

Individualized Family Service Plan (IFSP) Form - Guidance

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I. Completion of the IFSP Form

A. General Information

- Virginia's statewide IFSP has been formatted to meet the IFSP requirements of Part C of IDEA, and (along with physician certification) serve as plan of care documentation required for reimbursement by the Department of Medical Assistance Services (DMAS) and most other third party payors. Components that contain Medicaid requirements for Rehabilitation services are identified throughout this document with a letter [M]. Medicaid requirements for Targeted Mental Retardation Case Management Services (formerly referred to as MR Case Management under the State Plan Options) are identified with the letters [MR CM]. (At this time, documentation requirements for MH CM have not been integrated into the IFSP).
- The form may be filled out *electronically*, or *printed out and completed in handwriting*.
- [M] Black ink or type font should be used throughout the document.
- If/when errors are made when completing the IFSP for an individual child, they must be crossed out with a single line and initialed and dated by the author. Using whiteout or erasing is never permitted. (This is a quality/risk-management issue).
- 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 helps 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 (except progress toward outcomes for the initial IFSP) should be filled in. [M] If an item is non-applicable, place "N/A" in that space. There should be no blank spaces (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.

B. Page by Page Instructions

PAGE 1

I. Child and Family Information

The information contained in this page is primarily for the purposes of Part C. There will be other demographic information required by third-party payors (e.g., Social Security number, insurance policy number/s, diagnosis codes) and possibly by individual Councils (e.g., program ID numbers). Much of this information 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 [M]** - Fill in child's date of birth
- 3) **Gender** - Use an M or an 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 Councils who have more than one city or county in their catchment area. This may be preprinted on the form for Councils who only serve one city.
- 5) **IFSP Date** - Enter the date of the IFSP meeting.
- 6) **Initial/Review/Annual** - Check the appropriate box to indicate if this is the child's initial IFSP or if it is the 2nd or 3rd annual IFSP and write in which.
- 7) **Date Six-Month Review Completed** - When the six-month IFSP review is conducted, write in the date of the review. It is not required to rewrite the IFSP at every six-month review as long as the IFSP is updated to reflect the child's current needs and plans. A new IFSP form must be initiated at each annual IFSP meeting. (For more information, see Chapter 10 of the Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP manual.)
- 8) **Date(s) Other Review(s) Completed** – Fill in the date each time there is an IFSP review/meeting.
- 9) **Family's Primary Language or Mode of Communication** - Fill in family's primary language or mode of communication. (Examples: English, Spanish, American sign language, augmentative communication system)
- 10) **Child's (if different)** - Fill in child's primary language or mode of communication, if different from family's. If it is the same write "same."
- 11) **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 and 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), and allows room for

updates as information changes. Some councils may also wish to include the primary care provider's name and contact information in this section.

- 12) **Service Coordinator's Name, Agency, Address, Phone and Fax Numbers** – Fill in all contact information for the family's service coordinator*, 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.***

Note: For children receiving Targeted Mental Retardation Case Management Services, it is helpful, though not mandatory to include the Medicaid number on page 1 of the IFSP.

Note: Some DMAS Utilization Review personnel require that the terminology "case manager" be used.

PAGE 2

II a. Child and Family Typical Routines and Community Activities

Fill in information regarding the family's everyday activities and routines and information about what the child and family normally enjoy in order to 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. This section may be filled out by the family or by the service coordinator. For more information, see chapter 6 (Natural Environments Requirements and Learning Opportunities) and appendices G (Natural Environments), H (Learning Opportunities), and I (Virginia's Family-Centered Early Intervention Approach) in the Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP manual.

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 and those they need to assist their child. 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 services provided as part of the IFSP. (This section may be filled out by the family or by the service coordinator). 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. (For more information, see chapter 7 (Family-directed Family Assessment) and chapter 8 (Evaluation/Assessment) and appendix L (Information from Virginia Department of Medical Assistance Services) in the Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP manual for additional information.

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III a. Team Evaluation

- 1) **Developmental Evaluation Results** – 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). A short statement of functional abilities can also be included here. For vision and hearing, note the results of vision and hearing screens or tests.

- 2) **Methods/Instruments Used** – List all methods and instruments used to arrive at the information reported in the "Results" column. Federal regulations stipulate, "**No single procedure is used as the sole criterion for determining a child's eligibility under this part**" (Sec. 303.323c). The names of tests or scales used should be listed as should informed clinical opinion, observation, parent report, etc.
- 3) **Evaluation Date/Chronological Age/Adjusted Age** – List the date of the evaluation of each developmental area reported in the Results and Methods columns.
- 4) **Evaluators Initials [M]** – The evaluator must place her initials in the rows of the developmental areas she evaluated. It is acknowledged that in a transdisciplinary assessment, all assessors provide input in all the areas of development. The "initials" box may contain initials of more than one evaluator. (This is a change from previous instructions).
- 5) **Eligibility for Services**– Fill in all the criteria under which the child was found eligible for Part C services. Include specifics, as appropriate (i.e., *which areas* showed 25% or greater delay, the *type* of atypical development, the *name* of diagnosed conditions). Be sure evaluation results and/or Team Summary narrative support the eligibility decision. Councils may delete the checklist from the format as long as they ensure that all relevant eligibility criteria are entered.

PAGE 4

III b. Team Summary of Child's Development [M]

- 1) The written summary of the child's development must include 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 summary of developmental/functional strengths and needs. This written summary must also include a statement of the child's present levels of development in each of the developmental areas listed on page three. This section may be formatted in any manner. An integrated report summarizing the findings from all evaluation sources is recommended.

If more than one page is required, a second Page 4, entitled "Team Summary of Child's Development (cont.);" is available. If used, additional pages should be sequenced alphabetically, using the small line beside the page number at the top right of the page. The first page of the summary then, would be 4a. The second page; 4b, and so on. A note should be written at the end of the narration on Page 4a, saying, "(con't on page 4b)." For each additional page, the preceding page should reference the continuation onto the next page.

If evaluations completed outside the Infant & Toddler Connection of Virginia System are used, these should be referenced in the summary on page 4 and must be included in the child's early intervention record.

The "social assessment" (or "consumer profile") required for children receiving Targeted Mental Retardation Case management Services can be documented on page 4 and must include assessment of the following areas:

- Physical/mental health
- Financial/insurance/transportation
- Home/Daily living
- Education/vocational
- Leisure/recreational
- Relationships/social supports
- Legal issues/guardianship
- Consumer empowerment/advocacy
- Additional information.

- 2) **Recommendation about the benefit of intervention [M]** – If child is eligible for Part C services, write a general statement about how/why the child would benefit from early intervention services. For example: "(child's name) would benefit from Early Intervention services to *assist him with becoming more independent with feeding*" or "(child's name) would benefit from Early Intervention services to *assist him with becoming more independent with moving.*" Conversely, if child is not eligible for Part C, write "(Child's name) does not need early intervention services at this time." There is a place to fill in this information on each of the page 4 forms. (This was necessary in case only one page is used for the team summary). This information should be entered only once and should be on the *last* page the "Team Summary of Child's Development." Write see final page of Team Summary of Child's Development" on the line for recommendations about benefits of intervention on the preceding page/s.
- 3) **Evaluator(s)' printed name, credentials, organization, signature, date [M]** – DMAS requires the signatures/credentials of any occupational therapists, physical therapists and speech-language pathologists who participated in the evaluation. The date is also required along with therapist(s)' signature(s). While signatures of other evaluators are not required, it is appropriate to include signatures of all persons (including the family) who participated in the evaluation and assessment. It is imperative for all signers to indicate their credentials (Registered Occupational Therapist - OTR, for example) in order to meet this requirement. If the summary is written as an integrated report by a team recorder, all therapy evaluators involved must sign at the end of the summary. If the summary was written in multidisciplinary style, each therapy evaluator must sign his/her own section. All signatures/credentials go at the end of the sections in which the signer/s had input.
- 4) **The following people participated in the evaluation (printed name, credentials, role/organization, signatures, date) [M]** - Evaluators should print their name, role/organization/credentials as appropriate, and sign and date here. For example:

Mary Anderson, Parent	Mary Anderson	9/15/00
Cathy Jones, OTR, Independence, Inc.	Cathy Jones	9/15/00
Debbie Smith, PT, ABC Therapists Inc.	Debbie Smith	9/15/00

Note: In some circumstances providers who are not a part of the Infant & Toddler Connection of Virginia system may complete evaluation components. In order to avoid duplication of evaluations, the IFSP team must develop the IFSP based upon evaluation reports written outside of this format. In that case, the information required here must be

transferred from the evaluation report to page 3, so that it is clear that all required Part C components have been completed. The information from the existing evaluation reports is integrated into the team summary report on page 4. The separate evaluation reports must be included in the child's early intervention record. If a provider evaluated only some but not all of the areas required by Part C, the Part C evaluation team will need to evaluate the remaining areas.

- 5) ***Recommended Services are listed on pages 5 and 6.** [M] – This note is here because Medicaid requires a recommendation for services based upon the evaluation. There is the expectation, in the medical model of therapeutic service delivery, that once services are recommended, the service provider will determine the intended outcomes of the service (with agreement from the parents). Part C, however, requires services to be recommended based upon the identified outcomes, arrived at only after the following: a) the family has identified their priorities; b) the parents and the rest of the team have had the opportunity to review all evaluation/assessment information; and c) all forms of intervention have been considered including informal supports and community resources.

PAGE 5

Outcomes - Each Outcome must be recorded on a separate page. There are two versions of the Outcome page. One is designed to be used for children who receive Targeted Mental Retardation Case Management Services through DMAS. This version has the number 1 filled in after Outcome (Long-Term Goal). The other Outcome page is to be duplicated and used for all other outcomes. Each outcome should be numbered and each page should be sequenced alphabetically.

IV. Outcomes of Early Intervention (version 1 - for children eligible for Targeted Mental Retardation Case Management Services) is partially completed in order to assure inclusion of required activities. This page will include a combination of Part C required activities/ documentation requirements and Targeted Mental Retardation Case management (MR CM) activities. For additional information about MR CM Allowable activities, refer to the **most current** Mental Retardation Community Services Medicaid Manual. ***This form can also be used for children who do not receive Targeted Mental Retardation Case Management.*** The form can be edited to remove the references to MR CM when using it for a child who does not receive MR Case Management).

IV. Outcomes of Early Intervention (version 2) can be used to document the Outcomes of service coordination for children **not eligible** for Targeted Mental Retardation Case management. In addition, this page should be used and duplicated for all subsequent outcomes. Subsequent Outcomes should be numbered from # 2 on, and the pages should be numbered from 5 6 on. *This is the page to use to document the outcome for which social services (counseling services to assist the family in understanding their child's special needs) are required. (See Interpretation of the Outpatient Rehabilitation Provider (ORP) requirement for Social or Vocational Adjustment Services (Standard VI, Reg. 485.717, Codes I 67, I 68 and I 72) for Early Intervention Providers in Virginia.)*

THE INSTRUCTIONS BELOW APPLY TO ALL IFSP OUTCOMES

- 1) **Review Date** – This space was added to provide a mechanism to record the start date for outcomes that are added after development of the initial IFSP. For outcomes developed at the initial IFSP meeting, this space is left blank. For outcomes added during review meetings, enter the date of the IFSP review during which the outcome was added.

- 2) **Outcome** (Long-term functional goal) # ____ [M] - 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 for their child, or it may be an outcome related to the family's ability to enhance their child's development. It should be functionally stated, reflect the family's priorities, and be consistent with information gathered from the 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 be able to sit in her adapted high chair for the entire supper meal each day ". (For more information, see Chapter 11 of the Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP manual).
- 3) **Target Date** – [M] DMAS requires a date by which the Outcome could reasonably be expected to be obtained (for Medicaid rehabilitation services). 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 and/or to a required third party payor review date. Medicaid Rehabilitation requires annual reviews for non-acute category and 60 day reviews for the acute.

Note: [MR CM] Quarterly reviews are required for Targeted MR Case Management.

- 4) **Date Met, Changed Or Ended** – Enter date at any point at which the Outcome was met, changed or discontinued. The change this date represents must be documented in the Comments on Progress section at the bottom of the page and in Section IX – IFSP Review Record.
- 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 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 progress notes/lesson plans/individual session records). All 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** – [M] The short-term goals provide the Part C-required **criteria** for determining the degree to which progress is being made toward achieving the outcome, and also meet payor requirements for short-term goals for achieving the outcomes. 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."* Short-term goals should span the entire period of time expected to be authorized by the payor. For example, for Medicaid non-acute, there may be short-term goals with a target date of two months, goals with target dates four months out, six months out, etc. If this is not done, authorization (with reports and new goals) will be required for the time between the last short term goal target date and the annual review date. (If goals are included that are not reimbursable by or relevant to DMAS, the DMAS-relevant goals should be clearly indicated. This can be done by placing an

asterisk beside DMAS-reimbursable goals and including a corresponding explanation at the bottom of the page).

- 7) **Target Date (for short term goals)** [M] – Provide target dates for when each short-term goal could be expected to be achieved.
- 8) **Date Met (for short term goals)** [M] - Enter date at any point at which the short-term goal was met, changed or discontinued. This date must correspond to information provided in the "Comments on Progress" section below.
- 9) **Interventions (treatment procedures, modalities)** [M] - **THIS SECTION IS TO BE COMPLETED ONLY AFTER ALL OF THE OUTCOMES HAVE BEEN DETERMINED.** Enter Part C recommended **supports and services** for achieving the outcome and if billing Medicaid, enter DMAS-required **treatment modalities**. For DMAS, the type of therapy(ies) needed (i.e., PT, OT, or SLP) and any treatment modalities required, such as gait training (assistance with walking), exercises, verbal or nonverbal communication training, etc. must be listed here. **Only treatment procedures or approaches that have been agreed upon by the entire team are to be listed here. Whatever is listed in this section must be made available.**
- 10) **Comments on Progress (degree to which outcome is met; revisions if needed)** – This section is left blank on the initial IFSP. Information must be recorded here:
 - When the child accomplishes any of the short term goals (or outcome/long term goals)
 - At the six month and annual reviews
 - Whenever a decision is made to modify the outcome (including short term or services). This decision requires an IFSP review.

PAGE 6

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

Check yes or no after the following statement "The IFSP team agrees that social services are required (counseling services to assist the family in understanding their child's special needs)."

- 1) **Service** – Enter each 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 state regulations (listed below).

Assistive technology devices and services	Psychological services
Audiology	Service coordination
Family training, counseling, and home visits	Social work services
Health services	Special instruction
Medical evaluations	Speech-language pathology
Nursing services	Transportation and related costs
Nutrition services	Vision services
Occupational therapy	Services such as respite or family support if needed
Physical therapy	to meet the developmental needs of the child

- 1) For definitions of each service see appendix J of the Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP manual.
- 2) **Agency Name, Address, Phone** – Enter the name, address, and phone number of the agency providing the service listed in the adjacent row in the Service column. Do not list the provider’s name.
- 3) **Frequency; Intensity; Methods** – Enter the number of visits per week/month a service is to be provided, the length of time the service is provided during each visit, and whether the session is provided on an individual or group basis. (For example: "1x/wk.; 1hr./visit; individual). ***It is not acceptable to list a range (such as 1-2x/week or 30-45min/visit) for frequency and intensity.*** Note: Since several payors have indicated that it is acceptable, it is ok to plan for and record a change in frequency of therapy, such as "weekly occupational therapy for two months, then occupational therapy every two weeks for three months."
- 4) **Natural Environments/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 the form) for why the outcomes cannot be met in a natural environment. For services that will be provided in various community settings, you can 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.
- 5) **Payment** – List the anticipated payment sources for each service. For example, if the family’s insurance will pay and the family will make a co-payment, enter “insurance; family”. If Part C funds will be used to help with the co-payment, it should say “insurance; family; Part C.” Abbreviations are permitted if needed to have enough room to enter all sources. “None” is not an option. Other payment options may include donation, state, city, etc.
- 6) **Start Date** - Enter date the service will begin. This should be the earliest possible date and may be listed as a month and the year. (The exact date of the first appointment is not required). It is not permitted to delay services while waiting on insurance authorization, except by parent request.

Note: [MR CM] Billing for Targeted CM begins on or after the first face-to-face meeting with the child.

- 7) **Projected End Date** – Enter date when service can reasonably be expected to have met all outcomes or a future IFSP review date. Third party payors will use the projected end date as the authorization time frame. Therefore, it is wise to anticipate the greatest length of time the service may be needed. If services are needed beyond the date authorized by the payor, re-authorization will be required.

Note: [MR CM] Pre-authorization and re-authorization are not required for MR CM.

- 8) **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 service provider agency, frequency, intensity, method, or location. In the latter cases, the service as 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 that includes, at a minimum, the parent, the service coordinator, and the relevant provider, and must be documented in Section IX – IFSP Review Record.

- 9) **Justification of why early intervention outcomes cannot be achieved satisfactorily in natural settings** – 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 timelines and supports necessary to return early intervention services to natural settings within the child’s and family’s daily activities and routines. Use the IFSP con’t. page if needed. (Make a notation "continued" if you do so). *Unavailability of therapists to treat in natural settings, and therapist or parent preference 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 for these reasons just listed, the services are not Part C services and cannot be paid for with any federal, state or local early intervention funds).*

- 10) Discharge **Planning [M]** – This statement is required by Medicaid and meets its requirement for Discharge Planning. Nothing further need be entered here. (Child-specific discharge/transition information is recorded in Section VII. Transition Planning).

Note: [MR CM] Children receiving Medicaid Targeted CM must be given the right to appeal if their Medicaid CM services end. Criteria for Part C eligibility and Targeted CM eligibility are not the same and children discharged from Part C may still be eligible for Targeted CM. If the child is discharged from MR CM, an appeal letter must be sent to the family (See Mental Retardation Community Services manual, Chapter IV, [pages 104-107](#)).

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, the location at which the service is typically rendered, and the funding source for the service. If there is no funding source for a service, list the steps that will be taken to help the family secure funding and the steps that will be taken to help the family access the service. Charges for all entitled services (services listed in Section VI) fall under the family’s monthly fee cap. Services listed in this section do not. Though Part C funds are not used to pay for these “other” services, the service coordinator should take all possible steps to assist the family in securing resources to pay for them.

Note: Any medical evaluations determined appropriate by the IFSP team are considered entitled services and should be listed in the entitled services section. (These evaluations must be provided at no cost).

Note: Services parents secure on their own outside of Part C (because they want a specific provider or a specific location, for example) should also be listed in this section.

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.

- 1) **Transition Plans and Activities** - The check-off boxes beside each activity are there to indicate when that activity is currently being addressed. Only check each box on the start date for that activity. Since planning and preparation for transition should begin at program intake, it is anticipated that the first two activities would be addressed upon entry into the early intervention system, if only in a very general way at first. For example, in the case of a very premature baby just exiting the NICU, it might be mentioned to the parent/s that early intervention services are available up to age three years, as long as the baby needs them, and that other services are available as needed. This then becomes the basis upon which to build, as the child gets older. ***Please note, however, that the transition activities listed here are required by federal and state Part C regulations, and all must be checked eventually, unless the child will receive no further service of any type upon leaving early intervention.*** In that case non-applicable activities (e.g., sending child referral information to the next setting), should be marked "n/a."
- 2) **Individualized Transition Steps** - This section exists to record the specific individualized steps that will be taken to achieve the activities in the section above. This section must be completed, or it is not considered an *individualized* plan. When a check box is checked for a particular activity, specific, individualized information should be documented beneath the typed sentence (or filled in the blank spaces for #5). This page should be updated more frequently as the time of the child's transition draws nearer.
- 3) **Person Responsible** – List the person(s) who will take the primary initiative for assuring the completion of each activity.
- 4) **Date Started** – Enter the date you begin to discuss/implement the activity listed in the Transition Plans and Activities column.
- 5) **Date Completed** - Enter the date the corresponding plan or activity was completed.

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VIII. IFSP Agreement

- 1.) **Payment** - This information combined with the information supplied for each family in the payment column of the Services Table in Section VI, is intended to meet the Part C requirement that payment arrangements for services be specified in the IFSP. The statements provided here are consistent with Part C and with Virginia fiscal policies.

Note: [MR CM] Billing for MR CM is separate from Medicaid Rehabilitation billing; the specifics for this are not spelled out on the IFSP form.

- 2.) **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 Part C 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. (**Note:** There is a phase in for implementation of the Statewide Family Ability to Pay Procedures. Depending on the local council, this process may not be in place until December 2001).

- 3.) **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.
- 4.) **Other IFSP Participants** - Everyone else who participates in the IFSP meeting, 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 date of signature.
NOTE: This is not the place to indicate physician certification of medical necessity for insurance purposes. It should be done on a separate form. A sample form can be found in Appendix B of the Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP manual.
- 5.) **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.
- 6.) **Translator/Interpreter (if used)** - List the name and contact number of any individual(s) who either interpreted any portion of the IFSP development process for the family/child, or who was responsible for translating the IFSP into the family's native language.
- 7.) **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 must be included in the child's early intervention record.
- 8.) **Copies to** – List here all individuals who will receive a copy of the IFSP. **Note:** 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 included in 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.

C. IFSP Reviews

PAGE 9

IX. **IFSP Review Record** – This page is intended to provide documentation for IFSP reviews that are to be conducted every six months or more frequently as requested by the parent or other team members. This page also documents the parent’s consent for the changes to the IFSP. At least every six months after the initial IFSP, an IFSP review is conducted to determine the degree to which progress is being made toward achieving the outcomes and whether modification or revision of the outcomes or supports and services is necessary. Reviews can occur more frequently if needed. Page 9 serves as a summary of the review. In addition, specific comments on progress for outcomes should be documented in the “comments on progress” section of each outcome page. More detailed information concerning current status can also be documented on pages 3 and 4. (Changes to contact information for the family and/or change in the service coordinator should be documented on the IFSP as the changes occur). The services page and the transition page often require updating during a review. Additions to the IFSP (updates) must be dated and signed.

An IFSP Review must occur whenever a change to the outcomes, short-term goals or services provision (frequency, duration, method, natural environments/location) specified in the IFSP is being considered. *Prior Written Notice* and *Confirmation of IFSP Meeting* procedural safeguards are required. 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.

Note: An IFSP Review is not required to add or change learning opportunities and activities, or to record progress on outcomes, or to add/document specific transition strategies. The above additions should be written right on the form and must be initialed and dated. In other words, the IFSP document should serve as an ongoing record as well as the intervention plan.

- 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 (in which case the reason for the request should be specified).
- 2.) **Review Date** – Date of the meeting.
- 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 – EI Services and Supports, 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 “review date.” ***Note:** Therapists must be aware of and follow payor requirements related to changing frequency of therapy or therapy goals.

- 5.) **Date Change Effective** – Record the date the change will take effect.
- 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** - Participants in the IFSP review, (besides the parent/s who sign in the Consent section), are to record their name, list their role and organization (as applicable) and sign and record the date in this section. Participants who were not physically present at the meeting, but who participated electronically or in writing, should be listed. Signatures are not required for Part C purposes for these participants. However, if this page is to be used as a plan of care for a third party payor, signatures of participating therapists are required, regardless of the method of participation.
- 8.) **For Insurance purposes only** – This line is provided for IFSP changes in therapy service provision requiring physician certification. The medically necessary services that are to be certified via physician signature must be listed. It is only used when needed for insurance reimbursement purposes.

Duplicate the page as necessary, remembering to add in the alphabet page sequencing on each successive page (i.e., Page 9 a, 9 b, etc.).

Note: [MR CM] For Targeted Mental Retardation Case Management, quarterly reviews are required. Monthly activities of the "case manager" are summarized and amended, as needed. The "case manager" is expected to have a minimum of one case management activity monthly (a billing month), related to the Individual Service Plan **and at least one face to face meeting every 90 days.** The monthly activities can be documented in case (progress) notes.

D. Annual IFSP (Must be completed within 365 days – both for Part C and TCM)

Formal re-evaluation and assessment is not required and should not be provided unless specifically needed for an individual child in order to complete the annual evaluation of the IFSP. Services may already be ongoing so the actual start date for services may precede the date of the annual IFSP. Some items of the transition planning and activities page may have already been completed. 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 the 2nd or the 3rd IFSP
- Fill in the dates for the six month (after the annual) and subsequent IFSPs as they occur

Page 2

- Fill in as you did for the initial IFSP. The means of gathering the information may be different as much of it may be gathered through ongoing conversations during treatment 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

- Routine re-evaluation and assessment of the child to determine specific age levels and ongoing eligibility are not required nor recommended. The need for re-evaluation and assessment should be determined on an individual basis based on specific needs of the individual child. The providers who are serving the child should be able to make a statement concerning the child's skills in each of the developmental areas since ongoing assessment is a routine part of treatment. Specific age levels are not required.
- Methods or Instruments used can include clinical observation, informed clinical opinion, parent report, and scales or specific instruments.
- It is not acceptable for the initial IFSP to indicate, "no problems noted" for vision and hearing. However, if the child had no problems identified 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 "no problems noted."
- The providers serving the child and family should know from the ongoing assessments that are a part of treatment 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 and assessment.

Page 4

- Provide an update of the child's overall functioning for the Team Evaluation – Narrative. Include diagnoses and reason for continued treatment (rather than reason for referral), summary of current health and physical development and current functional strengths and limitations.
- Complete the remainder of the page(s) as you do for the initial IFSP.

Page 5

- Begin numbering outcomes with number one even if you will be re-writing an ongoing outcome.
- Fill in the target date for the outcomes and the short-term goals. The "review date" will be filled in during future IFSP reviews if/when changes are made to that outcome.
- As with the initial IFSP, the intervention section of this page is not completed until all of the outcomes are determined. Complete as you did for the initial IFSP
- For new outcomes, and for signatures and "comments on progress", follow instructions listed for the initial IFSP.

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 and "continuing" should be recorded as the "start date."

Page 7

- Some of the transition activities will have already been completed when the annual IFSP is done. For activities that have been completed, the notation "see initial IFSP" can be made. Many transition activities, though, are ongoing. Restate the plans for those that continue.

Page 8

- Complete page 8 as you did for the initial IFSP. The only difference is that for those localities that are implementing the Statewide Ability to Pay procedures, the "Facts about Family Fees" document must be provided and explained to the family.

Page 9

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

II. Additional Information

A. Adding Local Council Information

PLEASE NOTE: *In order to maintain the official identity of the statewide IFSP, changes should be made only to the items marked "optional"*

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

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

- 1) Click on the Tools menu
- 2) Click on "un-protect document."

To make deletions, select (highlight) the words to be deleted and press delete. Be careful about highlighting blank spaces when you delete because you could be deleting codes that affect the format of the document. This is especially important when deleting a whole page.

After you make changes, be sure to protect the document again. If you don't, attempting to type new information will alter the 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 changes unless they know that password. If you do not wish to use a password, leave the space blank and click OK.

REQUIRED CHANGES TO THE FORM

Unprotect the document and make the following changes as appropriate before implementing use of the form in your locality/agency. **Note: Only the changes mentioned in this document are permitted by the state.**

- **Council Name** (Required) - Before printing out the form, delete the words "Council Name" and enter your own Council Name. Do not use Program or Provider name here.
- **Program Name** – (Optional) Delete the words "Program Name" and enter your Program or Provider name. If you do not wish to have a separate Program name, simply delete the words "Program Name here" and do not enter anything else.

NOTE: The font used for Council Name and Program Name may be individualized by unprotecting the document (see General section above). There is only one line allowed for Council Name and one for Program name. Make sure you select a style and size font that will allow your entire Program and/or Council name to fit in the space/s provided.

OPTIONAL CHANGES TO THE ORIGINAL FORM

In order to speed completion of the IFSP, you may want to enter any consistent or unchanging information into the format of the form eliminating the need to repeatedly add the same information manually.

- **Child's County or City of Residence:** (optional) In some catchment areas (e.g., Norfolk) this information will virtually never change. For those areas, it is advisable to add this permanently to the form
- **Service Coordinator's Name, Agency, Address, Phone and Fax Numbers:** (optional) Consider adding the Service Coordinator's Agency information in advance for your program. Leave the top space blank in order to enter Service Coordinator's name, but add all consistent information to the permanent form.

Other optional changes:

- On page 1, the header "Date child became known to the system" can be added to the form. (This is the date the 45-day timeline starts).
- Changes can be made in the amount of space allotted for various components. For example, the form can be adjusted to increase or decrease the amount of space available for learning opportunities on page 5 or for daily routines on page 2. Remember, there will need to be a compensatory adjustment of another item on the page if changes are made to one item.

B. Using Word Processing to Complete the Form

- You will need to make all format changes before you begin typing an IFSP. Make sure the document is protected before you begin filling information for 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. You must re-protect or risk losing the document's formatting; pages will slide off onto the next page making the top of the page show up in the middle or bottom).***
- 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).
- Each section has a finite amount of space in which to type. You can continue to type after you run out of room but the print will be hidden. Watch the screen to be sure what you type is showing up so you don't make extra work for yourself. If you need more room you can either tab down to the next space (as in the section for short term goals) or use the blank IFSP page to continue that section on another page.
- Use your space bar and enter key to move across the page and from line to line within a text box in any given section.

MEDICAID PREAUTHORIZATION PROCEDURES EFFECTIVE 9/12/01

The statewide universal IFSP form currently in use by Part C early intervention providers includes information required for outpatient rehabilitation therapy services reimbursed by Virginia Medicaid. Only specific pages are required for the Medicaid preauthorization (PA) process.

The Medicaid Rehabilitation Manual, Chapter IV, Pages 23-31 (revision 07/01/00), explains the outpatient rehabilitation PA process. The purpose of preauthorization is to validate that the service being requested is medically necessary and meets DMAS criteria for reimbursement. Telephonic PA must be obtained prior to rendering services in order to receive reimbursement. Pages 4,5,6, and 8 of the IFSP as well as the physician certification page must be available when calling WVMI for PA approval.

WVMI has the option of requesting certain documentation, or requesting that an entire PA request be mailed or faxed. If PA is requested in writing, the following procedures apply. The following four (4) pages of the IFSP plus the physician certification letter must be sent to WVMI for Medicaid PA review:

Page 4: Diagnosis, evaluation, medical history, strengths and limitations, evaluator(s) name, credentials, signature and date

Page 5: Long and short term goals, therapy interventions, etc.

Page 6: Service, frequency, duration, location, begin and end dates of treatment

Page 8: Therapist(s) name, credentials, signature and date

Physician certification: Order for therapies

If instructed by WVMI, providers must mail or fax these 5 identified pages to WVMI when requesting PA. Submission of the entire IFSP 12+ page forms or pages other than the designated pages is unnecessary and burdensome for the providers and for WVMI staff. (If this occurs, WVMI will return the entire packet to the provider. If this procedure is not adhered to, DMAS may need to initiate a requirement that all Part C rehab providers must use a required outpatient rehab plan of care form developed by DMAS).

WVMI staff may have the option of requesting Page 3 of the IFSP form (team evaluation of developmental areas), if they need more information. This will be requested by WVMI only on an *as needed basis* for individual PA cases. Providers are not to send Page 3 unless requested to do so by WVMI. In addition, on Page 5, medically oriented goals must be clearly identified for WVMI review. When providers are requesting PA, they must send *current* short-term goal information relevant to the time frames requested for PA review. For example, if a provider is requesting PA in January 2001 for continued services on an annual plan dated 09/01/00 to 09/01/01, then the provider must submit Page 5 reflecting short-term goals developed within the most *recent* month(s) of the PA request date, rather than short-term goals initially developed months ago in September 2000.

Interpretation of the Outpatient Rehabilitation Provider (ORP) requirement for Social or Vocational Adjustment Services (Standard VI, Reg. 485.717, Codes I 67, I 68 and I 72) for Early Intervention Providers in Virginia. Standards referenced are from the Outpatient Physical Therapy - Speech Pathology Survey Report (form HCFA – 1893 (10-99)).

Vocational Adjustment Services are not applicable to children birth to three.

The need for social services must be addressed at each initial IFSP meeting and then again at each annual IFSP meeting. The IFSP team, which includes the family, makes the decision whether or not the child and family, as defined by the ORP standards, need social services. Social services in this context means family counseling to assist the family in understanding their child's special needs.

The IFSP team may or may not include an MSW; having an MSW involved with each IFSP is not required by the ORP standards. In addition, an MSW does not have to review and/or sign off on each individual ORP record and/or IFSP.

During each initial and annual IFSP meeting, the service coordinator, who oversees the writing of IFSP, notes on page 6 whether or not a family is in need of social services. This is done on each IFSP, whether or not the child is covered by Medicaid. The service coordinator checks "yes" or "no" after the following statement: "The IFSP team agrees that social services are required (counseling services to assist the family in understanding their child's special needs)."

If "yes" is checked, the IFSP team ensures that they have filled out an additional outcome page (page 5) to address the social services outcome. The service to meet the social services outcome is listed on page 6 as "Family Training, Counseling and Home Visits." This is a Part C service.

All ORPs must have arrangements in place for the provision of the social services that a child or family may need (Standard VI, Reg. 485.717, Codes I 67, I 68 and I 72). If the ORP does not employ qualified staff to provide these services, the ORP must develop a written contract for the provision of social services with a qualified provider or providers in the community.

The IFSP team may select any qualified provider who meets the highest standards for Part C personnel, such as a Social Worker, Psychologist or Counselor, to provide the social services. (Please note: an MSW does not meet the highest standards for Part C personnel).

At least annually, the Outpatient Rehabilitation Provider's Patient Care and Program Evaluation Committee must review all ORP policies and procedures (Standard II d, Reg. 485.709, Code I 22, and Standard XII, Reg. 485.729, Code I 168). If an MSW is not involved in each IFSP meeting for each child, the ORP must include an MSW (no other discipline may be substituted, although anyone within the discipline of Social Work who has an MSW or higher would be acceptable) as part of the Patient Care and Program Evaluation Committee. To clarify further, on at least an annual basis, an MSW must review all ORP policies and procedures, ensuring that the requirements for the assessment of the need for social services and the provision of social services, when deemed necessary, are being met. The ORP must retain documentation to verify the occurrence of and accomplishments of the review activities conducted by the MSW.

(Approved by Don Long, DACS Supervisor, Virginia Department of Health - December 2001)