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## Chapter 7: IFSP Development

The Individualized Family Service Plan (IFSP) is developed through a family-centered team planning process in which the family is supported to participate as an equal team member. The child’s family helps the IFSP team and service providers understand the child’s and family’s daily routines and activities. The providers then assist the family in recognizing and utilizing existing learning opportunities and creating new ones that will help the child reach the desired IFSP outcomes. The resulting IFSP reflects the family’s priorities, resources, and concerns; the child’s functional strengths and needs; the IFSP outcomes the family would like to see for their child and family; and the supports and services necessary to achieve those IFSP outcomes.

### The Initial IFSP Meeting

#### Service Coordinator Responsibilities:

1. Conduct, in person, the initial IFSP meeting within the 45-calendar day timeline. If more than one meeting is needed to complete the IFSP, the first meeting must be within the 45-day timeline.
2. Ensure that the IFSP meeting includes determination of entry rating statements for the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs), unless

- this was completed during the assessment for service planning. Details about the determination of entry ratings are provided in the “Completing the Assessment for Service Planning” section of Chapter 6.
3. Ensure that the meeting is conducted in the family’s native language or other mode of communication unless clearly not feasible to do so.
  4. Ensure that the IFSP team uses both information from the family regarding their priorities and results of the child assessment, including a review of pertinent records less than six (6) months old from the primary care physician and other sources related to the child’s current health status, physical development, medical history, and other information regarding the child’s development in determining which IFSP services and informal/formal supports and resources are needed.
  5. Inform the family that inclusion in the IFSP of information from a family-directed family assessment related to enhancing the development of the child is voluntary and refusal to include information from such an assessment in the IFSP in no way jeopardizes the supports and services provided as part of the IFSP.
  6. Encourage and support the family to be a full and equal partner on the IFSP team. The service coordinator may support the family’s participation in the IFSP meeting in a variety of ways, including, but not limited to, the following: by ensuring the family is able to lead discussions within the meeting (e.g., family resources, priorities and concerns) as desired by the family, raising issues the family has identified as important, ensuring the family is getting the chance to speak and share opinions, explaining any jargon, etc.
  7. Establish and support a team approach to service planning that recognizes and respects the expertise of all team members, including the family.
  8. Build team consensus on IFSP outcomes and the supports and services necessary to achieve the IFSP outcomes.
  9. Begin a discussion with the family about transition. Depending on the child’s age at the initial IFSP as well as family priorities and preferences, transition planning at the initial IFSP meeting will range from sharing basic and general information about what transition means and when it may occur to development of a Transition Plan with specific transition steps and services.

#### Responsibilities of Other Early Intervention Service Providers:

1. Participate in the IFSP meeting. This applies to service providers who were part of the eligibility determination team and/or conducted assessment for service planning. Providers who may be providing supports and services also participate in the initial IFSP meeting, as appropriate. Service providers who are not able to participate in the meeting in person may participate through other options, such as telephone consultations or providing written information. When participating by providing written information, service providers include assessment information related to service planning as well as recommendations related to intervention strategies for the rest of the IFSP team to consider when developing IFSP outcomes, strategies and necessary supports and services.
2. Limit the use of jargon and acronyms and explain words or concepts that may be unfamiliar to the family.
3. Assist the family in developing desired IFSP outcomes by starting with the activity settings in which the family participates and identifies as important and/or activity settings the family would like to pursue.

4. When developing strategies to address the IFSP outcomes, focus on interest-based learning opportunities that occur throughout the child's and family's daily routines and activities.
5. Consider multiple factors when working as a team, with the family, to identify the supports and services necessary to meet the IFSP outcomes. These factors include the expertise needed to support the family in addressing the IFSP outcomes, the abilities and interests of the child and family, needs expressed by the family, and family and community resources. IFSP team members assist the family in examining the expertise and experience of individual providers across disciplines to determine which service can best meet the IFSP outcome(s).
6. Consider whether one primary provider can address all of the IFSP outcomes, with support from other team members. This is often the case since there is significant overlap in training and scope of practice across disciplines. Identify on the IFSP not only the primary service provider(s) but also the role of other team members in supporting the family and other service providers. These other team members may participate in joint early intervention visits with the primary provider(s) to the child and family and/or provide consultation to the primary provider(s) by suggesting strategies and techniques to enhance progress toward IFSP outcomes.
7. Consider the following kinds of questions in determining the frequency and length of supports and services needed to meet the IFSP outcomes:
  - a. Is the relationship between the child/family/caregiver and the provider new (e.g., because they have just begun this service or because there has been a change in providers) or well-established?
  - b. Will the strategies used to address the IFSP outcomes need to be modified frequently or will the same strategies be used for a long period of time?
  - c. Is attainment of an IFSP outcome(s) especially urgent and able to be resolved quickly with intensive intervention (e.g., new referral of a child with non-organic failure-to-thrive, which needs quick resolution; or a child's behavior is preventing the family from finding a child care provider who will accept the child)?
  - d. Are there a large number and/or wide variety of strategies involved in addressing the IFSP outcomes or are there relatively few or more similar strategies?
  - e. Is the child progressing at the expected rate in meeting identified IFSP outcomes?
  - f. What are the family's/caregiver's learning needs in relation to the child's developmental needs and the IFSP outcomes?
  - g. Do the IFSP outcomes require a high level of specialized skill to address or are they more easily implemented with minimal guidance and instruction?
  - h. Are the IFSP outcomes or strategies new for the child and family?
  - i. Will the service provider(s) be working with only the family or with other caregivers as well in addressing IFSP outcomes?
  - j. Is the parent's understanding of and/or his or her ability to assist with implementing suggested activities affected by his or her own cognitive or emotional issues?
  - k. Does the child need intensive, one-on-one support to participate in his/her environment? (In this case, there also may be a need for an increase in support to the family in addressing the IFSP outcomes.)

8. Consider the information in the box on the next page when discussing a child's need for an assistive technology device.
9. Participate in the identification of a location(s) for supports and services that is based on the activities that are being addressed (as identified in the IFSP outcomes).

When considering the purchase of an Assistive Technology Device:

- Determine whether the assistive technology device is a medical device or a developmental device. If a physician must deliver the device, then it is considered a medical device and is not the responsibility of the Infant & Toddler Connection of Virginia. If providers other than a physician (e.g., nurse, physical therapist, occupational therapist, audiologist, speech-language pathologist, etc.) can deliver the device then it is considered developmental and can be considered an early intervention service under Part C. Medical devices include, but are not limited to, suction machines, glucose monitors, feeding pumps, apnea monitors, enteral and parental solutions and supplies, nebulizers, ventilators and surgically implanted devices (including a cochlear implant).
- First consider or try simple, low- or non-tech modifications or solutions and then build up to mid-tech and to high-tech modifications or devices as needed.
- Whenever possible, use loaner equipment for higher-tech devices\* before purchasing a specific device for an individual child. This allows the family and provider to determine how well the device meets the needs of this individual child and his/her family before spending money on the purchase of the device.
- Assist the family in understanding the implications of the funding source for an assistive technology device:
  - If purchased with the family's health insurance (public or private), the assistive technology device belongs to the family and they may keep it when they leave the Infant & Toddler Connection of Virginia.
  - If federal or state Part C funds are used to pay for more than 50% of an assistive technology device and the device is valued at \$5,000 or more, then the assistive technology device belongs to the local Infant & Toddler Connection system and must be treated as follows when the child leaves the system:
    - The assistive technology device is returned to the local Infant & Toddler Connection system, re-inventoried and used for other children on a loaner or trial basis.
    - If the child is transitioning to preschool special education services under Part B through the local school division, then the local school system may receive the assistive technology device and utilize it as long as the child needs it. Once the child no longer needs the device, it is returned to the local Infant & Toddler Connection system.
    - If the child is transitioning to a program other than preschool special education services under Part B, then the receiving program may purchase the assistive technology device with appropriate depreciation consideration.
  - Assistive technology devices that are expendable, personal use items (e.g., bath forms, ear molds) are for the personal use of the specific child and are not reclaimed.
- Ensure Part C funds are used as the payor of last resort in purchasing an assistive technology device and document efforts to access other funding sources, including, but not limited to, the following:
  - Equipment loan organizations, if appropriate
  - Equipment donation facilities
  - Local civic and community organizations
  - Public or private health insurance
  - Family feesEfforts to access other funding sources prior to the use of Part C funds must be documented in contact notes or on a payor source checklist or similar form.

\* The Virginia Hearing Aid Loan Bank is open to children under age 18 years of age whose hearing loss is confirmed by an audiologist. The bank loans hearing aids and FM systems for up to six months. The initial loan period can be extended for an additional 6 months in certain circumstances. To qualify, families must be residents of Virginia and be in the process of securing permanent hearing aids through insurance or other means. Parents can apply for hearing aids and FM systems by completing an application form. For more information about this program, call Lisa Powley at the Blue Ridge Care Connection for Children at (434) 924-0222 or 1-866-596-9367. See also <http://www.vahealth.org/hearing/valoanerbank.htm>.

### Completing the IFSP form

#### Service Coordinator Responsibilities:

1. Ensure the development of an IFSP for each eligible child, with parent consent. The IFSP is developed using the statewide IFSP form and in accordance with the instructions detailed at the end of this chapter.
2. Explain the contents of the IFSP to the parent(s) and obtain written consent from the parent(s) by signature on the IFSP form prior to the provision of early intervention supports and services described in the IFSP. Ensure the IFSP is translated orally or in writing into the family's native language or other mode of communication unless clearly not feasible to do so. The IFSP must be complete (with the exception of the Addendum page) before asking the family to sign.
3. Retain a signed copy of the IFSP and provide a copy to the family (at no cost to the family) and to all service providers who participated in assessment or development of the IFSP or will be implementing the IFSP. The parental consent statement that the family signs on the IFSP gives consent for the IFSP to be shared with these providers.
4. Send a copy of the IFSP **Error! Bookmark not defined.** to the child's primary care physician, with parent consent. Consent to send a copy of the IFSP to the physician is not covered by the consent statement on the IFSP and requires a separate release of information form.
5. Obtain physician (or physician assistant or nurse practitioner) signature on one of the following to document medical necessity for services if the child is covered by Medicaid/FAMIS, TRICARE or private health insurance and will receive services that can be reimbursed under that insurance plan.
  - a. The IFSP; or
  - b. A separate letter referencing the IFSP that is sent with the IFSP, like the *Physician Certification Letter*, or
  - c. The IFSP Summary Letter.

This documentation also serves as the physician order for the medically necessary services listed on the IFSP. Physician certification is not needed if there is no third party payor source (Medicaid/FAMIS, TRICARE or private health insurance), nor is it needed in order to receive Medicaid reimbursement for assessments. The box on the next page provides additional information about the requirement for physician signature on the IFSP.

Specific Requirements Related to Physician Signature for Medical Necessity:

- The physician signature is required for the initial IFSP, annual IFSP and anytime a service is added or services change (as determined through the IFSP Review process). For example, physician signature is
  - Required when adding assistive technology if it can be reimbursed by family's insurance
  - Required when increasing or decreasing frequency of services
  - Not required when the service location changes from one natural environment to another
  - Not required when ending a service
  - Not required when adding an assessment for children covered by Medicaid
- The physician signature must be dated by the physician.
- The physician certification of the IFSP is considered a part of the IFSP and must be attached to the IFSP. Medical necessity is established by the IFSP combined with physician certification.
- The IFSP must be certified as a whole (i.e. it is not acceptable to have more than one individual or agency obtain certification for individual services on the IFSP). The local system/Service Coordinator is responsible for assuring that the physician certifies the IFSP and that the physician certification is a part of the IFSP document. The local system may delegate this process, but only to one individual/agency so that physicians receive only one request for review and certification of the IFSP as a whole. If this responsibility is delegated to an individual/agency, that individual/agency must send the signed document to the local system to be filed with the IFSP in the child's EI record.
- Service coordinators are expected to make every effort to obtain physician certification quickly enough to ensure the timely start of services. Local systems are not permitted to delay the start of supports and services while waiting for insurance authorization or physician certification, except by parent request. If there is difficulty in getting timely physician signature from the child's primary care physician, service coordinators may seek a signature from another physician on the child's medical team or IFSP team or may be able to get the signature of a physician assistant or nurse practitioner associated with the physician.
- In those rare instances when the service coordinator is unable to obtain the physician signature in a timely manner, Part C funds must be used, as needed, to avoid a delay in the start of services. Remember that Medicaid allows the service to start without a physician signature and will still reimburse for the service as long as the physician (or physician assistant or nurse practitioner) signature is obtained no more than 30 days after the first IFSP services (other than service coordination) begin.
- Follow-up to ensure physician certification is in place is a shared responsibility between the service coordinator and the service provider(s). Providers must assure that certification by the child's physician, physician assistant or nurse practitioner is obtained by the 30<sup>th</sup> day from the first visit. Providers are responsible for contacting the local system manager to work out alternate payment arrangements in those rare instances when physician certification is not obtained in a timely manner despite collaboration between the provider, service coordinator and local system manager and multiple,

ongoing efforts to obtain the certification. This discussion of alternate payment options must begin prior to the end of the 30-day period following the first service. Providers are responsible for paying back any Medicaid or FAMIS reimbursement retracted because the IFSP was not certified.

- Physical therapists must follow Virginia PT regulatory requirements governing physician referrals for services and will not be able to begin services without such a referral, except under the limited exclusions specified in the PT regulations, even if Part C funds are available as payor of last resort.

6. For children with Medicaid or FAMIS, request completion of the health status indicator questions by the child’s physician every six months using either the combined *Physician Certification Including Health Indicator Questions* letter, the *Health Indicator Questions* letter, or another form or mechanism developed by the local system. The health status indicator questions must be asked as written in the *Health Indicator Questions* letter unless the local system has an alternate mechanism (e.g., request and review of well-child records) that provides the information necessary to answer all of the health status indicator questions. For purposes of completing the health indicator questions, “every 6 months” means making the request any time between 5 months and 7 months from the previous request to the physician about the health status indicator questions. Local systems are encouraged to follow-up with physicians in order to receive this information but are not responsible for ensuring the information is provided by the physician. While requesting completion of these questions is required only for children with Medicaid or FAMIS, local systems are encouraged to consider requesting this information for all children in order to support routine well-child care and positive health outcomes.
7. Ensure that if the family declines one or more early intervention services listed on the IFSP (but not all services listed on the IFSP), then the following steps occur:
  - a. Obtain the family’s signature on the *Declining Early Intervention Services* form and provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*. Using the top half of the *Declining Early Intervention Services* form, fill in the date of the IFSP and the service(s) the family is declining. Both the service coordinator and family must sign and date the form.
  - b. Explain that the services that are not declined will be provided at the frequency, length, intensity (individual/group) and duration listed on the IFSP.
  - c. In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
  - d. Explain how the family may, at a later date, through the IFSP review process, accept a service previously declined.

Examples:  
 The top half of the *Declining Early Intervention Services* form would be used when:

- At an initial IFSP, annual IFSP or IFSP review, the rest of the IFSP team believes the child needs a particular service, but the family does not agree and does not wish to receive that service; or
- After a service has started, the family wishes to decline to continue receiving that service even though the rest of the team believes that service is necessary to achieve the IFSP outcomes.

8. Ensure that if the family declines all services listed on the IFSP, then the following steps occur:
  - a. Obtain the family's signature on the *Declining Early Intervention Services* form and provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*.
    - Using the bottom half of the *Declining Early Intervention Services* form, the family is asked to mark the third line (that their child is eligible and has the right to receive the services listed on the IFSP and that they do not choose to have their child receive services through the Infant & Toddler Connection system).
    - Explain to the family how they can contact the local Infant & Toddler Connection system in the future using the phone number provided at the bottom of the form if they have concerns about their child's development.
    - In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
  - b. If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school division.
  - c. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
  - d. Obtain parent consent to communicate with the primary care physician and primary referral source, if not already provided.
  - e. Document in ITOTS, within 10 business days of the family declining all services, that eligibility determination was completed and the child was either eligible/declined services or eligible/chose other services. Enter the exit date (the date the family declined to proceed).
9. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, length, intensity (individual/group), location or method of delivering services that the rest of the team does not agree is necessary to achieve the outcomes identified on the IFSP, then the following steps occur:
  - a. Provide a copy and explanation of the *Parental Prior Notice* form to the family. The "Other" line is checked and refusal to initiate the specific service is written in as the description. The reason why the Infant & Toddler Connection system is refusing to initiate the service is specified (e.g., progress made, other supports and services in place, evidence-based practice, etc.). If there is not enough space on the form to describe the reason for refusing to initiate the service, then additional documentation may be attached to the form and referenced in the "Reason" section of the form. Parent signature is obtained to acknowledge receipt of the form.

- b. Provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined. In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures.
- c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the early intervention services listed on the IFSP. Point out where additional information about the appeal process is located in the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*.

Completion of these steps protects both the family and the local system, ensuring that the family understands their rights, safeguards and opportunities for addressing the disagreement if they so choose and that local systems have clear documentation of the service requested and reasons for refusing to initiate that service.

- 10. Ensure that copies and explanations of procedural safeguard forms are provided in the family's native language or other mode of communication unless clearly not feasible to do so.

#### Selecting Service Providers

- 1. Early intervention supports and services will be provided only by qualified early intervention practitioners who are affiliated with the local system. Practitioners who provide service coordination or other early intervention services, except audiology, nutrition services and medical services, must be certified by the Department of Behavioral Health and Developmental Services as an Early Intervention Professional, Early Intervention Specialist or Early Intervention Case Manager. See Chapter 12 – Personnel for more information about practitioner qualifications, certification and affiliation with a local system.
- 2. The service coordinator assists the family to select a provider(s). The service coordinator:
  - a. Explains that the family has the opportunity to select from among the provider agencies (including independent practitioners) who are qualified to provide the service identified on the IFSP and who are in the family's payor network and who practice in the area where the child/family lives.
    - The family must be offered a choice of service coordination provider if there is more than one agency that provides service coordination in the local system. In accordance with federal guidelines, a family moving from one local system to another may request to keep their current service coordinator. However, it may be determined that this is not feasible because of distance, the service coordinator's incomplete knowledge about resources in the new local system, or other reasons.
    - If no practitioner who can support and assist the family in accomplishing the IFSP outcomes is available within the family's

Medicaid or private insurance network, then the family may choose a practitioner from outside their third party payor network.

- If the family would like to receive services from a practitioner who is not affiliated with the local system but who meets the Early Intervention Certification requirements and who is within the family's payor network, the local lead agency should make arrangements with that practitioner to become affiliated with the local system.
- The family may request a specific provider from within the selected provider agency.
- If there is only one provider agency, then the family must be offered a choice of providers from within that one agency for services other than service coordination. If the family has a concern about receiving services from that agency, then the local system must work to identify an additional provider.

The family must be offered the opportunity to select a provider agency any time a new service is added or when a change in provider agency is needed.

- b. Contacts the selected provider agency and arranges for a service provider(s). If the selected provider agency is unable to provide the service due to full provider caseloads or the requested service provider within that agency is unavailable, then the service coordinator explains to the family their option to begin services right away with an available provider or to wait for their chosen provider to become available. If the family chooses to wait, the service coordinator documents this decision and the delay in start of services will be considered a family scheduling preference.
- c. Ensures the process of selecting a service provider does not result in a delay in the timely start of early intervention services. Although the IDEA Part C program is not required to offer parents the choice of a specific provider, in the Infant & Toddler Connection of Virginia, the parent may choose a specific early intervention service provider agency or service provider. The IDEA Part C program will make available the IFSP service that is needed by the child in a timely manner even if it is not with the provider of the parent's first choice. If the parent wishes to select a specific provider, then the parent's consent to the IFSP service will begin once the parent's specific provider is available and services will be provided in a timely manner. The service coordinator will document the parent's decision to choose a provider, monitor the availability of the provider, and inform the parent if the parent's choice of provider will not be available within a reasonable period of time (within 30 days of when the parent notified them of their choice).
- d. Informs the family that they may request to change their service provider at any time by contacting the service coordinator.

It is possible that some families may not have a preference for a specific practitioner or provider agency. In those situations, the local system should have a mechanism in place for assignment of providers. There still must be documentation by parent signature on the IFSP addendum page that the parent was offered the opportunity to choose a provider. If the family's choice is to request the first available provider, then the family may sign the Addendum page prior to determining who the exact provider will be.

3. The choice of service provider(s) is documented on the IFSP Addendum page, which may be completed after the IFSP itself is signed. The Addendum page documents not only the service provider selected but also the family's signature acknowledging that they were offered the opportunity to choose a provider.
  - a. If the family's choice is to request the first available provider, then the family may sign the Addendum page prior to determining who the exact provider will be.
  - b. Otherwise, the family's signature on the Addendum page may be obtained at the first visit with the family after provider arrangements have been finalized based on the family's choice.
  - c. No services, other than service coordination, can be delivered until the addendum page is signed (though it is acceptable for the provider to have the family sign the addendum page at his/her first visit if it has not already been signed).

#### ITOTS Data Entry – IFSP Development

The local system manager ensures the following information is entered into ITOTS:

1. Assessment data in the Child Indicator Assessment section:
  - a. Assessment date
  - b. The rating (1-7) for each of the three child outcomes: Positive social relationships, Acquiring and using knowledge and skills, and Use of appropriate behaviors to meet needs.
2. If the family declines all services (and does not sign the IFSP), then within 10 business days of the family declining all services, indicate that eligibility determination was completed and the child was either eligible/declined services or eligible/chose other services. Enter the Exit Date (the date the family declined).
3. If the child is lost to contact between eligibility determination and the IFSP, enter the Exit Date (the date the local system closed the record).
4. IFSP Completed? Yes/No
5. Date (IFSP Completed)
6. Mitigating circumstances if exceeded 45-day timeline
7. Primary service setting
8. Medically Fragile? Yes/No
9. Risk factors
10. Initial planned services
11. Third party coverage

[Complete ITOTS instructions are available at

<http://www.infantva.org/documents/forms/INST1117eR.pdf>]

#### Local Monitoring and Supervision Associated with IFSP Development

The local system manager provides the supervision and monitoring necessary to ensure the following:

1. Procedural safeguards forms are used and explained appropriately.
2. The 45-day timeline for conducting the initial IFSP meeting is met.
3. Mitigating circumstances are documented when the 45-day timeline is exceeded.
4. Development of IFSPs is in accordance with the IFSP Instructions provided at the end of this chapter.
5. ITOTS data entry is timely and accurate.
6. IFSP outcomes reflect family priorities and routines and the child's functional abilities and needs.

7. Planned supports and services are appropriate to meet the IFSP outcomes.
8. Efforts to secure foreign language and sign language interpreters to assist the family's active participation in the IFSP meeting are documented.

## INSTRUCTIONS FOR COMPLETING THE VIRGINIA IFSP FORM

### **GENERAL INFORMATION**

- Virginia’s statewide IFSP has been designed to meet the IFSP requirements of Part C of IDEA and Medicaid plan of care requirements under the Medicaid Early Intervention Services Program. In order to maintain the integrity and official identity of the statewide IFSP form, only the following changes are permitted:
  - Local System Name (Required) – Before completing or printing the form, delete the words “Local System Name Here” and enter the local system name. The local system name must be the Infant & Toddler Connection of \_\_\_\_\_ and not a program or provider name. The local system has the option to enter on the line below Infant & Toddler Connection of \_\_\_\_\_, “Administered by {name of local lead agency}.”
  - Child’s County or City of Residence (Optional) – If the local system serves only one county or city, that information may be added permanently to the form (i.e., pre-printed). Other local systems may permanently add the list of counties and cities served to the extent that they fit in the available space (the applicable county or city can then be circled when the IFSP is completed).
  - Service Coordinator’s Name, Agency, Address, etc. (Optional) – If all service coordinators in the local system work from one agency, then that agency information may be permanently added to the form (pre-printed) on page 1. Leave the top space blank in order to enter the Service Coordinator’s name, but add all consistent information to the permanent form.
  - Assessment Sources – Tools that are listed but not used in the local system may be deleted from the IFSP form.

**No other prompts or information may be added or pre-printed on the statewide IFSP form.**

- The form may be filled out electronically, or printed out and completed in handwriting, or through a combination of both. Instructions for using word processing to make the permitted changes described above and to complete the form electronically are provided in Attachment A of these instructions.
- Electronic signatures are acceptable if your local system has a mechanism to accommodate electronic signatures.
- All dates must be provided as month, day, and year.

- If/when errors are made when completing a handwritten IFSP for an individual child, they must be crossed out with a single line and initialed and dated by the reviser. Correct errors in an electronically-completed IFSP by following local agency requirements or by using strike-through and providing the date and initials of the reviser. White-out, or any other means of correction other than that described here, may never be used.
- The Child's Name, Date of Birth, and IFSP Date are to be filled in at the top of each page after page one. This ensures that if pages of the IFSP become separated, each page will be easily identifiable. The IFSP Date and Date of Birth on each page help to further identify the child in case more than one child in a program has the same name and also serves to identify the IFSP in case the initial and/or subsequent IFSPs in a child's file become mixed together.
- Each section of the IFSP should be filled in (except that "Date Met" and "Date Outcome Added" do not need to be completed in Section IV of the initial or annual IFSP; items on the transition page should be filled in over time, as appropriate; and Child's Primary Language may be left blank if it is the same as the family's). If an item is non-applicable, place "N/A" in that space. If a space seems to ask for unnecessary or redundant information, review the instructions to ensure you have correctly interpreted the intent of the item.
- When columns are used, if the information is the same for each cell in the column, it is permissible to write "above" in each cell of the column after the first one.
- If a child with a current IFSP moves within Virginia, communication and coordination should occur between the sending local system and the receiving local system in advance of the move, whenever possible, to enable supports and services to be in place in the receiving local system based on the current IFSP. The sending local system should not record an end date for services in Section V of the IFSP simply because the child is moving to another local system in Virginia. The family's new service coordinator will schedule an IFSP review soon after the family moves in order for the new IFSP team to review the existing IFSP and make any necessary modifications. The revised IFSP must reflect the new local system name; new service coordinator; new demographic information (city/county, family contact information); any changes to IFSP outcomes, supports and services (based on child and family needs); and a completed IFSP review page (Section IX) with parent signature. Since there will be new information in several parts of Section I, it may be easiest to create a new Section I for the IFSP. In this case, maintain the old Section I in the child's early intervention record. **[Please note that when entering the IFSP date in ITOTS for a child who has transferred from another local system in Virginia with an active IFSP, the original IFSP date (the date on the IFSP he/she had in the previous system, rather than the date of the new review) is used.]**

## **SECTION I: Child and Family Information**

The information in this section is primarily for the purposes of the Infant & Toddler Connection system. Other demographic information required by third-party payors (e.g., Social Security number, insurance policy number/s, diagnosis codes) and possibly by individual local Infant & Toddler Connection systems (e.g., program ID numbers) is highly specific to individual companies, confidential, and irrelevant to many of the recipients of an IFSP (e.g., local school systems, childcare providers). Therefore, it should be provided, as required by individual circumstances, on a separate page as an attachment.

- 1) **Child's Name** - Fill in child's name
- 2) **Date of Birth** - Fill in child's date of birth
- 3) **Gender** – Check M or F to indicate whether the child is male or female
- 4) **Child's County or City of Residence** - Fill in child's city or county of residence. This is important for local systems that have more than one city or county in their catchment area. This may be pre-printed on the form for local systems who only serve one city or county. Other local systems may permanently add the list of counties and cities served to the extent that they fit in the available space (the applicable county or city can then be circled when the IFSP is completed).
- 5) **IFSP Date** - Enter the date the parent signs the IFSP (i.e., **the IFSP Date on page 1 and at the top of subsequent pages must match the date of parent signature on page 8 of the IFSP**). If the IFSP cannot be completed in one meeting, then the contact notes must reflect the dates of all meetings held to develop the IFSP.
- 6) **Initial/Annual** - Check the appropriate box to indicate if this is the child's initial IFSP or if it is an annual IFSP and write in which annual IFSP it is (e.g., #1, #2. The annual IFSP done one year after the initial IFSP is annual #1).

If the IFSP form is used for an interim IFSP, then "Interim IFSP" should be hand-written on the cover page. When the initial IFSP is developed, the team starts with a new IFSP form.
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- 7) **Date Six-Month Review Due** - Fill in the date by which the six-month IFSP review must be completed. This date will be 6 months from the IFSP Date entered above.
- 8) **Date(s) Review(s) Completed** – When the 6-month or other IFSP review is conducted, write in the date of the review. It is not necessary to rewrite the IFSP at every six-month review or when a review is held at a time other than 6 months, as long as the IFSP is updated to reflect the child's current needs and plans. However, a new IFSP form must be initiated at each annual IFSP meeting.
- 9) **Family's Primary Language and/or Mode of Communication** - Fill in the family's primary language or mode of communication. (Examples: English, Spanish, American sign language, augmentative communication system)

- 10) **Child's (if different)** - Fill in the child's primary language or mode of communication, if different from the family's. If it is the same, leave blank.
- 11) **Medicaid Number (Optional)** – If the child has Medicaid/FAMIS, the team may choose to enter the number here. This should be the child's permanent 12-digit Medicaid number (as opposed to a MCO number, for instance).
- 12) **Family's Name, Address, Phone, And Other Contacts** – Fill in all contact information for the family. The amount of space in this section allows for the wide range of potential *contacts* required, (e.g., surrogate parents, foster parents, social services or natural parents, child care provider), the variety of *methods* of contact possible for each contact listed (e.g., home phone, work phone, cell phone, pager, e-mail, personal fax), and allows room for updates as information changes. Some local systems may also wish to include the physician's name and contact information in this section. [When completing the IFSP electronically, this section is formatted into 2 columns. The section will allow you to continue entering information in column one until you click into column 2. You will need to click into column 2 when the last information on page 1 is at the bottom of the page (i.e., before it scrolls onto a new page).]
- 13) **Service Coordinator's Name, Agency, Address, Phone and Fax Numbers** – Fill in all contact information for the family's service coordinator, as assigned at the IFSP meeting, including if appropriate, cell phone, pager, e-mail, etc.

Some families may prefer to handle most or all of their own service coordination duties; it is still a requirement of Part C, however, that they have an official service coordinator assigned.

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## **SECTION II: Team Assessment**

The service coordinator is expected to gather information for Section II prior to the IFSP meeting, through conversations with the family beginning at the initial visit with family. This practice will assist families and providers in preparing for the development of IFSP outcomes during the IFSP meeting.

### **A. Referral Information, Medical History, Health Status**

Record the referral source and reason for referral, any medical diagnoses (especially those related to the reason for referral), and pertinent health information (including pertinent medical history, clinical signs and symptoms, and current health status). The reason for the child's eligibility for early intervention may also be included here.

## **B. Daily Activities and Routines**

Fill in information regarding the family's everyday activities and routines, including what is going well for the family, what challenges they have with specific routines, what the child and family normally enjoy, and what changes they would like to see in their routines and activities. This information is essential in developing functional, relevant, routine-based IFSP outcomes and will guide development of strategies for achieving those IFSP outcomes within the context of the child's and family's interests and naturally occurring activities, routines, and community supports. The information may be presented as a narrative, phrases, a diagram, or other format.

## **C. Family Concerns, Priorities and Resources**

Record information shared by the family about their concerns, priorities and resources, related to enhancing their child's development. The service coordinator is responsible for informing the family that inclusion in the IFSP of information from a family-directed assessment related to enhancing the development of the child is voluntary and declining to include such a statement in the IFSP in no way jeopardizes the supports and services provided as part of the IFSP. The information may be presented as a narrative, phrases, a diagram, or other format. If the family declines to provide this information or provides this information but does not want it to be included on the IFSP, they are to initial the appropriate statement in the box in this section of the IFSP form.

Since the purpose for collecting information about the family's concerns, priorities and resources is to guide identification of functional, relevant IFSP outcomes, it is crucial that this section describe how the concerns, priorities and resources relate to the family's routines and activities (rather than just presenting a list of concerns, priorities and resources). The IFSP team needs to understand how the concerns, priorities and resources impact the child and family.

My Family's Concerns – Describe the family's concerns (if any) about their child's health and development and any information, resources and/or supports that the family identifies that they want.

My Family's Priorities – Describe what the family identifies as most important to them.

My Family's Resources - Describe the resources the family has for support, including people, activities and programs/organizations. Include other caregivers in the child's life who the family indicates may be able to assist in addressing the IFSP outcomes. The extent to which other caregivers (such as child care providers, extended family members, respite care providers, etc.) are involved in addressing IFSP outcomes depends on a number of factors including, but not limited to, the following: the extent to which the family would like to have these other caregivers involved, how much time the child spends with these caregivers, and the willingness of these caregivers to learn and apply strategies for increasing the child's learning opportunities and ability to participate in everyday activities.

## **D. Summary of Your Child's Development**

This section is organized by the three federally-required child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs), which serve as the foundation for the IFSP. For each child outcome:

- Provide a description of the child’s functional developmental status, integrating information across all developmental areas covered by the child outcome (see *Child Indicators Booklet*), across all settings, and from all assessment sources (e.g., parent report, assessment tool, observation, informed clinical opinion, medical and other reports).
  - Skills should be discussed in the context of the child and family’s routines. It is not simply a matter of whether children can produce particular behaviors, but how the child uses behaviors to interact with and affect people, objects, and symbols in the different contexts of the child’s life. For example, it is not as helpful to say Johnny can crawl or that he did a nice job crawling as it is to describe how he uses this skill to get to his toys and other things that he wants. Or, the narrative might state that while Abby is able to say several words, she only uses them when looking at her books and does not use them spontaneously to communicate what she wants or needs.
  - While narratives need not include a list of things the child cannot do, it is important for the narrative to support the ratings for the child outcomes. Include a description of the expected skills that were not yet demonstrated or mastered so the reader understands why the child received the child outcome rating statement chosen. Including information about what the child is not yet doing provides documentation needed by payor sources to understand why intervention is necessary and provides a balanced picture for the child’s parents about the child’s development in relation to other children the same age.
  - It is sufficient to document in the summary what the parent reported without adding that it was not observed during the assessment unless what was observed by the assessor was different from what was reported. (i.e., did the assessor not observe rolling or did the assessor observe the child to roll without arching).
  - Include information about how the child is functioning in different settings, in different situations and with different people.
  - Avoid using statements about age levels in developmental domains in this section. These will be documented in Section III of the IFSP.
- Document the child’s development in relation to other children the same age by using one of the following child outcome rating statements. Remember that child outcome rating statements are based upon the child’s **chronological age and there is no adjustment for prematurity**.
  - {Child’s name} has all of the skills that we would expect in this area.
  - {Child’s name} has the skills that we would expect in this area. There are some concerns with {area of concern/quality/lacking skill}.
  - {Child’s name} shows **many age expected** skills. He also continues to show some skills that might describe a younger child in this area.
  - {Child’s name} shows **occasional use of some** age expected skills. He has more skills of a younger child in this area.
  - {Child’s name} uses **many important** skills that are necessary for development of more advanced skills; he is not yet showing skills used by other children his age in this area.
  - {Child’s name} is beginning to show **some** of the **early** skills that are necessary for development of more advanced skills in this area.
  - {Child’s name} has the **very early** skills in this area. This means that {child’s name} has the skills we would expect of a much younger child.

- Use the child outcome rating statements **as written** when completing the *Child's Development in Relation to Other Children* section. Do not add to or modify these statements to reflect the skills that justify the rating, except to add the areas of concern if using the statement that reads "{Child's name} has the skills that we would expect in this area. There are some concerns with {area of concern/quality/lacking skill}". Otherwise, information about the skills that justify the rating should be reflected in the narrative section for each child outcome. Use only the child outcome rating statement on the IFSP; do not include the rating number.

In order to avoid duplication of assessments, the IFSP team may use assessment reports written by providers outside of the Infant & Toddler Connection of Virginia for development of the IFSP and service planning. When using outside assessment reports, relevant information must be transferred from that assessment report and integrated with information from other assessment sources to complete Section II of the IFSP, so that it is clear that all required assessment components have been completed. If a provider from outside the Infant & Toddler Connection of Virginia assessed only some, but not all, of the developmental areas required by Part C, the remaining areas of development must be assessed during the assessment for service planning. Assessments must have occurred no more than 6 months prior to being used for service planning.

Any outside assessment reports used must be included in the child's record and may be attached to the IFSP.

### **SECTION III: Age and Developmental Levels**

#### **Age and Developmental Levels Table**

- Fill in the child's age and adjusted age, if applicable.
- Fill in a developmental age equivalent or range for each area of development in the table based on the synthesis of information from all assessment sources marked in the section below this table. If the team finds the child's development to be atypical in one or more areas, it is acceptable to write an age level or range and note "atypical" in parentheses after that information, but it is not sufficient to write "atypical" without an age level or range. Any atypical development or behavior and its impact on the child's functioning in any of the three child outcome areas must also be described in the Summary of Your Child's Development, Section II.D of the IFSP.
- For vision and hearing, check off one box to indicate the results of the Virginia Part C Vision and Hearing screening tools. The box checked here must match with the box marked in the Findings section of the screening tool. In addition, provide information about the child's current vision and hearing status, including eye-specific and ear-specific information whenever possible.

#### **Assessment Sources**

List and/or check off all sources of assessment information used to arrive at the information reported in Sections II and III of the IFSP. Please note that the

Virginia Part C Vision and Hearing Screening tools must be completed as part of each child's **initial** assessment.

**The following people participated in the assessment for service planning**

(printed name, credentials, role/ organization, signatures, date)

Individuals who completed assessments should print their name and credentials, as appropriate, and sign and date (month, day, year) here. For example:

Mary Anderson, Parent	<i>Mary Anderson</i>	9/15/09
Cathy Jones, OTR, Independence, Inc.	<i>Cathy Jones</i>	9/15/09
Debbie Smith, SLP, ABC Therapists Inc.	<i>Debbie Smith</i>	9/15/09

Providers who completed assessments must also check the appropriate box indicating their discipline. Parents participate in the assessment by sharing information about their child's health and developmental status and their observations about their child across settings and situations, and as a member of the assessment team should sign in Section III. Sections II and III of the IFSP must be completed (written) before requesting signatures from any team member.

**Information from the following assessments completed outside the Infant & Toddler Connection of Virginia system was used to complete the assessment for service planning** (*printed name, credentials, organization*)

The name, credentials and organization of any assessor who is not part of the Infant & Toddler Connection of Virginia system must be entered here.

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**SECTION IV: Outcomes of Early Intervention**

IFSP outcomes are identified based on information gathered through the assessment for service planning process, including conversations with the family to identify current daily routines, activities and settings; potential child learning opportunities; and areas where the family would like assistance. Asking families questions like "What activities that your family participates in are most important to you?" and "What new activities would you like to pursue?" can assist families and the IFSP team in identifying the desired IFSP outcomes, and IFSP outcomes written with family routines and activities in mind become personal and important to the family.

The first IFSP outcome page in this section documents the IFSP outcome (pre-printed) and short-term goals for service coordination and must be completed for every child who has an IFSP, even if the family wishes to have only minimal service coordination from the local system and wants the service coordinator only to coordinate IFSP meetings. Parts of the page are partially completed in order to assure inclusion of required activities. For children receiving Early Intervention Targeted Case Management (EI TCM), the Initial Early Intervention Service Coordination Plan ends with the family's signature on the IFSP, and the IFSP and this IFSP outcome page in particular becomes the plan for continued provision of EI TCM.

- 1) **Short Term Goals** – The short-term goals provide the Part C-required **criteria** for determining the degree to which progress is being made toward achieving the IFSP outcome. The short term goals should be written from the perspective of what the service coordinator will do for the child and family and must include a target date. The short-term goals should be specific and based on family priorities and needs at the time the IFSP is developed. Please note that the third pre-printed short-term goal (providing information and support for accessing routine medical care) includes requesting physician completion of the health status indicator questions every 6 months. These questions are:

- Is this child up to date (per CDC/ACIP guidelines for this year) on immunizations?
- What is the date of this child's most recent visit with you?
- What is the date of the most recent well child visit?
- What month/year should this child see you for the next well-child visit?
- Are there immunizations needed at time of next visit?
- Does the child's record have any lead testing (either capillary or venous) results? If yes, date services provided and results.

The questions may be posed using either the combined *Physician Certification Including Health Indicator Questions* letter, the *Health Indicator Questions* letter, or another form or mechanism developed by the local system. The health status indicator questions must be asked as written in the *Health Indicator Questions* letter unless the local system has an alternate mechanism (e.g., request and review of well-child records) that provides the information necessary to answer all of the health status indicator questions.

For purposes of completing the health indicator questions, “every 6 months” means making the request any time between 5 months and 7 months from the previous request to the physician about the health status indicator questions. Local systems are encouraged to follow-up with physicians in order to receive this information but are not responsible for ensuring the information is provided.

If the family only wants to address the three pre-printed short-term goals, then the rest of the lines for short-term goals may be left blank. The first (pre-printed) short-term goal must be listed for all families and the third one must be listed if the child has Medicaid/FAMIS. However, the second pre-printed short-term goal may either be deleted (if the IFSP is completed electronically) or struck through and initialed by the service coordinator (if the IFSP is handwritten) if the family does not wish to address this one. The third pre-printed short-term goal may be deleted or struck through if the child does not have Medicaid/FAMIS and the family does not want this goal included.

- 2) **Target Date (for short term goals)** – Provide target dates (month/day/year) for when each short-term goal could be expected to be achieved. The three pre-printed short-term goals are ongoing, and this has been pre-printed under Target Date.

- 3) **Date Met (for short term goals)** - Enter date (month/day/year) at any point at which the short-term goal was met, changed or discontinued. This date must correspond to information documented in the contact notes in the child's record.

The second IFSP outcome page in Section IV is to be duplicated and used for all IFSP outcomes other than service coordination. Each IFSP outcome must be recorded on a separate page. Each IFSP outcome should be numbered (e.g., since the service coordination outcome will be IFSP outcome #1 for all children, subsequent IFSP outcomes should be numbered from # 2 on).

- 1) **Date Outcome Added** – For IFSP outcomes developed at the initial IFSP meeting, this space is left blank. For IFSP outcomes added during IFSP review meetings, enter the date of the IFSP review during which the IFSP outcome was added (this is the start date for the new IFSP outcome). Section IX of the IFSP must also be completed when an IFSP review is held.
- 2) **Outcome** (Long-term functional goal) # \_\_\_\_ - This statement is what the family would like to see happen as a result of their participation in early intervention. It may be a major developmental goal related to the child's participation in home and community activities, or it may be an outcome related to the family's ability to assist appropriately in their child's development. It must be functionally stated, reflect the family's priorities (i.e., the IFSP outcome focuses on the child's participation in activities that are important to the family), and be consistent with information gathered from the team assessment of the child's functional strengths and needs in relation to the three child outcomes and with information from the family-directed family assessment (if completed). IFSP outcomes can be stated in the family's words or they can be restated with help from the early intervention providers either in addition to the family's statement or instead of it if the family prefers. IFSP outcomes related to the child must be measurable and functional and represent what the child is expected to be able to do, e.g., "Jane will feed herself the entire supper meal each day." The prompts provided at the top of the IFSP outcome page remind the IFSP team that a well-written IFSP outcome addresses acquisition (describes the skill or behavior the child or family is to acquire or achieve), the context or setting within everyday activities and routines in which the desired behavior is expected, and the criteria for achievement (including the frequency/duration/rate for the new skill or behavior and over what specific period of time).
- 3) **Target Date** – Enter the date (month/day/year) by which the IFSP outcome could reasonably be expected to be achieved. Since an IFSP Review must be held anytime changes are made to the IFSP outcome (and/or short term goals), it is helpful to choose a target date that corresponds to a required review date.
- 4) **Date Met, Changed Or Ended** – Enter date (month/day/year) at any point at which the IFSP outcome was met, changed or discontinued. The change this date represents must be documented in contact notes in the child's record. An IFSP review must be held in order to change an IFSP outcome.
- 5) **Learning opportunities and activities that build on child's and family's interests and abilities** – List here activities that the child finds (or might find) enjoyable (based on child's interests and ability) and that could be incorporated

into the child's and/or family's existing or desired routines and activities. This should not be an exhaustive listing of all the activities possible, but rather an overview of the possible activities that will be explored in ongoing intervention (specific activities will be recorded in ongoing contact notes/lesson plans). All intervention should, however, be planned in the context of the family's daily routines, activities, and resources available in the community, consistent with the information recorded in Section II of the IFSP.

- 6) **Short Term Goals** – The short-term goals provide the Part C-required **criteria** for determining the degree to which progress is being made toward achieving the IFSP outcome. The short term goals should be written from the perspective of what the child will be able to accomplish, should represent an end result rather than a process, should be **functional and measurable**, and must include a target date. Ensure inclusion of measurable, functional criteria that any team member could use to review progress toward achieving IFSP outcomes. The short-term goals can be thought of as the building blocks leading up to achievement of the IFSP outcome, e.g., *“Child will pull to stand while holding on to the sofa in the family room several times each evening without physical assistance.”*
  
- 7) **Target Date (for short term goals)** – Provide target dates (month/day/year) for when each short-term goal could be expected to be achieved.
  
- 8) **Date Met (for short term goals)** - Enter date (month/day/year) at any point at which the short-term goal was met, changed or discontinued. This date must correspond to information documented in the contact notes in the child's record.
  
- 9) **Interventions (Treatment procedures and/or modalities)** – Enter the specific interventions (treatment procedures and/or modalities) that will be used to address the IFSP outcome. Specific interventions may include, but are not limited to, the following:
 

Balance/coordination	Receptive language skills training
Positioning	Feeding
Therapeutic exercise	Oral motor skills development
Gait training	Swallowing
Community living skills	Pre-verbal skills
Functional activities/mobility	Cognitive skills development
Assistive technology devices	Sign language
Equipment/device training	Behavior modification
Weight-bearing	Hearing aid tolerance/use
Range of motion	Sensory integration
Caregiver/parent training	Functional visual skills
Fine motor training	Self-feeding skills
Developmental handling	Articulation therapy/ phonological awareness
Expressive language skills training	Cognitive linguistic therapy
Visual perceptual skills training	

## **SECTION V: Services Needed to Achieve Early Intervention Outcomes**

Determine the specific early intervention services that are necessary to help the child and family achieve the IFSP outcomes identified in Section IV of the IFSP. The IFSP team considers multiple factors when identifying appropriate supports and services to address IFSP outcomes, including the expertise needed to support the family, abilities and interests of the child and family, and family and community resources.

**Complete the table as follows:**

- 1) **Entitled Service** – Service coordination must be provided to every eligible child and family and has already been recorded in the table. Enter each additional early intervention service that was determined through the IFSP process to be necessary for the child/family to achieve the IFSP outcomes. The following list of early intervention services is not exhaustive and does not preclude the IFSP team from identifying another type of service as an early intervention service as long as that service meets the criteria of an early intervention service under Part C (i.e., services that are provided under public supervision, by qualified personnel, in accordance with the State’s system of payments, selected in collaboration with the family, and designed to meet the developmental needs of the child or the needs of the family to assist appropriately in the child’s development):

- Assistive technology devices and services\*
- Audiology
- Developmental services (previously called Special instruction)\*\*
- Counseling services
- Health services
- Medical evaluations
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Sign language and cued language services
- Social work services
- Speech-language pathology
- Transportation and related costs
- Vision services
- Other services, as identified by the IFSP team

**\*Important information about Assistive Technology:**

- When listing assistive technology on the IFSP, please specify whether it is an assistive technology device or assistive technology service.
- When listing Assistive Technology Device, the length, intensity (individual/group), and location should all be marked N/A. The projected end date and actual end date should reflect the anticipated and actual date of delivery of the device to the child, respectively.
- It is not necessary to list Assistive Technology Device in Section V of the IFSP when the provider is trying out potential equipment with a child to determine whether or not it is appropriate to meet the child's and family's needs and the IFSP outcomes. Once an appropriate assistive technology device has been identified and will be acquired for this child (through loan or purchase), an IFSP review is held to add this device(s) to the entitled services listed in Section V of the IFSP.
- Assistive technology services should be listed according to the provider of that service (e.g., if the assistive technology service is being provided by the physical therapist, then list the service as Physical Therapy/Assistive Technology Services). The frequency, length, method, etc. should reflect both the physical therapy service and assistive technology service, combined.
- Assistive technology services are services that directly assist the child with a disability in the selection, acquisition or use of an assistive technology device and include the following: evaluation of the needs of the child with a disability, including functional evaluation of the child in the child's customary environment; purchasing, leasing or otherwise providing for the acquisition of assistive technology devices; selecting, designing, fabricating, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices; coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with education and rehabilitation plans and programs; training or technical assistance for the child, family, other caregivers or service providers; and collaboration with the family and other early intervention service providers. If a provider is delivering any of the services included in the definition of assistive technology services, then Section V of the IFSP should reflect both the service that provider generally provides (e.g., physical therapy if the provider is a physical therapist) and assistive technology service as indicated above. A subsequent page in these instructions provides an example of how to record an assistive technology device and service in the Entitled Services table in Section V of the IFSP.

**\*\*Developmental Services Provided by Nurses:**

- List "developmental services" as the service in Section V of the IFSP even when that service is provided by a nurse.
- When billing for developmental services provided by a nurse the provider will use billing codes G0154/G0154 U1 for services in natural environments and T1026/T1026 U1 for center-based services. Similarly, when a nurse is providing assessment, participating in IFSP meetings, team treatment activities, etc., the appropriate billing codes are T1023 U1 and T1024 U1. Billing code descriptions are provided in Chapter 11.

Entitled Service Versus Intervention/Treatment Modality:

Auditory Verbal Therapy (AVT) and Applied Behavior Analysis (ABA) or other such approaches to service delivery are not entitled early intervention services; but rather interventions/treatment modalities. The IFSP must list the entitled early intervention services based on the provider who will implement the intervention/treatment modality (e.g., if the IFSP team determines that a speech-language pathologist will be implementing AVT to address the IFSP outcomes for a given child, then speech-language pathology is the entitled service listed on the child's IFSP).



- 2) **Frequency** - Enter the number of visits per week/month/etc. each service is to be provided (e.g., 1x/wk). **It is not acceptable to list a range (such as 1-2x/week) for frequency.** It is acceptable to plan for and record a change in frequency of a service, such as weekly occupational therapy for two months, then occupational therapy every two weeks for three months. If a service will be provided only once, then write “once” in the frequency column.

The frequency for a service may be planned over a period of up to 6 months (e.g., 1x/week, 4x/month, 10x/6 months). Given that service frequency is based on a family’s need for support in implementing strategies to meet the IFSP outcomes, scheduling service frequency over a longer period of time is one strategy for addressing a known/expected family need for flexibility or fluctuation in that level of support. The following may be indicators that considering frequency over a period greater than one month is appropriate:

- The team determines there is a need for front-loading of services followed by a tapering of service frequency, and it is unclear exactly when it will be appropriate to taper.
- The team identifies a likely need for a burst of services along the way (e.g., child is scheduled to receive orthotics and a greater frequency of services will be needed for a short period after the child is fitted).
- There is a primary provider seeing the child at a more “traditional” frequency, and the team would like flexibility in the frequency with which the primary provider and family call on another team member to provide support.

This level of flexibility will not be necessary or appropriate for all families and must not be used to meet a local system’s or service provider’s need for flexibility.

#### **Documenting Service Frequency Over Period Longer than 1 Month**

If the planned frequency is for multiple visits over greater than a one-month period, contact notes must include:

- Justification for the frequency chosen and the need for flexibility for this specific child and family;
- For each visit, discussion with the family about when the provider will come next and why;
- Documentation of discussions with the family and other providers to ensure frequency remains appropriate based on child and family priorities and concerns; and
- Justification if the maximum number of services planned over the period were not delivered.

Someone reviewing the child’s record should be able to clearly understand how and why decisions were made about service delivery within the parameters of the frequency listed on the IFSP.

For service coordination, record the projected **minimum** frequency of **direct contact time between the service coordinator and the family**, which includes activities such as home visits, phone calls and emails with the family, accompanying the family to an appointment, etc. For children receiving EI TCM, there must be at least one

direct contact between the service coordinator and family every three (3) calendar months. Such contacts shall be person-centered with the choice of contact method determined by the family (face-to-face, phone, email, or text). The family's preferred method of contact (face to face, phone email, or text) for the family contacts that are required every three months can be documented in the contact note for the intake visit.

- 3) **Length** - Enter the length of time the service is to be provided during each visit (e.g., 60 min/visit). ***It is not acceptable to list a range (such as 30-45min/visit) for length.***

For service coordination, record the projected **minimum** length of **direct contact time between the service coordinator and the family**, which includes activities such as home visits, phone calls and emails with the family, accompanying the family to an appointment, etc.

#### Frequency and Length for Service Coordination

The Infant & Toddler Connection of Virginia Office recognizes that the frequency and length of service coordination actually provided will fluctuate since service coordination is an active, ongoing process that is responsive to individual family needs and circumstances. When the frequency and length of service coordination delivered vary from that planned on isolated occasions, the service coordinator's contact notes must reflect the reason for increase/decrease in frequency/length. If the frequency and/or length of service coordination delivered vary greatly from that planned on a consistent basis, then it is time for an IFSP review. During State monitoring of service delivery, local systems will NOT be cited as out of compliance if there is not an exact match between the planned and delivered frequency and/or length for service coordination as long as there is documentation that service coordination was active and ongoing and based on meeting the family's needs and IFSP outcomes. Similarly, for children receiving EI TCM, a provider will not be cited as out of compliance with the requirement for direct contact with the family every three months as long as there have been repeated and documented attempts to make that contact within the required 3-calendar-month period.

- 4) **Group/Individual** – Specify whether the service is to be provided on an individual or group basis. Although early intervention services are most often provided on an individual basis, an example of when group might be listed as the intensity would be when one service provider is working with twins, who are both eligible for early intervention, in the home, together on a shared IFSP outcome.
- 5) **Methods** – Using a, b, c, or d, specify whether the service is to be provided through coaching, including hands-on as appropriate; consultation; provision of an assistive technology device; or assessment.
- Coaching, including hands-on as appropriate – Record this method any time the provider will provide a service (other than assessment, see below) to the child and/or family and/or other caregiver.

- Consultation – This method refers to consulting between service providers (i.e., the child and family are not involved in the consultation session). The IFSP will list the service (discipline) that is providing the consultation.
    - If the consultation between providers is planned at the time of the IFSP, then it should be documented as an entitled service in Section V of the IFSP. If a concern comes up later and the primary provider is just making a call to another provider, say the OT, to ask a question, then there is no need to have an IFSP review to record that call as consultation. However, depending on the outcome of that call, an IFSP review may be needed in order to add assessment or further consultation by the OT.
    - Consultation between team members who are both providing ongoing services to the child using the method “coaching, including hands on as needed” is not listed on the IFSP as consultation between the two providers (without the child and family). Instead this is considered teaming, an expected part of service delivery that is included in the EI rate paid for the service they are already providing.
  - Provision of an assistive technology device – Record this method only when the service listed is Assistive Technology Device.
  - Assessment – This method refers to assessment completed after the initial assessment for service planning and does not include ongoing assessment conducted at each session by the service provider. The need for follow-up or annual assessments (other than ongoing assessment) and parent consent for that assessment may be documented either on the IFSP or on the *Notice and Consent for Assessment for Service Planning* form, whichever is easier in a given situation. For instance, if the need for additional assessment comes up during an IFSP review, it will be easier to document that additional assessment on the IFSP Review page rather than using the consent form. On the other hand, if it is close to time to develop the annual IFSP and there is not enough information available through ongoing assessment, then the service coordinator may find it easier to use the *Notice and Consent for Assessment for Service Planning* form (marking Annual Assessment in the Action Proposed section) rather than going through the process of holding an IFSP review in order to add the needed assessment(s) to the IFSP.
- 6) **Natural Environment/Location** - Enter the natural environment/location where the service will take place. The choice of location is based on the activities that are being addressed (as identified in the IFSP outcomes in Section IV of the IFSP). For services that will be provided in a variety of community settings, it is acceptable to record several of the locations followed by "etc." ("park, home, daycare, grocery store, etc."). If listing two locations (for example, "daycare and home"), connect the two with "and" so that it is clear that both locations will be used. If the “etc.” option was not used, it is still acceptable to use a natural environment other than those listed on the IFSP for one or two visits without an IFSP Review as long as documentation indicates the reason for using a different natural environment (perhaps it is a trial run to see if the new location will really work). If a new location is being considered on a more ongoing basis, an IFSP Review is needed.

If the location is not a natural environment, provide justification (in the designated place in Section V) for why the IFSP outcomes cannot be met in a natural environment.

For service coordination, if the family wants contact to be by phone and e-mail, the service coordinator will see the family face-to-face at least for the annual IFSP. In this situation, the location listed on the IFSP would be the location where the service coordinator will be with the family for the annual IFSP meeting.

- 7) **Payment** – Using the key in the header of this column, list the number(s) of the possible payment sources for each service. The final decisions about payment arrangements are recorded on the Family Cost Share Agreement form. Possible payment sources may include Medicaid, private insurance, family fees, donation, state, city, Part C funds, etc. If a possible payment source is not listed in the key, then write it in the appropriate box (see the example of the Services Needed to Achieve Early Intervention Outcomes table provided earlier in these instructions). “None” is not an option.
  
- 8) **Projected Start Date** - Enter the **projected** date (month/day/year) on which the service will begin. The projected start date should reflect the local system’s best estimate of when services can start. The exact date of the first appointment is not required. The date should be within 30 calendar days of the date the parent signs the IFSP unless the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family. It is not permitted to delay services while waiting for insurance authorization, except by parent request. The projected start date for a one-time service (e.g., an audiology evaluation) should reflect the anticipated date for delivery of that service. The IFSP is not valid or in effect until the parent signs the IFSP. The IFSP date would be listed as the projected start date only if (1) the family signs the IFSP on that date and (2) the service is anticipated to be delivered that same day.  
  
Please note that the 30-day timeline does not apply to delivery of an assistive technology device. The projected start date listed on the IFSP for an assistive technology device should reflect the anticipated date for delivery of that device.
  
- 9) **Projected End Date** – Enter date (month, day, and year) when the service can reasonably be expected to have met all IFSP outcomes, or a future IFSP review date. The projected end date for a one-time service would be the same as the projected start date.
  
- 10) **Actual End Date** - Enter the date the service, as written, was discontinued. This applies to discontinuation of the service, and it also applies to any **changes** in the service, such as a change in the frequency, length, method, or location. In the latter cases, the service as originally written on the IFSP has been discontinued. Accordingly, the date of the change (End Date) should be entered

here, and the “new” service (reflecting the changes made) should be added on the next empty line. Changes of this sort require an IFSP review and must be documented in Section IX – IFSP Review Record. For example, if the service on the IFSP is listed as physical therapy, 2 times per month, 1 hour per session, coaching with hands-on as appropriate, on an individual basis at home, then the actual end date for that service, as written, means the actual end date for physical therapy provided at that frequency, length, intensity (individual/group), method, and location. Physical therapy may be continuing but the frequency has been changed to once a month – the previous physical therapy service, as written, has ended and the new physical therapy service has begun.

When an annual IFSP is developed, the actual end dates must be completed for each service on the previous IFSP (the IFSP that ends when the annual IFSP is developed). To do this, write “continuing” in the actual end date column for those services that will continue, as written, on the annual IFSP. Fill in the actual last date of service for any services that will not continue, as written, on the annual IFSP.

An end date should not be recorded by the sending local system for services in Section V of the IFSP simply because the child is moving to another local system in Virginia.

**Justification of why early intervention outcomes cannot be achieved satisfactorily in natural settings and a plan with timelines and supports necessary to return early intervention services to natural settings** – If any service will be provided outside of a natural setting, explain here why IFSP outcomes cannot be achieved by receiving services in a natural setting within the context of the daily activities and routines of the child and family. The justification must document the IFSP team’s decision that the child’s IFSP outcome(s) could not be met in a natural setting even with supplementary support (e.g., adaptations or modifications to activities or environments; use of assistive technology). The justification must include ways that services provided in specialized settings will be generalized into the child’s daily activities and routines and a plan with steps, timelines and supports necessary to return early intervention services to natural settings within the child’s and family’s daily activities and routines. The need for services to continue outside of natural settings must be monitored carefully, and IFSP reviews should be held more frequently to determine whether the child’s IFSP outcomes can now be met within natural settings. Therapist or parent preferences are not acceptable justifications. (If services are not provided in natural settings within the context of the daily activities and routines of the child and family because of family preference, then the services are not Part C early intervention services and cannot be paid for with any federal, state or local early intervention funds).

**Reason for later projected start date (if services are planned to start more than 30 calendar days after the family signs the IFSP)** – For each service that is planned to start more than 30 calendar days after the family signs the IFSP, list here the service and indicate whether the reason is family scheduling preference, team planned a later start date to meet child and family needs, or other. If the reason is that the team planned a later start date to meet child and family needs, then explain here or in a contact note how the delay in the start of services meets child and family

needs. If the reason is “other,” then this other reason must be fully documented/explained in the contact notes.

IFSP services may start more than 30 calendar days after the family signs the IFSP and still be considered “timely” if the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family. It is also acceptable to plan a later start date due to family scheduling preference.

Provider unavailability is not a reason for planning a later start date, since it is not known for certain at the time of IFSP development that there will be no provider available. There are circumstances when the IFSP team anticipates a delay in the start of services due to a provider issue. For instance, if audiology is listed as an entitled service and the team knows it usually takes 6 weeks to get an appointment, then the projected start date should be realistic and reflect that fact. The reason for the later projected start date would be “other,” and the local system will work to get an earlier appointment either through a cancellation or by seeking the services of another audiologist, if possible. The contact notes will document the attempts to get an earlier appointment. Similarly, if the team anticipates a delay in the start of physical therapy because of a provider shortage, then the projected start date will reflect that fact, the reason given will be “other,” and contact notes will detail the circumstances as well as efforts to start the service as soon as possible.

Local systems are not permitted to delay the start of supports and services while waiting for insurance authorization, except by parent request. In order for this to be considered an acceptable reason for the delay in starting a service(s), there must be documentation that contact has been ongoing with the insurance company and that the local early intervention system has been working with the company to determine if there will be coverage for early intervention services AND that the parent chose not to begin services until insurance issues were resolved. Otherwise, Part C funds must be used to avoid a delay in the start of services.

<p>If a service has a projected start date on the IFSP that is within the 30-day time frame, but the actual start date is delayed beyond the 30 days, then the reasons for that delay are documented in the contact notes rather than on the IFSP. The contact notes also provide documentation of the actual start date of each service. Compliance with the requirement for timely start of services is based on the actual start date in relation to the date the family signed the IFSP.</p>
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**SECTION VI. Other Services** (*services needed, but not entitled under Part C – include medical services such as well baby checks, follow up with specialists for medical purposes, etc.*) – List all medical and any other ongoing services a child and/or family may need but are neither required nor covered under Part C, e.g., follow-up by a medical specialist for a chronic health condition, orthopedic visits, etc. For each service, list the name of the provider of the service and the location at which the service is typically rendered. If those services are not yet being provided, describe the steps the service coordinator or family may take to assist the child and family in securing those services.

**Entitled vs. Other:**

- Any medical services for diagnostic or assessment purposes that the IFSP team identifies as necessary to determine the child’s developmental status are considered entitled services and should be listed in the entitled services section.
- Services parents secure on their own outside of the Infant & Toddler Connection system (because they want more frequent services or a specific location, for example) should be listed as Other Services.

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**SECTION VII: Transition Planning**

The activities on this page are intended to help service coordinators plan individual child/family transitions in compliance with Part C requirements. Generally, the information in the top 2 boxes will be shared with families during the initial IFSP meeting. All blanks within this page (except “other steps/activities”) must be completed by the time the child transitions. If the child will receive no further services upon leaving early intervention, then non-applicable activities (e.g., sending child-specific information to the next setting) should be marked “N/A.” Transition planning must be individualized for each child and family and take into account the family’s priorities and preferences.

- 1) **The following information about transition is discussed beginning at the initial IFSP** – This box provides an outline of the general information about transition that must be shared with families beginning at the initial IFSP meeting. Enter the date this information was fully shared with the family and the initials of the service coordinator. It is acknowledged that this information may be discussed with the family on more than one occasion, but it is only necessary to document the date on which the information was first reviewed completely with the family.
- 2) **Important Dates for Transition Planning** – This information assists the service coordinator and family in knowing some of the important dates for transition planning with this specific child and family.
  - **Target date for notification and referral to determine eligibility for early childhood special education services** – This date must always be at least 90 days before the anticipated date of transition. Generally, local systems will enter April 1 of the year that the child will

be 2 by September 30<sup>th</sup>. This date provides the target date for notification and referral to the local school division in order for the child to begin receiving early childhood special education services on the first day of school. Some local systems may work with local school divisions that allow admission of 2-year-olds throughout the school year (rolling admissions) or have other agreed upon timelines for referral. In that case, enter the target date here accordingly.

- **Date of child's third birthday** – Enter the date of the child's third birthday and discuss with the family the eligibility and age requirements for early intervention so they understand their child will not be eligible for Part C early intervention services on or after the child's third birthday.

Both target dates (for transition at age 2 and at age 3) must be completed.

- 3) **Transition Plan** – The transition plan is required for all children exiting the early intervention system and must be developed at least 90 days and, at the discretion of all parties, up to 9 months before the anticipated date of transition. The meeting to develop the transition plan must meet the requirements of an IFSP meeting. If the transition plan is not developed in conjunction with the initial or an annual IFSP, then an IFSP review must be held to develop the transition plan. Once the transition plan has been developed, an IFSP review is not needed in order to make changes. The family and service coordinator may update or make changes to the transition plan and then share the updated information with other team members at the time of the next IFSP review or annual IFSP.

The transition plan includes a wide range of steps and activities reflecting the variety of possible transition destinations. The transition steps and activities that will be completed for an individual child and family will depend on that family's specific transition plans and preferences. The steps and activities may be completed in whatever order is most appropriate for each child and family.

The transition pages also are appropriate for use when a child is moving out of the local Infant & Toddler Connection system's jurisdiction, either to another local system in Virginia or out of state. If much of the transition page has already been completed based on an expected transition other than the move, then the service coordinator and family may use a new set of transition pages to record the new transition destination and the steps and activities associated with the move. This new set of transition pages must then be attached to the IFSP.

**All blanks within the table (except "other steps/activities") must be completed by the time the child transitions.** If the child will receive no further services upon leaving early intervention, then non-applicable activities (e.g., sending child-specific information to the next setting) should be marked "N/A." If the family chooses not to complete an activity (e.g., 1b. Arrange visits to

programs as desired by the family), then note that in the blank. Please note the following instructions related to specific steps/activities:

1. **Community Options** – This step may be applicable for any child and family.
2. **Notification and Referral to the Local School Division and Virginia Department of Education** - This step applies to all children who are potentially eligible for Part B services. Children receiving early intervention services are considered “potentially eligible” for Part B unless there is a clear expectation that they will no longer require services by the time they reach age 3. For children who are potentially eligible for Part B, the local early intervention system is required to send the child’s name, date of birth, and parent contact information to the local school division and the Virginia Department of Education at least 90 days before the anticipated date of transition, unless the parent initials the line in 2a indicating they do not want this information transmitted. All families are informed about the general timeline for notification and referral when the initial IFSP is developed. The dates for notifying parents of the details regarding notification and referral to the local school division and their option and deadline to opt out are individualized for each child based the family’s transition plans and timing. However, to ensure families have sufficient notice and information, the parent must be notified in writing on the IFSP transition plan about the notification and referral at least 100 days before the anticipated date of transition (10 days before the 90-day timeline) and given at least 5 days to opt out of the notification before it is sent. Document any circumstances that result in these timelines not being met.
  - o Step 2a - Enter the earliest date by which the child’s name, date of birth and parent contact information (parents’ names, address and phone number) will be sent to the local school division and the Virginia Department of Education and enter the name of the local school division. In Virginia, children are age eligible for Part B services at the start of the school year in which the child is 2 by September 30. In keeping with the timelines for notification specified in the interagency agreement between DBHDS and the Virginia Department of Education, the date entered in the notification section of the Transition Plan must ensure the information will be sent no later than the April 1 prior to the start of the school year in which the child turns 2 by September 30. If the parent opts out of notification at that time, they may use the “I have changed my mind...” line to allow notification and referral at a later time, as their child approaches age 3. If the initial IFSP is being developed after April 1 of the year the child would be age-eligible to start Part B services in September, the date recorded in Step 2a should reflect that the notification and referral will occur immediately. The date may be a week or two in the future (from when the IFSP form is being completed) to allow time for the family to review and sign the IFSP and for the local system to send the notification and referral.
  - o Step 2b - When/if the notification and referral are actually sent, enter the dates here to indicate when the notification and referral

were sent to the local school division and submitted to the Virginia Department of Education.

- Step 2c – If the parent consents to release child-specific information needed by the local school division to ensure continuity of services (i.e., most recent IFSP, assessment reports, eligibility determination information), then enter the date consent was obtained and the date the information was sent to the local school division.

What happens if the family changes their mind about the notification and referral?

- If the family initials the line indicating they do not want this information sent to the local school division and Virginia Department of Education but later changes their mind, then the service coordinator can either:
  - Have the parent initial on the second line in Step 2a in Section VII of the IFSP indicating “I have changed my mind and agree to have this information sent to the local school division.”

-OR-
  - The service coordinator documents the family’s decision in a contact note.

-OR-
  - The family signs a release of information to send child-specific transition information to the local school division (e.g., copies of the most recent IFSP, assessment reports, etc.). Signing such a release indicates the family has agreed to notification and referral.

If either the second or third option is used, then discuss this during the next IFSP review meeting, note in Section IX of the IFSP (IFSP Review Record) that the family has decided to allow transmission of this information to the local school division and Virginia Department of Education. The family’s signature in the Parental Consent box in Section IX documents their agreement with this decision. The service coordinator must then note in Step 2a in Section VII of the IFSP that the family changed their mind, as indicated on the IFSP Review Record dated \_\_\_\_\_.
- If the family initially leaves the space blank (indicating that they agree to have the information sent), then later decides (prior to it being sent) that they do not want their information sent, they must initial the sentence indicating that they do not want the information sent and include the date they initialed this. It is also acceptable to discuss this during an IFSP Review, document in Section IX of the IFSP that the family is opting out of notification and referral. The family’s signature in the Parental Consent box in Section IX documents their agreement with this decision. The service coordinator must then note in Step 2a in Section VII of the IFSP that the family opted out, as indicated on the IFSP Review Record dated \_\_\_\_\_.

3. **Support to Enroll in Other Programs** – This step is applicable to any child whose parents are interested in enrolling their child in a community program other than the local school system. Complete the information in Steps 3a – 3c as appropriate.
4. **Transition Planning Conference** – This step applies to all children who are potentially eligible for Part B.
  - Step 4a – Enter the date *Parental Prior Notice* was provided. This step should occur close to the time that a transition conference would be scheduled, when the family has a better idea about the kinds of transition options that might be appropriate for their child and can make an informed decision about whether to proceed with a transition conference.
  - Step 4b – Indicate whether the parent approves or does not approve holding the transition conference. Verbal approval from the family for the transition conference is sufficient. Document the family’s approval/disapproval in a contact note and by checking the appropriate box here in Step 4b on the IFSP.
  - Step 4c - Record the date that the transition conference actually occurs.

A transition conference is encouraged, but not required, for children who are not potentially eligible for Part B. If a conference is held for a child who is not potentially eligible for Part B, that information may be recorded here, in Step 4, or in Step 1c, 3c or 5b.

5. **Transition Services** – This step may be applicable to any child and family and should reflect what the local Infant & Toddler Connection system will do to assist the child and family prepare for the transition. This may include steps to help the child become more familiar with the new program/setting and/or learn new skills needed to adjust to the new program/setting (e.g., working on specific IFSP outcomes that will help the child adjust to the new setting like climbing stairs, communicating wants and needs, or social skills). For a child who spends most of his/her time at home, the IFSP team may need to consider expanding the location of services to assist the child in adjusting to a group setting, riding the bus, etc. This may also include steps to assist the family in determining and completing other activities that are needed before the child can move into the new program/setting (e.g., enrollment forms, immunizations, transportation issues, etc.). For children who are not entering a new program/setting, transition services may include providing the family with information and resources to continue monitoring and supporting their child’s development, providing links to community resources they may find helpful in the future, or other supports and services.
6. **Exiting Early Intervention** – This step applies to all children and families.
  - Step 6a - If circumstances required that the Parental Prior Notice form be sent to the family and the form was not returned, then 6a should be marked “No,” and documentation must be available in the child’s record indicating when the form was sent and any follow-up that occurred to obtain a signature.

- Step 6b – Enter the date of discharge/closure, which must be the day before the child’s third birthday at the latest. Services can be provided on the date of discharge/closure.
- **Target Date** – Enter the date (month/day/year) by which the step is expected to be completed. It is not necessary to enter target dates for each individual activity.
- **Date Completed** - Enter the date (month/day/year) the corresponding step was actually completed.
- **Initials Person Completing** – Enter the initials of the person who completed the step.

**Question:** Given the level of detail in Section VII of the IFSP, what needs to go in contact notes related to transition?

**Answer:** Contact notes should be used to document the following:

- The fact that discussion with the family about transition occurred and that information is documented in Section VII of the IFSP;
- The fact that the service coordinator worked on a transition activity on behalf of the family;
- Communication and planning related to the transition conference (including cancelled meetings with reasons); and
- Any additional information related to transition that is not documented in Section VII of the IFSP.

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## **SECTION VIII: IFSP Agreement**

- 1) **Parental Consent for Provision of Early Intervention Services** – This is a statement of agreement with and informed consent for the services as specified in the IFSP. The *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* must be given to the parent(s) and the rights and payment policies explained prior to asking them to sign the IFSP. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.

If the parent expresses disagreement with any portion of this statement, the service coordinator should determine the source of the disagreement and attempt to resolve it with the parent(s). If the parent(s) decide to opt out of one or more services or to opt out of early intervention, they must be provided

with and sign the *Declining Early Intervention Services* form and their rights must be explained to them.

- 2) **Parent (s)/Legal Guardian Signature and Date-** Parents sign to affirm their agreement with the consent statement above. Check the appropriate box to indicate whether the signer is the child's Parent, Legal Guardian, or Surrogate Parent. The date must be entered with the parent signature since the date of parent signature is the date the parent has consented to services listed on the IFSP and begins the 30-day timeline for the timely start of services.
- 3) **Other IFSP Participants** - Everyone else who participates in the development of the IFSP, in addition to the parent(s), (including anyone accompanying the parents and knowledgeable authorized representatives of anyone directly involved with the eligibility determination and/or assessment for service planning) must sign here and write the full date of signature (month, day, year). Providers must also list their credentials and check the box that indicates their discipline.
- 4) **The following individuals participated electronically or in writing** - The names of others who participated in the development of the IFSP via phone, internet conferencing, submission of written reports, etc., but were not physically present at the meeting must be entered here. List the specific manner in which each individual participated.
- 5) **Translator/Interpreter (if used)** - List the name and contact number of any individual(s) who either interpreted any portion of the IFSP development process for the family/child, or who was responsible for translating the IFSP into the family's native language.
- 6) **Related documents** – List any related documents that were used to develop the IFSP (for example, medical specialist's evaluation of an aspect of the child's health that is relevant to his developmental progress). These documents, while not part of the IFSP itself, must be included in the child's early intervention record.
- 7) **Copies to** – List here all individuals who will receive a copy of the IFSP. If the IFSP is to be sent to a provider or agency other than those within the Infant & Toddler Connection of Virginia who are or will be involved in providing early intervention services to this child and family, the parent must sign a separate release of information form. If information is attached to the IFSP that was received from other sources it must be made clear to the family that their consent to release the IFSP includes the release of the attached report.
- 8) **Physician certification** – This section may be used to document, by physician (or physician assistant or nurse practitioner) signature, medical necessity for services if the child is covered by Medicaid/FAMIS, TRICARE or private health insurance and will receive services that can be reimbursed under that insurance plan. This also serves as the physician order for the medically necessary services listed on the IFSP. A physician's signature, or

that of a physician assistant or nurse practitioner, and date of signature may be obtained on a separate letter referencing the IFSP that is sent with the

IFSP or on the *IFSP Summary Letter* instead of in Section VIII of the IFSP. Physician certification is not needed if there is no third party payor source (Medicaid/FAMIS, TRICARE or private health insurance), nor is it needed in order to receive Medicaid reimbursement for assessments. Please see the text box in the “Completing the IFSP Form” section of this chapter for specific requirements associated with the physician signature.

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## **SECTION IX: IFSP Review Record**

This page is intended to provide documentation for the IFSP reviews that must be conducted every six months or more frequently as requested by the parent or other team members. The services page and the transition page often require updating during a review. Additions to the IFSP (updates) must be dated and signed. Section IX of the IFSP documents the parent’s consent for any changes to the IFSP made at the time of review.

### Review Required?

**Yes:** An IFSP Review must occur whenever a change to the IFSP outcomes, short-term goals or service provision (frequency, length, intensity (group/individual), method, natural environments/location) specified in the IFSP is being considered.

**Yes:** An IFSP Review must occur to develop the Transition Plan and for the Transition Planning Conference unless that plan is developed or the conference is held during the initial or an annual IFSP meeting.

**No:** An IFSP Review is not required to add or change learning opportunities and activities or modalities or to add/document specific transition activities after the Transition Plan has been developed. The above additions should be written right on the form and must be initialed and dated. Changes to contact information for the family and/or change in the service coordinator do not require an IFSP review and should be documented on the IFSP as the changes occur.

**No:** An IFSP Review is not required if a short-term goal is not met by the target date. However, it may be appropriate to hold an IFSP review to discuss progress and whether there is a need to change the short-term goal. Otherwise, if the short-term goal is continuing, the team will revise the target date at the next IFSP review. An IFSP review is not needed when a short-term goal is met unless that progress means there is a need to add a new short-term goal(s) or IFSP outcome or change a service.

**No:** A review is not required when the frequency, length, etc. change if the changes were planned and documented on the IFSP during a prior IFSP meeting (e.g., the team planned and wrote on the IFSP that developmental services would be provided once a week for 3 weeks then change to once every other week).

**No:** A review is not required to change the service provider for an entitled early intervention service. If the change is to another provider within the same provider agency selected by the family, then a contact note must document that the family was informed of the change and of their options for informing the service coordinator if a change from the new provider is desired. The new provider should be added to the Addendum page but a parent signature is not needed. If a change in provider is necessary or requested by the family and no other provider from the same provider agency is available, then documentation of parent choice of a new provider agency is required on the Addendum page (i.e., the new provider must be added and parent signature is required).

**No:** Section IX of the IFSP does not need to be completed in order to “Close out” an IFSP prior to developing the annual IFSP.

**Other Requirements Associated with IFSP Reviews:**

- *Parental Prior Notice and Confirmation of IFSP Meeting Schedule* procedural safeguard forms must be used prior to an IFSP review. These forms may be mailed ahead of the meeting if necessary (e.g., if the meeting will not be face-to-face and the service coordinator will not see the family before the meeting).
- At a minimum, the review must include the parent(s) and any other friend or family member(s) requested by the parent, the service coordinator, and any direct service provider(s) as appropriate.
- This does not have to be a face-to-face meeting. Any means of reviewing the IFSP that is acceptable to the parents and other participants is permissible, as long as all participants have the opportunity to provide input.
- If the IFSP review is held by means other than a face-to-face meeting, then the contact notes must document the date of the IFSP review. Even though the parent's signature may not be obtained on that date, it is the date the review is held that must be within 6 months of the date the initial or annual IFSP was developed. Contact notes then document efforts to obtain the parent's signature, which is required before any changes to the IFSP may be implemented.
- Any new services added at an IFSP review must begin within 30 days of the date the family signs the IFSP Review page unless the team planned a later start date to meet child and family needs.

- 1) **Purpose of Review** – Check the appropriate box to indicate if the review is being held as the required 6-month review of the IFSP or has been specifically requested by the parent or another member of the team.

**Question:** If a service coordinator does a review at 3 months after the IFSP is signed and then again 6 months later (at the 9 month point following the IFSP), does the service coordinator check the 6 month review box at the top of the IFSP review form at the 3 month review or the 9 month review – or both – or never and just checks the “Upon request by \_\_\_\_\_” box for both reviews?

**Answer:** If the IFSP review is being held because it has been about 6 months since the IFSP was developed or reviewed, then check the “6 month review box” in Section IX of the IFSP form. If the review is being held because it was requested by the family or another team member and it is not near the 6-month mark, then check the “Upon request by \_\_\_\_” box. In the example given in the question, the review held at 3 months would be “Upon request by \_\_\_\_\_,” and the review held at 9 months would be marked “6 month review.”

2) **Review Date** – Date of the IFSP review meeting. If the IFSP review occurs by phone, then the date of the phone call to review the IFSP is the review date.

3) **Summary** – Provide an overview of what was discussed and decided at the review. This should include:

- Information from the family regarding their priorities and preferences; and
- Information from ongoing assessment, including progress toward IFSP outcomes and goals and the child's current functioning and progress (since the initial IFSP) in the areas of positive social relationships, acquiring new knowledge and skills and use of appropriate behaviors to meet needs.

Since information about the child's developmental progress and status is listed here, it is not necessary to complete a new Section II or Section III at an IFSP review. Include the manner in which the review was conducted and any other new information that might affect the IFSP. If there are changes made to the IFSP as a result of this review, include the rationale for the change(s) here.

4) **Changes** - Enter any changes that were made to the IFSP as a result of the meeting. This should consist of the current provision and what is changing about it, e.g., Physical Therapy is being changed from 1x/wk. to 1x/mo. If no change is recommended, write "none." Changes authorized here must be entered in the appropriate IFSP section(s), either Section IV - Outcomes, and/or Section V – Services Needed to Achieve Early Intervention Outcomes, by entering the end date for the old provision and writing in the new provision on the next open line/page. If a new IFSP outcome is added, the header should retain the original IFSP date and the date the outcome is added should be recorded by "Date Outcome Added." If a new short-term goal is added, include the date it was added when you write or enter the new short-term goal on the IFSP outcome page.

5) **Projected Start Date for Change** – Record the date the change is projected to begin. If the change is a change in a service, then the projected start date for change is the projected start date for the new service.

6) **Parental Consent** – The parent signs and dates to indicate his/her involvement in the decisions and his/her informed consent for the changes. Parent signature and date of parent signature are required even if no changes were made. A written copy of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* must be offered and explained to the parent(s).

7) **If services increased on this IFSP review and my child is covered by private insurance** – If the child is covered by private insurance and the parent has consented to use of that insurance to pay for early intervention services and services have increased (in frequency, length or duration, or gone from group to individual) on this IFSP, then the family must indicate here whether their private insurance can continue to be billed for covered

services. The family must check one of the two boxes, then sign and date where indicated.

If the family checks the second box, indicating that they no longer consent to use of their private insurance to pay for covered services, then a new *Family Cost Share Agreement* form must be completed and signed by the family showing that the family has declined use of their private insurance. If a new agreement form cannot be completed during the IFSP Review, then the checkbox and parent signature in this part of Section IX of the IFSP can be used for up to 30 days to allow the local system to update their billing information for this family and to stop billing the family's private insurance while the new *Family Cost Share Agreement* form is being completed and signed. If the family declines to continue using their private insurance to pay for early intervention services and the family has Medicaid/FAMIS, then complete the *Notification to the Department of Medical Assistance Services: Family Declining to Bill Private Insurance*.

If the family is not ready to make a decision about continued use of their private insurance to pay for early intervention services but signs the Parental Consent box in Section IX, then all services will continue/begin as planned at the IFSP Review. However, billing of private insurance must stop until the parent provides the required consent to continue billing their private insurance. Please see Chapter 11 for details.

- 8) **Other IFSP Participants** - Everyone else who participated in the IFSP review, in addition to the parent(s), (including anyone accompanying the parents and knowledgeable authorized representatives of anyone directly involved in assessment of the child) must sign here and write the full date of signature (month, day, year). Providers must also list their credentials and check the box that indicates their discipline.
- 9) **The following individuals participated electronically or in writing** - The names of others who participated in the IFSP review via phone, internet conferencing, submission of written reports, etc., but were not physically present at the meeting must be entered here. List the specific manner in which each individual participated.
- 10) **Physician certification** – This section may be used to document, by physician (or physician assistant or nurse practitioner) signature, medical necessity for services if the child is covered by Medicaid/FAMIS, TRICARE or private health insurance and will receive services that can be reimbursed under that insurance plan. This also serves as the physician order for the medically necessary services listed on the IFSP. A physician's signature, or that of a physician assistant or nurse practitioner, and date of signature may be obtained on a separate letter referencing the IFSP that is sent with the IFSP or on the *IFSP Summary Letter* instead of in Section IX of the IFSP. Physician certification is not needed if there is no third party payor source (Medicaid/FAMIS, TRICARE or private health insurance), nor is it needed in order to receive Medicaid reimbursement for assessments. Please see the text box in the "Completing the IFSP Form" section of this chapter for other specific requirements associated with the physician signature.

Physician Signature Needed at IFSP Review...

- If the projected end date has been reached and the service will continue? **Yes**
- If a new service (other than assessment, for children with Medicaid), is added? **Yes**
- If there is a change (increase or decrease) in frequency or length of an existing service? **Yes**
- If a service ends? **No**
- If the child is discharged from early intervention? **No**
- If services stay the same but an IFSP outcome(s) and/or short term goal(s) changes? **No**
- If the only entitled early intervention service listed on the IFSP is service coordination? **No**

Duplicate the page as necessary.

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**ADDENDUM:**

Use this addendum page to document the provider for each entitled service listed in Section V. Generally, the providers are not known at the time of the IFSP meeting so this page may be completed after the IFSP is signed.

- 1) **Entitled Service** – List the entitled services from Section V of the IFSP, ensuring that each service is listed next to the same number on the Addendum as it is in Section V. This connects the service provider listed in the Addendum with the service details in Section V.
- 2) **Service Provider** – List the service provider's name (e.g., Jane Doe), agency, address and phone number on the top row next to the service. There are 3 rows available for each service in case there is a change in service provider. The provider for an assistive technology device may be listed as N/A.
- 3) **Current?** – If there is a change in service provider or the service as listed with the corresponding number in Section V of the IFSP has ended, check the N in this column next to the exiting service provider indicating that this provider is not a current provider. If the service is continuing but there has been a change of provider, then add the name of the new provider on the next row for that same service. Please note the following:
  - An IFSP review is not required in order to change the service provider as long as the service, as listed in Section V of the IFSP, remains the same.
  - If any aspect of the service changes (e.g., the frequency or the length), then the service as listed on the IFSP has ended and a new service has started (see #10 in the instructions for completing Section V). The new service is listed on a new line in Section V of the IFSP, and that same service must then be listed on the corresponding line of the addendum.

- Changing from one provider to another within the same provider agency does not require a new signature on the addendum. However, if a change in provider is needed and no provider is available from within the agency already selected by the family or if the family is requesting a change in provider agency, then the family must be offered a choice of provider agency and must sign the addendum form.
  - If there will be a change of provider for a planned segment of time (e.g., summer, maternity leave), then this must be noted in the addendum. The family would need to sign to indicate that they have been provided a choice only if there will be a change in provider agency for this planned segment of time. If different therapists will fill in for individual sessions (e.g., therapist sick, make up sessions, etc.), then that substitution should just be noted in the contact notes and no change is needed on the addendum page.
- 4) **Parent Signature** – The parent signs and dates this page to indicate that he/she was given the opportunity to choose from among available provider agencies that work in their local system area and who are in their payor network. All parents must be given this opportunity. In the box called “For Service(s) #” indicate the number (from the list of services on the addendum page) of the service or services to which the signature applies. More information about parent choice of provider is available in the “Selecting Service Providers” section of this chapter.

Some local Infant & Toddler Connection systems are not allowed to remove original documents from the child’s early intervention record once the document has been filed there. If this is the case, it is acceptable to use a new Addendum page to document the service provider and parent choice when a new service is added or when the provider agency changes.

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## **ANNUAL IFSP**

(Must be completed within 365 days)

Listed below are section-by-section considerations for the annual IFSP.

### Other Requirements Associated with Annual IFSPs:

- *Parental Prior Notice and Confirmation of IFSP Meeting Schedule* procedural safeguard forms must be used prior to the annual IFSP meeting.
- Prior to developing the annual IFSP, the child's continuing eligibility must be confirmed. This may occur prior to or during the IFSP meeting. The requirements for confirmation of the child's eligibility are specified in the "Annual IFSP" section of Chapter 8.
- At a minimum, the annual IFSP meeting must include the parent(s) and any other friend or family member(s) requested by the parent, the service coordinator, anyone involved in new or ongoing assessment, and any direct service provider(s) as appropriate.
- This must be a face-to-face meeting.
- Any new services added at the annual IFSP must begin within 30 days of the date the family signs the IFSP unless the team planned a later start date to meet child and family needs.

### Section I

- Fill in the date of the annual IFSP
- Place a check beside "Annual" and note whether this is annual IFSP #1 or #2 (e.g., the annual IFSP done one year after the initial IFSP is annual #1).
- Fill in the date that the six month review is due (after the annual)
- Fill in the dates reviews are completed as they occur

### Section II

- Include any updated medical and health status information in the Referral section. While it may be helpful to succinctly re-state the reason for referral, the Referral section of the annual IFSP should not repeat all of the information that was on the initial IFSP (e.g., no need to repeat the birth history).
- Otherwise, complete Section II in the same way as for the initial IFSP. The means of gathering the information may be different since much of it may be gathered through ongoing assessment and conversations during intervention sessions and service coordinator visits or calls. The providers who are serving the child are expected to be able to describe the child's functioning in each of the child outcome areas since ongoing assessment is a routine part of intervention. Re-assessment to determine the child's functioning in the child outcome areas at the time of the annual IFSP would only be completed if specifically needed because of individual circumstances such as the child has recently had major surgery that significantly impacted his/her developmental status or the child receives services infrequently and no provider has had the opportunity for ongoing assessment for a long period of time.
- In addition to describing the child's current functioning in the areas of positive social relationships, acquiring new knowledge and skills and use of appropriate

behaviors to meet needs, include information for each child outcome area about the child's progress since the initial IFSP. This progress information is important in supporting the yes/no response to the progress question (Has the child shown any new skills since the entry assessment?) that must be recorded in ITOTS and gives the family a picture of progress over time.

### **Section III**

- Use of the Virginia Part C Vision and Hearing Screening tools are not required for the annual IFSP. Providers should be alert to any signs that the child may be experiencing difficulty with hearing or vision, as such issues can arise at any age. In such cases, administration of the Hearing or Vision Screening tool would be appropriate. If the child had no problems with vision or hearing when initially screened and does not show any indication of problems at the time of the annual IFSP, it is acceptable to record the status as "no problems noted." The status may also include examples of hearing and vision behaviors noted or updated eye or ear-specific status, if available.
- Providers who completed ongoing assessment should sign in this section since they provided the information that is incorporated into Sections II and III. The parent should also sign.
- If an assessment tool was completed as an age anchor for the child outcomes based on ongoing assessment and the provider does not feel comfortable marking the instrument as an assessment tool in Section III because it was not implemented according to its protocol, then mark "Other" and specify "used \_\_\_\_ {tool name} as age anchor."
- Complete the remainder of the page, including developmental levels in all areas of development, as done for the initial IFSP.
- The providers who are serving the child are expected to be able to make a statement concerning the child's present level of development in each of the developmental areas since ongoing assessment is a routine part of intervention. Re-assessment to determine the child's level of development at the time of the annual IFSP would only be completed if specifically needed in order to complete the annual determination of eligibility.

### **Section IV**

- Begin numbering IFSP outcomes with number one (for the service coordination outcome) even if you will be re-writing an ongoing IFSP outcome.
- Fill in the target date for the IFSP outcomes and the short-term goals. The "date met, changed or ended" will be filled in during future IFSP reviews if/when changes are made to that IFSP outcome.

### **Section V**

- The only difference for page 6 from the initial IFSP is that some services may already be in progress. These should be listed with "continuing" recorded as the "projected start date."

### **Section VI**

- Complete Section VI as you did for the initial IFSP.

### **Section VII**

- The transition pages from the child's initial IFSP are to follow the child through subsequent IFSPs so that each IFSP includes a complete picture of the transition process. Therefore, the transition pages from the initial IFSP can be either electronically copied into or photocopied and inserted into the annual IFSP. Likewise, the transition pages from the first annual IFSP will be copied and used in the second annual IFSP. The IFSP team will continue adding information on the original transition pages throughout the child's enrollment in early intervention. The date of the most current IFSP must be entered at the top of the transition page as it is used in subsequent IFSPs (e.g., the date of the annual IFSP is entered at the top so it is clear that this transition page goes with this annual IFSP).
  - When completing the IFSP electronically, enter the date of the annual IFSP as the IFSP date at the top of Section VII.
  - When completing the IFSP by hand, please add the new IFSP date on the second line under IFSP Date at the top of the page without striking through the previous IFSP date (so it does not appear to be an error).

### **Section VIII**

- Complete Section VIII as you did for the initial IFSP.

### **Section IX**

- Section IX remains the same as described in the instructions for completion of the initial IFSP.

### **Addendum**

- Complete the Addendum as you did for the initial IFSP.

## ATTACHMENT A:

### Instructions for Using Word Processing to Customize and to Complete the IFSP Form

#### Making permanent changes to the IFSP form

The IFSP form may be customized with permanent changes for local use **only** in the ways described in the first point under General Information on the first page of these IFSP instructions.

#### **Handwritten version of the IFSP**

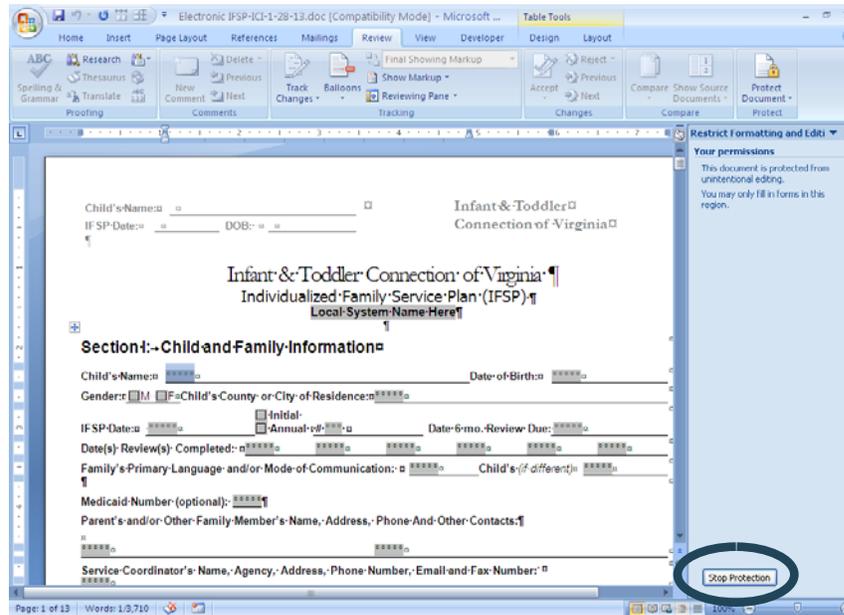
This version of the IFSP is not protected. To make permanent changes, click on the shaded box and type in the applicable information. When entering the local system name, you will need to first delete the words “Local System Name Here.” Save the document to make these changes permanent, and then print it out for individual completion.

#### **Electronic version of the IFSP:**

When you first open the IFSP form on a word processor, a message may appear asking whether to enable macros. Click yes or *OK*.

**To make permanent changes**, you must first **unprotect** the form. To do this in MS Versions 2003 or higher:

- Click on the Review tab in the ribbon
- Click on *Protect Document*



- At the bottom right of your screen you will see a button that reads “Stop Protection.”
- Click this button and make the initial edits to the IFSP to customize it for your system.
- You will need to do this again for each child when you enter the child’s name and associated dates into the header. You will need to only enter this once for the information to be carried over to each page.

If you will be entering information in a box where you will not need to enter additional information when completing the form for an individual child (e.g., Local System Name), then click on the shaded box, hit *delete*, and then type in the applicable information.

**After you make changes, be sure to protect the document again. If you don't, attempting to type new information will alter the document's format.**

**To protect the document:**

1. Click on the Review tab in the ribbon
2. Click on *Protect Document*



3. Check to see that the editing restrictions are for filling in forms. Click on “Yes, Start Enforcing Protection”.
4. The next window will give you an option to password protect. If you enter a *password*, no one will be able to unprotect the document for further permanent changes unless they know that password. If you do not wish to use a password, leave the space blank and click *OK*.



#### Using Word Processing to complete the form

- When filling in the form electronically for an individual child, you must **save the completed IFSP under a different name such as the child's name and date.** This will create a new file and will maintain the blank form. Alternatively, you can save the "original" IFSP form as a template. You will need to name the document when you complete it for an individual child.
- Once protected you will only be able to type in the shaded text boxes. It is advisable to use your tab key to move forward from text box to text box (use shift + tab to move backwards). Your space bar will select and de-select the check boxes on the form.

#### For local systems that complete the Team Assessment sections in a separate Word document and then paste into the IFSP form

- If pasting the text into the IFSP form results in a page break after the word "Narrative," you can take the following steps to delete the page break:
    - Position the cursor in the first paragraph of the text you pasted in
    - Go to the menu bar at the top of the screen and select *Format*
    - Select *Paragraph*
    - Select the tab that reads *Line and Page Breaks*
    - Unselect the checkbox that reads *Keep with next*
    - Click *OK* and the paragraph will return to the correct page
  - Pasting the text in from another document sometimes results in unexpected formatting changes within the pasted text. To prevent this, you need to paste the text without formatting.
    - In order to paste the text, go to the menu bar at the top of the screen and select *Edit*
    - Select *Paste Special*
    - Select *Unformatted Text*
    - Click *OK*
-

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