



Consultation Among Service Provider Team Members
 (To be completed by each team member participating in consultation session)

Child's Name: _____ DOB: _____

Service Coordinator: _____ Date of Consultation: _____

Start Time: _____ Location: _____

Consulting Team Members: _____ PSP: _____

Phone Face to Face
 Phone Face to Face
 Phone Face to Face

Family Participation:
 _____ Phone Face to Face Declined Invitation

Outcomes/Strategies Discussed: _____

Recommendation(s): _____

Recommended changes in services, frequency, and duration require IFSP update with family and service coordinator and must be recorded on the IFSP form G.

End Time: _____

 Provider Name (Print)

 Provider Signature

(Circle appropriate codes below)

Provider

OT
 PT
 SLP
 ITDS or OTHER EI PROVIDER

Face to Face or Phone
 CONOF CONOP
 CONPF CONPP
 CONSF CONSP
 CONIF CONIP

Copy to: Early Steps Service Coordinator within 5 business days
 Billing with monthly invoice
 Service Coordinator to provide copy to family and PSP within 5 business days of receipt from provider.

CONSULTATION AMONG SERVICE PROVIDER TEAM MEMBERS FORM INSTRUCTIONS

This form serves two primary purposes:

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

Each team member must have a form completed for each Consultation in which they participate. During consultation sessions, the members participating should appoint a recorder to LEGIBLY complete the form from *Child's Name* to *End Time*. Copies should then be made for each participant and the family. The original goes to the Service Coordinator to place in the child's file. Consultation is typically between the Primary Service Provider and other team members and all participating providers can bill for Consultation using the form as invoice documentation. If the Primary Service Provider did not participate in the Consultation session a copy should go to them so they can implement whatever was discussed.

Field Entry Guidance:

Child's Name: *Full name of child*

DOB *Date of birth of child*

Service Coordinator: *Name*

Date of Consultation: *MM/DD/YYYY*

Start Time: *Beginning time of consultation session*

Location: *This is the location where the meeting was scheduled to be. If face-to-face, enter the location as i.e. Home, Local Early Steps, Playpen Therapy; if scheduled to be by phone, enter the location as Phone.*

PSP: *Name and credentials of the current Primary Service Provider*

Consulting Team Members: *List all members participating in the consultation and check Face to face or Phone*

Family Participation: *The name(s) of the family member(s) and check Phone, Face to Face or Declined Invitation*

Outcomes/Strategies Discussed: *Narrative of the discussion*

Recommendation(s): *Narrative of the recommendations/outcomes of the consultation*

End Time: *End time of consultation session*

ALL THE ABOVE FIELDS SHOULD BE IDENTICAL FOR ALL PARTICIPANTS' FORMS

When each participant receives their copy of the completed form, they will complete the remaining fields.

Provider Name (Print) *LEGIBLE name of provider*

Provider Signature

Provider signature

(Circle appropriate codes below) *The provider must circle their designation, i.e. OT, PT, etc; and circle the code signifying if participation was Face to Face or Phone*

Provider

Face to Face or Phone

OT

CONOF

CONOP

PT

CONPF

CONPP

SLP

CONSF

CONSP

ITDS or OTHER EI PROVIDER

CONIF

CONIP

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

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

Consultation time must be authorized on the Individualized Family Support Plan (IFSP).

Consultation should all be authorized as Face to Face for purposes of entering it in the Early Steps Data System, Family Support Plan Service Authorization (FSPSA) component. It can be billed as either Face to Face or Phone when entered in the data system as an intervention.