

Early Childhood Intervention (ECI) Case Management Checklist

Service Coordinator (SC): The role of the SC is to serve as a family’s single point of contact to provide service coordination, targeted case management, and case management to ECI families.

Service Coordination (SC): Case management activities carried out before ECI eligibility is determined.

Case Management (CM): Activities carried out in collaboration with other case managers, service coordinators, service providers, or entities to help an eligible child and his/her family gain access to needed medical, social, educational, and developmental services, including access to procedural safeguards, without regard to funding source.

Targeted Case Management (TCM): Case management activities that directly benefit an ECI eligible child who is enrolled in Medicaid and meet the definition of a Medicaid billable event. Only TCM events of 8 minutes or more are billable.

Items in bold are common areas of concern.

Activity	SC	CM	TCM	Documentation, Tips & Notes
Pre-eligibility				
1. SC provides information about ECI to the parent.	X			
2. SC reviews parent handbook, consents, releases, Family Cost Share, insurance and/or other information related to potential enrollment in ECI.	X			
3. SC provides list of resources in response to parental concerns identified prior to and/or during initial eligibility determination.	X			
4. SC schedules initial eligibility determination with parent using any communication method.	X			
5. SC schedules initial eligibility determination with team using any communication method.	X			
6. SC attends and/or conducts any part of the initial eligibility determination.	N/A	N/A	N/A	Conducting, assisting with, or attending eligibility evaluations or discipline-specific evaluations are not considered SC or CM. SC has no specific role in evaluations.

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Initial IFSP Development				
1. SC schedules Initial Individualized Family Service Plan (IFSP) with team (parent not present).		X		
2. SC schedules Initial IFSP with parent face to face or by phone*.			X	This is not TCM if the IFSP meeting was scheduled before eligibility was determined.
3. SC participates in Initial IFSP discussion of Present Levels of Development (PLOD), needs assessment, outcomes, service grid, etc.			X	Documentation supports TCM: record includes completed IFSP and notes reflecting SC facilitated and participated in development of the IFSP.
Periodic Review (PR)				
1. SC schedules periodic review with parent by email, text, or leaving a message.		X		TCM must be face-to-face or by phone*. Although this is not TCM, it should be documented in the record.
2. SC schedules periodic review with the parent face to face or by phone*, include time contacting team members in the presence of the parent.			X	
3. SC schedules periodic review with team, not in presence of parent.		X		
4. SC conducts periodic review.			X	Documentation should support the amount of time spent conducting the PR. Reflect monitoring of the IFSP to ensure services remain effective, services were delivered as planned, or describe which services were not delivered and why. List newly identified needs, including developmental needs, or if there were no new needs identified, indicate so. If new outcome(s), document and list them, and make sure a

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				corresponding need is identified. Note changes in resources, medical, natural environment. Complete the Services Grid.
Evaluations				
1. SC schedules post-IFSP (discipline specific) evaluation(s) with parent/routine caregiver face to face or by phone* <i>to see if new services are needed (e.g. ST, OT, PT, CO).</i>			X	Can only bill TCM for scheduling one time even if the evaluation is later rescheduled.
2. SC schedules post-IFSP (discipline specific) evaluation(s) with parent/routine caregiver face to face or by phone* <i>to see if outcomes/services need to be changed (service is already happening).</i>			X	Can only bill TCM for scheduling one time even if the evaluation is later rescheduled.
3. SC attends the post-IFSP (discipline specific) evaluation with the parent/routine caregiver.	N/A	N/A	N/A	Conducting, assisting with, or attending eligibility evaluations or discipline-specific evaluations are not considered CM. SC has no specific role in evaluations. However, if new needs are identified as a result of the evaluation, there may be opportunities for TCM.
4. SC present with service provider to discuss with parent the post-IFSP (discipline specific) evaluation, review results and recommendations for new outcomes and/or changes to existing services.		X		Service provider discussion with parent is part of the evaluation process and is not TCM billable, even if the SC is present. Any changes in IFSP service type, intensity, or frequency go into the periodic review.
Annual/Eligibility Re-determination				
1. SC schedules eligibility re-determination with parent face to face or by phone*.			X	This is considered coordinating the performance of evaluations. Can only bill TCM for

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				scheduling one time even if the evaluation is later rescheduled.
2. SC is present for or conducts any part of eligibility re-determination.	N/A	N/A	N/A	Conducting, assisting with, or attending eligibility evaluations or discipline-specific evaluations are not considered CM. SC has no specific role in evaluations. However, if new needs are identified as a result of the evaluation, there may be opportunities for TCM.
3. SC schedules IFSP meeting following eligibility re-determination with parent face to face or by phone*.			X	
4. SC conducts the meeting for annual review of the IFSP.			X	
Examples of Case Management Outside of the IFSP Meeting				
1. SC discusses adding or changing ECI services with parent face to face or by phone.			X	
2. SC gives parent list of resources to meet a need documented on the IFSP or in a progress note (for example; daycare centers or pediatricians taking Medicaid), either face-to-face or phone*. Guides parent on how to make a choice (such as what questions to ask). SC offers to help parent make calls, visit the various options, or complete paperwork.			X	State the identified need(s), the resources and how they will benefit the child. Handing parents a list does not qualify as TCM. TCM involves: 1.discussing various options, 2.discussing how to contact the resource, 3.discussing information the parent may need to provide, 4. brainstorming questions that may be helpful for the parent to ask. Some families may not need much help; others

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				<p>may need a lot of help. Tailor level of help to the needs of the parent, offer to provide more help if needed. Document the discussion with the parent, identifying the need being addressed, which should be documented in either the IFSP or progress notes, as well as the support the SC provided. Be sure the documentation supports the amount of time being billed.</p>
<p>3. SC discusses resources offered by ECI, such as respite, transportation, etc. with parent face to face or by phone*.</p>			X	<p>Clearly state the identified need(s), the resources and how they will benefit the child.</p>
<p>4. SC discusses with parent face to face or by phone* the need to arrange a referral to a medical specialist, and/or assists the parent in calling the child's primary care physician for a referral.</p>			X	<p>Document discussion and assistance provided. Be sure the referral is tied to a need identified in the IFSP or a progress note.</p>
<p>5. SC follows up with parent, either face to face or by phone*, to see if referral has been made and an appointment has been scheduled. SC offers to help parent come up with questions for the doctor, find transportation, or if parent needs help advocating for child or understanding complex medical information, attends appointment with family and discusses with doctor.</p>			X	<p>Document discussion and assistance provided, as well as any assistance offered, even if family declines assistance. <i>This does not include travel to and from the appointment or sitting in waiting rooms.</i></p>
<p>6. SC gives parent phone number for advocacy organizations or support groups, either face to face or by phone*, and discusses potential benefits of the groups.</p>			X	<p>Document conversation with parent, include parent concerns, and explain need for contact phone number which is to meet an</p>

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SC offers to help parent contact organizations, develop list of questions, and/or gather information parent may need to bring.				identified outcome on IFSP or in a progress note. Document your offers to help, even if offers were declined.
7. SC talks with parent face to face or by phone*, to determine if planned services were delivered, and child has received all services or attempts were made to reschedule.		X		Monitoring the IFSP for effectiveness is more than a cursory discussion. The information about delivery of services could be determined by a review of the child's record and does not require a call to the family, unless record review reveals family is not receiving services per the IFSP.
8. SC talks with parent face to face or by phone*, planned services were not delivered per IFSP, and no attempt to reschedule is documented.			X	If record review and/or parent discussion reveals the family is not receiving services per the IFSP and the SC makes contact with service providers in the presence of the parent, this would be billable as TCM.
9. SC contacts parent face to face or by phone* to see how services are going, what's new, how the child is progressing relative to outcomes.		X		Simply checking in and asking cursory questions may be case management, but is not TCM. TCM involves probing questions to see if needs are being adequately met, and if there are any new needs. See item #10 in this section to see how the same topics, covered in greater detail, can be TCM.
10. SC talks with parent face to face or by phone* to see if planned services were delivered, services are meeting child and			X	Document this conversation in enough detail to show you are not asking every family

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<p>family's needs, if parent feels child is making adequate progress toward outcomes, and if strategies suggested by providers are helpful and easy to implement. SC should also ask if parent has noted progress or delays in areas not addressed with outcomes or services, including social-emotional development, and if there are any new social service or medical needs. If new needs are identified, SC should document plan to help meet those needs.</p>				<p>the same questions, and that probing questions elicit whether previously identified needs are being met, and whether any new needs have emerged. Some examples of these questions include: Are the services helpful? Why or why not? Tell me about your child's progress. What new skills are you seeing? Is she progressing as much as you think she should? Are there some skills you need more help with? Are you able to implement the strategies the EIS and/or therapists are showing you? Are there barriers or challenges? This type of discussion may need to be more frequent with some families than with others. A "monthly monitoring" is not medically necessary for all families and is not a requirement. The discussion should be tailored to each individual family. If child has met some outcomes, but is still delayed, SC may help family develop new outcomes and document these. SC should also document how he will inform other team members. If new developmental needs are identified, which may require new services, the SC should document scheduling necessary discipline-specific assessments and scheduling</p>

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				a Periodic Review if changes in services are needed. If parent and SC believe child may meet developmental proficiency, this should be documented, as well as SC's plan to gather information from other team members to see if they are in agreement.
11. SC discusses resource with parent face to face or by phone* and the resource directly benefits the child.			X	Clearly state the resource and how it will directly benefit the child if it is to be counted as TCM. If the resource is a church that provides formula for the child, this would be a direct benefit for the child and is billable as a TCM activity.
12. SC discusses resource with parent and the resource directly benefits the child and other family members.			X	If the resource directly benefits the entire family, including the child, it is TCM. For example, if the resource is for paying rent, this benefits other family members, and also directly benefits the child.
13. SC provides parent with resources that help other family members, but may only indirectly benefit the child, (for example, GED classes, or substance abuse treatment for a parent).		X		Although referrals to services that do not directly benefit the child are not TCM, they are important components of case management, and should be documented. If the referral is of a personal nature (for example, substance abuse treatment or marital counseling), it is unnecessary to document in detail. You may say something like, "Assisted parent with referrals related to personal issues."

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14. SC discusses resource with parent, but parent does not want it added to the note.		X		All TCM activities must be documented if they are going to be billed as TCM. See item 13 for information about documenting sensitive information with parent agreement.
15. SC arranges for translation services <i>without</i> the parent present.		X		All billable TCM events must include the parent.
16. SC arranges for translation services <i>with</i> the parent present.			X	Arranging for translation must be of direct benefit to the child. For example, setting up translation so a parent can enroll in night school is not TCM, but arranging for translation at a child's neurology clinic is.
17. SC discusses child progress, clinical or medical needs, any changes with child and family, etc. with ECI team members or providers from other programs who co-serve the child, without the parent present.		X		Although discussions among team members in parent's absence are not TCM, they are critical in ensuring children are making progress, and should be documented.
18. SC reviews documentation by other team members in the child's ECI file.		X		Although reviewing other team members' documentation is not TCM, this is an important SC responsibility. It helps ensure services are provided per the IFSP, and that services are meeting the child and family's needs.
19. SC calls resource (doctor, food bank, etc.) <i>for</i> parent but <i>not with</i> parent.		X		
20. SC emails, texts, or leaves message with team to discuss anything child-related.		X		Although this activity is not billable, it's important preparation for SC to have these team discussions to help her/him plan next steps in helping the child/family.

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21. SC emails, texts, or leaves message for parent for any reason.		X		TCM must be face to face or by phone*. Any communication with parent via texting is not billable as TCM.
22. SC attends child's doctor visit with parent to help parent understand recommendations. SC must demonstrate that she was there to help parent understand or access services; just attending is not enough.			X	Discussion with physician and family should be documented, as well as the SC's role in the discussion, and how it is related to a need identified in IFSP or in a progress note. Only time spent in discussion with physician and family is TCM. Transportation time or time in the waiting room should not be included in time billed.
23. SC assists family with accessing or maintaining Medicaid coverage.	N/A	N/A	N/A	Assisting with Medicaid is not considered SC, CM, or TCM, but is a valuable service, and falls within the duties of the SC.
Transition				
1. SC discusses transition steps and schedules transition conference with parent face to face or by phone*. Part of the discussion should include details about other transition settings such as Head Start, day care, private educational setting, home school, or private therapy.			X	
2. SC schedules transition conference with third party (LEA, Headstart, daycare, etc.) but not in presence of the parent.		X		
3. SC confirms transition conference date with parent face to face or by phone*.			X	
4. SC attends and participates in transition conference with parent.			X	Documentation must reflect participation and discussion of the child's needs, outcomes, strengths, etc.

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5. SC attends and participates in school evaluation with family/parent.			X	Documentation must reflect SC participated in discussion, provided information, helped parent understand the process, etc.
6. SC attends ARD with parent.			X	Clearly state the reason SC being there directly benefits the child, i.e. "explained the ARD discussion to the parent and provided information about child to the ARD committee".
7. SC discusses other transition needs with parent face to face or by phone*, such as other programs that provide case management or behavioral health services for children.			X	
8. SC assists parent in completing applications, scheduling visits, or making phone calls related to any transition needs that directly benefit the child.			X	
9. SC discusses transition issues with other ECI team members or staff from other programs who co-serve the child, when the parent is not present.		X		Although discussions among team members in parents' absence are not TCM, they are critical in ensuring children's needs are met and should be documented.