

**EarlySteps Practice Manual:
Chapter 7: Ongoing IFSP Implementation and Eligibility Re-Determination**

Ongoing support coordination (FSC) responsibilities to ensure the appropriate provision of early intervention supports are presented in this chapter.

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Louisiana’s State-Identified Measureable Result for Infants and Toddlers with Disabilities and Their Families:

The EarlySteps System will improve child outcomes through supports that are focused on family Concerns, Priorities and Resources and provided through a team-based approach.

Revisions/Updates/Additions-October 2023
-Changed name of chapter
--added relevant DEC Recommended Practices and updating Teaming for Success section.
--reorganized chapter by contact types to consolidate information and to better reflect the sequence of events. Example, moving Monthly call section before team meetings.
--some updates, including forms are incomplete at this time as the SSIP workgroups complete relevant practice profiles and fidelity measures.
Added CPR Touchpoints
Updated process to change FSCs
Aligned re-determination eligibility requirements for infants with a prematurity diagnosis for ongoing eligibility with Chapter 5.
Performance Expectations Added

Ongoing IFSP Implementation and Annual Eligibility Re-Determination

Ongoing IFSP Implementation, 6 Month-Reviews, Annual Re-determination of Eligibility and Annual IFSP Evaluation Forms

- **Consent to Release and Share Information**
- **Request for Authorization**
- **Team Meeting Notice and Minutes Form**
- **Notice of Action**
- **IFSP Revision Forms required from IFSP:**
 - **Section 1 of IFSP indicating review/revision and date and change rationale**
 - **Section 4 of IFSP if outcome changes are needed**
 - **Section 6 of IFSP with status of all services**
- **Provider Status Change Form (as needed)**
- **Freedom of Choice Provider Selection Form**
- **IFSP**
- **Sample FSC Case Note Format**
- **IFSP Team Services Decision Form**

Introduction

To support continuous quality improvement in EarlySteps, the SICC, EarlySteps staff and stakeholders began the Statewide System Improvement Plan practice improvements with 4 main areas of focus for the state systemic improvement plan (SSIP) using the DEC Recommended Practices (DECRPs), the state-selected evidence-based early intervention practices. The focus areas are:

- Family Assessment,
- Team-based Service Delivery,
- Services support Family Priorities,
- Evaluation and Assessment (added in 2019)

This chapter addresses all four of these elements focusing on ongoing implementation of the IFSP.

Teaming for Success in EarlySteps

Teaming is crucial to ensuring the quality of early intervention services provided for the children and families supported in EarlySteps. The Program Components Committee of the SICC began this work which was subsequently supported by the Team-based Practice Supports (TBPS) workgroup. SICC, staff, and stakeholders conceived the teaming process for the purpose of consultation and collaboration among SPOEs, service providers, FSCs, and families. Strategies recommended by the committee follow.

The work of the committee then became one focus area for the state's system improvement plan (SSIP): Team-based Practice Supports (TBPS). The improvement process includes aligning the EarlySteps practices with the DECRPs, identifying the practices already in place in EarlySteps and those that were missing resulting in identification of the core activities that represent practice expectations in the TBPS focus area. The process resulted in a TBPS Practice Profile and fidelity measures for TBPS and the other focus areas. This chapter includes the team-based practice supports focus area practices to address ongoing IFSP implementation; a team-based approach where early interventionists and families collaborate with each other to address the family's concerns, priorities and resources (CPRs).

Strategies for Fostering Teaming – At the Beginning

The SICC Program Components Committee recommended strategies that all team members implement which is described as “the teaming process.” The strategies facilitate teaming among direct service providers, family members, family support coordinators, preschool teachers or child care providers. The committee also proposed informal strategies to foster teaming. The following are suggestions to assist with facilitating teaming among direct service providers, family members, family support coordinators, SPOEs, child care providers and any direct caregiver. Although these techniques are not all inclusive, many are easily incorporated into current daily practices. All techniques support ongoing communication for IFSP teams.

- Many child care centers already use notebooks to share information with parents; if these are already in place, direct service providers utilize the notebooks to share information with parents and other providers/team members. If notebooks are not already used, ask the parent to leave one in their child's cubby so that the team and parent can communicate. Notebooks can also be used if a child is seen in the home and provide a place for early interventionist Contact Notes to be kept for the family and other team members.
- If a direct service provider needs to speak with another provider: leave a note at the child care center or home for the provider, write a note in the child's note book, email the provider, add a note to the Child Notes section of EarlySteps Online.
- Direct service providers generally have regularly scheduled times for therapy. Let the family support coordinator know these times so that they can attempt to schedule team meetings at that time.
- If meetings cannot be scheduled at a providers regularly scheduled time; give as much advance notice as possible to allow for the provider to rearrange their schedule.
- If it is absolutely impossible to be at a team meeting use alternate methods to participate in the meeting and provide necessary and relative information such as participating by phone, sharing contact notes and monthly reports with the team members and uploading them to EarlySteps Online. As of the COVID-19 pandemic, participation in virtual meetings supports participation by all team members.
- Utilize email to communicate with other direct services provider team members (example OT with ST). Email is a great way to communicate for people with busy schedules. Email addresses can be found on the LAEIKIDS Service Matrix.
- Make charts or lists of techniques to be posted at the home (or in the notebook) when multiple disciplines are serving a child.
- Timing can make a difference in whether individuals can be involved in any teaming activity; therefore everyone provides ample notice of any teaming activity that is taking place.

In addition, EarlySteps has an online module on the Team Process which all providers are required to complete.

These strategies and the TBPS Practice Profile core practice components are the expected strategies that ensure that teaming practices are consistently implemented with fidelity throughout the EarlySteps system. The TBPS Fidelity Measure is a tool to measure the implementation of the process with activities that are observable, measurable, and teachable and support recommended practices and quality improvement.

Family Support Coordinator Role in Ongoing IFSP Implementation

“Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes (DEC Recommended Practices, 2014)”

- **CPR Touchpoints:** Conversations with families regarding their needed supports should occur with each contact through monthly calls, during service delivery visits, in consultation with service team members, and at quarterly team meetings, etc. At every opportunity, family priorities are re-visited and needs addressed to support meeting IFSP outcomes. Regular, intentional exchanges of information and knowledge builds team capacity family capacity to meet their child’s needs.

The IFSP is a fluid document that **must** be periodically reviewed by the IFSP team through the team meeting process. Because of the developmental changes inherent in every child and the impact of changing needs on families, the IFSP **must** be flexible and reactive to the changes in each child’s developmental needs as well as changes in family concerns, resources and priorities. All team members contribute to identifying needed changes and working together to address them through regular, ongoing communication with all team members and through review/revision of the IFSP.

The family support coordinator (FSC) is the team leader responsible for facilitating the ongoing IFSP implementation process, is responsible for monitoring the provision of services, and is the “go to” person to ensure shared communication. Following the initial IFSP development, the FSC role as the team leader begins with regular monthly contacts with the family and other team members.

Monthly Contact

The FSC is responsible for contacting families on a minimum of a monthly basis, or more often as needed. Contact is in the form of a telephone call and/or face-to-face/virtual meetings. Documentation of FSC activities for these contacts is made in a “Case Note Format,” and must include child name, FSC name, date, and time, and a summary of the meeting/call points. Specific IFSP issues should be discussed at this time, including, but not limited to:

- Continual assessment of the families’ CPR and progress addressing IFSP outcomes and status of supports addressing family priorities and concerns.
- Timely implementation of early intervention services and other services listed in Section 6 of the IFSP within 30 days of parent consent for the service.
- Possibility of any revisions of any early intervention service listed in Section 6 of the IFSP setting the stage for a team meeting; and,
- Questions regarding any section of the IFSP
- Medicaid eligibility verification
- Discussion regarding the child’s developmental progress

An FSC agency may use the provider contact note format to document contacts with families and providers. Monthly calls must also be documented on the **FSC Billing Summary**.

Suggested Questions for Monthly FSC Telephone Contacts and Quarterly Reviews

- How are services going? When did services start?
- Does the provider arrive on time?
- Has the provider taught you a new strategy each session?
- Are you able to use the strategies as part of the regular routines your family experiences every day?
- If not, why not? Are the strategies designed to meet YOUR family needs?

- Do the strategies address the concerns and priorities you identified?
- Have there been any changes in the family that might affect your ability to work with the provider, such as illness, etc.?
- Does the provider return your telephone calls promptly?
- Do you find the current level of services manageable?
- Do you feel that there is a “good fit” between you and the provider?
- Are you comfortable with how your priorities are being addressed in the outcomes that are being worked on?
- Do you have any concerns that we have not talked about?
- Do you need any information on any of your child’s conditions?
- Can I assist you with referrals to other resources?

Neither a text message nor email meets the requirement for the monthly telephone contact with families.



DEC Recommended Practice Teaming and Collaboration (TC) 3: Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

Overview: Team Meetings:

Team meetings occur quarterly. There are requirements for activities that must occur at specific team meetings. IFSPs **must** be reviewed:

- Every six months and on an annual basis; and,
- More frequently if conditions warrant, or if the family requests through an IFSP review
 - If the family requests an IFSP review during ongoing IFSP Implementation, the Family Support Coordinator is responsible for ensuring that a review occurs through a team meeting. The purpose of the review is to determine the degree to which progress toward achieving the outcomes is being made and whether revision or modification of the outcomes or services is necessary.
- Changes to the IFSP are to be addressed through IFSP team meetings which occur at least quarterly. Any team member may request a team meeting.

Prior to any team meeting the FSC will:

- 1) Inquire about best time and location for the meeting to be held for families and providers
- 2) Inquire what agenda items/topic of discussion for the meeting from families and providers and share the agenda, service data such as contact notes and progress reports and assessment results prior to the meeting.
- 3) Submit authorization form for provider participation to the SPOE.
- 4) Requests contact notes, monthly progress reports, additional information/data to be shared with all members. The documents can be faxed, emailed, and uploaded in EarlySteps Online.
- 5) Invite, in writing, using the Team Meeting Notice and Minutes Form (mail, e-mail or fax) all team members to attend the meeting as early as possible and at least 10 days prior to the meeting. Future meetings can be scheduled as part of the wrap up of a currently-held meeting. This form serves as written, prior notice for families.
- 6) Reminder call or e-mail to families and providers prior to the meeting. A text is sufficient as a reminder but is not a substitute for the monthly call.

General Process for the FSC in Conducting any Team Meeting

1. All team members participate in Quarterly Team Meetings arranged and facilitated by the FSC. Participants also include representatives from other programs that are involved in the child's life such as child care providers, Early Head Start representatives, home health staff, LEA representatives, mental health providers, etc. as agreed to by the family.
2. The FSC facilitates the meeting and take minutes on Team Meeting Minutes Form including reviewing the purpose for the meeting and the agenda, introducing all participants and their roles, as well as soliciting additional input for the meeting. The FSC solicits input from all meeting participants avoiding jargon and acronyms.
3. Team members support family decisions following discussion and according to team process and EarlySteps requirements.
4. The FSC summarizes key points and decisions reached as well as follow up responsibilities for all team members including confirming contact information.
5. The FSC distributes Team Meeting Minutes to all team members within one week of the meeting. Uploading forms to EarlySteps Online meets this requirement. Families receive copies by email, mail, etc.
6. If changes to the IFSP are needed following the Team Decision Process discussion--make changes, submit authorizations, select service providers, provide additional notice to the family and obtain consent, and forward copies and authorization requests to the SPOE and team members and/or upload to EarlySteps Online. Regional coordinators review the Team Decision Process to ensure implementation fidelity.
7. Future meetings can be scheduled as part of the wrap up of a currently-held meeting.

Provider responsibilities related to Team Meetings

1. May identify a need for a team meeting which could include need for consultation with other providers,
2. Contact the FSC to request a team meeting.
3. Work with the FSC to determine best time and location for the meeting to be held and what agenda items/topic of discussion for the meeting.
4. Once contacted by the FSC regarding the meeting identify the method of participation such face-to-face attendance), conference call, e-mail, virtual.
5. Timely Submission of contact notes, assessment information, progress notes, reports from other agencies to the FSC for sharing with all team members.
6. Check for authorization online to attend team meeting, if not available, contact the FSC immediately.
7. Attend Initial, Quarterly, Six Month, and Annual IFSP Team Meetings as well as any other team meetings called for the purpose of collaboration and consultation.
8. Participate in the team meeting through consultation with other providers and the family, such as demonstrations, sharing literature/videos, and modeling.
9. Submit invoice/claim for IFSP Meeting for payment—claim must match date, meeting time/meeting length on Meeting Notes.



DEC Recommended Practice TC 1: 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.

General Process for the FSC after any Team Meeting

1. Set schedule for next team meeting during current meeting and send reminder to members
2. Ensure plans for ongoing communication are agreed upon and shared across all members.
3. Submit updates/revisions and meeting summary to all team members and required documents to the SPOE and family including uploads to EarlySteps Online.
4. Follow up with providers and family to ensure assigned activities are implemented and/or new/revised services or service schedules have started timely.

Team Meeting Requirements by type of meeting:

Types of team meetings

- 1) **Initial Eligibility and IFSP Team Meetings**—An initial eligibility team determination for the child in EarlySteps following referral and occurs prior to the IFSP development for the eligible child, is facilitated by the SPOE Intake Coordinator or the FSC. The initial eligibility team meeting may occur prior to participation by the ongoing FSC.
- 2) **Ongoing IFSP Team Meetings are facilitated by the FSC:**
 - Quarterly IFSP Team Meeting
 - Six month review IFSP Meeting
 - Annual eligibility team meetings
 - Annual IFSP team meetings
 - Age 3 Transition conference (usually held with another team meeting type rather than separately)
 - Other team meetings as needed to address child and family outcomes

Quarterly Team Meetings

Quarterly team meetings, a required component of Family Support Coordination, occur through a face-to-face/virtual meeting. All team members are invited to participate in this meeting. The quarterly meeting is an opportunity for many teaming activities to occur including consultation across disciplines and reviewing and revising the IFSP Meetings **must** be held once each quarter (every three months).

- The child **must** be seen during the face to face meeting.
- The purpose of this face-to-face meeting is the ongoing assessment/review of the family's concerns, priorities, and resources and IFSP supports to address them.
- Prior written notice is sent to the family before the meeting occurs.
- Team member documentation (contact notes, quarterly reports) are shared prior to the meeting and available for members to review and discuss at the meeting.
- Documentation of the discussion and recommendations must describe that IFSP issues were discussed and what future actions are needed using the Teaming Collaboration Meeting Summary (page 2 of the Notice Team meeting Summary form)

Review/Revision Team Meeting –

A review/revision team meeting may be called by any team member including the family and held at any time during the child's eligibility in EarlySteps. This meeting includes consultation and collaboration among providers, FSC, and the family. Meetings are not only for adding, or changing frequency and intensity of services: quarterly team meetings, including those for IFSP review/revision are used to promote the teaming process among FSC, providers, and the family. The meeting may or may not result in a revision to the IFSP.

This is illustrated in the following DECRP.



DEC Recommended Practice Teaming and Collaboration 2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

Team Meeting for 6-Month Review of the IFSP

IDEA, Part C requires a review of the IFSP at least six months after the initial development of the IFSP and ongoing or more frequently if conditions warrant, or if the family requests such a review. The following activities including follow up from the last quarterly team meeting comprise a review accomplished through a team meeting: Review of progress reports and service data provided by team members

- Review and discussion of the IFSP outcomes and progress made toward their accomplishment as well as the need for modification to or addition of new outcomes to address family concerns and the child's developmental needs. Early interventionist's Contact Notes, assessment information are used to facilitate the discussion.
- Review of the results of any child/family assessment information and/or autism screening and recommendations for follow up.
- Development of a written transition plan for any significant changes for the child and family, including the age 3 transition conference between 2 years, 3 months and 2 years, 9 months of age.
- Review of the team communication process about the child's progress and concerns
- Documentation of the team review in Team Meeting Minutes
- Update Freedom of Choice Provider Selection Form
- Revisions to the IFSP and Team Decision Process if necessary
- Provide prior, written notice to the family and request service authorizations
- At the 6 month review, the outcome pages must be reviewed. If the behaviors/skills have been attained, then a new outcome page must be written. The same outcome may be addressed, but the team must identify new behaviors/skills for the next 3 to 6 month period. If a new outcome is added at a revision meeting, then a new outcome page must be completed and shared with team members.

Conversations about the Autism Screening

Children entering at 18 months of age or older:

The EarlySteps Autism Screening protocol requires that children are screened beginning at age 18 months and at exit. The requirements, based upon recommendations from the American Academy of Pediatrics, advise regular, routine screening for autism in toddlers (AAP, 1994). Children who entered EarlySteps at 18 months and older, should have had an autism screening as part of the initial eligibility determination process. The FSC should contact the appropriate provider prior to the annual IFSP review meeting to schedule the screening when it's due and request the authorization from the SPOE at the appropriate interval.

Children entering EarlySteps prior to 18 months of age or those for whom a screening was previously refused:

If the child was less than 18 months of age upon entry to EarlySteps or if the family previously refused the screening, the team should discuss the need for the screening with the family, notify the evaluator, obtain the authorization, and have the screening results for team discussion at the IFSP review. At the team meeting:

- The discussion of the screening results should utilize the appropriate *Script for Follow Up on Screening Results* as a guideline when discussing any results, regardless whether it is positive or negative. Team members should review items on the screening tool to determine any necessary team action according to the screening protocol.
- By the end of the meeting, ensure that all team members have a clear understanding regarding a screening result. That is, positive results do not mean that the child has autism; it means that additional follow up is required regarding a diagnosis. If the results are negative, it does not mean that the child does NOT have autism. If the family still has concerns about an autism spectrum disorder, the team should refer the family for follow-up. Regardless of the results, it is up to the family to make their decision whether or not to pursue a diagnostic evaluation.

- Any necessary follow up resulting from the autism screening, should be included as outcomes on the IFSP. For example, referral for diagnostic evaluation, additional outcomes to address behavior concerns, etc.
- Confirm that the “Dear Physician/Diagnostician” letter has been provided to the family and that they plan to share it with the child’s physician.

If a family declines an initial and/or repeated screening, a qualified and trained evaluator should complete the refusal letter with the family. The FSC should continue to offer the autism screening at future intervals. The FSC will confirm that the required screening documentation is submitted uploaded and the results entered into EarlySteps Online.

The autism screening procedures, tool protocols, forms, scripts, referral resources and other requirements are available with the autism screening training and/or the EarlySteps regional coordinator.

Annual Eligibility Determination and Annual IFSP Team Meetings

An annual meeting must be conducted to evaluate and revise, as appropriate, the IFSP for the child and the child’s family. The results of any current evaluations and other information available from assessments of the child and family must be used in determining the early intervention services that are needed and will be provided. (IDEA, Part C 2011 Regulation 303.342 (c))

For Annual Re-Determination of Eligibility—eligibility determination **must** be completed prior to the annual IFSP date, at least **30** days prior to the annual IFSP meeting is recommended.

Continuing eligibility is determined annually, prior to the annual evaluation of the IFSP. The IFSP team serves as the Eligibility Team. FSCs should begin preparing for the Annual IFSP:

- No earlier than 60 days prior to the annual IFSP date, and,
- No later than 45 days before that date
- Date of the BDI-2 cannot be more than 30 days from the eligibility determination date
- Collect evaluation results from the evaluator prior to the Annual IFSP team meeting
- Collect early interventionists’ Contact Notes and Assessment information to review with team members

Schedule/obtain authorization for autism screening and BDI-2 from the previously identified evaluator. The timelines for the annual evaluation of the IFSP **must** be carefully observed to ensure that the current IFSP does not lapse or terminate prior to the development of a new IFSP, should the child remain eligible. Typically, 60 days is a recommended period of time for all team members to prepare for this evaluation meeting by reviewing progress notes, evaluating the individual outcomes in the IFSP, and for the family and FSC to discuss the family’s concerns, priorities and resources as they have changed over time. Discussions about eligibility redetermination can begin at the 3rd quarter meeting to establish the plan to proceed.

The annual evaluation of the IFSP includes the requirement that current child and family assessment, evaluation results, early interventionists’ notes, health information, and any other information be used to:

- Develop/revise outcomes that help to identify what early intervention services are needed, and,
- Determine how child and family needs will be met.

Redetermination of Eligibility Using Informed Clinical Opinion (ICO):

Redetermination criteria and procedures for the ICO process are the same as for initial eligibility: to determine if the child continues to be eligible by informed clinical opinion. A single domain assessment in the area of concern must be completed by the same provider that is administering the Battelle Developmental Inventory-2, by the ongoing service provider, or service provider from the relevant specialty area. All of the following **must** be considered for re-determination of eligibility using informed clinical opinion.

- FSC will inform ongoing service provider of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting,
- A single domain assessment must be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the Informed Clinical Opinion Report
- Progress or lack of progress documented in provider contact and/or monthly progress reports
- Documentation of additional child and family needs by ongoing service provider and/or family

- IFSP outcomes still unmet
- Family CPR information that identifies ongoing needs
- The Informed Clinical Opinion Tool will be scored with all of the collected information. The score will assist the team in determining the child's ongoing eligibility.

Redetermination of Eligibility Using Established Medical Conditions:

Eligibility for Established Medical Conditions continues as long as the condition exists within the Part C age limits. If at the time of redetermination, if it is found that the risk of developmental delay associated with the condition has been eliminated or the diagnosis is resolved, eligibility using that criteria also ends. In this case, a child may continue with eligibility by meeting the developmental delay criteria. It is also possible, that a child with an established medical condition is developing appropriately, no concerns and priorities are identified by the family and that no early intervention services are required at the annual redetermination. It is the role of the team to determine the need for ongoing eligibility. The team may determine that the child is not eligible and the family will be informed that they may re-refer the child to EarlySteps at any time in the future that a developmental concern is identified prior to the third birthday if found not eligible at annual redetermination.

Infants who qualify based on prematurity will have the following considerations made/discussed by the team when eligibility re-determination is underway:

- At one year of age, the child with an established medical condition of preterm birth (32 weeks gestation and less) no longer qualifies for EarlySteps solely with the medical condition of prematurity but instead must also have a developmental delay with the criteria of 1.5 SD in one area of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible for ongoing eligibility or entering EarlySteps anytime from one year of age until two years of age.
- Beginning at two years of age the child no longer qualifies for EarlySteps with the medical condition of prematurity but instead must have a developmental delay of 1.5 SD in two areas of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible ongoing or if entering EarlySteps anytime from two years of age until three years of age
 - FSC will inform ongoing service provider of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting
 - A single domain assessment may be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the **Eligibility Determination Process Report**, Section 3: Informed Clinical Opinion Report
 - Lack of progress documented in provider monthly progress reports
 - Documentation of additional child and family needs by ongoing service provider and/or family
IFSP outcomes still unmet

Re-Determination of Eligibility Using Developmental Delay:

Eligibility in EarlySteps will continue if the child meets the eligibility criteria for Developmental Delay as determined by the BDI-2 and the eligibility team meeting. That is, the child must perform at 1.5 Standard Deviations below the mean in two areas of development. If a child does not meet this criteria at the annual re-evaluation and the team members concur, the IFSP team may consider other options with the following required process:

- FSC will inform ongoing service providers of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting
- A single domain assessment must be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the **Eligibility Determination Process Report**, Section 3: Informed Clinical Opinion Report
- Lack of progress documented in provider monthly progress reports
- Documentation of additional child and family needs by ongoing service provider and/or family
- IFSP outcomes still unmet

If all required information is not available at the meeting, ongoing eligibility cannot be determined by the team and an additional meeting is required.

Once eligibility is confirmed, the FSC follows all steps to schedule the IFSP meeting and notify all team members of the annual IFSP meeting, including providing notice to the family.

If eligibility is not confirmed, prior, written notice is provided to the family and transition steps and services determined to support the family after case closure.

IFSP Revisions at any meeting

The need to revise the IFSP may be requested by the parent or any of the early intervention team members. Changes are considered:

- After there has been enough time for the child and family to adjust to new providers;
- There has been adequate time for the child to practice and learn the new skills;
- Whenever the child or family progress/lack of progress/concerns demonstrate a need for changing the IFSP.

There **must** be child or family specific data that supports the need to revise the IFSP. Revisions **must** be a result of **data collection** that describes that the team discussed the variety of strategies that have been implemented by the early intervention provider and parent/caregiver to date and results from the ongoing assessments by the early intervention providers. The data must be recent and by a qualified professional. See Chapter 6 for completion of Service Guidelines process and follow and complete the **IFSP Team Services Decision Process** prior to changes of services.

It is recommended that a reasonable timeline (approximately three months, but can be sooner based on need) be reached before IFSP teams consider instituting any changes to the IFSP. This allows for adequate data collection to determine if changes are warranted. The IFSP team should discuss implementing different strategies rather than just adding a new service or increasing the frequency and intensity of the early intervention services listed on the IFSP.

FSCs **must** respond to the request for an IFSP team meeting to discuss the need for revision within 10 calendar days of the request. A **Team Meeting Notice and Minutes Form** **must** be sent to all team members as soon as possible and at least 10 calendar days prior to the meeting.

Any time a revision to a required IFSP component occurs, the FSC **must** communicate all revision information with the appropriate provider and the family. **A revision to a required component is a change to an outcome, service or location on the IFSP.** If it is determined that a revision to a required component is needed, the following steps **must** be followed:

1. Any revision to an outcome, service, or placement (location) on the IFSP **must** be made as a result of a discussion of the IFSP team. An IFSP Team Meeting **IS** required, therefore, set a team meeting date.
2. Distribute a **Team Meeting Notice and Minutes Form** to all team members before and after the meeting.
3. Provide all team members with any updated information, i.e. assessments, data collected in service meetings
4. Hold the IFSP Revision team meeting
5. Record team meeting minutes and complete IFSP Revision documentation
 - a. Any change or correction to the IFSP requires that the FSC re-write each section of the IFSP where changes and/or corrections are made.
 - i. When revisions to the IFSP are made at this meeting, the required forms from the IFSP are completed and **Provider Status Change Form** **must** be completed. Do not use correction fluid or cross out information on the original IFSP. The process is as follows:
 - A) Page 1 of the IFSP is updated with the review/revision date. Pertinent notes are added and the concern and rationale for change is given.
 - B) Section 4 is completed. Additional outcomes may be added, current outcomes changed or revised. Additional Outcome pages may be necessary. At the bottom of the page, the appropriate boxes are checked in the two bottom sections. It is possible that a revision will occur for which no new outcomes pages are required, for example a provider change only. In this case, the outcome page is updated.
 - C) Section 6: The modification is indicated: + to add a service, - to stop a service, NC for no change. When updated, this form should still show **all** services that the child is receiving. That way, only one Section 6 page is needed to have an at-a-glance summary of all the

services for this IFSP. In addition, the IFSP Team Services Decisions Form may be necessary at the revision.

- ii. Once all revisions are made to the pertinent sections, the remainder of the document may be photocopied. Any section that does not have modifications can be photocopied and included in the new IFSP. This includes the front page; however, the new IFSP date **must** be entered in Section 1b. If the IFSP change results in service delivery in a more restrictive environment, a natural environment justification **must** be completed. If assistive technology and/or transportation services are necessary, Section 7 should also be completed and submitted.
- iii. Since the team will be working from a copy of the IFSP, the revisions should be written in blue ink, so that the changes will be evident.

6. Obtain parent signature in Section 6.

7. Provide parent(s) with a **Notice of Action form**

- a. Once revisions to the IFSP are finalized, the parents **must** sign Notice **of Action** form. This means that the proposed change must not be implemented until after the 3-day Notice of Action timeline and consent is provided.

8. Submit IFSP documentation to the SPOE and provide copies to all team members.

Disallowed procedures for IFSP revisions:

- Revision, such as additions/changes to services by individual team members without team discussion (any revisions should be accomplished as part of a team process)
- Revisions based upon information shared through a workshop or other means without valid research to support the effectiveness of strategies in supporting the developmental needs of infants and toddlers and documented need of the intervention for this individual child
- Revisions without child or family data showing lack of progress or lack of needed data for decision-making

Required Documents to Be Sent to the SPOE Family, and Team Members Following a Revision

IFSP Revisions - the required documents that **must** be available at the SPOE (original versions) or uploaded in EarlySteps Online:

- Notice of Action (copy to parents),
- IFSP Page 1 (indicating date and type of meeting in Section 1b) (check 6 month review/revision),
- IFSP Section 4 (if outcome added/revised),
- IFSP Section 6 Early Intervention Services Page (updated, revised, or new if necessary),
- IFSP Section 9 IFSP Team Participants,
- Change in Authorization Form,
- Any other IFSP pages that were changed or updated as a result of the IFSP review/revision, and
- Team Meeting Minutes – the FSC is responsible for sending/uploading a copy of the **Team Meeting Minutes** to all IFSP team members and uploading.

All documentation **must** be sent/uploaded to the SPOE and all IFSP team members within 5 days following the revision date.

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

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 to be out of compliance when monitored.

"Aggie has not responded to intervention at the child care. Observation of Aggie at the childcare describes 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.”

Under no circumstances may providers bill for services at the natural environment rate, if not being provided in that setting.

Completing an IFSP Revision will not result in a new date for the annual IFSP. The annual IFSP date must remain the same as indicated based on the Initial IFSP date.

IFSP Revision documentation must be provided to all team members and families. Uploading documents to EarlySteps Online meets the requirements for sharing to team members, except families. Requirements:

- Notice of Action (copy for parents’ signature),
- IFSP Page 1 (indicating date and type of meeting in Section 1b) (check 6 month review/revision),
- IFSP Section 4 (if outcome added/revised),
- IFSP Section 6 Early Intervention Services Page (updated, revised, or new if necessary),
- IFSP Section 9 IFSP Team Participants,
- Change in Authorization Form,
- Any other IFSP pages that were changed or updated as a result of the IFSP review/revision, and
- Team Meeting Minutes –
- Updates to Family Cost Participation income information (this information must be sent to the SPOE rather than uploading).

Changing an FSC or a Provider

Parents select their early intervention providers by using the Service Matrix. Agencies are not allowed to assign early intervention providers without the consent of the parent. The Family Support Coordinator **must** communicate on an ongoing basis (a minimum of monthly) with each family to ensure that services are being provided timely, according to the IFSP, update any CPRs, and that the family is satisfied. Providers must immediately communicate with team members (especially the family and FSC) if services exceed 30 days from IFSP consent date and report progress, needs for changes, etc. to all of the team. The team meeting is the best process for such communication. But delays in service delivery must be communicated immediately.

When changing a provider the following steps should be taken:

1. FSC assists the family in selecting a new provider based on information from the service matrix
2. FSC ensures that the parent completes a “**Freedom of Choice Provider Selection Form**”, including parent signature
3. FSC makes the appropriate changes in the IFSP
4. FSC notifies the SPOE of the changes via service authorization forms
5. FSC immediately calls the previous provider to advise them of the parent’s change of providers, that authorizations will be cancelled/revised giving the effective date of the change, and reminding the provider to submit claims for any dates prior to the effective date.
6. FSC mails a copy of “**Freedom of Choice Provider Selection Form**” form to both the new provider and previous provider.
 - a. Originals of both forms are mailed to the SPOE and kept in the child’s early intervention record and/or uploaded
7. SPOE cancels the active authorizations for the previous provider once the FSC has contacted the provider using the effective date of the change.
8. SPOE issues new authorizations for the new provider.

If a parent requests a change of provider, and there is no provider available (NPA), the FSC continues to search for a provider that will assist the child with meeting outcomes. The FSC should search the Service Matrix at least one time per week to find a provider, and, contact a Regional Coordinator if assistance is needed with locating a provider. The FSC **must** document all attempts to locate a new provider. It is not appropriate for a service not to be available to a child/family. If a lengthy delay is anticipated, a team meeting should be held to discuss alternatives to meet the child and family outcome needs and the EarlySteps Regional Coordinator will be contacted. The No Provider Available protocol must be followed. Once a provider is found, the FSC submits the new authorization, reminds the SPOE to close the NPA authorization by submitting the Authorization Change form to the SPOE along with the new service authorization request. NPA authorizations do not automatically expire/close so they must be manually closed when the provider service authorization is issued.

When changing an FSC, the following steps **must** be taken:

Changing an FSC and the FSC Agency will remain the same.

1. The Support Coordination Agency contacts the family and informs them that their FSC is leaving or has left or the family requests a change of FSC:
 - a. The Support Coordination Agency offers the family the choice of selecting a new FSC from the same agency or from a different agency. If the family selects a FSC from a different agency, see the steps in the next section below.
 - b. The agency provides information about the new FSC and submits the change form and service authorization to the SPOE.
2. The SPOE cancels active authorizations for the previous FSC and issues new authorizations for the new FSC at the agency. Care must be taken with end dating an authorization, so as not to impact the FSC agency's ability to bill for services under the previous authorization. The cancellation date must be jointly agreed to by both agencies.

Note: Families are not to be assigned a replacement Family Support Coordinator without their consent. The FSC Supervisor can assume caseloads from terminated FSCs for a maximum period of 14 days. Please notify the regional coordinator when this occurs so that the transfer of the authorizations to the new FSC can be verified.

Changing an FSC and the FSC Agency

If the family does not wish to use another FSC with the same agency, families **must** contact their local SPOE.

1. The SPOE helps the family choose a Family Support Coordination Agency by using the Agency information sheet and the service matrix.
2. The SPOE ensures that a **Freedom of Choice Provider Selection Form** is completed, including parent signature
3. The SPOE makes appropriate changes in the IFSP and data system
4. The SPOE sends a copy of **Freedom of Choice Provider Selection Form** to both the new FSC and previous FSC. Original is kept in child's early intervention record.

The previous Support Coordination agency is responsible for sending copies of the complete support coordination record to the new FSC within 7 calendar days. Caution should be taken with the authorization change dates to ensure that both agencies are able to successfully bill for services already provided.

Substituting Early Intervention Providers

There may be instances—such as in the event of an illness or vacation—when a substitute service provider may be needed for the child/family. In this case, the family and Family Support Coordinator should jointly develop a plan as to how the IFSP outcomes will continue to be addressed.

- **A substitution of a provider for period of less than 14 calendar days**
 - This would not normally be considered a substantial change in the IFSP or require a change to the IFSP.
 - A substitute provider may continue to see the child as indicated on the IFSP and may bill on the regular provider's authorization.
 - The substitute must be enrolled with the CFO.
 - The substitute **must** sign his/her name as the provider substituting for the regular provider on Contact Notes.

- **A substitution of a provider for period of more than 14 calendar days**
 - If a substitution is expected to last longer than two weeks:
 - The authorized early intervention provider notifies the family's Family Support Coordinator to discuss implications for the IFSP and options to ensure outcomes can be achieved.
 - This may include a change in service provider (s) during the specified period.

Substitute providers are not to be used as way to cover staff vacancies when a provider has terminated employment.

Extended Services

Refer to Chapter 8 for extended services.

References

American Academy of Neurology. Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. *Neurology*, 2000; 55:468-479.

American Academy of Pediatrics Committee on Children with Disabilities. Screening infants and young children for developmental disabilities. *Pediatrics* 1994; 93:863-5.

Division for Early Childhood (2016). DEC Recommended Practices with Examples. Retrieved from <http://www.dec-sped.org/recommended> practices.

Myers, SM, Johnson, CP, *Management of Children with Autism Spectrum Disorders*. American Academy of Pediatrics Council on Children with Disabilities. *Pediatrics*, 2007; 120:1163-1182.

Metz, A., *Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations*, National Implementation Research Network, January, 2016)

Additional Resources:

Team-based Practice Supports Practice Profile (2019)

Team-based Practice Supports Fidelity Measure (2019)

Chapter 7:

Ongoing IFSP Implementation and Annual Eligibility Determination Forms:

IFSP and team decision forms are located in Chapter 6-IFSP- and in Chapter 14 Forms chapter Some FSC forms follow some are also in Chapter 9-FSC and in Chapter 14 Forms.

FSC Contact Note Form (Sample format)

Date & Time	Type of Service Coordination Activity (check one)	
	<input type="checkbox"/> Initial IFSP Meeting <input type="checkbox"/> Ongoing Family Assessment of Needs <input type="checkbox"/> 6 Month Review <input type="checkbox"/> IFSP Revision <input type="checkbox"/> Quarterly Report <input type="checkbox"/> Quarterly Face-to-Face with Family <input type="checkbox"/> Annual IFSP Meeting <input type="checkbox"/> Transition Activities <input type="checkbox"/> Case Closure <input type="checkbox"/>	
Description of Actions Taken		
Follow-up Actions Needed	Action	Timeframe for Completion

FSC Signature:	Date:
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General Supervision Performance Expectations

Ongoing IFSP Implementation and Eligibility Determination

The following Performance Expectations are part of the general supervision requirements of EarlySteps. Failure to meet the requirements will result in findings of noncompliance, corrective action and/or sanctions.

Performance Expectation	Monitoring/Evidence	Responsibility
Family offered and select early interventionists and FSC agency of their choice	Freedom of Choice documentation	FSC
IFSP Completed with accuracy and according to timelines such that eligibility determination and IFSP development occurs according to timelines and service authorizations do not expire while the child is eligible.	-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.	FSC agency/FSC IFSP team SPOE staff
Documentation Requirements met	Required documents included in chart and uploaded in time for effective decision making	Eligibility evaluator Other IFSP team members FSC
Parent Rights	-Rights provided and documented -Freedom of choice provider selection - Notice of action -Consent	SPOE staff
Service decisions reflect EarlySteps policy and process.	--Health information --Family CPRs --BDI-2 results --Eligibility determination team	FSC IFSP team members

Performance Expectation	Monitoring/Evidence	Responsibility
	<ul style="list-style-type: none"> meeting notes --Team Decision Process --Service delivery data from assessment/contact notes, etc. --Service provider changes handled according to policy with required documentation. 	
Services start within 30 days of parent consent on the IFSP.	<ul style="list-style-type: none"> --FSC contact notes verify contacts with team members --Provider billing records --Parent consent on IFSP --Data from EIDS 	<ul style="list-style-type: none"> -Intake Coordinator if providing ongoing support coordination -FSC -Service providers
The “no provider available” process implemented according to requirements	<ul style="list-style-type: none"> -IFSP team meeting indicates need for a service for which there is no provider available -FSC requests NPA authorization -NPA protocol followed: <ul style="list-style-type: none"> --FSC participated in NPA protocol training --FSC monitors service availability on matrix and through provider contacts --FSC contacts regional coordinator --IFSP team meeting to consider options to address IFSP outcomes with other strategies --NPA authorization ended with service authorization request 	<ul style="list-style-type: none"> FSC Regional coordinator IFSP team members SPOE processes authorizations
Services Delivered according to the IFSP, Section 6 and service authorizations	<ul style="list-style-type: none"> --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 	<ul style="list-style-type: none"> FSC IFSP team members
IFSP team meetings occur according to required timelines and reflect the DEC RPs as aligned with EarlySteps Practices	<ul style="list-style-type: none"> --Teaming Practice Profile Implementation measured by Teaming Fidelity Measure --Team Meeting Notice sent out on time --Team meeting notes reflect meeting decisions including date, time, services authorized, participation --Team meeting notes shared with team members 	<ul style="list-style-type: none"> FSC FSC supervisors IFSP team members
Annual eligibility determination occurs on time and eligibility occurs according to EarlySteps policy.	<ul style="list-style-type: none"> Authorizations issued timely --Health information and history --Family CPRs --BDI-2 results --BISCUIT results and follow up 	<ul style="list-style-type: none"> FSC IFSP team meetings Eligibility evaluator

Performance Expectation	Monitoring/Evidence	Responsibility
	<ul style="list-style-type: none"> --Informed clinical opinion used according to policy --Eligibility determination team meeting notes --Eligibility "diagnosis" ICD code appropriately entered in EarlySteps Online for developmental delay and established medical condition(s) --Prior written notice provided if child not eligible, including right to dispute decision 	
Eligibility determination team decision reflects EarlySteps policy and process.	<ul style="list-style-type: none"> --Prior written notice to family for team meeting and other team members --Eligibility determination team meeting notes --Eligibility "diagnosis" ICD code appropriately provided to SPOE for entry in EarlySteps Online for developmental delay and established medical condition(s) --Prior written notice provided if child not eligible, including right to dispute decision 	FSC IFSP team members Eligibility evaluator
Team meetings occur quarterly	<ul style="list-style-type: none"> --Quarterly meetings timely --Notices sent timely --Notes shared/uploaded --Team members share updated information prior to meeting --Results of meeting managed by FSC: <ul style="list-style-type: none"> -authorizations issued/revised/updated and timely without breaks in service-\ -notes shared with team members 	FSC IFSP team members
Monthly Phone calls with family occur timely and support parent engagement in IFSP	<ul style="list-style-type: none"> --Documentation of monthly calls in agency contact log --Updates to reflections on CPRs --Follow up needs addressed after call --Confirmation of service delivery 	FSC Family