

# Consultation Documentation

(To be completed by those participating in consultation session)

**Parent was notified and invited to participate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (method) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service**

**Coordinator prior to meeting. Service Coordinator contacted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (method) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Time: \_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consultation is to discuss/coach team members in addressing family/ caregiver’s:**

* **Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_**

* **Successes to implementing strategies and achieving goals for Outcome # \_\_\_**

The **team** (*family, caregivers, primary service provider and supporting providers*) **will continue or modify the following strategies to achieve goals for Outcome # \_\_\_\_\_**

NOTES:

***IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:***

 **YES**  **NO**

|  |
| --- |
| Participating Team Members/Signatures: **(PSP indicated with \*)**  Parent/ Guardian \_\_\_see attached paper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ITDS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Face-to-Face Phone Face-to-Face Phone OT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Face-to-Face Phone Face-to-Face Phone SLP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Face-to-Face Phone Face-to-Face Phone Service Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_see attached paper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Face-to-Face Phone Face-to-Face Phone   |

Copy to: Family/ Guardian Revised Apr 2012

 Early Steps Service Coordinator within 5 business days

 Team Providers

# Consultation Documentation, Continued

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The **team** (*family, caregivers, primary service provider and supporting providers*) **will continue or modify the following strategies to achieve goals for Outcome # \_\_\_\_\_**

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**CONSULTATION DOCUMENTATION FORM INSTRUCTIONS**

This form serves two primary purposes:

* Statewide uniform documentation of Consultation services paid for by contract funds
* Statewide uniform billing documentation for providers participating in Consultation

Each team member must have a form completed for each Consultation in which they participate. During consultation sessions, the members participating should appoint a recorder to LEGIBLY complete the form from *Child’s Name* to *IFSP Team Meeting Yes No*. Copies should then be made for each participant and the family. The original goes to the Service Coordinator to place in the child’s file. Consultation is typically between the Primary Service Provider and other team members. Each enrolled Early Steps provider can bill for Consultation using the form as invoice documentation. Although they may participate in the consultation, professionals and providers who are not enrolled would not be able to bill. If the Primary Service Provider did not participate in the Consultation session, a copy should be provided to them so the provider can implement what was discussed.

**Field Entry Guidance:**

**Child’s Name:**  **DOB**:

**Service Coordinator:** **Date of Consultation:**

**Start Time:** **End Time:**

**Location:**

**Challenges and Successes to implementing strategies and achieving goals:**

**The team (*family, caregivers, primary service provider and supporting providers*)** **will continue or modify the following strategies to achieve goals:**

**PSP:**

**Consulting Team Members:**

**Family Participation:**

**ALL THE ABOVE FIELDS SHOULD BE IDENTICAL FOR ALL PARTICIPANTS’ FORMS**

When each provider receives their copy of the completed form, they will complete the remaining fields before billing. **Provider/Participant Name (Print):** Anne C Kozek, MS,RDN,LDN **Signature**:

**(*Each participant should find their designation and sign, if face-to-face. Provider signature lines should include the code signifying if participation was Face-to-Face or Phone***

Provider Face-to-Face or Phone

OT CONOF CONOP

PT CONPF CONPP SLP CONSF CONSP

ITDS or OTHER EI PROVIDER CONIF CONIP

Billing is based on the scheduled location of the Consultation session. If the meeting is scheduled at the family’s home and some of the participants are at the home and others are participating by phone, those participating by phone must bill the Phone code. Those participating at the home bill the Face-to-Face code.

If the Consultation session is scheduled as a phone conference, then everyone participating must bill Phone codes, even if some participants are face-to-face.

Consultation time must be authorized on the Individualized Family Support Plan (IFSP). Consultation should all be authorized as Face-to-Face for purposes of entering it in the Early Steps Data System, Family Support Plan Service

Authorization (FSPSA) component. It can be billed as either Face-to-Face or Phone when entered in the data system as an intervention. Revised Apr 2012