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| StateSeal.JPG | **RFP-23-73695 –System Point of Entry (SPOE)**  **Attachment F – Technical Proposal Template** | |
| **Respondent:** | | THRIVE ALLIANCE |
| **Region(s):** | | H & J |
| **Instructions:**  Request for Proposal (RFP) 23-73695 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed. The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFP document and supplemental attachments. Respondents can submit one Technical Proposal for all regions they are bidding on. To the extent the Respondent utilizes different practices, structure, or procedures in different regions, please ensure that information is included in both Section 1 and wherever else applicable.  Please review the requirements in Attachment K, Scope of Work (SoW), carefully. Please describe your relevant experience and explain how you propose to perform the work. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.  Please use the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness.** Diagrams, certificates, graphics, and other exhibits should be referenced within the relevant answer field and included as legible attachments. | | |

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| **1** | **SoW Sections I, II, III, IV, and V Introduction, Goals and Background, and Mandatory Respondent Qualifications/Exclusions to Bid**  Provide an overview of your proposal and describe how you currently meet and/or propose to meet the requirements in SoW Sections I, II, III, IV, and V including, but not limited to, the specific elements highlighted below:   * Describe why you are best suited to provide these services to the State. * Describe any notable accomplishments for your company you feel would be relevant to this proposal. * Provide an executive summary of your proposed approach to deliver the Scope of Work and at a high level, demonstrate your understanding of the SPOE’s program goals. * Describe and demonstrate your familiarity and experience with Indiana’s Bureau of Child Development Services First Steps program, including the federal and State policy governing this program. * Describe your experience providing case management services for early intervention or related programs, including any experience specific to providing services for children. * Describe any region-specific practices you will employ for each region you are bidding on. * Describe any region-to-region differences in your operations, structure, or procedures. * Describe how you meet and/or adhere to each of the Mandatory Respondent Qualifications/Exclusions to Bid. |
| 1. *Describe why you are best suited to provide these services to the State*   First Steps – South East has consistently demonstrated leadership. Program administrators are proactive, follow through with all requirements within timelines, and provide in-depth training and ongoing support to a dedicated staff.  Administrative staff – which includes the Program Director, The SPOE Supervisor, the Trainer, and the LPCC Coordinator – together offer 74 years of First Steps experience. All four have Service Coordinator experience. Ongoing Service Coordinators offer an additional combined 166 years of Service Coordination experience. Support staff offer 67 years of combined First Steps experience. Together, we offer 307 years with First Steps.   1. *Describe any notable accomplishments for your company you feel would be relevant to this proposal.*   First Steps – South East (Cluster H & J) demonstrated exceptional commitment through recent notable achievements   * Clusters H &J supported statewide EI Hub implementation by participation in the test group to help pave the path for success. * Staff demonstrated the ability to adapt to broad system change. Following extensive training developed by First Steps – South East administration, all Service Coordinators successfully assumed responsibility for entering and maintaining family records in EI Hub by June 1, 2022. * SPOE Director and LPCC Coordinator were both selected to serve on annual conference planning committee. * SPOE Director and LPCC Coordinator presented on Community Resources at the 2021 First Steps Conference. * First Steps – South East collaborated with state partners to implement motivational interviewing training for Service Coordinators in collaboration with *University of Utah College of Social Work* and *Maternal and Child Health Services Indiana State Department of Health*  1. *Provide an executive summary of your proposed approach to deliver the Scope of Work and at a high level, demonstrate your understanding of the SPOE’s program goals.*   First Steps – South East administration offers over 74 years combined staff experience with Indiana’s early intervention programs  The strong staff will continue to demonstrate consistently high-quality standards in quality reviews and perform all functions and requirements in accordance with state and federal laws.  A responsive administration will continue to offer a hands-on approach that ensures practices are relevant to both families and staff. Administrative staff will continue to place a strong emphasis on professional development and continuing education / training for all staff.  Staff will continue to participate in initiatives on local levels to facilitate collaboration with community partners who serve children and families with young children.   1. *Describe and demonstrate your familiarity and experience with Indiana’s Bureau of Child Development Services First Steps program, including the federal and State policy governing this program.*  * First Steps – South East staff performed all SPOE and LPCC functions and requirements in accordance with state and federal laws for over 19 years. * First Steps – South East Program Director’s training experience with UTS and with previous statewide training systems beginning in early 2000 led to the award of a grant on December 2017 to provide training to both direct service providers and service coordinators. * The Program Director actively participated in various state trainings and committees to promote and improve Indiana’s early intervention program. * The program Director served as a member of Governor’s ICC, appointed in November 2007. * The First Steps –South East Program Director has been with First steps 40 years. The three other administrative staff members have been with First Steps for a total of 34 years. All four administrators worked initially as Service Coordinators. Current ongoing Service Coordinators share 166 years of First Steps experience. Support staff first Steps experience adds up to 67 years.  1. *Describe your experience providing case management services for early intervention or related programs, including any experience specific to providing services for children*.   Thrive Alliance provides well-respected aging and early intervention case management service for five counties included of the twenty-five counties in the First Steps H & J regions:   * Aging case management services started in 1980 – 42 years * Early intervention service coordination services started in 2006—16 years.   (Note that Thrive Alliance has served as the fiscal agent for the LPCC since 1993—almost 30 years.)  This combination results in a fiscal agent who provides services from birth to senior years.  Waiver case managers work collaboratively with First Steps early intervention staff to allow timely referral of young children in need for wavier services.  Case Managers/Service Coordinators benefit from annual trainings that address procedural safeguards, HIPPA, and FERPA.   1. *Describe any region-specific practices you will employ for each region you are bidding on.*   Continue to offer in each First Steps region the ability to participate in LPCC meetings online. This practice successfully increased LPCC involvement in both regions and encouraged the participation of all who serve children, including those who serve historically underrepresented populations.  Continue to provide two regional LPCCs that address local and regional issues:   * Identifies issues that relate to service delivery * Designs and implements strategies that address local considerations * Coordinates local resources, local service providers and community leaders and promotes communication and cooperation and * Enhances the capacity of agencies and service providers to meet the needs of all children, including historically underrepresented populations * Ensures local informational activities and events that increase awareness of early intervention opportunities   Continue to individually review and establish updated MOAs with each of 42 special education planning district and each of 11 Head Starts/Early Head Startsevery two years in face to face meetings (or electronically when preferred by the LEA). Offer face-to-face meeting with staff of appropriate special education planning districts and Head Startsin the event of Service Coordinator/LEA/Head Start staff changes in that locality to promote cooperative working relationships and ensure consistent procedures.  Continue to require Service Coordinators, who each are assigned to serve a primary region or locality, to participate with local community boards and initiatives in the areas in which they serve to promote early intervention awareness and collaboration and to be increase visibility for First Steps.   1. *Describe any region-to-region differences in your operations, structure, or procedures.*   Both regions currently now served by First Step – South East are geographically large. As a result, most local areas of each cluster have been successfully served in the past through a virtual SPOE presence model. One physical office was identified with 7 counites and the other was associated with 18 counties. The areas are geographically large and diverse, so a virtual presence in the majority of the counties was a necessity.  Service Coordinators are assigned to specific localities and are expected to help ensure visibility through outreach and collaboration with others serving children in the locality.  Operations, structure, and procedures will be equivalent in both regions. There will be no differences from region to region or county to county.  Each of the two regions will maintain a separate LPCC to more effectively address needs at a regional and local levels. A single LPCC Coordinator together with the Program Director share the responsibility of maintaining two effective LPCCs. These two individuals offer staffing and operational support for both LPCCs.  The First Steps – South East single office, which is located in Columbus, maintains regular office hours (8:30 to 4:30 weekdays with the exception of posted holidays) and is accessible to all counties that are covered in the two regions and to the general community either in person or through phone and email. Administrative and supervisory staff will travel to any area of the cluster when circumstances require face-to-face discussion.  Supervisory direction and support are available to each staff member during all office hours. Supervisors travel to all areas when situations require.    All referrals throughout the two regions will continue to be addressed by a single referral specialist who is available during regular office hours. Referrals are also accepted via voice mail, email, and fax. If these referrals arrive outside of business hours, they are addressed at the beginning of the next business day.  Service Coordinators working from residentially-based offices are provided with the means to scan documents for sharing and distribution as we’ll as the equipment to conduct all business from that office. Communication and information transfer is conducted in a manner compliant with FERPA and via a system that safeguards potential breaches*.*   1. *Describe how you meet and/or adhere to each of the Mandatory Respondent Qualifications/Exclusions to Bid.*   Thrive Alliance has provided case management for aging services and Medicaid Waiver for 42 years and First Steps Service Coordination for 16 years.  Thrive Alliance demonstrated high results in findings for past grants cycles.  The four First Steps – South East administrative staff members offer 74 years combined experience with all administrative staff having prior Service Coordinator experience. Each Administrative staff member remains active as a Service Coordinator by carrying a small case load and covering during staff leaves and changes.  Thrive Alliance does not provide any direct early intervention services to any county in the cluster areas. | |
| **2** | **SoW Section VI. A. 1-5 – SPOE Functions of Referral and Intake, Record, Evaluation and Assessment, Eligibility Determination**  Describe how you plan to execute SoW section VI.A.1, VI.A.2, VI.A.3, VI.A.4, and VI.A.5 in their entirety and in alignment with State laws and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how you will accept and respond to referrals. * Explain how you will conduct intake activities. * Describe how you will ensure team collaboration and communication. * Describe how you will coordinate the application and enrollment of families to other programs. * Describe how you will work with State technology and databases to ensure complete and updated electronic EI Records. * Explain how you will conduct eligibility determination activities. |
| *Describe how you will accept and respond to referrals.*  All referrals (in person or by phone, fax, email, or on paper) are routed to the FTE Referral Specialist for entering into EI Hub. The referral specialist verifies that the child is within age range for First Steps and that the child resides in one of the twenty-five counties served by First Steps – South East. The referral specialist determines secondary referral source (how caller learned of program) when phone referral originates from family member or another individual not connected with our primary referral sources.  Referral information is entered into EI Hub at the time of receipt and a referral form is uploaded in the EI Hub Document Management panel.  The Referral Specialist assigns a Service Coordinator, notifies the Service Coordinator in a secure email with an attached copy of the referral form, and enters the assignment into EI H. The notification to the Service Coordinator identifies the 45-day date and emphasizes requirements for transition activities for children referred who are 28 months or older.  NOTE: DCS referrals indicating “per policy/no concern” are assigned to designated Service Coordinator who performs specialized follow up regardless of child’s county of residence and are dealt wi*th following established written guidelines.*  The referral specialist also follows written guidelines for referrals that fall outside of the usual guidelines:   * Rereferrals * Child outside 25 county service area * Child nearing or after 36 months * Child with an active IFSP * Child currently in referral process   All referrals are logged by referral month, county, and SC and are stored in a secure location in OneDrive.  *Explain how you will conduct intake activities*.  Service Coordinator responsibilities at referral  Initiates family contact attempts within two (2) business days of referral date to schedule intake.  Documents attempts to contact family on First Steps – South East form *Case Notes: Referral Contact Record*  *Explains circumstance to family when child is within fifty (50) days of third birthday:*   * First Steps evaluation, if completed less than fifty days before third birthday, not applicable for school system * School system treats referral as direct referral from family, not from First Steps * Timelines preclude start of First Steps services * Service Coordinator can provide to family contact information for school system and Head Start along with other resources   Follows written record closure procedures when family declines to move forward with referral or when contact attempts are not successful by ten (10) business days following referral (written guidelines related to family contact issues, if needed, are established as written procedures)  Explains referral and intake process as well as procedural safeguards including confidentiality of referral notice to the SPOE  Provides basic program information  Introduces topics such as intake procedures, evaluation, eligibility, cost participation, and insurance access  Discusses collection of information such as required documentation related to eligibility and cost participation and explains types of documentation required for intake meeting  Requests family approval to prepare to proceed to intake meeting  Reviews age of child at referral to identify when 30-month notice or transition meeting may be required in conjunction with initial IFSP activities:   * Thirty Month Notice to Local Educational Agency for child thirty months or older by initial IFSP date * Transition meeting in conjunction with IFSP when child is 33 months or older by initial IFSP date   Records discussion and activities on First Steps – South East form *Case Notes: Intake Meeting (Introductory Discussion*  ***Service Coordinator responsibilities at intake meeting***  Presents *Families Always Have Rights* and reviews family rights  Reviews the referral and intake process as well as procedural safeguards including confidentiality of referral notice to the SPOE.  Reviews program guidelines and expectations and supplemental family support information when relevant:   * Cost participation features (when applicable): * Presumptive income status * Income and deduction documentation * Sliding scale fee schedule * First Steps copayment * Statements and billing * Potential suspension of services due to nonpayment * Insurance billing and insurance consent * Provider matrix and selection of provider network * *Pathways to Services* document outlining process * *Transition to Local Educational Programs* documentand thetransmission of information to LEA at 30 months * Eligibility determination * Children’s Special Health Care Services * Medicaid Waiver Information * Parent Letter-*What Happens Next*? * *Understanding my Child’s AEPS Report* (unless sent later with meeting notice or meeting reminder and evaluation report, which is preferred) * *Preparing for an IFSP* (unless sent later with meeting notice or meeting reminder and evaluation report, which is preferred) * Local transition resources and support packet for child who will be thirty months or older at initial IFSP   Requests family approval to move forward with intake and collection of family information  Completes *Enrollment*   * *Part I – Enrollment Application* that includes the *Cost Participation Worksheet (PILOT)* * *Part II - Social History Interview Sections A through E*   Secures required income documentation when family does not meet presumptive income guidelines  Verifies income documentation meets requirements (i.e. three consecutive recent paystubs, legible, gross pay, name of earner  Documents health insurance costs when insurance costs may reduce First Steps copayment or documents decline to submit insurance information when insurance costs may reduce First Steps copayment  Secures family signature on cost participation worksheet  Verifies signatures and dates appear on correct line of cost participation document  Documents on *Cost Participation Expenses Worksheet* payment of additional medical expenses when family presents documentation of payment of expenses that may reduce First Steps copayment and secures signatures  Completes *Family Assessment* with parent permission (optional)  Secures parent signature to verify family declined *Family Assessment* on top of page one (when applicable) and records in signature box area reason for decline  Completes *Section F Developmental Milestones* of *Enrollment Part II*when family declines *Family Assessmen:*  Secures health insurance card copy(s) for private insurance policy(s) (front and back)  Completesinsurance consent and information form (Medicaid requires no *Insurance Supplement*)for private insurance policies and secures signatures  Documents ERISA status (self-funded or fully insured) and records on insurance form after following instructions to the information provided in the First Steps – South East insurance guidelines document  Identifies Health Reimbursement Account (HRA) policies and explains private insurance and First Steps copayment conditions related to HRAs  Completes and secures parent dated signatures and Service Coordinator (or witness) dated signatures when required on following additional documents   * *Documentation of Receipt of Rights / Consent to Proceed / Permission to Assess* * *Electronic Database Collection Systems Consent* * *Provider Reciprocal Consent* * *Authorization to Release and Share Medical Information* * *General Reciprocal Consent to Release and Share Information* for the following*:*   + PCP   + LEA if child may be 30 months at initial IFSP   + Head Start if child may be 30 months at initial IFSP   + Others— such as childcare, DCS, grandparents—when appropriate   Discusses network selection and records discussion and family decision on First Steps – South East form *Case Notes: Intake Meeting (Introductory Discussion)*  Calls or texts scheduling while with family to schedule evaluation  Explains (if unable to schedule evaluation during meeting) to anticipate call or text from scheduling within two (2) business days and provides family with scheduling contact information in event of communication challenges  Completes evaluation appointment reminder card and leaves with family  Secures signed and dated *General Reciprocal Consent to Release and Share Information* for parent representative when parent plans to attend a portion of the evaluation (if applicable)  Schedules IFSP date to meet 45-day IFSP timeline while considering potential meeting delays, such as weather delays or illness EXCEPTION: Family requests to delay scheduling IFSP meeting  Records IFSP meeting details for family on *Evaluation and Initial Eligibility Meeting Notification* and presents to family (unless family opts to delay scheduling IFSP meeting)  Schedules transition meeting in conjunction with initial IFSP for child who will reach 33 months or more by initial IFSP and presents *Transition Meeting Notification*  Explains email communication with family, including collection of documentation and information, will be conducted via secure reciprocal communication system  Service Coordinator activities following intake meeting  Enters child information into EI Hub adhering to following procedures:   1. Child> Child Lookup> Search> Edit 2. Navigate to child info 3. Select basic demographic information 4. Change child status to intake 5. Verify and enter (if needed) Child’s First, Middle, and Last Name 6. The following areas are not required but can be recorded if applicable to the child:    1. Child’s Suffix    2. Child’s Nickname    3. Child’s AKA First Name    4. Child’s AKA Middle Name    5. Child’s AKA Last Name 7. Verify child’s DOB    1. Child’s chronological age will auto populate based off DOB entered    2. SC can verify gestational weeks but it is not required       1. Adjusted age will auto populate if gestational weeks are entered 8. Select child’s race from drop down box 9. Select child’s ethnicity from drop down box 10. Select child’s sex from drop down box 11. Select child’s primary language from drop down box 12. Other Language section should only be used if the primary language cannot be found in the primary language drop down box. Please note, this is not the section to record additional languages that the child speaks. 13. Interpreter needed for child should be selected if an interpreter is needed to complete any evaluations or Individualized Family Service Planning meetings. 14. Select child’s school district based off home address 15. Parental consent for service and service consent date do not need to be completed at this time. 16. Select submit. 17. Navigate to child address 18. Select edit on active address 19. Verify that active address is correct     1. If the address is not accurate due to entry error, the address can be corrected and submitted from this screen.     2. If the address is not accurate due to the family moving, the active address should be changed to inactive, tertiary, and an end date for that address should be entered.        1. Add child’s new address. This address should be listed as home, active, and primary. 20. Select submit 21. If a child has a secondary language, navigate to child secondary language.     1. Select add     2. Select secondary language from drop down box     3. Select submit     4. Multiple language can be added by repeated step 21 22. Navigate to Child Doctor 23. Select add child doctor 24. Enter Doctor’s first name (if known) 25. Enter Doctor’s last name 26. Select State 27. Select search 28. Select correct doctor from search results 29. Select Doctor type from drop down box 30. Enter Doctor’s phone number 31. Enter Doctor’s fax number 32. Select submit.   Rechecks information entered on *Cost participation forms*  (when applicable) and enters information into EI Hub following procedures for adding family information and income:   1. Child> Child Lookup> Search> Edit 2. Navigate to the “Family Info” tab 3. Select the Family Information panel 4. Select Edit 5. Select the Family member panel 6. Select add family member to add a new family member 7. Select edit if you need to edit an already existing family member 8. Select family status by selecting the drop-down box    1. Active is selected for family member that is currently living in the home    2. Inactive is selected for a family member that is NOT currently living in the home 9. Select family member type by selecting the drop-down box    1. Always use Mother for a Biological Mother. NEVER SELECT BIOLOGICAL MOTHER    2. Always use Father for a Biological Father. NEVER SELECT BIOLOGICAL FATHER 10. Enter the family members first name 11. Enter the family members last name 12. Person Role is not a required field for all members of the family, however 1 member of the family MUST be assigned as Primary Head of Household 13. Enter the family members DOB 14. Enter the family members Sex from the drop-down box 15. Enter the family members contact type from the drop-down box     1. Most always the Head of Household will be listed as the primary contact type 16. Enter the family members Email Address. An email address must be collected for the Primary Head of Household. 17. Enter the family members Primary Language from the drop-down box 18. Enter the family members (Mothers only) highest level of education by selecting the education drop down box 19. Select if applicable by clicking the box to the left of description     1. Interpreter needed     2. Written translation needed     3. Permission to always contact 20. Select Insures child if the family member insures the child 21. Select submit 22. Select the address panel 23. Select edit on family member in which you want to add or edit the address     1. Please note, family members must be added before you can add or edit their address 24. Select address type from drop-down box     1. Select Home 25. Select address status from drop-down box     1. Selective active if the member is currently living at this address     2. Inactive will be selected for addresses in which the family member no longer lives at 26. The start date with auto populate with the date of referral     1. The start date can be changed 27. The end date is used when the family member no longer lives at the address 28. List of Child Address is a drop-down box that will allow you to select the child’s address as the family members address 29. Receive family outcome survey should be selected for the Head of Household 30. Address priority should be primary if it is the active address of the family member     1. If the address is no longer active, address priority must be changed to tertiary 31. Enter address (if child address was not used) 32. Enter zip code (if child address was not used) 33. Enter city (if child address was not used 34. Select address state from drop down box (if child address was not used) 35. Select address county from drop down box (if child address was not used) 36. Select submit     1. Please note that address validation is no longer a functioning feature; therefore it is greatly important that the Service Coordinator enter the correct address 37. Select the phone numbers panel 38. Select add 39. Select phone number type from the drop-down box 40. Enter phone number 41. Identify primary phone by checking primary phone 42. Select okay to text drop-down box     1. Please note this field is only required for cell phone number types 43. Select submit 44. IF FAMILY MEMBER SPEAKS SECONDARY LANGUAGE     1. Select family members secondary languages     2. Select add     3. Select language from drop-down box     4. Select submit 45. Navigate back to Family 46. Select family cost participation 47. Select add family cost participation 48. Select child information 49. Child name, First Steps child code, and date of birth will auto populate with the child’s information 50. Select is the child in foster care or relative placement through DC from drop-down box 51. Select is the child cared for by a relative or guardian outside of DCS from drop-down box 52. Select does the family currently access any of the following services and select all that apply 53. Select are all family members enrolled in Medicaid from drop-down box 54. Select submit 55. If a family does not meet presumptive income verification, select family members employment and insurance. If family meets presumptive income verification, skip to step 73 56. Select add family member employment 57. Select family member name from drop-down box     1. Please note, you will only see family members who have been added to the family member section 58. Select relationship to child from drop-down box 59. Select type of insurance from drop-down box 60. Enter name of employer 61. Enter pay period end date 1 62. Enter gross income 1 63. Enter health insurance deductions 1 64. Enter dental insurance deductions 1 65. Enter vision insurance deductions 1 66. Repeat steps 61-65 for pay stub 2 and pay stub 3 67. Select payroll interval from drop-down box 68. Select health deduction interval from drop-down box 69. Select dental deduction interval from drop-down box 70. Select vison deduction interval from drop down box 71. Select submit 72. Repeat steps 56-71 for all other eligible household members that have income 73. Navigate to family cost participation 74. Select the family cost calculation 75. Select calculate now     1. The screen should update to show the copay amount 76. Select submit   Contacts insurance provider for ERISA (self-funded or fully insured) when ERISA status is unclear (following procedures outlined in First Steps – South East insurance guidance documents) and submits insurance form and insurance card copies to specified staff member  Initiates email communication with families, when applicable, through an encrypted email to begin encrypted reciprocal communication  Requests Medicaid verification form specified staff member within two days of intake (if applicable); Contacts family when First Steps is unable to verify Medicaid (if applicable) and requests family take steps to make corrections with Medicaid (generally result of name discrepancies)  Faxes *Medical Health Summary* with signed *Medical Release* to PCP within two (2) business days of meeting and requests prompt return with dated signature and minimum of one medical diagnosis and diagnosis code unless PCP verified diagnosis and code submitted with signed documentation at time of referral  Contacts PCP if document is not returned within three (3) business days or if returned without dated signature, diagnosis, or diagnosis code(s)  Documents persistent efforts to secure dated PCP signature, diagnosis, and diagnosis code in notes when encountering difficulties with collecting and enlists help of family after two unsuccessful attempts  Documents the following in the unusual situation a diagnosis or diagnosis code is secured by phone (diagnosis information collected by phone acceptable if PCP signature has been secured):   * Record in contact notes of all attempts to secure information prior to resorting to phone call * Fax cover sheets demonstrating repeated attempts to secure information * Detailed description in contact notes of how family was enlisted to assist with securing information * Record in contact notes of multiple phone calls to PCP, including dates, times and results of each call * Notes on *Medical Health Summary* regarding following: * Method of securing information * Date and time of securing information * Name and role of individual who provided diagnosis or diagnosis code   Prioritizes contacting PCP to secure appropriate medically eligible diagnosis and diagnosis code before the eligibility meeting when records or discussions with family suggest a medically eligible diagnosis not verified by the PCP  Initiates discussion with supervisory staff when appropriateness of primary medical eligibility is unclear  Documents each diagnosis and diagnosis code on *Medical* *Health Summary* if signed and dated documentation was submitted at referral, in separate medical records, or by phone (phone acceptable if PCP signature has been secured  Explains in *Medical Health Summary* signature section (when unsigned) what document fulfilled requirement for PCP signed and dated medical documentation (such as signed referral form with required medical information or signed medical records))  Uploads the following to SHAREPOINT within two (2) business days of intake to share information with eligibility determination team members   * Completed *Initial Referral Information for Assessment Team* * *Enrollment Part II-Social History Interview Sections A through E* * *Family Assessment* (*Enrollment Social History Interview* *Section F* *Developmental Milestones* when family declined *Family Assessment*) * *Medical Health Summary* with each verified diagnosis and diagnosis code or medical records when medical information relates to eligibility * *General Reciprocal Consent to Release and Share Information* to cover parent representative when parent plans to attend a portion of the evaluation (if applicable)   Reviews evaluation report  Discusses concerns with evaluation team and supervisory staff prior to eligibility meeting when unsure about eligibility or ICO documentation  Contacts family within one (1) business day of receipt of evaluation report to discuss eligibility and to confirm intent to proceed with meeting  Refers to First Steps – South East guidelines for procedures for child determined not eligible or not in need of service or for family who declines IFSP when determined eligible  Sends to FAMILY following evaluation:   * Confirmation of IFSP date or *Initial Eligibility Meeting Notification* (if not presented previously) * Evaluation report * *Understanding my Child’s AEPS Report* (if not presented at intake) * *Preparing for an IFSP* (if not presented at intake) * *Transition Meeting Notification* for child who will reach 33 months or more by initial IFSP date (if not presented at intake)   Emails to PROVIDER NETWORK within one (1) business day of confirming IFSP meeting:   * Evaluation report * *Family Assessment* (*Enrollment Social History Interview* *Section F* *Developmental Milestones* when family declined *Family Assessment*) * *Provider Reciprocal Release* * Meeting notice   Requests recommendations from provider network regarding disciplines, frequency, and intensity  Emails meeting notice to EVALUATION TEAM within one (1) business day of confirming IFSP meeting  Follows procedures for transition meeting preparation for child with initial IFSP date at 33 months or older  Reviews cost participation documents for accuracy prior to presenting to family at IFSP meeting  Records all IFSP preparation activities and dates on First Steps – South East form *Case Notes: Intake Meeting (Introductory Discussion)* or on *Case Notes: IFSP Preparation* (at intake, both forms required; forms provide record of different aspects of intake and IFSP preparation procedures)  Records additional pertinent case notes on *Service Coordinator Log* and includes relevant communication records (communication records required for unmet timelines and for matters that may later surface as a source of concern)  Scheduler responsibilities related to intake  Schedules evaluation by phone or text while Service Coordinator is with family at intake meeting  Contacts family to schedule evaluation appointment within two (2) business days if evaluation appointment could not be finalized at intake meeting  Records evaluation in electronic scheduling calendar with notes and support information related to evaluation—such as location details, maps, and information about special situations  Confirms information uploaded into SHAREPOINT for evaluation team members and Service Coordinator reference by two (2) business days prior to evaluation  Calls or texts evaluation reminder and ZOOM link (if applicable) to family two (2) business days before evaluation    Follows written procedures established to address family contact issues and no shows in First Steps – South East guideline documents  Data Entry responsibilities related to intake  Verifies and enters insurance information  *Describe how you will ensure team collaboration and communication.*  Referral Specialist supplies weekly referral numbers to Program Director for tracking and reporting to state staff and for monitoring Service Coordinator ongoing and intake caseloads.  Service Coordinators interact in monthly staff meetings that include a training component and are encouraged to communicate with staff when they have questions, technical issues, or face an uncertain situation.  Service Coordinators are expected to attend and participate in social service networking opportunities and as member of boards/organization in individual counties served in order to foster early intervention collaboration and to provide visibility for First Steps,  Service Coordinators and cluster administrative staff maintain close contact, including holding local planning meetings and meetings to introduce local staff changes, with each special education planning district and Head Start/Early Head Start.  Eligibility Determination team members meet with staff a minimum of quarterly and more often when necessary.  Support staff meetings are called periodically (generally monthly) to encourage collaboration and to address concerns or changed and new procedures.  Administrators offer an “open door” policy and remain ready to support staff members at all times.  *Describe how you will coordinate the application and enrollment of families to other programs*  Service Coordinators participate in annual staff trainings covering CSHCS, Medicaid Waiver, and HHW that prepare them to share eligibility information with families and assist with the application process. Service Coordinators also share with families a LPCC developed local community resource packet that describes local, regional, statewide, and national resources. Representatives from these programs are invited to present at staff meetings in order to be sure Service Coordinators are aware of changes in programming and referral methods. Service Coordinators and administrative staff also meet with the local special education planning district staff and Head Start staff (dependent upon the locality the Service Coordinator serves).  *Describe how you will work with State technology and databases to ensure complete and updated electronic EI Records.*  First Steps –South East has met EI Hub implementation timelines and adheres to all state mandates for entering and maintaining accurate information in EI Hub. Training documents for entering information into EIHUB developed by First Steps — South East staff are used statewide for training purposes.  Service Coordinators maintain additional EI records (records of communication with families, case notes, etc.) for each child in a secure OneDrive system that is accessible to state reviewers.  Support staff members perform reviews to ensure the quality of both the data entry and the additional electronically stored records.  *Explain how you will conduct eligibility determination activities.*  The SPOE, through the use of contracted Eligibility Determination Teams, completes relevant assessments and evaluations necessary to determine eligibility that assists with the development of the IFSP for eligible children. Eligibility Determination members are recruited to ensure that a multidisciplinary team will review the materials assembled to assist in eligibility determination. They are contracted members of the early intervention team and maintain required licenses. Eligibility Determination Team members adhere to State guidelines in the determination of eligibility and work within the timelines that meet state requirements.  Training and ongoing support is provided by the SPOE Supervisor. The eligibility determination team is also supported with secure cell phones and iPads. They are trained in Thrive Alliance security protocol. They are supported to attend the annual conference. Support staff ensures timely scheduling of evaluation and timely billing and claims.  Service Coordinator evaluation responsibilities  Explains the eligibility process and informs the parents of their due process and procedural safeguards related to eligibility determination activities prior to scheduling the eligibility evaluation  Creates authorizations for essential and necessary diagnostic and/or developmental, specialty assessments/evaluations. When the family agrees to proceed, the Service Coordinator calls or texts scheduling while with family to schedule the evaluation.  Explains (if unable to schedule evaluation during meeting) to anticipate call or text from scheduling within two (2) business days and provides family with scheduling contact information in event of communication challenges. Completes evaluation appointment reminder card and leaves with family and secures a signed and dated *General Reciprocal Consent to Release and Share Information* for parent representative when parent plans to attend a portion of the evaluation (if applicable)  Uploads to SHAREPOINT (secure system for sharing information with the eligibility determination team member) for initials within two (2) business days of intake meeting for evaluation team member access:   * Completed *Initial Referral Information for**Assessment Team* * *Social History Interview* on *Enrollment* with exception of *Part F – Developmental Milestones* * *Family Assessment* * *Section F – Developmental Milestones* of *Part II – Social History Interview* of *Enrollment* when family declines *Family Assessment* * *Physician’s Health Summary* or alternative signed and dated medical documentation when information relates to eligibility * Signed and dated *General Reciprocal Consent to Release and Share* to cover parent representative when parent plans to attend a portion of the evaluation (if applicable   Uploads to SHAREPOINT (secure system for sharing information with the eligibility determination team member) for annuals within two (2) business days of preparation meeting in third quarter:   * Completed*Annual Referral Information for Assessment Team* * Most recent progress report (five month if ten month report not yet presented then uploads ten month when submitted) * Most recent evaluation report * *Physician’s Health Summary* or alternate signed and dated medical documentation if information relates to eligibility * Signed and dated *General Reciprocal Consent to Release and Share Information* to cover parent representative when parent plans to attend a portion of the evaluation (if applicable)   Reviews evaluation report before forwarding to family and network  Sends to FAMILY within one (1) business day of receipt evaluation report along with following documents:   * *Evaluation and Initial Eligibility Meeting Notification* or *Review of the Annual IFSP Meeting Notification* when not presented previously or alternate notice in the case of no eligibility or no need for service * *Understanding my Child’s IFSP Report* if not presented previously * *Preparing for the IFSP* if not presented previously   Emails meeting notice to eligibility determination team (unless presented earlier) within one (1) business day of family confirmation to proceed  Discusses evaluation results at meeting with family when determining eligibility  Records IFSP participation of evaluation team on *IFSP Section 10 – Development Team and Contributors*   * Notes time in and time out * Secures signature   Uploads evaluation report to EI RECORD ON ONEDRIVE within two (2) days of PCP signature on the IFSP when uploading all required IFSP documents when evaluation progresses top IFSP  Uploads evaluation report to FS REVIEW within ten (10) days of record closure when uploading all required documents for child who is exits program before the initial IFSP  Uploads evaluation report to EI RECORD ON ONEDRIVE within thirty (30) calendar days of record closure (allowing two weeks for ongoing providers to submit *Progress Report/Discharge Summary* and *Exit Skills Inventory)* when uploading all required documents for child who is exits program prior to developing the next annual IFSP  SPOE Supervisor evaluation responsibilities  Provides after hours contact for scheduling related matters  Communicates regularly with scheduling to arrange for adding days to schedule when necessary due to high referral numbers  Maintains calendar passwords and advises Office Manager of changes  Assigns regions of responsibility for Schedulers  Manages evaluation team recruiting, hiring, and retention  Provides back-up scheduling support in all counties  Provides support and directions for billing process  Scheduler responsibilities related to initial and annual evaluations  Provides availability to respond to Service Coordinator from intake meetings and annual preparation meetings  Contacts family within two (2) business days if evaluation appointment could not be finalized during intake or annual preparation meeting  Attempts minimum of three (3) times to contact family by phone (attempts required at different times of day and on different days)  Records dates, times, and results of each contact attempt  Emails Service Coordinator when unable to reach family after following required contact steps and provides record of contact attempts  Offers evaluation date meeting following conditions:   * First available date in region for team appropriate to address child needs * At least one opportunity to reschedule and meet 45-day timeline for initial IFSPs or annual IFSPs end date * Four to six weeks (when possible) prior to annual IFSP date with at least one opportunity to reschedule and meet annual IFSP timeline   Records evaluation in electronic scheduling calendar  Emails appointment details immediately (including the ZOOM link if applicable) to Service Coordinator when unable to schedule the evaluation during the family meeting  Maintains record of communications in emails and electronic calendar notes to include the following and submits records of progress of communications to Service Coordinator:   * Date, time, and result of each scheduling attempt * Time and location of scheduled evaluation * Scheduling details, such as notice of parent unable to be present for full evaluation * Confirmation of documents uploaded to SHAREPOINT * Outcome of reminder contact * Record of all other communication with family regarding scheduling   Verifies Service Coordinator uploaded required documents to SHAREPOINT ((secure system for sharing information with the eligibility determination team member) at least two (2) business days prior to evaluation and sends email to request information if necessary  Reminds family of evaluation appointment by text or call at least two (2) business days prior to scheduled evaluation and requests confirmation from family by one day prior to scheduled evaluation  Requests assistance from Service Coordinator when encountering contact difficulties (such as phone disconnects, call restrictions)  Reattempts to contact family one day prior to scheduled evaluation when family does not confirm receipt of previous reminder  Sends evaluation schedule for following day each afternoon to evaluation team and Service Coordinator  Notifies Service Coordinator immediately of late evaluation schedule changes or “no shows”  Follows written procedures for evaluation “no shows”  Maintains availability for last minute communications from evaluation teams in the event of “no show”  Enters claims for evaluation  Resolves issues from claims list  Evaluation team responsibilities related to initial and annual evaluations  Accesses child’s documents from SHAREPOINT (secure system for sharing information with the eligibility determination team member) prior to evaluation  Administers evaluation tool adhering to *Evaluation and Assessment Procedures* section of the state *First Steps Policy Manual*  Calculates and records scores to establish percent delay (when child is medically eligible, percent delay not necessary, although secondary eligibility percent delay establishes need for service)  Verifies diagnosis and code for medical eligibility on *Medical* *Health Summary* before recording medical eligibility  Documents need for service for medical eligibility with no secondary (percent delay) eligibility  NOTE:In the case of medical eligibility, need for service does not require documentation of two 20% or one 25% delay although secondary eligibility percent delay establishes need for service.  Recommends child would benefit from services regardless of percent delay when percent delay is not established as secondary eligibility  Documents skills necessary to address child’s needs  Documents ICO accurately:   * Completes alternate instruments (such as HELP) when appropriate * Submits evaluation documents to Service Coordinator within one (1) business day of evaluation * Documents why AEPS is not appropriate tool * Includes statement of what child has accomplished related to area(s) of delay * States current age of child age level and age level of child’s skills in the area(s) of delay * States unachieved developmental milestones child would be expected to have accomplished * States resulting percent delay * States child would benefit from early intervention * Documents skills necessary to address child’s needs   Emails evaluation to Service Coordinator and to [FAssessments2@Thrive-Alliance.org](mailto:FAssessments2@Thrive-Alliance.org) (Cluster J) or [FAssessments@Thrive-Alliance.org](mailto:FAssessments@Thrive-Alliance.org) (Cluster H)  Includes records of non-standardized additional evaluation in submission to Service Coordinator  Signs with time in and time out appropriate meeting page when participating in IFSP meetings  Submits to designated office staff member at minimum of monthly:   * Documentation of evaluation activity on *Billable Activities* form * Face to face sheets * Time in and time out   Submits billing by noon on Tuesday for payment on Friday  Office staff responsibilities related to annual and initial evaluations  Electronically files email of evaluation report and forwards to Service Coordinator when Service Coordinator email is not included in recipient list  Verifies on billable forms submitted by evaluation team member:   * Participation details * Face to face sheets * Units within guidelines   Refers detected errors or authorization concerns of any type to SPOE SUPERVISOR    Enters in database billable activities  Requests omitted face-to-face sheets and missing required information  Routes forms to fiscal department for payment (excludes incomplete submissions) by 10 a.m. on Wednesday  Resubmits incomplete forms on following Wednesday when complete  Routes copies to Billing Specialist for entering and billing into EI Hub Service Logging system  Files billing documents and first page of AEPS in evaluation team member’s binder | |
| **3** | **SoW Section VI. A. 6-8 – SPOE Functions of Ongoing Service Coordination, and Quality Assurance, and Individual Family Service Plan (IFSP)**  Describe how you propose to execute SoW Sections VI.A.6, VI.A.7 and VI.A.8 in their entirety and in alignment with State laws and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how you will educate and assist families in the identification of services and supports that best meet the unique needs of the child and family as well as the identified IFSP outcome(s). * Describe the strategies that you will utilize to ensure team participation and collaboration among IFSP team members. * Explain how you will conduct IFSP activities. * Describe how service coordinators will be assigned to meet the needs of families. * Explain your plan to ensure access to timely and appropriate services that will meet the needs of families. * Describe what procedures will be implemented to ensure families are contacted regularly. * Describe your plan to maintain any records, note, or files that are not housed in the State’s EI Hub. * Describe any tools you will provide to staff. * Describe what strategies you will utilize to support ongoing communication among early intervention professionals, families, and State staff. * Explain your plan to address inquiries, concerns, and complaints. * Describe the strategies you will utilize to monitor quality assurance for each of the following SPOE functions: a) referral, b) intake, c) record, d) evaluation and assessment, e) IFSP, f) ongoing service coordination, and g) administration. * Explain how you plan to collaborate and communicate with BCDS regarding quality improvement activities. |
| 1. *Describe how you will educate and assist families in the identification of services and supports that best meet the unique needs of the child and family as well as the identified IFSP outcome(s).*   Service Coordinators present comprehensive welcome packets of resource and support information to families. The discussion involves how to access those supports that interest the family. The welcome packets are area-specific an provide information about local, regional, state, and general resources and supports. Service Coordinators also direct families to our website that provides links to resources and supports.  Service Coordinators and evaluation team members explain types of services to families and discuss the appropriateness of services. When discussing appropriateness of particular First Steps services with families, Service Coordinators present individual agency matrix sheets.   1. *Describe the strategies that you will utilize to ensure team participation and collaboration among IFSP team members.*   Agency providers and evaluation team members are invited via the prior written notice to participate in all IFSP and transition meetings for the children they serve. Service Coordinators, evaluation team members, and individual providers regularly communicate via phone call and emails. With family consent, community partners such as Head Start, DCS, and special education planning district professionals are invited to attend IFSP meetings.   1. *Explain how you will conduct IFSP activities.*   Service Coordinators conduct initial and annual IFSP meetings following established guidelines.  Service Coordinator responsibilities related to the IFSP:  Reviews rights and procedural safeguards and provides the link to the full procedural safeguard document and documents discussion in meeting minutes  Discusses and updates family priorities and concerns and documents discussion in meeting minutes  Conducts eligibility meeting   * Discusses evaluation results with family and documents discussion in meeting minutes * Discusses eligibility requirements and documents discussion in meeting minutes * Completes *Eligibility Determination Statement* and in signature section explains where to find PCP documentation and signature (such as *Medical* *Health Summary*, signed medical records, or referral form for initial IFSPs) and secures family dated signature and signatures or method of participation of all participants   Reviews income, medical deductions, and classifications of family members and documents discussion in meeting minutes (not applicable for family meeting presumptive income requirements)  Reviews cost participation procedures, explains First Steps copayments and billing statement process, and discusses potential for suspension of services and documents discussion in meeting minutes (not applicable for family meeting presumptive income requirements)  Secures dated signature on the cost participation document  Secures family verification initials on cost participation formwhen First Steps copayment exists yet family declines to submit deductions (If no First Steps copayment or if deductions are recorded, family initials are unnecessary)  Discusses insurance billing (if applicable) and documents discussion in meeting minutes  Completes all sections of IFSP including development of outcomes based upon *IFSP Section 3 – Level of Childs Performance*, secures parent dated signature on *Section 8 – Early Intervention Services* (service page) and on *Section 10 – IFSP Development Team and Contributors,* and documents discussion in meeting minutes  Documents all diagnoses and diagnoses codes in IFSP Section 3 *Medical diagnosis / health status* box  Secures dated signature on releases for any additional identified representatives requiring *General Release of Information*  Reviews other community resources with family (at initial IFSP meeting presents and discusses community resource information packet if not previously presented) and documents discussion of community resources in meeting minutes  Explains what family should expect to happen next and documents discussion in meeting minutes:   * Upcoming contact from service provider to arrange to start or continue services * Progress reports from providers at five and ten months * Face to face sheet from provider after each session * Required PCP approval of IFSP and requirement for services to start or resume within thirty (30) calendar days of parent signature   Discusses need for family to notify Service Coordinator promptly in following situations:   * New questions or concerns * Changes in income, deductions, or family situation that may reduce First Steps copayments * Changes in contact information * Changes in insurance status or insurance plan * Changes in consent choices   Records discussion in meeting minutes  Conducts transition meeting after initial IFSP meeting if child has reached 33 months by initial IFSP date  Service Coordinator responsibilities after the IFSP meeting  Adds child to tracker (initial IFSP) or updates tracker (annual IFSP)  Enters all required information into EI Hub within two days of the activity  Faxes to PCP within two (2) business days of IFSP when IFSP includes services other than Service Coordination:   * *IFSP Section 3 —Summary of Child’s Present Level of Performance & Evaluation Information* * *IFSP Section 8* – *Early Intervention Services* (SERVICE PAGE) * *General Reciprocal Release* for the PCPsigned and dated by parent * Request for prompt return of signed and dated service page   Re-contacts PCP and resends if signed and dated Section 8 of IFSP (service page) is not returned within three (3) days and documents each attempt in notes by recording date, time, and result  Follows up with family to request assistance if signed and dated service page not returned by PCP within ten (10) days  Forwards *Thirty Month Notice to Local Educational Agency* for child 30 months or older at initial IFSP  Sends to PROVIDER NETWORK within two (2) business days of IFSP with or without PCP signature   * *Eligibility Determination Statement* * *Medical Health Summary* * *IFSP* * *Provider Release*   Notifies PROVIDER NETWORK of PCP signature within two (2) business days of receipt  Verifies progress towards start of services within required thirty (30) calendar days by means of required ten and twenty calendar day checks with network and proactively intervenes when necessary  Maintains records of follow up communications related to service start dates and documents related activities in case notes  Verifies *Section 8* – *Early Intervention Services* (SERVICE PAGE) records start and end dates within the required parameters prior to entering into database  Sends to FAMILY:   * Signed *IFSP* * Signed *Eligibility Determination* *Statement* * Signed cost participation form * Additional documents and forms requested by family   Verifies with family or provider(s) start dates within thirty (30) calendar days of family signature and completes *Confirmation of Start of IFSP Services*  Completes *Clinical Notes: After IFSP* to document fulfillment of all required post IFSP tasks  Records additional pertinent case notes on *Service Coordinator Log* and includes relevant communication records (communication records required for unmet timelines and for matters that may later surface as a source of concern)  Uploads to EI RECORD ON ONEDRIVE all required documentation within two (2) business days of PCP signature on IFSP:   * *Evaluation and Initial Eligibility Meeting Notification* or *Review of Annual IFSP Meeting Notification* * *Enrollment* including*Social History* (initial IFSP only) * *Family Assessment* (initial IFSP only) * *Section F Developmental Milestones* of *Enrollment Part II* ***--*** *Social History Interview* when family declined *Family Assessment* (initial IFSP only) * Evaluation results * Ten-month progress report (annual IFSP only) * Insurance consent and information form * Copies of private insurance card(s) (front and back) * *Medical Insurance Consent* * Medicaid verification * Cost participation forms with (if applicable) income documentation * *Cost Participation Expenses Worksheet* for additional medical expenses with documentation if applicable * *Documentation of Receipt of Rights / Consent to Proceed / Permission to Assess* * *Electronic Database Collection Systems Consent* * *Provider Reciprocal Consent* * *Authorization to Release and Share Medical Information* * *General Reciprocal Consent to Release and Share Information* for PCP and others when needed * *Medical Health Summary* and related medical documentation * *Eligibility Determination* *Statement* * *IFSP* * Case Notes   + *Case Notes: Referral Contact Record* for over 45-day initial IFSP   + *Case Notes: Intake Meeting (Introductory Discussion)* for initial IFSP   + *Case Notes: IFSP Preparation*   + *Case Notes: After IFSP* when documenting annual IFSP with no added services (for initial IFSP and annual IFSP with added services, submits later with *Confirmation of Start of IFSP Service)*   + Additional pertinent case notes on *Service Coordinator Log* and includes relevant communication records (communication records required for unmet timelines and for matters that may later surface as a source of concern) * *Confirmation of Start of IFSP Service* for annual IFSP with no change in services (*Delay of IFSP* with required documentation for over 45-day initial IFSP) * Verifies progress towards service start within required thirty (30) calendar days by means of required ten (10) and twenty (20) day checks with network and proactively intervenes when necessary   Documents start of new service (or lack of start) on *Confirmation of Start of IFSP Service)* by thirty (30) calendar days of family signature  Uploads to EI RECORD ON ONEDRIVE   * *Confirmation of Start of IFSP Services* unless annual with no added services submitted earlier with meeting documents * *Case Notes: After IFSP* that tracks progress towards service start   NOTE: *Confirmation of Start of IFSP Services* for services that started after 30 calendar days must include additional case notes recording activities and dates that provide clarification and details related to unmet timelines   1. *Describe how service coordinators will be assigned to meet the needs of families*.   Service Coordinators are assigned to families within the regions they serve in order to be sure that the Service Coordinator is extremely familiar with resources in that area.  Case load, language, and cultural factors are also taken into consideration when assigning Service Coordinators.  Administrative staff addresses any conflicts or concerns about Service Coordinator assignments and maintains the flexibility to change Service Coordinators if appropriate.   1. *Explain your plan to ensure access to timely and appropriate services that will meet the needs of families.*   Efforts of Service Coordinators, eligibility determination team members, and support staff ensure timely evaluations. Reminders from support staff and individualized trackers ensure Service Coordinators hold meetings within required timelines.  Eligibility team members and Service Coordinators work together with the family and other team members to ensure timely and family centered services.  Service Coordinators maintain a list of “no provider available” plans and communicate with individual agencies on regular timetable to try to secure services within the time requirements.  Service Coordinators verify progress towards service start within required thirty (30) calendar days by means of required ten (10) and twenty (20) day checks with network and proactively intervene when necessary to ensure services start on time.  Individual providers submit service start dates to Service Coordinators for verification.   1. *Describe what procedures will be implemented to ensure families are contacted regularly.*   Service Coordinators are required to document the following contacts (at a minimum) during each IFSP year:   * preparation for the annual IFSP and collection of any required documents * annual IFSP meeting * follow up communication after IFSP meeting * first quarter contact * six-month review of IFSP meeting * Any other time that the family indicates a desire for communication.   Families are reminded at each contact to notify the Service Coordinators with any changes in family situation, contact information, and insurance coverage.   1. *Describe your plan to maintain any records, note, or files that are not housed in the State’s EI Hub.*   All records not housed in EI Hub are uploaded internally to the secure early intervention record on OneDrive.  Service Coordinators submit to the office paper records that cannot be stored electronically. These are stored in fire proof and locked filing cabinets located in a locked file room in the physical office located in Columbus. Paper records are sorted by date and by cluster and maintained for the required time period.   1. *Describe any tools you will provide to staff*.   All necessary tools for work are provided to staff. Residentially based staff (Service Coordinators) are equipped with an iPad, an iPhone with a working camera, a laptop with full capacity to perform responsibilities, and a printer with scan and fax capability. They are provided with toner, paper, and other supplies as needed. They receive a monthly stipend for internet.  All record keeping, communication, and information submissions containing protected information (a name or any other client specific information) must adhere to Thrive Alliance policies ensuring compliance with privacy regulations.  All staff members have signed the document that clarifies *Thrive Alliance Computer, Data, and E-mail Security Policies.*  All emails with a name or other child specific information – including emails to families, provider networks, individual providers, evaluation team members, school staff, community partners – must be encrypted.  The first email communication with a family should be introduced and encrypted by the Serviced Coordinator to initiate a reciprocal encrypted system of communication.   1. *Describe what strategies you will utilize to support ongoing communication among early intervention professionals, families, and State staff.*   Administrative staff attends all state calls/meetings and all ICC meetings. They plan and facilitate quarterly meetings and discussions with all Evaluation Team contractors and with provider agencies. In addition, they conduct transition discussions at a minimum of every other year to update agreements with each special education planning district and the corresponding Head Start(s).  Service Coordinators are assigned to specific regions and participate in local initiatives and partnerships with other early intervention professionals. They provide visibility and a point of contact and promote ongoing communication within each community.  Monthly internal staff meetings include a presentation and discussion time with an early intervention professional (recent examples: Ella Boyd |ARC Chapter Advocacy Manager Waiver Services; Kathy Mullins Director of Education VIPS).  Training opportunities and LPCC recruitment materials for families are distributed to Service Coordinators for distribution to families. They are also directed to our website   1. *Explain your plan to address inquiries, concerns, and complaints.*   When an issue is reported by a family member, a provider, a community partner, or from any other source, it is addressed by administrative staff within one business day of receipt with appropriate follow up until a resolution is reached. Every concern or complaint is recorded on state log and submitted to state staff twice monthly. If an issue requires more immediate attention from state staff, the state is informed within three business days after internal investigation is complete.  When an issue requires state input, administrative staff acknowledges the issue with the submitter, and communicates with state staff before addressing the issue.   1. *Describe the strategies you will utilize to monitor quality assurance for each of the following SPOE functions: a) referral, b) intake, c) record, d) evaluation and assessment, e) IFSP, f) ongoing service coordination, and g) administration.*   Service Coordinators review all documents and data for accuracy, completeness, and compliance with requirements when uploading documents to the internal early intervention records on OneDrive and when entering data into EI Hub.  Quality review staff performs routine reviews of family documents stored in the child’s internal EI record on OneDrive and ensures that all required components are accurately recorded the EI Hub. The quality reviews are designed to assess work quality and verify accuracy and completeness of information, to follow up when items require corrections or clarification, and to identify training needs. Quality review staff maintains records of all reviews.  Documents stored securely on OneDrive include insurance forms and cards, enrollment information, records of referral, intake, transition, IFSP, and closure, ongoing case notes, evaluation and assessment results, consents, communication records, transition records, and the all IFSP documents. (Note: Some items, such as insurance identification cards and IFSPs, will eventually be stored in EI Hub and will no longer be included on OneDrive.)  Service Coordinators are contacted by quality review staff when errors or missing items are identified and are required to follow up within one business day.  Service Coordinators report quality concerns with evaluation activities to the SPOE Director for follow up.  The fiscal agent (Thrive Alliance) monitors the quality of the First Step – South East administrative staff.   1. *Explain how you plan to collaborate and communicate with BCDS regarding quality improvement activities.*   Administrative staff participates in Quality Review discussions with Early Childhood Center Indiana University and state staff. When quality concerns are identified, staff develops a corrective action plan and submits to the state within required timelines. In addition, staff submits to the state director internal referral and initial IFSP data.  Quality concerns that require state input or intervention are reported to the state for discussion.  Administrative staff participates in regular (bi-monthly) phone meetings with BCDS state staff.  SPOE Workgroup meetings are called as needed by BCDS staff and attended by administrative staff. | |
| **4** | **SoW Sections VI. A. 9, VI. B., and VI. C. – Conference Attendance and Professional Development, Community Presence, and SPOE Staff Requirements**  Describe how you propose to execute SoW Section VIA.9, VI.B.1, VI.B.2, VI.B.3, and VI.C in their entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe your annual professional development plan, including any conferences you plan to attend during the fiscal year. * Describe how you will ensure that the SPOE’s presence is known and available in the community, including whether you plan to maintain a physical or virtual office presence.   + If you plan to maintain a virtual office, describe your approach to developing a Virtual SPOE Presence Plan. Please specify the outreach methods you will utilize as part of your Virtual SPOE Presence Plan.   + If you plan to maintain a physical office, explain how your proposed office location(s), functions, and staffing will support the responsibilities of the SPOE. * Describe your overall staffing plan to fulfill all SPOE roles and responsibilities outlined in the Scope of Work. * Please submit an organizational staffing chart and job descriptions for each of your proposed positions, including how activities will be supported by each position and where the positions will be stationed, if applicable. * Please describe your staff’s experience with providing case management services for early intervention or related programs, including resumes for all key or leadership staff. * Describe your plan to recruit, hire, and retain qualified staff. * Describe your plan for onboarding, training, and monitoring service coordinators. |
| 1. *Describe your annual professional development plan, including any conferences you plan to attend during the fiscal year.*   January staff meeting includes a professional development survey. The results identify training needs and provide guidance for planning monthly required training activities.  Annual First Steps conference fee is fully financially supported for all staff members and eligibility determination contractors.  Leadership team will attend one national conference.  Program Director on ongoing basis announces conferences, webinar, and training opportunities to staff. Staff members who learn of other opportunities share the information with the full staff.   1. *Describe how you will ensure that the SPOE’s presence is known and available in the community, including whether you plan to maintain a physical or virtual office presence.*    1. *If you plan to maintain a virtual office, describe your approach to developing a Virtual SPOE Presence Plan. Please specify the outreach methods you will utilize as part of your Virtual SPOE Presence Plan.*   Both regions currently now served by First Step – South East are geographically large. As a result, most local areas of each cluster have been successfully served in the past through a virtual model.  There will be one physical office. A virtual office, because of the large geographic area covered in 25 counties, in essence is available in each county.  Service Coordinators are assigned to specific localities and are expected to help ensure visibility through outreach and collaboration with others serving children in the locality. The “local” Service Coordinator offers the first level of visibility and contact within the community. We will continue to require Service Coordinators, who each are assigned to serve a primary region or locality, to participate with local community boards and initiatives in the areas in which they serve to promote early intervention awareness and collaboration. Localized Service Coordinators provide an essential First Steps presence in a county or area.  Operations, structure, and procedures will be equivalent in both regions. There will be no differences from region to region or county to county.  Each of the two regions will maintain a separate LPCC to more effectively address needs at a regional and local levels. A single LPCC Coordinator together with the Program Director share the responsibility of maintaining two effective LPCCs. These two individuals offer staffing and operational support for both LPCCs.  Both LPCCs will address the following:   * Identifying issues that relate to service delivery * Designing and implementing strategies that address local considerations * Coordinating local resources, local service providers and community leaders and promoting communication and cooperation * Enhancing the capacity of agencies and service providers to meet the needs of all children, including historically underrepresented populations * Ensuring local informational activities and events that increase awareness of early intervention opportunities   We will continue to offer in both First Steps regions the ability to participate in LPCC meetings online. This practice successfully increased LPCC involvement in both regions and encouraged the participation of families and of all who serve children, including those who serve historically underrepresented populations.  First Steps – South East staff (administrative staff and the Service Coordinators who serve in a special education district) individually reviews and establishes updated agreements with each special education planning district (42 in total) and each Head Start/Early Head Startevery two years in face to face meetings (or electronically when preferred by the district). First Steps – South East also arranges a meeting with staff of a special education planning districts and Head Starts**/**Early Head Starts(11 in total)in the event of Service Coordinator, special education planning district, or Head Start staff changes in that locality. This promotes cooperative working relationships and ensures consistent procedures.  Supervisory direction and support are available to each staff member during all office hours. Administrative staff will travel to any area of the cluster when circumstances require face-to-face discussion.  Service Coordinators who work from residentially-based offices are provided with the means to scan documents for sharing and distribution as well as the equipment to conduct all business from that residential office. All communication and information transfer is conducted in a manner compliant with FERPA and HIPAA via a system that safeguards potential breaches*.*  In Cluster H, both provider agencies will offer First Steps promotional materials on site and NCA (provider agency) agrees to provide physical space for a minimum of quarterly Cluster H in-person staff meetings and trainings.  All special education planning district offices will have both brochures and posters for public display.  Outreach will be tracked monthly by the LPCC to ensure all community partners have materials for families on site.  All potential outreach events will be reviewed for appropriateness to the target population and staffed when possible.   * 1. *If you plan to maintain a physical office, explain how your proposed office location(s), functions, and staffing will support the responsibilities of the SPOE.*   The current office in Columbus, Indiana, provides the physical site to house all SPOE operations as well as non-electronic records for both H & J. The First Steps – South East office maintains regular office hours (five days a week from 8:30-4:30 daily with the exception of posted holidays) and is accessible in person and through phone and email to the general community and to all counties that are covered in the two regions.  The toll-free phone number for referrals and inquires will continue to be routed directly to the main office to ensure a prompt and consistent response to all referral. A single referral specialist is available during regular office hours.  Administrative staff will work from office location daily. Support staff will rotate one day a week in office and four days a week in a residential office.  All residential settings are equipped with secure computer and secure connections to the main phone number and server.   1. *Describe your overall staffing plan to fulfill all SPOE roles and responsibilities outlined in the Scope of Work.*   Program Director  1.00 FTE (0.75 SPOE H & J / 0.25 LPCC H & J)  Provides oversite to both SPOE and LPCC  SPOE Supervisor  1.00 FTE (0.44 H / 0.56 J)  Oversees all SPOE and EDT activities  Trainer  1.00 FTE (0.44 H / 0.56 J)  Trains Service Coordinators  LPCC Coordinator  1.00 FTE (0.50 H / 0.50 J)  NOTE: LPCC STAFF includes 0.25 FTE Program Director  Service Coordinators  42.00 FTE (0.44 H / 0.56 J)  Level 1 – 12.00 FTE  Level 2 – 18.00 FTE  Level 3 – 12.00 FTE  Allows each Service Coordinator approximately 50/ongoing case load plus 10 families in the referral and intake process  Referral Specialist  1.0 FTE (0.44 H / 0.56 J)  Accepts and records referrals, assigns to a Service Coordinator, and performs follow up  EDT Support  1.80 FTE (0.80 H /1.00 J)  Scheduling. Billing/Claims  Quality: Data and Records  1.70 FTE (0.75 H / 0.95 J)  Reviews EI Hub and internal EI records stored on one drive to ensure accuracy, completeness, and timelines.  Administrative Support  1.00 FTE (0.44 H / 0.56 J)  Provides general office support and management and supports administrative staff and Service Coordinators   1. Please submit an organizational staffing chart and job descriptions for each of your proposed positions, including how activities will be supported by each position and where the positions will be stationed, if applicable.   See Technical Proposal Exhibit A: First Steps – South East Organizational Chart  See Technical Proposal Exhibit B: First Steps – South East Position Descriptions   1. Please describe your staff’s experience with providing case management services for early intervention or related programs, including resumes for all key or leadership staff.   The current staff offers a combined 234 years of Service Coordinator experience. This includes the Service Coordination experience of administrative staff and of ongoing Service Coordinators.  See Technical Proposal Exhibit C: Administrative Staff Resumes   1. *Describe your plan to recruit, hire, and retain qualified staff*   First Steps – South East contacts stakeholders, which includes families, community partners, special education district planning districts, Head Start staff, ongoing providers, and eligibility determination team members, when recruiting new staff. Thrive Alliance Human Resources staff also uses established job posting networks to recruit.  We offer individualized training, professional development opportunities including a career path, and encourage student loan forgiveness.  We anticipate the ability to offer competitive wages and benefits to attract and retain staff.   1. *Describe your plan for onboarding, training, and monitoring service coordinators*.   Thrive Alliance Human Resources staff performs the initial onboarding.  First steps – South East maintains a fully dedicated Service Coordinator trainer who individualizes, depending upon the background and experience of the new employee, an established training schedule.  Training is provided in the following areas:   |  | | --- | | * Data Entry | | * Scheduling | | * Evaluation (observe 2) | | * Referral Entry | | * Family Assessment | | * 30 Day Start of Service | | * Cost Participation | | * Insurance | | * Procedural Safeguards * Confidentiality | | * 6 Month Review | | * IFSP | | * Service Page | | * 10 Day Written Prior Notice | | * EI Hub | | * One Drive | | * Tracker | | * PDF | | * Consent | | * 10 Month Review | | * 30 Month Referral | | * High Quality Outcomes | | * DCS Referral | | * LPCC | | * 3 Month Check In | | * Termination of Record | | * Transition |   The trainer and the SPOE Supervisor schedule and facilitate the training and utilize the expertise of our most experienced and best performing Service Coordinators (Level 3) for required shadowing experiences and supplementary training.  Service Coordinators are closely monitored during their training period. Guidelines are established for more formalized discussions at 30 days, 45 days, and 90 days during the training period:  30 DAY EXPECTATIONS DISCUSSION   1. Completed all required First Steps online trainings within 30 days of hire 2. Maintained records of completed online trainings 3. Demonstrates ability to complete required tasks on the iPad 4. Responds to phone calls, text messages, and emails promptly and within timelines 5. Initiates communication with Service Coordinators to schedule and complete shadowing experience 6. Initiates communication with trainers to seek clarifications and to address questions 7. Participates in staff meetings 8. Maintains attendance and work schedule   45 DAY EXPECTATIONS DISCUSSION   1. Completed all shadowing experiences within 45 days of hire 2. Completed all elements of shadowing observations sheets within 45 days of hire 3. Demonstrates basic understanding of EI Hub 4. Demonstrates understanding of the roles and duties of First Steps staff 5. Responds to phone calls, text messages, and emails promptly and within timelines 6. Demonstrates understanding of Service Coordination meeting responsibilities related to meetings:  * Meeting requirements and timelines * Meeting preparation activities * Facilitation of meeting * Meeting follow up * Documentation of activities related to meeting  1. Demonstrates understanding of processing documents using OneDrive 2. Initiates communication with trainers to seek clarifications and to address questions 3. Demonstrates communication skills (oral and written) in interactions with families, providers, EDT Members, IFSP teams, staff, community partners, and medical providers 4. Participates in staff meetings 5. Maintains attendance and work schedule   90 DAY EXPECTATIONS DISCUSSION   1. Demonstrates understanding of initial and annual credential requirements to maintain Service Coordination enrollment 2. Responds to phone calls, text messages, and emails promptly and within timelines 3. Demonstrates communication skills (oral and written) in interactions with families, providers, EDT members, IFSP teams, staff, community partners, and medical providers 4. Demonstrates ability to brainstorm and problem solve in response to complex situations 5. Demonstrates competencies related to meetings:  * Schedules and convenes required meetings within timelines * Follows meeting preparation requirements * Facilitates family-centered meetings * Initiates and brings to completion meeting follow up * Documents activities related to meeting  1. Demonstrates cost participation competencies:  * Explains cost participation to families * Collects required documentation * Processes required documentation * Records required documentation  1. Demonstrates competencies related to insurance requirements:  * Explains insurance process to families * Collects required documentation * Processes required documentation * Records required documentation  1. Demonstrates ability to maintain and organize EI records in both EI Hub and in OneDrive 2. Initiates communication with trainers to seek clarifications and to address questions 3. Participates in staff meetings 4. Maintains attendance and work schedule   A *training checklist* is completed for each Service Coordinator in training and includes the following:  Completed Observation Sheets   * Intake (2) * Initial IFSP (2) * Annual IFSP (2) * AEPS (2) * 6 Month Review (2) * Transition (2)•   Complete the Following Online  Trainings   * SC 101 * Exit Skills Training * The Growing Brain * Ethics in Home Visiting * AEPS Part 1• * Signed Service Coordinator Agreement * Complete Service Coordinator Enrollment Application   A shadowing experience feedback form requires the Service Coordinator in training to report on each of twelve shadowing experiences and leads to discussions with the trainer.  Ongoing monitoring and training of Service Coordinators is driven by findings from the internal data and records quality review process. Concerns are discussed at monthly staff meetings and may lead to a training topic.  Monthly staff meetings include a training component that provides information about community supports and program updates for CSHCS, waiver, and other programs that are resources for the families we serve. | |
| **5** | **SoW Section VII – Local Planning and Coordinating Council (LPCC) Requirements**  Describe how you propose to execute SoW Section VII in its entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Detail your specific goals related to public awareness and child find as well as your plan to meet them. * Describe the strategies you will utilize to conduct public awareness and child find activities within the region. Please include an activity calendar with the narrative response. * Explain how ongoing communication will be facilitated with parents, service providers, local referral sources, and local education agencies to increase awareness of local resources and program information. * Describe how you will maintain the regional website. * Describe how you plan to increase access to family resources. * Outline the types of transition activities you will conduct and when the activities will occur. Please include an activity calendar with narrative response. * Describe your plan to maintain and staff the LPCC. * Describe the experience and qualifications of your fully dedicated LPCC coordinator(s). * Describe your plan to conduct recruit LPCC recruitment activities, including how you will build relationships with local schools and higher education institutions, and participate in career fairs |

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| 1. *Detail your specific goals related to public awareness and child find as well as your plan to meet them.*   All counties in the region will have available local brochures and resource materials.  Service Coordinators will attend and participate in county specific social services networking meetings and on county specific boards when appropriate and provide visibility for First Steps in their assigned local area.  Staff will participate in outreach events.  Staff will offer informational presentations and materials to the local medical community.  Staff will offer informational presentations and materials to community partners and potential referral sources.   1. *Describe the strategies you will utilize to conduct public awareness and child find activities within the region. Please include an activity calendar with the narrative response.*  * LPCC Coordinator will track outreach activities and report to the LPCC quarterly * LPCC will develop a plan to target underserved areas or referral sources and for child find and public awareness activities   **First Steps South East – Cluster H**  **2023 LPCC Activity Calendar**  Beyond the scheduled activities listed on the calendar, the following activities take place on an ongoing basis:   * Ongoing provider recruitment activities * Ongoing QA activities * Ongoing (minimum semi-annually) Evaluation Team meeting * Ongoing training of referral sources, including Department of Child Services (DCS) – dates to be determined monthly * Ongoing quarterly (minimum) communication with provider networks * Ongoing updates to website * Ongoing communication of activities and events to families through Service Coordinators and website and Facebook page * Ongoing updates to family resource information distributed by Service Coordinators via distribution of welcome resource packets, transition resource packets, and whenever new resource information becomes available * Ongoing delivery of outreach materials such as brochures, posters, and developmental checklists to community locations including WIC, libraries, hospitals, doctor’s offices, Head Start, schools, and child care centers.   **January, February, March**  January 17  Monthly Staff Training  February 1  Quarterly LPCC and Transition Team Meeting  February 21  Monthly Staff Training  March 21  Monthly Staff Training  **Additional Cluster Activities January through March (Dates TBD)**  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  **April, May, June**  April 18  Monthly Staff Training  May 3  Quarterly LPCC and Transition Team Meeting  May 16  Monthly Staff Training  June 20  Monthly Staff Training  **Additional Cluster Activities April through June (Dates TBD**)  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  Madison County Baby Fair  Child Abuse Awareness Event – Delaware County  Child Abuse Awareness Event – Henry County  Child Abuse Awareness Event – Jay County  **July, August, September**  July 18  Monthly Staff Training  August 2  Quarterly LPCC and Transition Team Meeting  August 15  Monthly Staff Training  September 19  Monthly Staff Training  **Additional Cluster Activities July through September (Dates TBD)**  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  Madison County Connect Event  **October, November, December**  October 17  Monthly Staff Training  November 1  Quarterly LPCC and Transition Team Meeting  November 21  Monthly Staff Training  December 19  Monthly Staff Training  **Additional Cluster Activities October through December (Dates TBD)**  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  Region 11 DCS Provider Fair  **First Steps South East – Cluster J**  **2023 LPCC Activity Calendar**  Beyond the scheduled activities listed on the calendar, the following activities take place on an ongoing basis:   * Ongoing provider recruitment activities * Ongoing QA activities * Ongoing (minimum semi-annually) Evaluation Team meeting * Ongoing training of referral sources, including Department of Child Services (DCS) – dates to be determined monthly * Ongoing quarterly (minimum) communication with provider networks * Ongoing updates to website * Ongoing communication of activities and events to families through Service Coordinators and website and Facebook page * Ongoing updates to family resource information distributed by Service Coordinators via distribution of welcome resource packets, transition resource packets, and whenever new resource information becomes available * Ongoing delivery of outreach materials such as brochures, posters, and developmental checklists to community locations including WIC, libraries, hospitals, doctor’s offices, Head Start, schools, and child care centers.   **January, February, March**  January 17  Monthly Staff Training  February 17  Quarterly LPCC and Transition Team Meeting  February 21  Monthly Staff Training  March 4  Inspiring Abilities Expo – Hancock County  March 21  Monthly Staff Training  **Additional Cluster Activities January through March (Dates TBD)**  Healthy Families Advisory Board – Bartholomew County  Healthy Families Advisory Board – Hancock County  Healthy Families Advisory Board – Decatur County  Hancock County System of Care Networking Meeting  South Central Community Action Program Board of Directors meeting – Monroe County  Head Start Policy Council Meeting – Monroe County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **April, May, June**  April 18  Monthly Staff Training  May 16  Monthly Staff Training  May 19  Quarterly LPCC and Transition Team Meeting  June 20  Monthly Staff Training  **Additional Cluster Activities April through June (Dates TBD**)  Healthy Families Advisory Board – Bartholomew County  Healthy Families Advisory Board – Hancock County  Healthy Families Advisory Board – Decatur County  Hancock County System of Care Networking Meeting  Healthy Kids Day – Decatur County  Presentation to Greenfield Central Highschool advanced child development classes – Hancock County  South Central Community Action Program Board of Directors meeting – Monroe County  Head Start Policy Council Meeting – Monroe County  Shelbyville Central Schools Parent Fair – Shelby County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **July, August, September**  July 18  Monthly Staff Training  August 15  Monthly Staff Training  August 18  Quarterly LPCC and Transition Team Meeting  September 19  Monthly Staff Training  **Additional Cluster Activities July through September (Dates TBD)**  Healthy Families Advisory Board – Bartholomew County  Healthy Families Advisory Board – Hancock County  Healthy Families Advisory Board – Decatur County  Hancock County System of Care Networking Meeting  South Central Community Action Program Board of Directors meeting – Monroe County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Monroe County  Hancock Community Night Out – Hancock County  DCS Provider Fair –Region 14  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **October, November, December**  October 17  Monthly Staff Training  November 17  Quarterly LPCC and Transition Team Meeting  November 21  Monthly Staff Training  December 19  Monthly Staff Training  **Additional Cluster Activities October through December (Dates TBD)**  Healthy Families Board – Bartholomew County  Healthy Families Advisory Council – Hancock County  Healthy Families Advisory Council – Decatur County  Hancock County System of Care Networking Meeting  South Central Community Action Program Board of Directors meeting – Monroe County  Head Start Policy Council Meeting – Monroe County  Head Start Board Meeting – Union County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County   1. *Explain how ongoing communication will be facilitated with parents, service providers, local referral sources, and local education agencies to increase awareness of local resources and program information*.  * Website/Facebook for information such as training opportunities * Quarterly provider agency meetings * Quarterly LPCC meetings for community partners and families * Biannual individualized meetings with each special education planning districts (42 total) and the corresponding Head Start(s)/Early Head Starts (11 total) * Transition chats with special education planning district staffs and Head Starts when staffing change occurs * Individual meetings/phone chats with medical referral sources when appropriate  1. *Describe how you will maintain the regional website*.   LPCC Coordinator is charged with website maintenance and design with input from the LPCC.   1. *Describe how you plan to increase access to family resources*.   Electronic Welcome Packets and Transition Packets, both that include information about resources and supports, are on OneDrive for staff to distribute to families. These packets are developed for each county and include local resource information. Service Coordinators present the packets and discuss how to access resources.  LPCC Coordinator reviews resource packets for up to date materials with the assistance of the Service Coordinator who serves the locality.  Program Director notifies staff of new or updated resources for distribution to families (events such as Parent Cafes; Head Start enrollment nights).   1. *Outline the types of transition activities you will conduct and when the activities will occur. Please include an activity calendar with narrative response*.   Transition agreements are reviewed with each special education planning district (42 total) and Head Starts/ Early Head Starts (11 total) at a minimum of every two years  One on one meetings are offered when special education planning districts staff, Head Start/Early Head Start staff, or First Steps local Service Coordinator staff changes to introduce staff and ensure continuity and consistency.  **First Steps South East – Cluster J**  **2023 Transition Activity Calendar**  Beyond the scheduled activities listed on the calendar, the following activities take place on an ongoing basis to support transition:   * Ongoing maintenance of relationships with each of the 28 Local Educational Agencies that serve the public-school corporations within Cluster J. Local meetings are convened by the SPOE with each LEA at a minimum of every two years to review and discuss the transition Memorandum of Understanding (MOU), details of LEA testing and placement options, and related expectations for Service Coordinators. Additional individual meetings always held when there are any leadership changes in any of the LEAs. The most recently signed MOU’s expire June 30, 2024. * Ongoing maintenance of relationships with each of the 7 Head Start Agencies that serve the counties within Cluster J. Local meetings are convened by the SPOE with each Head Start Agency at a minimum of every two years to review and discuss the transition Memorandum of Understanding (MOU), details of program application and operations, and related expectations for Service Coordinators. The most recently signed MOU’s expire June 30, 2024. * Ongoing maintenance of relationships with both of the Child Care Resource and Referral Agencies that serve the counties within Cluster J. * Ongoing communication of activities and events to families through Service Coordinators and website and Facebook page * Ongoing updates to family resource information distributed by Service Coordinators via distribution of transition resource packets, and whenever new resource information becomes available.   The calendar activities below support transition opportunities for families:  **January, February, March**  January 17  Monthly Staff Training  February 17  Quarterly LPCC and Transition Team Meeting  February 21  Monthly Staff Training  March 4  Inspiring Abilities Expo – Hancock County  March 21  Monthly Staff Training  **Additional Cluster Activities January through March (Dates TBD)**  Healthy Families Advisory Board – Bartholomew County  Healthy Families Advisory Board – Hancock County  Healthy Families Advisory Board – Decatur County  Hancock County System of Care Networking Meeting  South Central Community Action Program Board of Directors meeting – Monroe County  Head Start Policy Council Meeting – Monroe County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **April, May, June**  April 18  Monthly Staff Training  May 16  Monthly Staff Training  May 19  Quarterly LPCC and Transition Team Meeting  June 20  Monthly Staff Training  **Additional Cluster Activities April through June (Dates TBD**)  Healthy Families Advisory Board – Bartholomew County  Healthy Families Advisory Board – Hancock County  Healthy Families Advisory Board – Decatur County  Hancock County System of Care Networking Meeting  Healthy Kids Day – Decatur County  Presentation to Greenfield Central Highschool advanced child development classes – Hancock County  South Central Community Action Program Board of Directors meeting – Monroe County  Head Start Policy Council Meeting – Monroe County  Shelbyville Central Schools Parent Fair – Shelby County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **July, August, September**  July 18  Monthly Staff Training  August 15  Monthly Staff Training  August 18  Quarterly LPCC and Transition Team Meeting  September 19  Monthly Staff Training  **Additional Cluster Activities July through September (Dates TBD)**  Healthy Families Advisory Board – Bartholomew County  Healthy Families Advisory Board – Hancock County  Healthy Families Advisory Board – Decatur County  Hancock County System of Care Networking Meeting  South Central Community Action Program Board of Directors meeting – Monroe County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Monroe County  Hancock Community Night Out – Hancock County  DCS Provider Fair –Region 14  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **October, November, December**  October 17  Monthly Staff Training  November 17  Quarterly LPCC and Transition Team Meeting  November 21  Monthly Staff Training  December 19  Monthly Staff Training  **Additional Cluster Activities October through December (Dates TBD)**  Healthy Families Board – Bartholomew County  Healthy Families Advisory Council – Hancock County  Healthy Families Advisory Council – Decatur County  Hancock County System of Care Networking Meeting  South Central Community Action Program Board of Directors meeting – Monroe County  Head Start Policy Council Meeting – Monroe County  Head Start Board Meeting – Union County  First5 Rush County Early Learning Coalition Meeting – Rush County  Head Start Policy Council Meeting – Union County  Head Start Board Meeting – Union County  Young Child Wellness Council - Ripley County  Healthy Start Community Action Network Meeting – Fayette County  Healthy Start Community Action Network Meeting – Jackson County  Healthy Start Community Action Network meeting – Union County  **First Steps South East – Cluster H**  **2023 Transition Activity Calendar**  Beyond the scheduled activities listed on the calendar, the following activities take place on an ongoing basis to support transition:   * Ongoing maintenance of relationships with each of the 14 Local Educational Agencies that serve the public-school corporations within Cluster H. Local meetings are convened by the SPOE with each LEA at a minimum of every two years to review and discuss the transition Memorandum of Understanding (MOU), details of LEA testing and placement options, and related expectations for Service Coordinators. Additional individual meetings always held when there are any leadership changes in any of the LEAs. The most recently signed MOU’s expire June 30, 2024. * Ongoing maintenance of relationships with each of the 4 Head Start Agencies that serve the counties within Cluster H. Local meetings are convened by the SPOE with each Head Start Agency at a minimum of every two years to review and discuss the transition Memorandum of Understanding (MOU), details of program application and operations, and related expectations for Service Coordinators. The most recently signed MOU’s expire June 30, 2024. * Ongoing maintenance of relationships with both of the Child Care Resource and Referral Agencies that serve the counties within Cluster H. * Ongoing communication of activities and events to families through Service Coordinators and website and Facebook page. * Ongoing updates to family resource information distributed by Service Coordinators via distribution of transition resource packets, and whenever new resource information becomes available.   The calendar activities below support transition opportunities for families:  **January, February, March**  January 17  Monthly Staff Training  February 1  Quarterly LPCC and Transition Team Meeting  February 21  Monthly Staff Training  March 21  Monthly Staff Training  **Additional Cluster Activities January through March (Dates TBD)**  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  **April, May, June**  April 18  Monthly Staff Training  May 3  Quarterly LPCC and Transition Team Meeting  May 16  Monthly Staff Training  June 20  Monthly Staff Training  **Additional Cluster Activities April through June (Dates TBD**)  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  Madison County Baby Fair  Child Abuse Awareness Event – Delaware County  Child Abuse Awareness Event – Henry County  Child Abuse Awareness Event – Jay County  **July, August, September**  July 18  Monthly Staff Training  August 2  Quarterly LPCC and Transition Team Meeting  August 15  Monthly Staff Training  September 19  Monthly Staff Training  **Additional Cluster Activities July through September (Dates TBD)**  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  Madison County Connect Event  **October, November, December**  October 17  Monthly Staff Training  November 1  Quarterly LPCC and Transition Team Meeting  November 21  Monthly Staff Training  December 19  Monthly Staff Training  **Additional Cluster Activities October through December (Dates TBD)**  Center for Deaf and Hard of Hearing Council Meeting – All Counties  Covering Kids and Families Coalition Meeting – Delaware and Madison County  Region 11 DCS Provider Fair   1. *Describe your plan to maintain and staff the LPCC*.   One LPCC Coordinator serves both clusters. The LPCC Coordinator formerly directed First Call for Help (now 211) and offers expertise with identifying and promoting community resources.  The Program Director fulfills many LPCC responsibilities and is closely aligned with the LPCC.  Service Coordinators act as outreach staff for local activities, provide local visibility, and participate in activities with community partners.   1. *Describe the experience and qualifications of your fully dedicated LPCC coordinator(s).*   Anne Dolan –formerly First Call for Help (now 211) Director—is our LPCC Coordinator. Anne served on the annual First Steps conference planning workgroup and co- presented a session on Community Resources at the 2021 First Steps conference. Anne also has assisted with outreach events on a state level.  Becky Haymond, Program Director, also fulfills many LPCC roles. Becky has been with First Steps since 1996. She served 8 years on the ICC and has provided trainings to First Steps staff for over 22 years.  Resumes and job descriptions for both Anne and Becky are attached in the previous section of this technical proposal. See Technical Proposal Exhibit C: First Steps – South East Administrative Staff Resumes.   1. *Describe your plan to conduct recruit LPCC recruitment activities, including how you will build relationships with local schools and higher education institutions, and participate in career fairs\*   We will continue with the following activities: to recruit ongoing providers:   * Internships with IUPUC * Internships with Ivy Tech * Shadowing experiences for secondary and college students * Annual presentations for Greenfield Central child development class * Collaboration starting October 2021 with Robin Box Family and Child Program Director Department of Early Childhood, Youth, and Family Studies Ball State University for internships for potential direct service providers * Vendor and career fairs promoting First Steps and employment opportunities     We will continue to work with the LPCC to brainstorm strategies to implement to recruit providers.  We have maintained the full required participation on the LPCC and regularly invite (and re-invite) families and community partners to participate. The opportunity to participate virtually in meetings encourages participation. | |
| **6** | **SoW Section VIII – Data Requirements**  Describe how you propose to execute SoW Section VIII in its entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe how you will ensure initial early intervention files and electronic records are uploaded to EI Hub within two (2) days of an activity occurring. * Describe the process you will use to ensure that the data and documentation entered into EI Hub are both accurate and complete. * Describe your plan to monitor data entries and report errors to the State within seven days, if necessary. * Describe how you will safeguard any records not uploaded to EI Hub in accordance with State guidelines, Family Educational Rights and Privacy (FERPA) regulations, and Protected Health Information (PHI) regulations. |
| 1. *Describe how you will ensure initial early intervention files and electronic records are uploaded to EI Hub within two (2) days of an activity occurring.*   Service Coordinators enter all required data into EI Hub within 48 hours of an activity. Quality review staff ensures that items are entered correctly and within timelines.   1. *Describe the process you will use to ensure that the data and documentation entered into EI Hub are both accurate and complete*.   Service Coordinators are required to check their entries to be certain of accuracy. Quality review staff performs additional checks to verify the accuracy, completeness, and timeliness of information entered into EI Hub.  When provider agencies request corrections, errors are addressed immediately.   1. *Describe your plan to monitor data entries and report errors to the State within seven days, if necessary.*   Support staff compiles a monthly list of all activities (initial IFSPs, annual IFSPs, six-month reviews, and transition meetings) for each Service Coordinator. Quality review refers to this list to track and monitor data on EI Hub and stored in the internal EI Record on OneDrive and verifies children’s files contain accurate and up to date information:   * Income information (including 3 consecutive paystubs, tax documents, or a letter from employer when presumptive income guidelines are not met) with a signed cost participation form * Insurance documentation (copy of insurance card and signed insurance consent and information form when the family consents to access to insurance) * Signed consents * Case notes and correspondence * Eligibility documentation * Transition records * Family demographic information     The SPOE Supervisor reports errors to the state within the required timelines and monitors replies.   1. *Describe how you will safeguard any records not uploaded to EI Hub in accordance with State guidelines, Family Educational Rights and Privacy (FERPA) regulations, and Protected Health Information (PHI) regulations.*   All records not housed in EI Hub are uploaded internally to the secure early intervention record on OneDrive. Firewalls and anti-virus software protect all staff devices.  Service Coordinators submit to the office paper records that cannot be stored electronically. These are stored in fire proof and locked filing cabinets located in a locked file room in the physical office located in Columbus. Paper records are sorted by date and by cluster and maintained for the required time period.  All record keeping, communication, and information submissions containing protected information (a name or any other client specific information) must adhere to Thrive Alliance policies ensuring compliance with privacy regulations.  Security policies, HIPAA, and FERPA are fully addressed during training. All staff members are presented with a document that clarifies *Thrive Alliance Computer, Data, and E-mail Security Policies.* The document requires a signature to indicate understanding and ongoing compliance. Staff members are regularly reminded of security protocols at monthly staff meetings,  Administrative staff remains updated on security policies and attends all required state trainings. All information is shared with staff.  All emails with a name or other child specific information – including emails to families, provider networks, individual providers, evaluation team members, school staff, community partners – must be encrypted.  The first email communication with a family is introduced and encrypted by the Serviced Coordinator to initiate a reciprocal encrypted system of communication. | |
| **7** | **SoW Section IX and Attachment B1 – Corrective Action and Key Objectives**  Describe how you propose to execute SoW Section IX in its entirety and in alignment with State laws, and all other applicable Federal laws, updates, and guidance. Your response should include, but not be limited to, the specific elements highlighted below:   * Please demonstrate your understanding of and indicate that you agree to comply with the corrective action requirements described in Section IX. * List any corrective actions that you have been subject to in the past five (5) years for services similar to those described in this RFP. Additionally, please describe what measures you will take to address and prevent corrective action throughout the Contract term. * Please describe any lessons learned from previous Corrective Actions, sanctions, or formal complaints. * Describe how you plan to meet each of the five Key Objectives described in Attachment B1. * For each Key Objective, describe your ability to perform each of the SPOE Project Activities, LPCC Project Activities, and meet the associated Metrics. * Outline your data collection practices, including any software utilized for data collection, cleaning, and analysis. |
| 1. *Please demonstrate your understanding of and indicate that you agree to comply with the corrective action requirements described in Section IX.*   We understand and agree to comply with corrective action requirements described in Section IX.   1. *List any corrective actions that you have been subject to in the past five (5) years for services similar to those described in this RFP. Additionally, please describe what measures you will take to address and prevent corrective action throughout the Contract term.*   SC was noted to have lacked due diligence even though she offered both another agency and another service (DT instead of ST) that was declined by parent.   1. *Please describe any lessons learned from previous Corrective Actions, sanctions, or formal complaints.*   Increased documentation skills and training are needed by Service Coordinators to fully capture the essential components of team discussions.  Documentation of follow up activities needs to be in writing and not merely understood.   1. *Describe how you plan to meet each of the five Key Objectives described in Attachment B1.*   We have met the metrics and will continue with the following activities:  Objective 1: Increase child count   * SPOE will track primary referral sources for all children referred to the program. * SPOE will ensure policies and procedures align with LPCC memorandums of agreement (MOA) with local referring agencies. * LPCC will review and analyze referral data and work with the SPOE to identify strategies for improvement as necessary. * LPCC will ensure referral sources are represented on the LPCC. * LPCC will conduct informational activities throughout the cluster(s) that describe First Steps eligibility guidelines and referral procedures. Childcare agencies, physicians’ offices, social service agencies, and community agencies must be contacted on an ongoing basis. * The LPCC will maintain memorandums of agreement (MOA) with local referring agencies. * The LPCC will maintain a website for the cluster(s) that is accessible, accurate, and up-to-date and includes, at a minimum, information on the availability of early intervention services and how to refer a child under the age of three for a First Steps evaluation to determine eligibility for early intervention services.   Objective 2: Responsive to the needs of families and children   * SPOE will respond to all referrals within two (2) calendar days of receipt. * SPOE will maintain a fully functioning evaluation/assessment team for the cluster(s) and ensure timely eligibility determination in accordance with state policy and state and federal regulations. * SPOE will ensure that each eligible infant or toddler has a single ongoing service coordinator who will maintain face-to-face contact with families at least once quarterly and maintain regular, ongoing communication with families via phone or email between face-to-face visits. * SPOE will provide service coordination in accordance with state policy and state and federal regulations. * SPOE will ensure that the ongoing service coordinator coordinates continuous IFSP team communication and discussion according to state policy and state and federal regulations and works to increase and support whole team collaboration. * SPOE will implement all IFSPs within the required timelines, including initial IFSP development meetings held within 45 days of referral to SPOE, 6-month IFSP reviews, and annual IFSP development * SPOE will send referral information to provider agencies and conduct follow up in a timely manner to help ensure that services are delivered within the required timeline (30 calendar days from parent signature on initial IFSP or change page; 30 days from IFSP start date for annual IFSPs). * SPOE will ensure that all infants and toddlers with an IFSP primarily receive early interventions services in natural environments. In the event EI services are not provided in a natural environment, the identification of the appropriate setting for services must be an individualized decision made by the IFSP team (including the family) based on the child’s unique needs, family routines, and developmental outcomes. Ensure that, in the event services are not provided in a natural environment, justification is provided in the IFSP. * SPOE will address concerns received by the SPOE within 60 days of receipt and forward complaints to the State office within two (2) business days.   + LPCC will review and analyze data related to IFSP timelines, service delivery timelines, and natural environments, and work with the SPOE to identify strategies for improvement as necessary. * LPCC will review and analyze data related to provider recruitment and availability and work with SPOE to identify recommendations for improvement. * LPCC will address concerns received by the LPCC within 60 days of receipt and forward complaints to the State office within two (2) business days.   Objective 3: Smooth exit and transition   * SPOE ensures that every child enrolled in First Steps has a completed transition packet, along with a transition conference, in accordance with State policy and State and federal regulations. * SPOE Initiates transition activities for eligible infants and toddlers in accordance with timelines set in State policy. * SPOE ensures that each IFSP contains a completed transition page that includes transition steps and services with input from the family. * SPOE ensures that SPOE policies and procedures align with LPCC memorandums of agreement (MOA) regarding transition. * SPOE works with the LPCC to identify transition training needs for the cluster(s). * SPOE holds transition conferences in conjunction with the initial IFSP meeting when a child is referred at 29 months of age or older. * **LPCC d**evelops and maintains memorandums of agreement (MOA) with all LEAs and/or special education planning districts, as well as with all Head Start/Early Head Start entities in the cluster(s). * LPCC establishes and maintains a cluster transition committee comprised of families, early intervention service providers, service coordinators, and representatives from all LEAs and Head Start/Early Head Start agencies   + - Each LPCC includes representatives from special education planning districts and functions also as a transition committee. Transition is addressed at each LPCC meeting. To more fully address transition activities and processes that relate to the unique characteristics of each specific region, transition collaboration and planning meetings occur individually in each of our 42 special education planning districts and include representatives from the “local” Head Start (11 total Head Starts/Early Head Starts), First Steps administrative staff, local Service Coordinators, and local stakeholders, community partners, and family representative. The results of the 42 meetings are reported to the full LPCCs (which include representatives special education planning districts, head start, families, and service providers) and transition is addressed during each meeting. * Cluster H, which covers a smaller geographic area with fewer special education planning districts (14) and 4 Head Start areas, has a Transition Committee that suspended meetings during Covid but will be reinstated. * Cluster J, which includes 28 special education planning districts and 7 Head Start areas, is better served by the 28 separate collaborative planning meetings with a full report back to all districts when the meetings are complete. * LPCC reviews and analyzes cluster transition data and work with the SPOE to identify strategies for improvement as necessary. * LPCC works with the SPOE on developing transition trainings and deliver transition trainings to SPOE staff, LPCC members, families, and other community partners as necessary on a semi-annual basis.   Objective 4: Increase and improve communication among all stakeholders   * SPOE Identifies community resources and engages in ongoing communication and collaboration with families, early intervention service providers, SPOE staff, LPCC members, transition committee members, referral sources, and community partners. * SPOE ensures that at least one (1) SPOE staff participates in LPCC meetings. * SPOE ensures that at least one (1) SPOE staff participates in local First Steps provider agency meetings. * SPOE develop policies and procedures for working with First Steps provider agencies, including but not limited to how families are provided information about available service providers and internal SPOE protocol when an agency doesn’t have a provider available. * SPOE ensures service coordinators are trained on available community resources and transition options at least once per year. * SPOE ensures at least one (1) SPOE representative attends State Interagency Coordinating Council (ICC) meetings. * SPOE participates in ICC workgroups and other committees/groups relevant to early intervention and the broader early childhood system. * LPCC identifies community resources and engage in ongoing communication and collaboration with families, early intervention service providers, SPOE staff, LPCC members, transition committee members, referral sources, and community partners. * LPCC collaborates with DCS around screening referrals for children under three (3) who are the subject of substantiated abuse or neglect cases and/or children under three (3) who have been exposed to illegal substances. * LPCC develops and adheres to LPCC by-laws that address policies/procedures on the following topics at a minimum: conflict resolution, conflict of interest, council membership and voting, and confidentiality of child and family personally identifiable information. * LPCC develops procedures for informing families about the LPCC and inviting families to attend meetings. * LPCC participates in ICC workgroups and other committees/groups relevant to early intervention and the broader early childhood system. * LPCC engages with the ICC where applicable (e.g. giving progress updates on different responsibilities such as recruitment and referrals). * Collaborate with the State team on outreach and engagement activities as necessary     Objective 5: adhere to requirements, maintain documentation to meet regulations and support program improvements   * SPOE submit information and reports to the State office as requested. * SPOE staff members have working knowledge of the First Steps system, system policy, and all State and federal regulations governing the Part C program and comply e with all regulations and policies. * SPOE staff adhere to the Professional Conduct Guidelines as outlined in the First Steps Early Intervention Personnel Guide. * SPOE staff collaborates with Quality Review teams and BCDS to address any areas in need of technical assistance and support. * SPOE staff maintains an independent First Steps identity exclusive of an affiliation with any other entity. * SPOE maintain a community presence that is available to the public at least five (5) days per week, fifty-two (52) weeks per year or in accordance with a State-approved calendar during normal business hours. Hours of operation are recorded on the phone system and posted in the office and online. * SPOE staff meets early intervention credentialing requirements in accordance with the First Steps Early Intervention Personnel Guide. All intake and service coordinators receive direct programmatic supervision from a SPOE or service coordination supervisor. * SPOE performs clerical functions related to authorization(s) for IFSP services and assists the Eligibility Determination Team to maintain and update paper or electronic EI Records not uploaded to the State’s EI Hub. * SPOE maintains any EI records and electronic files not uploaded to the State’s EI Hub. * SPOE ensures accurate and timely data entry and record-keeping, including maintaining comprehensive child records not uploaded to the State’s EI Hub, in accordance with State policy and State and federal regulations. This includes maintaining all records not uploaded to the State’s EI Hub in a manner compliant with FERPA and that safeguards against any potential breach of Personally Identifiable Information. * SPOE maintains original files for all enrolled children that contain documentation, including the AEPS, to support eligibility as determined by a multidisciplinary evaluation in accordance with State eligibility guidelines. * SPOE ensures that children’s files contain accurate and complete income and insurance documentation, including 3 consecutive paystubs, taxes, letter from employer, copy of insurance card, signed cost participation form, etc. and that this information is reviewed regularly to ensure it is accurate and up-to-date. * SPOE maintains ongoing service documentation including notifications, IFSP reviews/evaluations and new IFSPs, progress reports, releases, and comprehensive documented key correspondence. * SPOE follows HIPAA standards when transmitting data electronically to health care and insurance providers, including claims, payment and remittance advice, premium payments, claim status, referral certification and authorization, and coordination of benefits. * SPOE ensures all personal information is sent via secure and encrypted email. * SPOE reports data entry errors that require State assistance to the State office within seven (7) calendar days. * SPOE notifies the IFSP team (including the family) and First Steps Provider Enrollment when a service coordinator is no longer employed with the SPOE. * LPCC submits information and reports to the State office as requested. * LPCC staff has working knowledge of the First Steps system, system policy, and all State and federal regulations governing the Part C program. Compliance with all regulations and policies is required. * LPCC staff adheres to the Professional Conduct Guidelines as outlined in the First Steps Early Intervention Policy Manual. * LPCC staff collaborates with Quality Review teams and BCDS to address any areas in need of technical assistance and support. * LPCC would maintain contracts for all persons who receive or manage funds for the LPCC, but we hold no contracts * LPCC maintains documents related to LPCC meetings and cluster transition committee meetings. LPCC maintains up-to-date rosters for the LPCC and cluster transition committee. * LPCC maintains up-to-date list of child find and cluster outreach activities. * LPCC maintain all training and presentation files.  1. *For each Key Objective, describe your ability to perform each of the SPOE Project Activities, LPCC Project Activities, and meet the associated Metrics.*   Our past performance reviews indicate we have met all these metrics. Clusters H & J lead as proactive an innovative. We have demonstrated our ability to perform SPOE and LPCC activities and meet the metrics.   1. *Outline your data collection practices, including any software utilized for data collection, cleaning, and analysis.*   Required data is entered into EI Hub.  Other internal data tracking involves electronic spreadsheets and includes the following:   * Weekly referral counts * Weekly initial IFSP counts * Ongoing caseload size reviews * Evaluation data collected monthly * Standing data reports involving referrals, IFSPS, provider availability, and any additional requested reports are reviewed by LPCC quarterly | |
| **8** | **Diversity, Equity, and Inclusion (DEI)**  Describe how your company will prioritize DEI across all considerations and decisions made. Your response should include, but not be limited to, the specific elements highlighted below:   * Describe your understanding of the demographics of each region in which you are proposing services. * Demonstrate your experience meeting the unique needs of under-resourced populations. * Describe how you will identify under-resourced populations and detail how you will provide services to support those identified. * Describe the specific methods you will employ to promote services to under-resourced populations. |
| 1. *Describe your understanding of the demographics of each region in which you are proposing services.*   Demographics up to March of 2021 are available in the profile reports on the state website.  Detailed county data is available through IYI (Indiana Youth Institute) and can be accessed when the LPCCs perform an in-depth investigation. The population data from the IYI 0-17 report is detailed in the following paragraphs.  In Cluster H, the most reported on racial categories are not highly represented in the ages 0-17 population. Four of the seven counties report a Black/African American population of one percent or less, Delaware reports 8.9%, Madison 8%, and Wayne 5.5%. Hispanic/Latino populations ages 0-17 are larger: in the seven counties range from 2.9 % (Henry and Jay) to 6.9% (Randolph). Asian populations are reported 0.4% (Henry) to 2.4% (Blackford).  In Cluster J, the same holds true. Ten of the eighteen counties report a age 0-17 Black/African American population of one percent or less, and the highest is Monroe at 3.6%, like in Cluster H, the Hispanic /Latino populations ages 0-17 are larger: in the eighteen counties they range from 1.3% (Franklin) to 13.6% (Jackson). Five of the eighteen counties report no (0%) Asian population, and the highest is Bartholomew, at 6.0%.  There is no significant reported 0-17-year-old American Indiana or Alaskan native population reported in any county of the two clusters.  Other families that are historically underrepresented—low income, rural, and families who provide foster car—reside throughout our areas of the cluster. The currently published IYI reports do not proved data but note that their next report will be published in 2023.  The LPCC will utilize this data when developing child find and public awareness activities that target historically underserved populations.   1. *Demonstrate your experience meeting the unique needs of under-resourced populations.*   We provide interpreters when necessary during the eligibility determination process.  We maintain a minimum of one Spanish – speaking Service Coordinator in each cluster. This Service Coordinator carries a Spanish-speaking case load from throughout the respective cluster and supports other staff members (such as the Referral Specialist or other Service Coordinators) when necessary.  Service Coordinator initial and ongoing training addresses cultural competence.  We direct our child find activities and communication towards entities, such as DCS, community leaders, social service providers, and groups or agencies that are resources for undeserved population. Outreach materials and referral training are directed to organizations that serve unique populations. At times services that serve the Spanish speaking population have collaborated to set up screening activities.   1. *Describe how you will identify under-resourced populations and detail how you will provide services to support those identified.*   We anticipate the ability to access demographic data on EI Hub and updated information through IYI, which is key to identifying how we are addressing underserved populations in each cluster and in individual counties.  How we provide services depends on the situation. Service Coordinators and Eligibility Determination Team members are trained to perform our services in a culturally competent and individualized manner. We develop a unique service plan with each family that recognizes their cultural background.   1. *Describe the specific methods you will employ to promote services to under-resourced populations.*   We direct our child find activities and communication towards entities, such as DCS, community leaders, social service providers, and groups or agencies that are resources for underserved populations. Outreach materials and staff training are directed to organizations that serve unique populations. At times services that serve the Spanish speaking population have collaborated to set up screening activities. | |