

INSTRUCTIONS FOR COMPLETING THE VIRGINIA IFSP FORM

GENERAL INFORMATION

- Virginia's statewide IFSP has been designed to meet the IFSP requirements of Part C of IDEA. In order to maintain the integrity and official identity of the statewide IFSP form, only the following changes are permitted:
 - Local System Name (Required) – Before completing or printing the form, delete the words “Local System Name Here” and enter the local system name. The local system name must be the Infant & Toddler Connection of _____ and not a program or provider name.
 - Child's County or City of Residence (Optional) – If the local system serves only one county or city, that information may be added permanently to the form (i.e., pre-printed). Other local systems may permanently add the list of counties and cities served to the extent that they fit in the available space (the applicable county or city can then be circled when the IFSP is completed).
 - Service Coordinator's Name, Agency, Address, etc. (Optional) – If all service coordinators in the local system work from one agency, then that agency information may be permanently added to the form (pre-printed) on page 1. Leave the top space blank in order to enter the Service Coordinator's name, but add all consistent information to the permanent form.
 - Evaluation Methods/Instruments Used (Optional) – The local system may permanently add to the form (pre-print), on page 4 of the IFSP, the methods/instruments used for evaluation and assessment of all children. It is also permissible to permanently add a list of instruments commonly used in the local system and to circle those that apply when completing the IFSP for an individual child.
 - The prompts related to Medicaid plan of care requirements from the previous statewide IFSP form may be added to the form (pre-printed) for those local systems that wish to continue using the IFSP as the Medicaid plan of care. These additional prompts are allowed only in the interim period between statewide implementation of the 2007 statewide IFSP form and the point at which Medicaid reimbursement for Part C early intervention services is moved out of outpatient rehabilitation.
 - Those local systems that are currently using the IFSP to meet Targeted Case Management (TCM) Consumer Service Plan requirements may use their existing social assessment prompts on the new IFSP rather than using Section IIc. This will be allowed only until the changes in Medicaid reimbursement are finalized. The local system must notify the Part C Office of their plans to use existing social assessment prompts and send us their existing IFSP and their local version of the new IFSP. It is acceptable to have the social assessment prompts in existing sections of the IFSP and delete section IIc, but the addition of prompts to address information beyond what is required for the Consumer Service Plan is not allowed. Once the IFSP form is changed by the

local system, it is no longer the document that was reviewed and approved by the Department of Medical Assistance Services.

- Physician Certification (Optional) - In order to document physician certification for medically necessary services, local systems may add the following statement to the bottom of page 8 and/or page 9, along with a line for physician signature, credentials and date. [This is only used when needed for insurance reimbursement purposes.]

I certify and approve that _____ services, as described in the IFSP, are medically necessary for this child.

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

- The form may be filled out electronically, or printed out and completed in handwriting. Instructions for using word processing to make the permitted changes described above and to complete the form electronically are provided in Attachment A.
- Electronic signatures are acceptable if your local system has a mechanism to accommodate electronic signatures.
- All dates must be provided as month, day, and year.
- If/when errors are made when completing a handwritten IFSP for an individual child, they must be crossed out with a single line and initialed and dated by the reviser. Correct errors in an electronically-completed IFSP by using strike-through and providing the date and initials of the reviser. White-out, or any other means of correction other than that described here, may never be used.
- The Child's Name, Date of Birth, and IFSP Date are to be filled in at the top of each page after page one. This ensures that if pages of the IFSP become separated, each page will be easily identifiable. The IFSP Date and Date of Birth on each page help to further identify the child in case more than one child in a program has the same name and also serves to identify the IFSP in case the initial and/or subsequent IFSPs in a child's file become mixed together.
- Each section of the IFSP should be filled in (except that "Date Met" and "Date Outcome Added" do not need to be completed on page 5 of the initial or annual IFSP; items on the transition page should be filled in over time, as appropriate; and Child's Primary Language may be left blank if it is the same as the family's). If an item is non-applicable, place "N/A" in that space. If a space seems to ask for unnecessary or redundant information, review the instructions to ensure you have correctly interpreted the intent of the item.
- When columns are used, if the information is the same for each cell in the column, it is permissible to write "above" in each cell of the column after the first one.

- If a child with a current IFSP moves within Virginia, communication and coordination should occur between the sending local system and the receiving local system in advance of the move, whenever possible, to enable supports and services to be in place in the receiving local system based on the current IFSP. The family's new service coordinator will schedule an IFSP review soon after the family moves in order for the new IFSP team to review the existing IFSP and make any necessary modifications. The revised IFSP must reflect the new local system name; new service coordinator; any changes to outcomes, supports and services (based on child and family needs); and a completed IFSP review page (page 9) with parent signature. [Please note that when entering the IFSP date in ITOTS for a child who has transferred from another local system in Virginia with an active IFSP, the original IFSP date (the date on the IFSP he/she had in the previous system, rather than the date of the new review) is used.]
- An alternate version of the statewide IFSP has been developed to address Consumer Service Plan requirements associated with the provision of Mental Retardation Targeted Case Management (TCM-MR). This alternate version is labeled Infant & Toddler Connection of Virginia – IFSP, TCM in the footer of the IFSP form, and instructions for completing the TCM-MR version of the IFSP are provided in Attachment B. Use of the TCM-MR version of the IFSP is optional and is not limited to children who are eligible for TCM-MR.

PAGE 1

I. Child and Family Information

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

- 1) **Child's Name** - Fill in child's name
- 2) **Date of Birth** - Fill in child's date of birth
- 3) **Gender** – Check M or F to indicate whether the child is male or female
- 4) **Child's County or City of Residence** - Fill in child's city or county of residence. This is important for local systems that have more than one city or county in their catchment area. This may be pre-printed on the form for local systems who only serve one city or county. Other local systems may permanently add the list of counties and cities served to the extent that they fit in the available space (the applicable county or city can then be circled when the IFSP is completed).

- 5) **IFSP Date** - Enter the date the parent signs the IFSP (i.e., the IFSP Date on page 1 and at the top of subsequent pages must match the date of parent signature on page 8 of the IFSP). If the IFSP cannot be completed in one meeting, then the contact notes must reflect the dates of all meetings held to develop the IFSP.
- 6) **Initial/Annual** - Check the appropriate box to indicate if this is the child's initial IFSP or if it is an annual IFSP and write in which annual IFSP it is (e.g., #1, #2. The annual IFSP done one year after the initial IFSP is annual #1).

If the IFSP form is used for an interim IFSP, then "Interim IFSP" should be hand-written on the cover page. When the initial IFSP is developed, the team starts with a new IFSP form.

- 7) **Date Six-Month Review Due** - Fill in the date by which the six-month IFSP review must be completed. This date will be 6 months from the IFSP Date entered above.
- 8) **Date(s) Review(s) Completed** – When the 6-month or other IFSP review is conducted, write in the date of the review. It is not necessary to rewrite the IFSP at every six-month review or when a review is held at a time other than 6 months, as long as the IFSP is updated to reflect the child's current needs and plans. However, a new IFSP form must be initiated at each annual IFSP meeting.
- 9) **Family's Primary Language and/or Mode of Communication** - Fill in the family's primary language or mode of communication. (Examples: English, Spanish, American sign language, augmentative communication system)
- 10) **Child's (if different)** - Fill in the child's primary language or mode of communication, if different from the family's. If it is the same, leave blank.
- 11) **Medicaid Number (Optional)** – If the child has Medicaid, the team may choose to enter the number here. This should be the child's permanent Medicaid number (as opposed to a MCO number, for instance).
- 12) **Family's Name, Address, Phone, And Other Contacts** – Fill in all contact information for the family. The amount of space in this section allows for the wide range of potential *contacts* required, (e.g., surrogate parents, foster parents, social services or natural parents, child care provider), the variety of *methods* of contact possible for each contact listed (e.g., home phone, work phone, cell phone, pager, e-mail, personal fax), and allows room for updates as information changes. Some local systems may also wish to include the physician's name and contact information in this section. [When completing the IFSP electronically, this section is formatted into 2 columns. The section will allow you to continue entering information in column one until you click into column 2. You will need to click into column 2 when the last

information on page 1 is at the bottom of the page (i.e., before it scrolls onto a new page).]

- 13) **Service Coordinator's Name, Agency, Address, Phone and Fax Numbers** – Fill in all contact information for the family's service coordinator, as assigned at the IFSP meeting, including if appropriate, cell phone, pager, e-mail, etc.

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

PAGE 2

II a. Child and Family Activities

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

The service coordinator is expected to gather information for Sections IIa and IIb prior to the IFSP meeting, through conversations with the family beginning at the initial visit with family. This practice will assist families and providers in preparing for the development of outcomes during the IFSP meeting. Page 2 of the IFSP may be completed prior to or finalized during the IFSP meeting.

II b. Family Identified Resources, Priorities, & Concerns

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

PAGE 3**III. Team Evaluation**

- 1) **Narrative** - Provide a written summary of the child's development. This section may be organized in any manner. An integrated report summarizing the findings from all evaluation sources is strongly recommended.

If evaluations completed outside the Infant & Toddler Connection of Virginia system are used, then these should be referenced in the summary on page 3. In order for the narrative to give a complete picture of the child's developmental status it is helpful to integrate relevant information from the outside report(s) into the team evaluation. Any outside evaluation reports used must be included in the child's record and may be attached to the IFSP.

In order to avoid duplication of evaluations, the IFSP team may use evaluation reports written by providers outside of the Infant & Toddler Connection of Virginia to determine eligibility and develop the IFSP. When using outside evaluation reports, relevant information must be transferred from that evaluation report to pages 3 and 4 of the IFSP, so that it is clear that all required Part C evaluation components have been completed. If a provider from outside the Infant & Toddler Connection of Virginia evaluated only some, but not all, of the developmental areas required by Part C, the Part C evaluation team will need to evaluate the remaining areas. Evaluations must have occurred no more than 6 months prior to determining eligibility.

If more than one page is required, a second Page 3, entitled "Narrative" is available for those who complete the IFSP by hand. When the IFSP is completed electronically, the narrative will automatically continue onto additional pages as needed. For each additional page, the preceding page should reference the continuation onto the next page.

Local systems wishing to use the IFSP to document medical necessity for third party payors may wish to include the following information in the evaluation narrative: the referral source and reason for referral for evaluation, any medical diagnoses (especially those related to the reason for referral), pertinent health and physical development information (including pertinent medical history, clinical signs and symptoms, current health status), and a summary of developmental/functional strengths and limitations.

- 2) **The following people participated in the evaluation** (printed name, credentials, role/ organization, signatures, date) – Evaluators should print their name, role/organization/credentials, as appropriate, and sign and date (month, day, year) here. For example:

Mary Anderson, Parent	<i>Mary Anderson</i>	9/15/07
Cathy Jones, OTR, Independence, Inc.	<i>Cathy Jones</i>	9/15/07
Debbie Smith, PT, ABC Therapists Inc.	<i>Debbie Smith</i>	9/15/07

- 3) **Information from the following evaluations completed outside the Infant & Toddler Connection of Virginia system was used to complete the evaluation/assessment** (*printed name, credentials, organization*) - The name, credentials and organization of any evaluator who is not part of the Infant & Toddler Connection of Virginia system must be entered here.

PAGE 4:

Table – Areas of Development

1) **Statement of Child’s Present Level of Development–**

- Fill in a developmental age equivalent or range for the following areas of development: cognitive, expressive communication, receptive communication, gross motor, fine motor, social/emotional, adaptive. (This information is used to determine if the child meets the Virginia Part C eligibility requirement of a 25% or greater delay in any area). Age levels or ranges must be included here, and a short statement of functional abilities may also be added. It is not acceptable to write “at age level,” “within normal limits,” or similar descriptors – age levels and ranges are required.

If the child’s present level of development is given as an age range, then the youngest age in the range is used to determine whether the child has a 25% or greater delay in that area of development. For example, if the child’s present level of cognitive development is 6-9 months and the child is 10 months old, then the 6 month age level is used for determining the level of delay (which is greater than 25% in this example).

- For vision and hearing, check off one box to indicate the results of the Virginia Part C Vision and Hearing screening tools. The box checked here must match with the box marked in the Findings section of the screening tool. In addition, provide information about the child’s current vision and hearing status, including eye-specific and ear-specific information whenever possible. If information about the child’s current vision and hearing status are included in the Team Evaluation Narrative, it is acceptable to write “See page 3” or “See narrative” under Status in the table on page 4.

If the vision or hearing screening results are either “monitor” or “refer,” then the specific supports and services needed to address that result must be indicated in the outcomes and/or entitled services sections of the IFSP. For instance, if the plan is to monitor vision and/or hearing, then this should be reflected as a short-term goal on the service coordination outcome page (page 5-SC).

- 2) **Methods/Instruments Used** – List and/or check off all methods and instruments used to arrive at the information reported in the "Present Level" column. More than one instrument may be listed. Local systems may pre-print the methods/instruments they commonly use. Please note that the Virginia Part C Vision and Hearing Screening tools must be completed as part of each child’s **initial** evaluation and assessment. For vision and hearing, list methods, if any, used in addition to those necessary to complete the Virginia screening tools.

Federal regulations stipulate, *"No single procedure is used as the sole criterion for determining a child's eligibility under Part C."*

- 3) **Evaluation Date/Chronological Age/Adjusted Age** – List the date of the evaluation of each developmental area reported in the Present Level and Methods columns and the child’s chronological and adjusted age, if applicable, at the time that the evaluation was done.
- 4) **Evaluators Initials** – The evaluator’s initials must be placed in the rows of the developmental areas she/he evaluated. However, the evaluator initials do not have to be entered by the evaluator herself/himself. It is acknowledged that in a transdisciplinary evaluation/assessment, all evaluators provide input in all areas of development. The initials box may contain initials of more than one evaluator.

Eligibility for Part C Services – Fill in all the criteria under which the child was found eligible for Part C supports and services. Complete the specific information required under each eligibility category, as appropriate:

- Check off the areas of development where there is a 25% or greater delay;
- Check off the areas in which there is atypical development:
 - Sensory-motor: Atypical or questionable sensory-motor responses such as abnormal muscle tone, limitations in joint range of motion, abnormal reflex or postural reactions, poor quality of movement patterns or quality of skill performance, oral-motor skills dysfunction including feeding difficulties
 - Behavior: Atypical or questionable behaviors that interfere with the acquisition of developmental skills
 - Social-emotional: Atypical or questionable social-emotional development such abnormality in achieving expected emotional milestones, persistent failure to initiate or respond to most social interactions, fearfulness or other distress that does not respond to comforting by caregivers
 - Social, communication and behavior - Impairment in social interaction and communication skills along with restricted and repetitive behaviors

The “Describe” section provides the IFSP team with the option to add further descriptive or explanatory information related to any of the areas of atypical development.

- Fill in the name of the diagnosed condition(s). Although IFSP teams may list the name of the specific diagnosed condition on the IFSP, the following categories of diagnosed conditions are required for entry of the information in the Infant-Toddler Online Tracking System (ITOTS):
 - Seizures/significant encephalopathy
 - Significant central nervous system anomaly (e.g., cerebral palsy)
 - Severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage
 - Symptomatic congenital infection
 - Effects of toxic exposure including fetal alcohol syndrome, drug withdrawal, exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants
 - Meningomyelocele (spina bifida)
 - Congenital or acquired hearing loss
 - Visual disabilities
 - Chromosomal abnormalities
 - Brain or spinal cord trauma, with abnormal neurologic exam at discharge
 - Inborn errors of metabolism
 - Microcephaly
 - Severe attachment disorder
 - Failure to thrive
 - Autism Spectrum Disorder
 - Endocrine disorders with a high probability of resulting in developmental delay
 - Hemoglobinopathies with a high probability of resulting in developmental delay
 - Other (please list)

The statement of the child's present level of development and/or the evaluation narrative must support the eligibility decision.

Important Note – Pages 1-4 of the IFSP form must be completed for every child evaluated, even if the child is not found eligible for Part C services. In this situation, page 3 may include an abbreviated narrative or may simply note that evaluation reports are attached.

PAGE 5-SC:

IV. Outcomes of Early Intervention – Service Coordination (Page 5-SC) This page documents the outcome (pre-printed) and short-term goals for service coordination and must be completed for every child who has an IFSP, even if the family wishes to have only minimal service coordination from the local system and wants the service

coordinator only to coordinate IFSP meetings. Parts of the page are partially completed in order to assure inclusion of required activities.

- 1) **Short Term Goals** – The short-term goals provide the Part C-required *criteria* for determining the degree to which progress is being made toward achieving the outcome. The short term goals should be written from the perspective of what the service coordinator will do for the child and family and must include a target date. The short-term goals should be specific and based on family priorities and needs at the time the IFSP is developed.

If the family only wants to address the two pre-printed short-term goals, then the rest of the lines for short-terms goals may be left blank. If the family only wants to address the first (pre-printed) short-term goal, then the other pre-printed short-term goal may either be deleted (if the IFSP is completed electronically) or struck through and initialed by the service coordinator (if the IFSP is handwritten).

- 2) **Target Date (for short term goals)** – Provide target dates (month/day/year) for when each short-term goal could be expected to be achieved. The two pre-printed short-term goals are ongoing, and this has been pre-printed under Target Date.
- 3) **Date Met (for short term goals)** - Enter date (month/day/year) at any point at which the short-term goal was met, changed or discontinued. This date must correspond to information documented in the contact notes in the child’s record.

PAGE 5:

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

IV. Outcomes of Early Intervention (Page 5)

- 1) **Date Outcome Added** – For outcomes developed at the initial IFSP meeting, this space is left blank. For outcomes added during IFSP review meetings, enter the date of the IFSP review during which the outcome was added (this is the start date for the new outcome). Page 9 of the IFSP must also be completed when an IFSP review is held.
- 2) **Outcome (Long-term functional goal) # ____** - This statement is what the family would like to see happen as a result of their participation in Part C. It may be a major developmental goal related to the child’s participation in home and community activities (child outcome), or it may be an outcome related to the

family's ability to assist appropriately in their child's development (family outcome). It must be functionally stated, reflect the family's priorities (i.e., the outcome focuses on the child's participation in activities that are important to the family), and be consistent with information gathered from the team assessment of the child's developmental strengths and needs and with information from the family-directed family assessment (if completed). Outcomes can be stated in the family's words or they can be restated with help from the early intervention providers either in addition to the family's statement or instead of it if the family prefers. Child outcomes must be measurable and functional and represent what the child is expected to be able to do, e.g., "Jane will feed herself the entire supper meal each day ".

- 3) **Target Date** – Enter the date (month/day/year) by which the Outcome could reasonably be expected to be achieved. Since an IFSP Review must be held anytime changes are made to the outcome (and/or short term goals), it is helpful to choose a target date that corresponds to a required review date.
- 4) **Date Met, Changed Or Ended** – Enter date (month/day/year) at any point at which the Outcome was met, changed or discontinued. The change this date represents must be documented in contact notes in the child's record. An IFSP review must be held in order to change an outcome.
- 5) **Learning opportunities and activities that build on child's and family's interests and abilities** – List here activities that the child finds (or might find) enjoyable (based on child's interests and ability) and that could be incorporated into the child's and/or family's existing or desired routines and activities. This should not be an exhaustive listing of all the activities possible, but rather an overview of the possible activities that will be explored in ongoing intervention (specific activities will be recorded in ongoing contact notes/lesson plans). All intervention should, however, be planned in the context of the family's daily routines, activities, and resources available in the community, consistent with the information recorded in Section II of the IFSP.
- 6) **Short Term Goals** – The short-term goals provide the Part C-required *criteria* for determining the degree to which progress is being made toward achieving the outcome. The short term goals should be written from the perspective of what the child will be able to accomplish, should represent an end result rather than a process, should be **functional and measurable**, and must include a target date. The short-term goals can be thought of as the building blocks leading up to achievement of the outcome, e.g., *“Child will pull to stand while holding on to the sofa in the family room several times each evening without physical assistance.”*
- 7) **Target Date (for short term goals)** – Provide target dates (month/day/year) for when each short-term goal could be expected to be achieved.

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

PAGE 6:

V. Services Needed to Achieve Early Intervention Outcomes – Determine the specific Part C services that are necessary to help the child and family achieve the outcomes identified in Section IV of the IFSP.

Complete the table as follows:

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

- Assistive technology devices and services*
- Audiology
- Family training, counseling, and home visits
- Health services
- Medical evaluations
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Transportation and related costs
- Vision services

*Important information about Assistive Technology:

- When listing assistive technology on the IFSP, please specify whether it is an assistive technology device or assistive technology service.
- When listing Assistive Technology Device, the intensity, individual/group, and location should all be marked N/A. The projected end date and actual end should reflect the anticipated and actual date of delivery of the device to the child, respectively.
- Assistive technology services should be listed according to the provider of that service (e.g., if the assistive technology service is being provided by the physical therapist, then list the service as Physical Therapy/Assistive Technology Services). The frequency, intensity, method, etc. should reflect both the physical therapy service and assistive technology service, combined.
- Assistive technology services are services that directly assist the child with a disability in the selection, acquisition or use of an assistive technology device and include the following: evaluation of the needs of the child with a disability, including functional evaluation of the child in the child's customary environment; purchasing, leasing or otherwise providing for the acquisition of assistive technology devices; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices; coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with education and rehabilitation plans and programs; training or technical assistance for the child or family; and training and technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities. If a provider is delivering any of the services included in the definition of assistive technology services, then page 6 of the IFSP should reflect both the service that provider generally provides (e.g., physical therapy if the provider is a physical therapist) and assistive technology service as indicated above.

The following page provides an example of how to record an assistive technology device and service in the Entitled Services table on page 6 of the IFSP.

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

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

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

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

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

The Part C Office recognizes that the frequency and intensity of service coordination actually provided will fluctuate since service coordination is an active, ongoing process that is responsive to individual family needs and circumstances. When the frequency and intensity of service coordination delivered vary from that planned on isolated occasions, the service coordinator's contact notes must reflect the reason for increase/decrease in frequency/intensity. If the frequency and/or intensity of service coordination delivered vary greatly from that planned on a consistent basis, then it is time for an IFSP review. During State monitoring of service delivery, local systems will NOT be cited as out of compliance if there is not an exact match between the planned and delivered frequency and/or intensity for service coordination as long as there is documentation that service coordination was active and ongoing and based on meeting the family's needs and IFSP outcomes.

- 4) **Group/Individual** – Specify whether the service is to be provided on an individual or group basis. Although Part C services are most often provided on an individual basis, an example of when group might be listed as the method would be when one service provider is working with twins, who are both eligible for Part C, in the home, together on a shared outcome.

- 5) **Methods** – Using a, b, c, or d, specify whether the service is to be provided through coaching, including hands-on as appropriate; consultation; provision of an assistive technology device; or evaluation.
- Coaching, including hands-on as appropriate – Record this method any time the provider will provide a service (other than evaluation) to the child and/or family and/or other caregiver.
 - Consultation – This method refers to consulting between service providers (i.e., the child and family are not involved in the consultation session). If the consultation between providers is planned at the time of the IFSP, then it should be documented as an entitled service on page 6 of the IFSP. If a concern comes up later and the primary provider is just making a call to another provider, say the OT, to ask a question, then there is no need to have an IFSP review to record that call as consultation. However, depending on the outcome of that call, an IFSP review may be needed in order to add evaluation or further consultation by the OT.
 - Provision of an assistive technology device – Record this method only when the service listed is Assistive Technology Device.
 - Evaluation – This method refers to evaluation completed after the initial evaluation and does not include ongoing assessment.
- 6) **Natural Environment/Location** - Enter the natural environment/location where the service will take place. If the location is not a natural environment, provide justification (in the designated place on page 6) for why the IFSP outcomes cannot be met in a natural environment. For services that will be provided in a variety of community settings, it is acceptable to record several of the locations followed by "etc." ("park, home, daycare, etc."). If listing two locations (for example, "daycare and home"), connect the two with "and" so that it is clear that both locations will be used.

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

- 7) **Payment** – Using the key in the header of this column, list the number(s) of the possible payment sources for each service. The final decisions about payment arrangements are recorded on the Family Fee Agreement form. Possible payment sources may include Medicaid, private insurance, family fees, donation, state, city, Part C funds, etc. If a possible payment source is not listed in the key, then write it in the appropriate box (see the example on page 14 of these instructions). “None” is not an option.

- 8) **Projected Start Date** - Enter the **projected** date (month/day/year) on which the service will begin. The exact date of the first appointment is not required. The date should be within 21 calendar days of the date the parent signs the IFSP unless the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family. It is not permitted to delay services while waiting for insurance authorization, except by parent request. The projected start date for a one-time service (e.g., an audiology evaluation) should reflect the anticipated date for delivery of that service. Please see Start Date for IFSP Supports and Services: Questions and Answers (July 2007) for additional information about the projected start date.
- 9) **Projected End Date** – Enter date (month, day, and year) when the service can reasonably be expected to have met all outcomes, or a future IFSP review date.
- 10) **Actual End Date** - Enter the date the service, as written, was discontinued. This applies to discontinuation of the service, and it also applies to any **changes** in the service, such as a change in the frequency, intensity, method, or location. In the latter cases, the service as originally written on the IFSP has been discontinued. Accordingly, the date of the change (End Date) should be entered here, and the “new” service (reflecting the changes made) should be added on the next empty line. Changes of this sort require an IFSP review and must be documented in Section IX – IFSP Review Record. For example, if the service on the IFSP is listed as Special Instruction, 2 times per month, 1 hour per session, coaching with hands-on as appropriate, on an individual basis at home, then the actual end date for that service, as written, means the actual end date for Special Instruction provided at that frequency, intensity, method, location. Special Instruction may be continuing but the frequency has been changed to once a month – the previous Special Instruction service, as written, has ended and the new Special Instruction service has begun.

Justification of why early intervention outcomes cannot be achieved satisfactorily in natural settings and a plan with timelines and supports necessary to return early intervention services to natural settings – If any service will be provided outside of a natural setting, explain here why outcomes cannot be achieved by receiving services in a natural setting within the context of the daily activities and routines of the child and family. The justification must document the IFSP team’s decision that the child’s outcome(s) could not be met in a natural setting even with supplementary support. The justification must include ways that services provided in specialized settings will be generalized into the child’s daily activities and routines and a plan with steps, timelines and supports necessary to return early intervention services to natural settings within the child’s and family’s daily activities and routines. Therapist or parent preferences are not acceptable justifications. (If services are not provided in natural settings within the context of the daily activities and routines of the child and family because of family preference, then the services are not Part C services and cannot be paid for with any federal, state or local early intervention funds).

Reason for later projected start date (if services are planned to start more than 21 calendar days after the family signs the IFSP) – For each service that is planned to start more than 21 calendar days after the family signs the IFSP, list here the service and indicate whether the reason is family scheduling preference, team planned a later start date to meet child and family needs, or other. If the reason is “other,” then this other reason must be fully documented/explained in the contact notes.

IFSP services may start more than 21 calendar days after the family signs the IFSP and still be considered “timely” if the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family. It is also acceptable to plan a later start date due to family scheduling preference.

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

If a service has a projected start date on the IFSP that is within the 21-day time frame, but the actual start date is delayed beyond the 21 days, then the reasons for that delay are documented in the contact notes rather than on the IFSP. The contact notes also provide documentation of the actual start date of each service. Compliance with the requirement for timely start of services is based on the actual start date.

VI. Other Services (*services needed, but not entitled under Part C –include medical services such as well baby checks, follow up with specialists for medical purposes, etc.*) – List all medical and any other ongoing services a child and/or family may need but are neither required nor covered under Part C, e.g., follow-up by a medical specialist for a chronic health condition, orthopedic visits, etc. For each service, list the name of the provider of the service and the location at which the service is typically rendered. If those services are not yet being provided, describe the steps the service coordinator or family may take to assist the child and family in securing those services.

Entitled vs. Other:

- Any medical services for diagnostic or evaluation purposes that the IFSP team identifies as necessary to determine the child's developmental status are considered entitled services and should be listed in the entitled services section.
- Services parents secure on their own outside of Part C (because they want a specific provider or a specific location, for example) should be listed as Other Services.

PAGE 7:

VII. Transition Planning - The activities on this page are intended to help service coordinators plan individual child/family transitions in compliance with Part C requirements. There is no specific requirement about how much of the transition planning page must be completed at the initial IFSP. Transition planning must be individualized for each child and family and take into account the child's age at the initial IFSP as well as the family's priorities and preferences.

The transition pages of the IFSP should be updated more frequently as the time of the child's transition draws nearer. An IFSP review is not needed in order to make changes on the transition pages. The family and service coordinator may update or make changes to the transition pages and then share the updated information with other team members at the time of the next IFSP review or annual IFSP.

- 1) **The following information about transition is discussed beginning at the initial IFSP** – This box provides an outline of the general information about transition that must be shared with families beginning at the initial IFSP meeting. Enter the date this information was fully shared with the family and the initials of the service coordinator. It is acknowledged that this information may be discussed with the family on more than one occasion, but it is only necessary to document the date on which the information was first reviewed completely with the family.
- 2) **Important Dates for Transition Planning** – This information assists the service coordinator and family in knowing some of the important dates for transition planning with this specific child and family.
 - **Target date for referral to determine eligibility for early childhood special education services** – Generally, local systems will enter April 1 of the year that the child will be 2 by September 30th. This date provides the target date for referral to the local school division in order for the child to begin receiving early childhood special education

services on the first day of school. Some local systems may work with local school divisions that allow admission of 2-year-olds throughout the school year (rolling admissions) or have other agreed upon timelines for referral. In that case, enter the target date here accordingly.

- **Date of child's third birthday** – Enter the date of the child's third birthday and discuss with the family the eligibility and age requirements for early intervention so they understand when their child will no longer be eligible for Part C early intervention services.
- 3) **Notification to the Local School Division** – Enter the date by which the child's name, address, phone number and birth date will be sent to the local school division and enter the name of that school division. There is no specific federally- or state-required date or timeline by which this information must be sent. For children who are potentially eligible for Part B, the local Part C system is required to send the child's name, address, phone number and birth date to the local school division as the child becomes age eligible, unless the parent initials the line in this box indicating they do not want this information transmitted. Children in Part C 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. In Virginia, families have the option to transition their child to Part B in the year their child turns 2 or by the third birthday. The timing of notification depends on the family's plan for transition. If the family plans to transition their child as he/she turns 2 by September 30, then the notification to the schools should be sent as that time approaches. Otherwise, it would be sent as the child nears his/her third birthday.

When/if the notification is actually sent, enter the date on the line at the bottom of this box for *Date Notification Sent*.

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

- If the family initials the line indicating they do not want this information sent to the local school division but later changes their mind, then the service coordinator can either:
 1. Have the parent initial on the second line in this box indicating “I have changed my mind and agree to have this information sent to the local school division.”
-OR-
 2. Discuss this during an IFSP review meeting, note on page 9 of the IFSP (IFSP Review Record) that the family has decided to allow transmission of this information to the local school division, and have the family sign page 9. If this option is used, then the service coordinator must note in the Notification box on page 7 of the IFSP that the family changed their mind, as indicated on the IFSP Review Record dated _____.
- If the family initially leaves the space blank (indicating that they agree to have the information sent), then later decides (prior to it being sent) that they do not want their information sent, they must initial the sentence indicating that they do not want the information sent and include the date they initialed this.
- If a family initials the Notification box indicating they do not want this information sent and later says that they want their child referred to the local school division, there is no need for an IFSP review and no need for the family to indicate they have changed their mind about sending the notification information to the local school division. The notification information is a child find activity, and the family has opted not to have their child’s information sent. When they later decide to have their child referred to the local school division, this is no longer a child find activity and there is no need to go back and change their previous decision not to send the notification information.

- 4) **Transition Planning Requirements** – This section includes a wide range of steps and activities reflecting the variety of possible transition destinations. The transition steps and activities that will be completed for an individual child and family will depend on that family’s specific transition plans and preferences. The steps and activities may be completed in whatever order is most appropriate for each child and family.

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

- **Transition Steps/Activities** - All blanks within the table (except “other steps/activities”) must be completed by the time the child transitions. If the child will receive no further services upon leaving early intervention, then non-applicable activities (e.g., sending child referral information to the next setting) should be marked “N/A.” If the family chooses not to complete an activity (e.g., 1b. Arrange visits to programs as desired by the family), then note that in the blank. Please note the following instructions related to specific steps/activities:
 - Steps 2 and 3 – Record the dates that the referral and transition conference actually occur. Other discussions with the family prior to them deciding to accept the offer of a referral or transition conference must be documented either in Step 1d or in contact notes.
 - Step 4, Activity b – This may include steps to help the child become more familiar with the new program/setting and/or learn new skills needed to adjust to the new program/setting. This may also include steps to assist the family in determining and completing other activities that are needed before the child can move into the new program/setting (e.g., enrollment forms, immunizations, transportation issues, etc.). If these steps require changes in the IFSP outcomes or services, then an IFSP review must be held.
 - Step 5, Activity a – If circumstances required that the Parental Prior Notice form be sent to the family and the form was not returned, then 5a should be marked “No,” and documentation must be available in the child’s record indicating when the form was sent and any follow-up that occurred to obtain a signature.

- Step 5, Activity b – This activity applies only to a children who have been placed on inactive status, in accordance with the no-show policy page, and who have reached the last projected end date for the services listed on their IFSP.
- **Target Date** – Enter the date (month/day/year) by which the step is expected to be completed. It is not necessary to enter target dates for each individual activity.
- **Date Completed** - Enter the date (month/day/year) the corresponding step was actually completed.
- **Initials Person Completing** – Enter the initials of the person who completed the step.

Question: Given the level of detail on page 7 of the IFSP, what needs to go in contact notes related to transition?

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

- The fact that discussion with the family about transition occurred and that information is documented on page 7 of the IFSP;
- The fact that the service coordinator worked on a transition activity on behalf of the family;
- Communication and planning related to the transition conference (including cancelled meetings with reasons, details about the transition plan that are not documented on Page 7, the names of the people who participated in the meeting, etc).
- Any additional information related to transition that is not documented on page 7 of the IFSP.

PAGE 8:

VIII. IFSP Agreement

- 1) **Parental Consent for Provision of Early Intervention Services** – This is a statement of agreement with and informed consent for the services as specified in the IFSP. The *Notice of Child and Family Rights in the Infant & Toddler Connection of Virginia Early Intervention System* must be given to the parent(s) and explained prior to asking them to sign the IFSP. If the parent expresses disagreement with any portion of this statement, the service coordinator should determine the source of the disagreement and attempt to resolve it with the parent(s). If the parent(s) decide to opt out of one or more services or to opt out of Part C, they must be provided with and sign the

"Declining Early Intervention Services" procedural safeguard form and their rights must be explained to them. If this is an initial IFSP, the family will have been provided a copy of "Facts about Family Fees" when they initially entered the system. This information should be provided again at each annual IFSP meeting.

- 2) **Parent(s)/Legal Guardian Signature** - Parents sign to affirm their agreement with the consent statement above. Check the appropriate box to indicate whether the signer is the child's Parent, Legal Guardian, or Surrogate Parent.
 - 3) **Other IFSP Participants** - Everyone else who participates in the development of the IFSP, in addition to the parent(s), (including anyone accompanying the parents and knowledgeable authorized representatives of anyone directly involved with the evaluation of the child) must sign here and list their role, organization (as applicable), and the full date of signature (month, day, year).
 - 4) **The following individuals participated electronically or in writing** - The names of others who participated in the development of the IFSP via phone, internet conferencing, submission of written reports, etc., but were not physically present at the meeting must be entered here. List the specific manner in which each individual participated.
 - 5) **Translator/Interpreter (if used)** - List the name and contact number of any individual(s) who either interpreted any portion of the IFSP development process for the family/child (including evaluation), or who was responsible for translating the IFSP into the family's native language.
 - 6) **Related documents** – List any related documents that were used to develop the IFSP (for example, medical specialist's evaluation of an aspect of the child's health that is relevant to his developmental progress). These documents, while not part of the IFSP itself, must be included in the child's early intervention record.
 - 7) **Copies to** – List here all individuals who will receive a copy of the IFSP. If the IFSP is to be sent to persons who will not be actively involved in carrying out the plan, the parent must sign a separate release of information form. Also, if information is attached to the IFSP that was received from other sources (for example, a hospital discharge summary), permission must be obtained from the source of the report as well as from the parent(s).
-

PAGE 9:

IX. IFSP Review Record – This page is intended to provide documentation for the IFSP reviews that must be conducted every six months or more frequently as requested by the parent or other team members. The services page and the transition page often require updating during a review. Additions to the IFSP (updates) must be dated and signed. Page 9 of the IFSP documents the parent's consent for any changes to the IFSP made at the time of review.

Review Required?

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

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

No: An IFSP Review is not required if a short-term goal is not met by the target date. However, it may be appropriate to hold an IFSP review to discuss progress and whether there is a need to change the short-term goal. Otherwise, if the short-term goal is continuing, the team will revise the target date at the next IFSP review.

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

No: A review is not required to change the service provider for an entitled Part C service.

Other Requirements Associated with IFSP Reviews:

- *Prior Written Notice and Confirmation of IFSP Meeting* procedural safeguard forms must be used prior to an IFSP review.
- At a minimum, the review must include the parent(s) and any other friend or family member(s) requested by the parent, the service coordinator, and any direct service provider(s) as appropriate.
- This does not have to be a face-to-face meeting. Any means of reviewing the IFSP that is acceptable to the parents and other participants is permissible, as long as all participants have the opportunity to provide input.
- If the IFSP review is held by means other than a face-to-face meeting, then the contact notes must document the date of the IFSP review. Even though the parent's signature may not be obtained on that date, it is the date the review is held that must be within 6 months of the date the initial or annual IFSP was developed. Contact notes then document efforts to obtain the parent's signature.

- 1) **Purpose of Review** – Check the appropriate box to indicate if the review is being held as the required 6-month review of the IFSP or has been specifically requested by the parent or another member of the team.
- 2) **Review Date** – Date of the IFSP review meeting. If the IFSP review occurs by phone, then the date of the phone call to review the IFSP is the review date.
- 3) **Summary** – Provide an overview of what was discussed and decided at the review. This should include information from the family regarding their priorities and preferences and information from any current evaluations and from ongoing assessment in determining which IFSP services are needed. Include the manner in which the review was conducted and any other new information that might affect the IFSP. If there are changes made to the IFSP as a result of this review, include the rationale for the change(s) here.
- 4) **Changes** - Enter any changes that were made to the IFSP as a result of the meeting. This should consist of the current provision and what is changing about it, e.g., Physical Therapy is being changed from 1x/wk. to 1x/mo. If no change is recommended, write “none.” Changes authorized here must be entered in the appropriate IFSP section(s), either Section IV - Outcomes, and/or Section V – Services Needed to Achieve Early Intervention Outcomes, by entering the end date for the old provision and writing in the new provision on the next open line/page. If a new outcome is added, the header should retain the original IFSP date and the date the outcome is added should be recorded by “Date Outcome Added.”

- 5) **Projected Start Date for Change** – Record the date the change is projected to begin.
- 6) **Parental Consent** – The parent signs to indicate his/her involvement in the decisions and his/her informed consent for the changes. A written copy of parents' rights must be provided to the parent(s).
- 7) **Other IFSP Participants** - Everyone else who participated in the IFSP review, in addition to the parent(s), (including anyone accompanying the parents and knowledgeable authorized representatives of anyone directly involved with the evaluation of the child) must sign here and list their role, organization (as applicable), and the full date of signature (month, day, year).
- 8) **The following individuals participated electronically or in writing** - The names of others who participated in the IFSP review via phone, internet conferencing, submission of written reports, etc., but were not physically present at the meeting must be entered here. List the specific manner in which each individual participated

Duplicate the page as necessary.

ADDENDUM:

Use this addendum page to document the provider for each entitled service listed on page 6. Generally, the providers are not known at the time of the IFSP meeting so this page may be completed after the IFSP is signed.

- 1) **Entitled Service** – List the entitled services from page 6 of the IFSP, ensuring that each service is listed next to the same number on the Addendum as it is on page 6. This connects the service provider listed in the Addendum with the service details on page 6.
- 2) **Service Provider** – List the service provider’s name (e.g., Jane Doe), agency, address and phone number on the top row next to the service. There are 3 rows available for each service in case there is a change in service provider.
- 3) **Current?** – If there is a change in service provider or the service as listed with the corresponding number on page 6 of the IFSP has ended, check the N in this column next to the exiting service provider indicating that this provider is not a current provider. If the service is continuing but there has been a change of provider, then add the name of the new provider on the next row for that same service. Please note the following:
 - An IFSP review is not required in order to change the service provider as long as the service, as listed on page 6 of the IFSP, remains the same.

- If any aspect of the service changes (e.g., the frequency or the intensity), then the service as listed on the IFSP has ended and a new service has started (see page 17, #10). The new service is listed on a new line on page 6 of the IFSP, and that same service must then be listed on the corresponding line of the addendum.

ANNUAL IFSP

(Must be completed within 365 days)

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

Page 1

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

Page 2

- Complete in the same way as for the initial IFSP. The means of gathering the information may be different since much of it may be gathered through ongoing conversations during intervention sessions and service coordinator visits or calls. This is a great opportunity to assure that the team is staying in sync with the family since child and family routines and the family’s priorities, concerns and resources may change over time.

Page 3

- The providers who are serving the child are expected to be able to make a statement concerning the child’s present level of development in each of the developmental areas since ongoing assessment is a routine part of intervention. Re-evaluation and assessment at the time of the annual IFSP would only be completed if specifically needed in order to complete the annual evaluation of the IFSP for an individual child (e.g., the child has recently had major surgery that significantly impacted his/her developmental status or the child receives services infrequently and no provider has had the opportunity for ongoing assessment for a long period of time).
- Provide an update of the child’s overall functioning for the Team Evaluation – Narrative.
- Complete the remainder of the page as done for the initial IFSP.

Page 4

- The providers who are serving the child are expected to be able to make a statement concerning the child’s present level of development in each of the developmental areas since ongoing assessment is a routine part of intervention. Re-evaluation and assessment at the time of the annual IFSP would only be completed if specifically needed in order to complete the annual evaluation of the IFSP for an individual child (e.g., the child has recently had major surgery that significantly impacted his/her developmental status or the child receives services infrequently and no provider has had the opportunity for ongoing assessment for a long period of time). Specific age levels or ranges are required on the annual

- IFSP. Please note that it is not acceptable to write “at age level,” “within normal limits,” or similar vague descriptors.
- Use of the Virginia Part C Vision and Hearing Screening tools are not required for the annual IFSP. Providers should be alert to any signs that the child may be experiencing difficulty with hearing or vision, as such issues can arise at any age. In such cases, administration of the Hearing or Vision Screening tool would be appropriate. If the child had no problems with vision or hearing when initially evaluated and does not show any indication of problems at the time of the annual IFSP, it is acceptable to record the status as “no problems noted.” The status may also include examples of hearing and vision behaviors noted or updated eye or ear-specific status, if available. Methods used must be listed and may include observation, parent report, review of well-child report from the physician, etc.
 - The providers serving the child and family are expected to know from the ongoing assessments that are a part of intervention whether the child remains eligible for Part C. If the IFSP team has a question about whether the child remains eligible, it is appropriate to do a re-evaluation.
 - All other sections of this page are completed in accordance with instructions for the initial IFSP.

Page 5

- Begin numbering outcomes with number one (page 5-SC) even if you will be re-writing an ongoing outcome.
- Fill in the target date for the outcomes and the short-term goals. The “date met, changed or ended” will be filled in during future IFSP reviews if/when changes are made to that outcome.

Page 6

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

Page 7

- The transition pages from the child’s initial IFSP are to follow the child through subsequent IFSPs so that each IFSP includes a complete picture of the transition process. Therefore, the transition pages from the initial IFSP can be either electronically copied into or photocopied and inserted into the annual IFSP. Likewise, the transition pages from the first annual IFSP will be copied and used in the second annual IFSP. The IFSP team will continue adding information on the original transition pages throughout her/his enrollment in Part C. The date of the most current IFSP must be entered at the top of the transition page as it is used in subsequent IFSPs (e.g., the date of the annual IFSP is entered at the top so it is clear that this transition page goes with this annual IFSP).
 - When completing the IFSP electronically, enter the date of the annual IFSP as the IFSP date at the top of page 7.

- When completing the IFSP by hand, please add the new IFSP date on the second line under IFSP Date at the top of the page without striking through the previous IFSP date (so it does not appear to be an error).

Page 8

- Complete page 8 as you did for the initial IFSP. The only difference is that the “Facts about Family Fees” document must be provided and explained to the family at the time of the annual IFSP.

Page 9

- Page 9 remains the same as described in the instructions for completion of the initial IFSP.

Addendum

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

ATTACHMENT A:

Instructions for Using Word Processing to Customize and to Complete the IFSP FormMaking permanent changes to the IFSP form

The IFSP form may be customized with permanent changes for local use **only** in the ways described in the first point under General Information on page 1 of this document.

Electronic version of the IFSP:

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

To make permanent changes, you must first **unprotect** the form. To do this in MS Word:

- Click on the Tools menu
- Click on *unprotect document*

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

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

To protect the document:

1. Click on the Tools menu
2. Click on *protect document*
3. A window will appear with three options for protecting the document. Select *forms*.
4. The window will also have an option to password protect. If you enter a password, no one will be able to unprotect the document for further permanent changes unless they know that password. If you do not wish to use a password, leave the space blank and click *OK*.

Handwritten version of the IFSP

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

Using Word Processing to complete the form

- You will need to make all required and optional changes to the IFSP form before you begin typing an individual child's IFSP. Make sure the document is protected before you begin filling in information of an individual child. If you unprotect the document

in the middle of entering a family's information, you will lose the information when you re-protect.

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

For local systems that complete the Evaluation Narrative in a separate Word document and then paste into the IFSP form

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

ATTACHMENT B

Instructions for Completing the Mental Retardation Targeted Case Management (TCM-MR) Version of the Statewide IFSP Form

The TCM-MR version of the IFSP form requires the following additional or different information from the standard statewide IFSP:

Page 1

- **Child's Name** – If the IFSP will be used as the Consumer Service Plan for Targeted Case Management, then the child's full name must appear on every page. If the child has a nickname, it is acceptable to include that in addition to his/her full name.
- **Dates Quarterly Medicaid Targeted Case Management Reviews Due** – Enter the dates by which the quarterly TCM reviews must be completed.
- **Dates IFSP/TCM Reviews Completed** - When the quarterly TCM review is held, write in the date of the review. Although there is no requirement that the quarterly TCM review include the family, local systems are strongly encouraged to consider the quarterly TCM review to be an IFSP review if the IFSP is being used as the Consumer Service Plan. An IFSP review is required if changes to outcomes or services are being considered.
- **Date(s) Other IFSP Reviews Completed** – When the 6-month or other IFSP review is held separately from a quarterly TCM review, write in the date of the review here. It is not necessary to rewrite the IFSP at every six-month review or when a review is held at a time other than 6 months, as long as the IFSP is updated to reflect the child's current needs and plans. However, a new IFSP form must be initiated at each annual IFSP meeting.
- **Medicaid Number (Optional)** - For children receiving Targeted Case Management Services, it is helpful, though not mandatory to include the Medicaid number on page 1 of the IFSP. This should be the child's permanent Medicaid number (as opposed to a MCO number, for instance).
- **This IFSP also serves as the Consumer Service Plan for Targeted Case Management from _____ (start date) to _____ (end date)** - Check this box if the IFSP is also being used as the TCM Consumer Service Plan. Enter the start date and end date for the Consumer Service Plan. The end date will generally be one year from the start date, unless the child is expected to exit Part C sooner than that or the child became eligible for TCM some time after the initial (or annual) IFSP was developed.

Page 2

- **Child and Family Activities** – Since targeted case management focuses on the child, it is important that this section clearly identifies activities in which the child participates or the family would like the child to participate as well as the activities the child enjoys.
- **Social Assessment** – In order to meet TCM-MR requirements, provide the child's current status in each of the areas listed. If the required information is covered

either completely or partially in another section of the IFSP, it is acceptable to note next to the appropriate prompt in Section IIc, “See _____” or “See also _____” rather than repeating the information.

Reminders:

Medicaid needs to know if the child has any income. This would include any income in the child’s name, such as trust funds, some child support, etc. This information should be recorded in “Financial, insurance, transportation and other resources.”

In “Physical/mental health, safety and behavior issues,” please note that safety includes any abuse or neglect.

The social assessment must clearly establish the need for targeted case management. It must be clear from the social assessment why the service coordination short-term goals were identified. Identify within the social assessment categories what the family wants help with for their child. The monthly billable case management activities must address the specific needs of the child as addressed in the short-term goals.

Page 4

- **Eligibility for Targeted Case Management** – Mark whether the child is eligible or not eligible for Mental Retardation Targeted Case Management. In order to be eligible for Mental Retardation Targeted Case Management, the child must be delayed in cognitive and adaptive development. There is no requirement that the delay be of any certain percentage. Please note, however, that adaptive development is defined differently under TCM than under Part C. Under TCM, adaptive skill areas include communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. A child under the age of six may also be eligible for Mental Retardation Targeted Case Management due to the presence of a syndrome typically associated with mental retardation.

Page 5-SC

- **Child will receive...** - Check the appropriate box to indicate whether the child will receive service coordination or service coordination/targeted case management.
- **Outcome (Long-Term Goal)** – Outcome #1 is a general service coordination/case management outcome that is required for all children eligible under Part C.
- **Short-Term Goals** – The short-term goals must be worded in terms of what the service coordinator/case manager will do for the child. For instance, if the social assessment indicates a need for WIC and food stamps, then the short-term goal must make clear that the service coordinator/case manager will “Provide supports identified by your family to include resources for: Meeting John’s nutritional needs by assisting in applying for WIC and food stamps” (or other similar

wording). It is not acceptable to write "... resources for: Helping the family get WIC and food stamps." Similarly, if there is a need to get information or an appointment with a physician, it is not enough to write a short-term goal stating that "the family will follow-up with the physician."

- **Service Coordinator/Case Manager** – Enter the name, credentials, and role/organization of the individual who will provide service coordination or service coordination/targeted case management.

Page 6

- **Frequency and Intensity of Service Coordination** - For Part C, direct contact time is with the family and includes activities such as home visits, phone calls and emails with the family, accompanying the family to an appointment, etc. Under Targeted Case Management, direct contact time is with the child. For children receiving TCM, the frequency box must reflect at least one contact directly with the child every 90 days.
- **Actual End Date** – Criteria for Part C eligibility and TCM eligibility are not the same, and children discharged from Part C may still be eligible for TCM. A child who continues to be eligible for TCM once they are no longer eligible for Part C cannot be discharged from TCM unless the parents consent. TCM must continue to be provided by someone in the catchment area. Children receiving Targeted Case Management must be given the right to appeal if their TCM services end. If the child is discharged from TCM, an appeal letter must be sent to the family in accordance with requirements in the Medicaid Mental Retardation Community Services Manual, Chapter IV.

Page 9 - TCM

- The TCM version of the IFSP Review Record page includes prompts for the information required under targeted case management at each quarterly review as well as that required for IFSP reviews under Part C. *Use of this page is optional.*
 - General Status – Record the child’s general status, including health and safety, at the time of the quarterly review.
 - Significant events – Document any significant events that have occurred since the plan was developed or since the last quarterly review of services.
 - Progress of lack of progress – Describe the progress of lack of progress in meeting the Consumer Service Plan/IFSP.
 - Satisfaction with services – Describe the family’s satisfaction with services received under the Consumer Service Plan/IFSP.

Page 9

- The regular version of page 9 is also included with the TCM-MR version of the IFSP. The regular page 9 may be used when an IFSP review is held separately from the quarterly TCM reviews or if the local system decides to document only the Part C requirements on the IFSP (and documents the TCM quarterly review requirements elsewhere).

For additional information about Mental Retardation Targeted Case Management, please see the Mental Retardation Community Services Manual, Chapter 4 (available at www.dmas.virginia.gov, click on Provider Manuals.)

Note: Child determined eligible for TCM later

If a child is not eligible for targeted case management (TCM) at the time of his/her initial Part C evaluation/assessment but later becomes eligible for TCM, the following steps may be taken to use the IFSP as the Consumer Service Plan for TCM:

1. Hold an IFSP Review to add the required elements of the Consumer Service Plan (as described above, in this attachment).
2. At the bottom of page 1, enter the start date of the Consumer Service Plan (which would be the IFSP review date) and enter the end date for the Consumer Service Plan (which would be one year from the IFSP date, the date the annual IFSP is due).

Note: MR Waiver

Some children receiving TCM are also eligible for MR Waiver services. The TCM version of the IFSP has not been designed to meet the additional requirements of the MR Waiver.