

Chapter 8: IFSP Implementation and Review .....	1
Flow Chart for ‘No Shows’ for Service Visits .....	6
IFSP Reviews.....	11
Annual IFSP .....	17
Transition .....	26
Discharge and Determination of Child Progress at Exit .....	32
ITOTS Data Entry – IFSP Implementation and Review.....	35
Local Monitoring and Supervision Associated with IFSP Implementation and Review .....	36
Index .....	36

## Chapter 8: IFSP Implementation and Review

As children develop and grow and family priorities and concerns change over time, the IFSP changes to reflect new IFSP outcomes, supports and services. The service coordinator coordinates and monitors the delivery of IFSP supports and services. The IFSP is reviewed at least every 6 months or whenever a team member, including the family, identifies the possible need for a change. A new IFSP is written annually during the child’s enrollment in the Infant & Toddler Connection system. Transition planning and support also occur during this phase of the early intervention process.

### Service Delivery

#### General:

1. The early intervention supports and services listed on the IFSP must begin in a timely manner, within 30 calendar days of the date the parent(s) signs the IFSP. Early intervention supports and services may begin more than 30 calendar days after the parent(s) signs the IFSP 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.
  - a. The 30-day timeline applies to new services (i.e., those listed on the initial IFSP and any new services added at an IFSP review or annual IFSP). The 30-day timeline and the practices listed below also apply to assessments that are needed after the initial assessment for service planning and documented on the *Notice and Consent for Assessment for Service Planning* form rather than the IFSP. Those assessments must be completed within 30 days of the parent’s signature on the consent form.
  - b. The date of parent signature on the IFSP is day 1 of the 30 calendar days.
  - c. The 30-day timeline begins on the date the parent signs the IFSP regardless of the projected start date listed on the IFSP. In addition, the timely start of services is not related to the frequency with which the service will be provided (e.g., even if the planned frequency of the service is once every two months, that service must begin within 30 days of the date the parent signs the IFSP, unless the team has agreed to a later start date to meet child and family needs or the family prefers to schedule the first visit after 30 days).
  - d. A contact note is required to document the date a service actually begins.
  - e. The service coordinator’s signature on the IFSP is adequate to document that the date of parent signature on the IFSP was the start date for service coordination. Other entitled supports and services would begin

- on the date the parent signs the IFSP only if the service provider delivers an entitled service on that day that is separate from and after the IFSP meeting.
- f. The 30-day timeline does not apply to delivery of an assistive technology device. The child's early intervention record must include documentation of the steps taken from the date of the signed IFSP to secure the device as quickly as possible.
  - g. Early intervention supports and services must be provided only by qualified practitioners. Practitioners, except audiologists, registered dietitians and physicians, who provide early intervention 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 and certification.
2. Families are active participants in each early intervention session. Missed appointments and limited caregiver participation in early intervention sessions are cues that discussion is needed with the family to determine if/why the IFSP outcomes or supports and services are not meeting their needs and/or what barriers exist to keeping scheduled appointments or becoming involved in sessions. An IFSP review should be conducted to better align supports and services with family priorities and/or daily activities and routines in order that the early intervention system can be involved in their lives in a way that is helpful to them and that facilitates the parent-provider partnership.
  3. In order to establish/maintain rapport and partnership with the family and to determine whether existing supports, services and strategies are working, the service coordinator and other service providers use the following kinds of questions/ideas to begin conversations with families and to guide their listening during visits and other contact with the family:
    - a. How have things been going?
    - b. Tell me about how things are going with breakfast, getting your family out of the house in the morning, etc.
    - c. Tell me about what you and your child did over the weekend.
    - d. Did you have any appointments for your child? Any coming up?
    - e. Tell me about any time of day that's not going well for you with your child.
    - f. In the past week, what time of day has been going well (with or without your child)?
    - g. Have you been able to implement the strategies you practiced at our last session?
    - h. Do you have enough activities to do with your child? Too much?
    - i. How did your child respond to the activities you did with him/her? What worked well? What did not work well?
    - j. Is there anything else I can help you with?
  4. Consider what information may be helpful to leave with the family to support them in implementing the activities practiced during the session. Leaving a copy of the contact note or providing pictures or video of particular strategies or positions are potential methods for providing this kind of information to families. Joint planning for implementation of strategies during daily routines between visits must be documented in a contact note, using either the optional state-developed *Early Intervention Activity Note*, which provides a section for noting these suggestions, or the local program's or agency's contact note form.

#### Service Coordinator Responsibilities:

1. Coordinate and monitor the delivery of those IFSP supports and services for which the family has given consent.
2. Explain to families who are receiving early intervention supports and services that they may receive an annual survey from the State requesting their input on the supports and services they are receiving. Explain that family responses to the survey are confidential and help to improve service delivery in the local area and across the state. Encourage the family to complete the survey when they receive it.
3. Ensure that the language or other mode of communication normally used by the child in the home or learning environment is used in all direct contact with the child, when appropriate and if feasible to do so. Instances in which it is not necessary to provide services in the native language include a multilingual home or learning environment, when the family requests that English be used with the child, or when the child's receptive or expressive language has not yet developed to indicate a clear spoken language preference. If it is appropriate to provide the service in the native language but the service provider is not able to use the native language and the parent is not able to interpret for the child, then
  - a. A foreign language interpreter must be present. A professional foreign language interpreter is not required. Another IFSP team member may be able to interpret or there may be an extended family member, neighbor, clergyman, or other family friend who would be willing and able to interpret (if the family agreed). The local Infant & Toddler Connection system may wish to collaborate with the local school system(s) or neighboring early intervention systems in finding foreign language interpreters.
  - b. When sign language interpreters are needed, these interpreters must meet professional licensure requirements. To locate qualified sign language interpreters, contact the Virginia Department for the Deaf and Hard of Hearing (1-800-552-7917) or access their website, [www.vddhh.org](http://www.vddhh.org), for a directory of qualified interpreters. If a licensed sign language interpreter is not available in the area served by the local system, then document efforts to locate a licensed sign language interpreter and use a family member, family friend or other informal resource to provide the needed interpreting.
4. If the child has Medicaid/FAMIS:
  - a. Make at least one direct contact with the 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 following requirements must be met in order to offer and use texting as the preferred method of contact:
    - The service coordinator may only offer texting as an option if she has the capability to receive and send texts.
    - Texting may only be used if the family selects texting as their preferred method of contact and signs the *Permission for Texting* form, which notifies the family that there may be some level of risk that the information in the text may be read by a third party. The *Permission for Texting* form must be kept in the child's Early Intervention Record.

- The communication that occurs via texting must constitute service coordination. Sending a text to the family to ask how things are going and getting a reply of “Fine” is not service coordination. That is true for contacts via email, phone, or in person as well. The job of service coordination does not change based on the preferred method of contact. For that reason, contact notes must substantiate that the communication between the service coordinator and the family is substantive and does constitute actual service coordination.
    - The service coordinator must either print out and attach a copy of the texts to the contact note or include in the note a thorough summary of the communication.
    - If, at any point, it becomes clear that texting is not a viable method of communication with a particular family, then the service coordinator needs to work with the family to identify a different method of contact.
  - b. Provide at least one of the allowable activities listed in the “EI TCM Allowable Activities” text box in Chapter 11 with the child, the family, service providers, or other organizations on behalf of the child/family in each month for which EI TCM billing occurs. The contact must be relevant to the child/family needs and IFSP. If the family’s preferred method of contact (face to face, phone, or email or text) for the family contacts that are required every three months changes, document the family’s new preference in a contact note. If the family’s new choice is texting, then obtain family signature on the Permission for Texting form.
  - c. Request completion of the health status indicator questions by the child’s physician every six months using 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/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.
- 5. Document all contacts made and all activities completed with or on behalf of the child and family in accordance with the requirements specified in Chapter 9.
- 6. Submit a contact log or contact notes to the local lead agency no later than the 21st of each month for the previous month for all services provided regardless of whether or not Part C funds are being requested.
  - a. Local lead agencies may decide to require all providers to submit only contact logs or only contact notes or may allow each provider the choice of submitting either the log or notes.

- b. When submitting a contact log, the log must include the type of service delivered (service coordination), date(s) of service delivery, amount of time service was provided on each date, and signature of the provider or an authorized individual from the provider's agency.
7. Ensure that no shows (sessions missed by the family without advanced notice) for services listed on the IFSP are handled in accordance with the procedures given in the flow chart that follows. There are four critical points that local system managers and service providers, including service coordinators, must be aware of when dealing with a no-show situation:
  - a. A no-show situation must be addressed promptly. This protects the child and family in their entitlement to receive supports and services in accordance with the IFSP. It also protects the local system and its available funding;
  - b. The service coordinator plays a very important role in addressing a no-show situation;
  - c. All steps in addressing the situation must be thoroughly documented; and
  - d. A child may only be discharged from the Infant & Toddler Connection system after all of the flow chart steps have been taken and there has been no contact from the family.

While implementation of the four points above is required, the timelines provided in the no-show flow chart may be viewed as guidelines. Any monitoring activities associated with the no-show policy will focus on ensuring that the child and family were discharged only under the circumstances listed in the fourth point above and will not focus on whether the exact timelines in the flow chart were met.

# Flow Chart for “No Shows” for Service Visits

## Provider Arrives for Scheduled Visit

### Service Provider Responsibilities

Service Provider (SP) informs Service Coordinator (SC) of each missed appointment **within 2 business days** after the missed appointment (even if SP was able to speak with family within the 2 business days and reschedule appointment)

Meanwhile

1. SPs who do not have standing appointments **do not go back out for visits** until the SC or SP is able to contact family.
2. SPs who do have standing appointments must go out for visits as designated on the IFSP

### Givens

**Documentation of attempts to contact and schedule appointment is critical:**

1. SP's notes reflect contact with SC
2. SC's notes reflect specific attempts to contact family & schedule appointment AND contact(s) with SP

### AND

**Any communication back from the family re-starts the timelines established within this document.**

### Definitions

**Contact** may include, but is not limited to any of the following:

- Telephone call, Home Visit, Fax, E-Mail, Text, Letter, Visit to Place of Employment, etc.

### Service Coordinator Responsibilities

SC makes initial attempt to contact family within **2 business days of notification by service provider** (if SP was unable to contact family).

Then

#### **Purpose of Contact**

1. Find out reasons for missed appointments
2. Determine need for IFSP review, and
3. Coordinate scheduling next visit for other service providers

Then

SC has **3 additional business days** to make an **additional two attempts** to contact the family. If 2 attempts are by phone & no voice message is left, the third attempt **MUST** be either by regular US mail or home visit.

Then

If there has been no response from family within **7 calendar days of the third attempt** to contact, then on the next business day the SC sends **a letter** and **Parental Prior Notice** (*certified letter recommended but not required*). Include **Notice of Action** if child has Medicaid/FAMIS.

#### **Content of letter**

1. Information letting the family know about missed appointment(s)
2. Attempts to contact
3. Services are still available
4. Can do IFSP review
5. Child will be discharged if no contact

**Parental Prior Notice** is sent to family with a copy in child's record.

#### **Top Section:**

- Check “Other” (Your child will be discharged on {date} unless you contact us )

#### **“Reason” Section:**

- **MUST** summarize all attempts to contact family.

If there has been no contact initiated by the family **within 10 calendar days of sending letter**, SC notifies SP, in writing, that status of the case is closed. If family re-establishes contact after child has been discharged, this is treated as new referral (see Chapter 3 of Practice Manual).

7. Complete the following steps if a child and family are lost to contact (without a no-show):
  - a. Contact the referral source, physician or other contacts to request additional or updated contact information;
  - b. If still unable to contact a family after requesting additional contact information or the family repeatedly fails to respond, document the dates of attempted contact in the child's record. Attempts to contact the family may be made by phone, mail, visiting the address provided, and/or other means based on the contact information available. It is recommended that no more than 15 – 20 calendar days pass during this process of attempting to contact the family;
  - c. Send a letter to the family notifying them of the attempts to contact them, the services that are still available to them, the opportunity for an IFSP review if an IFSP has been developed, the need for them to contact their service coordinator if they wish to continue receiving services and that, otherwise, their child will be discharged from early intervention. Include with the letter a *Parental Prior Notice* form completed as follows:
    - In the top section, check "Other" and specify that "Your child will be discharged on {date – 10 calendar days from the date the letter and form are being sent} unless you contact us prior to that date." Allowing 10 calendar days before discharge takes into account the time it takes for mailing and the 5 days required for prior notice; and
    - In the "Reason" section, indicate that you have been unable to contact the family since {date} and summarize all attempts to contact the family.

If the child is covered by Medicaid/FAMIS, the *Early Intervention Services – Notice of Action* letter also must be included.

- d. If no contact has been made by the family within 10 calendar days of sending the letter, then discharge the child.

The child may only be discharged from the Infant & Toddler Connection system after all of the above steps have been taken and there has been no contact from the family. If the family re-establishes contact with the local early intervention system after their child has been discharged, this is treated as a new referral (see Chapter 3 of the Practice Manual for steps to take in handling the new referral).

8. Offer to hold an IFSP review if a family indicates they wish to decline all services after having started services. Explain to the family that the purpose of the IFSP review meeting would be to:
  - a. Discuss the IFSP outcomes, supports and services and whether the family would like changes in the current supports and services instead of ending all services; and/or
  - b. Make a determination of child progress on the three child outcomes if the child has been receiving services for at least 6 months. If the family wants to end services immediately, ongoing assessment and progress information that has been gathered and documented through service delivery and previous IFSPs and IFSP reviews may be sufficient for to use in determining the child's exit status on the child outcomes. If, in this situation, existing information is insufficient, then that fact must be documented in a contact note. See the "Discharge and Determination of Child Progress at Exit" section later in this chapter for additional information on determining child outcome ratings at exit.
9. Follow-up on any child who no longer has Medicaid/FAMIS coverage by checking with the family to determine if they are in the process of re-applying or if the child no longer meets the Medicaid/FAMIS financial eligibility requirements.

- a. Approximately 20% of the Medicaid/FAMIS population loses their benefit for a variety of reasons, including failure to complete the re-application process. If the family is in the process of re-applying, then the service coordinator should:
  - Connect with the local Department of Social Services Office so the child's eligibility worker can assist the family with completion of the steps necessary to restore the benefit;
  - Contact the family weekly until the coverage is restored and notify the local system manager when the benefits are restored; and
  - Obtain information about the status of the application from the child's eligibility worker (DSS), if needed.
- b. If the child is no longer financially eligible, the service coordinator must update the *Family Cost Share Agreement* form with the family, and the Medicaid/FAMIS information must be deleted in ITOTS. If Medicaid/FAMIS coverage is later restored, Medicaid/FAMIS must be selected in ITOTS and the 12 digit number re-entered.

Responsibilities of Other Early Intervention Service Providers:

1. Schedule the initial service session within 30 days of the date the family signs the IFSP and assessments within 30 days of the date the family signs the *Notice and Consent for Assessment for Service Planning* (if that form is used instead of the IFSP) unless the team has planned a later start date to meet child and family needs. Document in contact notes all attempts to schedule and deliver services, being especially careful to specify all circumstances resulting in a delay in holding the first visit with the child and family.
2. For children covered by Medicaid, follow-up with the service coordinator to ensure certification of the IFSP 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.
3. Deliver services in accordance with the IFSP. If the frequency, length, intensity or location of a service provided differs from what is listed on the signed IFSP due to a specific circumstance, then the purpose for that difference must be clearly documented in the contact note. When a provider cancels a visit, that visit must be rescheduled as soon as possible to ensure that the service is delivered at the frequency and length listed on the IFSP.
  - It is not necessary to make up sessions missed because the family cancels.
  - Sessions cancelled by the provider (including those cancelled due to severe weather) and sessions that fall on holidays must be made up, unless the family states that they do not wish to make up the missed session (contact notes must document the offer to reschedule and the fact that the family declined this offer).



- If the provider is unable to make up the session her/himself, every attempt should be made to schedule a make-up session with a therapist from the same agency so the service is still authorized and provided by a practitioner within the child/family's insurance network. If there is not a provider in that agency, the substitute provider should be selected from among those participating in the child/family's insurance network if possible; and, if necessary, pre-authorization must be obtained.
- Missed sessions may be made up by scheduling a new, full session or by adding time to other sessions (e.g., if a 45-minute session is missed, a new 45-minute session may be added or 15 minutes could be added to each of the next 3 sessions). The determination of how best to make up the time missed in a previous or upcoming session must be based on what is best for and meets the needs of the child and family. Time can be made up ahead of a missed session only when there is a known reason (e.g., vacation, surgery) for the provider to miss a specific upcoming session and not in anticipation of possible missed sessions (e.g., scheduling extra sessions in November and December to make up for possible snow days in January and February).
- Contact notes must document efforts to reschedule missed sessions and must clearly document when a session is a make-up from a missed visit or when it is extended in order to make up for a missed visit.

An IFSP Review must occur whenever an ongoing change to the frequency, length, intensity or location of services specified in the IFSP is being considered.

4. Conduct ongoing functional assessment as part of service delivery. Service providers observe the child's functioning and skills across all developmental domains and in relation to the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) as a routine part of service delivery. When needed, the service provider may use an assessment tool as a reference point especially for areas of development outside his/her area of expertise. This still occurs as a part of the provider's interactions with the child during service delivery and is not a separate activity. Ongoing assessment gives the provider information not only on the child's progress on the IFSP outcomes and short-term goals being addressed by the current activities but also helps the provider identify any emerging concerns in other areas of development.
5. Encourage the family to observe and assess the child's skills, behaviors, and interests as a partner in ongoing functional assessment.
6. Work as a team member to support the child and family in achieving the IFSP outcomes. Team members consult and team with each other and with the family to ensure that services are coordinated and consistent with one another and support functional development of the child as a whole. This is true whether multiple providers are visiting the family or there is a primary provider. If the IFSP team determines that one primary provider will work with the family, then other team members support the primary provider and the child and family by providing consultation to the primary provider, participating in joint visits with the primary provider to the child and family, and/or suggesting strategies and techniques to enhance progress toward IFSP outcomes.
7. Schedule visits during the family's everyday routines and activities.
8. Use items already present in the child's environment when providing early intervention supports and services. This assists the family/caregiver to identify

- what they have in their own environment that can be used during daily routines and activities to accomplish the IFSP outcomes.
9. Focus interaction with the child and family on expanding the family's confidence and competence to help the child learn and develop during everyday activities by:
    - a. Modeling strategies during the routine for the family;
    - b. Coaching the family as they try out the strategies for themselves. Coaching is critical since it is through the process of practicing the strategy themselves and receiving feedback from the provider that families become confident and competent with implementing the strategies; and
    - c. Checking with the family before the visit ends to ensure the family understands the strategies and can implement them during their routines.
  10. Continually consider what support the family or other caregiver needs in order to implement strategies within their child's and family's daily routines and activities.
  11. Monitor on an ongoing basis, in partnership with the family, the effectiveness of strategies used and the appropriateness of service frequency and length. These issues should be considered at every intervention session.
  12. Contact the service coordinator to request an IFSP review when there is a need to discuss potential changes to IFSP outcomes or services or if the child may now be at age level and demonstrating typical development. Specific recommendations to the family about potential changes to IFSP outcomes and/or services should be discussed during the IFSP review.
  13. Contact the service coordinator when there are missed appointments or when limited caregiver participation in early intervention sessions suggests the need for discussion to determine if/why the IFSP outcomes or supports and services are not meeting their needs and/or what barriers exist to keeping scheduled appointments or becoming involved in sessions.
  14. Routinely (at least once a month) confirm with families whether or not their insurance has changed. Notify the local system manager immediately if a child who has or had Medicaid/FAMIS no longer has Medicaid/FAMIS or does not have the Medicaid EI benefit, and notify the service coordinator if the child had TRICARE or private insurance coverage and the child no longer has that coverage. For children with Medicaid/FAMIS, the following specific procedures apply. The Medicaid Early Intervention Services Manual, Chapter 3, states that eligibility for Medicaid benefits must be confirmed each time a service is rendered. While it is the provider's responsibility to verify Medicaid/FAMIS eligibility prior to every visit, changes in Medicaid/FAMIS eligibility tend to occur at the beginning or end of the month. The provider must:
    - a. Contact the Infant & Toddler Connection of Virginia Office if the Medicaid EI benefit is not added within a week; and
    - b. Retain documentation of all contacts with the Local System Manager and with the Infant & Toddler Connection of Virginia Office as these will be used to determine the start date for adding (back) the Medicaid EI benefit.

Options for verifying a child's Medicaid/FAMIS coverage are discussed in the "Family Cost Share Practices" section of Chapter 11 (see the text box titled "Medicaid/FAMIS and Medicaid EI Benefit Eligibility Verification").
  15. Document all contacts made and all activities completed with or on behalf of the child and family in accordance with the requirements specified in Chapter 9.

16. Submit a contact log or contact notes to the local lead agency no later than the 21st of each month for the previous month for all services delivered, regardless of whether or not Part C funds are being requested.
  - a. Local lead agencies may decide to require all providers to submit only contact logs or only contact notes or may allow each provider the choice of submitting either the log or notes.
  - b. When submitting a contact log, the log must include the type of service delivered (e.g., physical therapy, developmental services, OT, etc.), date(s) of service delivery, amount of time service was provided on each date, and signature of the provider or an authorized individual from the provider's agency.
  - c. When insurance reimbursement is pending for a service, include that service on the log for the month in which the service was delivered and mark it "insurance pending." Once the insurance company has acted, if Part C funds are being requested, then submit that service again on a later log for payment by Part C.

### IFSP Reviews

#### General:

1. The purpose of the periodic IFSP review is to determine the degree to which progress toward achieving the IFSP outcomes is being made and whether modification or revision of the IFSP outcomes or supports and services, including frequency and length, is necessary.
2. 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. More information about when an IFSP review is required is available in the IFSP Instructions at the end of Chapter 7 (see instructions for completing Section IX of the IFSP form).
3. If a follow-up (discipline-specific) or annual assessment is needed, the need for that assessment may be documented on the IFSP by holding an IFSP Review and adding the assessment(s) as a service or the *Notice and Consent for Assessment for Service Planning* form may be used.
  - a. If the consent form is used, a new form must be completed each time an assessment is needed (i.e., a consent form is needed for the initial assessment for service planning and a new consent form must be filled out if a follow-up or annual assessment is needed – multiple boxes cannot be checked on the same consent form). Generally, only the consent for child assessment will be needed when using the form for follow-up or annual assessment since family assessment information is gathered through ongoing contact with the family.
  - b. Parents must be offered a choice of provider for assessments that occur after the initial assessment for service planning. Parent choice is documented on the Addendum page if the IFSP is used. On the consent form, the choice of provider is documented in the parent consent section (if the parent states that he and she has no preference or wishes to have the first available provider, then that may be noted on the line).
  - c. Physician certification is not needed for assessments in order to receive Medicaid reimbursement for that assessment.

- d. Follow-up and annual assessments must be completed within 30 days of the date the parent signs the IFSP or the consent form unless the IFSP team planned a later start date or there is a family reason for the delay.
4. If the family or another IFSP team member(s) believes the child has reached age level in all areas of development and shows no sign of atypical development, then an IFSP review is held to determine the child's eligibility status. Remember, records may not be used to establish that a child is ineligible for early intervention. Therefore, when the reason for determining the child's eligibility status is because one or more team members believe the child is no longer eligible, the service coordinator and one or more individuals representing 2 disciplines must participate in the eligibility determination process.
    - a. Ongoing assessment should document the child's functional status across settings and situations before a provider considers that the child's development is typical and at age level compared to same-age peers.
    - b. If at any time the family feels their child is demonstrating age-appropriate skills and is no longer in need of services, the service coordinator must offer to coordinate an eligibility determination to confirm the child's status. If the family accepts the offer to complete eligibility determination, the service coordinator provides the family with a copy of the completed *Eligibility Determination Form* at no cost to the family. However, if the family declines this offer, then the service coordinator must document both the offer and the family's decision in a contact note, the eligibility determination is not held and a *Declining EI Services* form is completed. When reporting in ITOTS the reason for discharge in this scenario:
      - Use "Completion of IFSP prior to reaching age 3" if the rest of the team agrees that the child no longer has a 25% delay or atypical development
      - Use "Parent withdrew" if the child is eligible based on a diagnosed condition or the rest of the team believes, based on ongoing assessment, that the child continues to be eligible because of a developmental delay or atypical development.
    - c. The information gathered for determining eligibility may also assist the team in completing the exit ratings on the three child outcomes for those children found to be no longer eligible and who have been in the Infant & Toddler Connection of Virginia system for at least 6 months since their initial IFSP. See the "Discharge and Determination of Child Progress at Exit" section of this chapter for additional information on exit assessment.
    - d. It is only necessary to determine the child's eligibility prior to discharge if the local system is proposing to end services prior to the child's third birthday. Eligibility determination is not necessary prior to discharge if the child is leaving the local system for any of the following reasons: the child is turning three, the child is transitioning to Part B, the family is moving out of the area served by the local system, the child and family are lost to contact, or the parent declines continued services.
  5. Families and other IFSP team members can request an IFSP review at any time by contacting the service coordinator.
  6. The IFSP review may be carried out by a meeting or by another means that is acceptable to the parents and other participants as long as all IFSP team members have the opportunity to provide input about all contents of the IFSP.

7. 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.

A Question about Adding New Services

**Question:** Prior to adding a new service is it necessary to have an assessment completed by that discipline (e.g., if the team wants to add occupational therapy, is an OT assessment required before adding that service)?

**Answer:** Neither the Infant & Toddler Connection of Virginia Office nor DMAS requires an assessment when services by new disciplines are added to the child's IFSP. However, providers must be aware of their discipline's licensure requirements. For example, physical therapists must evaluate (assess, in Part C terms) a client prior to providing services. When a new service is added to the IFSP, the provider will need to use his/her discipline-specific expertise to determine what strategies are needed to address the IFSP outcomes determined by the team. This type of assessment will occur during the first session(s) with the child and family. This session(s) should be documented in a contact note, just as ongoing assessments are documented. It is not necessary to revise Section II or III of the IFSP following a discipline-specific assessment. The provider may or may not determine that additional IFSP outcomes or short term goals are needed (in which case an IFSP review will be needed).

Service Coordinator Responsibilities:

1. Facilitate the periodic review of the IFSP at least every six months or more frequently if conditions warrant or the family requests a review.
  - a. If a review is conducted before 6 months, then the 6-month review timeline may be re-started at that point. For example, if the initial IFSP is developed on 6/30/09 and an IFSP review is conducted on 10/15/09 because the family requests consideration of a change in service frequency, then the next IFSP review must be conducted by 4/15/10. Local systems are not required to use a moving 6-month review date as illustrated in the example. It is acceptable to keep the 6-month review date fixed at 6 months from the date of the initial IFSP regardless of whether interim reviews are held.
  - b. The due date for the annual IFSP does not change regardless of when IFSP reviews are held. The annual IFSP must be held within 365 days of the date of the initial or previous annual IFSP.
2. Ensure the family receives a copy and explanation of the *Parental Prior Notice* form (with a check mark by "A meeting to revise or review the IFSP is needed"), *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, and *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*. Review the purpose of the IFSP review, the family's role in the review process, the safeguards applicable to this step in the early intervention process, and the family's rights and choices related to use of private insurance if services increase as a result of the IFSP review. 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.
3. Assist the family in preparing for the IFSP review. Share any written information from providers about the child's progress with the family prior to the IFSP review, if available. Encourage families to make notes of their input and questions prior to the IFSP review. The level of support that each family will want and need in preparing for the IFSP review will vary and should be individualized for each family.
  4. Work with the family to identify the composition of the IFSP review team, which must include:
    - a. The parent(s) of the child;
    - b. Other family members, as requested by the parent, if feasible;
    - c. An advocate or person outside the family if requested by the parent;
    - d. The service coordinator who has been working with the family; and
    - e. A person or persons involved in ongoing or new assessments and individuals who are providing supports and services to the child and family participate if conditions warrant.
  5. Work with the family and other participants to determine a process for reviewing and revising the IFSP that is acceptable to all parties and allows for all participants to provide input. A face-to-face meeting is not required for an IFSP review. The method used to conduct the IFSP review should ensure the following:
    - a. The family has the information and support they need to make informed decisions for their child and family;
    - b. The family's current priorities and concerns are reviewed; and
    - c. All participants have a current and complete picture of the degree to which progress toward meeting the IFSP outcomes is being made.
  6. Ensure that the meeting is conducted in the family's native language or other mode of communication unless clearly not feasible to do so.
  7. Complete the appropriate sections of the statewide IFSP form (see IFSP instructions at the end of Chapter 7).
  8. Ensure the family's signature is obtained on the IFSP review page to document their consent for the changes, if any. Even if there are no changes, the family still signs the IFSP review page. If new services are being added at the IFSP review, the family must be offered the opportunity to select a service provider and must sign the addendum page indicating they were given this opportunity.
  9. If services are increasing as a result of the IFSP review, the child is covered by private insurance and the parent has consented to use of their private insurance to pay for early intervention services up until now, ensure the family completes and signs the box on the IFSP review page that documents whether they consent or decline to continue using their private insurance to pay for covered early intervention services. Services are considered to be increasing if there is an increase in frequency, length or duration, or if the intensity has changed from group to individual.
    - a. Prior to an IFSP review, review the family's current *Family Cost Share Agreement* terms to know whether the family is currently using their private insurance to pay for their child's early intervention services and to be prepared to answer questions the family may have about continuing to use their private insurance if services increase as a result of the IFSP review. It may be helpful to have a copy of the family's current

*Agreement* form at the meeting in case the family wishes to review the current terms of their Agreement prior to making a decision about continued consent. If, at the IFSP Review, the family provides consent to continue services/begin new services but wants more time to consider whether to continue using their private insurance to pay for early intervention services, then services may be provided but the family's private insurance may not be billed until the family provides consent for continued use of that private insurance. Discussing this issue with families ahead of the IFSP Review meeting (especially if the purpose of the meeting is to discuss potentially increasing services) and taking the steps identified here will improve the chances that the family is prepared to make a decision at the IFSP Review about consent for continued use of their private insurance.

- b. If the family is currently using their private insurance to pay for early intervention services, bring a blank *Family Cost Share Agreement* form to the IFSP Review (if a meeting will be held) in case the family declines to continue using their insurance and a new agreement form is needed.
10. Retain a signed copy of the IFSP with the review page and provide a copy to the family (at no cost to the family) and to all service providers who participated in assessment or the IFSP review 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.
  11. If a new service is being added or the frequency of an existing service is changing (increasing or decreasing), obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services the child will receive that can be reimbursed under public (e.g., Medicaid/FAMIS, TRICARE) or private insurance. The physician's signature may be obtained on one of the following:
    - a. The IFSP; or
    - b. A separate letter referencing the IFSP that is sent along with the IFSP, like the *Physician Certification Letter*, or
    - c. The *IFSP Review 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. Please see the text box in the "Completing the IFSP Form" section of Chapter 7 for specific requirements associated with the physician signature.

12. 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 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.
13. 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, the service coordinator reviews and explains 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. Communicate the child's exit from early intervention services to the primary care physician and primary referral source (if appropriate), with parent consent.
    - e. Enter the date of closure in ITOTS within 10 business days of the family declining all services and indicate in the discharge/transition destination section that the parent withdrew.
  14. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, length, intensity (individual or group), location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, 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. 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.
- 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 or if the local system is proposing to decrease or end a service. 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.

15. 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.

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

1. Provide information to the family and other team members on the child’s current functioning and progress in the three child outcome areas based on ongoing assessment.
2. Participate in the IFSP review through the methods determined by the team, which may include a face-to-face meeting or sharing information by phone or in writing.
3. Consider the family’s current priorities and concerns when making recommendations or participating in team decisions about changes to IFSP outcomes and/or supports and services.
4. Limit the use of jargon and acronyms and explain words or concepts that may be unfamiliar to the family.

#### Annual IFSP

##### Service Coordinator Responsibilities:

1. Conduct, in person, an annual IFSP meeting within 365 days of the date of the initial or previous annual IFSP meeting to review the child’s progress and to write a new IFSP if the child continues to be eligible. If a child moves from one local early intervention system within Virginia to another, the child’s annual IFSP date is based on the child’s initial IFSP date (or previous annual IFSP date) regardless

- of the child's location for the previous IFSP (e.g., if child had an initial IFSP developed on 10/12/08 in one local system, then moved to a new local system on 4/1/09, then the annual IFSP still must be developed by 10/12/09).
2. Ensure the family receives a copy and explanation of the *Parental Prior Notice* form (with a check mark by "A meeting to develop the annual IFSP and confirm eligibility is needed"), *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, and *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*. 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.
  3. Notify other team members in writing of the date, time and location of the annual IFSP meeting. Other team members may be notified using the same form used to notify the family, the *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, or through other written means (e.g., email). Documentation must be maintained in the child's early intervention record that shows that the family and other team members were notified in writing in advance of the IFSP meeting.
  4. Explain that the annual IFSP meeting will include a confirmation of ongoing eligibility and that if the child no longer meets the Infant & Toddler Connection of Virginia eligibility criteria then he/she will be discharged.
    - a. Use of the Virginia Part C Vision and Hearing Screening tools are not required for the annual confirmation of eligibility. 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.
    - b. The confirmation of ongoing eligibility may occur prior to or during the annual IFSP meeting.
    - c. The process for determination of ongoing eligibility varies, as follows:
      - If the child was initially found eligible based on a diagnosed condition, then the service coordinator will complete the Eligibility Determination form indicating that eligibility was established by records.
      - If contact notes are enough to establish the child's ongoing eligibility, then one individual who is certified as an Early Intervention Professional may review those notes and complete the Eligibility Determination form indicating that eligibility was established by records. The individual determining eligibility based on the contact notes may be the same individual who wrote the contact notes as long as that person is an Early Intervention Professional.
      - If neither of the above conditions is met, then the determination of ongoing eligibility is made by 2 disciplines (either 2 individuals from different disciplines or one individual qualified in 2 different disciplines) and is based on the progress reports (written or verbal) of team members and/or additional information. Therefore, if, for example, the child is receiving only service coordination and occupational therapy or the child is only

receiving service coordination, then it will be necessary to pull in a second discipline to participate with the occupational therapist and the service coordinator or to pull in 2 disciplines to participate with the service coordinator in the determination of ongoing eligibility. If a child is receiving only service coordination, then the same types of information that are gathered for initial eligibility determination would be gathered for this annual confirmation of eligibility (e.g., current results from a developmental screening tool, observation, parent report, current information from the physician, etc.). The service coordinator, if properly trained, can use the developmental screening tool, conduct observation and gather information from the parent. The determination of ongoing eligibility considers all areas of development and is documented on the *Eligibility Determination Form* (see the “Determining Eligibility” section of Chapter 5 for instructions on completing this form).

- The service coordinator provides the family with a copy of the completed *Eligibility Determination Form* at no cost to the family.
- d. If, at the time of the annual IFSP, the family feels their child is demonstrating age-appropriate skills and is no longer in need of services and the family does not want to have an eligibility determination to confirm the child’s status, then the service coordinator must document both the offer and the family’s decision in a contact note. A *Declining EI Services* form is completed. When reporting in ITOTS the reason for discharge in this scenario:
- Use “Completion of IFSP prior to reaching age 3” if the rest of the team agrees that the child no longer has a 25% delay or atypical development
  - Use “Parent withdrew” if the child is eligible based on a diagnosed condition or the rest of the team believes, based on ongoing assessment, that the child continues to be eligible because of a developmental delay or atypical development.

### Annual Eligibility Determination Scenarios:

1. A child is receiving service coordination only and was initially found eligible based on a diagnosed disabling condition.  
The service coordinator will complete and sign the *Eligibility Determination Form*, indicating that eligibility is established by records.
2. A child is receiving service coordination only and it is unknown whether the child continues to meet eligibility criteria based on developmental delay or atypical development.  
The service coordinator (if trained) or another provider will complete a developmental screening tool. The service coordinator will then compile up-to-date health and developmental information (including results from the screening tool, parent report, and information from observation) for the multidisciplinary eligibility determination team to review. As with the initial determination of eligibility, if the available health and developmental information is insufficient to confirm the child's eligibility, then the team may request targeted assessment to gather the additional information needed.
3. A child is receiving service coordination and occupational therapy, but continued eligibility is unknown due to child progress.  
The OT and one other discipline review existing information based on ongoing assessment (progress reports, contact notes) and determine the child's eligibility. In the rare situation when the team needs more information, targeted assessment is done to gather the additional information needed to determine continued eligibility.
4. A child is receiving service coordination and developmental services and his continued eligibility can be determined through the use of progress notes and informal assessment by the current service provider.  
The educator, who is providing the developmental services, will review existing information based on ongoing assessment (progress reports, contact notes) and complete and sign the *Eligibility Determination Form*, indicating that eligibility is established by records. In this scenario, it is not necessary to involve a second discipline in order to confirm ongoing eligibility.
5. A child will be turning 3 within 6 months and an exit assessment (formal or informal) by an Early Intervention Professional is needed in order to determine the child's progress on the 3 child outcomes.  
The information gathered for the exit assessment can also be used to confirm the child's continued eligibility. It would make sense for the provider that is completing a tool (based on ongoing assessment) for the exit assessment to participate in the eligibility determination along with one other discipline. Or, if there is enough information in the contact notes to establish eligibility then that provider can complete and sign the *Eligibility Determination Form*, indicating that eligibility was established by records, without involving a second discipline.

**If the child is ineligible:**

- a. Provide the parents with a copy and explanation of the *Parental Prior Notice* form (indicating “Your child is not eligible for Infant & Toddler Connection of Virginia”) and the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*. On the *Parental Prior Notice* form, identify the information used to make the determination that the child is not eligible. In explaining the *Notice of Child and Family 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. 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 multidisciplinary team’s determination that their child is no longer eligible for early intervention services. 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*.
- c. Provide the family with a copy of the completed *Eligibility Determination Form*.
- d. Facilitate an opportunity for the family to talk with the eligibility determination team if the family has questions or disagrees with the eligibility finding and if desired by the family.
- e. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.

**If the child continues to be eligible, proceed with the steps below.**

5. Assist the family in planning and preparing for the annual IFSP meeting. Encourage families to make notes of their input and questions in each section of their current IFSP or a blank IFSP form and to bring that to the IFSP meeting as a reminder for the family during the meeting. The level of support that each family will want and need in preparing for the annual IFSP meeting will vary and should be individualized for each family
6. Work with the family to identify the composition of the multidisciplinary IFSP team, which must include the parent, the service coordinator and at least one more individual from another discipline. More specifically, required team members include the following:
  - a. The parent(s) of the child;
  - b. Other family members, as requested by the parent, if feasible;
  - c. An advocate or person outside the family if requested by the parent;
  - d. The service coordinator who has been working with the family;
  - e. A person or persons involved in ongoing or new assessments; and
  - f. As appropriate, individuals who are providing supports and services to the child and family.
7. Arrange IFSP meetings in the setting and language that facilitate a family's ability to participate.
8. Notify all participants in writing of the date, time and location for the IFSP meeting:

- a. Parents must be notified using the *Confirmation of Individualized Family Service Plan (IFSP) Schedule* form.
  - b. Other team members may be notified using that same form or through other written means (e.g., email).
  - c. Documentation must be maintained in the child's early intervention record that shows that the family and other team members were notified in writing in advance of the IFSP meeting.
9. Ensure that IFSP team members who are not able to meet at times convenient for the family are given other options for IFSP participation, such as telephone consultations or providing written information.
  10. Review the Facts About Family Cost Share section of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* and obtain their signature on a new *Family Cost Share Agreement* form. Please see the "Family Cost Share Practices" section of Chapter 11 for steps to take if the family does not sign the new agreement form promptly.
  11. Facilitate the summary of the child's functional status in terms of the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) and determination and documentation of child outcome ratings and progress using the procedures described in the Discharge section of this chapter.
    - a. Generally, there will be enough information from ongoing assessment to complete the summary of the child's functional status on the three child outcomes and unique strengths and needs when the annual IFSP is developed. Re-assessment at the time of the annual IFSP would only be necessary in a few circumstances, like if the child is receiving service coordination only, if there had not been an opportunity for ongoing assessment for an extended period of time, or maybe if there had been a major event (like surgery) that had recently had a significant impact on the child's development. When a re-assessment (annual assessment) is needed, the assessment must be conducted by a multidisciplinary team.
    - b. If an annual assessment is needed, the need and parent consent for that assessment may be documented on the IFSP by holding an IFSP Review and adding the assessment(s) as a service or the *Notice and Consent for Assessment for Service Planning* form may be used.
      - If the consent form is used, a new form must be completed each time an assessment is needed (i.e., a consent form is needed for the initial assessment for service planning and a new consent form must be filled out for the annual assessment - multiple boxes cannot be checked on the same consent form). Generally, only the consent for child assessment will be needed when using the form for annual assessment since family assessment information is gathered through ongoing contact with the family.
      - Parents must be offered a choice of provider for assessments that occur after the initial assessment for service planning. Parent choice is documented on the Addendum page if the IFSP is used. On the consent form, the choice of provider is documented in the parent consent section (if the parent states that he and she has no preference or wishes to have the first available provider, then that may be noted on the line).
      - Physician certification is not needed for assessments in order to receive Medicaid reimbursement for that assessment.

- Annual assessments must be completed within 30 days of the date the parent signs the IFSP or the consent form unless the IFSP team planned a later start date or there is a family reason for the delay.

#### Annual IFSP – Assessment Scenarios

1. Service coordination is the only service listed on the IFSP. The service coordinator also is qualified as an EI Certified Professional.  
There will need to be two disciplines (other than service coordination) involved in the assessment for service planning. It makes sense that the individual who has been providing service coordination and is also qualified as an EI Professional will be one of the disciplines. Remember that developmental information provided by a physician or a provider who is from a discipline listed in Table A at the end of Chapter 12 of the Practice Manual but who practices outside the local Part C system can be used to meet the requirement for the other discipline if the physician or outside provider supplies information that can be used for service planning. Also, note that information gathered by a qualified provider as part of the eligibility determination (such as completion of a screening tool and observation performed by the service coordinator who is also qualified as an EI Professional) can be used to meet the requirement for one of the disciplines for the assessment for service planning
2. Child has been receiving OT and service coordination. Based on ongoing assessment, the OT is able to provide information on the child's functional status in all areas except language development.  
A second discipline will need to complete an assessment in order to provide information on language development since this information will be needed to complete the assessment summary on the annual IFSP and to identify IFSP outcomes, supports and services.

12. Ensure a new IFSP is developed using the statewide IFSP form and the IFSP Instructions that are found at the end of Chapter 7.
13. Ensure the family's signature is obtained on the IFSP to document their consent for the services.
14. Retain a signed copy of the IFSP and provide copies 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.
15. Send a copy of the IFSP 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.
16. Obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services if the child will receive services that can be reimbursed under public (e.g., Medicaid/FAMIS or TRICARE) or private insurance. The physician's signature may be obtained on one of the following:
  - a. The IFSP; or
  - b. A separate letter referencing the IFSP that is sent along 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. Please see the text box in the "Completing the IFSP Form" section of Chapter 7 for specific requirements associated with the physician signature.

17. 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. 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.
  - c. Explain how the family may, at a later date, through the IFSP review process, accept a service previously declined.
18. 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 system.
  - c. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
  - d. Communicate the child's exit from early intervention services to the primary care physician and primary referral source (if appropriate), with parent consent.
  - e. Enter the date of closure in ITOTS within 10 business days of the family declining all services and indicate in the discharge/transition destination section that the parent withdrew.
19. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, length, intensity (individual or group), location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, 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. 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.

- 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 or if the local system is proposing to decrease or end a service. 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.

20. 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.

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

1. Provide information to the family and other team members on the child's progress based on ongoing assessment for use in determining the child's ongoing eligibility and, if the child remains eligible, for use in completing Sections II and III of the IFSP, including the child's functional status in the three child outcome areas and the child outcome rating.
2. Participate in the annual IFSP meeting. This applies to service providers who were part of new or ongoing assessment and, as appropriate, providers who are providing supports and services to the child and family. 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.
3. Consider the family's current priorities, resources and concerns when making recommendations or participating in team decisions about IFSP outcomes and/or supports and services. Additional considerations are detailed in Chapter 7 under "Responsibilities of Other Early Intervention Service Providers."
4. Limit the use of jargon and acronyms and explain words or concepts that may be unfamiliar to the family.

#### Transition

##### Service Coordinator Responsibilities:

1. Ensure that each child and family is offered individualized transition supports and services.
2. Ensure development of the transition plan in Section VII of the IFSP for all children exiting the early intervention system. The transition plan must be developed at least 90 days and, at the discretion of all parties, up to 9 months before the child's anticipated date of transition. Service coordinators are encouraged to hold the meeting to develop the transition plan well in advance of transition, closer to the 9 months than the 90 days. This allows the family time to consider their options and plan ahead for notification and referrals or other steps necessary to ensure services are in place for a smooth transition at age 2 or age 3. The meeting to develop the transition plan must meet the requirements of an IFSP meeting and may be combined with the transition conference described in

- #4 below. 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 and Section IX of the IFSP form must be completed along with Section VII. The transition plan includes the steps for the child and family to exit from the early intervention system and any transition services that the IFSP team determines are needed by the child and family.
- a. Provide a copy and explanation of the *Parental Prior Notice* form (with a check mark by “A meeting to develop a transition plan is necessary.”) and 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.
  - b. Ensure that the family understands the purpose of the meeting and that the family is supported in identifying the steps to be taken to support the transition process.
3. Ensure notification, which constitutes a referral, to the local school division and the Virginia Department of Education -
- a. Notify parents of all children who are potentially eligible for early childhood special education services under Part B through the local school division of the local Infant & Toddler Connection system’s intent to share the child’s name, birth date, and parent contact information (name, address, and telephone number), with the appropriate local school division and the Virginia Department of Education as well as the earliest date on which this notification will occur.
    - Children in early intervention 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. The determination of whether a particular child in early intervention is potentially eligible for Part B is made by that toddler’s IFSP team as part of the transition process.
    - The information sent to the local school division as part of the notification may also include the service coordinator’s name and contact information and the language(s) spoken by the child and family to further assist the local school division in meeting its child find responsibilities.
    - Notification is also considered a referral for evaluation. The point at which the special education director (or designee) receives this information is considered the date of referral.
    - Notification and referral must occur at least 90 days before the child’s anticipated date of transition. However, unless otherwise agreed to with the local school division, notification and referral must be made no later than April 1 in a given year or at least 6 months prior to the child’s third birthday, in order to ensure the child can begin services at the beginning of the school year in which he/she turns two or on his/her third birthday. Local Infant & Toddler Connection systems and local school divisions have the

option to work out other timelines for notification and referral (as long as it is at least 90 days before the anticipated date of transition) and are expected to document any alternate timelines in a local interagency agreement.

- b. Document the notification and referral on the IFSP transition page and specify the earliest date on which the locality intends to send the information to the school division and the Virginia Department of Education. Since children in Virginia are age eligible for Part B services at the start of the school year in which the child is 2 by September 30, all parents whose children are potentially eligible for Part B as they approach age 2 by September 30 must be offered notification and referral to the local school system at that time (age 2).
  - If the family is interested in transition at age 2, then the date entered in the notification step of the Transition Plan must be no later than the April 1 prior to the start of the school year in which the child turns 2 by September 30 (unless there is an alternate timeline documented in the local interagency agreement).
  - If the family is not interested in transition at age 2, this decision may be documented in one of the following ways:
    - Enter in the notification step of the Transition Plan a date no later than the April 1 prior to the start of the school year in which the child turns 2 by September 30 and have the parent indicate in Step 2a in Section VII of the IFSP that they are opting out of notification at that time. They may use the “I have changed my mind...” line in Step 2a to allow notification at a later time, as their child approaches age 3; or
    - Document in a contact note the family’s decision to continue in early intervention until age 3. As the child approaches age 3, enter in the notification step of the Transition Plan a date at least 6 months prior to the child’s third birthday (unless there is an alternate timeline documented in the local interagency agreement).
- c. Transmit the notification information to the local school division and the Virginia Department of Education unless the parent indicates in writing on the IFSP transition page that he/she does not want the information transmitted. Local agencies that require written consent beyond the federal requirement of providing notice (via Section VII of the IFSP in Virginia) can follow their agency requirements to obtain consent for release of the child’s name, date of birth and parent contact information (name, address, phone number).
  - In order to transmit the notification information to the Virginia Department of Education, enter the required information into the Virginia Department of Education’s secure, single sign-on server.

#### 4. Transition Conference

- a. For children who are potentially eligible for Part B, provide written prior notice and obtain parent approval to convene the required conference between the sending Infant & Toddler Connection system providers, the family, and the local school division that occurs at least 90 days, or up to 9 months, prior to the child’s anticipated date of transition to early childhood special education services under Part B. By Virginia regulation, children

are eligible for early childhood special education services at the start of the school year in which the child turns 2 by September 30th. If the family would like the child to transition to early childhood special education services under Part B at the start of the school year in which the child turns 2, then the transition conference must be held at least 90 days before the start of the school year. Some local school divisions allow eligible children to begin early childhood special education services throughout the year, as they turn 2. In this case, the transition conference must be held at least 90 days before the child turns 2. If the family chooses to delay transition to early childhood special education services under Part B until the child's third birthday (or to delay transition until some point before the child's third birthday), then the transition conference must be held at least 90 days before the child's third birthday.

- Provide a copy and explanation of the *Parental Prior Notice* form (with a check mark by "The required transition conference is necessary.") and 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.
  - Explain the purpose of the transition conference: To discuss any services the child may receive under Part B.
  - Determine whether the family is interested in transition options in addition to or instead of early childhood special education services through the local school system. If so, service coordinators must make reasonable efforts to include representatives from other community programs of interest to the family (e.g., head start, preschool/child care programs) in the transition conference. These representatives can explain the services available through their programs including timelines and requirements for enrollment.
  - Document parent approval for the transition conference in Section VII of the IFSP form (see IFSP Instructions at the end of Chapter 7) and in a contact note. Verbal approval by the family is sufficient and no approval form or signature is required.
    - If the parent declines the conference, that decision also is documented in Section VII of the IFSP form and in a contact note. Provide the family with a contact person at the school division to answer any questions they have about school services, if the family declines to participate in a transition conference.
- b. Ensure scheduling of the transition conference within the required timelines and participation by required parties, including local school division personnel.
- The transition conference must meet the requirements for an IFSP meeting. If the transition conference is not held in conjunction with the initial or an annual IFSP, then the transition conference would be considered an IFSP review (and Section IX of the IFSP form must be

- completed along with updating information in Section VII as appropriate). The transition conference and the meeting to develop the transition plan may be combined into one meeting.
- The local school division representative to the transition conference must be an individual who is knowledgeable about the services available in the local school system. The local school division representative does not need to be the special education director or any other specific position. The key is that the local school division representative is able to provide information and answer questions regarding the continuum of supports and services available through the school system, as well as participate in developing the transition plan with the family. This may be the ECSE (early childhood special education) teacher, a speech therapist or other related service provider who sees children in the early childhood special education program, or child find person for the school division.
  - While a face-to-face meeting among all participants is preferable, participation by teleconference and/or videoconferencing are acceptable methods as well. In that rare instance when the local school division representative cannot participate in any of these ways, the local Infant & Toddler Connection system must provide parents at the conference with information about early childhood special education services through the local school system, including a description of the Part B special education eligibility definitions, timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services. The local school division must provide the family with a contact name and phone number where the family can call with questions about school services.
  - Ensure that the family understands the purpose of the meeting. Provide the family with the name and contact information for an individual from the local school division that they can contact with any questions following the transition conference.
- c. If the IFSP team, which includes the family, determines the child is not potentially eligible for Part B, then the family must be informed that the local Infant & Toddler Connection system will, with parent approval, make reasonable efforts to convene a transition conference among the local Infant & Toddler Connection system providers, the family and community programs of interest to the family (e.g., head start, preschool/child care programs).
- The offer to hold a transition conference, the family's decision to approve or not approve such a conference and the completion of the conference if the family approved must be documented in Step 1a or 1c in Section VII of the IFSP.
  - Any transition conference held must meet the requirements for an IFSP meeting. If the transition conference is not held in conjunction with the initial or an annual IFSP, then the transition conference would be considered an IFSP review (and Section IX of the IFSP form must be completed along with updating information in Section VII as appropriate). The transition conference and the meeting to develop the transition plan may be combined into one meeting.

- While a face-to-face meeting among all participants is preferable, participation by teleconference and/or videoconferencing are options as well.
5. Transmit, with parent permission, child-specific information (e.g. current IFSP, recent assessment findings, and other pertinent records) to the appropriate school division in which the child resides as soon as possible after the notification and referral to the local school division to ensure continuity of services.
  6. Make every effort to participate in the initial Individualized Education Plan (IEP) meeting for children transitioning to early childhood special education services if invited by the local school division at the request of the parent.
  7. Ensure that families whose children are referred to the local Infant & Toddler Connection system close to the child's third birthday or after April 1 when the child will reach the age of eligibility for special education at the beginning of the upcoming school year are informed of services available through the public schools and that, with parental permission, child-specific information is shared with the local school division as soon as possible following referral to the local Infant & Toddler Connection system.
    - a. When the child's age at referral to the Infant & Toddler Connection of Virginia means the child will no longer be age eligible for early intervention services by the time the early intervention process can be completed (e.g., eligibility determination, assessment for service planning, IFSP development and beginning services), then the child may be referred directly to the local school division for early childhood special education services under Part B.
    - b. For children who are close to the age where they will transition, but for whom the early intervention process can be completed, the single point of entry must inform parents of their options for services through the local division (under Part B) and/or the local Infant & Toddler Connection system (under Part C).
      - The family can choose to refer themselves to the local school division for early childhood special education services under Part B at the same time they make the referral to the Infant & Toddler Connection system. They should make both systems aware of the dual referral. If the family has not already referred themselves to the local school division, the service coordinator can assist the family by making this referral, with parent consent. The local Infant & Toddler Connection system and the local school division should work together during the eligibility determination process and assessment for service planning to avoid duplication of assessments.

Requirements Associated with Late Referrals:

- If the local system is able to complete the IFSP process before the child turns 3 for a child is referred to the local Infant & Toddler Connection system fewer than 45 days before the child's third birthday and the family opts to proceed with the early intervention referral, then the local Infant & Toddler Connection system may, but is not required to, develop a transition plan as part of the IFSP and provide notification and referral for this child.

- If a child is referred less than 90 days before the child's third birthday, then the local Infant & Toddler Connection system may, but is not required to, hold a transition conference.
- If a child is referred to the local Infant & Toddler Connection system at least 45 days before the child's third birthday and the child is found eligible and is receiving services under Part C, then the local Infant & Toddler Connection system must develop a transition plan (generally this would be part of the initial IFSP) and provide notification and referral to the local school system and Virginia Department of Education as soon as possible after determining the child eligible.

These same requirements and timelines apply to a child referred close to the time he/she would be eligible to start school at 2 years old if the family wishes to transition to Part B at the beginning of the school year in which the child turns 2 by September 30.

8. Assist the family in exploring alternative settings, if desired by the family, for:
  - a. The child who is not eligible for early childhood special education services under Part B through the local school division and who continues with early intervention supports and services until the third birthday;
  - b. The child whose family chooses not to receive early childhood special education services under Part B through the local school division and who continues with early intervention supports and services until the third birthday; or
  - c. The child who is no longer eligible for early intervention supports and services prior to the third birthday.

#### Discharge and Determination of Child Progress at Exit

Children and their families exit the local Infant & Toddler Connection system for a variety of reasons, which include but are not limited to the following: they move out of the area served by the local Infant & Toddler Connection system, either to another state or to another local Infant & Toddler Connection system within Virginia; the family decides to withdraw from the system; the child and family are lost to contact; the child no longer has a developmental delay, atypical development or a diagnosed condition; the child transitions to early childhood special education services through the local school division or to other community services; or the child reaches his/her third birthday.

#### Service Coordinator Responsibilities:

1. Ensure exit ratings on all three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) are done prior to exit for all children who had an entry rating **AND** who have been in the system for 6 months or longer since their initial IFSP (i.e., there have been 6 months between the initial IFSP and the exit assessment). The rating must be done no more than 6 months prior to exit from early intervention.
  - a. To complete the exit ratings:
    - Using information from parent report, an assessment instrument, observation and other sources, determine the child's status



(rating) for each of the three child outcomes. A formal assessment is not required. Instead, the provider(s) determines the child's functional status on the three child outcomes through ongoing assessment (which can occur over multiple sessions). The provider must document the child's abilities by filling in an assessment instrument (such as the HELP, ELAP, etc.). The reason for documenting what has been observed through ongoing assessment on an assessment tool is not to generate age levels but to serve as an anchor for the assessment and to provide a standard measure to be used in combination with other assessment sources for determining the child's functional status on the three child outcomes in relation to same-age peers. Completing the ASQ does not meet the requirement for using an assessment tool. It is not necessary to use the same instrument that was used for the entry assessment.

-OR-

Obtain entry ratings from the local school division to use as the exit ratings for the Infant & Toddler Connection system. If Part B entry assessment data is being used for the early intervention exit assessment data, then that Part B assessment information must be available prior to the child's discharge from early intervention.

- The IFSP team considers information from the sources listed above to determine the child's status in relation to same-age peers for all three child outcomes. Unless the exit ratings are being determined and documented as part of an annual IFSP, document the child's functional status on the three child outcomes (including the child outcome rating statement) in a contact note or on an IFSP Review page. Also document the sources of information used in the assessment process. When documenting whether the child has made progress for each child outcome (in order to respond to the yes/no progress question in ITOTS), remember that the answer to that question must always be based on the child's progress since the initial assessment, even if there have been one or more interim assessments. Information to support the yes/no answer to whether the child has made progress may be documented on an IFSP Review page, an annual IFSP or in a contact note(s).
- b. Local systems are strongly encouraged to enter exit ratings for all children exiting the local system, even those expected to transfer to another local system in Virginia and those who have been in the system for less than 6 months. This practice ensures exit ratings are available in case the child who is expected to transfer becomes lost to contact and never re-enters the Infant & Toddler Connection of Virginia and ensures consistent ongoing assessment and discharge practices that maximize the percentage of children exiting early intervention with complete child outcome data. If exit ratings are entered in ITOTS and the child re-enters the Infant & Toddler Connection of Virginia system, the previous exit ratings will become interim ratings and new exit data can be entered.
- c. There may be situations where it is not possible to complete the ratings because there is insufficient ongoing assessment information available (e.g., the child has not been seen for an extended period of time and the

family leaves the system without notice). Keep in mind that, in most situations where the child leaves early intervention unexpectedly, it will still be possible to determine the child's exit status on the three child outcomes based on ongoing assessment information from contact notes. If it is not possible to complete the exit ratings, this must be documented in a contact note.

- d. The local Infant & Toddler Connection system's exit ratings may serve as the local school division's entry ratings under Part B, and the local school division's entry ratings may be used for the local Infant & Toddler Connection system's exit ratings under Part C (as long as the Part B assessment information is available prior to the child's discharge from early intervention). Local systems are strongly encouraged to collaborate with their local school division representatives to establish mechanisms to accomplish this sharing of data and non-duplication of assessment.
  - e. Since the ratings reflect the child's status at the time of the assessment, it is important to time the exit assessment/rating as close to exit as possible in order to capture results for the full time the child was receiving early intervention services. This may mean using ongoing assessment information to update the ratings just before exit, even if there was an annual IFSP developed within the last 6 months.
  - f. Enter the child's exit ratings into ITOTS, recording the mitigating circumstances if the local system was unable to complete the exit ratings. The date of the exit assessment is one of the following:
    - The last date on which assessment information was collected (e.g., date of the last visit during which ongoing assessment information was documented);
    - If completed within the 6 months prior to the child's discharge and it reflects the most up-to-date assessment information available, then the date of the most recent IFSP in which the child outcome ratings were documented; or
    - If completed within the 6 months prior to the child's discharge and they reflect the most up-to-date assessment information available and they are available to the local early intervention system by the date of the child's discharge, the date that child outcome entry ratings were determined by the local school division.
2. Provide a copy and explanation of the *Parental Prior Notice* form (with "Your child is not eligible for Infant & Toddler Connection of Virginia" marked) and the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family. Parental prior notice must be provided to the family at least 5 days before early intervention services will be terminated.
    - a. If the child is no longer eligible (but is within the age range for early intervention services), the reason listed on the *Parental Prior Notice* form will explain that ongoing assessment results indicate that the child no longer meets the eligibility criteria for early intervention. In explaining the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*, 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 “aging out” of early intervention, the reason listed on the *Parental Prior Notice* form will be that “Your child will be turning three years old on \_\_\_\_\_. Effective on that date, your child is no longer eligible for early intervention services through the Infant & Toddler Connection of Virginia.”
- c. If the child is transitioning to early childhood special education services under Part B, the reason listed on the *Parental Prior Notice* form will be that “Your child will soon be receiving early childhood special education services through your local school division. On the date Part B services begin, your child is no longer eligible for early intervention services through the Infant & Toddler Connection of Virginia.”

It is not necessary to provide parental prior notice if the family is moving out of the area served by the local Infant & Toddler Connection system, the family has stated that they wish to withdraw from services, or if the child dies (since, in these situations, the system is not proposing to end services).

- a. If the child is moving out of the area served by the local Infant & Toddler Connection system, then any referrals made must be documented in the service coordinator’s contact notes.
  - b. If the parent decides to withdraw from services, then the service coordinator documents the parent’s decision in a contact note.
3. For Medicaid/FAMIS recipients only: If the family is receiving prior notice that their child is no longer eligible (but is within the age range for early intervention services) or that their child is being discharged after being lost to contact, 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 multidisciplinary team’s determination that their child is no longer eligible for early intervention services. 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*. Note: The Notice of Action letter is not needed if the child is transitioning to Part B, even if the child is still age eligible for early intervention.
  4. 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.
  5. **Ensure that no IFSP services are delivered on or after the child’s third birthday.**
  6. Enter discharge information into ITOTS as children exit the local Infant & Toddler Connection system, within 10 business days of discharge.

#### ITOTS Data Entry – IFSP Implementation and Review

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

1. Discharge Date
2. Status/Transition Destination
3. Exit assessment and child progress data

[Complete ITOTS instructions are available at  
<http://www.infantva.org/documents/forms/INST1117eR.pdf>]

### Local Monitoring and Supervision Associated with IFSP Implementation and Review

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

1. Procedural safeguards forms are used and explained appropriately
2. Services begin in a timely manner
3. Mitigating circumstances are documented when services begin more than 30 days after the family signs the IFSP
4. Efforts to secure foreign language and sign language interpreters to communicate with the child during service delivery and to assist the family's active participation in periodic reviews are documented
5. IFSP reviews and annual IFSP meetings are held in accordance with required time frames
6. All IFSPs include transition planning, as appropriate, and a transition plan is included in the IFSP within the required time frame
7. Notification to the local school division and Virginia Department of Education occurs within required timelines for all potentially eligible children (as long as the family does not disagree) and is documented
8. The transition conference occurs within required time frames and with required participants.
9. Mitigating circumstances are documented when the transition conference does not occur within required time lines.
10. Child outcome exit ratings are appropriate based on the documentation of child functioning.
11. ITOTS data entry is timely and accurate
13. Medicaid/FAMIS and other insurance eligibility are checked at least monthly for all children receiving services through the Local Lead Agency and the Infant & Toddler Connection of Virginia Office is contacted immediately for children who have Medicaid/FAMIS coverage but are not showing the EI benefit. Options for verifying a child's Medicaid/FAMIS coverage are discussed in the "Family Cost Share Practices" section of Chapter 11 (see the text box titled "Medicaid/FAMIS and Medicaid EI Benefit Eligibility Verification").

### Index

---

**3**

30-day.....1, 2

---

**A**

activities .....2, 4, 5, 9, 10  
assessment 1, 7, 9, 11, 12, 15, 17, 20, 22, 24, 26,  
30, 31, 32, 33, 34, 35

---

**B**

barriers.....2, 10

---

**C**

child outcome .....7, 17, 22, 26, 32  
child outcomes .....7, 9, 12, 20, 22, 32, 33  
Coaching.....10  
communication .....3, 14, 17, 26, 35  
consent ....1, 3, 11, 12, 14, 15, 16, 21, 22, 23, 24,  
25, 28, 31  
contact log.....4, 5, 11  
contact note 1, 2, 7, 12, 13, 15, 16, 17, 18, 19, 21,  
24, 25, 26, 27, 29, 32, 33, 34  
contact notes.....4, 8, 11, 18, 20, 33, 34

---

**D**

Department of Behavioral Health and  
Developmental Services.....2  
Department of Education .....27, 28, 31, 35  
DMAS .....12  
document1, 3, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19,  
21, 24, 25, 27, 28, 29, 32, 34  
documented . 1, 2, 5, 7, 11, 12, 19, 22, 29, 32, 33,  
34, 35

---

**E**

early intervention record .....2, 18, 22  
eligibility .8, 10, 12, 17, 18, 19, 20, 21, 26, 30, 31,  
34, 35  
eligibility determination.. 12, 18, 19, 20, 21, 30, 31

---

**F**

Family Cost Share ...8, 10, 13, 14, 15, 16, 17, 21,  
22, 24, 25, 26, 27, 29, 34, 35  
financial eligibility .....7

---

**I**

IFSP . 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16,  
17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29,  
30, 31, 32, 35  
IFSP outcomes ... 1, 2, 7, 9, 10, 11, 12, 14, 17, 26  
interpreter.....3  
interpreters.....3, 35  
ITOTS .....8, 12, 16, 19, 25, 32, 33, 35

---

**L**

local lead agency .....4, 11  
local system .. 3, 4, 5, 8, 10, 12, 17, 26, 31, 33, 35

---

**M**

Medicaid. 3, 4, 7, 8, 10, 11, 15, 17, 21, 22, 24, 26,  
34, 35  
Medicaid/FAMIS. 3, 4, 7, 8, 10, 15, 17, 21, 24, 26,  
34, 35

---

**N**

native language.....3, 14, 17, 26, 35  
no shows.....5

*Notice and Consent for Assessment for Service  
Planning* .....1, 8, 11, 22  
notification .....26, 27, 28, 30, 31

---

**O**

outcomes ..... 4

---

**P**

parent... 1, 2, 3, 11, 12, 14, 16, 18, 20, 21, 22, 23,  
24, 25, 27, 28, 29, 30, 31, 32, 34  
provider 2, 3, 4, 5, 8, 9, 10, 11, 12, 14, 20, 22, 29,  
32  
providers .....2, 4, 5, 9, 11, 12, 13, 15, 24, 26, 28

---

**R**

referral..... 16, 25, 27, 28, 30, 31  
referral for evaluation .....27  
referral source .....16, 25  
referrals.....16, 21, 25, 26, 34

---

**S**

schedule.....1, 8, 9  
screening .....18, 20  
service.... 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15,  
16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 29,  
30, 31, 34, 35  
service coordination ..... 1, 5, 18, 20, 22  
service coordinator...1, 2, 5, 8, 10, 12, 14, 15, 16,  
18, 19, 20, 21, 24, 27, 31, 34  
service planning .....1, 11, 22, 30, 31  
services.... 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14,  
15, 16, 17, 19, 20, 21, 24, 25, 26, 27, 28, 29,  
30, 31, 32, 33, 34, 35  
start date .....1, 8, 10, 12, 23  
strategies .....2, 9, 10, 12  
supports and services .....1, 2, 3, 7, 29, 31

---

**T**

team . 1, 3, 8, 9, 12, 14, 16, 17, 18, 20, 21, 22, 23,  
25, 26, 27, 29, 32, 34  
timeline.....1, 2, 13  
timely.....1, 35  
transition ..... 16, 25, 26, 27, 28, 29, 30, 31, 35  
transition conference .....29, 35  
transition destination .....16, 25  
transition plan.....26, 27, 29, 31, 35  
transition planning.....29, 30, 31, 35