changes in services, supports, people or intensity and frequency of services cannot be done in isolation or without communication from the team. An exception to this is if the family and service coordinator make necessary changes to service coordination outcomes and the service coordinator's intensity and frequency based on the family's changing needs. Notices of teaming for the 6-month review, IFSP and 90-day transition planning meeting must be sent to all team members at least **ten** days prior to the IFSP or transition planning meeting. A copy of this notice must also be submitted to the RAU to be placed in the child's record.

❖ **Mistake:** An IFSP team you are working with has made a service delivery decision that you question or do not feel good about. After the IFSP meeting, you wonder if you should say something to the IFSP team.

Correction: It is always best when you have questions or concerns in regards to a service delivery decision to have a conversation with the IFSP team to clarify why the decision was made. Service coordinators are responsible for ensuring that the family feels the early intervention services they agreed to are appropriate for meeting the unique needs of the child and family. You may also want to check with the family during your next home visit to see if they feel comfortable with the decisions that were made. There is also a WV Birth to Three State Technical Assistance (TA) Specialist assigned to each region to assist any service coordinator or team who feels that a decision may have been made that falls outside WV Birth to Three policies or procedures.

Prevention: The goal of the WV Birth to Three System is to assist eligible families in enhancing the family's capacity and abilities to help their child grow and develop as well as accessing needed supports and resources. Family centered practice should guide how teams assist families in obtaining the information, strategies and resources that they will use while engaging in their daily activities and routines. However, being family centered does not mean "doing whatever the family wants". Service coordinators have a responsibility, not only to the family and team, but to the system at large to ensure that policies and guidelines are not violated in the interest of any one party.

- ❖ **Mistake:** Your families ask you a lot of questions about different "things" and you try your best to answer them, even though the questions are not service coordination related.

Correction: Service coordinators must constantly evaluate and "reflect" upon their role as a service coordinator on each individual team. If a service coordinator feels that they are in a position of providing a support or service that falls outside of the roles and responsibilities of a Part C service coordinator, that service coordinator should communicate their concerns to the family and link the family to appropriate services and supports within WV Birth to Three or other community services and supports that can address those needs.

Prevention: As families' and children's needs change, maintaining good communication with the team is essential. As families have new questions or concerns, the service coordinator should always be ready to assist the family in accessing the information from a current team member, if appropriate, or assist the family in choosing a new practitioner that has skills and knowledge in the area of concern. Service coordinators should review with the family and other team member the roles and responsibilities of a WV Birth to Three Service Coordinator. For more information on your roles and responsibilities as a service coordinator, please refer to the Technical Assistance Bulletin "Roles and Responsibilities of Interim and Ongoing Service Coordinators" dated January 5, 2005.

- ❖ **Mistake:** You are getting ready to go on vacation and you suddenly realize that you forgot to mail to a family and the IFSP team copies of the annual IFSP that you just completed.

Correction: It is your responsibility as a service coordinator to ensure that the original IFSP is in the early intervention record at the RAU and that the family and all team members have a copy. Immediately make a copy of the IFSP for all team members and mail the original to the RAU for inclusion in the early intervention record. In an emergency, if you are unable to make the copies, mail the original to the RAU and request that they send a copy of the IFSP to the family and all IFSP team members.

Prevention: The service coordinator is responsible for ensuring that every team member has copies of all appropriate documentation, including the entire IFSP document,

releases, practitioner confirmations and teaming notes within five calendar days of the IFSP meeting. Prior to mailing originals to the RAU, service coordinators should make copies of all documents, placing those for team members in already addressed envelopes. Service coordinators could also scan and fax documents to the team members. Family members must receive a hard copy of documents at all times to keep for their record.

- ❖ **Mistake:** One of your families needs assistance with childcare, but you are unfamiliar with the local childcare agencies in their area.

Correction: Service coordinators should have frequent conversations with families regarding supports and resources that the family may benefit from. These supports and or resources may come from WV Birth to Three or from community programs and resources. If a family indicates the need for information or a specific resource, it is the responsibility of the service coordinator to work towards linking the family to the needed information or resource.

Prevention: Service coordinators should compile a list of community programs and resources in all areas that they provide service coordination in. The regional RAU for each community will have a central directory with many programs, resources and available supports for families. This list could be kept in the service coordinators car for easy access, as needed. The **Child Resource and Referral (R&R)** for the area should have a list of licensed childcare providers.

- ❖ **Mistake:** The RAU calls you and asks for documents that you know you sent to them.

Correction: Service coordinators are responsible for assuring the required documents are submitted to the RAU for inclusion in the child's official early intervention record. Service coordinator should communicate with the RAU on a regular basis to make sure their paperwork is being received and processed for inclusion into the early intervention record.

Prevention: Service coordinators should keep copies of all documents in their own clinical files to ensure that documents that are not in the child's record can be located, copied and included, as appropriate. When submitting documentation to the RAU, make a note in your *Correspondence/Phone Contact Log*.