

## Development of Initial Individualized Family Service Plan

*Approved: July 1, 2019*

*Updated: January 7, 2020*

*Who is responsible: Service Coordinators*

### Preparation for the Initial Individualized Family Service Plan (IFSP)

For a child referred to the IDEA/Part C program and determined to be eligible as an infant or toddler with a disability, a meeting to develop the initial IFSP must be conducted within 45 days of referral to the system. Upon completion of the initial assessments of the family and child, the Service Coordinator will review the following sections of the IDEA/Part C Family Guide with the parent and document the review in the service log:

- Getting Ready for the Initial IFSP Meeting
- Before the IFSP Meeting
- At the IFSP Team Meeting
- IDEA/Part C Early Intervention Services
- Child Outcomes.

### Members of the Initial IFSP Team

The Service Coordinator must provide Prior Written Notice to the parent. The initial IFSP team must include the following individuals:

- The parent(s)
- The Service Coordinator who has been assigned responsibility for implementation of the IFSP
- The Intake Coordinator who conducted the eligibility evaluation. If the Intake Coordinator who conducted the eligibility evaluation is unable to physically attend the face-to-face meeting, the Service Coordinator must make arrangements for this person's involvement by one of the following:
  - o Conference call.
  - o Attendance by the System Point of Entry Supervisor or designee.
  - o Making pertinent records available prior to the IFSP team meeting.

Upon request of the parent, the following must be included in the meeting invitation:

- Other family members, if feasible to do so.
- An advocate or person outside the family.
- Any professionals who may have evaluated or worked with the child prior to referral to IDEA/Part C, e.g., medical professionals, social workers, educators, etc.

### Required Content of the Initial IFSP

Creating the IFSP is a team effort. Responsibilities of the Service Coordinator include ensuring the following:

- Parent's knowledge of the child is incorporated in the plan.
- The parent's questions are addressed.
- The parent(s) has information needed to make the best decisions for their child.

The team members will review all information gathered about the family and child since referral. This review must include:

- What was shared during the family assessment about the family's resources, concerns, and home or community routines and activities, including outcomes the family would like to address.
- Confirmation of parent and child demographic information.

- A review of the results of the IDEA/Part C eligibility evaluation and any assessments completed prior to the initial IFSP team meeting.
- The child's present level of functioning in the areas of physical development (including hearing, vision, and motor), communication development, cognitive development, social-emotional development, and adaptive development.
- Basic information about the child's health, hearing, and vision, and current risk for Autism Spectrum Disorder if known (see the policies and procedures for Orientation, Intake, and Screening for additional information).
- IFSP outcomes related to transition, due dates for each transition activity, and the date the child will transition from IDEA/Part C.

### **Functional and Measurable IFSP Outcomes**

IFSP outcomes must be measurable. The outcome should be written based on the Routines-Based Interview<sup>®</sup> (RBI) recommended procedures for child and family outcomes.

### **IDEA/Part C Services**

All IDEA/Part C services identified by the initial IFSP team must be listed in the Planned Services section of the IFSP. Each service must include the following information:

- The outcome(s) the service will address.
- The name of the service, Early Intervention Service (EIS) provider agency, and EIS provider.
- The method by which the service(s) will be provided. Regardless of the service, all EIS providers on the IFSP team are required to provide training to the family and caregivers on how to carry out the service in their home and community. IFSP team members should work with each other to ensure they are all working toward the IFSP outcomes and not duplicating efforts.
- The date the service will start will always be the date of the IFSP team meeting (A service is recorded as timely if it occurs within 30 days of the start date and is properly recorded in the service log).
- The duration of the service (NOTE: the IFSP authorizes services for a maximum of six months at a time; reauthorization of a service occurs at the six-month review or annual evaluation of the IFSP).
- The frequency or how often the service will be provided.
- The length of time the service is provided.
- Where the service will be provided. IDEA/Part C requires that services be delivered in natural environments, defined as families' homes or communities and in activities, routines, or places where other children without disabilities and of the same age as the child would typically learn.

### **Other Services**

The IFSP must include the medical and other services that the family or child needs or is receiving through other sources, but that are neither required, nor paid for by IDEA/Part C federal funds (for example, child care, surgery for a cochlear implant, physical therapy outside the natural environment when an EIS provider is available to go to the family's home.) If the family or child needs medical/other services which are not currently being provided, the IFSP must include a description of the steps the Service Coordinator will take to help the family or child get those services. The Service Coordinator is not responsible for identifying funding sources for other services.

## **Special Considerations in Development of the Initial IFSP**

If the child is presumed eligible based on high risk of Autism Spectrum Disorders (ASD), the Service Coordinator will:

- Enter the results of the M-CHAT Follow-up Interview and the STAT to screening and evaluation sections of BRIDGES.

- Add referral for the clinical evaluation for formal diagnosis of ASD to the IFSP.
- Add Early Intensive Behavior Intervention (EIBI) services to Planned Services in the IFSP.
- Seek IDEA/Part C State Office authorization for initiation of ASD services. See Appendix A for information required to be entered in BRIDGES for IDEA/Part C State Office authorization of ASD services.

If there are EIS providers that serve the area where the child lives, but they currently have no openings at the time the service need is identified, the Service Coordinator should document monthly that they are looking for an EIS provider. This contact can be made via email.

If the parent chooses to receive services outside the natural environment when a natural environment EIS provider is available, the Service Coordinator will remind the parent that if they elect to use a provider that does not provide services in the natural environment when one is available, they may be responsible for the full cost of EIS services (See Written Notice Related to Private Insurance/Medicaid and System of Payments Policies).

Justification for services outside the natural environment should not occur at initial IFSP as all services are required to be attempted in the natural environment before an IFSP team can document why another location is needed.

If a therapeutic assistant (e.g., occupational therapy assistant, physical therapy assistant) is to be used, the IFSP must also include the name of the licensed therapist who will be supervising the assistant as a separate service.

The Service Coordinator should follow their company/agency procedures in adding their supervisor as a separate line of service coordination in Planned Services. This would be necessary in the event of:

- Supervisor coverage of service coordination in the event of staff absence; and
- Accessing the record for data entry in the event of staff resignation or departure.

## IFSP Consents and Signatures

The Service Coordinator is responsible for ensuring procedural safeguards for IFSP Team meetings. This includes completing and documenting all relevant notices, consents, and releases. The family should be given a copy of the IFSP to include the IDEA/Part C IFSP Consent and Team Signature page. This page must include a review of each item before asking the parent to initial 'Yes' or 'No. If the family declines one or more IDEA/Part C services, the Service Coordinator is responsible for ensuring the family understands they have the right to accept the service(s) at any time in the future, and that an IFSP Change Review meeting will be required to add the service to the plan.

Parental consent is required for each of the following at the initial IFSP:

- Use of insurance resources for the cost of IFSP services.
- Initiation of each service on the IFSP.
- Release of information to primary referral source.
- If applicable, release of records to the child's school district.

## Required Activities Following the Initial IFSP Team Meeting

Following the initial IFSP team meeting, the Service Coordinator is responsible for:

- With consent, sending the primary referral source and the primary health care provider a completed copy of the IFSP.
- Identifying IDEA/Part C EIS providers for each IDEA/Part C service identified in the IFSP and documenting the chosen EIS provider in the planned services section of the IFSP.
- Communicating with the parent the names of the EIS providers, and when the family might expect to be contacted to schedule the first visit(s).
- Finalizing the IFSP in the child's electronic record.
- Ensuring and documenting the parent has a copy of the completed IFSP.
- Ensuring that the family understands that if the child's or family's circumstances change, the parent should contact the Service Coordinator as soon as possible so members of the IFSP team can be notified.
- Ensuring the parent understands they can request an IFSP Change Review meeting at any time.

## Appendix A: BRIDGES Requirements for Authorization of ASD Services

### Evaluation/Assessment Screen

- Select the domain to add new evaluation.
- Select Service Coordinator Health Summary.
- Select the correct type of evaluation/assessment based on the current IFSP.
- Select the diagnosis Autism Spectrum Disorder (ASD) (Pervasive Developmental Disorder)-F84.0 (choose the diagnosis without the z in front).
- Enter the date of verification as the date the evaluation/screening was done.
- Enter the health status. If the child is found to be at risk or has been diagnosed with an ASD, select major concern.
- Enter the clinical observation which would include date the report was received, what type of assessment was done and the result of that assessment.
- Enter the name of the evaluator who completed the assessment as well as their credentials (Psychologist, Developmental Pediatrician, DDSN Regional Staff, etc.)
- Enter any recommendations from the examiner and any follow up that is to occur.

### Screening page (to be completed any time the MCHAT or STAT is completed).

- Enter the date the screening was conducted.
- Enter the informant's name and relationship to the child.
- Enter the type of screening procedure that was used.
- Enter any previous screenings that have been completed.
- Enter the type of autism screening that was completed and the date it was done.
- Enter the screening results.
- Enter any action that is to follow.

### Planned Services Screen:

- Enter the **Initial Workshop** by selecting Behavior Identification Assessment (543341)
  - o Agency/Provider: select the contracted agency from the list of providers in BRIDGES that will be providing the workshop.
  - o Method: eval/assess
  - o Intensity: individual
  - o Setting: select the appropriate location where the workshop will take place.
  - o Frequency: 1 x semiannually
  - o Length: 8 hours  
*This is an estimate of expected time. Payment is a one-time fee, regardless of how many hours of service are provided.*
  - o Payor: enter the payor based on the child's resources
  - o Notes: enter any notes that may be appropriate
- Enter the **Reassessment/IFSP team Meeting/consultation** by selecting IFSP team Meeting Participation. (T1024)
  - o Agency/Provider: select the contracted agency from the list of providers in BRIDGES that will be providing the Reassessment/IFSP team Meeting/consultation.
  - o Method: eval/assess
  - o Intensity: individual
  - o Setting: select the appropriate location where the Reassessment/IFSP team Meeting/consultation will take place
  - o Frequency: 1 x Month
  - o Length: 3 hours

*This is an estimate of expected time. Payment is a one-time fee, regardless of how many hours of service are provided.*

- o Payor: Enter the payor based on the child's resources.
- o Notes: enter any notes that may be appropriate.
- o The start date must be 31 days past the workshop date.
  
- Enter the **Paraprofessional Treatment** service by selecting Adaptive Behavior Treatment.
  - o Agency/Provider: select the contracted agency responsible for the provision of the services, not the individual who will be providing the hourly therapy.
  - o Method: modeling
  - o Intensity: individual
  - o Setting: select the location where the majority of the paraprofessional treatment will take place.
  - o Frequency: 1 x Month,
  - o Length: enter the number of hours that the IFSP team has approved, not to exceed 80 hours per month.
  - o Payor: Enter the payor based on the child's resources.
  - o Notes: enter names of the individuals providing the hourly services in the notes section.

**Appendix B:**

**Appendix C:**

**Appendix D:**

**Appendix E:**

**Appendix F:**

**Appendix G:**

**Appendix H:**

**Appendix I:**