

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

Process Steps	Federal Regulations	State Regulations	Local Regulations	Facilitating Factors (Proposed are Bolded)	Barriers
<p>Identification</p>	<p>Referral to Central Point of Entry within 2 days</p>			<ul style="list-style-type: none"> • “Central” meaning single rather than multiple points of entry” • Require public agencies (Education, Health Department, DSS, CSBs, DBVI, DDHH) to provide information for families about early intervention (supports and services for birth – 2 year olds) and information and/or screenings 	<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.
<p>Initial Contact with Family</p> <p>Beginning discussions about priorities, concerns, resources --- and about activity settings, daily routines, hopes for child</p>	<p>Prior Notice, Procedural Safeguards</p>			<ul style="list-style-type: none"> • Specify recommended time for family to be contacted (not federal requirement) • Information on more family friendly way to gather information • State grants for digital camera, portable copier, and/or laptops to obtain copies of essential information in families’ homes • Let family know in advance what copies are needed. • 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 	<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 some family information • State contributions are already too low causing inadequate levels of services

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				initial outcome(s). • Provide consistent training across the state to support consistent application of Virginia’s service guidelines at each step of the IFSP process throughout every community in Virginia	
Financial Intake	Procedural Safeguards	Standard ATP Scale and Procedures		• Expand Medicaid eligibility standards and programs (short-term) • State Grants to replace family fees and insurance (Long-term) • 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 of the issues are addressed in the Provision of Supports and Services Section)	• Discomfort of having to ask parents to disclose personal financial information

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<p>Evaluation</p> <p>Review of existing evaluation data and selection of evaluation team, tools, location</p>	<p>Prior Notice, Procedural Safeguards</p>			<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> • Training has been provided in 2003 (Phase II NE Training and will be provided at the November EI conference). • 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. 	<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

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Determination of Eligibility	Prior Notice, Procedural Safeguards			<ul style="list-style-type: none"> • Encourage providers to review ICDF information • Suggest that Evaluation teams have the ICDF Guidance Document available with them at the evaluation for reference in case there are questions about eligibility. 	<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

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<p>IFSP Meeting</p> <p>Determination of Outcomes, including target dates, and short term goals with target dates.</p> <p>Selection of primary (and 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>Prior Notice, Procedural Safeguards</p>			<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. • Provide consistent training across the state to support consistent application of Virginia's service guidelines at each step of the IFSP process throughout every community in Virginia • Develop a system of routine monitoring of IFSPs at the local level by council coordinators and/or IFSP Teams • Consider levels of written explanation for high level of service frequency and intensity • Continue to provide presentations at the annual EI Conferences 	<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 articulate parents' hopes so insurance will reimburse (some councils/providers are doing duplicate paperwork to assure reimbursement). • 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

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IFSP - Continued				<ul style="list-style-type: none"> • 	<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. • There is no means of monitoring services on the IFSPs for which the state of Virginia is liable. • 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.

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<p>Provision of Supports and Services</p>	<p>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 • Need to have data entered to show how IFSP is doing • Local Contract and contracts with providers: let scope of work and deliverables reflect new guidelines • Incorporate implementation of service guidelines into performance reviews. • Build into the Integrated Training Collaborative orientation module that will be required for all EI personnel basic required information about the service guidelines, expectations of the IFSP team, etc. • Need more training/checklist review by council coordinator of IFSP • EPSDT as a funding source • Provide consistent training across the state to support consistent application of Virginia's service guidelines at each step of the IFSP process throughout every community in Virginia 	<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 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.

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IFSP Reviews	Prior Notice, Procedural Safeguards			<ul style="list-style-type: none"> • Parent and Service Coordinator communication ahead of time. • Experienced service coordinators or providers who prepare families for the meetings 	<ul style="list-style-type: none"> • Paperwork requirement • Process requirements (prior notice, service coordination IFSP team meeting, etc) • Differing times for IFSP and Insurance reviews are due • 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

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Transition Activities	Prior Notice, Procedural Safeguards			<ul style="list-style-type: none"> • Transition Technical Assistance Document should soon be ready for dissemination • Page 7 of the state IFSP form serves as a reminder of required transition activities 	<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 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					<ul style="list-style-type: none"> • Families no longer have service coordination (unless they have targeted case management)