

Chapter 6: Individualized Family Service Plan Development

The steps and requirements of the IFSP are detailed in this chapter.

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Louisiana’s State-identified Measureable Result

The EarlySteps system will improve child outcomes through supports that are focused on Family CPRs and provided through a team-based approach.

Summary of Chapter 6 Revisions	Chapter 6 additions
	References to IFSP regulations, September 2011
	CPR “touchpoints” added as opportunities to identify family concerns, priorities, and resources.
	Addition of sample DEC RPs
	Language that supports outcomes focused on addressing family concerns and priorities.
	Performance Expectations

EarlySteps IFSP Development Forms:

- **Provider Selection**
- **Request for Authorization**
- **Consent to Release and Share Information**
- **Eligibility Determination Process Report**
- **IFSP Team Services Process Form**
- **Individualized Family Service Plan (IFSP): Includes:**
 - **Health History page 2**
 - **Family Assessment Page 8**
 - **BDI-2 Evaluation Report Page 3**
- **Team Meeting Notice and Minutes Form**
- **Parent’s Rights**
- **Notice of Action**

The Individualized Family Service Plan—the IFSP

“For each infant or toddler with a disability, the lead agency must ensure the development, review and implementation of an individualized family service plan, or IFSP, developed by a multidisciplinary team, which includes the parent.” Part C Regulations, September, 2011, 34 CFR 303.340-345.

All the information gathered from the point of referral to the actual IFSP meeting comes together to develop the IFSP and the intervention which follows. “The IFSP is more than a document to be completed and then filed away. It is not a static plan. . it is a plan written with families for families...It guides ongoing delivery of early intervention support and services, and it should shift and adjust as changes occur in the family.” (Pletcher, Younggren, 2013, page 92)

Each eligible child and their family must have an Individualized Family Service Plan (IFSP) developed no later than 45 calendar days from the date of receipt of the referral at the SPOE. Since they play the key role in its development support coordinators (Intake and FSC) and service providers **must** be knowledgeable of the IFSP process.

The IFSP must:

- Be developed jointly by the family and appropriately qualified personnel involved in the provision of early intervention services;
- Be based on the multidisciplinary evaluation and assessment of the child and a family-directed assessment of the family to identify resources, concerns and priorities of the family and
- the identification and delivery of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

This chapter is divided into 3 sections:

- IFSP Information—overview of IFSP development
- IFSP Process—preparing for and conducting the IFSP meeting
- Completing the IFSP Process—activities following development of the IFSP



DECRP-F4: Practitioners and the family work together to create outcomes of goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Section 1: IFSP Information: Overview of IFSP Development

The IFSP is a legal document that outlines the written early intervention service plan for the child and family. Each section below addresses one of the components in this plan. Refer to the IFSP form when reviewing the information in this section.

Parents' Role in Choosing Early Intervention Services

Parents are vital members of the IFSP team. Services are based on the team discussion, review of information and decisions necessary to support the IFSP outcome(s). Parents also choose the early interventionists the services identified in the IFSP. Freedom of choice must be offered for each service. If they choose a service that is outside the scope of EarlySteps, this service may be listed as an "Other Services"(Section 8 on the IFSP form). Family roles are critical enough that families have rights specific to the development and implementation of the IFSP (see Chapter 2 *Parent Rights*). Support coordination is a required service under Part C. If a parent does not accept support coordination, they are making a decision to not accept Part C services. All parents **must** accept Family Support Coordination.

IFSP Team

In identifying the IFSP team, members should be chosen on the basis of the child and family needs and expertise needed to develop and implement an appropriate IFSP. The team members are selected at each meeting and the IFSP team may change as child/family needs change resulting changes of ongoing early interventionists. The Intake Coordinator **must** show the family the service matrix to select providers with special skills, information, or expertise that is important to the family.

Required IFSP Team Members:

- Parent or parents of the child;
- Other family members, as requested by the family;
- An advocate or person outside of the family, if requested by the parent(s);
- Intake Coordinator (initial IFSP);
- Ongoing support coordinator—FSC (required to attend in person/virtually—initial, quarterly, and annual team meetings);
- Service providers (typically after the initial IFSP)
- Person(s) directly involved in conducting the comprehensive developmental assessments/eligibility evaluation*; and,
- The EarlySteps EI Consultant may also participate in the IFSP meeting either in person or by review of records/information prior to the meeting, as appropriate, to assist in interpreting the developmental information. The EI consultant **must** attend IFSP team meetings for children whose eligibility maybe be determined by informed clinical opinion.

*Note: If the person(s) who was directly involved in conducting the comprehensive developmental assessment is unable to attend the IFSP meeting, either in person or virtually, their participation requirement may be met by:

- Participating by a telephone conference call;
- Participating through a virtual platform;
- Having a knowledgeable authorized representative attend the meeting; or,
- Making pertinent records available at the meeting.

Medical Services versus Developmental Services

The purpose of EarlySteps services is to build the family's capacity to enhance their child's development. Children in EarlySteps often have medical concerns that may require additional therapy along with the developmental needs addressed by early intervention services.

The focus for early intervention services is to maximize child experiences to promote learning of desired skills and to minimize the likelihood of interactions which will impede learning of desirable skills. Sandall, et al (2005) offer 3 "take home messages" regarding child-focused practices in service delivery:

1. Adults design the environments to promote child safety, active engagement, learning participation and membership;
2. Adults use ongoing data to individualize and adapt practices to meet each child and family's changing needs

3. Adults use systematic procedures within and across environments, activities, and routines to promote children’s learning and participation.

With the team-based approach of early intervention services, the focus is on the individual child’s functioning in their own environmental context rather than a focus on the specific therapy service. These concepts do not preclude the model of direct service delivery. The specific expertise and knowledge brought to the team by a therapist/interventionist is necessary to teach the family or caregivers needed interventions to embed with or into the daily routines and natural learning moments of daily life.

IFSP teams should determine the purpose of needed services. Who recommended it—did it come from a physician? Why did the physician recommend the service? Was the child hospitalized when the recommendation was issued? What does the service entail—sedation, pain, constant medical supervision or monitoring? Does the child have a medical condition that requires follow-up? Is the purpose of the service to keep the child alive?

The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes—does it fit the strategies that the team identified?

Medical services provided through EarlySteps are limited to those services for evaluation or diagnostic purposes only. Ongoing therapies to address modalities such as stretching, prevention of atrophy, or post-surgery rehabilitation are not the focus of services paid by EarlySteps, except as needed to support the family in the child’s participation in family routines. These and ongoing medical services may be listed in Section 8 “Other Services” of the IFSP.

Non-traditional Services

Non-traditional services including the provision of services through non-traditional means (e.g., hippo therapy, aquatic therapy, non-traditional auditory stimulation, etc.) are not funded by EarlySteps.

For EarlySteps to fund a non-traditional service, there **must** be documentation that the team discussed reasons why the traditional service failed to work, what strategies were explored before discussing non-traditional services and the valid research examined by the team that supports the use of the non-traditional approach with infants and toddlers. Documentation may also include that the child’s medical condition is such that traditional therapy services are harmful.

IFSP Outcomes

IFSP outcomes are broad statements that describe what the family and team have discussed and want to achieve. Outcomes selection is derived from the priorities established in the family assessment in Section 2 of the IFSP and any other information collected which contributes to the identified priorities. Outcomes are not based on services; rather, services are based upon the outcomes. EarlySteps services are outcome driven. Outcomes translate into strategies and activities that will occur during the IFSP implementation period. These strategies and activities emphasize the child and family’s daily routines and activities, and are focused within the natural environments that are typical for the child and family.

Families and professionals collaborate to develop outcomes, discuss competing priorities, and look at all alternatives. Professionals have a responsibility to share knowledge and experience with families to assist them in evaluating options and making choices. Not all outcomes require the support of early intervention services paid by EarlySteps. The family or community may have resources that can be used to meet the needs of child. The FSC is responsible for assisting the family in locating and applying for those services; these should be listed in Section 8 of the IFSP. It is important that EarlySteps be the payor of last resort for early intervention services.

Outcomes **must** be stated functionally in terms of:

- What does the family want to achieve for their child and the family?

- What is to occur?
- What is expected as a result of these actions or what will be different when this outcome is achieved?
- Everything in the IFSP should be stated in the language or words used by the family as much as possible.
- Outcomes should be written in “In order to” statements, see examples which follow:
 - “Aggie moves from one piece of living room furniture to another in order to take steps on her own.”
 - “Joey eats dinner with the family each day in order to share meal time with family.”
 - “Susie points to food at mealtime in order to let her parents know what she wants”.
 - “Mrs. Falkner knows how to access other services in order to help with Aggie’s needs after Aggie turns three.”

IFSP outcomes address the priorities of the family. Each IFSP must include a statement of the measurable results or outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to measure progress and whether modifications or revisions are necessary. Section 4 of the IFSP, the **Outcomes for child and family**, is used to address outcomes to meet child and family priorities. A separate outcomes page is used to address each outcome. As the team leader responsible for serving as the point of contact for carrying out the IFSP, each outcome will have a role for the FSC as part of its implementation.

Strategies to Achieve IFSP Outcomes

Once an outcome has been written for the IFSP, it is then necessary to identify the strategies and activities that will be supportive to achieving the outcome. Strategies and activities are built upon the routines of the family, emphasizing their regular settings. Intake support coordinators, FSC, and IFSP team members should talk with the family about elements of their lifestyle, including individuals who are key to them and to their child, and how best to blend early intervention services into their lives (as opposed to rescheduling their lives around early intervention). Strategies and activities should be practical and fit within a family's lifestyle and routine.

There are subsections on the IFSP Outcome page that the IFSP team completes to describe how the strategies and interventions are embedded in the family's routine:

- “What strategies will the family embed in their daily routines and activities to support the outcome?” and
- “With whom will these strategies be practiced?”
- Daily living routine address by this outcome

IDEA PL 108-446 for Pre-literacy and Language Skills

As required by PL 108-446, every IFSP **must** contain strategies for developing pre-literacy and language skills as developmentally appropriate for the child. These strategies **must** be based upon current accepted practices that parents can use to enhance their child's development. Such strategies include:

- Encourage book handling behaviors, such as turning the pages or chewing on a board book.
- Encourage behaviors that encourage the child to pay attention to pictures in a book, such as gazing at a picture or laughing at a favorite picture.
 - Visual tracking, smiling and responding to social interaction
- Encourage behaviors that show the beginning understanding of “concepts”, such as pointing to the pictures of all cars on a page, or identifying common objects.
 - Responding to tones in voices, attending to others speaking
- Encourage behaviors, which show the child's understanding of pictures and events in a story, such as

imitating an action seen in a picture or talking about the events in the story.

- Looking at pointing to pictures in books, participating in songs with hand motions
- Encourage behaviors where the child interacts with the book, for instance babbling in imitation of reading or running his/her fingers along the printed words.
 - Babbling and imitating sounds
 - Naming pictures in books and listening to stories
 - Singing songs, nursery rhymes, filling in words to familiar stories

Several websites are available that provide strategies to promote language development and literacy, including family materials in other languages. This list of websites is located in Chapter 12.

Daily Routines and Activities in Typical Settings (Natural Environments)

Early intervention services for an eligible child are designed to be provided in the “natural environment.” Everyday routines and activities – things that families naturally do in the course of their day and their caregiving with their child - form the basis for methodologies to deliver early intervention services such as teaching parents how to incorporate range of motion while dressing and undressing their child, how to stimulate language while grocery shopping, and how to generalize learning to all aspects of the child’s day.

The Family CPR process (Chapter 5) identifies those routines and family activities that are important to the family and will support them in meeting their child’s developmental needs. In addition to services provided in the child’s home, the team looks to community activities that the child would typically participate in -- such as a childcare facility, nursery or preschool program, or playground, interactions with friends and family members..

Restrictive settings include locations that serve only children with disabilities or where the majority of children have disabilities. These settings may be appropriate when an IFSP team has determined that this service delivery is necessary to achieve the outcomes for a particular child. The question that the team **must** answer is “can early intervention be satisfactorily achieved in the child’s natural environment?” If the answer to this question is “no,” there **must** be information specific to the child that indicates that the early intervention cannot be achieved in the child’s natural environment. The IFSP team will discuss the teaching and learning methods that are appropriate for the developmental needs of the child and if the setting will, in fact, increase meaningful engagement with the typical environment in which the child participates.

Federal Performance Indicator # 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or in programs for typically developing children. Target: 98%



DEC RP:E1: Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences.

Justification for Early Intervention Services Delivered Outside of the Child’s Natural Environments

Natural Environment means settings that are natural or normal for an infant or toddler without a disability may include the home and other community settings. There **must** be a justification for each and every service provided to a child that is not in the natural environment.

The only exception to the Natural Environment requirement that does not require a justification is when services are provided to parents only, without the child present.

Examples of appropriately written justifications for a service delivered outside of the natural environment are given below. Each justification designates a time period that will achieve moving into the natural environment.

NOTE: These are examples only; justifications **must** be individualized. “Cookie-cutter” or standard justification statements will be found out of compliance when monitored.

“Aggie has not responded to intervention at the child care. Compliance to commands to “sit” and “look” is 1 time per 20 commands. Observation of Aggie at the childcare described a child who wanders endlessly around the room and tantrums when a teacher tries to re-direct her. A Behavioral Consultant would like to work with Aggie in a highly structured setting until Aggie displays compliance to typical directions that are used at the childcare. The team, then, will work with the behavioral consultant to move Aggie back into the childcare setting. The consultant estimates that this may take up to 3-4 weeks.”

“Joey is distracted easily by sounds in the environment. Due to his short attention span, once he loses engagement with the special instructor, it takes 3-5 minutes to re-direct him to the task. Joey is not increasing his skill level and has not since services began. Team suggests working with Joey in a sound-controlled environment for one month to determine if changing to a quiet environment makes a positive difference in acquisition of skills.”

Determining Early Intervention Services

Services provided by EarlySteps are selected based upon the strategies identified to support IFSP outcomes. There **must** be documentation of the child’s and/or family’s need for the service along with the outcome and strategies. Individualized services mean that all choices are made based upon individualized needs.

Careful consideration should be taken to ensure that there is not a duplication of services and that each identified service is necessary to achieve the outcome.

Determining Frequency, Intensity and Length of Early Intervention Services

Frequency, intensity and length are based upon the time needed to teach the parent and/or other caregivers how to implement an intervention into their daily routine. **It is not based upon the providers’ schedules or program protocols.** The IFSP team is the only entity that has the authority to determine what services are to be provided and what the intensity, frequency, and method for delivery are.

IFSP teams make the decisions concerning the period of time that a service is to be provided by indicating a start and end date for each service. All authorizations are limited to a maximum of a 6 –month period. Service decisions are reviewed on a regular basis and need to be revised as the child grows and changes. Also, length of service is highly dependent upon the family or caregiver’s learning needed skills. Medicaid will not reimburse services over 60 minutes per day for a single service. If service duration of over 1 hour per day for given service is necessary additional Part C payment arrangements will have to be made. The *IFSP Team Support Decision Process* is used to make decisions for frequency, intensity and length of services for the 6-month authorization.

Determining Method of Service Delivery

Method of service delivery on the IFSP means how a service is provided. Instructional procedures which occur within and across environments, activities and routines will result in the best outcomes for children. The natural environment for many children will be in child care/group settings. Service delivery in these settings should incorporate these practices. A variety of appropriate settings and naturally occurring activities should be used to facilitate children’s learning and development.

Prescriptions/Physician Orders for Services

Some services in EarlySteps require a physician’s order for insurance reimbursement or to meet a discipline’s licensing requirements. It is the service provider’s responsibility to give the family a statement of service need to assist the family in communicating with the child’s physician. The service provider may choose to assist the family by contacting the child’s physician to facilitate obtaining the prescription. For families not using insurance for services:

- An order for Speech Language services is not needed for an IFSP service.
- Physical therapists do not need a prescription to provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP).
- Occupational Therapists are required by law to have a prescription for direct services. A prescription for OT is not needed for consultation, indirect services or an evaluation. In EarlySteps, obtaining the prescription for OT is the responsibility of the occupational therapist that will be working with the child and family, as required in the OT practice act.
- Hearing Aids: A medical clearance is required for the dispensing of hearing aids. It is the responsibility of the FSC to ensure that a medical clearance is obtained.
- Eyeglasses: A prescription from an ophthalmologist or optometrist is required prior to the dispensing of eyeglasses. An authorization for eyeglasses may not be issued without a prescription.

Determining the Need for Assistive Technology

As strategies are discussed for each outcome, the need for assistive technology **must** be discussed. AT devices make it possible for a child to better interact and engage with the environment to achieve IFSP outcomes. The purpose of an assistive technology is to increase, maintain, or improve the functional capability of a child with a disability.

A separate outcome for assistive technology is unacceptable. Assistive technology services are to support the achievement of the outcome or outcomes identified by the IFSP team.

Detailed information concerning assistive technology services and devices are found in Chapter 13.

Other Services

This section of the IFSP lists the services that are needed (or that the child is receiving) that are related to the child's development, but are not Part C early intervention services.

If the child is referred to the developmental disability service system for family supports such as, Personal Care Assistant (PCS) services or Flexible Family Fund, there is a specific packet of information that **must** be sent to the local HSA/D (LGE) office. EPSDT also pays for services for Medicaid-eligible children including home health, personal care services and other services which are to be listed under "Other Services." This referral packet includes the **Eligibility Determination Process Form, BDI-2 scores** and accompanying copies of other forms. (See Chapter 5 for information on Eligibility Determination).

Interim IFSP

An interim IFSP may be developed and implemented if extraordinary conditions regarding the immediate need for early intervention services as defined by Part C of IDEA arise. This option is intended for situations where it is important that the provision of early intervention services not be delayed. These situations should be the exception rather than the rule. Eligibility for EarlySteps **must** be confirmed prior to the development of an interim IFSP, although the evaluation and assessments might not be completed. Events such as the COVID-19 pandemic which limited face-to-face contacts with families is an example of how an interim IFSP can be used. For example, children referred with established medical conditions who could not participate in a face-to-face eligibility evaluation were presumed eligible and received an interim IFSP to begin services as quickly as possible.

The interim IFSP:

- **Must** include the name of the Intake Coordinator/FSC who is responsible for the implementation of the interim IFSP.
- **Must** include early intervention service(s) needed immediately by the child and child's family.

- Does not permit the team to bypass the 45-calendar day requirement between referral and initial IFSP development.
- Does not waive the requirements for **Notice of Action, Parent Rights, Consent, etc.**
- Does not waive the required timelines for team meetings (as early as possible and at least 10 day notification of the meeting).

In the event of an occurrence that interrupts a child's IFSP, such as a hurricane or other disaster:

The FSC will conduct a meeting with the family prior to the expiration of the interim IFSP or no later than six months after the interim IFSP was written.

The interim IFSP start date will become the child's annual IFSP date.

If the child has a previous record, when obtained from the previous SPOE, the record will become a part of the historical record of the child and a copy will be forwarded to the child's current SPOE. When the current SPOE receives the previous record, the SPOE will contact the previous SPOE to cancel any open authorizations. The authorizations will be cancelled with an effective date prior to the interim date of the IFSP and the provider will receive notification through the online system that his/her authorizations were cancelled.

Interims will be processed in the following ways:

- During the development of the interim IFSP, if the Intake Coordinator completed a full intake process including an application, eligibility determination and a complete IFSP for the interim, the FSC would review existing information and update the IFSP, as appropriate.
- During the development of the interim IFSP, if the Intake Coordinator completed the IFSP based on information obtained from the family of services that were being provided by EarlySteps, the FSC must either obtain a copy of the complete record from the previous SPOE or if the previous record is not available, the FSC must complete a re-determination of eligibility for the child and complete a new IFSP.

The first page of the IFSP and Section 7 (early intervention resources, supports and services) **must** be completed for an interim IFSP. Section 10 may also be required if services are not provided in the child's natural environment.

Selecting Providers

Using the Service Matrix, families select individual service providers within the community. The Intake Coordinator or FSC discusses with the family any special skills or training of the provider, their availability, and the variety of locations for service delivery. It is necessary to obtain **Consent to Release and Share Information** forms for these selected providers if they have not been involved with the family previously during the intake process.

With the assistance of the Intake Coordinator or FSC, the family selects provider(s) from the Service Matrix reflecting the agreed-upon services. The family should be informed that they might change their provider selection at any point in time by contacting their FSC or the SPOE. Provider selections are documented on the **Freedom of Choice Provider Selection form**.

No Provider Available (If Applicable)

If provider is not available for a specific early intervention service, the Intake Coordinator/FSC issues a No Provider Available (NPA) service authorization indicating that no provider is available (. The FSC is responsible for continually searching for an available provider for this service, documenting those efforts, and arranging for the service as soon as possible. The FSC should search the Service Matrix at least one time per week to find a provider, and, contact the Regional Coordinator and the FSC supervisor if assistance is need with locating a provider. The FSC **must** document all attempts to locate a new provider. Families should not go without needed services.

Options for NPA:

- If a service cannot be accessed after 30 days it may be necessary to hold a team meeting to discuss other options by which the outcomes can be met for the family.
- Contact a provider of the service who may be able to participate as a team member consulting with the team for that service. Notice of action is provided to the family, consent obtained and an authorization must be sent to the SPOE for a consultation authorization.
- Request that a provider of the service make herself available on a less frequent schedule than originally determined on the IFSP and gradually increase the frequency as her schedule allows.
- Consider service delivery and/or consultation via a virtual platform.

Once a provider is identified, the FSC must notify the SPOE to issue the authorization and discontinue the NPA authorization.

No FSC Available

When a FSC is not available, the Intake Coordinator provides Family Support Coordination services until a FSC is available to serve the family. The SPOE data system records that “No provider available” and the SPOE enters the name of the Intake Coordinator as the FSC. When SPOE staff serves as the FSC, the SPOE **must** document ongoing efforts to locate an FSC weekly and follow the same procedure as “no provider available.”

All Intake Coordinators who perform interim FSC services **must** start and maintain an FSC child record. This record must be copied and given to the FSC who provides ongoing support coordination once authorized.

Section 2: IFSP Process

Federal Performance Indicator # 7: percentage of eligible infants and toddlers with IFSPs within the 45-day Part C timeline. Target 100%

- EarlySteps IFSP Process Forms:**
- **Freedom of Choice Provider Selection**
 - **Request for Authorization**
 - **Team Meeting Notice and Minutes Form**
 - **Consent to Release and Share Information**
 - **Individualized Family Service Plan (IFSP)**
 - **Health History Form Page 2**
 - **BDI-2 Evaluation Report Page 3**
 - **Family Assessment, Page 8**
 - **Interim IFSP**
 - **Family Cost Participation Forms**

This section of the chapter will provide the specific steps in preparation for the team meeting for IFSP.

Step 1: Preparation for Initial IFSP Meeting

The process for IFSP development begins at the eligibility determination meeting (Chapter 5). When the Intake Coordinator/FSC confer with the family to:

1. Identify members of the IFSP team, using the service matrix and **Freedom of Choice Provider Selection form**.
2. Complete all **Consents to Release and Share Information** if anyone is invited to the IFSP meeting for whom **Consent to Release and Share Information** has not previously been obtained.
3. Complete **Requests for Authorization** for team members who will participate in person.
4. Plan the agenda for IFSP meeting.
5. Determine the time and location for the IFSP meeting.
6. Notify all team members of the IFSP meeting by sending the **Team Meeting Notice** as early as possible and at least 10 days before the meeting. Documentation included with the Notice must include the **Concerns, Priorities and Resources** of the family, the **BDI-2 Evaluation Report**, the **Health History**, and the **IFSP and Programming Planning Report**.
 - a. Written notification of the IFSP meeting must be provided to the family and other participants as soon as possible and at 10 days prior to ensure that they will be able to attend and fully participate (**Team Meeting Notice**). The **Team Meeting Notice** may be mailed or emailed to each invited participant. A copy of the **Team Meeting Notice** must be placed in the child's early intervention record.
7. Prepare the Family for the IFSP Meeting - The planning meeting for the IFSP (initial) should result in a plan of action to meet the unique needs of an eligible child and his/her family. In planning for the IFSP, it is important that the Intake Coordinator/FSC take ample time to review the IFSP format and content with all appropriate family members. As family members develop an understanding of each component of the written IFSP, they will be able to fully participate in its development. This critical activity assists the FSC in conducting subsequent IFSP reviews and evaluation activities.

It is helpful to assist the family in completing portions of the document relevant to planning and participation in the IFSP team meeting itself. Information gathered throughout the intake, evaluation process which identifies family CPRs can be reviewed with the family prior to the meeting. Families should use the IFSP form in the team meeting discussion in a similar fashion as reports/summaries that other team members might bring to the meeting. When families are encouraged to bring their written input to the meeting, the prepared information and advance preparation helps to foster their active participation.

If professional jargon is used in reports, it should be explained in everyday language. This provides an educational opportunity for the family that helps them to learn the terminology and also helps to ensure that professionals at the team meeting are speaking consistently and are in agreement.



DEC RP-T1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

Step 2: IFSP Meeting

The Intake Coordinator facilitates the initial IFSP meeting and the FSC facilitates the subsequent IFSP review and annual IFSP meeting(s). The Intake Coordinator is responsible for:

1. Introducing all team members;
2. Completing **Team Meeting Notice and Minutes Form**. The Intake Coordinator /FSC may request a team member to record the minutes; and,
3. Facilitating discussion for the development of the IFSP, based on their knowledge of all IFSP components and federal regulations.
4. Completing the IFSP **form**.
5. Distributing the forms to all team members (including the family) and posting to EarlySteps Online

Currently, the IFSP **must** be in writing and contain all of the sections required below. The IFSP is a legal document and must be written in ink, preferably blue ink. All errors must be lined through, initialed and dated. The use of "White Out" or "Liquid Paper" is not allowed. To correct errors on the form, a line should be drawn through the error and initialed. When the online IFSP becomes available, the requirements for "paper" documents will be revised. Currently, the IFSP must be maintained in the child's early intervention record and uploaded to EarlySteps Online. There is a separate learning module and document detailing the IFSP process and the completion of the IFSP form. The sections below give the highlights. All sections of the IFSP must be completed.

Section 1: (Child Information)

All fields must be completed as listed. When a child is a ward of the state, resides in a nursing home or long term care facility, the Home/Mailing Address should reflect the facility where the child resides. The Home/Mailing Address may be different from the Parent/Guardian Address.

- Pages 2-8 of the IFSP - Record the child's name, DOB and date of IFSP meeting at the top of all pages of the IFSP form.

Section 1A: (General Contact Information)

All fields must be completed as listed.

Section 1B: (IFSP History and Family Support Coordinator)

The FSC name, agency, and telephone number must be listed. The dates of the initial and projected date of the annual IFSP must be listed. (Note: The annual IFSP date is exactly 365 days after the initial IFSP. The initial IFSP date must never change.) If the IFSP meeting is an interim or annual, this must be checked and date listed.

The bottom left of page one of the IFSP also lists each Section and the forms used for the section. When a 6 month review/revision takes place, the list of required forms is provided and the concern and rationale for change is indicated.

Section 2: (Summary of Family Concerns, Priorities, and Resources to enhance the development of their child). This page is inserted from page 8 of the Family Assessment form

1. Record the date completed.
2. Check the appropriate box for whether or not the family completed the assessment.
3. Document the family's concerns as it relates to enhancing the development of the child. The Family CPR information should be used for this section, if family agreed to this assessment. (see Chapter 5)
4. Number each box in priority order
5. Indicate the domain area(s) that the priority addresses
6. Indicate the resources that support the priority.

- CPR Touchpoint: information used for the Family Assessment is collected through the series of conversations with families beginning with the referral and throughout a family's time in EarlySteps rather than an isolated event.

Section 3a: (Present Level of Health Functioning/)

This page comes from page 2 of the Health History form.

Provide a statement of the child's present levels of physical development (including vision, hearing and health status), Vision and hearing status should include the date of last screening, screening results and name of individual conducting the screening, and upcoming screening date(s). This information is collected during intake and eligibility determination and updated annually. Birth History information is only completed at the initial IFSP. The remaining section is completed at the initial IFSP and annually.

Section 3b: (Present Levels of Development)

This page is taken from page 3 of the BDI-2 Evaluation Report. It includes present levels of cognitive development, communication development, motor, social- emotional development, and adaptive development based upon the BDI-2 results, other assessments and objective criteria.

This section should give a description of the child's developmental status.

- Adaptive (Doing things for him or herself- use of appropriate behaviors to meet his/her needs)
- Social/ Emotional (Getting along with others-use of appropriate behaviors to meet his/her needs)
- Cognitive/Communication (Understanding and communicating - acquisition and use of knowledge and skills (including early language/ communication)
- Physical (Moving)
- Cognitive (Thinking/Learning-Acquisition and use of knowledge and skills)

The child's current developmental status should use "strengths-based language and give the family priority(ies) to be addressed by the outcome.



DEC RP INS1: early interventionists, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.

Section 4: (Outcomes for Child & Family)

Outcome-- Document:

1. Separate outcome number for each child/family outcome and the family priority to be addressed from Section 2; and
2. The measurable results or outcomes expected to be achieved for each child/family outcome.
3. Written in SMART language

What's Happening Now?: Document the current status regarding each outcome.

Our team will be satisfied that we are finished with this outcome when (criteria for measuring progress): Document the indicator that the team would like to be completed in order to finish each outcome.

Timelines: Record the accomplishments the team expects for the next 3 – 6 months Information in this section should identify the skills/behaviors that the child/family will exhibit.

Pre-literacy & language skills: Record the strategies that have been developed to work on these areas. Example strategies are: encourage book handling behaviors, such as turning pages; promote behaviors that encourage child to pay attention to pictures in a book, such as gazing at a picture or laughing at a favorite picture; encourage behaviors that show the beginning understanding of “concepts”, such as pointing to the pictures of all cars on a page, or identifying common objects; encourage behaviors, which show the child’s understanding of pictures and events in a story, such as imitating an action seen in a picture or talking about the events in the story; encourage behaviors where the child interacts with the book, for instance babbling in imitation of reading or running his/her fingers along the printed word.

Strategies: What strategies will the family use in their daily routines and activities to achieve the outcome? Document the specific early intervention strategies (based on peer-reviewed research, to the extent practicable) that the family will use to meet the unique needs of their child and family. Example strategies are: verbal prompting/ instructing modeling (with verbal prompting) gesturing (with verbal prompting), and, physically assisting/supporting/guiding (with verbal prompting). Indicate on the right if adaptive equipment and/or environmental modifications are required to accomplish a strategy

With whom will these strategies be practiced? Document the individuals that the developed strategies will be practiced with. Examples include: family members, relatives, child care staff and other.

Where can these strategies be practiced? Document the location in which identified strategies will be practiced. Example locations include: special purpose facility, special purpose facility with inclusive childcare, community setting and home.

We will measure progress towards the achievement of this outcome by: Document the means in which progress will be documented and measured. Examples include: observation, progress reports, and assessment/evaluation by team.

Daily Living Routine: Document the daily living routine in which the family will incorporate outcomes. Examples include: bathing, dressing, eating, potty training, playing indoors, playing outdoors, sleeping/napping and other.

Strategies which the support coordinator will use to support each outcome: Document the strategies in which the support coordinator will use to implement each outcome. Examples include: telephone calls, set up and hold meetings, complete required paperwork, link family to community resources, as needed, assist with referrals and identification of providers, coordination of services, etc. A separate outcome for support coordination is not required but is included to address family priorities and needs for which the FSC will be responsible.

We will measure progress towards the achievement of this outcome by: Examples include: observation, progress reports, case notes, and quarterly progress summary.

Outcome numbers **must** be in priority order regardless of the type of outcomes

Federal Performance Indicator # 3: Percent of infants and toddlers with IFSPs who were functioning within age expectations by the time they turned three or exited the system:

Targets:

- **positive social-emotional skills (including social relationships)-70%**
- **acquisition and use of knowledge and skills (including early language/communication) 34.5%; and**
- **use of appropriate behaviors to meet their needs-59%.**



DEC RP F3: Early interventionists and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Section 5: (Transition)

Section 5A: Plan for Transition - Document that necessary discussions have taken place with the family regarding transition from EarlySteps. This section **must** be completed at all IFSP meetings including initial, annual and IFSP revisions.

Complete the following:

- Procedures we will use to prepare the child for the upcoming transition – choose any of the following:
 - Discussions about procedures to prepare the child for changes in service delivery
 - Discussions with parents regarding future placements and other matters related to the child's transition
 - Discussions with parents regarding community programs available following transition from Part C
 - Other information/services needed to prepare child and family for upcoming transition listed here.
- Program options identified by the team – may choose any of the following or add other identified program options:
 - IDEA, Part B
 - Head Start/Early Head Start
 - Child Care
 - Other community resources
 - Referral for Developmental Disability services to the HSA/D or LGE.
 - Medicaid EPSDT services
 - Other

Complete the section by signing or initialing that a plan for transition at age three has been discussed and agreed upon for the age three transition conference by indicating the transition steps and services to support the child and family transition at age three. The form **must** be signed/initialed by the FSC and the Parent. Document the date of the discussion.

Section 5B. Early Transition Event and Issue - Section B is NOT required if there is no early transition within EarlySteps (prior to age three). If the family is facing early transition, prior to age three, Section B must be completed. Check the appropriate box that represents the appropriate early transition event and issue. Documentation options include:

- Child is coming home from hospital; need to ensure no disruption of necessary services;
- Family will be experiencing a change that may affect the delivery of an IFSP service (birth or adoption of sibling, medical needs of other family members, employment or loss of employment);
- Child will be experiencing a change that may affect the delivery of an IFSP service (i.e., hospitalization, placement in child care setting, medication changes, etc);
- Changes in IFSP services (i.e., termination/addition of service, change in location of service); and,
- Child is exiting early before age three.

- Family moving to another state
 - Document a plan for disposition of the Assistive Technology device if applicable.
- Schedule Exit BDI-2

If any of the above options are chosen, then both 1 and 2 under the Early Transition Plan must be completed. The Early Transition Plan must reflect:

- The following training/discussions concerning future services/program that will be held with the parents, accompanied by the target date for completion; and,
- The procedures that will be used to prepare the child for the change in service delivery, accompanied by the target date for completion.

Complete the section by signing or initialing those early transition events and issues have been discussed. The form **must** be signed/initialialed by the FSC and the Parent. Document the target date for completion.

Early Transition Steps are listed as examples of steps the family may need. Other steps may be added.

Section 5C- Transition Conference at Age Three transition must be completed at the child's Age Three Transition Conference meeting. The main purpose of the Age Three Transition Conference is to assist the family in making this critical transition. The conference should focus on and document the steps and services necessary for successful transition.

This section of the IFSP contains information reflecting that required Transition events have occurred.

Document the following:

- LEA was notified of child's upcoming transition:
 - Child specific records were sent to the LEA
 - Parent did not consent to releasing information to the LEA
- Record the date that the BDI-2 Exit was requested;
- Record the date that the notification letter was mailed to the LEA

- Record the date consent to send records obtained
- Record the date that the transition meeting was held; and,
- Document if the child requires a referral for OCDD eligibility determination, and, if yes, record the date that the referral packet was sent.
- Record the date notice for the LGE to participate in the meeting was sent.
- Record the date child care center staff was notified.

For children referred between 45 and 90 days from their third birthday, the LEA should participate at the initial IFSP meeting; this should be considered the Transition Conference. If for any reason the LEA is unable to attend the initial IFSP meeting the FSC will invite the LEA to any future IFSP team meetings to discuss age three transition. The transition conference must occur regardless of the attendance of the LEA.

The focus of any EarlySteps service needs should be on facilitating transition to future services. If the child is potentially eligible for services through the LEA, the LEA representative **must** be invited to this meeting. HSA/D **must** also be invited if HSA/D is a potential service provider or if the family requests a determination process for system entry for HSA/D/Waiver services.

An age three transition list of possible steps and services is listed for discussion with the family to meet transition needs. Other steps and services may be added.

After completing the sections, attach a completed copy of the IFSP cover page with the Transition meeting date and forward to the SPOE for data entry. Copy, distribute, and upload to the necessary parties.



DECRP-TR2: Practitioners use of variety of planned and timely strategies with the child and family before, during, and after transition to support successful adjustment and positive outcomes for both the child and family.

Federal Performance Indicator # 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including (with targets):

a. IFSPs with transition steps and services (100%), b. Notification to LEA, if child is potentially eligible for Part B. (100%).

c. Timely Transition conference held if child potentially eligible for Part B (100%).

Section 6: Early Intervention Services

Column A: Early Intervention Service –

- Support coordination is a required service, therefore it is already listed.
- List the appropriate early intervention service that will be provided from the outcomes (Section 6). (i.e., ST, OT, PT, SI, etc.)

- Check (whether the services are to be provided on an individual or group basis.

Column B: Outcome Number – List the appropriate outcome number that relates to the service listed in Column A (from Section 6).

Column C: Location – List the appropriate location code here services will be delivered. The location means the actual place or places where the service will be provided. The legend of location codes can be found at the bottom of the IFSP, first column

Column D: Frequency – List the number of or sessions that a service will be provided for each early intervention service as decided by the team. (i.e., 1 time per month)

Column E: Intensity – List the length of time the service is provided during each session for each early intervention service as decided by the team. (i.e., 30 minutes)

Column F: Start Date –List the date that each early intervention service is scheduled to start. Start dates **must** be in compliance with the **Notice of Action** timeline in which services **must** begin--at a minimum of three calendar days after the IFSP meeting date and parent signature on “Parent Consent for Services.”

Column G: End Date – List the date that each early intervention service is scheduled to end (authorizations limited to 6 months). The end date must allow the parent at least 3 calendar days to consider the decision. For example, if a meeting is held on 6-01 and it is decided that a service will be ended, then the end date may not be any sooner than 6-04.

Column H: Method –Indicate how the service is to be provided. Document the type of service using the legend of methods at the bottom of the IFSP, column 2 (i.e., early intervention service, family education training support, assessment.)

Column I: Funding Source - List the code representing the appropriate source of funding based on the codes located at the bottom of the IFSP, column 3 (i.e., Part C/State funding, Family Cost Participation, Medicaid funds, or MFP)

Column J: Providers Name/ Payee Name – Check (√) the appropriate box indicating whether the provider is an independent, agency or no provider available. List each Provider’s Name and Assistant’s Name, if applicable, below each check box.

Section K: Primary Setting –Circle the appropriate choice reflecting the setting where the majority of services will be provided. (Bottom of section K)



DEC RP E1: early interventionists provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences.

DEC RP INS4: early interventionists plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate and learn within and across activities and routines.

Parent Consent for Services:

- The parent signs the IFSP in the section indicating that the contents of the IFSP have been fully explained, and that the parent gives informed written consent to implement the services described in Section 6 of the IFSP.
- Parent should not sign the IFSP until the document is complete.
- Parent **must** be informed that they have 3 calendar days to consider this plan and no services (except support coordination) will start for 3 calendar days after consent and signature.

When an IFSP is reviewed/revised, the same form may be used to show the revisions. Instructions for indicating the changes are given on the form:

- Add (+)
- Change location
- Change provider
- No change,
- Drop (-) List the service, list the drop date.

Section 7A: (Assistive Technology Device and Assistive Technology Service(s))

This page is to be completed if the child requires an Assistive Technology Device and/or Services to meet their goals and outcomes as described on the IFSP.

IFSP Outcome Number- Place the corresponding outcome number (Section 6) from the IFSP that relates to the requested AT equipment. The requested equipment will help the child achieve this specific outcome.

Name of Device- State the name of the equipment requested and specify if this equipment is covered by Medicaid. If the equipment is denied by Medicaid, attach the Medicaid denial letter.

Vendor Providing Device- State the name of the Vendor that will be providing the requested device.

Where is the device used?- State the location where the equipment will be used (i.e., Home, Child Care, Relative's home, Community Setting, Other)

When is the device used?- State the time during the child's daily routines when the device will be used? (i.e., Mealtime, at daycare, etc.)

Start date for device/service use?- Document the anticipated date that the child will begin using the device/service. This start date may be later than other start dates.

End date for device/service use?- Document the anticipated date that the child will stop using the device.

HCPCs Code- Specify the appropriate HCPC code, and verify if this code is listed on the approved list of Assistive Technology Devices.

Price/Cost- State the cost of the requested device from the listed vendor.

Total cost for all AT devices listed: List the total cost of all the AT equipment requested in this section.

Note: Any AT item costing over \$500 **must** be sent to EarlySteps Central Office for approval.

Section 7B: (Transportation Necessary to access early intervention services)

IFSP Outcome Number- Record the corresponding outcome number from the IFSP (Section 7) that relates to the requested transportation item.

Start Date- This date coincides with the start date of the service that transportation will be needed.

End date- Document the anticipated date that the services will end and transportation will no longer be needed.

Provider- State the name of the provider that will be providing transportation services. This may be the parent.

Frequency- State how often transportation services will be provided (1 time/wk, 2times/month).

Maximum miles per trip expressed as round trip- State the number of miles round trip to provide transportation services (i.e., 20 miles, 30 miles)

Section 8: (Other Services needed to enhance the child's development)

This section lists the services, such as medical and other services that are needed by the child and/or family (or that the child/family is receiving) that are related to the child's development, but are not required Part C early intervention services. Certain "other services" should be listed:

- Child's medical home (primary care physician);
- Child's medical specialist(s);
- Child care that the child attends;
- Office of Citizens with Developmental Disabilities (OCDD) services (see Chapter 5 for information about referral to OCDD services); and,
- Other therapy services provided outside of EarlySteps
- Other services family needs to address child's development: eg parenting class, IEP training at Families Helping Families, etc. any other services needed.

Service- State the name of the service the child needs other than an EarlySteps service.

Family or Child Service (circle one) - Specify if the service is necessary for the child or for the family (i.e. social work for family or medical services for child)

Responsible Person Contact Information- State the name of the person who is responsible for securing this service for the child (i.e. FSC will call housing office)

Funding Source of Steps to Secure Service- List the agency which will provide funding for this service, if there is not a funding source, and include the steps that the service coordinator or family may take to secure this service for the child and family. (i.e., pediatrician paid by Medicaid; medical specialist provided through CSHS, etc)



DEC RP F7: Early interventionists work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.

Section 9: (IFSP Team and Contributors)

Complete the following information for each member of the IFSP team who participated in the team meeting. Providers who conducted the assessment of the child have the option of participating by phone call or report, all other team members **must** participate in person.

- a. Printed name
- b. Position/Role
- c. Agency (if applicable)
- d. Telephone
- e. Signature or Method of Participation
 - Attended meeting
 - By report
 - Telephone conference call/virtual participation
 - Representative attended

Section 10: (Justification for Early Intervention Services Delivered Outside of Child's Natural Environments)

This section records a justification for early intervention services not provided in the natural environment.

Document a child specific reason why early intervention can not be satisfactorily achieved in a natural environment. Document the data used to support the team decision.

- Describe how services will be incorporated into the Natural Environment
- Check one of the following:
 - Provider will send the contact note home after each session for the family;
 - Provider will talk with the parent (weekly, biweekly, monthly) regarding the child's functioning;
 - Provider will send home information on the strategies the child is learning, so the parent can incorporate these strategies into the child's routine at home;
 - The parent will call the provider if he/she is unclear on how to implement a new strategy;
 - Mom or Dad will participate in supports when possible; and,
 - Other.

This page **must** be completed for each and every service provided to a child that is not in the natural environment.

IFSP Team Meeting Minutes

The Louisiana Part C Early Intervention System requires that written minutes of all eligibility, IFSP, and other team meetings be developed and maintained in the child's EI Record, as well as providing a copy of these minutes to each team member and upload to EarlySteps Online for their reference and records. These minutes provide the opportunity to capture discussion and relevant items that are not contained or reflected in the IFSP, but may be important for future consideration or documentation. In addition, they are the record that verifies participation and time for billing by team members who were authorized and participated.

Required components of these minutes are:

- 1) the purpose of the meeting;
- 2) the name and title of each of the participants;
- 3) Start and end time for each participants' participation
- 4) a summary of the discussion items not reflected on the IFSP; and,
- 5) the consensus and final decisions of the team.

The minutes are the appropriate place to document such items as:

- IFSP discussion and development;
- Team consensus on each section of the IFSP developed at the meeting that is different from the final recommendations or service commitments;
- Areas of disagreement or recommendations that were not reflected in the final IFSP; and,
- Parental participation and lack of agreement to services that was recommended but not consented to by the parent/legal guardian.

The major team responsibilities, which should be reflected in the summary and determinations of the minutes, are delineated in the sample provided. The summary and determinations **must** be of sufficient length to reflect the data required in these two sections. ICs, FSCs and Supervisors can use the Team Meeting Fidelity Measure to assess the Team Meeting Process.

Section 3: Completing the IFSP Process

Step 1: Provide the family with a Notice of Action

- The Intake Coordinator will provide the family with a **Notice of Action**
Chapter 2 explains the federal regulations regarding **prior written notice** of action to parents. Once the IFSP is completed, the Intake Coordinator presents a Notice of Action form to the family. The Notice of Action states that the family understands that EarlySteps **must** wait at least three calendar days before taking any action. Parents have the right to revoke the consent for any service at any time.

Step 2: Implement the IFSP

- Once all elements of the IFSP are complete, a parent's signature at the bottom of Section 6 of the IFSP indicates their agreement/consent with the IFSP, as developed, and represents their informed, written consent for implementation of the IFSP. It is considered a legal document.
- The family's signature for consent starts the 30-day timeline for IFSP services to be provided.

Note: The only allowable addition to the IFSP document is the name of an actual provider. The use of white out or black marker is not permitted. If an error is made at the IFSP meeting, the error should be lined through, initialed and dated.

- All IFSP team members **must** have a copy of the IFSP no later than 5 calendar days after the IFSP Meeting and are required to maintain IFSPs in their records according to the retention policy
- The SPOE **must** enter authorization data within 2 calendar **days upon** receipt of authorization documentation. The SPOE is responsible for all data entry activities that ensure that an authorization is created for each service that was agreed upon during the IFSP meeting.

Timely Delivery of Services

- Within 30 days of parent consent for the IFSP services are expected to be provided as indicated on the IFSP.
- Providers must provide the service in the conformity with the IFSP re: intensity, frequency, method and location.
- It is the responsibility of the FSC to monitor service start dates to ensure timely service start dates and compliance with the IFSP service section 6 and authorizations

Quality Practices for Writing IFSPs

A quality IFSP will have several features:

- Descriptions written using strengths-based language
- Descriptions written using family-centered language (not professional jargon or clinical terms.)
- Outcomes written in functional terms (it is clear, when reading the outcome, where the child will learn/practice the new behavior/skill and during what daily routine the new behavior/skill will be used.)

EarlySteps uses a quality rating scale which provides quality indicators for IFSP development.

References:

Part C Regulations, September, 2011

Pletcher, Lynda Cook and Younggren, Naomi O., *The Early Intervention Workbook: Essential Practices for Quality Services*. Paul H. Brookes Publishing Co: Baltimore, 2013

The Division for Early Childhood of the Council for Exceptional Children. (2014) *DEC Recommended Practices in Early Intervention/Early Childhood Special Education*. Retrieved from <http://www.dec-sped.org>
<http://www.ectacenter.org>.

General Supervision Performance Expectations

Performance expectations are used to determine compliance with EarlySteps policy and procedures. When noncompliance is identified, findings, corrective action and/or sanctions are imposed. Some IFSP development performance expectations may also be found in the Intake and Initial Eligibility chapters.

Performance Expectation	Monitoring/Source	Responsibility
Referral information, ASQ, family concerns used correctly to determine decision to proceed to eligibility determination and IFSP development	Referral, intake, evaluation/assessment information	SPOE staff Evaluators Other team members
Family offered and select FSC agency of their choice	Freedom of Choice documentation	SPOE staff
IFSP developed within 45 days of referral	IFSP Referral to IFSP timeline report EI Dates in EarlySteps Online Documentation in child's chart	SPOE staff
IFSP Completed with accuracy	-All required elements complete on each page and legible -Section 2: Family Assessment information complete and prioritized -Section 3: Present Levels of Functioning includes up to date vision and hearing, birth history (at initial) and other sections complete, including Evaluation scores Section 4: Outcomes reflect family CPRs. FSC assistance in meeting outcomes completed in "Strategies" section Section 5: Appropriate transition sections completed. If within age age timeline, Transition Conference section complete including Conference date and age 3 steps and services Section 6: services page completed including all sections and parent consent documented/dated. Section 7: completed as needed with AT section reflecting other IFSP outcomes Section 8: Other services section complete Section 9: IFSP team members documented including method of participation. Section 10: Justification reflects reason based on child-specific needs, not system reasons.	SPOE staff FSC agency/FSC IFSP team

Documentation Requirements met	Required documents included in chart and uploaded	SPOE staff Eligibility evaluator Other IFSP team members
Parent Rights	-Rights provided -Freedom of choice provider selection -Consent - Notice of action	SPOE staff
Service decisions reflect EarlySteps policy and process.	--ASQ results --Health information --Family CPRs --BDI-2 results --Eligibility determination team meeting notes	SPOE staff IFSP team members
Services start within 30 days of parent consent on the IFSP.	IC/FSC contact notes Provider billing records Parent consent on IFSP	-Intake Coordinator if providing ongoing support coordination -FSC -Service providers
The “no provider available” process implemented according to requirements	-IFSP team meeting indicates need for a service for which there is no provider available -IC/FSC requests NPA authorization --IC/FSC monitors service availability on matrix and through provider contacts --IC/FSC contacts regional coordinator --IFSP team meeting to consider options to address IFSP outcomes -NPA authorization ended with service authorization	IC/FSC Regional coordinator IFSP team members
Services Delivered according to the IFSP, Section 6 and service authorizations	--Monthly phone calls to family --Contact Notes reflect service authorizations. Deviations documented. --Contact Notes uploaded to EarlySteps Online --Provider claims match service authorizations. Revisions documented in Contact Note --Families provided with dispute resolutions rights and steps if conflicts arise	IC/FSC IFSP team members
IFSP team meetings reflect the DEC RPs as aligned with EarlySteps Practices	Teaming Fidelity Measure	IC/FSC IC/FSC supervisors IFSP team members