

WV Birth to Three
Service Coordination
October, 2017



1991 – West Virginia committed to providing early intervention services to all eligible infants and toddlers under a Federal Special Education law

(originally Part H of the Education of the Handicapped Act...now Part C of the Individuals with Disabilities Education Act (IDEA))

Prior to 1991, WV had provided services for families of infants and toddlers with special needs through Infant Stimulation programs in the behavioral health system

Implementation of requirements of the new law was initially built upon the earlier structures that had been in place

By the late 1990s, more was understood about the State's responsibilities under Part C of IDEA (i.e. must serve all eligible children, cannot have waiting lists, must meet timelines for evaluating and serving, etc)

West Virginia participated in a national technical assistance project that brought state teams together to understand their responsibilities under Part C of IDEA, as well as potential ways to fund early intervention services

West Virginia sent a state team with representatives from DHHR, including members of the ICC as well as Medicaid and WVBT

Based on what the WV team learned in this project, WV Birth to Three coordinated a comprehensive review of how the WVBTT system was structured and funded

This process included understanding lead agency obligations, looking at what was working well and what could be better

At that time, all early intervention services were coordinated through agencies that were required to have a Behavioral Health License

This resulted in children/families having to complete Behavioral Health intake processes in order to access Part C educational services

Revised Structure for WV Birth to Three

As a result of the comprehensive review, a new service delivery and funding structure was put in place for West Virginia's early intervention system

The new finance structure placed the State WVBTT Office as the provider of early intervention services, with the WVBTT State office responsible for enrolling Service Coordinators and Practitioners who meet the State's personnel standards in accordance with Part C of IDEA

<http://www.wvdhhr.org/birth23/files/PSEntryLevelQual.pdf>

This new structure was fully implemented in 2004

The new structure called for Service Coordination to function separately from direct service Practitioners

Enrolling Service Coordinators

Initially, WV Birth to Three enrolled both Service Coordinators and Practitioners either independently or through an employing agency (the Payee Agency)

Payee Agencies that enroll Practitioners are not allowed to enroll Service Coordinators – and vice versa

WVBTT began seeing a large number of service coordinators enrolling

Service Coordination is a critical function and it became more difficult to monitor and provide oversight for a larger number of independently enrolled Service Coordinators

WV Birth to Three made a policy change regarding enrollment of Service Coordinators

WVBTT currently enrolls new Service Coordinators only through one of three Service Coordination Payee Agencies – based on the need for additional Service Coordinators in a geographic area

(Independently enrolled Service Coordinators at the time of the change were grandfathered in)

Each Service Coordinator is enrolled with WV BTT, through their Payee Agency. The Payee Agency provides supervision and oversight of the Service Coordinators.

Enrollment and Training Requirements

Service Coordinators must meet the personnel standard and complete 5 required training modules before being approved for enrollment

Within the first year of enrollment, Service Coordinators must complete three additional required training modules

In the second year, Service Coordinators must complete 36 contact hours in trainings that are related to the WVBTT Core Competencies

Each year thereafter they must complete 21 contact hours

Supporting Service Coordinators

WVBTT, through the statewide integrated data system, monitors such things as timelines and documentation requirements

Onsite monitoring also includes review of all Service Coordination functions

WVBTT provides webinars with tips and tools for Service Coordinators – WVBTT also facilitates a Community of Practice for Service Coordinators to come together and process a variety of issues

WVBTT hosts Lunch N Learn webinars that focus on resources that may be needed by families

Roles and Responsibilities of Service Coordinators

Under Part C of IDEA, each family is assigned a Service Coordinator at referral

WVBTT does this by assigning an Interim Service Coordinator (ISC) who works for the Regional Administrative Units (RAUs) – (system points of entry)

The ISC makes the first visit with families, completes the initial Family Assessment/Intake and assists the family to select at least 2 professionals to complete the multidisciplinary assessment, based on the identified concerns and priorities

The ISC facilitates the initial eligibility and IFSP meeting

Selecting an Ongoing Service Coordinator

If the child is found to meet WVBTT's eligibility criteria (based on an Established Condition, Developmental Delay, or significant Risk Factors), and the family chooses to proceed, the family and team develop an Individualized Family Service Plan (IFSP)

Outcomes on the IFSP are focused on promoting the child's participation in typical everyday learning opportunities and providing the support to families to help their child achieve the outcomes

The family selects Practitioner/s to provide the services identified on the IFSP and also selects an Ongoing Service Coordinator who will coordinate the process going forward

Roles and Responsibilities of OSC

- (1) Assisting parents of infants and toddlers with disabilities to obtain access to needed early intervention services and other services and supports identified in the IFSP;
- (2) Coordinating the provision of early intervention services and other services that the child needs or is being provided, including facilitating communication among IFSP team members;
- (3) Obtaining consent for and coordinating evaluations and assessments;
- (4) Facilitating and participating in the development, review, and evaluation of IFSPs;

Roles and Responsibilities of OSC

- (5) Helping families make referrals and follow up for other needed services and supports;
- (6) Coordinating, facilitating, and monitoring the delivery of early intervention services to ensure that the services are provided in a timely manner;
- (7) Informing families of their rights and procedural safeguards, as identified under Part C of IDEA
- (8) Facilitating the development of a transition plan to preschool, or if appropriate, to other services, and scheduling and facilitating a timely transition conference.

Questions?