

DATA ENTRY -- Entering IFSP-Services



This guidance describes the steps data entry staff should follow to enter the IFSP-Services form for the first time in a child record. For children who already had IFSPs in Welligent prior to 8/1, this will take place at the next IFSP update or review. For new children who did not have IFSPs in Welligent prior to 8/1, this happens for their Initial IFSP. For any child who already has an IFSP-Services form completed, please use the Updating IFSP-Services guidance.

1 In child's record, go to Program History

The screenshot shows a software interface with a sidebar menu on the left and a main content area on the right. The sidebar menu includes the following items: Client Information, Alerts, Appointments, Assessment Tools, Attachments, Billing-Pay Sources, Call Tracking, and Program History (highlighted with a green bar and a yellow circle). The main content area has a header section for 'reminders' with columns for 'Date Due', 'Activity', and 'Detail'. Below this is a text box that says 'Click [HERE](#) to view a list of reminders for Keylime Test.' Below the reminders section are two more sections: 'Recent or Pending Lab Tests' and 'Problems/Conditions'.

2 Select the Early Intervention program

Client ID: 7012151

Program History

Search Criteria

Program Status: Show Wait List History Hide Sub/Child Programs

	Edit	Print	Program	Status	Admit D
+			Early Intervention	Active	29-Apr-2

3 In the Paperwork/Forms section, click on the green plus sign next to the IFSP-Services form. (NOTE: if there is any number other than 0 appearing next to the form's name, please follow the separate instructions for Updating IFSP-Services).

2022 Time: 10:48am

Robin

Characters Left

+	+	Family Intake(3)
+	+	Hearing and Vision Screening(2)
+	+	IFSP - (Entry) Present Levels of Development and Child Outcomes
+	+	IFSP - (Exit) Present Levels of Development and Child Outcomes S
+	+	IFSP - Annual IFSP Review (0)
+	+	IFSP - Cover Page (0)
+	+	IFSP - Multidisciplinary Evaluation/Assessment Summary(1)
+	+	IFSP - Plan for Providing Services in the Natural Environment(0)
+	+	IFSP - Services(0)
+	+	IFSP - Transition Steps(0)
+	+	Physicians Authorization form (0)
+	+	Procedural Safeguards and Prior Written Notice(0)
+	+	RI Early Intervention Consents(0)
+	+	Response to Referral Letter(1)

4 The setup tab will appear. Change Screening Status to "Complete".

st, Keylime (ID# 7012151 DOB: 18 mths days) (Idle Period:0 Minutes)

Setup	
Client Name:	TEST, KEYLIME
Client DOB:	01-Jan-2021
Client ID:	7012151
Screening Status:	Incomplete
Translate Page:	Select Language ▾
Completion Code:	▾
Associated Program:	Early Intervention Status: Active Intake Date: 29-Apr-2022
Screening Mode:	▾
Location:	Test Location ▾
Administered By (Name):	Sara Lowell 🔍
Screen Date:	<input type="text"/> 📅 Time: <input type="text"/> <input type="checkbox"/> *
Signed?	No

5 Enter the date from the IFSP form (this is the meeting date where services were added)

Screening Status:	Complete ▾
Translate Page:	Select Language ▾
Completion Code:	▾
Associated Program:	Early Intervention Status: Active Intake Date: 29-Apr-2022
Screening Mode:	▾
Location:	Test Location ▾
Administered By (Name):	Sara Lowell 🔍
Screen Date:	<input type="text"/> 📅 Time: <input type="text"/> <input type="checkbox"/> *
Signed?	No

6 Click this text field.

Screening Status: Complete

Translate Page:  Select Language

Completion Code:

Associated Program: Early Intervention
Status: Active
Intake Date: 29-Apr-2022

Screening Mode:

Location: Test Location

Administered By (Name): Sara Lowell

Screen Date: 07102022

Signed?

Time:

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

7 Click 'Save' in the upper right.

Other » Save Close

8 When the page refreshes, click the "Early Intervention Services" tab

Edit IFSP - Services Information - Test, Keylime (ID# 7012151 DOB: 18 mths 26 days) (Idle Period:0 Minutes)

- Setup
- Early Intervention Services**
- Other Services
- Acknowledgement and Consent

Setup

Client Name: TEST, KEYLIME
 Client DOB: 01-Jan-2021
 Client ID: 7012151

Screening Status: Complete

Translate Page: Select Language

Completion Code:

Associated Program: Early Intervention
 Status: Active
 Intake Date: 29-Apr-2022

Screening Mode:

Location: Test Location

Administered By (Name): Sara Lowell

Screen Date: 10-JUL-2022 Time: 10:00am

Signed? No (Completed Tools Should be Signed)

9 Select the IFSP Type. In this example, Initial is used; however, if you are documenting an update or a review for child who already had an IFSP in Welligent prior to 8/1, you may need to select update or annual instead.

Services Information - Test, Keylime (ID# 7012151 DOB: 18 mths 26 days) (Idle Period:0 Minutes)

- Early Intervention Services
- Early Intervention Services**
- Other Services
- Acknowledgement and Consent

EARLY INTERVENTION SERVICES

IFSP type

Interim

Initial

Update

Annual

Services

Date added	EI Service	Provider	Location
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Enter all active services on the child's IFSP into the grid.

	Initial	<input checked="" type="checkbox"/>	
	Update	<input type="checkbox"/>	
	Annual	<input type="checkbox"/>	
Services			
	Date added	El Service	Provider
*	<input type="text"/>	<input type="text"/>	<input type="text"/>
*	<input type="text"/>	<input type="text"/>	<input type="text"/>
*	<input type="text"/>	<input type="text"/>	<input type="text"/>
*	<input type="text"/>	<input type="text"/>	<input type="text"/>
*	<input type="text"/>	<input type="text"/>	<input type="text"/>



NOTE: This list should represent ALL of child's active IFSP services. If this is an update or review, make sure to list ALL services, and not just ones being updated or added.

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Complete Date Added, EI Service (select from menu), and Provider (use provider lookup to select staff)...

Initial X

Update

Annual

Services

Date added	EI Service	Provider	Location	Natural Setting*	Method
10-JUL-2022 	Family Training/Counseling		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Enter Location (dropdown menu) and indicate whether or not the service takes place in a Natural Setting.

Provider	Location	Natural Setting*	Method	Frequency (#times per week)	Intensity (Length of session)	Duration (month)
Leslie Bobrowski 	Home		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



NOTE: Justification for services not in a natural environment is now documented in a separate form (IFSP-Plan for Providing Services in the Natural Environment). Data entry does not need to complete this; during this interim period, staff can continue to record this in the paper file. Once staff switch to entering forms directly in Welligent, staff will complete this form.

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Enter Method, Frequency, and Intensity (dropdown menus)... (note that the letter V is used on some Method values to indicate Virtual)

	Location	Natural Setting*	Method	Frequency (#times per week)	Intensity (Length of session)	Duration (months)	Date ended
<input type="checkbox"/>	Home	Yes	Individual	1x/week			
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

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Enter Duration (dropdown menu). Do not enter anything in the Date Ended column. This column will be used in future updates to show that a service has been ended.

	Location	Natural Setting*	Method	Frequency (#times per week)	Intensity (Length of session)	Duration (months)	Date ended
<input type="checkbox"/>	Home	Yes	Individual	1x/week	60min		<input type="calendar"/>
<input type="checkbox"/>							<input type="calendar"/>
<input type="checkbox"/>							<input type="calendar"/>
<input type="checkbox"/>							<input type="calendar"/>
<input type="checkbox"/>							<input type="calendar"/>

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Click 'Save' in the upper right.

5 days (Idle Period:0 Minutes)
Other » **Save** Close

X

Service	Provider	Location	Natural Setting*	Method	Frequency (#times per week)	Intensity (Length of session)	Duration (months)	Date ended
Family Training/Counseling	Leslie Bobrowski	Home	Yes	Individual	1x/week	60min	12 months	<input type="calendar"/>
Speech/language	Donna Novak	Home	Yes	Individual	2x/month	45min	12 months	<input type="calendar"/>
Occupational Therapy	Christine Robin	Home	Yes	Individual (V)	2x/month	60min	12 months	<input type="calendar"/>
Counseling	Patricia Maris	Home	Yes	Individual (V)	Once a month	60min	12 months	<input type="calendar"/>
								<input type="calendar"/>



These instructions are for data entry only, so that the IFSP date, IFSP type, and service details will be in the system. If staff were completing this form directly in Welligent, they would also complete the other tabs and obtain parent signature.

16 Once the form is saved, click 'Close'.

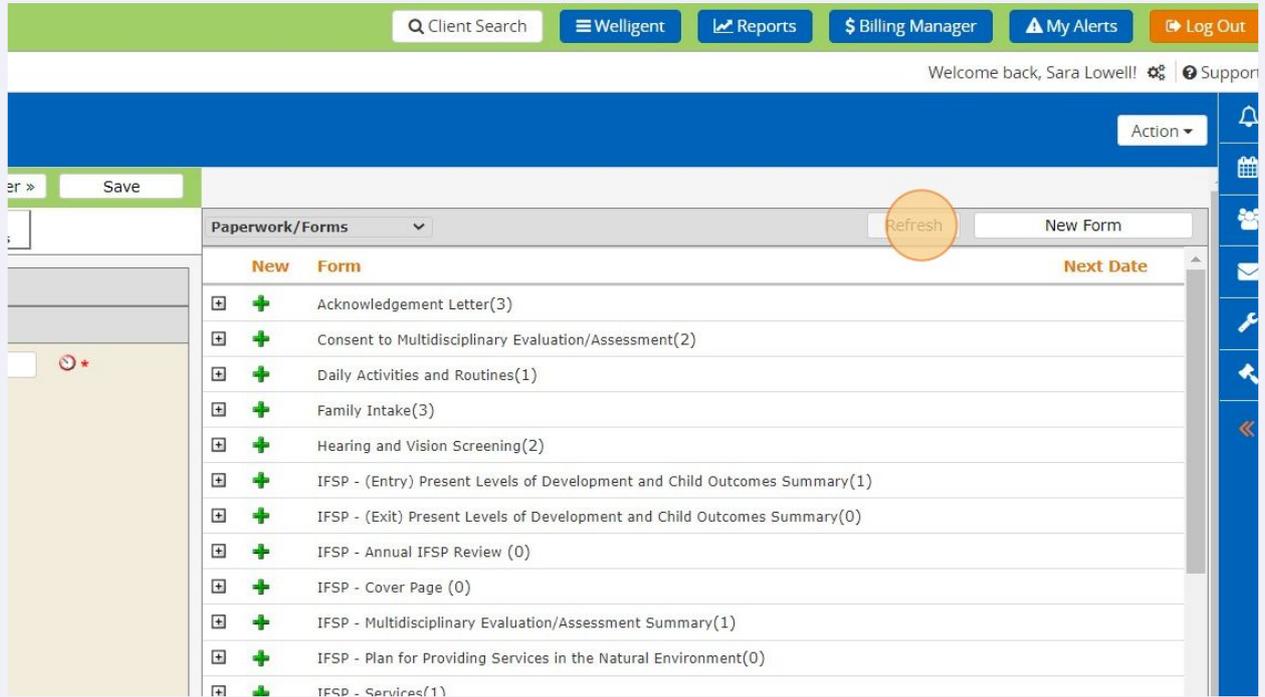
Name	Location	Natural Setting*	Method	Frequency (#times per week)	Intensity (Length of session)	Duration (months)	Date ended
Bobrowski	Home	Yes	Individual	1x/week	60min	12 months	
Novak	Home	Yes	Individual	2x/month	45min	12 months	
Robin	Home	Yes	Individual (V)	2x/month	60min	12 months	



You're done!

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You will be returned to the child's Program Episode Details page. If you click 'Refresh' in the Paperwork/Forms section, you will see that a (1) appears next to the IFSP-Services form - this represents the one form you just completed.



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If you click the gray plus sign next to the form, the form you completed will be shown below.

