



Development and Implementation of the EIT Model
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1. Will all children be considered for the EIT model?

Yes. There is no reason to exclude any family/child from participating in the EIT model. However, while developing and initiating teams throughout the region, the SPOE may consider assigning families to a team based on provider availability, caseload size, and the unique needs of the child. Once EIT is implemented region-wide, all families/children will participate in the EIT model regardless of the reason for eligibility.

2. Will services other than OT, PT, SLP, and SI be available to children in an EIT model?

Yes. If the IFSP team believes the addition of a service (e.g., audiology) is necessary to support the child/family to reach the IFSP outcomes, the request **MUST** be considered by the IFSP team at a 6-month, annual or inter-periodic meeting. If the IFSP team decides to initiate the service, the service may be added at the frequency/intensity/duration determined appropriate by the IFSP team and with written parental consent.

3. Who selects the providers to be on the EIT?

The SPOE defines area(s) in the SPOE region where providers can be organized to make a team with possible overlap between teams and between SPOE regions. At a minimum, each team needs at least one OT, PT, SLP, SI and Service Coordinator. Giving consideration to the provider availability in the region, the SPOE determines how many full-time and part-time providers are needed for each team and if the team will come from one agency, independent providers, or a combination of both.

4. Can a “most likely” primary provider be determined and/or invited to an initial IFSP meeting?

In the 45-day timeline, the SPOE may select provider(s) from the EIT to conduct evaluations and assessments based on where the family lives, expertise of the provider, and/or the concerns and priorities of the family and child’s needs. Once the initial evaluation to determine eligibility is conducted, and the child is determined eligible, the Service Coordinator and the evaluator determine if additional information is needed to plan for the initial IFSP. If more information is needed, then assessment(s) are conducted. Any provider(s) who conducted an evaluation and/or assessment of the child **MUST** be invited to attend the initial IFSP. While this provider(s) may be identified as a *most likely primary provider*, the determination of the primary provider is not final until the initial IFSP meeting discussion.

5. Is it appropriate to change the primary provider?

Under the EIT model it is rare to change the primary provider because the relationship between the primary provider and the family is an integral component for success of the EIT model. Typically, the primary provider does not change as a result of the child’s needs since the primary provider may have the expertise to continue to help the family in the ‘next step’ of the child’s development. Or a supporting provider with the needed expertise may need to accompany the primary provider on joint home visits for a period of time rather than changing the primary provider.

6. Can an assistant (e.g., COTA, PTA, SLPA) be a primary provider?

No. Since the law requires assistants to be supervised and they cannot make IFSP decisions or evaluate/assess a child - then it is not appropriate for assistants to be the primary provider. When supervised by a PT/OT/SLP, the PTA/COTA/SLPA can provide services to a family as a supporting provider under the rules outlined by their licensing board. For example, if physical therapy is needed 1 time a week, it might be beneficial for the PTA to conduct that service with a monthly supervised visit. However, if physical therapy is needed 1 time a month, it may not be beneficial to utilize a PTA since that visit would also be the supervisory visit with the PT. Generally PTAs would not attend the EIT meeting, but there could be circumstances where the PT would invite the PTA to participate for a child who the PTA served.

7. How do you manage a caseload with both models of EIT and direct services?

While Missouri is developing the EIT model, some service providers may serve on the EIT as well as continue to see children through the traditional, direct service delivery model operating in the state. Providers should establish boundaries with regard to how many children and families they can serve under each model. This will likely depend on the amount of travel involved, whether the provider is full or part-time, and other individual factors.

8. Will the role of the Service Coordinator change in an EIT model?

Shared service coordination allows some of the ongoing service coordination duties to be shared with the primary provider and/or other SPOE employee, such as an administrative assistant (i.e. file arrangement, contact with the family, etc.) but other functions will remain the responsibility of Service Coordinators (i.e. facilitating and writing all IFSPs, completing required documents such as Notice of Action, Release of Information, etc.). The decision on how to divide these activities is made by the SPOE.

9. Who is responsible for completing progress notes and written reports?

The primary provider is responsible for entering progress notes in a child's electronic record (i.e. WebSPOE) as s/he is the professional who sees the child and family most often. However, as other team members conduct joint visits, consultations, evaluations, etc. they are responsible for progress notes/written reports related to the activity conducted with the child and family. Service Coordinators will continue to enter case notes in the WebSPOE to document conversations/activities with the family and providers as they occur for children on their caseload.

10. How will providers in the EIT model receive training?

The ten SPOE offices will identify the providers who will be working on teams, develop a professional development plan for those providers, and conduct ongoing training with their teams. The DESE First Steps Area Directors will provide training to the EIT as they organize and move forward with implementation of the model in each region. In order for consistent training and implementation of EIT, it is expected that the Area Directors are part of the region's EIT training and together the SPOE Directors and Area Directors schedule, facilitate and implement all necessary training.