

MONTANA MILESTONES PART C AND FAMILY EDUCATION AND SUPPORT PROGRAMS

Procedure Manual for the Med Compass Data Management System

ABSTRACT

The Med Compass Data Management System is Montana's system for the collection of Early Childhood and Family Support Division (ECFSD) Part C of IDEA and Family Education and Support (FES) data. The data management system links to the Montana Medicaid Information System (MMIS) - CHIMES, for the creation of identifiers for each member enrolled in Part C of IDEA or FES Programs. The identifiers and the eligibility spans created in CHIMES enable each agency to submit claims for each member for payment from either Part C or FES funds.

The Procedure Manual serves as a step-by-step progression to navigate Med Compass beginning at Referral until Transition. The manual offers connections to Program regulatory requirements for the data entered by users and collected by the system. The use of this data is part of an agency's internal and the State's General Supervision and Monitoring System as the single line of authority to ensure Program requirements are met.

As of this writing, Med Compass is in a state of continued improvement. As the system changes and grows, the manual will be updated.



Procedure Manual for the Med Compass Data Management System

August 2022

First of all:

The agency becomes aware of an infant, toddler, or child who is potentially eligible for either the Part C of IDEA or FES Program. The agency performs its' internal process to gather demographic information about the child and family. Specific information is needed to enter the child's information into Med Compass:

- First and last names
- Social Security Number if available
- Gender
- Ethnicity
- Race
- Address
- Phone Number

CLIENT STATUS REPORTS

When an agency receives a referral for either Part C of IDEA or FES, a **Client Status Report (CSR)** is needed to either create a new member's Part C or FES case in Med Compass or to modify an existing Part C or FES case in Med Compass. Two versions of the CSR exist – ECFSD New Member CSR or ECFSD Existing Member CSR.

ECFSD CSR – New Member CSR

The New Member CSR is for an individual unknown to the agency. Prior to the creation of a New Member CSR, the agency user searches within two systems to determine if the member has an existing CHIMES identifier. If found, the user documents the CHIMES identifier in the CSR textbox entitled ID.

Med Compass Search:



On the user's dashboard, click

Enter as many demographic identifiers as possible and search:

Member Search

To search by identifying number

Member ID	Medicare	Medicaid	SSN	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm / dd / yyyy <input type="text"/>

To search by name

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>



Procedure Manual for the Med Compass Data Management System

August 2022

[Montana Access to Health Web Portal Search:](#)



Montana Access to Health Web Portal

[Log In](#)

Welcome to Montana Access to Health Web Portal!

[Web Registration](#)

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin.

[Provider Information Website](#)

[Electronic Billing](#)

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID: Password:

[Log In](#)

[Forgot Your Password?](#)



Montana Access to Health Web Portal

[Exit](#)

A.W. Holdings, LLC

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View eISOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Electronic Health Record			Manage Submitter IDs	Manage Proxies

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

Procedure Manual for the Med Compass Data Management System

August 2022



Department of Public Health & Human Services

Montana Access to Health Web Portal

[Home](#) > [Inquiries](#) > Eligibility Inquiry

[Exit](#)

A.W. Holdings, LLC

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific member, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one member, you will be asked to check your information and/or enter a different set of information.

* denotes required field(s)

* NPI or Provider Number:

* Date of Service:

Use current date.

* Member Information:

Member ID:

or

Last Name:

First Name: M.I.:

Date of Birth:

Service Type Code:

Note:

- The Eligibility Response will not indicate retroactive eligibility.
- When inquiring by Member Name, the first name, last name and date of birth are always required. Middle initial is optional. Search will return only exact matches for the criteria entered.



Department of Public Health & Human Services

Montana Access to Health Web Portal

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirmation

[Exit](#)

A.W. Holdings, LLC

Eligibility Inquiry Confirmation

If this is the member you wish to inquire on, click 'View Member Eligibility.'

Member Original ID:

Name:

Date of Birth: 08/30/2019

Gender Code: M: Male

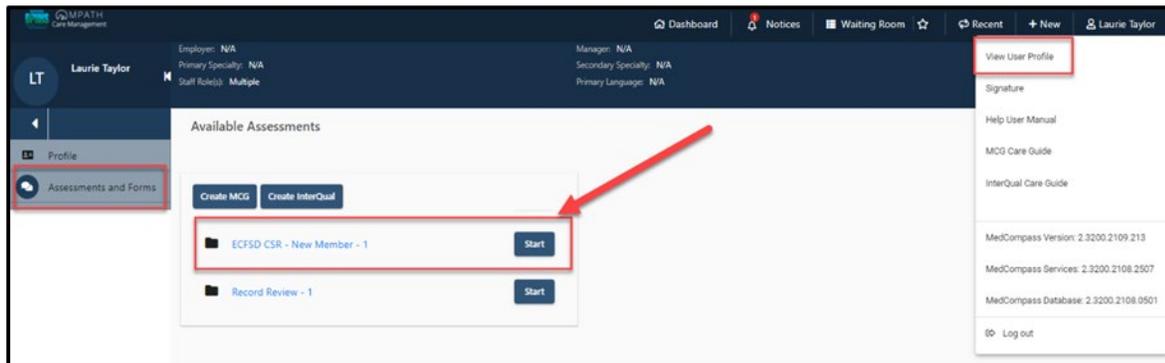
If found, the member's CHIMES ID will show here.

Procedure Manual for the Med Compass Data Management System

August 2022

CSR Steps

- Med Compass Dashboard: Click on username > View User Profile > Assessments and Forms.
- Choose ECFSD CSR – New Member
- Complete the form as completely and accurately as possible and save.



The screenshot shows the 'Member Information' form. The form is divided into several sections: 'Region' (dropdown), 'Last Name', 'First Name', 'Middle Name', 'SSN', 'Date of Birth' (calendar icon), 'Gender' (dropdown), 'Program' (dropdown), 'Race and Ethnicity Information' (radio buttons for 'Is the respondent Hispanic or Latino?'), 'Reason for Submitting the Form' (dropdown), 'Address and Phone Number' (Home Phone Number, Work Phone Number, Message Phone Number), and 'Physical Address' (Address, City, State, Zip Code). A red arrow points to the 'ID' field, which is currently empty.

Race and Ethnicity Information: If the user selects no, the respondent is not Hispanic or Latino, a list opens for the user to select the respondent's race/ethnicity. Per Part C regulatory requirements, we are required to capture the child's actual race(s). If the child is of two or more races, the actual two or more races must be selected (example: white, Native American, African American). **DO NOT SELECT THE DIAL FOR TWO OR MORE RACES.**

Procedure Manual for the Med Compass Data Management System

August 2022

The **ID** text field is a place to capture the member's CHIMES identifier if known. The user may also document that the member has private insurance in this text field as helpful information to the ECFSD staff searching for the member.

Double check spelling of the name, validity of the birthdate, and gender identification. If any one of these is inaccurate, a duplicative identifier in CHIMES may be created.

Once the ECFSD New Member CSR request is completed by the ECFSD team (usually within 24 – 48 hours), the member is visible on the user's Med Compass dashboard and a **pending** Part C or FES Program Card is assigned to the member. The agency is automatically added to the Care Team.

Name: Cohen Bridle	Member/Address State: Montana	PCP: N/A	Plan
Phone: N/A	Member Zone: Zone 1	PCP ID: N/A	Func
ID: CHIMES-5162493	Case Manager: Sherrie Moon	LOB: Multiple	Relat
Gender: M - Male	Legal Contact/HIPAA Privacy: No	Plans: State Insured	Cont
DOB: Sep 2, 2016 (5y)	Medicaid ID: 5162493	Plan Sponsor Name: N/A	Carri
Primary Language: N/A	Medicare ID: 005162493	Eff Date: Nov 1, 2020	Group

Due 3/10/22 Priority: Medium Status: Open Description: Member Eligibility Decision Needed Go Back

Program/Sub-program	Enrollment Date
DD Eligibility (WO)	Nov 23, 2020
Family Education and Support (W7)	Nov 23, 2020

The enrollment date captures when the Program Card was automatically created as a result of the new member CSR.

Care Team

Providers Active Staff

Provider Name	Specialty	PCP	Start Date
DEVELOPMENTAL ED ASST PRGM		No	Feb 1, 2021

ECFSD CSR - Existing Member

For a member known to the agency (currently or previously enrolled), the user selects ECFSD CSR – Existing Member from Assessments and Forms. By selecting *Other and Other Reason* for submitting the form, the Existing Member CSR is used to update demographic information such as name, birthdate, gender, address, or phone. This is also used to request an existing member be added to the agency's FES Waitlist; for a member transferring to another region; for a

Procedure Manual for the Med Compass Data Management System

August 2022

returning member who previously exited either Part C or FES; or a member who is exiting the Part C prematurely or exiting the FES Program.

The screenshot shows a web-based form titled "Member Information" within a browser window. The browser's address bar shows "assessments and Forms: ECFSD CSR - Existing Member version 1.3 Page: 1|Section:Member Information". The form includes several sections: "Region" (empty), "* ID" (102140403), "* Last Name" (Meyers), "* First Name" (Mike), "Middle Name" (empty), "SSN" (empty), "* Date of Birth" (04 / 20 / 2019), "* Gender" (M - Male), "* Program" (- Select -), and "* Reason for Submitting the Form" (- Select -). Below these are "Address and Phone Number" fields for Home, Work, and Message phone numbers, and "Physical Address" fields for Address (1), City (1), State (1) (- Select -), and Zip Code (1). At the bottom, there is a checkbox for "Mailing Address is different from Physical Address" with "Yes" and "No" options.

User Tips:

If the member was previously served by the agency and is re-entering services, access the member's case, select Assessment and Forms, ECFSD CSR – Existing Member, choose *Other* for the reason for submitting the form. This provides space for additional information: effective date and a description of the reason for submitting the CSR.

Try to capture a cell phone number as this is needed for the Family Outcomes Survey.

If agency personnel are unable to see the member's Program Card within 48 hours, please send a private message to the ECFSD Team via Med Compass with the member's demographic information, including CHIMES ID if available, for troubleshooting.

Once a member is linked to both a CHIMES identifier and a Med Compass Program Card, the user may progress to the next task.

Tips from a user in the field:

Do not complete an Existing Member CSR for a child who is turning 3 and aging out; or for a child who is turning 8 and DD eligibility has not been determined.

Use address change and effective date for a straight forward address change. Use **Other** if there are other goof-ups – misspellings, birthdates, gender change.

Transfer to another region - The agency who has the child currently enrolled completes the transition CSR. However, if the member leaves without telling anybody, the new agency will complete a new member CSR but always search – you may just find the kiddo has an existing CHIMES which helps us.

Procedure Manual for the Med Compass Data Management System

August 2022

TASK: WORK WITH THE MEMBER TO COMPLETE ANY NECESSARY INTAKE OR EVALUATION FORMS.

The Intake form is an essential collection of demographic data required for both regulatory reporting and to consistently self-populate the same demographic data when developing an IFSP.

A completed Intake form is required for each new member for both programs, Part C and FES. The form includes many required fields (marked with an *). Before entering data, click **save** to pre-populate the Intake form with information already captured and submitted in the ECFSD New Member CSR. Required* fields:

- Child's Name
- Date of Birth
- Gender
- Parent/Guardian Name
- Relationship to the Child
- Address
- City
- State
- Zip Code
- County
- Text Acceptable
- Primary Phone
- Best Time to Contact
- Primary Language
- Interpreter Needed
- CAPTA Referral
- Referral Source
- Referral Date

If the referral was received from a medical professional, the **Parent Consent for Release of Information** must be completed including the Parent/Guardian Signature.

Referral

Monitoring Priority

Capturing as much referral information as the user can is an important quality indicator benefitting the agency's Child Find efforts. Two fields are required:

- Referral Source
- Referral Date (Actual date the referral was made for a child potentially eligible for Part C or FES.)

Procedure Manual for the Med Compass Data Management System August 2022

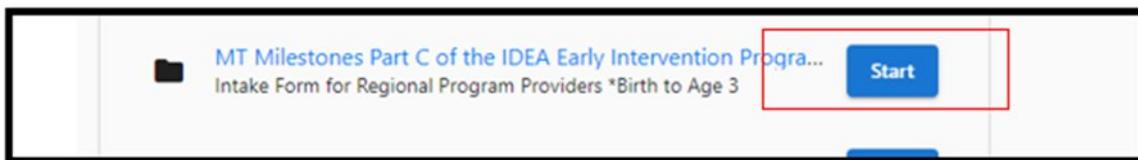
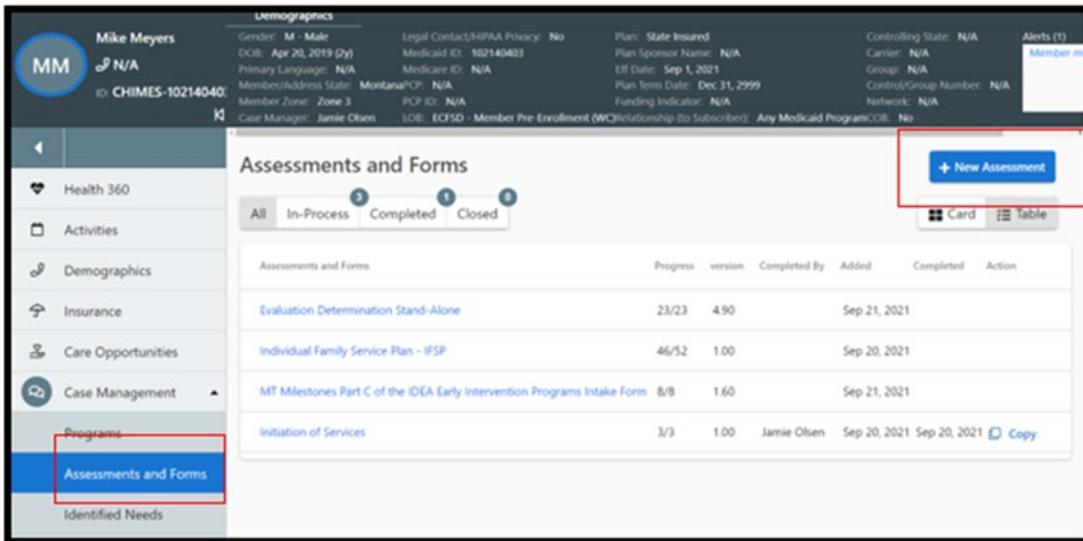
Evaluation Results to Referral Source:

Medical personnel and CAPTA Case Managers may request or require the results of the multidisciplinary evaluation be forwarded to them. In almost all cases, the user must capture the parent's consent for release of information prior to this request being fulfilled.

If a child was referred by medical personnel due to a suspected established condition, the Established Condition Statement must be completed in its entirety by a licensed physician or psychologist.

Intake Form

- Click on member < Case Management < Assessments and Forms.
- Select MT Milestones Part C of the IDEA Early Intervention Programs Intake Form.



The screenshot shows the 'CHILD/PARENT CONTACT INFORMATION' section of the intake form. The form includes fields for Child's Name, Date of Birth, Gender, Parent/Guardian Name, Address, City, State, Zip, County, and Contact Information. A red arrow points to the 'Child's Name' field.

CHILD/PARENT CONTACT INFORMATION

* Child's Name: quy lbp

* Date of Birth: 00 / 25 / 2021

* Gender: M - Male

* Parent/Guardian Name: Laurie

* Relationship to Child: mother

* Address: 123 State Street

* City: Billings

* State: Montana

* Zip: 25404

* County: billings

* Test Acceptable: Yes No

* Primary Phone:

* Secondary Phone:

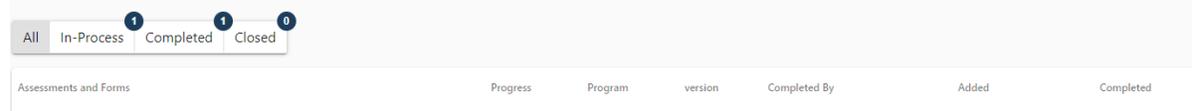
* Best Time to Contact: anytime

Procedure Manual for the Med Compass Data Management System

August 2022

User Tips:

When saved and completed, the Intake Form will appear in the member's Case Management folder under Assessments and Forms documenting the progress and the name of the individual who completed or added the assessment or form as well as dates.



The user will see a list will under Assessment and Forms. Users may select table or card view. Click on *show more* for those members with multiple assessments and forms associated. This view also provides the number of tasks in-process, completed and closed.

Save and complete the Intake Form. Information from the Intake Form will now pre-populate in the new member's IFSP should the member be determined eligible for either Part C or FES.

Monitoring Priority

The IFSP will include the **referral date** which must be consistent on the Intake Form and the agency's internal documentation of referral receipt.

Prior Written Notice (completion required for both Part C and FES)

Prior Written Notice **must be provided** to parents/guardians a reasonable time before the Part C or FES Program provider proposes, or refuses, to **initiate** or **change** the identification, evaluation, or placement of their infant or toddler, or the provision of intervention services to the infant or toddler with a disability and that infant's or toddler's family.

Prior Written Notice with the parents' acknowledgement and Montana Milestones Parent Rights are provided to the family members either in hard copy or electronic form. The Prior Written Notice document becomes part of the child's case management documents.

When to provide Prior Written Notice? Notice is provided to describe evaluation and assessment procedures, family interview, IFSP team meeting, IFSP development and monitoring, change in services (type, duration, intensity, frequency)...

- Click on member < Case Management < Assessments and Forms
- Choose Prior Written Notice

Procedure Manual for the Med Compass Data Management System

August 2022

Demographics

Mike Meyers
 Gender: M - Male | Legal Contact/WRPA Privacy: No | Plan: State Insured
 DOB: Apr 20, 2019 (2y) | Medicaid ID: N2140403 | Plan Sponsor Name: N/A
 Primary Language: N/A | Medicare ID: N/A | ER Date: Sep 1, 2021
 Member/Address State: Montana | POP: N/A | Plan Term Date: Dec 31, 2999
 Member Zone: Zone 3 | PCF ID: N/A | Funding Indicator: N/A
 Case Manager: Jamie Olson | LOB: ECPSD | Member Pre-Enrollment (WQ) Relationship (to Subscriber): Any Medicaid Program | COB: No

Assessments and Forms

+ New Assessment

Assessments and Forms	Progress	version	Completed By	Added	Completed	Action
Evaluation Determination Stand-Alone	23/23	4.90		Sep 21, 2021		
Individual Family Service Plan - IFSP	46/52	1.00		Sep 20, 2021		
MT Milestones Part C of the IDEA Early Intervention Programs Intake Form	8/8	1.60		Sep 21, 2021		
Initiation of Services	3/3	1.00	Jamie Olson	Sep 20, 2021	Sep 20, 2021	Copy

Prior Written Notice Form - 1.2
 Purpose: To provide the parent or guardian with prior written notice ...

Start

Forms: Prior Written Notice Form version 1.2 Page: 1 | Section: Member Information

Case Manager: Jamie Olson | LOB: ECPSD | Member Pre-Enrollment (WQ) | Relationship (to Subscriber): Any Medicaid Program | COB: No

Member Information

* Child's Name: Mike Meyers | * DOB: 04 / 20 / 2019 | * Family Support Specialist:

* Parent(s) Name or Guardian(s): | * Date: mm / dd / yyyy

Parent or Guardian Prior Written Notice

The Part C or IFSP Program is required to provide you with prior written notice within a reasonable time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child or the provision of appropriate early intervention services to your child or family. This is your statement of that notice.

* Please check all that apply:

- Screening results: Your child does not need an evaluation and assessment and you have not requested an evaluation and assessment.
- Your child is eligible for the Part C or IFSP Program, and a meeting is needed to develop your child's IFSP.
- Your child is not eligible for the Part C or IFSP Program.
- A meeting to develop the annual Individualized Family Service Plan (IFSP) is needed.
- A meeting to review or revise the Individualized Family Service Plan (IFSP) is needed.
- A transition planning conference is being convened with your approval.
- Other (describe):

Reason why this action is being proposed or refused including a description of information used to make this decision (i.e., evaluation/assessment results, reports, records, etc.):

PARENT(S)/GUARDIAN(S) ACKNOWLEDGEMENT

Notice given in person (initials): | or mailed on: mm / dd / yyyy | to (Name/Title/Address):

You received this notice by mail (initials):

Please sign and return to:

Name: | Address:

This notice includes a copy of Member's Part C or IFSP Procedural Safeguards (Parents Rights). As discussed in this information, you have the right to request formal dispute resolution should you disagree with the above proposed or refused action(s).

Procedure Manual for the Med Compass Data Management System

August 2022

Monitoring Priority

User Tips:

Prior Written Notice will be provided **numerous** times to the parents/guardians throughout the member's enrollment in the Program(s) and saved to the member's case. Key words to remember when Prior Written Notice is required:

Agency proposes, or refuses, to initiate or change: the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services for the infant, toddler or their family.

When saved and completed, the Prior Written Notice form(s) will appear in Case Management in the list of Assessments and Forms.

General Supervision and Monitoring: All agencies access the Montana Milestones Prior Written Notice form and the Montana Milestones Parent Rights for consistency across the State.

Uploading a document to a member's case in Med Compass:

On the member dashboard, go to banner on left side and choose Activities.

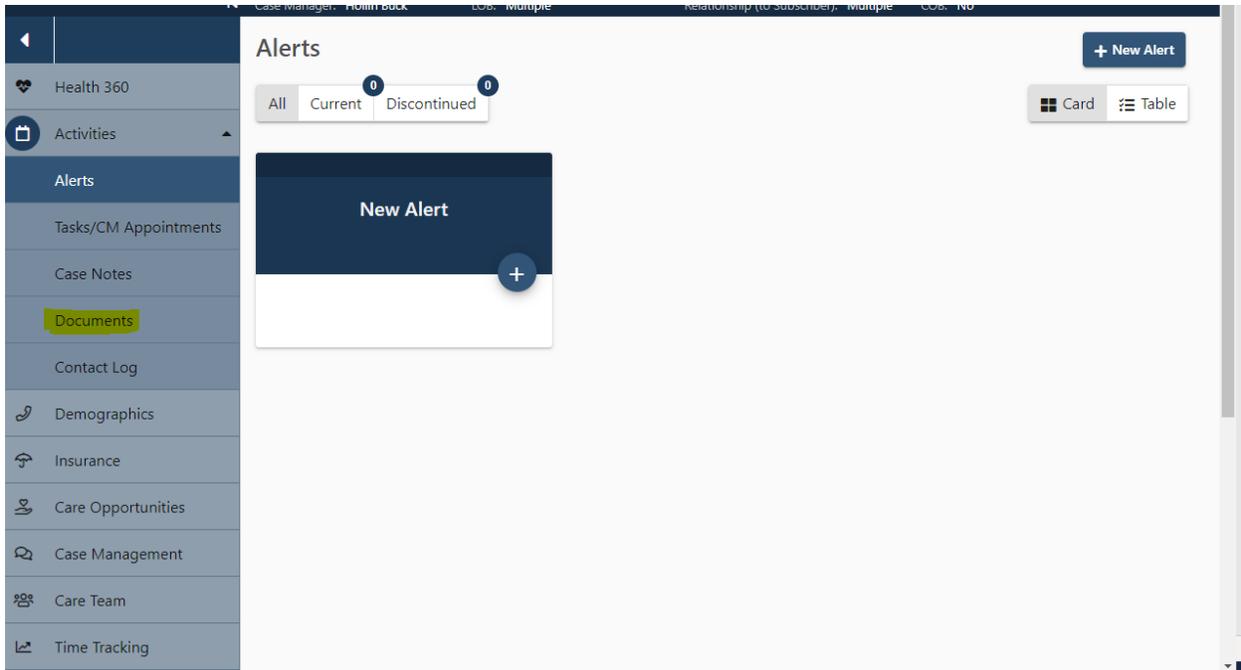
The screenshot displays the Med Compass member dashboard for Case Manager Hollin Buck. The left-hand banner contains a list of menu items: Health 360, Health Summary, Allergies, Medications, Immunizations, Risk Scores, Metrics, Lifestyle, History, Diagnoses, Procedure, IFSP Care Plan, and Activities. The 'Activities' item is highlighted in green. The main content area is divided into four panels: Programs, Tasks / CM Appointments, Care Team, and Waiting Lists. The Programs panel shows a table with one entry: Part C Early Intervention (W6) with an enrollment date of May 26, 2021. The Care Team panel shows a table with one entry: CHILD DEVELOPMENT CENTER with a start date of May 27, 2021. The Tasks / CM Appointments and Waiting Lists panels both show 'No Records found'.

Program/Sub-program	Enrollment Date
Part C Early Intervention (W6)	May 26, 2021

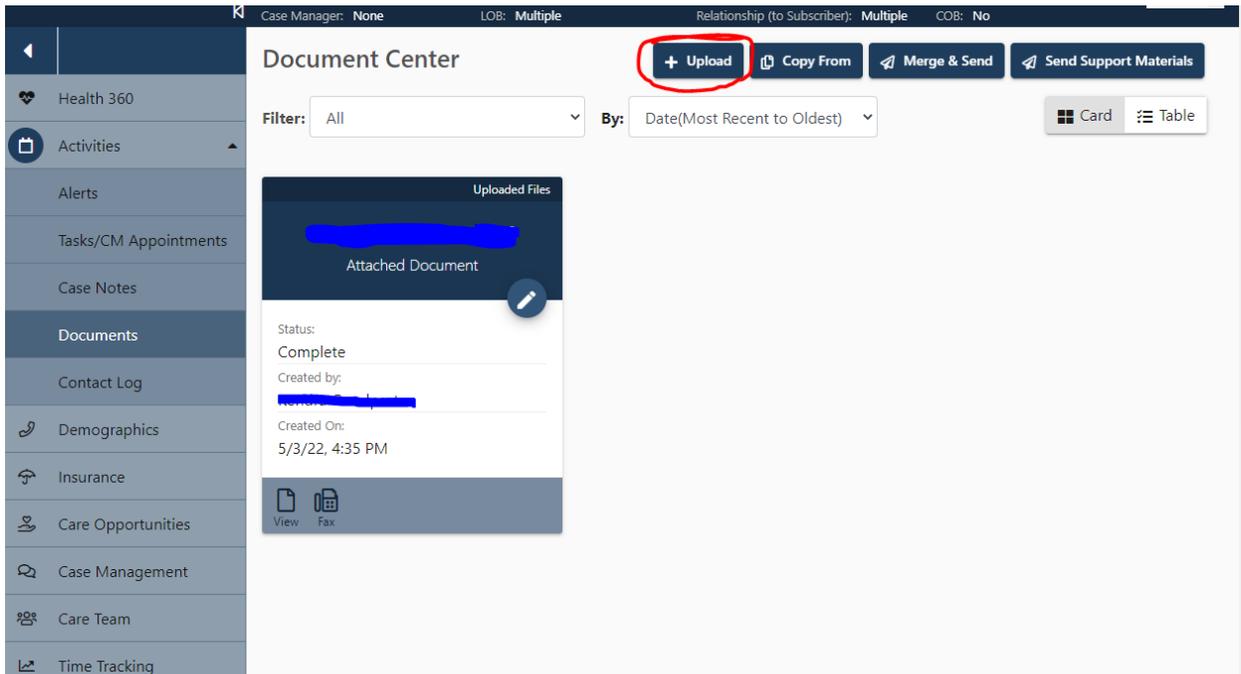
Providers	Active Staff		
Provider Name	Specialty	PCP	Start Date
CHILD DEVELOPMENT CENTER	No		May 27, 2021

Again, on the left-hand banner, choose Documents.

Procedure Manual for the Med Compass Data Management System August 2022



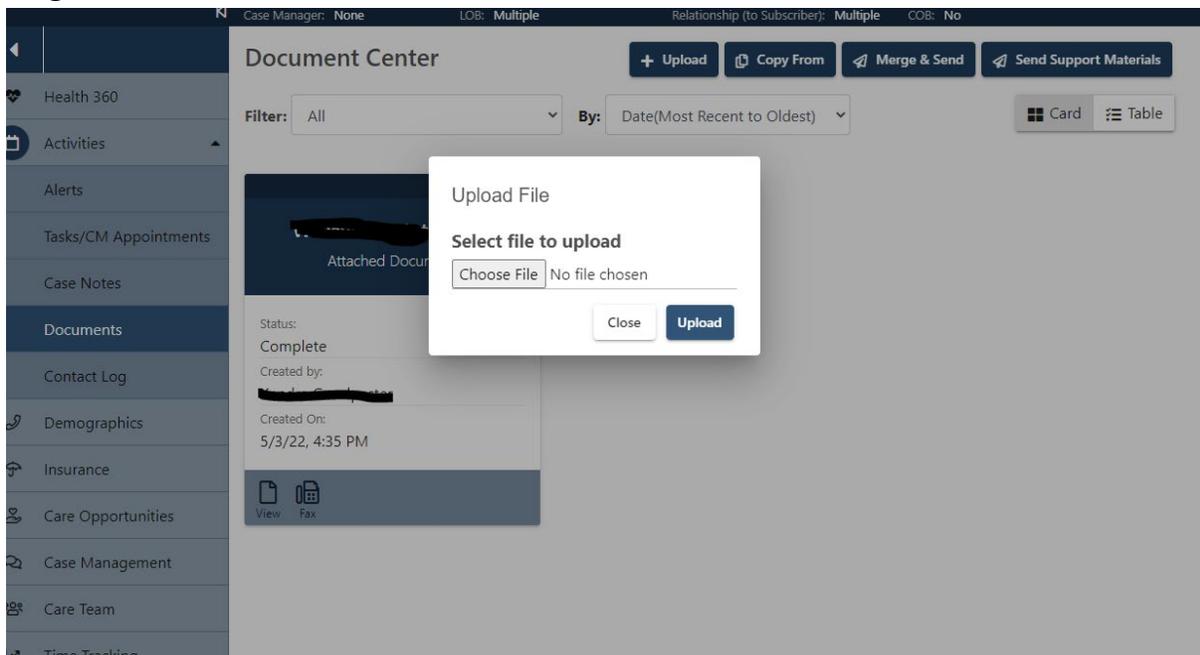
Click Upload.



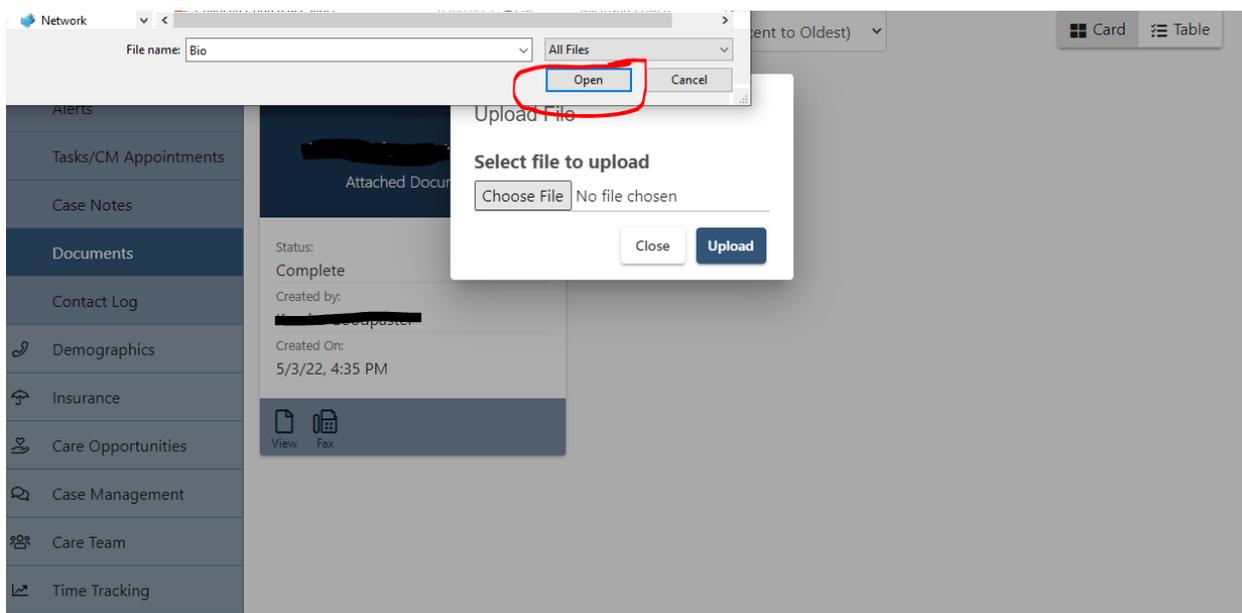
Click Choose File and find the file you wish to upload.

Procedure Manual for the Med Compass Data Management System

August 2022

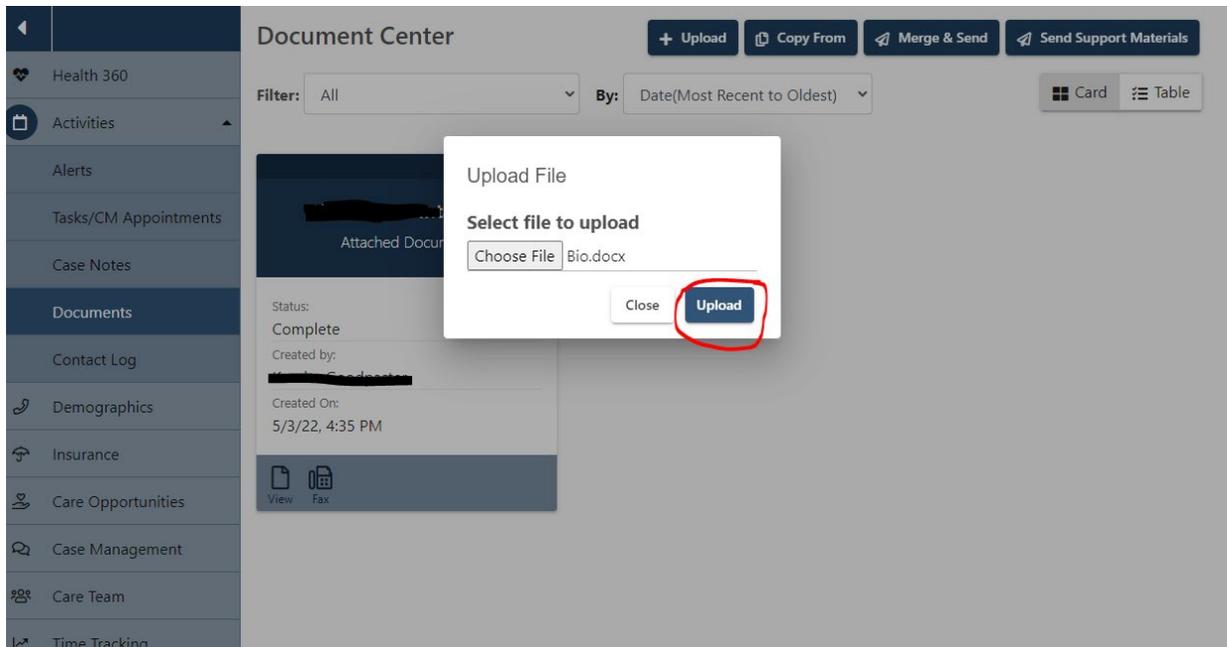


Once the file has been chosen and is in the file name, select Open.



Select Upload and the file will appear along with the other uploaded files.

Procedure Manual for the Med Compass Data Management System August 2022



User Tip:

Make sure to name your file with the name of the child as well as a short description of the contents of the file. Example: HB.IntakePaperwork

Evaluation Stand Alone Assessment (completion required for both Part C and FES)

Following completion of the Intake Form, the user proceeds to the completion of the Evaluation Determination Stand Alone Assessment. This specific assessment documents the results of the multidisciplinary team evaluation process to determine eligibility and requires signatures:

- Established Condition (If yes, Established Condition Statement must be completed and included in the child's Case Management.)
- Consent provided to complete eligibility evaluation
- Date evaluation completed
- Multidisciplinary Evaluation Results
- Other Sources
- Supplemental evaluator discipline information (excludes the Family Support Specialist/Service Coordinator)
- Multidisciplinary team's intervention recommendations
- Eligibility Type II percentage of delay
- Date of eligibility determination
- Provision of and acknowledgement per the parent's signature:
 - ✓ Montana Milestones Parent Rights
 - ✓ Montana Dispute Resolution Handbook
- Parent signature and date

Procedure Manual for the Med Compass Data Management System

August 2022

- Team Members (including Family Support Specialist/Service Coordinator and at least one professional from a different discipline) signatures and dates
- Consent to begin development of the IFSP (the initial IFSP is developed by the multidisciplinary IFSP team)
- Review and approval by the ECFSD Team is required

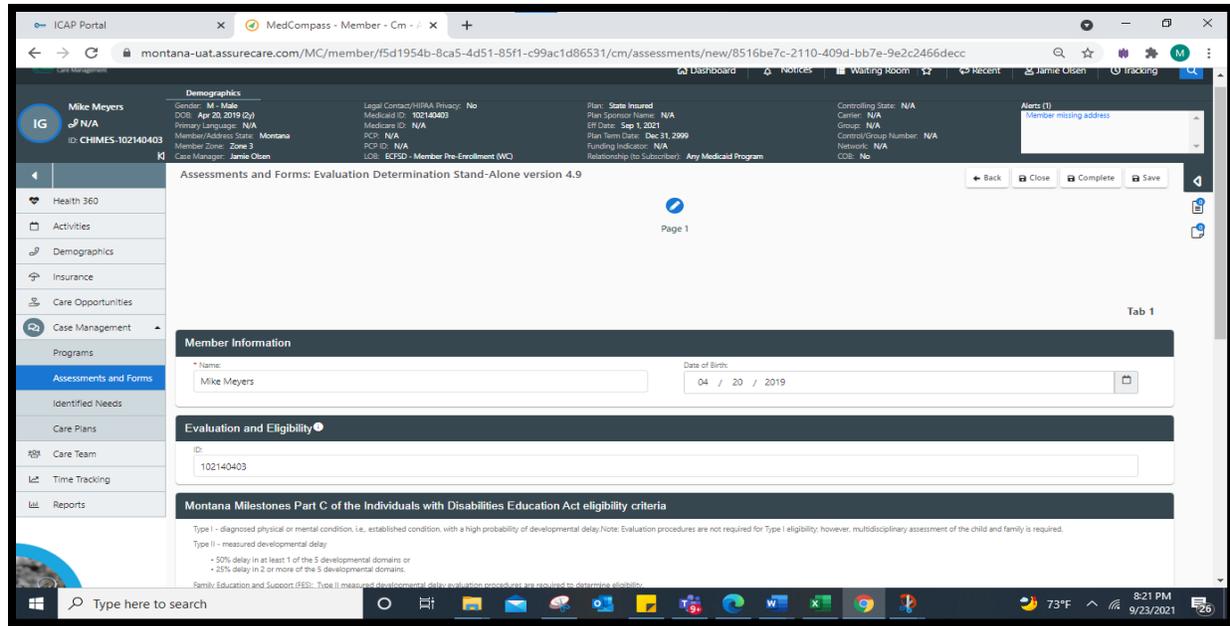
Evaluation Determination Stand-Alone

- Click on member < Case Management < Assessments and Forms
- Choose Evaluation Determination Stand Alone Assessment

The screenshot displays the user interface for Mike Meyers (ID: CHIMES-10214040). The top navigation bar includes 'Assessments and Forms' and a '+ New Assessment' button. The left sidebar shows 'Assessments and Forms' selected under 'Case Management'. The main content area features a table of assessments and forms.

Assessments and Forms	Progress	version	Completed By	Added	Completed	Action
Evaluation Determination Stand-Alone	23/23	4.90		Sep 21, 2021		
Individual Family Service Plan - IFSP	46/52	1.00		Sep 20, 2021		
MT Milestones Part C of the IDEA Early Intervention Programs Intake Form	8/8	1.60		Sep 21, 2021		
Initiation of Services	3/3	1.00	Jamie Olsen	Sep 20, 2021	Sep 20, 2021	Copy

Procedure Manual for the Med Compass Data Management System August 2022



Assessments and Forms: Evaluation Determination Stand-Alone version 5.1

The user documents the type of eligibility – Type I Established Condition or Type II Measured Delay.

If the user selects yes, Type I, the user completes the assurance that the established condition has been diagnosed by a physician or psychologist and the Established Condition Statement is uploaded to the member's Med Compass case. The user documents the diagnosed condition and the name of the physician or psychologist making the diagnosis within the Evaluation Stand-Alone.

If the user selects no, the user documents the parent(s) permission to evaluate and the date the evaluation was completed. The user documents the results of the multidisciplinary evaluation. If the user selects yes for any developmental domain, a field will open to document the percentage of delay.

The user selects the evaluation tool(s) used by team members to determine eligibility.

Monitoring Priority

Other Sources describe (required): Text box provided to capture documentation of the variety of assessment tools and strategies the FSS and other team members used to gather relevant functional and developmental information about the child, including information provided by the parent(s). Eligibility may not be determined based on a single tool. This documentation supports the agency's compliance with the regulatory requirement.

Procedure Manual for the Med Compass Data Management System

August 2022

Monitoring Priority

Evaluator Discipline (required): Mark all qualified professionals that are participating in the eligibility determination. The FSS is a required member of the multidisciplinary team along with at least one additional qualified professional from another discipline.

Monitoring Priority

Supplemental Evaluator Discipline Information (required): Text box to capture the variety of assessment tools and strategies used to gather relevant functional and developmental information about the child from the additional qualified professional. If using the informed clinical opinion of professionals experienced with development of infants and toddlers, document the initial recommendations of the team to reflect the needs of the child and family here. The inclusion of at least one additional qualified professional in the child's evaluation for eligibility is required. This documentation supports the agency's compliance with the regulatory requirement.

Parent(s) signature along with the other members of the multidisciplinary team are required.

Monitoring Priority

Ensure evaluation and assessment tools plus any documentation obtained from interviews used to determine eligibility are uploaded to the member's case.

The Evaluation Stand Alone serves as the Prior Written Notice along with the **Parent's Rights** and **Montana Milestones Dispute Resolution Handbook** to ensure the family understands they may dispute the eligibility determination or decline enrollment and services at that time. Ensure all radial buttons for yes or no are completed prior to submission.

General Supervision Monitoring: FES and the Evaluation Determination Stand-Alone

FES members on an agency's FES Wait List must be determined eligible via the submission of a recent Evaluation Determination Stand-Alone for the FES Program prior to their entry to the FES Program. No Existing Member CSR is necessary.

FES active members must be redetermined annually for eligibility until age 8. If an FES active member is determined DD eligible by age 8, users no longer submit annual eligibility redeterminations. Users are responsible for authentic assessments to ensure the IFSP reflects the most current and valuable outcomes, services and supports for the member.

If an FES active member is not determined DD eligible by age 8, the member's eligibility span is automatically closed in CHIMES and the Med Compass Program Card is closed.

Procedure Manual for the Med Compass Data Management System

August 2022

After this document is saved and completed, it will automatically submit to the ECFSD Managers Work Queue for review and approval. If the evaluation has not been approved within 48 hours, please send a private message to the ECFSD Team via Med Compass with the member's demographic information, including CHIMES ID, for troubleshooting.

When the Task: WORK WITH THE MEMBER TO COMPLETE ANY NECESSARY INTAKE OR EVALUATION FORMS is completed and no further work is needed for intake and evaluation, mark the task as complete to remove it from the Regional Work Queue.

TASKS

Tasks in the Regional Work Queues should be considered a necessary part of an agency's internal monitoring to ensure regulatory requirements are met.

User Tip:

Assign a member of the agency's staff to manage and monitor the Regional Work Queue completing tasks as necessary or following up on outstanding tasks.

Post Eligibility Determination Tasks to the Regional Work Queues

If the member is approved for eligibility in either the Part C or FES Programs, the ECFSD Managers will update the member's eligibility span in MMIS/CHIMES and update the member's Med Compass Program Card from pending to active status.

Currently, the ECFSD Managers manually document the Program Card's eligibility determination date; subprogram: Type 1 or Type 2; program eligibility determination; and the status.

The Regional Work Queue will receive a task to assign an FSS to the member:

Assign FSS

The screenshot shows a task form with the following fields:

- Task Description: Assign FSS
- Source: System
- Priority: High
- Status: Open (indicated by a red arrow)
- Type: FES

There is also a button labeled "Open MemberProgram" with a back arrow icon.

After the task is completed on the member's Program Card, mark the task as completed.

The screenshot shows the Status dropdown menu with the following options:

- Completed

Procedure Manual for the Med Compass Data Management System

August 2022

If the member is not approved for eligibility in either the Part C or FES Programs, the ECFSD Managers will update the member's eligibility span in MMIS/CHIMES and update the member's Med Compass Program Card from pending to closed status using the last day of the month as the closure date.

Schedule IFSP meeting task (required for both Part C and FES)

Monitoring Priority

The assigned FSS will receive a task on the member's dashboard to schedule the IFSP meeting. This task is important to complete as it ensures the FSS is aware of the 45-day timeline for the completion of the initial IFSP. Plus, it is also a required Prior Written Notice activity along with presentation of the family's rights.

Med Compass Program Card User Tips:

Monitoring Priority

The Med Compass Program Card is automatically created after a new case is entered in CHIMES or an existing case is reopened in CHIMES. The Program Card allows the user to perform required actions for members and capture the results of those actions (data) for monitoring.

Some reporting values are captured from the Program Card and for that reason, updating the Program Card manually by agency personnel is not allowed with two exceptions:

1. A task is received in the Regional Work Queue to assign an FSS to a member's case;
2. The member is exiting the Part C Program or FES Program (includes a member exiting when in pre-eligibility status). The agency must close the Program Card and capture both the date of exit and the reason for the exit.

Initial IFSP Assessment/IFSP Care Plan

- Click on member < Case Management < Assessments and Forms
- Choose IFSP Assessment (always check for most current version)
- Once you open the IFSP for the first time, **MAKE SURE TO SAVE RIGHT AWAY**. This will populate certain IFSP sections from the completed Intake Form, Med Compass Program Card, and Evaluation Determination Stand Alone forms.

The Initial IFSP life cycle includes these versions of the IFSP and one of those versions must be selected to correspond with the cycle:

- Initial Plan
- Initial 6 Month Plan (required)

Procedure Manual for the Med Compass Data Management System

August 2022

- Initial Annual Plan
- and any periodic reviews.

User Tips:

The user **must create** a new IFSP once the Initial IFSP cycle concludes. The member's second or third years in the Part C Program requires a new IFSP created annually: Annual Plan, Annual 6 Month Plan, Annual Review Plan, any periodic reviews. Similarly, the member's second or more years in the FES Program requires a new IFSP created annually.

Save often.

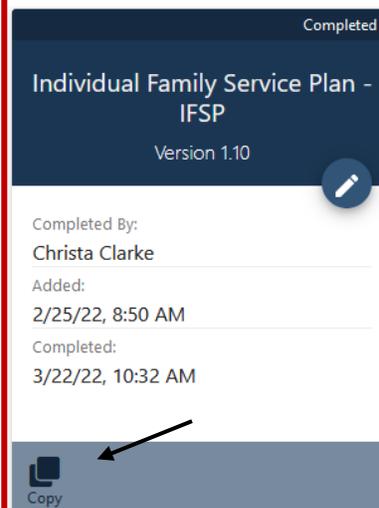
To save time when creating an IFSP review within a specific cycle of the IFSP, the copy feature is helpful. This feature is available only in IFSP Version 1.10.

Select the copy button and a new IFSP will be created in a pending status.

Monitoring Priority

Update the General Section to reflect the type of IFSP and review dates. Also, ensure the services and supports recorded on the IFSP Care Plan are accurate for this version of the IFSP: intensity, frequency, duration, setting, funding sources. Prior Written Notice is required if the intensity, frequency, duration, setting, funding sources are changed.

Depending on when the COS baseline was created, the user may need to delete the COS baseline from the copied IFSP. Remember to update the General Section on the copied IFSP if it does include a COS.



Section I – General Information

The following fields will be populated from the Intake or Evaluation Stand Alone forms:

- Child's Name
- Date of Birth
- Gender
- CHIMES ID
- Referral Date
- Parent Name

Procedure Manual for the Med Compass Data Management System

August 2022

- Address

The following fields collect information from the member's Med Compass Program Card:

- Program
- Eligibility Type
- Eligibility Date
- Enrollment Date

If a required field is not pre-populated, please complete with accuracy. Take a screenshot of any unpopulated field and send to the ECFSD Manager along with the CHIMES ID.

Type of IFSP:

Monitoring Priority

The type of the IFSP is updated every time an IFSP is updated or developed. This requirement is part of monitoring priority for Indicator 1 – Timely Receipt of Services and Indicator 7 – 45-day Timeline.

Transition Plan: The user selects yes or no. If yes, navigate to Case Management < Assessments & Forms < Transition Plans and the user will complete the Transition Plan for its inclusion in the member's IFSP. The Transition Plan data entry applies only to Montana Milestones Part C and is a regulatory requirement that children have a Transition Plan in place no less than 90 days and no more than 9 months prior to the child's third birthday.

* This IFSP includes a Transition Plan (Navigate to Assessments & Forms: Transition Plan)

Yes No

COSF: The user selects either yes or no indicating this version of the IFSP includes a Child Outcomes Summary Form (COSF), either baseline or exit. This data entry applies only to Montana Milestones Part C.

A baseline COSF is required at the Initial IFSP unless the member is less than six months old at the time. In that instance, the user creates the baseline COSF during the Initial IFSP six-month review.

An exit COSF is required prior to the member's planned exit from Part C. In this instance, the user creates the exit COSF at a time convenient for the family usually around the period the Annual IFSP is reviewed. If the member's exit is not planned, some exit COSFs will not be completed due to lack of achievement data, parents' reports or if a child is enrolled in Montana Milestones less than six months. This instance is documented in the member's case notes. The

Procedure Manual for the Med Compass Data Management System

August 2022

ratings (0-7) from the combination of the baseline and exit COSF are captured in the OSEP Rating Categories (a-e) to populate the Part C Child Outcomes Summary Report.

* This IFSP includes a COSF

Yes No

Monitoring Priority

All fields with a **red** asterisk (if not already pre-populated) must be accurately entered prior to completion of the IFSP. The date completed field within the General Section is the final data piece entered before the IFSP is considered complete which indicates the IFSP was developed and reviewed by the IFSP Team and the parents/guardians signed the IFSP signifying understanding and consent.

* Date COMPLETED

mm / dd / yyyy

User Tips:

If the user is manually entering the referral date, the referral date information must be obtained from referral data collected by the agency. Do not adjust the enrollment or eligibility dates on the Program Card. Accurate referral data is part of compliance monitoring and evidence of manually adjusting the Program Card is visible in Med Compass.

A user is currently able to over-ride the pre-populated fields; however, this is highly discouraged as the data will then be considered unreliable via the agency's internal monitoring and the State's compliance and results monitoring.

Section II – Lead Education Agency (LEA):

- Select the agency's region and document the Local Education Agency or Special Education Cooperative.
- Local Education Agencies will be listed alphabetically. All Cooperatives will be listed as "Cooperative" – then the name of the Cooperative.

LEA data entry is required for Montana Milestones Part C as all children enrolled in Montana Milestones Part C are considered potentially eligible for Part B services and supports. The data entered is used for Local Education Agency notification data reported to the Montana Office of Public Instruction and the Office of Special Education Programs for annual performance monitoring. LEA Notification is completed twice annually, and it is acceptable that some children may be included in both notifications in a 12-month period:

Procedure Manual for the Med Compass Data Management System

August 2022

1. The first notification will be for children who will turn three years old in September through the following August; and
2. The second notification will be for children who will turn three years old in February through the following January.

A family may opt-out of notification to the LEA. If so, the user completes the Opting Out of Notification form found in Assessments and Forms. This information is documented in the member's Transition Plan.

Opting Out of Notification to the Local Education Agency

Section III – Families Concerns, Priorities, and Resources

Families concerns, priorities, and resources are compiled from information gathered voluntarily from the family during a Routines-Based Interview (RBI) or other family information gathering activity. Three fields are required:

- A description of the family's concerns for their child plus information, resources, and supports the family needs.
- The family's priorities for their child's development and family's needs to support their child's development.
- A description of the family's resources to support their child and family, i.e., fiscal supports, relationship supports, activities, programs, and organizations that offer the family support.

This activity is voluntary; therefore, the family may decline an interview or other family information gathering activity. The parent's initials are required in the appropriate text box stating he/she declines.

Section IV – Health Information

The early years of a child's life are very important for his or her health and development, especially those identified with developmental delays or disabilities. Family Support Specialists, parents, health professionals, and others work together as partners to help children grow up to reach their full potential.

Through the completion of the required fields in this section, Family Support Specialists may identify specific service coordination activities to support the family in accessing health care, immunizations, hearing and vision screenings which would be recorded in Section VII – Service Linkages: Community and Medical Supports.

Section V – Developmental Assessment Information

Specific text fields in Section V will populate from either the Intake form or the Evaluation Stand Alone:

- Chronological Age is calculated from the member’s age on the date of the assessment.

* The multidisciplinary evaluation(s) summary of your child's present levels of development was completed:

02 / 08 / 2022

- Date of Assessment.
- The tool(s) used for assessment plus the age level/age range or percent of delay.

A user is currently able to over-ride the pre-populated fields; however, this is highly discouraged as the data will then be considered unreliable via the agency’s internal monitoring and the State’s compliance/performance monitoring.

As eligibility is redetermined annually for members with Type II eligibility; the next IFSP cycle (Annual Plan, Six Month Annual Plan, Annual Review Plan, and any periodic reviews) will populate from the most recent Evaluation Stand Alone completed.

For a member with Type I eligibility, Established Condition, the user must annually perform developmental assessments for program planning and measurement of developmental gains. The new information is entered into **Section V** for the next IFSP cycle (Annual Plan, Six Month Annual Plan, Annual Review Plan, and any periodic reviews).

Section VI – Global Child Outcomes Summary

(Required for Montana Milestones Part C only)

If the user selected, yes, this IFSP includes a COSF (Child Outcomes Summary Form) in the General Information, the section will display.

User Tips:

An **unexpected exit** is selected when a family unexpectedly requests to withdraw from the Part C Program, moves unexpectedly, changes guardianship.

All fields must be completed.

When complete, click SAVE before moving onto Section VII - Child and Family Outcomes and Services and Supports – the **IFSP Care Plan**.

The Child Outcomes Summary summarizes information of the child’s functioning in each of three child outcome areas using a 7-point scale. With the COS process, a team of individuals who are familiar with the child (including parents) can consider multiple sources of information about his/her functioning, including parent/provider observation and results from direct

Procedure Manual for the Med Compass Data Management System August 2022

assessment. The COS process allows the early intervention program to synthesize information about children across different assessment tools to produce data that can be summarized across programs in the State. Multiple resources are available both within the agency and nationally to support key COS processes and practices that contribute to consistent and meaningful COS decision-making: <https://ectacenter.org/eco/pages/cos-module/>.

All fields are required to be completed.

SECTION VI - GLOBAL CHILD OUTCOMES SUMMARY

* COSF Purpose - this is only required for Part C members

- Baseline
- Baseline at 6 Month Review
- Planned Exit Prior to Age 3
- Transition at Age 3
- Unexpected Exit

* Date Completed

mm / dd / yyyy

* Source of Information

- AEPS
- ASQ
- Bayley
- BDI
- Brigance
- Caregiver Observation
- DANC
- Developmental Checklists
- DP3
- ELAP
- Family Member Observation
- FSS Observation
- MEISR
- Observation notes from different settings
- RBI
- Specialist Observation
- Vineland

Section VII – Child & Family Outcomes & Summary of Services & Supports

The user is instructed to navigate to the **IFSP Care Plan** to complete the Child and Family Outcomes section and summary of services and supports. In the **blue** left side margin, the user will find the IFSP Care Plan under **Health Summary**:

- Health 360
- Health Summary**
- Allergies
- Medications
- Immunizations
- Risk Scores
- Metrics
- Lifestyle
- History
- Diagnoses
- Procedure
- IFSP Care Plan

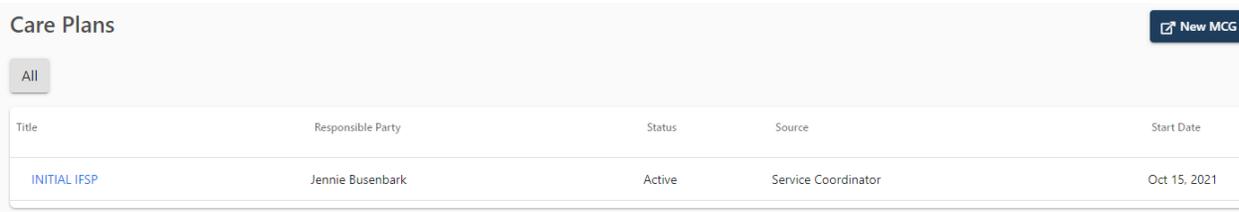
Always navigate to Health 360, Health Summary to create or update an IFSP Care Plan.
If a Care Plan was mistakenly created under Case Management, please contact the user's Supervisor so a request may be made to void the incorrect Care Plan.



Procedure Manual for the Med Compass Data Management System August 2022

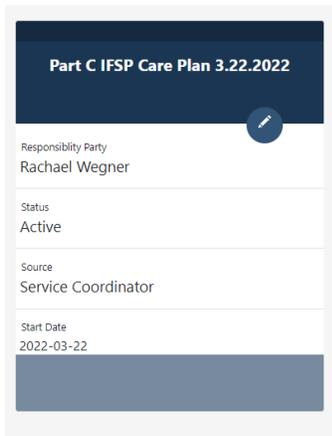
Two ways are available to view the IFSP Care Plan.

Table View:



Title	Responsible Party	Status	Source	Start Date
INITIAL IFSP	Jennie Busenbark	Active	Service Coordinator	Oct 15, 2021

Card View:



Part C IFSP Care Plan 3.22.2022

Responsibility Party
Rachael Wegner

Status
Active

Source
Service Coordinator

Start Date
2022-03-22

NOTE: The Part C or FES IFSP Care Plan, based on an already created Care Plan, was developed outside of the IFSP to ensure better performance of the data management system.

Stakeholders requested that the history of all outcomes along with services/supports be captured and visible in the IFSP Care Plan. Therefore, the IFSP Care Plan for certain members will be quite detailed and complex. The user is responsible for the clarity of the IFSP Care Plan taking care to ensure it represents the most accurate picture of outcomes that are active, completed, or no longer needed. Services and supports are most current to reflect the services and supports the member and his/her family are receiving as well as the end-dates of those services/supports no longer being provided.

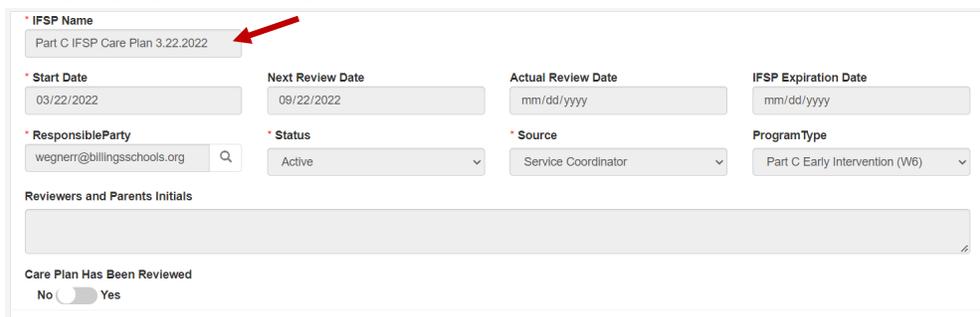
Procedure Manual for the Med Compass Data Management System

August 2022

User Tips:

The user will develop one IFSP Care Plan that will be updated throughout the member's duration in a single Program. For example, a member who was enrolled in Part C and then is enrolled in FES will have two IFSP Care Plans.

IFSP Care Plan suggested naming convention: Part C IFSP Care Plan 3.17.2022 (date created) or FES IFSP Care Plan 4.1.2022 (date created). Rename for reviews: Part C IFSP 6 Month Review Care Plan + date.

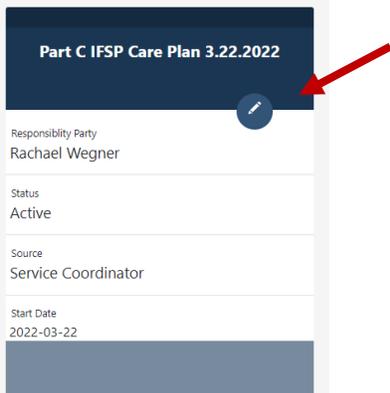


The screenshot shows a form for creating an IFSP Care Plan. The fields are as follows:

* IFSP Name Part C IFSP Care Plan 3.22.2022	Next Review Date 09/22/2022	Actual Review Date mm/dd/yyyy	IFSP Expiration Date mm/dd/yyyy
* Start Date 03/22/2022	* ResponsibleParty wegner@billingschools.org	* Status Active	* Source Service Coordinator
Reviewers and Parents Initials <input type="text"/>		Program Type Part C Early Intervention (W6)	
Care Plan Has Been Reviewed No <input type="checkbox"/> Yes <input type="checkbox"/>			

The IFSP Care Plan does not take the place of the IFSP. Whenever the member's IFSP is reviewed, the IFSP Care Plan is reviewed, too. The user is required to review the IFSP and IFSP Care Plan every six months which is documented in the IFSP General Section (Initial Six-Month Review, etc.)

The user updates the IFSP Care Plan throughout the member's enrollment in either the Part C or FES Program by clicking on the pencil within the IFSP Care Plan Card.



The screenshot shows a card for a "Part C IFSP Care Plan 3.22.2022". The card has a dark blue header with the title and a pencil icon in the bottom right corner. Below the header, the following information is displayed:

- Responsibility Party: Rachael Wegner
- Status: Active
- Source: Service Coordinator
- Start Date: 2022-03-22

Or the user may click on the IFSP Care Plan title in table view:

- Adding, reviewing, completing, and rating outcomes;
- Documenting services/supports to obtain results along with their start and end dates, funding source, frequency, intensity, and duration.

The user completes the following fields to develop the IFSP Care Plan:

Procedure Manual for the Med Compass Data Management System August 2022

The screenshot shows a form for an IFSP Care Plan. Red arrows point to the following fields: IFSP Name (FES IFSP Care Plan), Start Date (06/22/2021), Next Review Date (mm/dd/yyyy), Actual Review Date (mm/dd/yyyy), IFSP Expiration Date (mm/dd/yyyy), Responsible Party (cs2584), Status (Active), Source (Service Coordinator), and Program Type (--Select--). Below these fields are sections for 'Reviewers and Parents Initials' (a text area) and 'Care Plan Has Been Reviewed' (a toggle switch set to 'No').

The IFSP Care Plan is dynamic - just like the child and family - and dates should reflect the IFSP status.

This close-up shows the 'Reviewers and Parents Initials' text area and the 'Care Plan Has Been Reviewed' toggle switch, which is currently set to 'No'.

This section is a place to document optional internal quality monitoring of the IFSP Care Plan by the agency's personnel.

Creating, Adding Outcomes and Support Services

Outcomes – Click on the + Outcomes to start a new Outcome.

The screenshot shows the header for the 'Outcomes, Support & Services, Outcome Reviews' section. It includes three dropdown menus for 'Outcomes', 'Support & Services', and 'Outcome Reviews', all set to 'Active'. A red box highlights the '+ Outcomes' button, with an 'Expand All' link to its right.

Complete all fields:

- Outcome (what would you like to see happen?)
- Assessment(s) used to develop the outcome
- Outcome type
- Outcome Summary text fields
- Start date
- Timeline for the Outcome
- Status – Active (When this outcome is completed or discontinued, the status must be updated.)
- Click Save each time an outcome is documented.
- To add additional outcomes, click the + Outcome and proceed.

Procedure Manual for the Med Compass Data Management System

August 2022

Outcomes & Plan of Action :

Nathan will participate in meal times by eating a variety of textures in order to strengthen his swallowing muscles and to meet his daily nutritional intake.

← Back +Outcome Save ⋮

* Outcome (What would you like to see happen) Nathan will participate in meal times by eating a

* Assessment(s) used to Develop the Outcome Vineland

Outcome Type Child Outcome

Outcome Summary

teachers on what strategies are working in different settings. 5. Eating therapist and primary care physician will continue to monitor. 6. Additional goals may be determined during home visits and documented on home visit records.

MEASURABLE CRITERIA
How will we know the Outcome is achieved:
When Nathan eats 5 portions of food with a combination of textures and flavors in 1 week.

OTHER SOURCES USED TO DEVELOP OUTCOME:
Family Meeting

* Start Date 06/22/2021

Timeline 1 Year

* Status Active

Services and Support +

Supports and Services

Click on + Services and Support **for the first** Outcome only to add the service(s) or support(s) linked to the achievement of all outcomes. Since more than one service or support may be associated with a single or multiple outcomes; this will lead to valid and reliable service data (duration, intensity, frequency, funding source) and increase efficiency when reviewing outcomes.

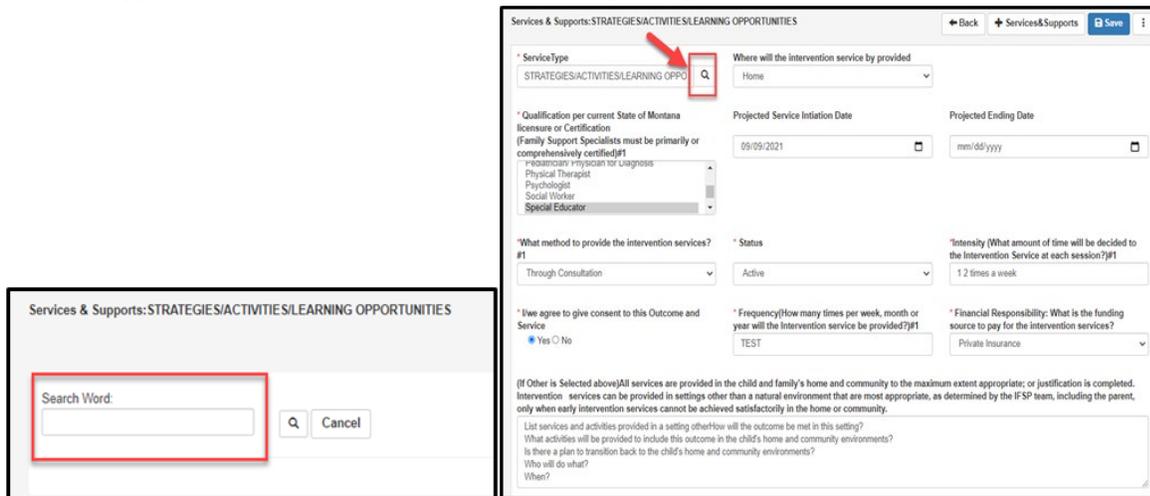
Complete all fields beginning with Service Type:

- Where will the service be provided?
- Qualification per current State of Montana licensure or certification
- Projected Service Initiation Date
- Projected Ending Date
- What method to provide intervention services? If Other is selected, the user completes required justification text fields to document the decisions behind this selection.
- Status – Active (When this service or support is completed or discontinued, the status must be updated.)
- Intensity
- Frequency
- Financial Responsibility
- Does the parent(s)/caregivers provide consent for the service/support to achieve this Outcome?

Procedure Manual for the Med Compass Data Management System

August 2022

Service Type – Use the Search for the service by a key word.



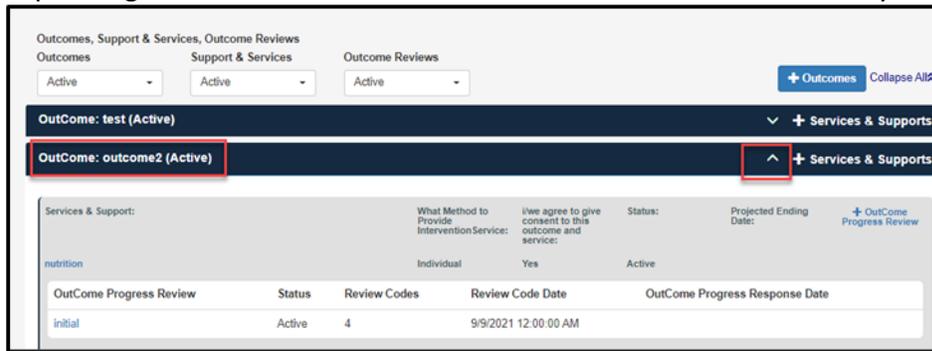
Once an Outcome has been created, the Outcome Progress Review button is available.

When a member exits the Part C or FES Program, the IFSP Care Plan must be closed out by documenting every outcome and every service as completed or discontinued. Outcomes are also rated.

User Tips:

The **Projected Service Initiation Date** and the **Projected Ending Date** capture required IDEA components including the *duration* of the service. These fields as well as **frequency** and **intensity** are required, and care should be taken by the user to ensure these fields are updated appropriately and at a minimum during every review.

Expanding the sections will allow the user to see all Outcome history:



Outcomes and the Supports and Services and Outcome Reviews are filtered by their status: active, completed, discontinued. This section maintains a historical record of all outcomes, supports, services, and reviews throughout the member’s enrollment in Part C or FES. When using Filtering, the user is able to print an IFSP that shows only active outcomes and services.

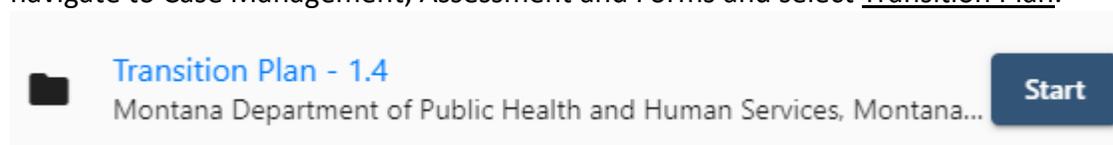
General Supervision Monitoring: The location of the provision of service(s) along with Projected Service Initiation Date and Projected Ending Date (duration), intensity, and frequency is required and important for federal reporting requirements for Child Count and Settings; Initiation of Service; and Early Childhood Outcomes. If no or inaccurate data is entered, the agency’s data will then be considered unreliable via the agency’s internal monitoring and the State’s compliance and results monitoring.

Transition Plan

(Required for Montana Milestones Part C only)

To ensure a smooth transition for toddlers receiving early intervention services, the user is required to develop a Transition Plan at least 90 days and no more than nine months before the child’s third birthday. The Transition Plan documents the steps and services requested by the family as necessary to exit from the Program.

If the user selected *This IFSP includes a Transition Plan* in the General Section, the user will navigate to Case Management, Assessment and Forms and select Transition Plan.



Procedure Manual for the Med Compass Data Management System

August 2022

All Transition Plan fields are required.

The user will document the date the Transition Plan was added. This date is a compliance monitoring component (Indicator 8A) to ensure the Transition Plan was established at least 90 days and no more than 9 months prior to the child's third birthday.

Clicking SAVE before entering data in the form will auto-populate any fields the system already recognizes such date of birth.

TRANSITION PLAN

* Child's Date of Birth:

* Date Transition Plan is Due:

* Date Services & Supports added to the IFSP:

* Was Transition Plan Late? Yes No

General Supervision Monitoring: The member's case notes should include documentation of exceptional family circumstances, agency reasons, late referral to Part C, or a reason identified as other.

If the Transition Plan is established less than 90 days prior to the child's third birthday, the user documents the reason for delay.

* If Late, select reason for delay

- Select -

- Select -

Exceptional Family Circumstances

* Agency Reason

Late referral to Part C

Other

The user will also complete a textbox capturing the reasons behind the delay.

* Describe Reason for Delay

Procedure Manual for the Med Compass Data Management System

August 2022

What are exceptional **family circumstances**? An exceptional family circumstance only applies if the action(s) resulting in delay was/were based upon the family's circumstances.

- Child illnesses
- Family vacations
- Family cancellations
- Family scheduling conflicts
- Difficulty scheduling with a biological parent in a foster care situation where the family rights are still intact
- Severe weather or natural disasters where the length of delay was directly proportionate to the severity and duration of the disruption

This is not an exhaustive list.

What are **agency reasons**? An agency reason only applies if the action(s) resulting in delay was/were based upon the agency's circumstances.

- FSS vacation
- FSS cancellations
- FSS scheduling conflict
- Staff turnover

This is not an exhaustive list.

The user documents the services and supports the family requests and the individuals who will be involved in providing services and supports:

What services and supports will be provided to the family?

* Transition Services

* Transition Steps (Strategies & Activities):

* Person(s) who need to be involved:

The user documents any specific programs the family requests to investigate and the individuals who will be involved in the investigations:

Procedure Manual for the Med Compass Data Management System August 2022

What specific programs available in the community do you want to investigate?

* Program Options:

* Person(s) who need to be involved:

The Check Boxes are required compliance monitoring indicators and required fields. The user will check the Lead Education Agency Notified box to capture the date period the agency submitted notification to local school districts and/or local education cooperatives. The user must work with the agency's personnel responsible to determine if LEA notification was made in August or January to ensure the date span selected is valid.

General Supervision Monitoring: Notification to the Lead Education Agency, Indicator 8B, is a requirement for federal reporting annually. These fields must be completed.

* Date Period : It is okay that some children will be listed on two notifications during a 12-month time period.

- Select -

- Select -

- * (1) Children who will turn three years old in September through the following August.
- (2) Children who will turn three years old in February through the following January.

The next required field establishes for federal reporting requirements the *specific* Federal Fiscal Year (FFY) the notification took place. FFY is determined by the date the State receives the Part C formula grant and the ending date of the formula grant:

- FFY 2021: July 2021 - June 2022
- FFY 2022: July 2022 - June 2023
- FFY 2023: July 2023 - June 2024

* Enter Federal Fiscal Year when notification occurred:

Procedure Manual for the Med Compass Data Management System

August 2022

If the user shared additional information with the Lead Education Agency with parental consent, the user documents the information shared in the member's case notes.

- Additional information sent to Lead Education Agency with parental consent.

If the parent opted out of notification to the local education agency and/or educational cooperative, the user documents the date the opt-out was signed by the parent(s).

General Supervision Monitoring: The member's case file in Med Compass will include any opt-out documents signed by the parent(s). This is required.

- Parent opted out of notification

* Date:

The Opting Out of Notification to the Local Education Agency is found under Assessment and Forms. The user completes all fields and captures both the parent's signature and the FSS signature.

Did the parent decline to share any additional information with the Lead Education Agency and/or educational cooperative? Check the box to indicate the parent declined to share additional information.

- Parent did not sign consent to share additional information.

If the parent requests a transition conference with another early childhood program such as a private preschool, Head Start, child care center (excluding a Lead Education Agency and/or educational cooperative), the user selects Other conference scheduled and is prompted to enter the date the other transition conference is scheduled.

- Other transition conference scheduled

* Date:

If the user selects Other transition conference was held, the user is prompted to enter the date the other transition conference occurred.

Procedure Manual for the Med Compass Data Management System August 2022

Other transition conference was held

* Date:

The MT Part C Transition Conference Invitation is found under Assessment and Forms. The user completes all fields, saves, and uploads to the Document Center for printing capabilities.

Printing Montana's Part C Transition Conference Invitation:

- Under Assessment and Forms, open MT Part C Transition Conference Invitation.
- Click plus sign under documents on the upper right side of the page and click Merge and Send.
- Find MT Part C Transition Conference invitation in the list of documents and click Merge.
- Now Click Send.
- Under Documents and Correspondence, click View.
- Download the Document.
- Open and Print.

The Part C to B Transition Conference is due at least 90 days prior to the toddler's third birthday. The user is required to document the due date of the Part C to B Transition Conference (Indicator 8C).

* Date Part C to B Transition Conference is Due:

The Part C to B Transition Conference Invitation is found under Assessment and Forms. The user completes all fields, saves, and uploads to the Document Center for printing capabilities.

Printing Montana's Part C to B Transition Conference Invitation:

- Under Assessment and Forms, open Part C to B Transition Conference Invitation.
- Click plus sign under documents on the upper right side of the page and click Merge and Send.
- Find Part C to B Conference Invitation in the list of documents and click Merge.
- Now Click Send.
- Under Documents and Correspondence click View
- Download the Document.
- Open and Print.

Procedure Manual for the Med Compass Data Management System August 2022

General Supervision Monitoring: Part C to B Transition conferences (Indicator 8C) are a requirement for annual federal reporting. These fields must be completed.

Was the Part C to B conference held? Select yes or no.

* Was Part C to B Transition Conference held:

- Select -
- Select -
Yes
No

In some cases, the Part C to B conference is not held and the user is prompted to complete the reason why the Part C to B conference was not held.

* Was Part C to B Transition Conference held:

No

* If No, Describe Reason why conference was not held:

If the user selected yes, the Part C to B Transition conference was held; the user is prompted to complete the date the conference was held:

* Was Part C to B Transition Conference held:

Yes

* Part C to B Transition Conference Date held on:

mm / dd / yyyy

Was the toddler referred to Part B? Select yes or no.

General Supervision Monitoring: Referral to Part B data collection is required as part of MT Milestones' reporting obligation to MT OPI for their Federal reporting.

* Was Child Referred to Part B?

- Select -
- Select -
Yes
No

Procedure Manual for the Med Compass Data Management System August 2022

If the user selects yes, the user is prompted to complete the referral date.

* Part B Referral Date

The final section documents the Part C to B Transition Conference Members. The user selects the checkboxes to identify the Transition Conference Team Members. If the user selects Other, a textbox appears to document those additional members of the transition team.

* Part C to B Transition Conference Members:

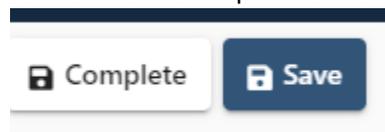
- Parent/Guardian
- Family Support Specialist
- Lead Education Agency
- Other

* Other Participants



Select Save to save the data entered thus far.

If the user has completed the Transition Plan, select Save and Complete.



Section VIII – Service Linkages: Community & Medical Supports

These are resources, supports or other services that assist the child or family and are being pursued or being received but are not required by or funded under Part C of the IDEA. As part of service coordination, the Family Support Specialist may help coordinate or identify services. The user documents any service(s) the family is currently receiving, for example, WIC benefits in the textbox provided:

Services family is currently receiving:

The user documents any service(s) the family and IFSP Team have identified as a need, for example, dental services for the parents.

Procedure Manual for the Med Compass Data Management System

August 2022

Service(s) needed:

If services are needed per the parents and the IFSP Team that are not required or funded by Part C of the IDEA, the user documents any steps the Family Support Specialist/Service Coordinator may take to support the family's acquisition of services.

Steps to be taken to assist the child and family in securing the service(s):

If the parents and the IFSP Team found that no other medical or other services were identified as a need at the time of the Initial IFSP, the user selects the check box:

- IFSP Team discussion found that no medical or other services were identified now.

Section IX – Signature Page

The first textbox requires the user to document any service(s) or service options that were discussed and declined or accepted by the family.

The services were proposed by the Montana Milestones Part C Early Intervention Program or the Family Education and Support Program based on the following information and reasons. If services or service options were discussed and refused, include documentation in the textbox:

1. Services Offered: the user documents the service(s) offered including any service(s) accepted and/or declined.

* 1. Services offered

2. Other choices discussed: the user documents any other choices discussed with the parents and the IFSP Team, for example, two different physical therapy clinics.

* 2. Other choices discussed

3. Information and sources used: the user documents the information regarding services shared by the parent and IFSP Team members.

* 3. Information and sources used

4. Reasons for decisions: user documents the factors that contributed to the decisions about services and supports documented in the IFSP.

Procedure Manual for the Med Compass Data Management System

August 2022

* 4. Reasons for decisions

Written Prior Notice: documentation of discussion to reach consensus about services: the user documents the decision-making process the parents and the IFSP Team engaged in ensuring the parents understand and agree with the services and supports as identified in the IFSP to meet the selected Outcomes.

Written Prior Notice: documentation of discussion to reach consensus about services:

5. Parent/Caregiver provided copy of their Procedural Safeguards: the user documents the provision of the Procedural Safeguards to the family explaining the family's rights and options to dispute.

* 5. Parent/Care Giver Provided Copy of their Procedural Safeguards

Yes No

You have the right to agree or refuse the proposed decision. Accompanying this document is a copy of your rights and the actions to take if you do not agree with a proposed action.

The user documents the parent(s) responses in regard to the documentation recorded by the Family Support Specialist above.

* Parent/Guardian/Surrogate Consent:

- I/we have received a copy of and understand our rights.
- This plan reflects the outcomes that are important for my child and family.
- I/we have reviewed this IFSP and agree to give consent for all of the selected services and/or related outcomes within this IFSP to be carried out as written.
- I/we decline to give consent for the services and/or related outcomes as documented.
- I/we understand the plan will be shared with all team members listed so they can work in partnership on behalf of my family.

The parent's signature is required. If the document was signed electronically, the member's case file in Med Compass must have supporting documentation. If the parent signed a hard copy of the IFSP, the member's case file in Med Compass must have a signed copy. The user may document how the parent's signature was obtained in this textbox:

* Signature of Parent or Guardian (1)

The Family Support Specialist's signature is required. If the document was signed electronically, the member's case file in Med Compass must have supporting documentation. If the FSS signed a hard copy of the IFS, the member's case file in Med Compass must have a signed copy. The user may document how the FSS's signature was obtained in this textbox:

Procedure Manual for the Med Compass Data Management System August 2022

Other IFSP Team Members and Signatures:

We have worked together to create this IFSP and agree this plan will guide our work.

* Signature (1)

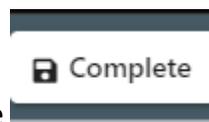
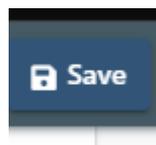
General Supervision Monitoring: These fields along with the dates of signatures are data collection pieces for a number of federal reporting requirements such as the initial IFSP multidisciplinary team and completion dates for initiation of services and 45-day timeline. These dates should correspond with case notes that are documented in the member's Med Compass case file.

Agency Monitoring: The user may manipulate the dates; however, this creates invalid and unreliable data entry. The user leaves a footprint that may be viewed by the agency's personnel.

The remaining IFSP Team members signatures are required and captured in the remaining signature lines as well as their disciplines/titles and method of participation. All information contained in the signature line must be completed as only then will signature lines open to capture additional members' data. If the document was signed electronically, the member's case file in Med Compass must have supporting documentation. If a team member signed a hard copy of the IFSP, the member's case file in Med Compass must have a signed copy. The user may document how the team member's signature was obtained.

The user documents whom the parent(s) requested a copy of the IFSP be sent to:

I/We would like a copy of the plan sent to:



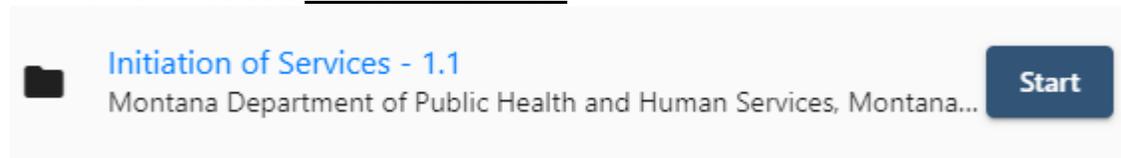
The user selects Save and complete .

Agency Monitoring: The agency's personnel can now see the Individual Family Service Plan under Assessments and Forms along with the individual who completed the form, the date it was added (started) and the date it was completed. These dates may not be manipulated by any user. If an assessment or form are in progress, that will also show.

Additional Tasks:

Initiation of Services

Compliance Indicator 1, Timely Receipt of Services, requires that each service in a member's IFSP must be initiated in a timely manner – within 30 days of the parents' consent as provided via their signature on the initial IFSP. In order to validate the initiation of each service for each member's initial IFSP, the user will receive a task after 30 days to document the initiation of dates for each service. When received, the user navigates to Case Management > Assessments and Forms and selects Initiation of Services:



General Supervision Monitoring: This data is required for federal reporting to ensure all services and supports are initiated in the initial IFSP within 30 days of the completion of the initial IFSP. If any single service was initiated after the 30-day timeline, the record is out of compliance and reason(s) for noncompliance must be documented.

Agency Monitoring: The user may ignore this task without any repercussions from the Med Compass System. The agency's personnel will recognize that the user ignored the task when reviewing the Initiation of Services Report as the initiation of services dates will be unreported. The agency's personnel are responsible to ensure the initiation dates entered are valid and reliable by reviewing the member's case notes or any other internal monitoring source.

Record the initiation due date (30 days after the initial IFSP is signed by the parents). Select the services identified on the IFSP Care Plan for the Initial IFSP and document the actual initiation date of services. If the services were initiated after 30 days, document yes, the services were late. The user will then select the reason for delay. The user will also complete a textbox capturing the reasons behind the delay. When finished with all services identified in the initial IFSP Care Plan, select save and complete. The data provided will become part of the agency's reporting for Indicator 1.

The initial IFSP also triggers an addition task, validation of Compliance Indicator 7, 45-day timeline. If an initial IFSP continues to be in a pending state and no date of completion exists, the user receives a task to document if the initial IFSP was completed 45 days after referral, i.e., late.

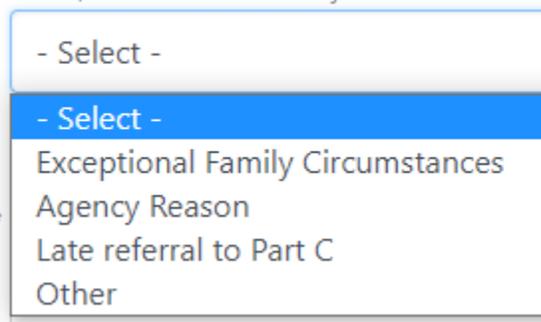
Procedure Manual for the Med Compass Data Management System

August 2022

Documenting if the IFSP is completed after 45 Days from referral:

The initial IFSP is required to be completed within 45 days from the date of referral. If the initial IFSP has not been signed by the parent, a task is sent to FSS to document why the initial IFSP was late:

* If Late, select reason for delay



- Select -
- Select -
Exceptional Family Circumstances
* Agency Reason
Late referral to Part C
Other

For both tasks, Initiation of Services and IFSP Completed after 45 days from referral, the user is directed to select the reason for delay and provide a narrative of that reason.

What are exceptional **family circumstances**? An exceptional family circumstance only applies if the action(s) resulting in delay was/were based upon the family's circumstances. This is not an exhaustive list.

- Child illnesses
- Family vacations
- Family cancellations
- Family scheduling conflicts
- Difficulty scheduling with a biological parent in a foster care situation where the family rights are still intact
- Severe weather or natural disasters where the length of delay was directly proportionate to the severity and duration of the disruption

What are **agency reasons**? An agency reason only applies if the action(s) resulting in delay was/were based upon the agency's circumstances. This is not an exhaustive list.

- FSS vacation
- FSS cancellations
- FSS scheduling conflict
- Staff turnover

If the user selects **Other**, documentation is entered in the textbox. If the user documents using a statement such as "The IFSP was not late" then the user must actually document the reasons why the user believes the IFSP or the initiation of services was not late.

Procedure Manual for the Med Compass Data Management System August 2022

General Supervision Monitoring: This data is required for federal reporting to ensure the initial evaluation, assessment and IFSP meeting were completed within 45 days of the child's referral to Part C.

Agency Monitoring: The user may ignore this task without any repercussions from the Med Compass System. The agency's personnel will recognize that the user ignored the task when reviewing the 45-Day Timeline Report as reasons will be unreported.

The agency's personnel are responsible to ensure both that the IFSP is completed within 45-days and the parent's signature dates entered are valid and reliable by reviewing the member's case notes or any other internal monitoring source.

IFSP was completed after the 45th day, Document Reason Below.

SMITH

* Task Description: IFSP was completed after the 45th c

Source: System [Open Member Program](#)

* Priority: Medium

* Status: Open

* Type: Part C

Task Required: No Yes

* Assigned To: Grant Bryant

* Due Date: 10 / 05 / 2021

Due Time: 02 : 51 PM

Expiration Date: mm / dd / yyyy

Member: SMITH

Case: - Select -

Program Type: - Select -

Acuity: - Select -

Queue: - Select -

Task Location:

Group: N/A

Schedule Task

Start Date: mm / dd / yyyy

Start Time: hh : mm --

End Date: mm / dd / yyyy

End Time: hh : mm --

External Links

B I U [List Icon] [Link Icon]

Insert text here ...

User Comments

B I U [List Icon] [Link Icon]

Document the reason for the late submission below.

Transition Tasks

If the user selected yes, the IFSP includes a Transition Plan, tasks based on regulatory timelines will notify users of the required transition processes: **Development of the Transition Plan**, **Notification to the Lead Education Agency or Cooperative**, and the **Part C to B Transition Conference**. The tasks are based upon the age of the member which align with the federal regulatory requirements. If the task is completed outside of the required timelines, the user will be tasked with validating reason(s) for lack of timeliness.

Procedure Manual for the Med Compass Data Management System

August 2022

A task is sent to the contractor's specific Regional Work Queue to notify the Local Education Agency or Cooperative that a member is potentially eligible for Part B and to document if the family wishes to opt-out of notification to the LEA.

General Supervision Monitoring: Transition data is required for federal reporting to ensure the transition plan, notification to the LEA, and the Part C to B transition conference were completed following the regulatory timelines.

Agency Monitoring: The user may ignore the tasks without any repercussions from the Med Compass System. The agency's personnel will recognize that the user ignored the task when reviewing Transition Plan and Conference Report and LEA Notification Report as reasons will be unreported = null.

The agency's personnel are responsible to ensure both that all transition tasks are completed and dates entered in the Transition Plan are valid and reliable by reviewing the member's case notes or any other internal monitoring source.

FES Waitlist

When a family wants to be placed on the FES Waitlist either coming from Part C services or an FES intake from referral, users follow procedures using either the New Member CSR or Existing Member CSR. This action will lead to the creation of a pending FES Program Card. Once the Program Card is visible to the user, select Case Management < Waitlists is selected. The user adds the child with his/her matrix score to the appropriate Regional FES waitlist.

Reports

Reports are currently under construction in Med Compass. When completed, the following reports will be available to the user:

- Part C Services Report
- Child Count and Settings
- Child Count – Cumulative
- Exit Report
- Child Outcomes Summary Report
- Children Who Received Part C for Less Than 6 Months Report
- 45-day Timeline Report
- Transition Plan and Conference Report
- LEA Notification Report
- Part B Referral Report
- Children Turning 3 Report
- Part C Not Eligible Report

Procedure Manual for the Med Compass Data Management System August 2022

- Part C Referral Source Report
- Caseload Report
- ECFSD Case Notes Report