



Consultative services are an opportunity for First Steps providers to gain new information and/or render an opinion or advice in order to resolve a particular need or issue, and to improve the providers' abilities to respond to a similar issue in the future. Through consultation, new and better strategies can be developed and child/family progress made.

Consultative services may be considered for a First Steps child/family when the purpose of the activity is to coordinate the implementation of Individualized Family Service Plan (IFSP) outcomes/strategies. Consultation is not simply discussing a child or family; therefore, in order for First Steps providers to consult, they must be working on the same IFSP outcome for a particular child/family.

The decision to authorize consultative services is made by the child's IFSP team. When designated by the IFSP team, consultation may include discussions among First Steps providers, other professionals (e.g., physicians, surgeons), parents/caregivers (e.g., child care providers, EHS, etc.) or assistants requiring supervision from licensed professionals.

Consultation between First Steps providers: The IFSP team may determine a need for consultative services between First Steps providers. Consultation may be considered if the intent is to help two providers coordinate their strategies regarding the same IFSP outcome for a particular child/family. The purpose of the consultation might be a short-term or limited consultative support to achieve a particular strategy.

For example, a Special Instructor (SI) and an Occupational Therapist (OT) are working on a child's outcome related to mealtime, and the child is having difficulty holding a spoon. The child's IFSP team may determine it is necessary for the SI and OT to consult with one another for 15 minutes a month for the next six months, in order to determine what strategy would be effective to reach the IFSP outcome. The Service Coordinator enters the authorization in the IFSP as a consultation for the SI and another authorization for the OT, each for one time a month for 15 minutes for the next six months.

Consultation with other professionals: The IFSP team may determine a need for consultative services between a First Steps enrolled provider and another professional. First Steps providers may experience a situation when they need additional short-term or limited consultative support from professionals outside of the First Steps system. In these situations, consultation would be considered a specialized problem-solving process in which a non-First Steps professional, who has particular expertise, assists the First Steps provider in order to effectively meet a child's IFSP outcome.

For example, a child is discharged after a hospitalization or surgery. The child's IFSP team may determine it is necessary for the First Steps provider to consult with the primary physician for 30 minutes for the next two months, in order to determine what strategy would be effective to reach the IFSP outcome. The Service Coordinator enters the authorization in the IFSP as a consultation for the provider for one time a month for 30 minutes for the next two months.

Consultation with parents/caregivers: The IFSP team may determine a need for consultative services between a First Steps provider and a parent/caregiver. The purpose of this consultation is for the parent/caregiver to learn a particular strategy. The child may or may not be present during the consultation. Since direct services involve directly working with the child and modeling/coaching/training parents, the need for separate consultative services is rare, but possible.

For example, a child care provider may need assistance regarding effective strategies for modifying the child's environment at the child care center. The child's IFSP team may determine it is necessary for the child's First Steps provider to consult with the child care provider for 15 minutes each month for the next three months, in order to determine what strategy would be effective to reach the IFSP outcome. The Service Coordinator enters the authorization in the IFSP as a consultation for the provider for one time a month for 15 minutes for the next three months.

Consultation with assistants requiring supervision: The IFSP team may include service providers who are assistants and require supervisory visits. In these situations, the IFSP team shall authorize designated time for the licensed professional to conduct a supervisory visit with an assistant. Since the licensed professional's supervisory visit occurs during the family's regular time with the assistant, no consultative services are needed for the assistant.

For example, a Physical Therapy Assistant (PTA) is authorized for direct service on a weekly basis for 60 minutes. A Physical Therapist (PT) supervises the PTA on a monthly basis. Since the PT supervisory visit occurs during the family's regular time with the PTA, no extra authorization is needed for the PTA. The Service Coordinator enters an authorization in the IFSP as consultation for the PT for one time a month for 60 minutes for the duration of the PTA services.

Consultative services do not include: Some aspects of providing First Steps services are expectations or professional responsibilities and not considered to be consultative services, including:

- Talking to the child's Service Coordinator
- Obtaining a physician's prescription
- Talking to an assistive technology provider when the primary task is not related to ordering/selecting a device
- Talking to a First Steps provider when the primary task is not related to strategies to achieve a child's IFSP outcomes
- Agency staff meetings when the primary task is not related to strategies to achieve a child's IFSP outcomes

Once an IFSP team has identified the need for consultation, the team must discuss the specifics, including who will consult, how often, and how long the consult is needed. There should not be "blanket" authorizations where all children served by a particular provider or agency are authorized for the same consultation time. If providers listed on a child's IFSP want to simply inform one another of the child's progress, the monthly progress note required by all providers should sufficiently serve as a general means of communication. Consultative services should not be authorized "just in case" or "as needed." Rather, consultative services must be authorized and delivered according to IFSP team decision. It is expected that short-term consultative services would be reflected in a short-term service authorization.

Once consultative services are authorized in the IFSP, providers can accomplish consultation in person or by phone call. Consultative services may or may not require the child to be present during the discussion. The IFSP team is expected to continually review the need for these services during conversations with the parents and in future IFSP meetings.

Consultative services and EIT: In areas where EIT has been designated, consultation provides a framework for the EIT meetings and is essential to the functioning of the EIT; however, this type of consultation is handled differently under the EIT model.

Regularly scheduled EIT meetings: The EIT meets on a regular basis to exchange professional opinions, strategies, and information about children assigned to the EIT. The discussions are between the primary provider for a particular child/family and the remaining EIT members. In these meetings, the entire EIT meets and strategizes ways to help children and their families accomplish their outcomes.

If the expertise of the entire EIT was needed for a discussion about a particular child/family situation, then that child should be on the agenda of an upcoming EIT meeting. The discussion would then be held at that EIT meeting. Not all children will require discussion at every EIT meeting; however, to ensure that every child and family receives support from the EIT, it is suggested that each child be discussed on a quarterly basis.

Joint Visits: Consultation between the primary provider and a supporting provider occurs through a joint visit. A joint visit extends beyond the typical roles of each individual provider and allows them to assist with maximizing the ideas, communication, and cooperation between the primary provider and supporting provider(s) in order to effectively deliver comprehensive services.