

Redundant Tasks & Proposed Solutions/Wishes Reported by Service Coordinators

Use the space below to document redundant tasks and proposed solutions you wish for. If you need assistance please email Maria Kastanis at mkastani@illinois.edu.

- Embedded DocuSign or similar program so that everything does not have to continue to be re-entered including meeting letters.
- CRM or something similar so every email does not have to be either summarized or copied and pasted
- Is there a way to "capture" emails and text messages as well so that again, it does not have to be copied and pasted into casenotes. More and more families are only responding to text messages.
- Area for more than one contact and that person's contact information including phone number and email.
- Area for caseworker contact information if child is DCFS
- Ability to identify or upload med auths, bv's, reports once completed
- Outcomes to be included so it is captured in the software and not handwritten or added separately
- When the IFSP is printed, PLEASE identify it as the **Individualized Family Service Plan** (Currently prints as State of Illinois Cornerstone Early Intervention Service Plan.
- And that leads to... continuity of language of the documents throughout the program i.e. some forms say early intervention, some say Child and Family Connection.
- Referral page that can be sent to the family to review to confirm all information is correct via embedded program
- When documents are transferred between CFC's, please keep entered information in the system in addition to the auths and case notes so the information does not have to be re-entered.
- Be able to "click" on a therapist and print that authorization
- Automatically populate the monthly IFSP development time when an ongoing auth has been entered; or not being 2 separate authorizations
- Ability to identify in the program when items are completed ie intake, IFSP, 6 month mtg, transition meeting, etc AND to be able to print a form/report showing that information.
- I would also appreciate having 30 days to enter auths verses 10 days. Again, I have to send an email to have someone else enter information that is not entered within 10 days.
- Ability to correct our own mistakes in auths, instead of having to go to a lead.
- Remove forms that are no longer relevant - ie. social security disclosure.
- Add a function on Provider Connections that allows searching therapists by towns served.
- Interpreter authorizations - allow for overlapping authorizations, frequency can be challenging, more choices in entering authorizations when interpreter is serving a large team with varying frequencies (weekly, monthly, etc...)
- HEAT Tickets - allow CFC managers more flexibility in correcting authorization, etc....
- Typing the AS03 is often duplicative of information that is in the reports, eliminate questions 1-7 with focus on 8, 9, 10

- DocuSign folders organized by meeting (folder for intake, initial IFSP, annual IFSP, etc)
- RBI and SHS are duplicative