

Service Provider Notes – SoonerStart Early Intervention Program

Child's Name Last First MI			Date of Birth		Child's County of Residence		Diagnosis Code: F819		Date of Service			
Location Type (Check One): <input type="checkbox"/> Home <input type="checkbox"/> Childcare/Preschool <input type="checkbox"/> Headstart <input type="checkbox"/> Park/Playground <input type="checkbox"/> Library <input type="checkbox"/> Community Center <input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Mall <input type="checkbox"/> Parent/Caregiver's Work <input type="checkbox"/> Church/ faith-based setting <input type="checkbox"/> Other Natural Environment in the community <input type="checkbox"/> School (for TPC or IEP meeting) <input type="checkbox"/> County Health Department <input type="checkbox"/> Therapist's Office/Outpatient Clinic <input type="checkbox"/> Center-based for children with disabilities <input type="checkbox"/> Hospital (Inpatient) <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other Non-Natural Environment location					Encounter Type (Check One): <input type="checkbox"/> Evaluation <input type="checkbox"/> IFSP ONLY <input type="checkbox"/> IFSP / Intervention <input type="checkbox"/> Intervention <input type="checkbox"/> Support Services not on the IFSP Service Delivery Plan			Attendance (Check One): <input type="checkbox"/> Attended <input type="checkbox"/> Not Attended <u>Reason (Check One):</u> <input type="checkbox"/> Client Cancelled <input type="checkbox"/> Client No-Show <input type="checkbox"/> Couldn't find family <input type="checkbox"/> Provider Cancelled <input type="checkbox"/> State Holiday <input type="checkbox"/> Weather				
Starting Time:		Ending Time:		Total Time (minutes):		My signature verifies that this service occurred. <div style="border: 1px solid black; padding: 2px;"> Parent/Caregiver Signature </div>						
Procedure Code:		Modifier 1:	Procedure Start Time:		Procedure End Time:		Total Procedure Time (minutes):		Unit(s):		Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure Code:		Modifier 1:	Procedure Start Time:		Procedure End Time:		Total Procedure Time (minutes):		Unit(s):		Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your license/certificate current on the date the service was rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable for this discipline												

Service Provider Note Narrative: Enter details regarding the reasons a visit was "not attended." For attended visits enter the following details: who was present, caregiver report, IFSP Outcomes addressed/observations/information provided, progress toward IFSP Outcomes/provider impressions, caregiver plan/provider plan, next scheduled visit. ***Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion.**

Date note written:	Service Provider's Name & Discipline (print):	Service Provider's Signature:

Instructions
Service Provider Notes – SoonerStart Early Intervention Program
ODH form 641 – Revised 08/2015



Purpose of Form

The Service Provider Notes, ODH No. 641, provide documentation regarding all of the SoonerStart service visits promised on a child's Individualized Family Service Plan, including documentation of all no-shows and cancellations (including those due to service provider's vacation or sickness). Providers are required to account for every hour of service promised on the IFSP. The narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. The notes also provide information about the child's progress, health & developmental status as well as pertinent information regarding the family's needs in relation to meeting that child's needs. This form is also used to capture information for the EI module in PHOCIS (the OSDH client services database) and for Medicaid billing. It is critical that all encounters that were "attended" or "not attended" get documented & entered into PHOCIS since this will affect the accuracy of data & reports in PHOCIS regarding services provided or attempted by an individual service provider.

Preparation of Form

All SoonerStart service providers (except for Audiologists who will use ODH-641-A instead), both health department staff members and contract providers, are to complete this form using black or blue ink. Each service provider must complete his or her own Service Provider Note even if more than one provider was there (co-writing of notes is not allowed). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit. If more room is needed to document the narrative portion of the SOAP note, the Progress Notes, ODH form 303G, is used as a continuation sheet. The ODH 303G should also be used to document all "non-encounter" activities such as telephone calls, consultation with the child's doctor, fabrication or programming of Assistive Technology devices back at the office (ex: splints, seating inserts, picture communication boards, programming AAC device, etc.), informal/formal staffing, etc. Teams who have a "staffing note" may continue to use it.

Child's Name: Enter the full name of the child. Last, First, Middle Initial.

Date of Birth: Enter the date of birth for the child. (Ex: 1/14/09, 10/15/08, etc...)

Child's County of Residence: Enter the name of the county of the child's residence (ex: Cleveland). If the child has more than one residence, such as in a joint custody situation, enter the county of residence where the EI services are being delivered.

Diagnosis Code: There is only one diagnosis code for all children in SoonerStart. It is "3159 -Unspecified Developmental Delay". The 3159 code is printed on the form.

Date of Service: Enter the date of service. (Ex: 3/17/09, 10/15/09, etc...)

Location Type (Check One): Check one box for the location setting where the service took place. If the encounter was "not attended", check the box for the location where the visit would have occurred. These match the service locations listed in the EI module in PHOCIS. If the service on that particular date happened in more than one location setting (ex: home & park), then check the box for the location where the majority of the time was spent.

Encounter Type: Check one box for the type of service that occurred at that visit. If the encounter was "not attended", check the encounter type that was scheduled. These match the encounter types listed in the EI module in PHOCIS.

- **Evaluation:** The evaluation is a visit done to complete the testing necessary to determine a child's initial or continuing eligibility in the program.
- **IFSP ONLY:** Used when the reason for the visit was the creation or revision of the IFSP and intervention as promised on the IFSP Service Delivery did not occur on this visit.
- **IFSP / Intervention:** Used when the reason for the visit was the creation or revision of the IFSP and intervention as promised on the IFSP Service Delivery also occurred on this visit.
- **Intervention:** Used when the reason for the visit was to provide intervention services as promised on the IFSP Service Delivery.
- **Support Services not on the IFSP Service Delivery Plan:** Used when the reason for the visit was to provide any support services not promised on the IFSP Service Delivery. (ex: Developmental, health, hearing or vision screening that did not occur as part of an evaluation visit or intervention visit. Any one-time visits by other providers not identified on the IFSP Service Delivery.)

Attendance: Check if the scheduled visit was "attended" or "not attended". If "not attended", check one box for the reason why. These reasons why match the choices in the EI module in PHOCIS. Put details regarding the reason for the cancellation in Service Provider note narrative section (ex: Mrs. Gonzales cancelled today's visit since Juan is in the hospital).

Starting Time: Enter the starting time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled starting time in military time.

Ending Time: Enter the ending time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled ending time in military time.

Total Time (in minutes): Enter the total length of the service in minutes. If "not attended", enter the length of time that was scheduled in minutes.

Parent/Caregiver Signature: If the encounter was "attended", have the parent/caregiver sign for all services that involved face-to-face contact with them. Explain that their signature just verifies that this service took place at the time and place indicated. If the service was done via videoconferencing, videophone, or other means other than face-to-face contact, write that in the signature blank. If the parent/caregiver refuses to sign, ask for the reasons why and indicate those in the signature blank.

Procedure Information

Do not complete this section if the encounter was "not attended"

Procedure Code: For all encounters that were "attended", enter the appropriate CPT/HCPCS procedure code regardless of whether or not the child was on Medicaid at the time of the service. Write "NONE" in this space if there is not a procedure code for that particular discipline or a particular activity (ex: IFSP or IFSP review, Transition Planning Conference, IEP meeting) or if the child is dually insured by Medicaid and private insurance. Also write "none" in this space and do not enter a procedure code if your discipline is authorized to bill Medicaid but your license/certificate is not current on the date the service was rendered.

Modifier 1: All CPT & HCPCS codes have at least one modifier. This is where you will enter Modifier 1. This modifier indicates that it is a "SoonerStart EI" service.

Procedure Starting Time: Enter the starting time of the procedure. This may or may not be the same as the starting time of the service visit. Use military time (ex: 14:00 for 2:00 pm).

Procedure Ending Time: Enter the ending time of the procedure. This may or may not be the same as the ending time of the service visit. Use military time (ex: 14:00 for 2:00 pm).

Total Procedure Time: Enter the total procedure time in minutes.

Unit(s): Enter the number of units of service. Each service has a specified unit for billing purposes. Providers are responsible for knowing and entering the appropriate units.

Child present? Check "yes" if the child was awake & present for at least 80% of the procedure. Check "no" if the child was asleep or not present for more than 20% of the procedure.

[Note: There is room on the form for a second procedure code, modifiers, times, etc. If this second row is not needed, put a line through this row of boxes.]

Was your license/certificate current on the date the service was rendered? : Check "yes" or "no". If your discipline is not authorized to bill Medicaid, check "Not applicable for this discipline".

Medicaid Information

Child's Medicaid Number: The Oklahoma Health Care Authority has clarified that the child's Medicaid number does not need to be documented on every Service Provider Note as long as it is documented somewhere in the child's chart. The PHOCIS demographics sheet, which contains the Medicaid number, is printed out and placed in every child's EI record.

Service Provider Note Narrative

The narrative portion of the form is provided for the documentation of the services and/or progress of the child. Notes need to have a logical flow (see sequence of items below). SOAP format (S – Subjective; O – Objective; A – Assessment; P – Plan) may be used but is not required by the SoonerStart Early Intervention Program. Notes may be handwritten as long as the handwriting is legible. If not, they should be typed.

[Note: Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion.]

Include the following details as applicable (in this sequence):

"Non-Attended" visits

Enter details regarding the reasons why a visit was "not attended" (Ex: Mrs. Gonzales cancelled today's visit since Juan is in the hospital. Ex: Service Provider cancelled visit due to illness. Visit rescheduled for 1/16/04).

"Attended" visits

Who was present: Enter the names and relationships of all persons who were present and participated in the visit. (Ex: Jose & Maria, parents; Juan, the child; Antonio Vasquez, Spanish Interpreter; Susan Smith, OT)

Parent/caregiver report: Enter information that the parent/caregiver reports regarding the child's health status, upcoming medical appointments, changes in the child's behavior or development, concerns that they express or any other pertinent information regarding the family or child.

IFSP outcomes addressed/observations/information provided:

Enter service provider's observations, assessment information, screening tools used & results; how evaluation results were discussed with the parent/caregiver and that they were given a copy of the METS.

Enter objective information regarding the specific functional activities & materials used during this visit and how they addressed specific outcomes on this child's Individualized Family Service Plan (IFSP). Also indicate the parent/caregiver involvement during the visit and the things discussed with them (Ex: To address the IFSP outcome pertaining to Juan being able to sit at the table and eat with his family, I demonstrated ways to position Juan in his highchair using towel rolls on both sides and under his legs. I also demonstrated how to help him hold a spoon during feeding by placing my hand over his. Mrs. Gonzales then practiced how to place the towel rolls & how to do the hand-over-hand spoon-feeding with Juan while I gave her feedback. She expressed confidence in being able to use these activities during mealtimes in the upcoming week.)

Progress toward IFSP outcomes/provider impressions: Enter information regarding progress towards the accomplishment of outcomes on the child's IFSP as well as progress in that child's development or health status.

Parent/caregiver plan: Enter information about the activities & materials the parent/caregiver is planning on incorporating into the child's daily routines or things they are going to obtain in order to address IFSP outcomes. (Ex: Mrs. Gonzales plans on using the hand-over-hand spoon-feeding & towel rolls with Juan during mealtimes this week. Mr. Gonzales indicated he will contact the caseworker at DHS to find out the status on their SoonerCare/Medicaid application.)

Provider plan: Enter information about the things the service provider will do before the next visit in order to address IFSP outcomes. (Ex: I will ask the family's Resource Coordinator to contact them to offer assistance with applying for SSI-DCP. I will staff with SLP for suggestions for ways to incorporate activities for communication & making choices.)

Next scheduled visit: Enter the date and time of the next scheduled intervention visit.

Date note written: Enter the date the service provider finished completing this form, including the narrative section. (Ex: 3/17/09, 10/15/09, etc...). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit.

Service Provider's Name & Discipline (print): Print the service provider's full name (first name, last name) and discipline abbreviation (Ex: CDS, PT, OT, RN, SLP, etc.).

Service Provider's Signature: The service provider completing this form signs his/her name. The signature must be original (no photocopied signatures). The signature verifies that they did indeed provide this service and that the information contained on this form is accurate.

Routing & Filing: Give a copy (NCR) of the completed Service Provider Note to the child's parent/caregiver at the time of the service visit. The original is given to the EI clerk for PHOCIS data entry & Medicaid billing. It is critical that all encounters that were "attended" or "not attended" get entered into PHOCIS since this will affect the accuracy of data & reports. After data entry & Medicaid billing is completed, the original is then filed in the child's EI record.

PROGRESS NOTES

NAME: _____ DATE OF BIRTH: _____

[illegible]