

Agency Spotlight

Community Care Alliance

Transition Partnerships – Collaboration in Action

The foundation of any good work with families is relationships. The process of moving from one system of supports to another requires attention and nurturing especially when the people involved change over time. Community Care Alliance understood these principles and applied them when we began our Transition Partnership meetings in 1992. Our gathering consisted of our EI Team including our Parent Consultant, and Head Start and Public School Child Outreach Coordinators from the 9 cities and towns that made up the North region of Rhode Island. Initially framed as a Meet and Greet opportunity, the group decided to continue to gather 2 – 3 times each school year to get on the same page relative to building strength based transition plans. It evolved into a forum to plan innovations, share resources, and an opportunity to learn about community agencies serving families in our region. When our regulatory bodies recommended changes in the transition process, our group convened to work out how these changes could be translated into practice at the local level. We also welcomed training from the Sherlock Center when a new innovation was being implemented.

This partnership has generated rich discussion about assessment tools, the importance of learning about a child's functional skills and respecting families as their child's first teacher and resident expert. No matter how many years you have served in this field, you can always learn from families and from one another.

Do you have a program, staff member or co-worker you would like to highlight? Let us know at jsanchez@ric.edu

TIPS ON CAPTURING YOUR WORK ON A TEAM TREATMENT SRF

- 1) Use **Team Coordination** to plan for **Team Treatment** visits.
 - This ensures a clear purpose and reason for Team Treatment.
- 2) **Be clear about the purpose of the Team Treatment visit.**
 - Identify the purpose of the Team Treatment at the beginning of the SRF to set the stage for the documentation that follows.
- 3) **Be clear about the specific role of each person and how they contributed.**
 - Clearly identify the contribution of the parent and the recipient of the coaching/modeling
 - Instead of "we" or "providers" use names and/or professional roles.
- 4) **When describing coaching, be specific rather than just using the word "coached".**
 - Describe the activity. Paint a brief picture of how each person participated.
- 5) **Use the word "while" to help describe how each provider worked collaboratively at the same time.**
 - "SLP introduced a song wheel to the parent for filling in words, *while* OT modeled for parent the use of a sensory break (deep pressure) to support child's attention/regulation."
- 6) **Use the "Describe new skills or progress" box to record updates/ new information. Use "Visit Description" section to describe interventions.**
 - If you need more space, use a 2nd SRF.

Early Intervention FAQs



Photo Source: <https://leader.pubs.asha.org/doi/10.1044/how-our-early-intervention-practice-serves-families-through-telepractice/full/>

When can I use my T1027/T1024 code versus T1016?

Due to the impact of COVID-19 and telehealth restrictions in EI, the state has approved some previous T1016 billable activities to be billed as T1027/T1024 w/modifier codes (see activities listed below). This change has allowed providers to take advantage of using their discipline-specific modifier to capture the work completed with families.

- Completion of RBI
- IFSP Development for Initial IFSP Meeting
- IFSP Development for Annual IFSP Meeting
- Periodic progress reviews
- Discussions with family about family needs such as housing, employment, etc
- Providing and reviewing handouts about general health/safety topics such as sleep, mold, lead, etc.
- Supporting families in scheduling an appointment for services (e.g. educational or medical)
- Supporting parents to research a topic or diagnosis
- Transition activities, participating in transition meetings including referral, eligibility and IEP meetings with the school department
- Participating in medical visits
- Coaching opportunities with parent/caregiver including:
 - Demonstrating, showing, modeling
 - Observing parent/caretaker in implementation/practice of strategy
 - Giving feedback to parent/caregiver
 - Discussing concerns, carryover and creating a plan with parent/caregiver

For more information on this, and other billing updates, check out the EI Claim Reimbursement Guidebook at: <http://www.ric.edu/sherlockcenter/ei/reimbursementguidebook.pdf>

Roadmap for Including Parents in COS Rating Process

Click here for more information from VEIPD

