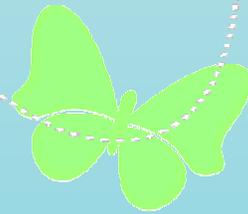
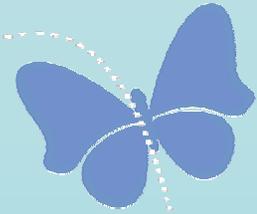




Early Steps IFSP Training

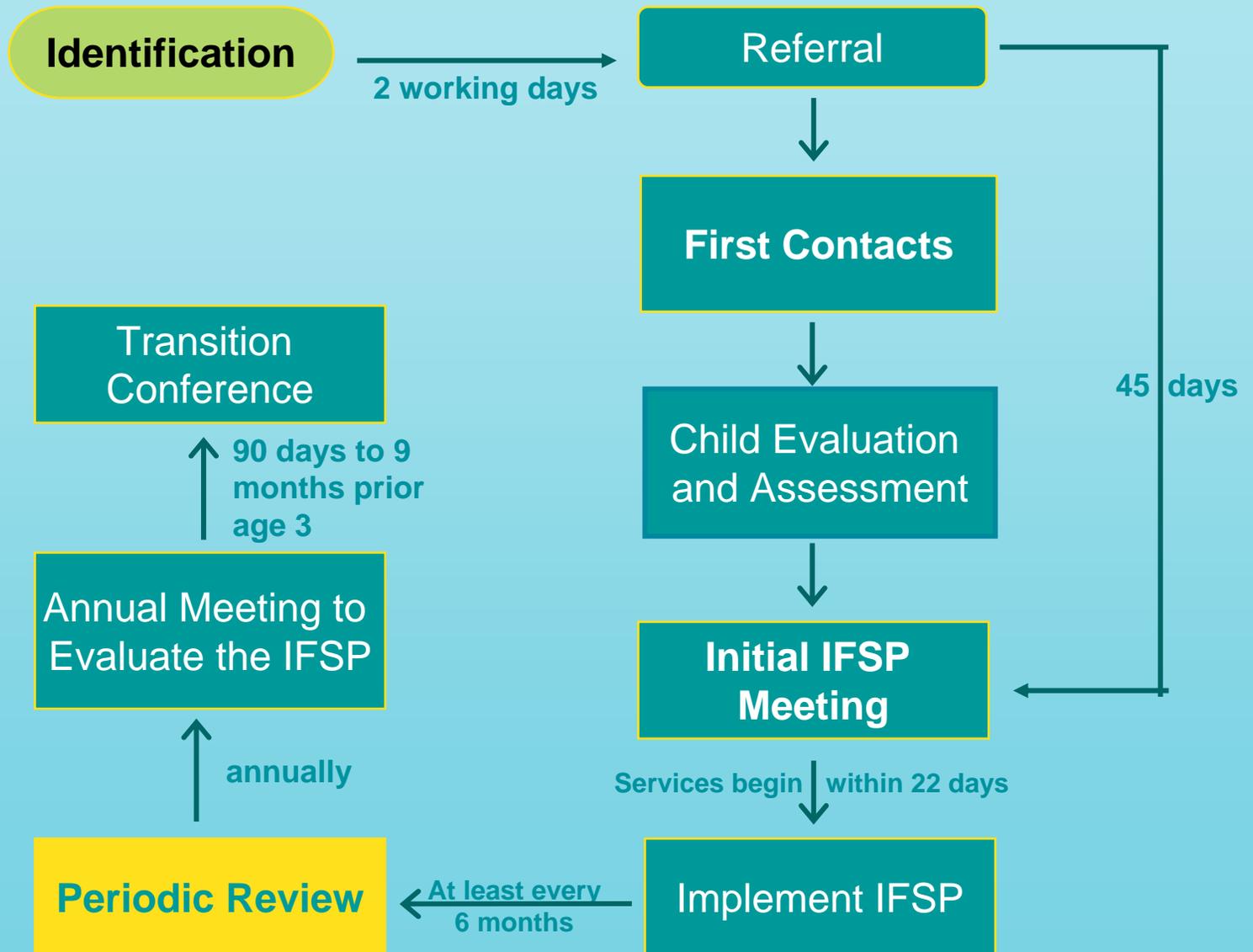
2007 Statewide Service Coordinator Meeting



Conducting and Documenting Periodic Reviews and the Annual Evaluation of the IFSP

Presented by:

Lynn Marie Price, Early Steps State Office



What is a Periodic Review?

 A periodic review is intended to review the plan with the family to address:

- the degree in which progress toward achieving the outcomes is being made
- whether or not additional needs have been identified based on ongoing assessment/observation
- whether or not modification or revision of the outcomes or services is necessary

When Do You Conduct a Periodic Review?

- ✿ Minimally, the IFSP must be reviewed at least every 6-months from the date the initial or annual IFSP is written, or more frequently if conditions warrant, or if the family requests such a review.

Which of these would require an IFSP “Periodic Review”?

- 🦋 Adding an additional outcome.
- 🦋 Changing the service provider.
- 🦋 Changing strategies to obtain an outcome.
- 🦋 Changing the family’s address.
- 🦋 Changing the frequency, intensity and or duration of a service.

Who Is Involved in Periodic Reviews?

- ✈ The parent or parents of the child.
- ✈ The Service Coordinator.
- ✈ Other family members, as requested by the parent, if feasible to do so.
- ✈ An advocate or person outside of the family, if the parent requests that the person participate.
- ✈ If conditions warrant, provisions must be made for the participation of
 - A person or persons directly involved in conducting the evaluations and assessments
 - As appropriate, persons who will be providing services to the child or family.

How is a Periodic Review Conducted?

- ✿ The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

IDEA, Part C Regulations,
34 CFR, 303.342-3

What are your options?



When is Participating by Phone Allowable and How Do You Document ?

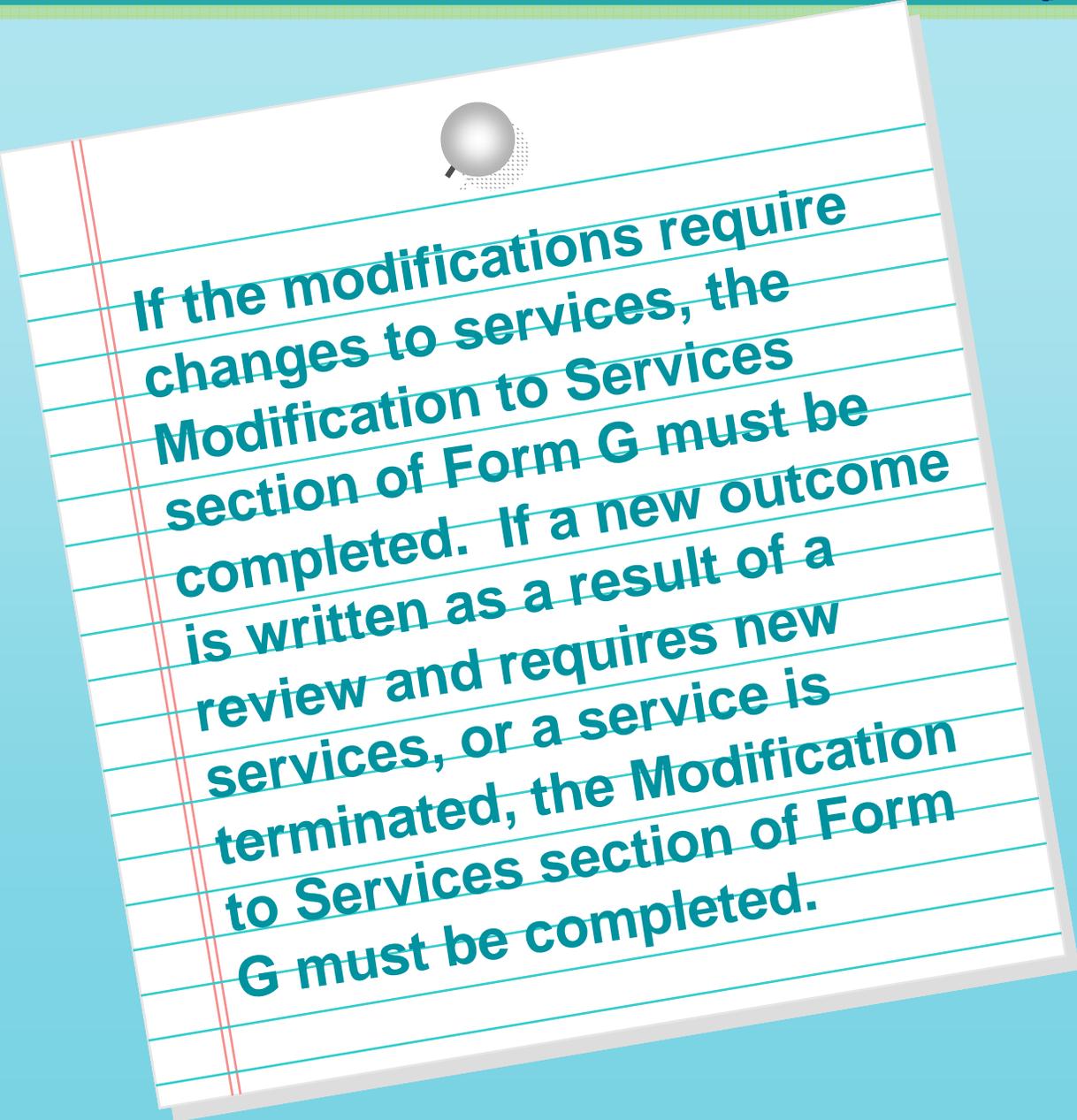
- ✿ Any periodic review may be conducted by phone, except for the participation of an ITDS and Licensed Health Care Provider as explained in the next slide.
- ✿ On Form J, the Service Coordinator will enter “per TC” in the signature spaces for those participating by telephone.

Periodic Reviews and ITDS

- ✿ When an ITDS is providing services and the IFSP is also the Plan of Care, the ITDS and the Licensed Health Care Professional providing support and direction to the ITDS must both sign and date Form J indicating the IFSP/Plan of Care has been collaboratively reviewed and face-to-face direction and support has been provided to the ITDS within the last six months.
- ✿ Direction and support of the activities of the ITDS may be through consultation or a joint visit with the child and family.
- ✿ If a separate Plan of Care is being used, these signatures must be documented on that form.

Written Prior Notice and Periodic Reviews

- ✿ For any new, changed, or terminated services that occur as a result of a periodic review of the IFSP, Form G of the IFSP serves as written prior notice.
- ✿ However, when the IFSP team refuses to initiate or change a service that the family has requested, a separate written prior notice must be provided that meets all policy requirements. (Form CMS-ES 1065)



If the modifications require changes to services, the Modification to Services section of Form G must be completed. If a new outcome is written as a result of a review and requires new services, or a service is terminated, the Modification to Services section of Form G must be completed.

Modifications to Services

Parent agreed per TC.

Parent understands and has copy of PS, declines another copy.

Date matches date in service grid to track modifications

Modifications to Services

- I understand that Form G serves as prior notice of proposed new, changed, or terminated services as written above and I understand the reason(s) for taking the action(s).
- I have received a copy and explanation of my procedural safeguards.

Per TC. Parent understands (Parent/Guardian Signature)

Date: **1/12/07**

and has copy of PS.
Declines another copy.

Add Box

Periodic Reviews and Data Entry

- ✿ All IFSP periodic reviews must be entered into the data system in the “most recent IFSP date” demographic field.

Consultation Documentation



early steps
Children's Medical Services

Consultation Among Service Provider Team Members
(To be completed by each team member participating in consultation session)

Child's Name: _____ DOB: _____

Service Coordinator: _____ Date of Consultation: _____

Start Time: _____ Location: _____

Consulting Team Members: _____ PSP: _____

_____ Phone Face to Face

_____ Phone Face to Face

_____ Phone Face to Face

Family Participation: _____ Phone Face to Face Declined Invitation

Outcomes/Strategies Discussed: _____

Recommendation(s): _____

Recommended changes in services, frequency, and duration require IFSP update with family and service coordinator and must be recorded on the IFSP form G.

End Time: _____

_____ Provider Name (Print) _____ Provider Signature

(Circle appropriate codes below)

Provider	Face to Face	or	Phone
OT	CONDF		CONSP
PT	CONPF		CONSP
SLP	CONSF		CONSP
ITDS or OTHER EI PROVIDER	CONIF		CONIP

Copy to: Early Steps Service Coordinator within 5 business days
Billing with monthly invoice
Service Coordinator to provide copy to family and PSP within 5 business days of receipt from provider.

Revised 08/21/06

Name: **Luke Lanier**
ID#: **1348759876**

DOB: **8/1/05**
Service Coordinator: **Georgia Jackson**

IFSP Date: **10/1/06**

Form J: Your Family's Individualized Family Support Plan Periodic Review

Page 1 of Form J

Outcome #	Date Reviewed	Describe Progress / Modifications*	Status (check one)
1	1/12/07	Luke is starting to get into a sitting position by himself and when he rolls over he will get into a crawl position and begin crawling for a short distance toward his toys. He is making a lot of gains toward his goals. We decided that Stan only needs to come twice monthly instead of weekly. Janine will continue to come weekly and they will consult one a month. See outcome # 1 for changes to goals and strategies.	<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input type="checkbox"/> Outcome continued <input checked="" type="checkbox"/> Outcome modified *
2	1/12/07	Luke is happily staying in his high chair until the meal is finished and is enjoying being more independent with his eating. Mealtime is becoming much more enjoyable for everyone. The team decided to continue with this outcome. See outcome #2 for continuation of goals and strategies.	<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input checked="" type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *
3	1/12/07	Luke is very pleased with his ability to independently control his musical monkey and pop bubbles with Jacob. The team decided to continue with this outcome and increase the type and complexity of the toys that Luke can manipulate. See outcome #3 for changes to goals and strategies.	<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input checked="" type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *
4	1/12/07	Bedtime continues to be traumatic for Luke. The team decided that a behavioral evaluation is needed. Until the evaluation is completed, we will continue with the current goals and strategies with a behavioral evaluation added to services.	<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input checked="" type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *
			<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *
			<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *

*If these modifications result in a change of service, please complete the *Modification of Services* section on Form G.

Team Member Signatures

Print Name / Credentials	Signature	Date
Rachael Lanier, Mother		1/12/07
Georgia Jackson, Service Coordinator		1/12/07
Janine Daly, ITDS		1/12/07
Stan Wilcox, PI		1/12/07

Rev. 06/07

Let's Consider Luke's Periodic Review



Periodic Reviews and QA

Probe II.1.7(c). IFSP Periodic reviews are conducted at least every six months from the date of the initial or annual IFSP. Example 1: The date of the initial IFSP was 4/1/06, an IFSP periodic review was conducted on 9/25/06. Score = Y. Example 2: The date of the annual IFSP was 4/1/06. A periodic IFSP review took place on 7/5/06, and another periodic review took place on 2/15/07. Score = N. See note for II.1.7.(b).

Case Note



Child's Name: Child's DOB: Child's Medicaid #: Child's Unique #:

Date: Status: Location:

TCM Activities: Total Minutes: Total Units:

CASE Activities: Total Minutes: Total Units:

Supporting Documentation: Follow-up Plan:

Travel Time (SCTT):

In:	Departure Location:	Out:	Arrival Location:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Minutes: Total Units:

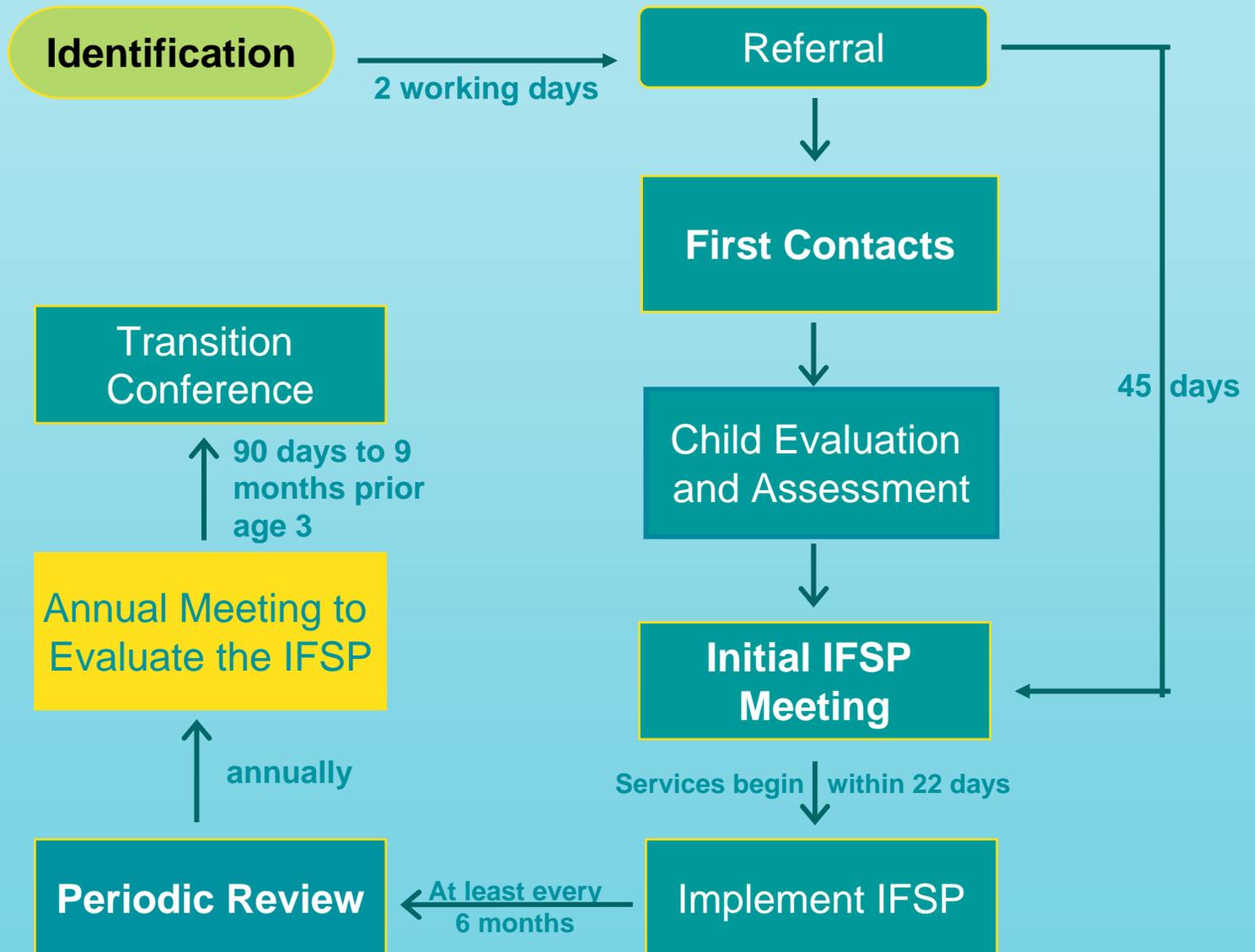
Service Coordinator Name: Credentials:

Signature: _____ Date Signed:

Periodic Reviews and the Case Note



Annual Meeting to Evaluate the IFSP



What is an Annual Meeting to Evaluate the IFSP?

 A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

IDEA, Part C Regulations, 34 CFR, 303.342(c)

When Do You Conduct an Annual Meeting?

-  The annual meeting to evaluate the IFSP is due no later than one year from the date the initial IFSP was written or no later than one year after the date of the previous annual IFSP meeting.
-  The Annual IFSP meeting can be held earlier than the one-year anniversary date, if necessary, but should not be held after that date.
-  The actual date of the annual IFSP will be written on the new IFSP in the “Current IFSP Date:” space.

Who Is Involved in Annual Meetings?

- 🦋 The parent or parents of the child.
- 🦋 Other family members, as requested by the parent, if feasible to do so;
- 🦋 An advocate or person outside of the family, if the parent requests that the person participate.
- 🦋 The Service Coordinator
- 🦋 A person or persons directly involved in conducting the evaluations and assessments.
- 🦋 As appropriate, persons who will be providing services to the child or family.

How is the Annual Meeting Conducted?

- ✈ The annual evaluation of the IFSP must be held face-to-face.
- ✈ If persons directly involved in conducting the initial evaluation and/or assessment who is unable to attend the annual evaluation of the IFSP **must be** involved through other means, e.g., telephone conference call, a designated knowledgeable representative, videoconferencing or making available pertinent records.



Remember

🦋 A formal multidisciplinary evaluation is not required if current information in all developmental areas exists from ongoing assessment of the child and family and any other current information.

- The IFSP team must decide the information necessary to determine what services are needed and will be provided.

🦋 A new IFSP is developed.



Form D and the Annual IFSP

Name: _____ ID#: _____ IFSP Date: _____
 Service Coordinator: _____ Page ____ of Form D

Form D: Your Child's Eligibility Evaluation Information
 (Complete Form D for the initial IFSP only)
 For your child's first IFSP, an evaluation may be completed with your child to determine eligibility, prior to or during assessment. The eligibility information is recorded on this page.

Date of Evaluation (if performed): _____ Chronological Age: _____ Corrected Age: _____ Language used: _____

Methods of Evaluation: Test Instrument(s) Administered Collateral Information/Source
 Parent Report Professional Observation

Eligibility Evaluation Results	Results
Using Hands and Body (Gross/Fine Motor Skills) Comments: _____	
Eating, Dressing, and Toileting (Self-Help/Adaptive Skills) Comments: _____	
Expressing and Responding to Feelings and Interacting with Others (Social/Emotional) Comments: _____	
Playing, Thinking, Exploring (Academic/Cognitive including pre-literary skills) Comments: _____	
Understanding and Communicating (Receptive and Expressive Communication) Comments: _____	

Evaluation Team Signatures
 The eligibility evaluation team is the same as the assessment team. Please see Form E for signatures.
 The eligibility evaluation team is different from the assessment team. Please sign below.

Evaluator: _____ Discipline: _____ Signature: _____
 Evaluator: _____ Discipline: _____
 Evaluator: _____ Discipline: _____

Eligibility Determination
 Eligible for Early Steps (Part C: Early Intervention) based on the following:
 Established condition of _____
 Developmental delay in the area(s) of _____
 Not eligible for Early Steps (Part C: Early Intervention) based on evaluations completed. The evaluation team makes the following recommendations to the _____



The Eligibility Determination section of Form D should be completed for all children and this information will be included on subsequent IFSPs. It is rare that the basis of the child's eligibility will change from year to year; therefore the eligibility information from the initial IFSP can be repeated in subsequent IFSPs.

(IFSP Instructions, Page 41)

Form E and Annual IFSP

🦋 The annual meeting to evaluate the IFSP will include a review of the team's ongoing assessment and any status reports, or evaluations and/or assessment results from community providers and other sources and be documented on Form E.

Name: _____ **DOB:** _____ **IFSP Date:** _____
ID# _____ **Service Coordinator:** _____

Form E: Your Child's Assessment Information
 A developmental assessment is completed with your child and/or ongoing assessment information is gathered. This information helps us understand your child's developmental strengths as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities.

Date of Assessment: _____ Chronological Age: _____ Corrected Age: _____ Language Used: _____

Methods of Assessment: Parent Report/Interview Tool Test Instrument(s) Administered Professional Observation Collaborative Information/Source

Summary of Present Status: Abilities, Strengths, and Needs

Using Words and Body Gestures (Motor Skills)	Things we like and things we do well:	Things that we don't like and that we need help with:
Eating, Dressing, and Telling Time (Self-Care/Personal Care)	Things we like and things we do well:	Things that we don't like and that we need help with:
Expressing and Responding to Feelings and Interacting with Others (Social/Emotional)	Things we like and things we do well:	Things that we don't like and that we need help with:
Playing, Learning, Exploring, Academic/Comprehension (Pre-School Skills)	Things we like and things we do well:	Things that we don't like and that we need help with:
Understanding and Communicating (Vocabulary and Expressive Communication)	Things we like and things we do well:	Things that we don't like and that we need help with:
Vision and Hearing Status:	Things we like and things we do well:	Things that we don't like and that we need help with:

Observations/Comments:

Assessor: _____ Discipline: _____
 Assessor: _____ Discipline: _____
 Assessor: _____ Discipline: _____

Written Prior Notice and Annual Meeting

- ✿ For any new, changed, or terminated services that occur as a result of an initial or annual IFSP, Form G of the IFSP serves as written prior notice.
- ✿ However, when the IFSP team refuses to initiate or change a service that the family has requested, a separate written prior notice must be provided that meets all policy requirements. (Form CMS-ES 1065)

Annual Meetings and QA

- ❁ Probe II.1.7(b). Annual IFSPs are conducted no later than 12 months from the date of the current IFSP. Example 1: The date of the initial IFSP was 4/1/06 and the annual IFSP meeting took place on 3/21/07. Score = Y. Example 2: The date of the initial IFSP was 2/1/06. The date of the annual IFSP meeting was 2/25/07. SCORE = N. Note: Documented delays which occurred as a result of child and family issues or natural disaster as described in the IFSP Barrier Codes are considered in compliance. If there was a child or family related issue or natural disaster which caused the delay, please note child's initials and the applicable barrier code in the comments section.

Annual Meetings to Evaluate the IFSP and Data System

- 🦋 The date of the annual meeting to evaluate the IFSP must be entered into the data system in the “most recent IFSP date” demographic field.

Form A Review

IFSP	Demographic Record Field
Initial IFSP Date (barrier code optional)	Initial IFSP Date (barrier code must be entered if over 45 days)
Current IFSP Date	Most Recent IFSP Date
IFSP Actual Periodic Review Date	Most Recent IFSP Date
Annual IFSP Due Date	Annual IFSP Due Date

Participation in IFSP Meeting Documentation



early steps
Children's Medical Services

Participation in IFSP Meeting Documentation
(To be completed by team members participating in IFSP required meeting)

COIFF (Face to Face) COIFF (Phone)
(circle appropriate code)

Child's Name: _____ DOB: _____

Date of IFSP: _____ Location: _____

Start Time: _____

Team Members Present: _____ (Family) _____ (Service Coordinator)

Post evaluation and assessment IFSP activities:

- Review and revisit family concerns, priorities, resources, routines and activities.
- Trans-disciplinary approach to the development of integrated outcomes and intervention strategies within the family's everyday routines, activities and places.
- Identification of PSP and appropriate team members to meet the specific family outcomes.
- Documentation of above on IFSP
- Other (specify): _____

End Time: _____

Provider Name: _____
(Print)

Provider Signature: _____

Copy to: Billing with monthly invoice.

Revised: 6-12-06

Case Note



Child's Name: Child's DOB: Child's Medicaid #: Child's Unique #:

Date: Status: Location:

TCM Activities: Total Minutes: Total Units:

CASE Activities: Total Minutes: Total Units:

Supporting Documentation: Follow-up Plan:

Travel Time (SCTT):

In:	Departure Location:	Out:	Arrival Location:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Minutes: Total Units:

Service Coordinator Name: Credentials:

Signature: _____ Date Signed:

Periodic Reviews and the Case Note

Instructions found at:

<http://www.cms-kids.com/EarlySteps/documents/EarlyStepsCaseNoteInstructions.doc>

Thank You

for your participation!



Please write any questions you may have on the cards provided and remember to complete the evaluation form for this session.