

The Early Intervention Process– From Entry to Discharge from the Early Intervention System

Process Steps	Regulations	Facilitating Factors	Barriers	Proposed Actions		
				Infrastructure	Implementation	Training
Identification	<p><u>Federal:</u> Referral to Central Point of Entry within 2 days</p> <p><u>Federal:</u> Participation of state education, health and social service agencies and (including Maternal and Child Health program under title V, EPSDT, DDA and Bill of Rights Act, Head Start Act, and SSI) in a coordinated child find system.</p>		<ul style="list-style-type: none"> • Contact with families is not always what it should be. Families don't always get a return call in a timely manner. • Contact from locality back to referral is not always what it should be. • Primary consumers need to know that they can make direct contact with central point of entry • Referrals from Dr. with set frequency. • Bad experiences result in bad PR. 	<ul style="list-style-type: none"> • Essential: Designate Central meaning single point of entry for each council or region with consistent information provided at point of entry into system. (Change Virginia policy and procedure language) 		
Initial Contact with Family Beginning discussions about priorities, concerns, resources --- and about	<p><u>Federal:</u> Prior Notice, Procedural Safeguards</p>		<ul style="list-style-type: none"> • Clarify timeline with all including referral sources (45 days is very open ended). • Local and state "paperwork" – intake, procedural safeguards, HIPAA, financial. • Needing copies of 		<ul style="list-style-type: none"> • State grants for digital camera, portable copier, and/or laptops to obtain copies of essential information in families' homes • Let family know 	<ul style="list-style-type: none"> • Information on more family friendly way to gather information • Provide consistent training across the state to

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activity settings, daily routines, hopes for child			some family information • State contributions are already too low causing inadequate levels of services		in advance what copies are needed. • Essential – and Related to Central Meaning Single Point of Entry: Use first contacts to lay the groundwork for preparing families for how supports and services are provided through the ITC of VA and for obtaining information necessary for establishing initial outcome(s).	support consistent application of Virginia’s service guidelines at each step of the IFSP process throughout every community in Virginia
Financial Intake	<u>Federal:</u> Procedural Safeguards <u>State:</u> Standard ATP Scale and Procedures	<ul style="list-style-type: none"> • EI mandate for private insurance statewide • Consistent ATP Scale and process • (Financial issues impact the IFSP meeting and the Provision of Supports and Services. Many 	<ul style="list-style-type: none"> • Discomfort of having to ask parents to disclose personal financial information • Using a deficits-based, services-driven, medical model (insurance) to fund an assets-based, supports and services, parent education model. 	<ul style="list-style-type: none"> • Expand Medicaid eligibility standards and programs (short-term) • State Grants to replace family fees and insurance (Long-term) 	<ul style="list-style-type: none"> • Essential: Establish a single model for a financial form to be used statewide by all Part C providers to explore financial resources with families. 	

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		of the issues are addressed in the Provision of Supports and Services Section)	This results in a constant tension as providers try to satisfy two masters. Insurance company policies are compromising evaluation and service delivery, eg discipline specific evaluation and payor specific service requirements.			
Evaluation Review of existing evaluation data and selection of evaluation team, tools, location	<u>Federal</u> : Prior Notice, Procedural Safeguards	<ul style="list-style-type: none"> • Training has been provided in 2003 (Phase II NE and at the November EI conference). 	<ul style="list-style-type: none"> • Duplication of services (i.e., child with current evaluation or IFSP not used) • Variability in meeting timelines and going over 45 days in some areas • Misunderstanding in purpose of evaluation • Overuse of resources (PT, OT, ST not needed for each evaluation) • Questions about disciplines, Rx, license, etc. • Varying test results from different tools/locations 	<ul style="list-style-type: none"> • Essential: Development of a data system that is consistently implemented at the local level and that provides meaningful information including use of resources and baseline information for determining program effectiveness. 	<ul style="list-style-type: none"> • Discipline free evaluation • <i>Use of existing test results</i> • <i>Strive for more true "team" approach, evaluating at same time</i> • <i>Consistency of evaluation tools</i> • <i>Increase awareness at referral sources and families about what will happen</i> • Encourage providers to review ICDF information • Suggest that Evaluation teams have the 	<ul style="list-style-type: none"> • Provide consistent training about the purpose of evaluation (for eligibility determination) and functional assessment across the state to support consistent application of Virginia's service guidelines at each step of the IFSP process throughout every community in Virginia.

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					ICDF Guidance Document available with them at the evaluation for reference in case there are questions about eligibility.	
Determination of Eligibility	<u>Federal:</u> Prior Notice, Procedural Safeguards		<ul style="list-style-type: none"> • Questions about medical vs. developmental needs • What to do if you have differing “scores”? • Needs to be more information about what 1) eligibility for Part C means and 2) what eligibility for specific service would mean 			
IFSP Meeting Determination of Outcomes, including target dates, and short term goals with target dates. Selection of primary (and	<u>Federal:</u> Prior Notice, Procedural Safeguards		<ul style="list-style-type: none"> • We are using a deficits- based, services-driven, medical model (insurance) to fund an assets-based, supports and services, parent education model. This results in a constant tension as providers try to satisfy two masters • It is challenging to 	<ul style="list-style-type: none"> • Essential: Develop an enforceable quality assurance system of routine monitoring of IFSPs 	<ul style="list-style-type: none"> • Provide adequate funding so there is not a conflict between how services are to be provided and what is required from a reimbursement perspective. • Consider requiring levels of written 	<ul style="list-style-type: none"> • Provide consistent training across the state to support consistent application of Virginia’s service guidelines at each step of the IFSP process throughout every

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<p>possibly other) providers</p> <p>Determination of services including frequency, duration, method, location, start date, end date (page 6)</p> <p>Discussion about Transition (page 7)</p> <p>Review of what has been decided – signatures (page 8)</p>			<p>articulate parents' hopes so insurance will reimburse (some councils/providers are doing duplicate paperwork to assure reimbursement).</p> <ul style="list-style-type: none"> Challenges in obtaining and utilizing the input of the evaluation team (and where does functional assessment fit in) when the IFSP team is different from the evaluation team. It is hard for some parents to articulate what they want for their child It is a challenge to figure out how to best use expertise of people at table to help family articulate their needs and hopes – particularly with the clock ticking Need clarification on WHAT IS and IS not an entitled service and clear guidance on how the decision is made 		<p>explanation for high levels of service frequency and intensities on IFSPs</p>	<p>community in Virginia</p> <ul style="list-style-type: none"> Continue to provide presentations at the annual EI Conferences

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IFSP - Continued			<ul style="list-style-type: none"> • Lack of clarity about Part C's responsibility for children with complex medical needs including cochlear implants, post orthopedic procedures, autism, etc. • Different models of services across the state • Different frequencies and intensity of services across the state (Can vary as much as one hour per month to 20 hours per week from one location to another) • Parents sometimes come to the IFSP meeting expecting to have the IFSP team approve and pay for services at a specific private school or organization. • <i>There is no means of monitoring services on the IFSPs for which the state of Virginia is liable.</i> 			

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			<ul style="list-style-type: none"> • Virginia’s strategy to have councils expand networks to have as many providers participate as possible may pose a challenge with those who are minimally involved yet require full training, teaming time, etc. 			
<p>Provision of Supports and Services</p>	<p><u>Federal:</u> Services must be provided in natural environments unless the outcomes cannot be met in natural environments.</p> <p>Note that local IFSP team has been relied on by OSEP to prevail</p>	<ul style="list-style-type: none"> • New service guidelines - some areas have a mechanism for reviewing random selection of outcomes and IFSP 	<ul style="list-style-type: none"> • Costs associated with travel to provide services in natural environments • Medicaid cuts in reimbursement – differential cut in private providers versus CSBs • Lack of reimbursement for costs associated with travel for services in natural environments (private and CSBs) • Low provider rates • Perception about NE cost, practices • Lack of providers (speech especially) • Variation across the state in service 	<ul style="list-style-type: none"> • Essential: Develop data system and consistent way of data collection at the local or regional level that is broader than iTOTS 	<ul style="list-style-type: none"> • All contracts should reflect the services guidelines • Incorporate implementation of service guidelines into performance reviews • Need more training/checklist review by council coordinator of IFSP • EPSDT as a funding source 	<ul style="list-style-type: none"> • All EI personnel will complete the orientation module that provides basic information about the service guidelines, expectations of the IFSP team, etc • Provide consistent training across the state to support consistent application of Virginia’s service guidelines at each step of the IFSP process

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			frequency and number of services being provided • Some children receiving Part C services + additional services from the same provider or a different provider (as “other services) if the doctor order more frequent services and/or the family requested/insisted on more frequent services. • Some Doctors and therapists and families still believe that more services will make the child progress more/faster, etc. • See IFSP – inconsistent practices across the state; various models, etc.			throughout every community in Virginia
IFSP Reviews	<u>Federal:</u> Prior Notice, Procedural Safeguards	• Parent and Service Coordinator communicate ahead of time. • Experienced	• Paperwork requirements • Process requirements (prior notice, service coordination IFSP team meeting, etc) • Differing times for			

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		service coordinators or providers who prepare families for the meetings	IFSP and Insurance reviews are due <ul style="list-style-type: none"> • Meeting multiple requirements, including IFSP, insurance, targeted case management • Service Coordinator's time and availability • Provider(s)' time and availability • Services vary greatly throughout Virginia • It can be a challenge for a service provide to be both the service providers and also the service coordinator (and this can also be a plus) • Great variability in training, skills, knowledge, ability of service coordinators across Virginia • Great variability in SC caseloads across Virginia 			
Transition Activities	Federal: Prior Notice, Procedural Safeguards	<ul style="list-style-type: none"> • Transition Technical Assistance Document has been disseminated • Page 7 of the state IFSP form serves as a 	<ul style="list-style-type: none"> • Confusion about requirements • There are different processes for each local school system – and some councils have multiple school systems within their council • Families are not 			

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		reminder of required transition activities	always provided with complete information – ie, they are not provided with options beyond school services • Part B is very different than Part C • The 90 day conference is handled differently from council to council • Children who turn 2 after September 30 may be seen by Part B in some parts of the state but not in others.			
Discharge from Part C Services			• Families no longer have service coordination (unless they have targeted case management)			