

Local System Record Review 2007
Covering 7/1/06 – 6/30/07
To Be Reported In the Annual Performance Report in February 2008

Due to the Part C Office No Later Than August 31, 2007

Information Needed For Completing
The Criteria Selection and Record Review Form For Timely Initiation of Services

General Information:

- You will need to have the following information available to complete the record reviews for timely initiation of services:
 - ITOTS reports “Children Open Time Range”, and “Open Cases for Children with an IFSP”
 - ICDF forms or access to ITOTS in order to be able to search a child’s eligibility criteria in the evaluation module.
- The “Record Review Form” consists of three sections: Section A. Record Selection Criteria Form, Section B. Record Review Form and Section C. Tabulation Sheet for Timely Initiation of Services. **ALL THREE OF THESE FORMS MUST** be submitted to the Part C office by the designated due date.

Identification of Children With Initial/Annual IFSP’s

1. Determine the number of records your local system must review based on your **annualized child count** (12/2/2005 – 12/1/06) ← --- Formatted: Bullets and Numbering

If you have this number of children in your annualized child count:	Then you must review this number of records
0 - 200	10
201 - 800	20
Over 800	30

2. Develop a list of children who have had an initial or annual IFSP developed on or after April 1, 2007 but no later than June 30, 2007 using the “Children Open Time Range” Report. ← --- Formatted: Bullets and Numbering

- If you are not able to find the designated number of children to review within this time period, go back one month at a time until you reach the appropriate number.
- See Attachment A for “Steps in Determining the Annual IFSP Date” using this report.

3. The children identified in these reports will comprise your “pool” of children from which records will be selected. ← --- Formatted: Bullets and Numbering

4. Ensure that the “pool” of children are numbered sequentially (e.g., 1, 2, 3, etc).

Section A. Record Selection Criteria Form

1. From your “pool” of children, you are required to select the records to be reviewed based on criteria that are representative of your local population.

Purpose Of The Criteria Selection Form

OSEP allows States to use sampling on selected monitoring indicators in the State Performance Plan/Annual Performance Report. When a state uses sampling, they are required to provide a description of the sampling methodology outlining how the design will yield valid and reliable estimates to OSEP. OSEP has indicated that when a State samples from early intervention systems, the sample must be representative of each of

the early intervention systems, considering such variables as eligibility definition (diagnosed condition or developmental delay), age, race, and gender. (This information is taken from Part C State Performance Plan (SPP) and Annual Performance Report (APR) Instruction Sheet 5-4-07)

2. For local systems that must review **10 records**, the following selection criteria must be met:

# Of Records	Criteria*
1	Child age 0-1 year
1	Child age 1-2 years
2	Children ages 2-3 years
1	Child from each Race/Ethnicity category that is representative of the "pool" of children used for the record selection
2	Males
2	Females
2	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
2	Children found eligible for Part C services based on a diagnosed condition; there also may be a developmental delay and/or atypical development

For local system that must review **20 records**, the following selection criteria must be met:

# Of Records	Criteria*
2	Children age 0-1 year
2	Children age 1-2 years
4	Children age 2-3 years
2	Children from each Race/Ethnicity category that is representative of the "pool" of children used for the record selection
4	Males
2	Females
4	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
4	Children found eligible for Part C services based on a diagnosed condition, there also may be a developmental delay or atypical development

For local systems that must review **30 records**, the following selection criteria must be met:

# Of Records	Criteria*
3	Children age 0-1 year
3	Children age 1-2 years
6	Children age 2-3 years
3	Children from each Race/Ethnicity category that is representative of the "pool" of children used for the record selection
6	Males
6	Females
6	Children found eligible for Part C services because of developmental delay and/or atypical development, with no diagnosed condition
6	Children found eligible for Part C services based on a diagnosed condition; there also may be a developmental delay or atypical development

*Please note that one record may meet multiple criteria (e.g., 0-1, black male with developmental delay).

3. Go to www.random.org to generate a random number list for use in selecting records for review (refer to Appendix B for directions on how to use this website).
4. Select records to be reviewed and record necessary information in Section A. Record Review Selection Criteria form, as follows:
 - Select half the total number of records to be reviewed using the random number list (e.g., if you need to review 10 records, select 5 using the random number list).
 - Enter the ITOTS numbers of these children in all the appropriate spaces of Section A. Record Selection Criteria Form. For example, if the first record you select based on the random number chart is that of a 13 month old, white female with a diagnosed condition, then you would put that child's ITOTS number on the row for age 1-2 years under the White, Female and Diagnosed Condition columns.
 - Please note that the "Open Cases for Children with an IFSP" report provides each child's ethnicity and gender.
 - To determine which children were found eligible due to a delay, atypical development and/or a diagnosed condition, you will need to check each child's IFSP or ICDF form or use the search function in ITOTS to locate the child and review the evaluation information for that child. This report is not yet available within ITOTS.
 - After entering the information for the records selected randomly (half your total number to be reviewed), review the "Record Selection Criteria Form" and the criteria listed in #2 above and determine whether or not you have met all criteria.
 - If you have met all criteria, then use the random numbers chart to select the remaining half of your total records to be reviewed and enter the ITOTS numbers in Section A as described above.
 - If you have not met all criteria, then you will hand select records from your pool in order to meet any remaining criteria. You will use your list, the "Open Cases for Children with an IFSP" report and other ITOTS information, as needed, to select the records needed to meet remaining criteria. After hand selecting the number of records necessary to meet the remaining criteria listed in #2, go back to the random numbers list to select the number of records needed to reach the total number required (for example, for a system that is required to review 20 records, you randomly selected 10, then you were able to meet the remaining criteria with 4 hand selected record, you would then need to randomly select 6 more records to have your total of 20 records.). Enter the children's ITOTS numbers in Section A as described above.

Section B. Completing the Record Review Form

1. The Record Review Form allows for inputting information for 10 records. If your local system is required to review more than 10 records, make copies of these pages as needed.
2. Insert the child's ITOTS number, Date of Birth and Date of IFSP on the lines next to the requested information.
3. Calculate the 21-calendar day timeline. Enter this date into the appropriate space.
 - The date of parental signature on the IFSP is day 1 of the 21-calendar days (e.g. IFSP signed June 1, 2007. Entitled service must start no later than June 21, 2007.)
4. Ensure that **all** entitled early intervention services including Service Coordination, that are on the most recent IFSP (initial, or annual) are documented on this form.
 - If services are added after the IFSP date, they are NOT included in this record review.
 - Do not include services added at IFSP reviews for this record review.

- The actual start date for each entitled service must be on or after the date the IFSP is signed.
 - For an annual IFSP, the start date for a service that is continuing from a previous IFSP is considered the date the service is first delivered after parent signed the annual IFSP
5. For each entitled early intervention service listed on the child's IFSP, answer the question "Did services begin within 21-days?" by
 - Putting a 1 in the box if the service was provided within the 21-day time-period.
 - Putting a 0 in the box if the service was not provided within the 21-day time-period.
 6. If a 0 was entered, the remainder of the question, "If no, please indicate the reason why:" must be addressed.
 - For each service that was not provided within the 21-calendar day timeframe, place the number 1 in the line next to the appropriate justification for which there is documentation to support the reason the service did not begin in a timely manner.
 - Please see Things to Remember Related to 21-Day Timeline (below) for explanation about the justifications.
 7. Repeats Steps # 3-7 for all records to be reviewed.

Section C. Tabulation Sheet for Timely Initiation of Services

1. In the section entitled: "Calculations: Timely Initiation of Services By Child", the question "Were all services listed on this child's IFSP started within the 21-calendar day timeline?" must be answered.
 - Place 1 if ALL entitled early intervention services were initiated within the 21-calendar day timeframe.
 - Place 0 if ANY entitled early intervention services were NOT initiated within the 21-calendar day timeframe.
 - If a 0 was entered, the remainder of the question, "If no, document which justifications were used in the services listed above" must be answered.
 - Place a 1 in the justification for which there was documentation to support the reason the service did not begin in a timely manner.
2. In the section entitled: "In Compliance?" - review the information from the "Calculations: Timely Initiation of Services By Child". Determine if there are any justifications that have a 1 or "Yes" response where there is a (s) next to the justification. If so, place a 0 in the space, as this child is not in compliance with timely initiation of services

Things To Remember Related to 21-Day Timeline

- The IFSP is not valid until the family signs the document. No services can begin until their signature is obtained.
- Service Coordination activities could occur on the date of parental signature on the IFSP; other entitled supports and services would begin on the date the parent signs the IFSP only if the service provider delivers an entitled service on that day that is separate from the evaluation and/or IFSP meeting.

Justification For Why Services Began Beyond 21-Calendar Days

Family Scheduling Preference

This category includes, but is not limited to, the following circumstances:

- Family vacation
- Family prefers to schedule the first visit later than 21 days after signing the IFSP
- Parents chose not to sign the ATP form yet
 - There must be documentation that attempts were made to complete the ATP process and obtain the parent's signature on the financial agreement form,

including the reason why the family did not sign the form. *Lack of a signed ATP form is NOT a family scheduling preference if the local system "forgot" to get the form signed at the annual IFSP, waited until just before the evaluation and/or development of the IFSP to approach family about completion of the ATP, etc.)*

- No Show for services
- Parents chose not to start services until insurance issues were worked out
 - There must be documentation that contact has been ongoing with the insurance company and that the local early intervention system has been working with the company to determine if there will be coverage for early intervention services or not AND that the parent chose not to begin services until insurance issues were resolved (otherwise, Part C funds must be used to avoid a delay in the start of services.

Provider Unavailability

This category includes, but is not limited to, the following circumstances:

- Provider absence, including vacation, illness, attending training, etc. with no back-up available to provide the service
- No service provider available to provide the entitled service
- Delay in insurance authorization
 - Unless the family chooses to wait for insurance authorization to begin a service, then delaying the start of services due to insurance delays is a system reason. Part C funds must be used to avoid a delay in the start of services.
- No prescription for therapy services
 - There must be documentation that the prescription for therapy services was sent to the physician within a reasonable time (2-4 calendar days) following the determination that a prescription for services was needed AND that there has been consistent follow-up to obtain the prescription

Team planned a later start date to meet child/family needs

To include:

- At an annual IFSP evaluation, when a service is continued from the previous IFSP at the same frequency and intensity.

No Reason Documented

Prior to selecting this justification, reviewers are expected to make every effort to drill down and determine the reason for the delay in timely start of services, even if that reason has not been clearly documented (or easily located) in the child's record. If the reason can be determined through this drill down, a contact note should be written documenting the current date, the reason for the delay in timely start of services and how that reason was determined. The justification on the record review form would reflect the justification determined through drill down.

If, after the drill down, there is insufficient information to document the reason for delay, then the efforts made should be documented in a contact note and placed in the child's record indicating the date of the review and that there is no documentation related to the delay in timely initiation of services. In this situation, the justification on the record review form would be "no reason documented."

Local Annual Record Review 2007
Infant & Toddler Connection of _____
State Performance Indicator #1: Timely Initiation of Services
Section A. Record Selection Criteria Form

Date of Review: _____

Name of Reviewer: _____

Purpose of Review: _____ Annual Local Record Review

_____ State Monitoring

_____ Local QA

Age	Race/Ethnicity					Sex		Eligibility Criteria	
	American Indian or Alaskan Native	Asian or Pacific Islander	Black	White	Other	Male	Female	Developmental Delay <u>And/or</u> Atypical Development	Diagnosed Condition
0-1 Year									
1-2 years									
2-3 years									

Infant & Toddler Connection of _____
Section B. Record Review Form

		Timely Initiation of Services										
		Infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442) <i>(Virginia has defined timely as 21-calendar days from the date the IFSP was signed by the family.)</i>										
Number Of Records		1	2	3	4	5	6	7	8	9	10	Totals
ITOTS Number												
Child's DOB												
Date of IFSP												
21st date from date of signature on IFSP												
Service Coordination	Did services begin within 21-days? If no, please indicate the reason why:	1										
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
	Provider Unavailability (S)											
	No reason documented (S)											
Special Instruction	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
	Provider Unavailability (S)											
	No reason documented (S)											
Speech/Language Therapy	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
	Provider Unavailability (S)											
	No reason documented (S)											

		Timely Initiation of Services										
		Infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442) <i>(Virginia has defined timely as 21-calendar days from the date the IFSP was signed by the family.)</i>										
Number Of Records		1	2	3	4	5	6	7	8	9	10	Totals
ITOTS Number												
Child's DOB												
Date of IFSP												
21st date from date of signature on IFSP												
(F) = Family Reason; (S) = System Reason												
Physical Therapy	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
	Provider Unavailability (S)											
	No reason documented (S)											
Occupational Therapy	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
	Provider Unavailability (S)											
	No reason documented (S)											
Additional Entitled Service	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
	Provider Unavailability (S)											
	No reason documented (S)											

		Timely Initiation of Services										
		Infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442) <i>(Virginia has defined timely as 21-calendar days from the date the IFSP was signed by the family.)</i>										
Number Of Records		1	2	3	4	5	6	7	8	9	10	Totals
ITOTS Number												
Child's DOB												
Date of IFSP												
21st date from date of signature on IFSP												
Additional Entitled Service	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
Provider Unavailability (S)												
Additional Entitled Service	Did services begin within 21-days? If no, please indicate the reason why:											
	Child/Family Ill (F)											
	Family Scheduling Preference (F)											
	Team Planned later start date (F)											
	Temporarily Lost Contact (F)											
	Foster/Surrogate Parent Issues (S)											
Provider Unavailability (S)												

Infant & Toddler Connection of _____
Section C. Tabulation Sheet for Timely Initiation of Services

		Timely Initiation of Services Infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442) <i>(Virginia has defined timely as 21-calendar days from the date the IFSP was signed by the family.)</i>									
Number Of Records		1	2	3	4	5	6	7	8	9	10
ITOTS Number											
Child's DOB											
Date of IFSP											
21st date from date of signature on IFSP											
To assist in completing the above information, you may want to consider, copying/pasting the information from Section B. Record Review Form											
Scoring Response: 1= Yes; 2 = No											
Calculations: Timely Initiation of Services By Child	Were all services listed on this child's IFSP started within the 21-calendar day timeline? If no, document which justifications were used in the services listed above.										
	Child/Family Ill (F)										
	Family Scheduling Preference (F)										
	Team Planned later start date (F)										
	Temporarily Lost Contact (F)										
	Foster/Surrogate Parent Issues (S)										
	Provider Unavailability (S)										
	No reason documented (S)										
In Compliance?	If there is a number 1(Yes) in any of the justifications with an (S) beside it, enter 0										
State Use Only	Compliance Calculations										