



Periodic IFSP Reviews and Annual Evaluations of the IFSP



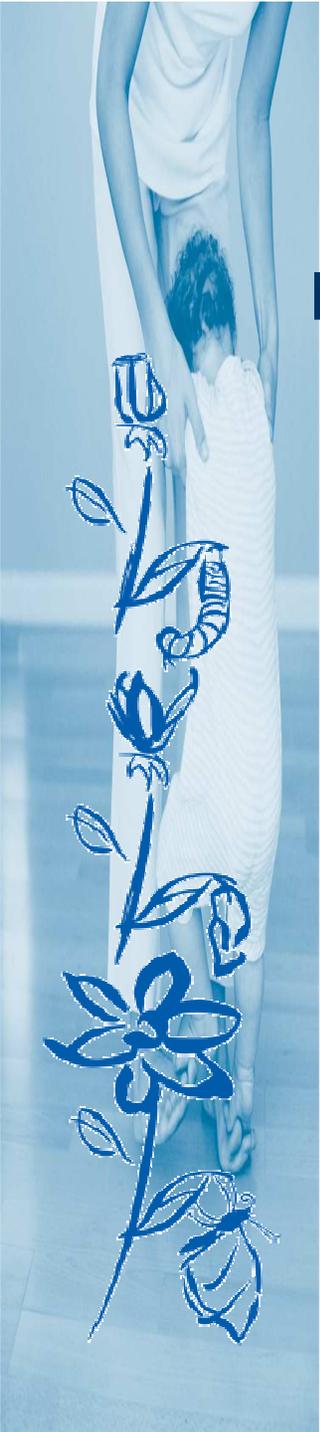
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Why We Are Here

The IFSP is not a race to fill out a form with information. It is a walk of discovery. It is a fluid and ever changing journey you take side by side with families.





What We Will Discuss...

- ✿ Periodic Reviews
- ✿ Annual Evaluations of the IFSP





Identification

2 working days

Referral

First Contacts

Child Evaluation and Assessment

Initial IFSP Meeting

Services begin within 30 days

Implement IFSP

Transition Conference

90 days to 9 months prior to age 3

Annual Evaluation of the IFSP

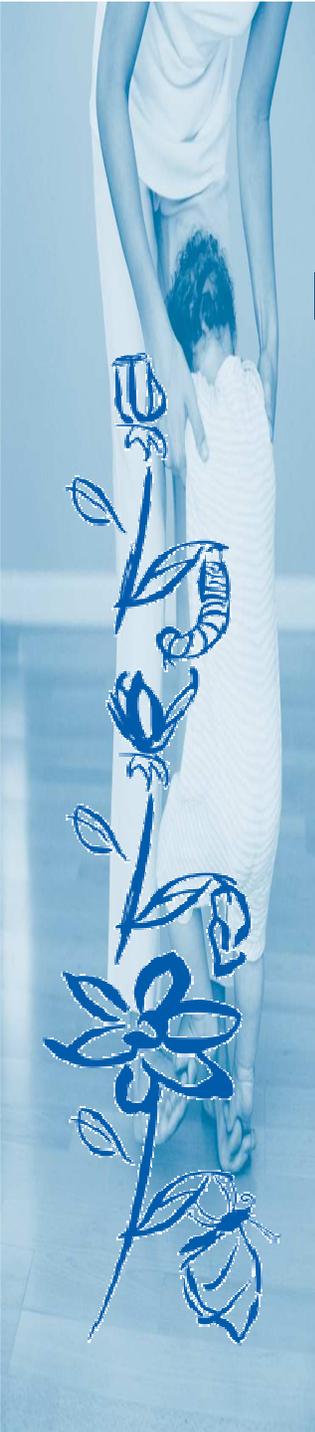
annually

Periodic Review

At least every 6 months after initial IFSP

45 days

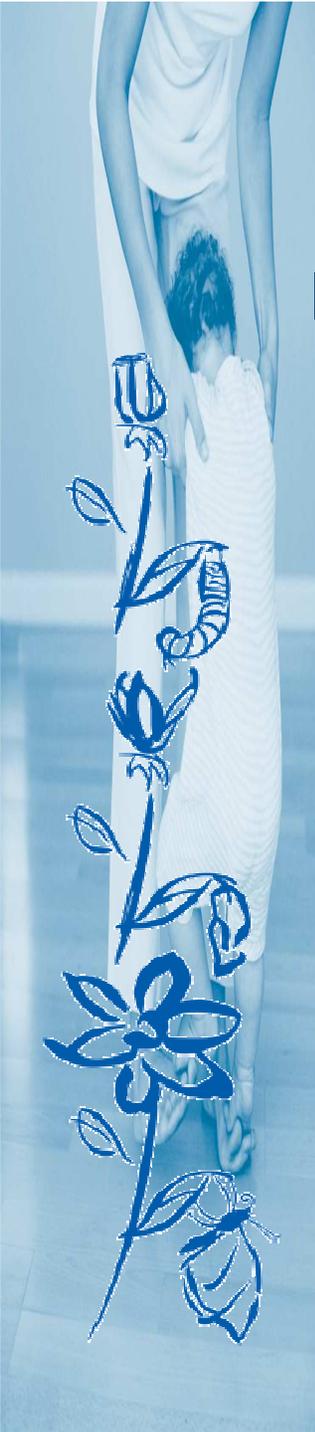




Periodic Reviews

- ✦ The IFSP must be reviewed at least every six months from the date of the initial or annual evaluation of the IFSP, or more frequently if conditions warrant, or if the family requests such a review.
- ✦ The service coordinator is responsible for planning and scheduling periodic reviews for active children.





Conditions That Warrant More Frequent Periodic Reviews

- ✧ Any time a change is requested on the IFSP by any member of the IFSP Team regarding:
 - ✧ Intensity, frequency, duration of services
- ✧ When the service coordinator is aware of problems/concerns that need to be discussed between the times when required meetings or reviews are due
- ✧ When the service coordinator/service provider receives a request from the family regarding problems/concerns that need to be discussed between the times when required meetings or reviews are due



Periodic Review Dates



- ✿ IFSP meetings must be scheduled considering the individual child and family circumstances.
- ✿ The transition conference can be held in conjunction with the periodic review.
- ✿ If a periodic review is needed and it is close to the due date for the annual evaluation of the IFSP, it is suggested that the team go ahead and conduct an annual.



Periodic Reviews

- The periodic review must address:
 - How much progress has been made toward achieving the outcomes
 - Any modification or addition of outcomes, strategies or services
 - Any additional needs based on family concerns, ongoing assessment or observation

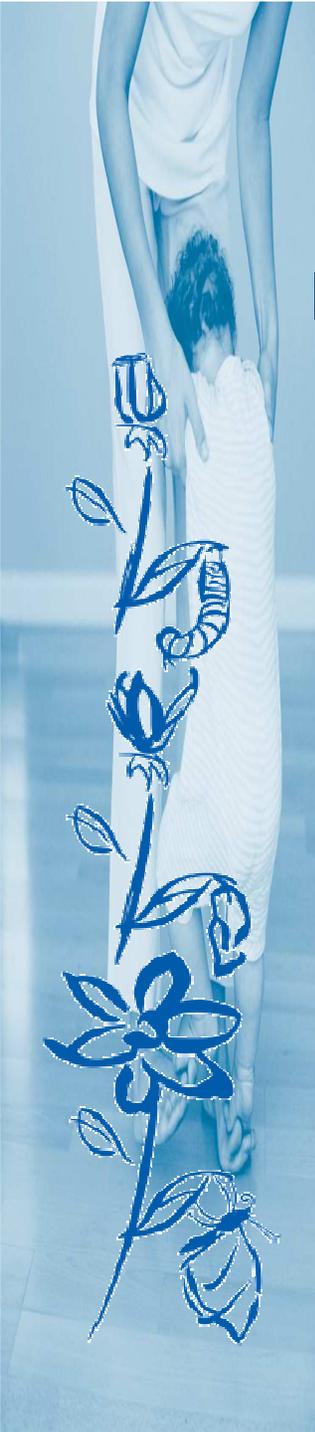


Making Changes to the IFSP

Periodic review is required when any changes are made to:

- ✦ Form D
- ✦ Form E
- ✦ Form F
- ✦ Form G (except for “Provider Information” and “Payer of Service” columns)
- ✦ Form H (except to add a new IFSP team member)
- ✦ Form I (except for “Referral section”)
- ✦ Form J





Making Changes to the IFSP

Periodic review is NOT required when changes are made to:

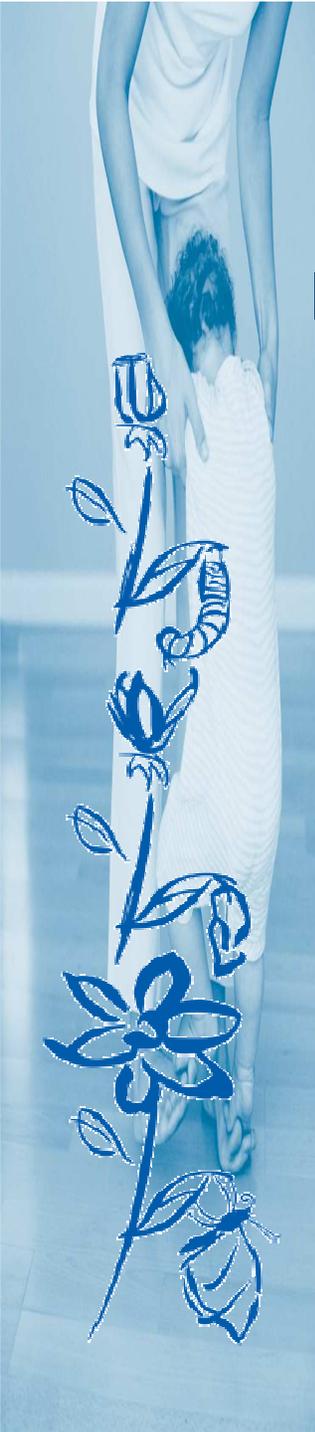
- ✦ Form A
- ✦ Form B
- ✦ Form C
- ✦ Form G (only “Provider Information” and “Payer of Service” columns)
- ✦ Form H (only to add a new IFSP team member in between reviews)
- ✦ Form I (only “Referral” section)



Which situation would require completing a review?

- A. The primary service provider (PSP) calls the service coordinator. The family has a new concern about Aubrey falling often when he is walking and the family wants to discuss adding a new service.
- B. Mom called and would like to change services to another provider.





Which situation would require completing a review?

- A. The PSP has made many attempts to visit with Tony and his family, but they are never there at the times they agreed upon. Mom called the service coordinator and provided the new local address. Mom had no new concerns.
- B. Dad called. He is concerned. Gigi's family has consistently implemented the strategies the PSP has modeled and coached them on, but Gigi is making little progress.



Preparing for the Periodic Review



The service coordinator:

- ✦ Collaborates with the IFSP team to arrange the meeting.
- ✦ Arranges the meeting at a time and setting that are convenient to the family.
- ✦ Facilitates the family's participation in the IFSP meeting.
- ✦ Facilitates the involvement of other IFSP team members in the meeting.
- ✦ With parental consent, arranges for the transition conference take place in conjunction with the review.
- ✦ Collects progress reports and new collateral information for the meeting.
- ✦ Gathers forms (release forms, etc.) that need to be completed at the meeting.

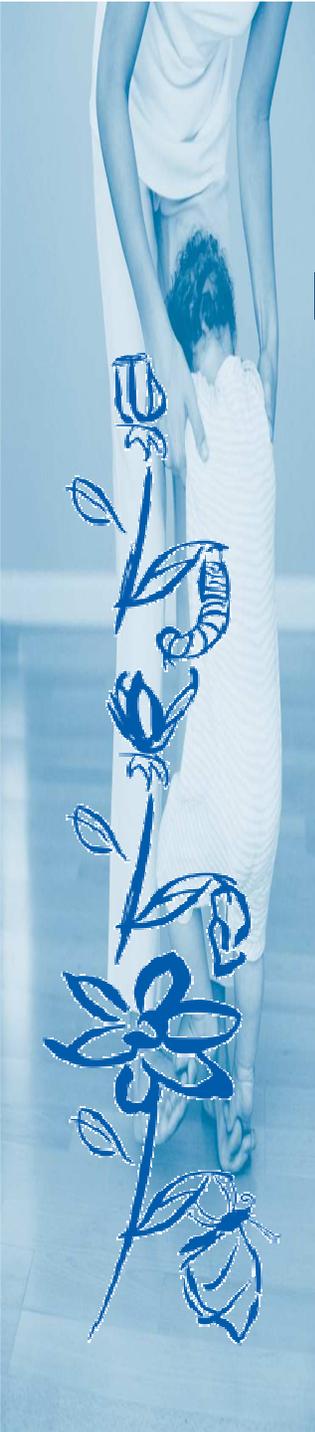


When to Modify or Create New Outcomes?

When an outcome:

- ✦ Has not lead to anticipated progress
- ✦ Has not been consistently implemented and therefore, is not working
- ✦ Is no longer appropriate given the child's interests and abilities
- ✦ No longer fits well within the child's and family's everyday routines, activities, and places
- ✦ Has been achieved
- ✦ Doesn't address the concerns/priorities of the family





Required Participants for Periodic Reviews

- ❖ Parent(s) (foster, surrogate, guardian)
- ❖ Other family members, advocate(s), or person(s) outside the family, as requested by the parent(s)
- ❖ The service coordinator

Note: Local school district representative, with parental consent, must be invited if the meeting is held in conjunction with the transition conference



Required Participants for Periodic Reviews

- ✧ If conditions warrant, arrange for participation by persons who:
 - ✧ Are directly involved in conducting the evaluation and/or assessment
 - ✧ Are or will be providing services to the child or family



How is a Periodic Review Conducted?



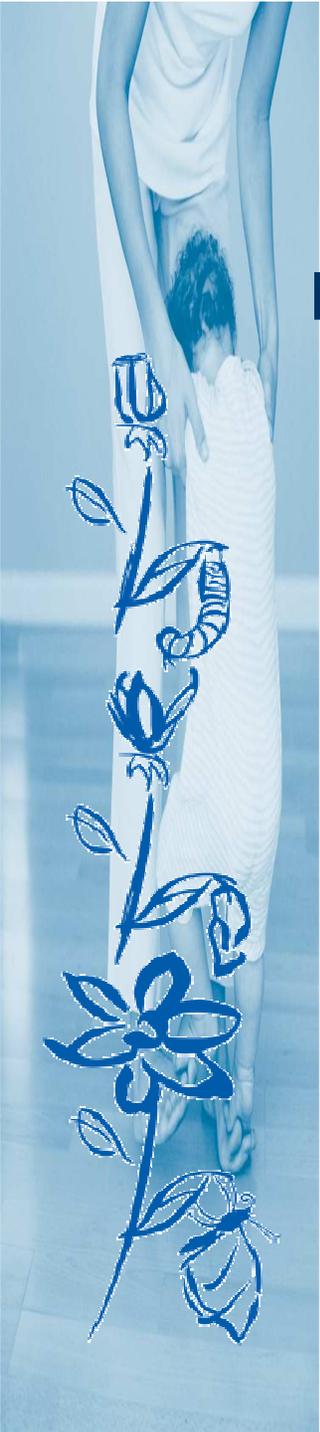
- ✿ Face-to-face
- ✿ Telephone conference call
- ✿ Email
- ✿ Videoconferencing

Completing the Periodic Review by Phone



- ✦ The parent must agree to complete the review by phone.
- ✦ If providers are present for the call:
 - ✦ No need to gather written information in advance, as provider can report on the child's progress during the call
- ✦ On Form J, the Service Coordinator will enter "per TC" in the signature spaces for those participating by telephone, enter the date and document in a case note.





Remember...



- ✦ If an Early Steps provider on the IFSP team is unable to be present for the meeting (face-to-face or phone), he/she must still participate by providing written information about the child's progress to the service coordinator prior to the meeting.



Periodic Reviews and ITDS

✿ Situation

- ✿ an ITDS is providing services
- ✿ the IFSP is also the Plan of Care

✿ Required by Medicaid:

- ✿ A Licensed Health Care professional must provide support and direction to the ITDS.
- ✿ They must collaboratively review needs of child and family (outcomes) in a face-to-face meeting, a minimum of every 6 months.



Periodic Reviews and ITDS

- Support and direction can occur at the same time as team members gather for an IFSP review meeting or via consultation during a joint session.
- The ITDS and the Licensed Health Care Professional providing support and direction must both sign and date Form J indicating that direction and support has been provided.
- If the IFSP is not being used as the Plan of Care, these signatures must be documented on the Plan of Care



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, including procedural safeguards, must be provided according to all policy requirements.
(Form CMS-ES 1065)



Documenting Procedural Safeguards

**Parent
agreed per
TC.**

**Parent understands and
has copy of procedural
safeguards, declines
another copy.**

**Date matches
date in top grid
of Form G 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 procedural
safeguards. Declines
another copy.

Add Box



Form J



Name: _____ DOB: _____ #SP Date: _____
 ID#: _____ Service Coordinator: _____ Page ____ of Form J

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

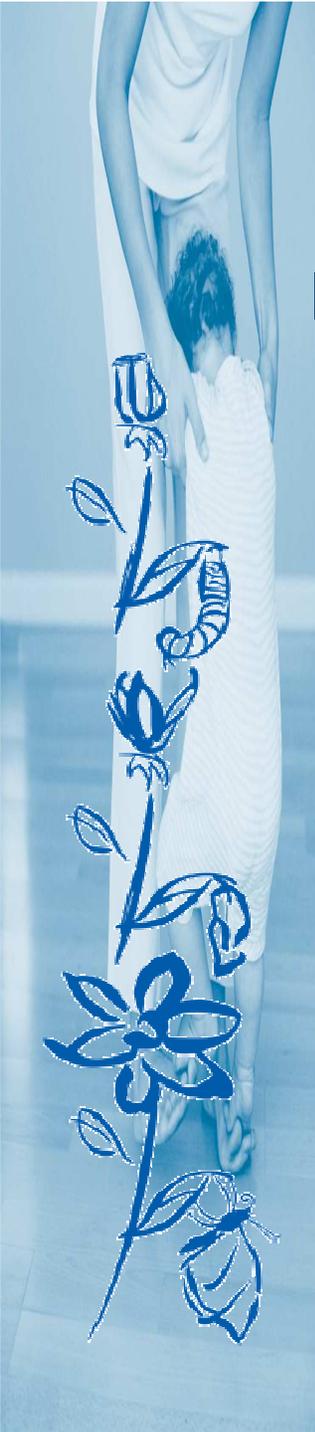
Outcome #	Date Reviewed	Describe Progress / Modifications*	Status (check one)
			<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *
			<input type="checkbox"/> Outcome reached <input type="checkbox"/> New outcome developed (# ____) <input type="checkbox"/> Outcome continued <input type="checkbox"/> Outcome modified *
			<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 *
			<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	Signature	Date
Print Name / Credentials		

When an ITDS is providing services, the ITDS and the Licensed Health Care Professional(s) must 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. Rev. 06/07





Form J

- ✦ Periodic Review of the IFSP:
 - ✦ Enter the Outcome # you are reviewing
 - ✦ Enter the date of the review
 - ✦ Review the progress towards achieving the outcome and check one of the boxes:
 - Outcome reached
 - New outcomes developed (#____)
 - Outcome continued
 - Outcome modified
- ✦ Team Member Signatures



Documenting the Periodic Review

Form F

- New outcomes
- Modifications

Form G

- Change in services
- Prior notice

Form I

- Transition conference (if held)

Form J

- Note progress toward outcome

- Outcome Reached

- New Outcome

- Outcome Modified

- Outcome Continued



Documenting the Periodic Review

- ✿ POTENTIALLY ALL IFSP FORMS could be changed as the result of a periodic review



Consider Luke's Periodic Review

- Setting: Lanier's home
- IFSP team:
 - Rob and Rachael Lanier
 - Georgia Jackson, the service coordinator
 - Stan Wilcox, Physical Therapist
 - Janine Daly, ITDS

Note: Luke's first periodic review was due on 6/1/08, six months from his initial IFSP. However, Luke's IFSP team decided that they needed to talk about his progress and modifications were needed earlier than June 1st, so they scheduled a periodic review for March 12th.



Consider Luke's Completed IFSP with the Periodic Review

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, PT		1/12/07

Rev. 06/07



Periodic Review of the IFSP and Data System

- The periodic review of the the IFSP must be entered into the data system in the “Most recent IFSP date” demographic field.
- If the transition conference was done in conjunction with the periodic review, enter the date of the meeting in the “Transition Conference Date” field.

PROGRAM PARTICIPATION/ELIGIBILITY

Primary Svc Provider (PSP) Identified?
(Y/N)

Primary Health Care Provider (PHCP):

Primary Service Coordinator (PSC):

Other Service Coordinator
(OSC):

Initial IFSP Date:

Barrier to Initial IFSP Compliance:

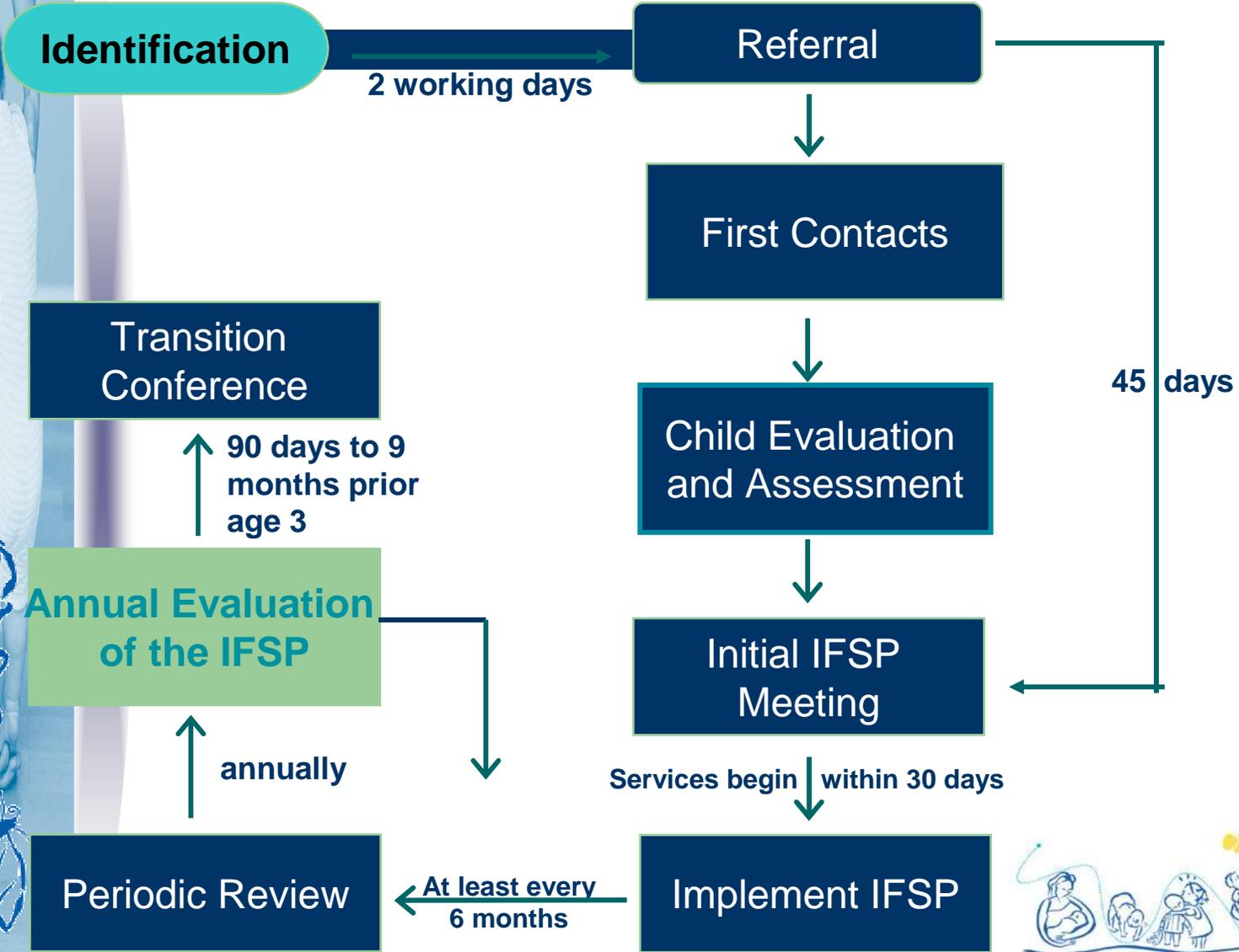
Most Recent IFSP Date:

Annual IFSP Due
Date:

Transition Conference Date:

Transition Conference Barrier

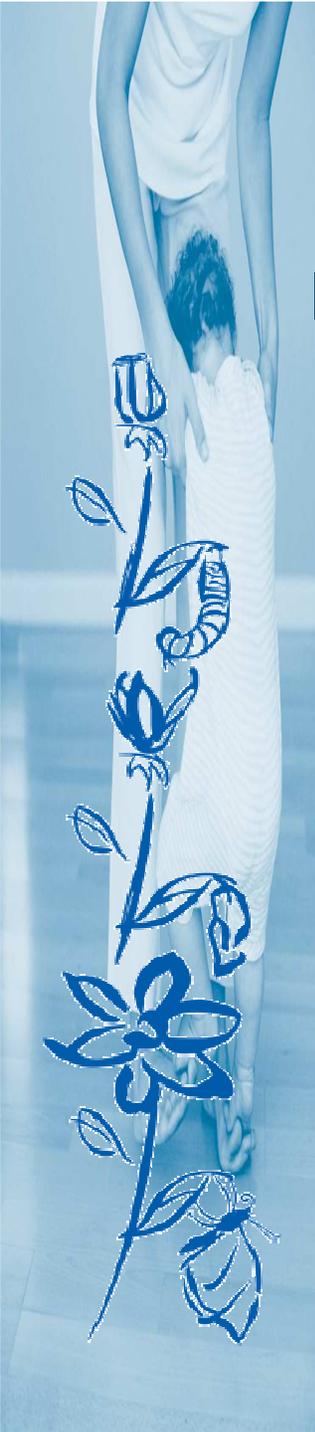




Annual Evaluation of the IFSP Requirement

- ✦ A **face-to-face** meeting must be conducted on at least an annual basis by the IFSP team to evaluate the IFSP, as appropriate, to revise, change, or modify its provisions and assess the continued appropriateness of the outcomes, strategies, and recommended services, as needed.



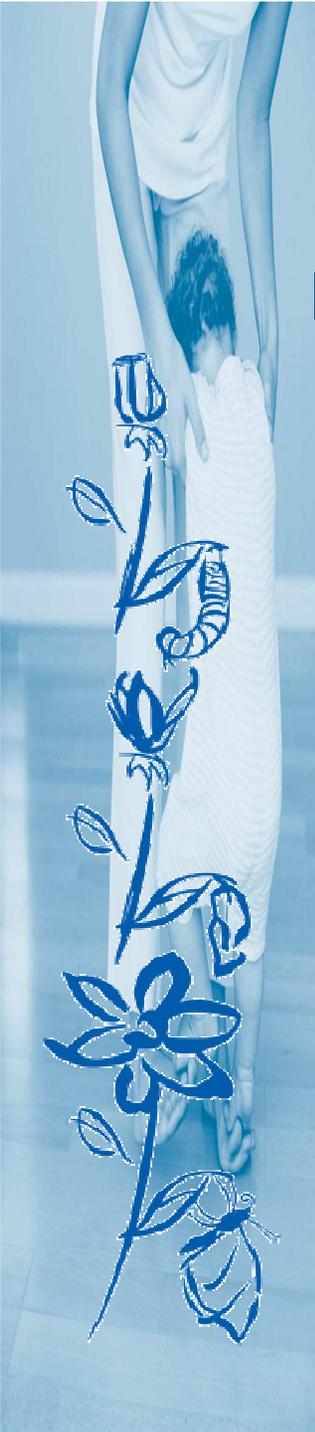


Annual Due Date

- ✧ The annual meeting is due no later than one year from the actual date the initial IFSP was written

OR

- ✧ No later than one year after the date of the previous annual IFSP meeting.
- ✧ The annual 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 meeting will be written on the new IFSP in the “Current IFSP Date:” space. 



Due Date Activity

Scenario:

- ✦ 5-12-08 Initial IFSP date
- ✦ 9-24-08 Periodic Review was completed due to a modification in services

Questions:

- ✦ When is the next IFSP meeting due?
- ✦ Will it be a periodic or an annual?
- ✦ When would the IFSP meeting after that be due?



Annual and New IFSP

- A new IFSP document is developed at the time of the time of the annual evaluation of the IFSP



Annual and Evaluations/Assessments

- ✿ The results of the most current evaluations conducted and other information available from on-going assessments of the child and family must be considered at the annual evaluation of the IFSP to determine what services are needed and will be provided.



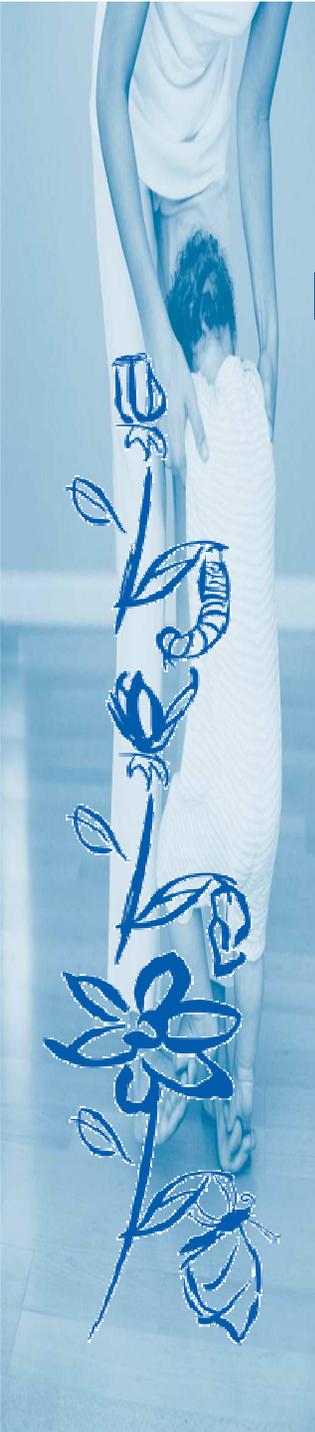


Remember



- ✦ The IFSP team must decide the information necessary to determine what services are needed and will be provided.
- ✦ Providers should be monitoring a child's progress regularly to maintain current information in all developmental areas (i.e., updating the HELP monthly).
- ✦ A formal multidisciplinary evaluation is rarely appropriate and should only occur if there is a new concern that warrants evaluation across the developmental





Annual Required Participants

- ✦ Parent(s) (foster, surrogate, guardian)
- ✦ Service coordinator
- ✦ Person(s) directly involved in conducting the most current evaluation/assessment
- ✦ Person(s) who are or will be providing services
- ✦ Other family members, advocate(s) or person(s) outside the family, as requested by the parent(s)

Note: Local school district representative, with parental consent, must be invited if the meeting is held in conjunction with the transition conference



How is the Annual Meeting Conducted?

- The annual evaluation of the IFSP must be held face-to-face with at least the family and service coordinator.
- If persons directly involved in conducting the most current evaluation and/or assessment are unable to attend the annual evaluation of the IFSP meeting, they **must be** involved through other means, e.g., telephone conference call, a designated knowledgeable representative, videoconferencing or making available pertinent records.



Form D



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

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-literacy skills) Comments: _____	
Understanding and Communicating (Receptive and Expressive Communication) Comments: _____	

Evaluation Team Signatures

The eligible evaluation team is the same as the assessment team. Please see Form E for signatures.
 The eligible evaluation team is different from the assessment team. Please sign below.

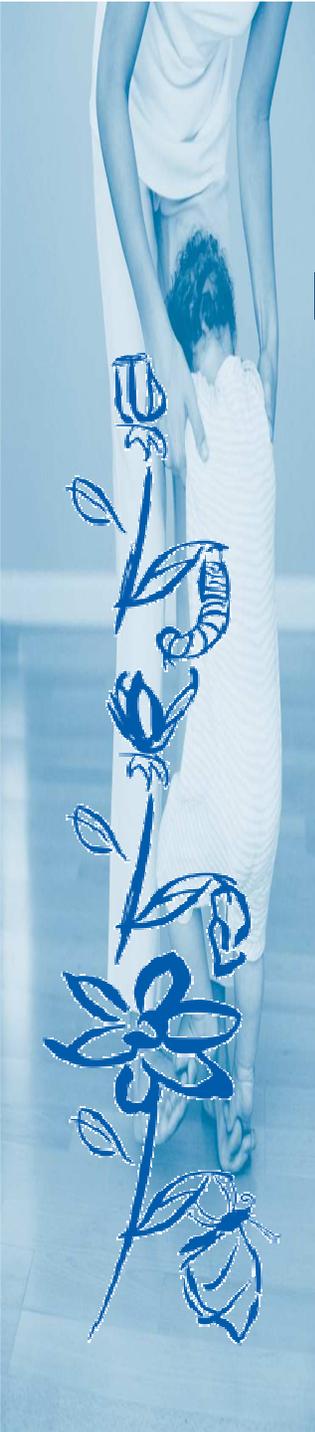
Evaluator: _____ Discipline: _____
 Evaluator: _____ Discipline: _____
 Evaluator: _____ Discipline: _____

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 _____





Annual and Form D

- ✦ The Eligibility Determination section is completed for all children at the initial IFSP meeting.
- ✦ The basis of the child's eligibility for Part C will typically not change from year to year.
- ✦ Eligibility information from the initial IFSP can be repeated in subsequent IFSPs.
- ✦ Remainder of Form D can be left blank for annual.



Form E



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

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 Collateral Information/Source

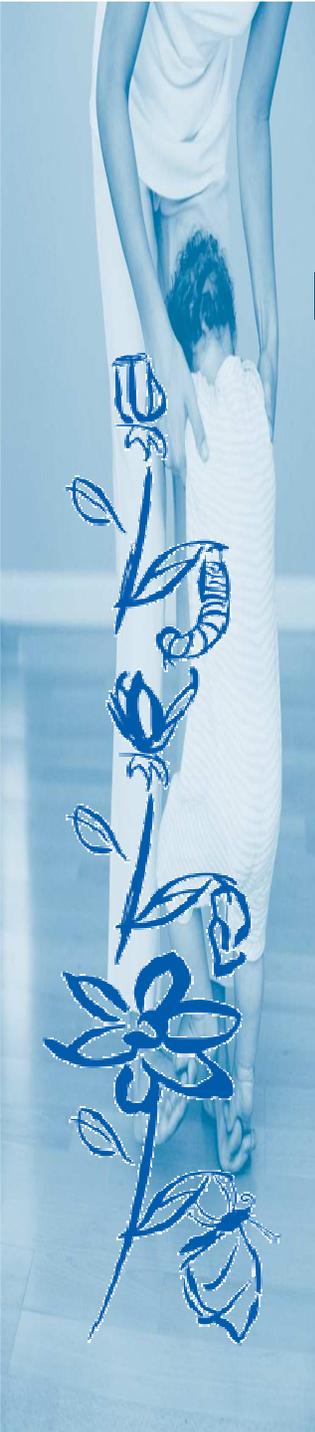
Summary of Present Status: Abilities, Strengths, and Needs

Using Hands and Body (Fine Motor Skills)	Eating, Dressing, and Toileting (Self-Help/Adaptive Skills)
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 that we don't like and that we need help with:
Playing, Thinking, Exploring (Academic/Cognitive Skills including pre-literacy skills)	Things that we don't like and that we need help with:
Understanding and Communicating (Receptive and Expressive Communication)	Things that we don't like and that we need help with:

Vision and Hearing Status: _____
Observations/Comments: _____

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

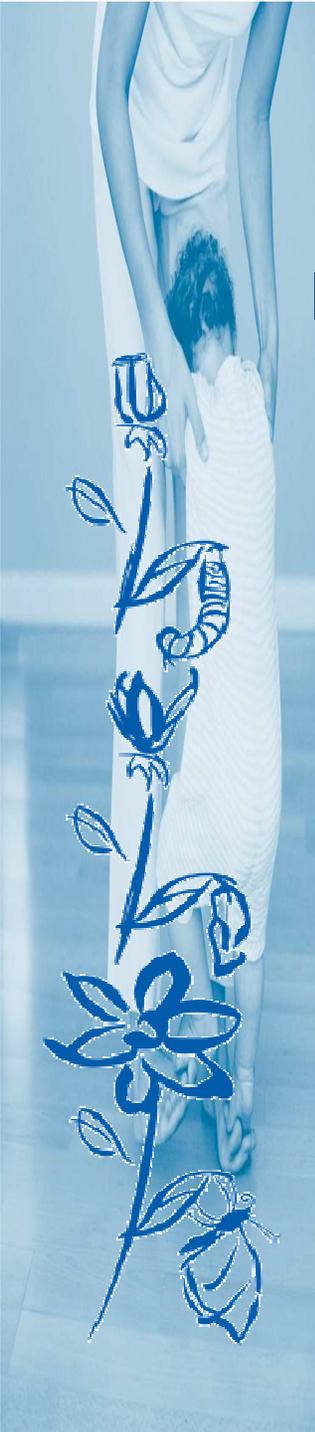




Annual and Form E

- ✿ The annual IFSP meeting 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
- ✿ Family input regarding the child's strengths and needs are also reflected on Form E





Annual and Form F

Outcomes:

- ✦ Based on family concerns, priorities, and resources
- ✦ Functional
- ✦ Imbedded in daily routines
- ✦ Indicate how to measure the child's progress
- ✦ Include family goals to support child's achievement of the outcome
- ✦ Document on Form F



Written Prior Notice and Annual Evaluation of the IFSP

- ✦ For any new, changed, or terminated services that occur as a result of an initial or annual IFSP, Form H 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, including procedural safeguards must be provided that meets all policy requirements. (Form CMS-ES 1065)



Annual Meetings and Data System

- The date of the meeting must be entered in the “Most recent IFSP date” demographic field.
- “Annual IFSP Due Date” must be updated.
- If the transition conference was done in conjunction with the annual meeting, the date of the meeting must be entered in the “Transition Conference Date” field.

PROGRAM PARTICIPATION/ELIGIBILITY

Primary Svc Provider (PSP) Identified?
(Y/N)

Primary Health Care Provider (PHCP):

Primary Service Coordinator (PSC):

Other Service Coordinator
(OSC):

Initial IFSP Date:

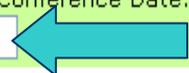
Barrier to Initial IFSP Compliance:

Most Recent IFSP Date:

Annual IFSP Due
Date:

Transition Conference Date:

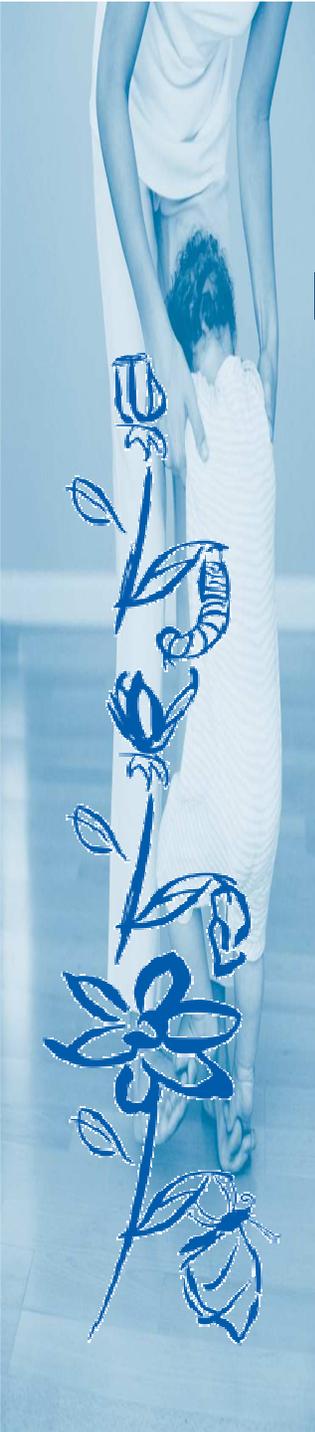
Transition Conference Barrier



Provider Reimbursement for IFSP Participation

- Providers can get paid for participating in any IFSP meetings





Provider Reimbursement for IFSP Participation

- ✦ The service is called consultation
- ✦ CONT is payer
- ✦ Not covered by Medicaid or private insurance companies
- ✦ Maximum rates:
 - ✦ \$25/hr for phone
 - ✦ \$50/hr for face-to-face



Participation in IFSP Meeting Documentation



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

COIFF (Face to Face) COIFP (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.

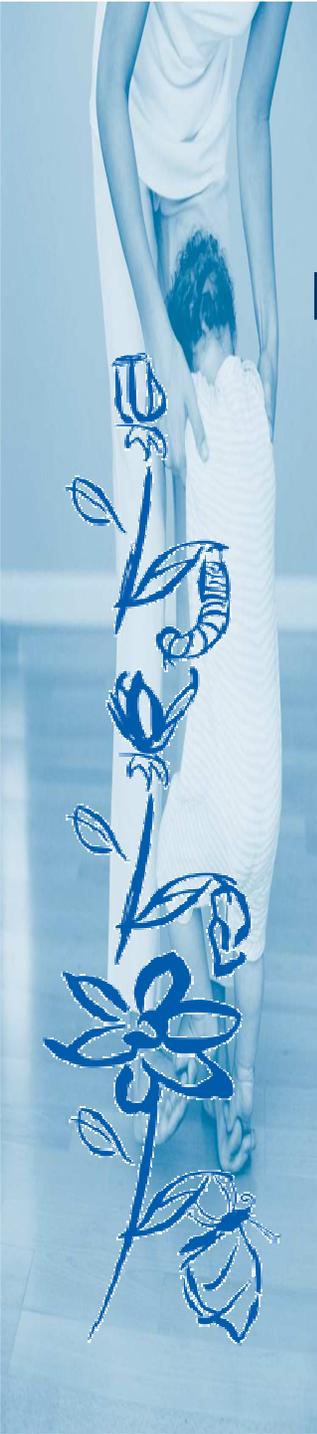
Revised: 6-12-06



Service Taxonomy Codes for Consultation

- ✦ During periodic or annual evaluation of the IFSP meetings
 - ✦ COIFF
 - ✦ Face-to-face
 - ✦ COIFP
 - ✦ Telephone

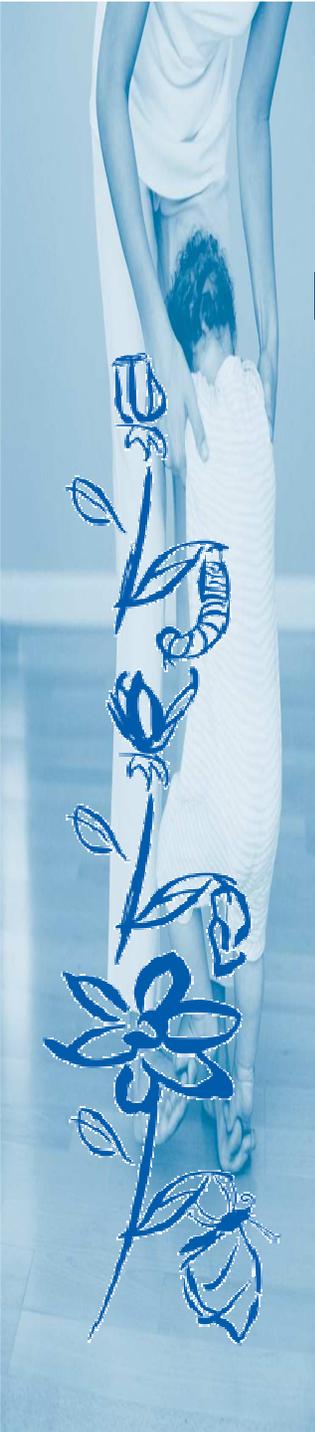




IFSP Resources

- ✿ Utilize current IFSP supports/training which include:
 - ✿ Policy Handbook
 - ✿ Operations Guide
 - ✿ IFSP Module
 - ✿ IFSP Instructions
 - ✿ Disposition Code PowerPoint and Crosswalk
 - ✿ Making Changes to the IFSP handout





Read on Your Own

- ✦ Please read the policy for the periodic review and annual evaluation of the IFSP (5.6.0 and 5.7.0) in the Early Steps Policy Handbook and Operations Guide for Component 5- Individualized Family Support Plan (IFSP).



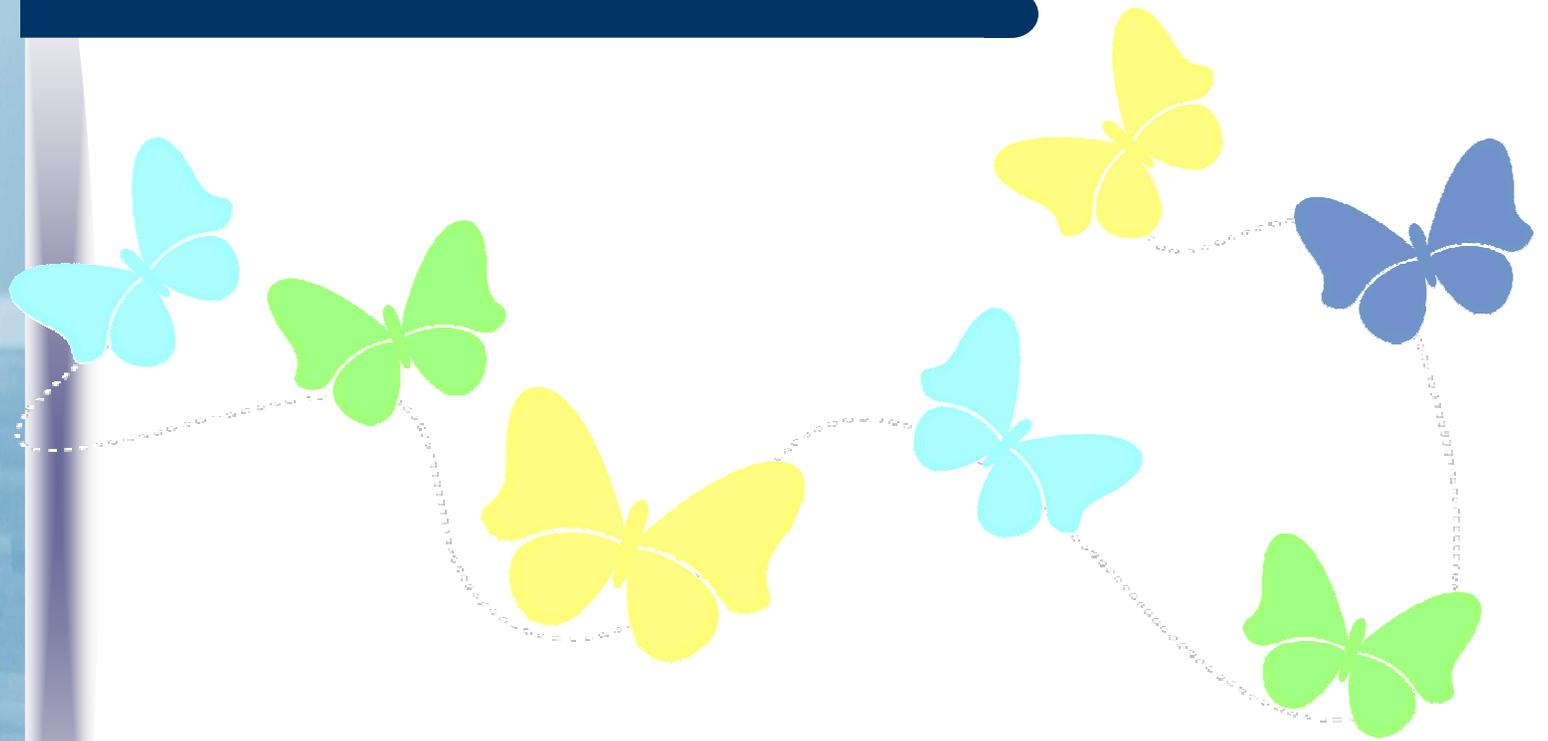
http://www



Questions?



THANK YOU!



www.cms-kids.com

