**King County ESIT Interagency Agreement for Dually Served Children (IAA)**

**The purpose of this agreement is to promote mutual understanding between King County ESIT agencies when jointly providing services with a child and their family.** **The signing agencies and their Individualized Family Service Plan (IFSP) Team Members agree to:**

* Provide equitable and holistic care for the child and their family.
* Collaborate for coordinated service delivery as a single IFSP team, including:
	+ An IFSP team member from each agency to lead communication about the child between agencies;
	+ The Family Resources Coordinator (FRC) of record in the DMS, Enter FRC Name and Email here will coordinate and schedule evaluations, assessments, IFSP meetings, and transition conferences, including all IFSP team members, and secondary FRCs, if any;
	+ IFSP team members share the responsibility to meet required DCYF/ESIT timelines for data entry and will provide IFSP documents and reports to the FRC to ensure that timelines are met.

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| **Child’s First and Last Name** | Click to enter  |
| **ESIT ID**  |   | **Date of Birth**  | **Click to enter date**  |
| **Most Recent IFSP Date (IAA Start Date)\*** | **Click to enter date** | \*Date that this IAA is effective is IFSP date with services at more than 1 agency, or services updated. |
| **This agreement shall continue until the child turns three or is no longer served by more than one agency\*\*.** | \*\* If child leaves 1 agency, the exit date must be entered: on billing spreadsheet (by agency exited) and in DMS (by FRC of record). |

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| **Agency Information** | **Agency 1—With FRC** | **Agency 2** | **Agency 3** |
| **Agency Name** | **Add Agency Name**  | **Add Agency Name**  | **Add Agency Name**  |
| **IFSP Team Designated Contact**  | Contact Name, Role | Contact Name, Role | Contact Name, Role |
| **Email Address** | Contact Email | Contact Email | Contact Email |
| **Number and Type of IFSP Services Monthly***, including FRC* | ­­0 **Sessions** of Provider Type,0 **Sessions** of Provider Type, 0 **Sessions** of Provider Type,  | ­­0 **Sessions** of Provider Type,0 **Sessions** of Provider Type, 0 **Sessions** of Provider Type,  | ­­0 **Sessions** of Provider Type,0 **Sessions** of Provider Type, 0 **Sessions** of Provider Type,  |
| **Quarterly Consult** *If 1-2 sessions only* | ­0 **Sessions** of Provider Type | ­0 **Sessions** of Provider Type | ­0 **Sessions** of Provider Type |
| **Comment** | Click to enter text. | Click to enter text. | Click to enter text. |
| **Agency Signer** | Signature HereSigner Email Here | Signature HereSigner Email Here | Signature HereSigner Email Here |
| **Date Signed** | Click drop down arrow to enter date. | Click drop down arrow to enter date. | Click drop down arrow to enter date. |
| **King County Allocation Note** | %  | %  | %  |

­­ **File Naming Convention**—Please name all files with child’s last name.IFSP Date.1st Agency.2nd Agency.3rd Agency\*\*\* for example: *LastName.1.5.21.NWC.KIN.HSDC.pdf* or .doc—using last name is okay since you will **ONLY be using HIPAA compliant email or portal.**

**PLEASE Submit Fully Signed Agreement, using the file naming convention, as soon as possible to:**

* All email addresses above at participating agencies, sending via secure email AND
* King County Portal, prior to downloading the monthly billing spreadsheet.

**Reminder:** If this agreement reflects adding a new agency, the new agency must also alert DDA to add them.

**Directions for Completing and Sending the Interagency Agreement for Dually Served Children**

1. Prior to and immediately after completing any IFSP meeting which includes new or updated services provided by more than one ESIT agency in King County, the **FRC of record in the ESIT DMS or Designated Contact Person for Agency 1** will:
	1. Ask each agency to identify a “designated contact person” for the specific IFSP and ensure they have an accurate email address and grant full access to the DMS for all IFSP Team Members.
	2. Initiate an Interagency Agreement by completing the information on the IFSP, including double checking for accuracy of all information, OR update an existing Interagency Agreement when services/frequency change.
	3. Save the file using the naming convention: child’s last name. IFSP Date. 1st Agency, 2nd Agency, 3rd Agency\*\*\*, for example: *LastName.1.5.21.NWC.KIN.HSDC.pdf* or .doc—since **ONLY HIPAA compliant email or portal** will be used.
	4. Secure the signature and email address for the “Agency Signer” at Agency 1.
	5. Forward the document to the Designated Contact Person at Agency 2, sending via secure email.
2. Within 2 business days of receipt, the **Designated Contact Person at Agency 2** will:
	1. Review the information for accuracy, and if corrections are made, notify the FRC
	2. Secure the signature and email address for the “Agency Signer” at Agency 2.
	3. Forward the document to the Designated Contact Person at Agency 3, sending via secure email; OR
	4. If there is no Agency 3, forward the fully executed Interagency Agreement to:
		1. All of the email addresses, sending via secure email, on the form at Agencies 1 and 2
		2. Upload to the King County Portal, ensuring file naming convention used
3. If there is an Agency 3, within 2 business days of receipt, the **Designated Contact Person at Agency 3** will:
	1. Review the information for accuracy, and if corrections are made, notify the FRC
	2. Secure the signature and email address for the “Agency Signer” at Agency 3.
	3. Forward the fully executed Interagency Agreement to:
		1. All of the email addresses, via secure email, on the form at Agencies 1, 2 and 3
		2. Upload to the King County Portal, ensuring file naming convention used

**Definitions:**

* **IAA Start Date**—Initial IFSP when child served by more than one agency, or IFSP date when new agency is added, or services updated.
* **IFSP Team Designated Contact—**The FRC at Agency 1, and at Agencies 2 and 3 an IFSP team member (or secondary FRC).
* **Number and Type of IFSP Services Monthly**—Please enter the number of services monthly on the IFSP for each agency that are on the IFSP as of the Start Date. Enter 1 session for the FRC, unless they are providing additional services such as Promoting First Relationships, etc. If a service is 30 minutes monthly, enter 1 session. If a service is 50 minutes, two times a month, enter 2 sessions. If a service is 3 times quarterly, enter 1 session Monthly.
* **Quarterly Consult—**Please enter 1 or 2 sessions for services quarterly, if relevant. If the quarterly consult is 3 or more times per quarter, divide the total number of consult sessions by 3 months, and put in the Monthly services section above. For example: If a service is 3 times quarterly, enter 1 session above in Monthly Services.
* **Comment—**You may use this box to add something unusual or unique about the situation, if needed.
* **Agency Signer—**Each agency will need to clarify for staff who the Signer of Interagency Agreements will be. It may be different than the Designated Contact for the IFSP Team, and could be the fiscal person who needs the information for billing purposes.
* **Percent Allocation—**King County will designate the percent of Special Education (SE) designated for each agency. At this time:
* If 2 agencies provide monthly IFSP services, they will each be allocated 50% of the SE funding.
* If 3 agencies provide monthly IFSP service, the one with the FRC will be allocated 34%, and the others 33%.
* If an agency ONLY provides one of the following types of services, they will not be allocated SE funding:
	+ Deaf/Hard of Hearing Family Resources Coordination services (DHH/FRCs)
	+ Teachers of the Visually Impaired (TVIs)
	+ Quarterly Consults, with less than three quarterly visits

\*\*\***Agency Abbreviations for File Naming:**

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| * BOY--Boyer
* BT3--Birth to Three Dev Center
* CH--Childhaven
* CS--ChildStrive
* CTC--Children’s Therapy Center
 | * EEU--UW – EEU
* ENC--Encompass
* FC—Family Conversations/NWSDHH
* HSDC--Hearing Speech & Deaf Ctr
* KIN--Kindering Center
 | * L&T--Listen & Talk
* NWC--Northwest Center Kids
* WON--Wonderland Child and Family Services
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