



Signature Forms

Administrative Fine tuning Topic 1

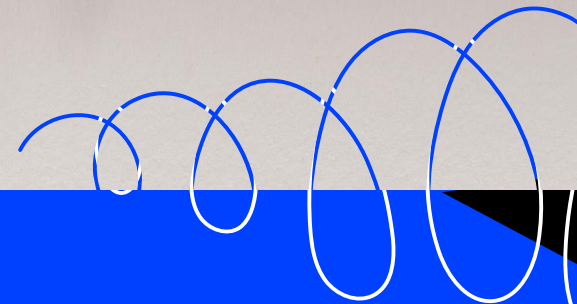
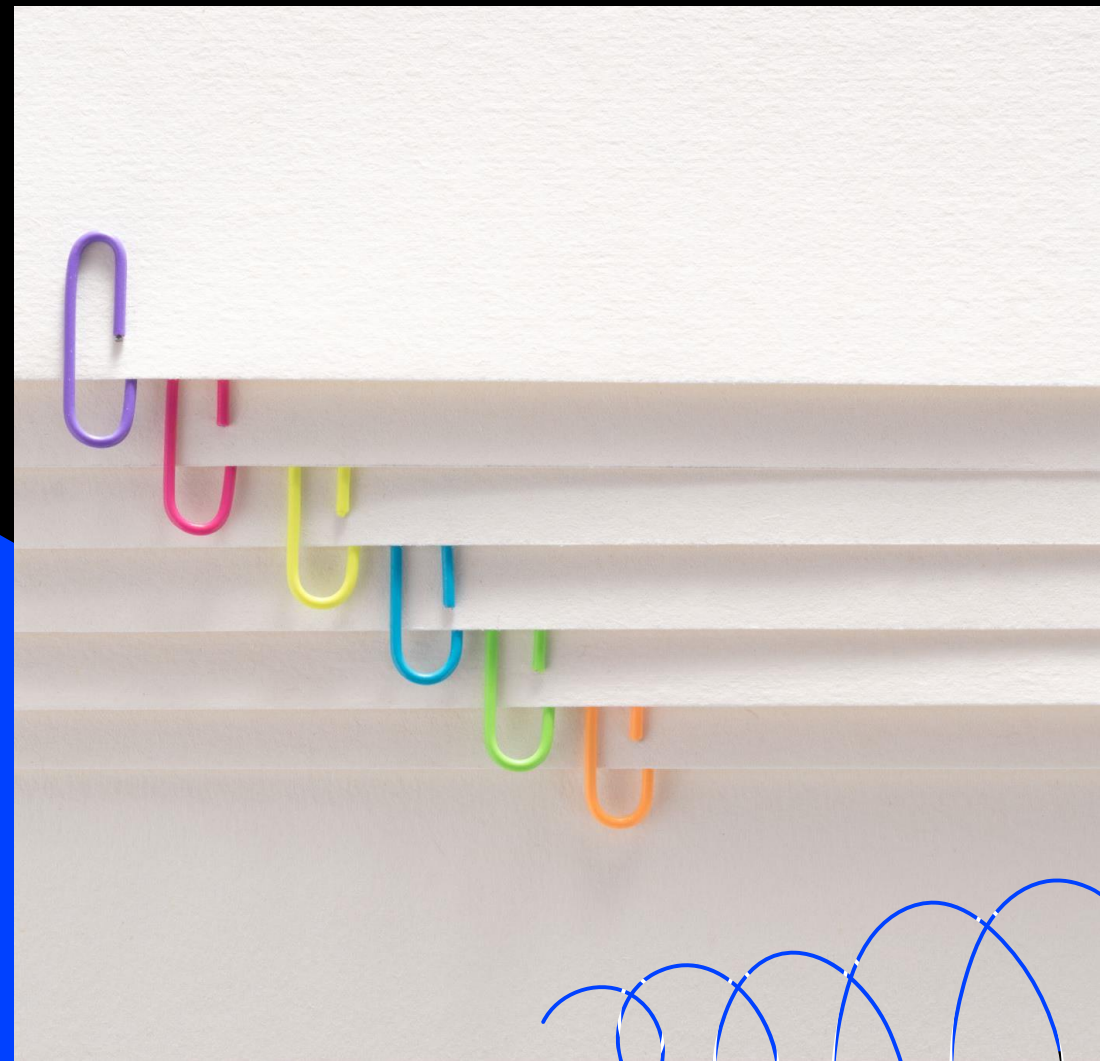
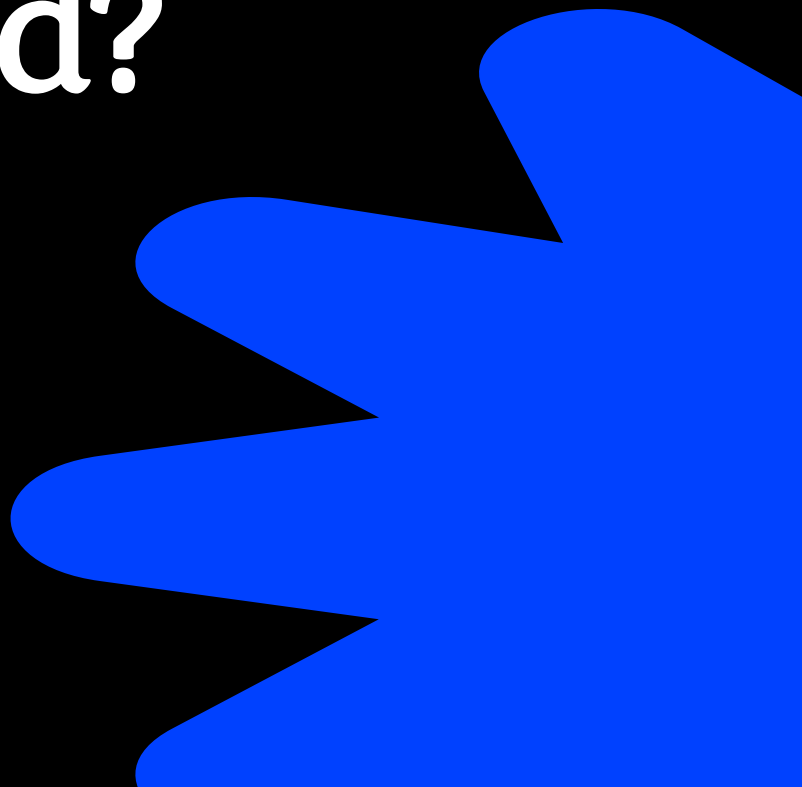
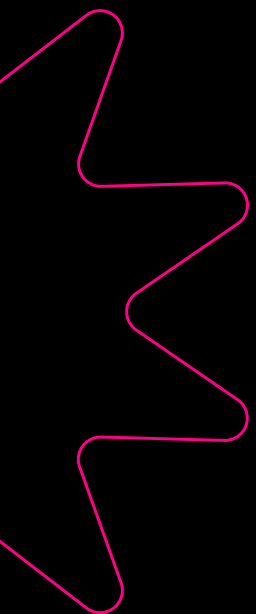


Agenda

- Introduction
- What signature forms are needed?
- How to set families up for success
- Application
- Practice
- Final tips & takeaways



What signature
forms are
needed?



SIGNATURE FORMS, DOCUMENTATION & VERBAL CONSENT



Family Signature Forms

Provider Documentation

Verbal Consent

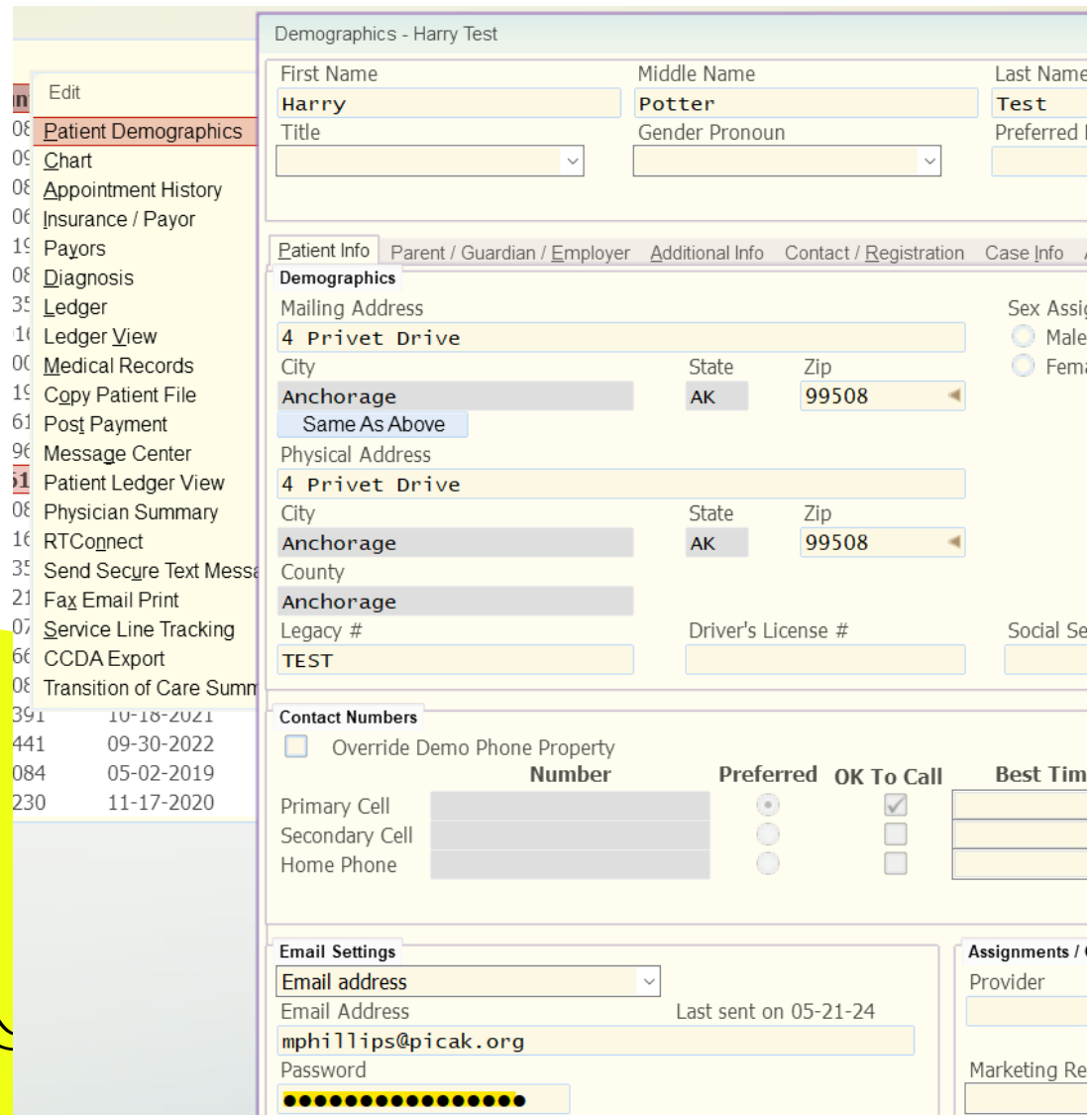
INTAKE	EVALUATION	ELIGIBILITY MEETING	INITIAL IFSP	REVISION IFSP	ANNUAL EVALUATION	ANNUAL IFSP
<u>Intake Packet:</u> HIPAA Virtual Visits Consent to Eval Consent to Bill Prior Written Notice (PWN) Patient Demographics Release of Information (ROI)		<u>Post Evaluation Packet:</u> Working Together Eligibility Determination PWN	<u>IFSP Packet:</u> IFSP Mtg Signature PWN	<u>IFSP Packet:</u> IFSP Mtg Signature PWN +/- CTB if adding PT/ST/OT AND private insurance	<u>Reevaluation/Annual Packet:</u> HIPAA Virtual Visits Consent to Eval Consent to Bill Prior Written Notice (PWN) +/- Release of Information (ROI)	<u>Post Evaluation Packet:</u> Working Together Eligibility Determination PWN + IFSP Mtg Signature
Intake Note	Functional Evaluation	Daily Note	Initial IFSP	Revision IFSP	Functional Evaluation	Annual IFSP
Verbal Consent for Intake Packet if not signed on Date of Service (DOS)		If Child is Eligible: Verbal Consent for Post Evaluation Packet If Child is WNL: Verbal Consent for Eligibility Determination & PWN if not signed on Date of Service (DOS)	Verbal Consent for IFSP Packet if not signed on Date of Service (DOS)	Verbal Consent for IFSP Packet if not signed on Date of Service (DOS)	Verbal Consent for Reevaluation Packet if not signed on Date of Service (DOS)	If Child is Eligible: Verbal Consent for Post Evaluation Packet If Child is WNL: Verbal Consent for Eligibility Determination & PWN if not signed on Date of Service (DOS)

How to set families up for success

RT tips and tricks



Setting up the email in the Patient Demographics tab :



Demographics - Harry Test

First Name: Harry Middle Name: Potter Last Name: Test
Title: Gender Pronoun: Preferred Language: English

Patient Info | Parent / Guardian / Employer | Additional Info | Contact / Registration | Case Info

Demographics

Mailing Address: 4 Privet Drive City: Anchorage State: AK Zip: 99508
Physical Address: 4 Privet Drive City: Anchorage State: AK Zip: 99508

Legacy #: TEST Driver's License #: Social Security #:

Contact Numbers

	Number	Preferred	OK To Call	Best Time
Primary Cell		<input type="radio"/>	<input checked="" type="checkbox"/>	
Secondary Cell		<input type="radio"/>	<input type="checkbox"/>	
Home Phone		<input type="radio"/>	<input type="checkbox"/>	

Email Settings

Email address: mphilips@picak.org Last sent on 05-21-24
Password:

Checking that the email listed in Pt Demos is correct can prevent the issue of families never receiving the email. Be sure to add a gibberish password in the Patient Demographics tab and confirm the correct email with the family. This allows the family to set the password, rather than get stuck in a loop.

Below is a 2-page handout for families for you to share.

[FOR PARENTS E-Signing EHR Patient Consent Forms](#)

Verbal Consent: Reviewing the forms



Many families struggle with electronic forms. To allow time for your helpful admin team to follow up with the family, please be sure to document verbal consent in the communication log every time.

A few best practices include:

- Always review the forms with the family at the associated visit. The goal is to feel confident that the family understands the form(s) they are signing.
- Use the global abbreviation “verbcon” and personalize which forms were reviewed and with whom, as appropriate.
- If multiple packets are sent (annual pre-eval packet and post eval packet) close together, be sure to give the family a heads up that they will be two different emails.
- We can **not** accept verbal consent for Release of Information (ROIs).

If a child exits PIC for any reason, we do not continue to follow up with the family for signature forms. This is why verbal consent is so important! After the child exits, admin will close out any remaining forms with verbal consent documented in the communication log.



Consent to Bill & PIC Families

- PIC services are free to families. This means that any service not covered by insurance is written off. It does not mean we are a free service, we send claims to all available insurance.
- Why should a family give consent to bill if they have Private Insurance?
 - PIC's services can help chip away at their deductible, allowing them to pay less out of pocket.
- Why would a family deny consent to bill?
 - If kiddo has Private Insurance, they are seeing outside therapists and want to save visit limits.
- My family doesn't know if they have visit limits, what now?
 - Any time an IFSP is completed with new billable services the HIT team will research the insurance and try to contact the family to explain the visit limits and PIC's billing policy to them.
- What happens if a kiddo has Private Insurance and Medicaid?
 - Any claims not paid by the Private Insurance will be sent to Medicaid. Anything not covered by Medicaid will be written off.
- My family wants to revoke Consent to Bill, what do I do?
 - Inform the HIT team via hit@picak.org and make a Call Log Note the day the consent is denied. Give the family a new Consent to Bill signature form and have them choose that they "DO NOT give permission".



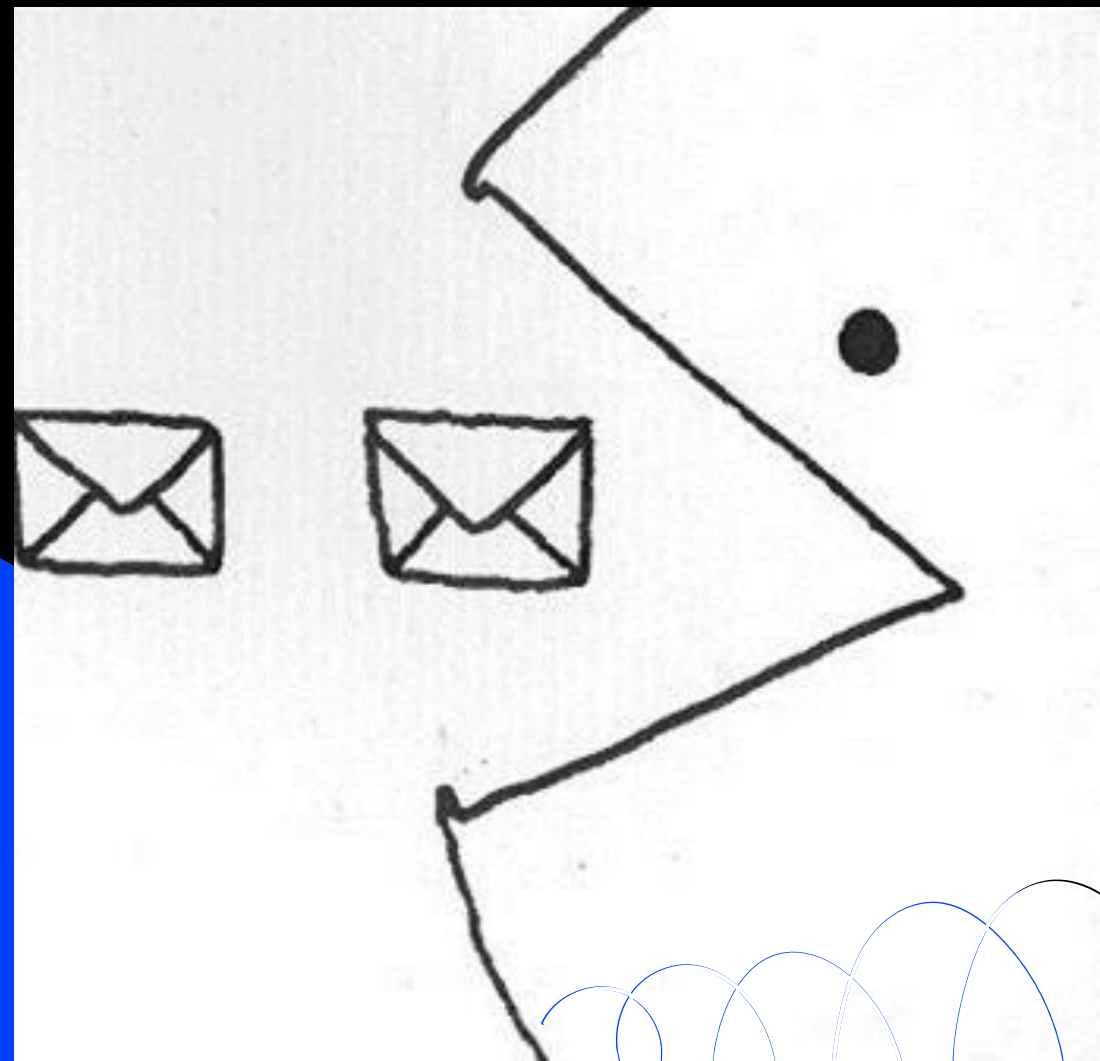
OCS children & PIC Forms

Type of Form	Form Name	Signer if OCS has custody and parental rights are intact	Signer if OCS has custody and parental rights are terminated	Where is the form mentioned in the MOA
Medical	ROI	OCS	OCS	Referral Process
Medical, Financial	Consent to Bill	OCS	OCS	Referral Process
Educational	Consent for Evaluation and/or Assessment	Biological parent, unless the biological parent is unavailable or chooses not to participate. Then a person who meets the IDEA definition of "parent" can sign. If there is no one who meets the IDEA definition of "parent," a surrogate parent must be assigned and can sign.	Caregiver who meets IDEA definition of "parent" OR Surrogate parent. <i>(Per 4 AAC 52.600(d) A surrogate parent is not needed if the child is in foster care and the foster parent is able and willing to serve as the parent of the child for purposes of special education.)</i>	Referral Process
	Consent to Screen			
	Prior Written Notice			
	IFSP			Ongoing Services
	Declining one or more services			Ongoing Services
	LEA Notification Opt Out Form			Transition Plan



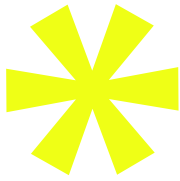
Application

RT tips and tricks



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Sending Forms: Consent to Bill



ILP Consent to Bill Insurance

Patient Information
Child's Name: Harry Test Date of Birth: 02-20-24

Record Information
Date: 01-03-25 Time: 12:59p
[Copy Info From Insurance](#)

Does your child have health insurance or Indian Health Benefits? *
☐ Yes ☐ No

For Office Use Or
Family Participat

Does your child have health insurance or Indian Health Benefits? *
☒ Yes ☐ No

Child is Covered By *
Select all that apply

☒ Indian Health Benefits ☒ Medicaid/Denali KidCare ☐ Tricare ☐ Private Insurance

Public Insurance Information *
Medicaid/Denali KidCare #: ☒ I don't have the number.

Consent to Bill Public and/or Private Insurance *
I give my permission to the Infant Learning Program to bill my public benefit or insurance (e.g., Medicaid, Denali KidCare, Tricare) and/or private insurance evaluations, assessments, and/or services listed in my child's IFSP. I authorize release of necessary medical information to process claims.

Although some services are at no cost to families, the State of Alaska's Infant Learning Program is required to access all available funding sources for all c will be required to identify other funding sources and are requested to allow the Infant Learning Program to bill those public and private sources for the se Families who decline consent to bill those public and private insurance will continue to receive Infant Learning Services. A Consent to Bill Insurance will be enrollment, and at any time there is a change in services in the IFSP resulting in a cost change, or change in the family's insurance coverage.

I certify that the information provided on this form is correct and agree that I will notify my local program of any changes.
I have received a copy of the Alaska Early Intervention/Infant Learning System of Payment Policies and understand my procedural safeguards including the process.
I confirm that I have not been required to enroll in public or private insurance in order to receive Infant Learning Program services.

☒ I DO give permission to bill the above insurance for Early Intervention services provided to my child
☐ I DO NOT give permission to bill the above insurance for Early Intervention services provided to my child

[PIC website to learn more about this document](#)

- The Consent to Bill form **must** be signed by kiddo's guardian.
 - There is a box to check if the family doesn't know the Medicaid/Denali KidCare number
 - All other insurances need to have, at minimum, the Insurance Name & ID number filled out
- This form expands as more information is given.
- There's a "Copy Info from Insurance" button in the top right corner that will autofill with the information we already have on file. Please **always** press that button when sending a new CTB. If nothing populates on the form after pressing it, then we **don't have** current insurance information.
- The last step is to denote if permission is given or NOT given before accepting the form. Consent to Bill a child's insurance is up to the family but does NOT impact the services the child will receive.

Sending Forms: Consent to Bill

ILP Consent to Bill Insurance

Patient Information

Child's Name: Harry Test

Date of Birth: 02-20-24

Record Information

Date: 01-03-25

Time: 12:59p

Copy Info From Insurance

Does your child have health insurance or Indian Health Benefits? *

☐ Yes ☐ No

Does your child have health insurance or Indian Health Benefits? *

☒ Yes ☐ No

For Office Use Or

Family Participati

Child is Covered By *

Select all that apply

☒ Indian Health Benefits

☒ Medicaid/Denali KidCare

☐ Tricare

☐ Private Insurance

Public Insurance Information *

Medicaid/Denali KidCare #:

☒ I don't have the number.

Consent to Bill Public and/or Private Insurance *

I give my permission to the Infant Learning Program to bill my public benefit or insurance (e.g., Medicaid, Denali KidCare, Tricare) and/or private insurance evaluations, assessments, and/or services listed in my child's IFSP. I authorize release of necessary medical information to process claims.

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I certify that the information provided on this form is correct and agree that I will notify my local program of any changes.

I have received a copy of the Alaska Early Intervention/Infant Learning System of Payment Policies and understand my procedural safeguards including the process.

I confirm that I have not been required to enroll in public or private insurance in order to receive Infant Learning Program services.


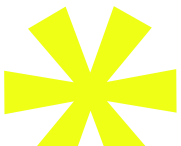
☒ I DO give permission to bill the above insurance for Early Intervention services provided to my child

☐ I DO NOT give permission to bill the above insurance for Early Intervention services provided to my child

PIC website to learn more about this document

- We need a new Consent to Bill:
 - Annually.
 - If a new service (PT, OT, or ST) is added on an IFSP if the child has private insurance.
 - Child's insurance has changed.
- **OCS children's CTB is valid for the full term of enrollment****

Sending Forms: Release of Information



← Authorization To Release And Obtain Information

Patient Information

Child's First Name **Harry** Child's Last Name **Test**
Date Of Birth **02-20-24**

Record Information

Date **01-03-25** Time **12:59p**
End Date

This protected information is being used or disclosed for the purpose of Early Intervention assessment & planning, coordination of services and treatment. Reports not generated by this agency may not be released.

I hereby authorize **Programs for Infants & Children Inc.** to release and/or obtain from:

Dr. Primary Care at Primary Care Clinic
(person or organization - only one person/organization for each authorization form)

SPECIFIC INFORMATION TO BE DISCLOSED/RELEASED - Mark next to all that apply:

<input checked="" type="checkbox"/> Verbal Information	<input checked="" type="checkbox"/> Assessments/Evaluations/Screens	<input checked="" type="checkbox"/> Progress Notes
<input checked="" type="checkbox"/> Treatment Plan/IFSP	<input checked="" type="checkbox"/> Discharge summary	<input type="checkbox"/> Other:

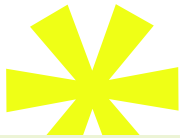
INFORMATION TO BE REQUESTED - Mark next to all that apply:

<input checked="" type="checkbox"/> Verbal Information	<input checked="" type="checkbox"/> Admission/Intake Summaries	<input checked="" type="checkbox"/> Assessments/Evaluations/Screens
<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> Medical Records/Diagnosis	<input checked="" type="checkbox"/> Individualized Family Service Plan
<input checked="" type="checkbox"/> Discharge Summary	<input type="checkbox"/> Other:	

I understand that this authorization is voluntary and may be revoked at any time by signing the revocation section on the back of this release, or by notifying in writing the individual(s) or organization releasing this information; the revocation will not have any effect on any prior actions taken. I understand that I may receive a copy of this authorization and view and/or copy the information described on this authorization, if requested. I understand that if the person(s) or organization authorized to receive this information is not a health plan or a health care provider, the released information may no longer be protected by federal privacy regulations. **This authorization will expire 90 days after the child exits from the program or upon revocation.**

Print A copy I've read and accept this form

- The Release of Information (ROI) is needed to send Plan Of Care to the child's Primary Care Provider (usually the pediatrician).
- Additional ROIs can be sent for outside therapies or care coordination.
- The standard practice is to check all the boxes of information to be disclosed and to be requested.
 - You can add "other" information if additional specific information is needed.
- It is valid for the duration of the child's enrollment and does NOT need to be updated yearly.
- If the child exits PIC and re-enrolls, previously signed ROIs are NOT valid.
- For FOSTER FAMILIES: OCS must be the one to sign MEDICAL ROIs



Sending Forms: Patient Demographics Form

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← Patient Demographics Form

Please review the following information and correct as needed.

Patient Demographics

First Name *	Middle Name	Last Name *	Date of Birth *
Harry	Potter	Test	02-20-2024 <
Preferred Name	Sex Assigned at Birth *	Gender Pronoun	Gestational Age
	<input type="radio"/> Male <input checked="" type="radio"/> Female		Unknown

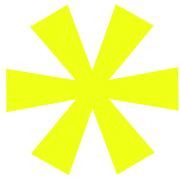
Primary Language Spoken in Home	Race/ethnicity *	Guardianship Status *
EN < English <input type="checkbox"/> Interpreter Needed	Race	<input type="checkbox"/> Living with family <input type="checkbox"/> CPS Custody- Living with family <input type="checkbox"/> CPS Foster Care <input type="checkbox"/> Group/Institutional Setting <input type="checkbox"/> Homeless <input type="checkbox"/> Other Foster Care
Primary Medical Provider *	Ethnicity	

Disclosure: PIC a state funded agency and this information is required reporting, it will in no way impact the services your child is eligible for/receives.

Print A copy I've read and accept this form

- The Patient Demographics Form is an internal form needed for our required state reporting.
- The form autofills with the information we already have on file for the child.
- The orange areas are *optional* (if the family would like to provide that information they can here).
- The yellow areas (also marked with a red star on the form) are required and the form can not be completed without it.
- Gestational age and race are the two main demographics we must report on.
 - Gestational age is assumed 40 weeks.
 - Per state law, if the family does not know/wish to disclose that information, it is PIC's responsibility to report on their behalf.

As a general matter, while educational institutions and other recipients are required to comply with this guidance, individuals are not required to self-identify their race or ethnicity. If respondents do not provide information about their race or ethnicity, educational institutions and other recipients should ensure that respondents have refused to self-identify rather than simply overlooked the questions. If adequate opportunity has been provided for respondents to self-identify and respondents still do not answer the questions, observer identification should be used.



Sending Forms: Eligibility Determination

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Eligibility Determination

Patient Information

Child's First Name **Harry** Child's Last Name **Test**

Date Of Birth **02-20-24**

Record Information

Date **01-02-25** Time **03:50p**

Date of Determination: **---**

☐ Child is eligible for Part C Services

☐ Developmental Delays of at least 50% in one or more developmental domain(s).

☐ Diagnosed Medical Condition that is likely to result in a significant delay.

☐ Informed Clinical Opinion. Your child's team believes there are extenuating circumstances and at least a 50% delay in one or more areas developmental domains is likely but testing did not accurately reflect your child's developmental delays.

☐ Child is eligible for Non-Part C Services as funding permits

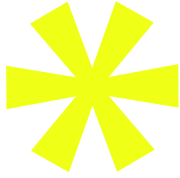
☐ Child is NOT eligible for Early Intervention Services at this time.

☒ **I decline** services at this time and understand that my child is eligible for early intervention services.

The benefits of early intervention have been explained to me.

[Print A copy](#) [I've read and accept this form](#)

- Eligibility determination date: the date of the evaluation including the reason for eligibility needs to match the functional evaluation.
- We currently do NOT enroll Non-Part C children, so the option will always be “Child is NOT eligible for Early Intervention Services at this time”
- You, or the family, can mark the “I decline” services... option even after the forms are created and sent.
 - If the child is eligible for Part C by determination, however due to age (less than 45 days until the child turns 3 years old), the “decline” box should be checked



Sending Forms: Prior Written Notice

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← Prior Written Notice Form

Patient Information		Record Information	
Child's First Name	Harry	Date	01-02-25 <
Child's Last Name	Test	Time	03:50p
Date Of Birth	02-20-24		

Dear

The Alaska Early Intervention/Infant Learning Program (EI/ILP) is required to provide you with prior written notice of certain activities within a reasonable time. (303.421(b)(1)) These activities include: proposing or refusing to initiate services; evaluating or changing the eligibility of your child; and changing the location or amount of early intervention services your family receives.

This letter is to provide notice of the following:

- ☐ An evaluation/ assessment is needed to determine your child's eligibility for EI/ILP services.
- ☐ An evaluation/ assessment is needed to assess your child's progress and ongoing EI/ILP service needs.
- ☒ Your child is eligible for services and a meeting is needed to develop your child's IFSP.
- ☐ Your child is not eligible for services.
- ☐ An IFSP meeting to review your child's IFSP is needed at which we may change an IFSP service, duration or frequency.
- ☐ A transition planning conference for your child is needed at which we may change an IFSP service, duration or frequency.

The reason this action(s) is being proposed is:

Harry is eligible for services due to percent delay, however will not enroll since he turns three in less than 1 month.

- A PWN can cover multiple events, so be sure to check the appropriate box(es).
 - This is especially important for the Transition Conference/90-day meeting IFSP (more to come)!
- In the case of a late referral (less than 45 days from age 3) and the child is eligible for services, check that corresponding box.
- In the “Reason this action is being proposed” box add in a comment similar to the following:
 - CHILD is eligible for services due to _____, however will not enroll since he/she turns three in less than 45 days.

Sending Forms: Dual Action IFSP

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← IFSP Meeting Signatures

Patient Information

Child's First Name **Harry** Child's Last Name **Test**
 Date Of Birth **02-20-24**

Record Information

Date **01-02-25** Time **03:50p**

This IFSP Meeting

Date of this IFSP Meeting **01-02-25**
 Type of IFSP Meeting **Initial**

Consent by Parents/Guardians for Provision of Services

Procedural Safeguards/Parent Rights

I have received a copy of my Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights] along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

I give informed consent for this Individualized Family Services Plan (IFSP) to be carried out as written.

I participated in the development of this IFSP, and I give informed consent for the Alaska Early Intervention/Early Learning Program (EI/ILP) program and service providers to carry out the activities listed on this IFSP. Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time. Such revocation is not retroactive (it does not apply to any actions that occurred prior to revoking consent.)

What if there are two actions being taken at the same IFSP meeting?

- The meeting type of greater importance takes precedent. However, the PWN should explain and note **BOTH** types.
- Example: The Transition Conference is also the child's Initial IFSP due to later age at enrollment.
- The type selected should be "Initial" since it is the enrollment IFSP.

Other examples:

Combined:

- Initial IFSP and Transition IFSP = Initial
- Annual IFSP and Transition IFSP = Annual
- Revision IFSP and Transition IFSP = Transition
- 6 Month Review IFSP and Transition IFSP =
- Transition

← Prior Written Notice Form

IFSP Team

Include Provider Include Contact Include Additional

Name	Role/Title
Dani Test	DS Tester
Micheala Phillips	Mother
Secondary	Provider
Melissa Kelly	ASD

Print A copy I've read and

Patient Information

Child's First Name **Harry** Child's Last Name **Test**
 Date Of Birth **02-20-24**

Record Information

Date **01-02-25** Time **03:50p**

Dear **Family**

The Alaska Early Intervention/Infant Learning Program (EI/ILP) is required to provide you with prior written notice of certain activities within a reasonable time. (303.421(b)(1)) These activities include: proposing or refusing to initiate services; evaluating or changing the eligibility of your child; and changing the location or amount of early intervention services your family receives.

This letter is to provide notice of the following:

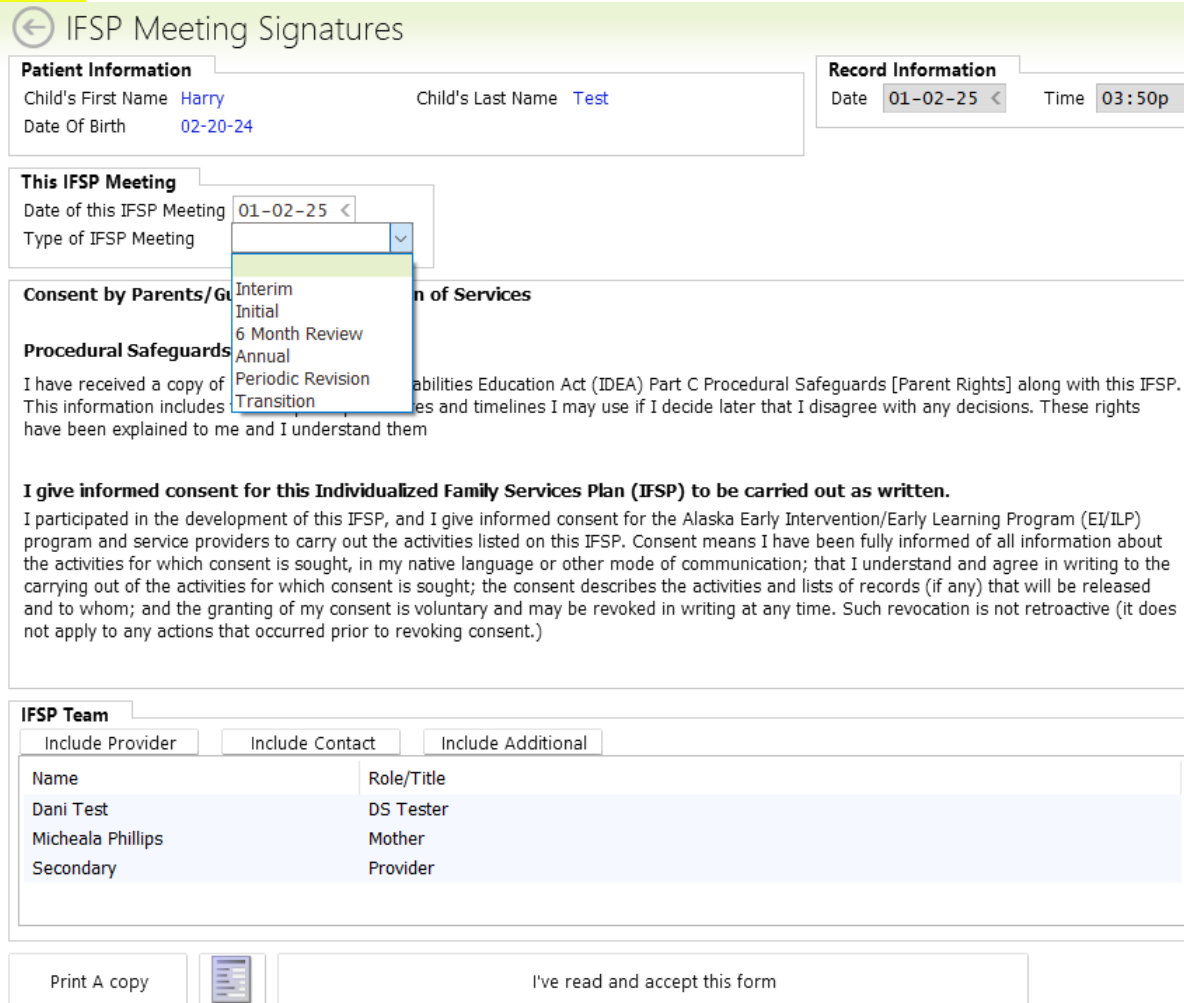
- ☐ An evaluation/ assessment is needed to determine your child's eligibility for EI/ILP services.
- ☐ An evaluation/ assessment is needed to assess your child's progress and ongoing EI/ILP service needs.
- ☒ Your child is eligible for services and a meeting is needed to develop your child's IFSP.
- ☐ Your child is not eligible for services.
- ☐ An IFSP meeting to review your child's IFSP is needed at which we may change an IFSP service, duration or frequency.
- ☒ A transition planning conference for your child is needed at which we may change an IFSP service, duration or frequency.

The reason this action(s) is being proposed is:

Due to Harry's age at time of enrollment, this initial IFSP is also his Transition Conference to facilitate transition to Part B services/ASD.

(include a description of information used to make this decision, such as screening results, evaluation/assessment procedures, reports, records, etc)

Sending Forms: IFSP Meeting Signatures



The screenshot shows a web form titled "IFSP Meeting Signatures". It is divided into several sections: "Patient Information", "Record Information", "This IFSP Meeting", "Consent by Parents/Guardian", "Procedural Safeguards", and "IFSP Team".

Patient Information: Child's First Name: Harry, Child's Last Name: Test, Date Of Birth: 02-20-24.

Record Information: Date: 01-02-25, Time: 03:50p.

This IFSP Meeting: Date of this IFSP Meeting: 01-02-25. A dropdown menu for "Type of IFSP Meeting" is open, showing options: Interim, Initial, 6 Month Review, Annual, Periodic Revision, and Transition (which is highlighted).

Consent by Parents/Guardian: Includes a section for "Procedural Safeguards" with a paragraph of text and a checkbox for "I give informed consent for this Individualized Family Services Plan (IFSP) to be carried out as written."

IFSP Team: Includes a table with columns "Name" and "Role/Title". The table lists three team members: Dani Test (DS Tester), Micheala Phillips (Mother), and Secondary (Provider). There are also buttons for "Include Provider", "Include Contact", and "Include Additional".

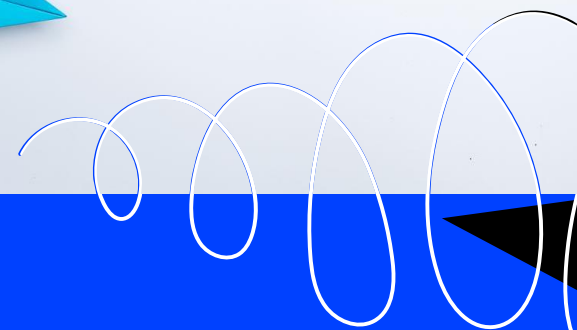
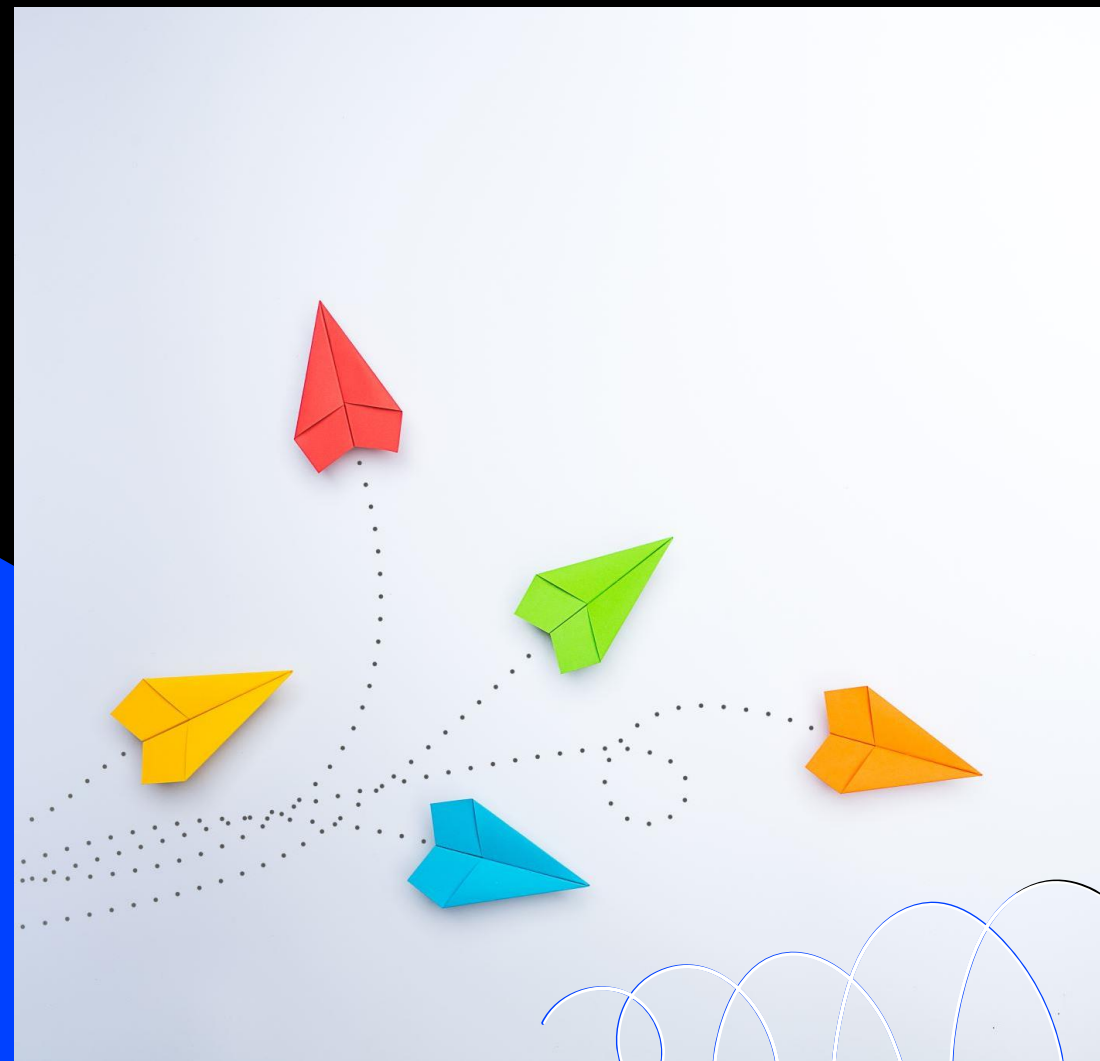
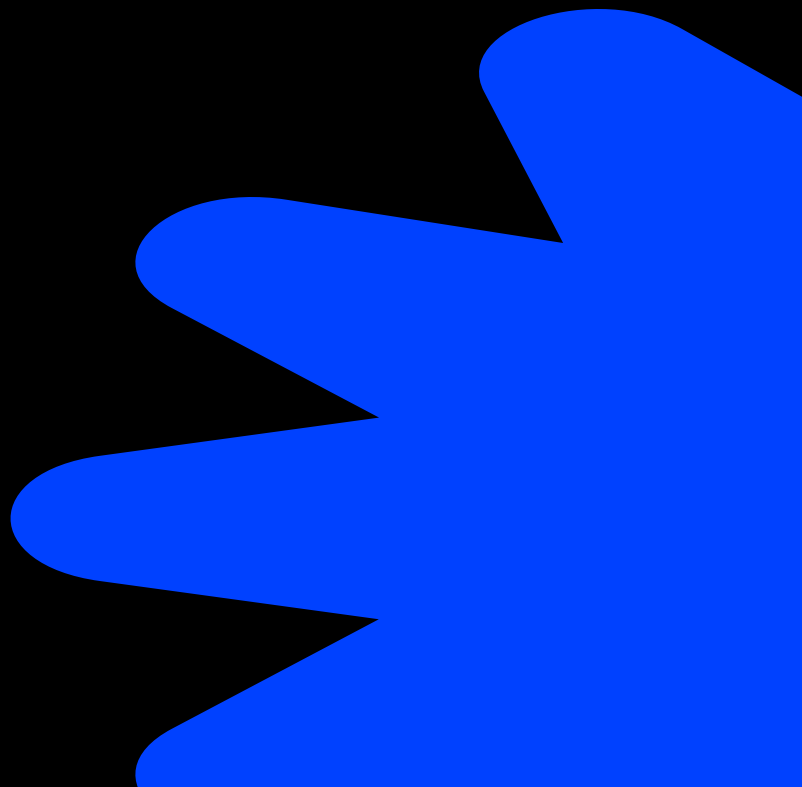
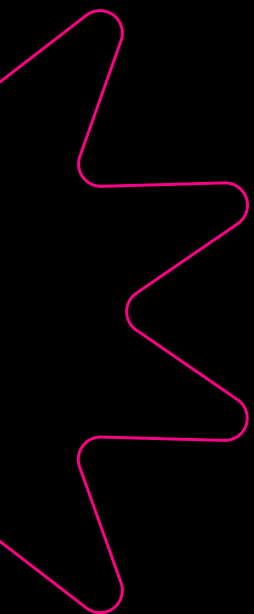
At the bottom, there is a "Print A copy" button and a large button labeled "I've read and accept this form".

- The IFSP Meeting form will be used for ALL types of IFSP meetings. There is a drop down menu to pick the most appropriate type.
 - The Transition type is for BOTH the Transition PLAN IFSP and the 90-day conference/Transition Conference IFSP meeting.
- The IFSP team should include anyone present for the IFSP meeting, as well as the secondary evaluator for initial and annual IFSPs.

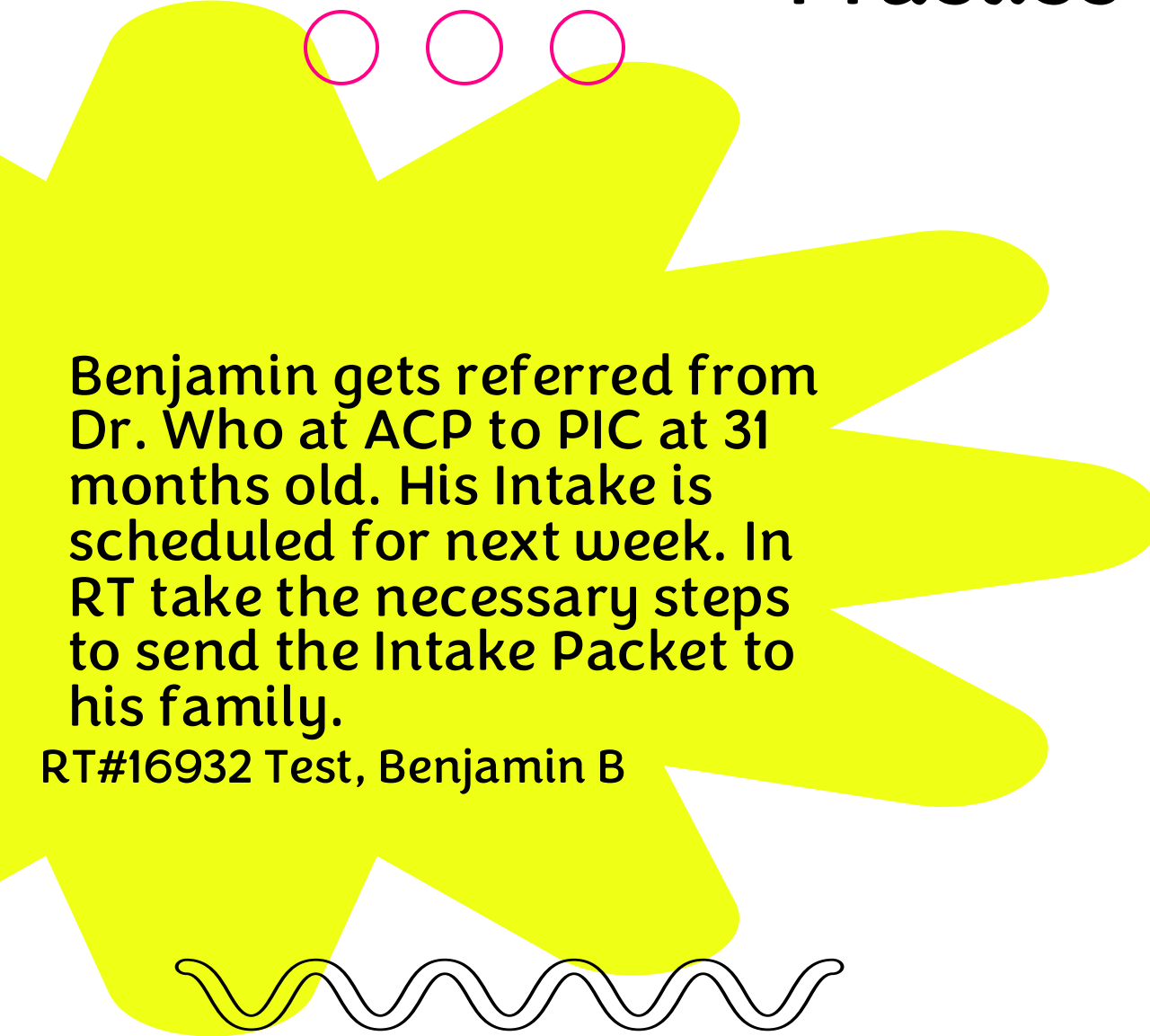


Practice

A Case Study



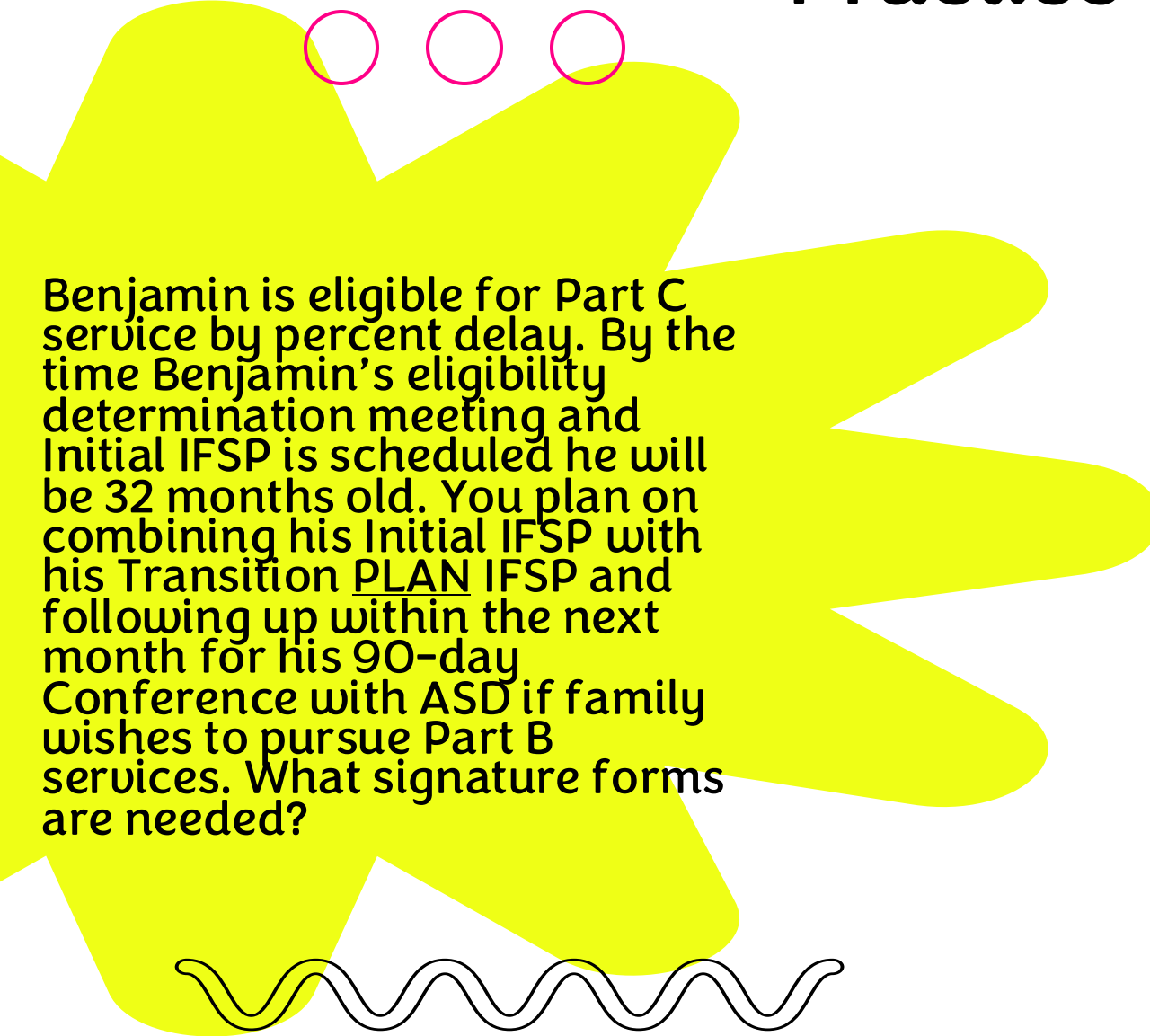
Practice Case: Benjamin Button :



Benjamin gets referred from Dr. Who at ACP to PIC at 31 months old. His Intake is scheduled for next week. In RT take the necessary steps to send the Intake Packet to his family.

RT#16932 Test, Benjamin B

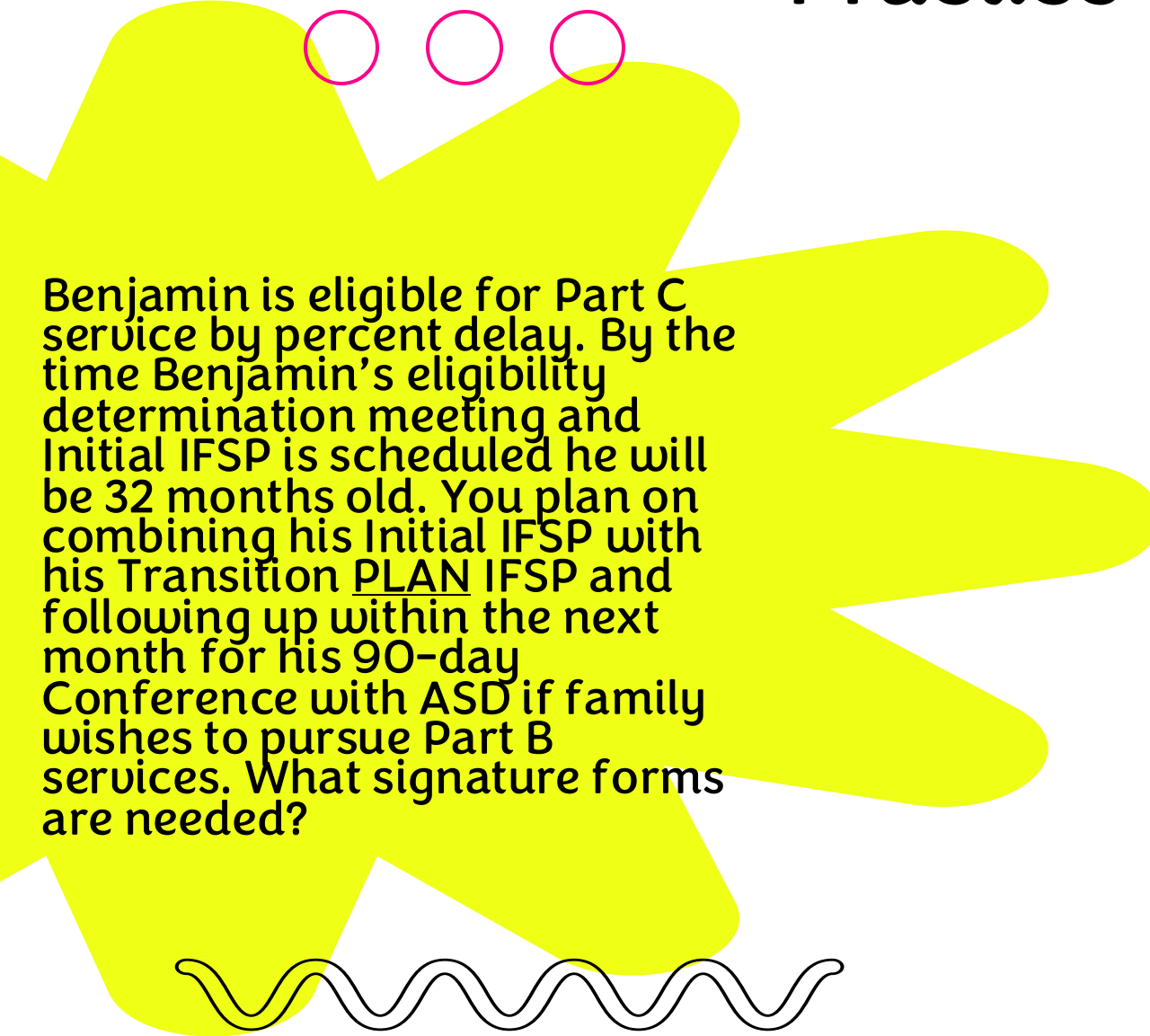
Practice Case: Benjamin Button :



Benjamin is eligible for Part C service by percent delay. By the time Benjamin's eligibility determination meeting and Initial IFSP is scheduled he will be 32 months old. You plan on combining his Initial IFSP with his Transition PLAN IFSP and following up within the next month for his 90-day Conference with ASD if family wishes to pursue Part B services. What signature forms are needed?

- A. IFSP signature form (type: Transition), PWN showing eligibility, Consent to Bill, and ROI to ASD.
- B. Working Together Agreement, PWN (showing eligibility and transition), Eligibility Determination, and IFSP Signature (type: Initial).
- C. Working Together Agreement, PWN (showing eligibility and transition), Eligibility Determination, and IFSP Signature (type: Transition).
- D. Wait until I get a task from admin telling me what forms to make.

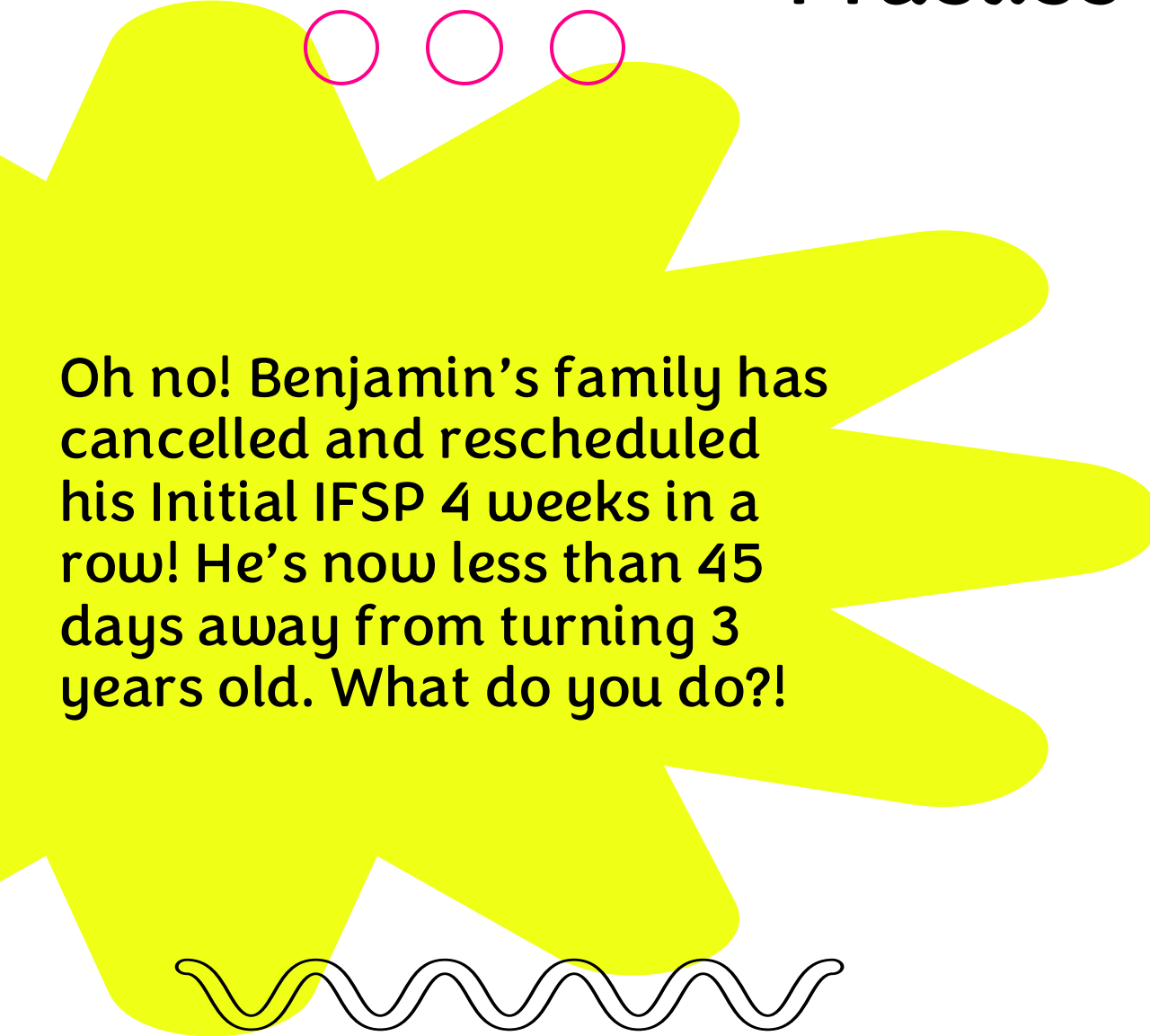
Practice Case: Benjamin Button :



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B. Working Together Agreement, PWN showing eligibility and transition, Eligibility Determination, and IFSP Signature (type: Initial).

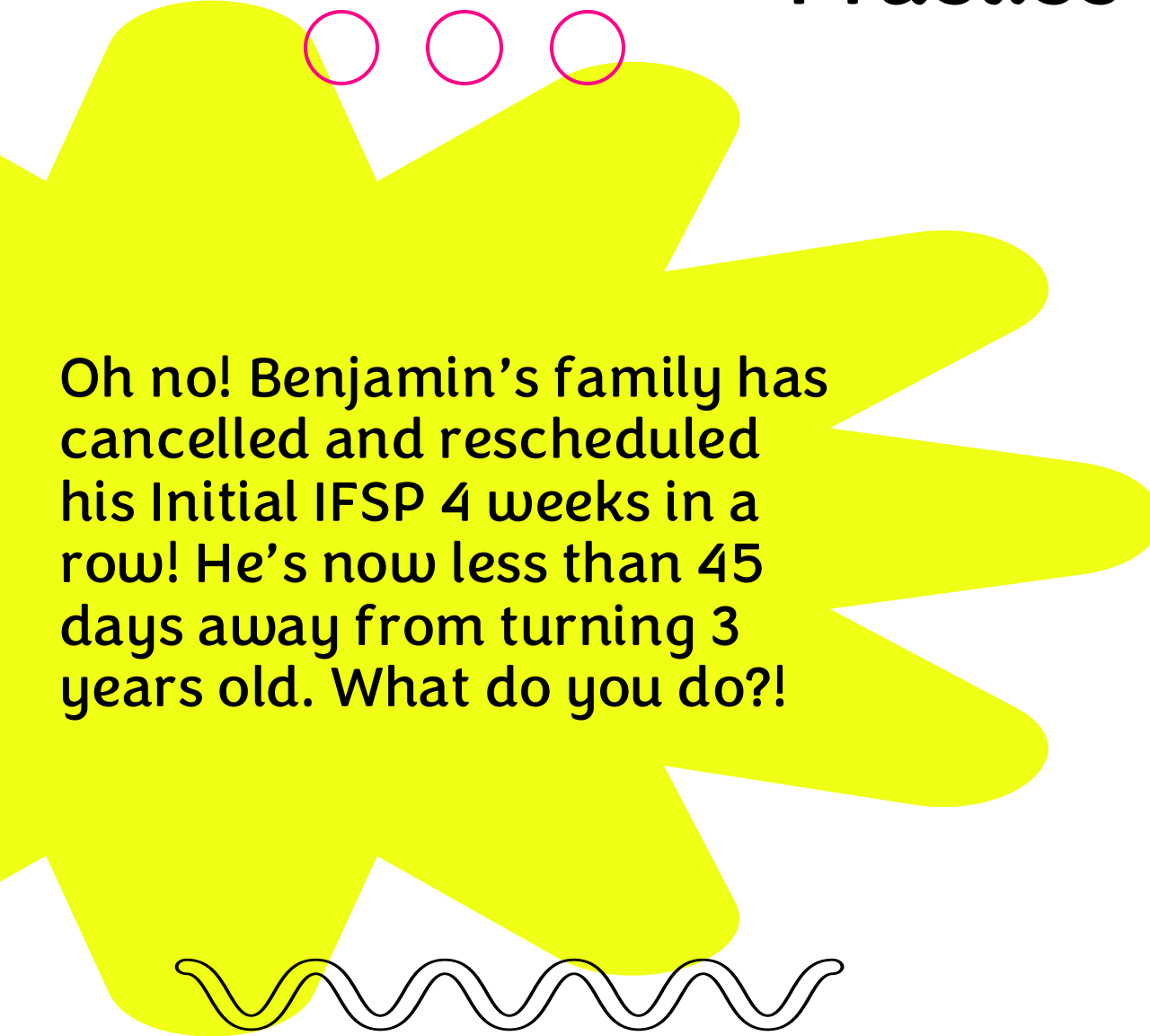
Practice Case: Benjamin Button :



Oh no! Benjamin's family has cancelled and rescheduled his Initial IFSP 4 weeks in a row! He's now less than 45 days away from turning 3 years old. What do you do?!

- A. Give up on connecting with this family and exit via the communication log as Lost to Follow Up.
- B. Tell the family they cancelled too many times and Part C services are no longer an option. They'll have to transition to ASD on their own.
- C. Meet with the family and give them the option to still enroll but with FSC only to facilitate transition to Part B services or decline Part C services.
- D. Meet with the family and enroll in Part C services with all possible disciplines that Benjamin would benefit from and start services as quickly as possible.

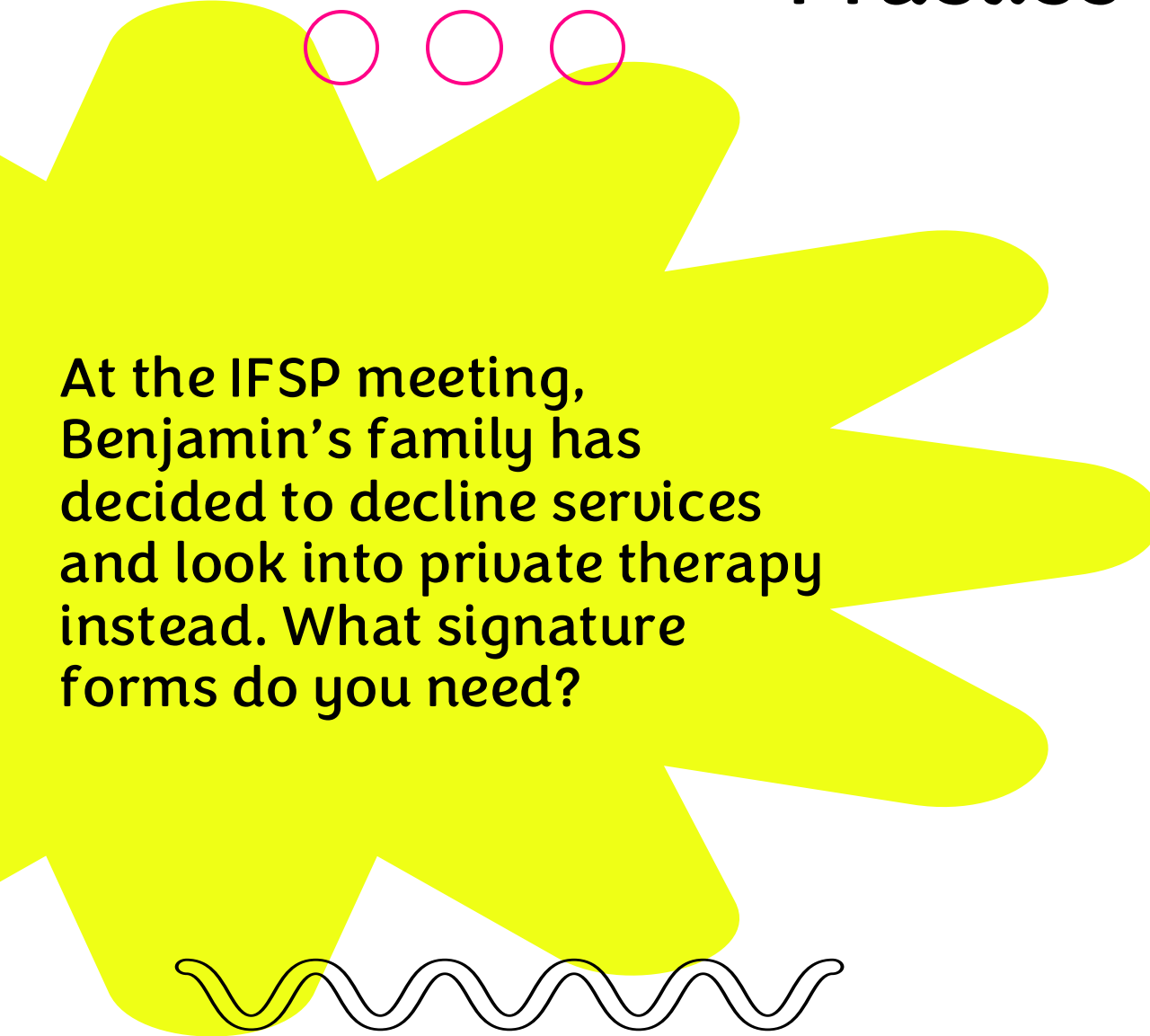
Practice Case: Benjamin Button :



Oh no! Benjamin's family has cancelled and rescheduled his Initial IFSP 4 weeks in a row! He's now less than 45 days away from turning 3 years old. What do you do?!

C. Meet with the family and give them the option to still enroll but with FSC only to facilitate transition to Part B services or decline Part C services.

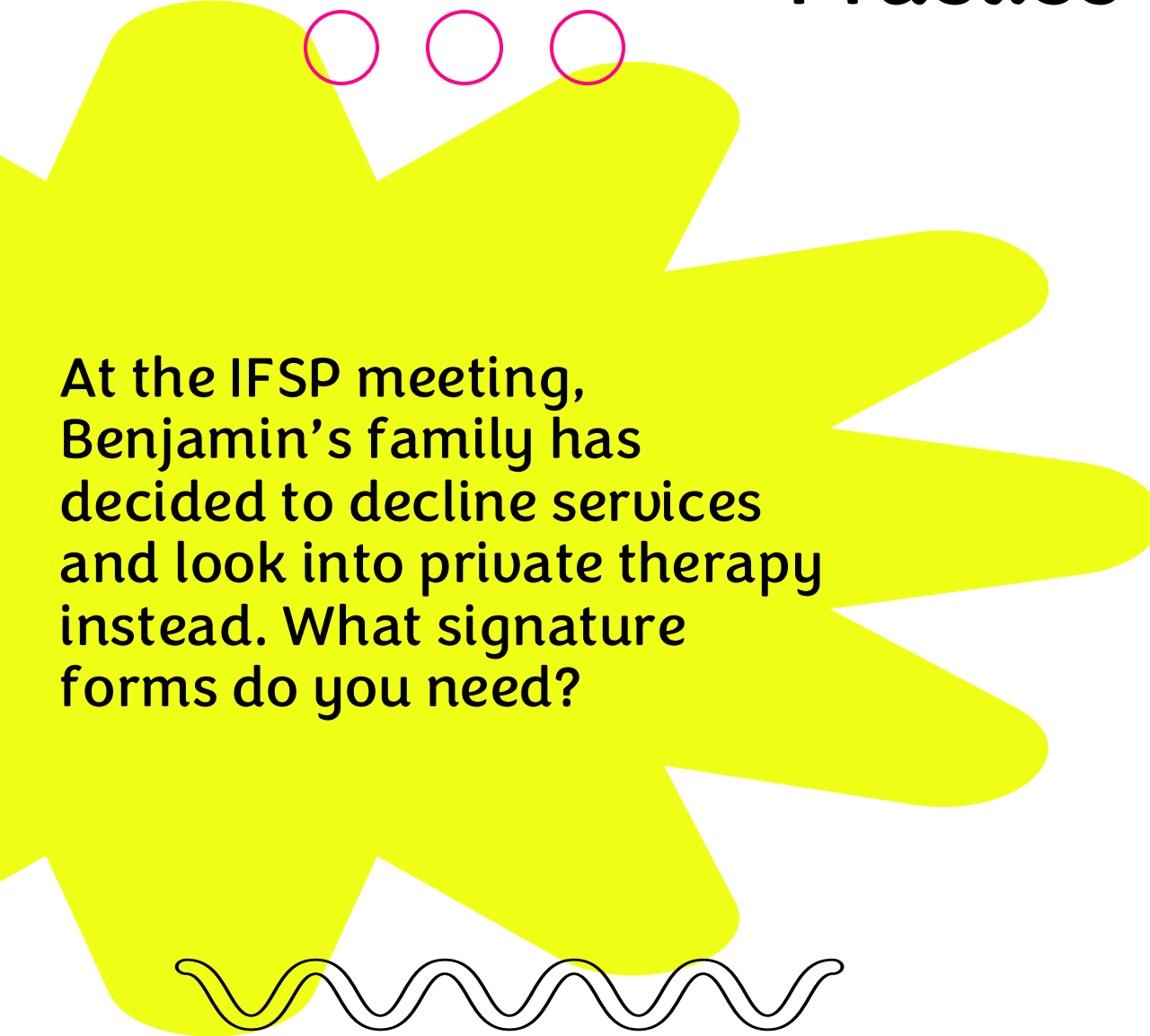
Practice Case: Benjamin Button :



At the IFSP meeting, Benjamin's family has decided to decline services and look into private therapy instead. What signature forms do you need?

- A. PWN showing NOT eligible and Eligibility Determination showing date of determination as evaluation and eligible for Non-Part C services as funding permits.
- B. PWN showing eligible and Eligibility Determination showing date of determination as the day parents inform you they are declining, no eligibility information, just parents declining services.
- C. Only Eligibility Determination showing date of determination as evaluation with Child is eligible by percent delay AND "I decline" box checked.
- D. PWN showing eligible and Eligibility Determination showing date of determination as evaluation with Child is eligible by percent delay AND "I decline" box checked.

Practice Case: Benjamin Button :



At the IFSP meeting, Benjamin's family has decided to decline services and look into private therapy instead. What signature forms do you need?

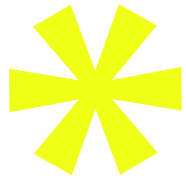
D. PWN showing eligible and Eligibility Determination showing date of determination as evaluation with Child is eligible by percent delay AND "I decline" box checked.



Key Take Aways

What do you want to
remember from this training?





A Few Key Take Aways

:

- Always document verbal consent in the communication log for the corresponding appointment
- Ensure correct email setup in the Patient Demographics tab before sending forms to families for the first time.
- Late referrals and last-minute eligibility decisions require careful documentation and family engagement.
- Transition must be integrated into the IFSP process as appropriate.

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