

## **Chapter 7: Individualized Family Service Plan Development**



The Individualized Family Service Plan (IFSP) process results in a document that reflects a family's concerns, priorities and resources with regard to the development of their infant or toddler. Families participate as partners in the planning, development, implementation and review of their IFSP. First Steps has implemented policies and procedures for the development of IFSPs that meet state and federal requirements to ensure a current IFSP is in effect and implemented for each eligible child and family.

The IFSP process is unique to each family. Service Coordinators and service providers must recognize that families are diverse, and collaborate with family members to ensure their informed participation.

### **Individualized Family Service Plan (IFSP)**

The IFSP represents a commitment to eligible children and families that:

- The family's unique, individual needs are considered and addressed;
- An individualized plan of action is developed to meet these needs;
- Appropriate levels of early intervention services are provided;
- Early intervention services are provided in natural environments, to the maximum extent appropriate, to meet the needs of the child;
- Early intervention services are family centered and focus on enhancing the family's capacity to respond to their child's developmental needs emphasizing their everyday routines and activities; and
- Their parental rights are protected.

### **The Interim IFSP**

An interim IFSP is designed only for those children who require immediate early intervention services prior to the initial IFSP meeting. An Interim IFSP may be developed if extraordinary conditions arise that prevent the multidisciplinary team from completing necessary evaluation and assessment activities.

This option is primarily intended for referrals of children who may still be in the hospital, for example, in the neonatal intensive care unit (NICU) or children who require a specific service without additional delay. In these cases, it is important that the provision of early intervention services not be postponed because the team has not completed their work. The family and team members should make decisions about which services are needed right away, and those services should begin immediately.

The use of an interim IFSP does not permit the team to bypass the 45-calendar day requirement between referral and initial IFSP development. Rather, an interim IFSP is developed to ensure that those essential services are provided to the eligible child while the remainder of the development work to complete the IFSP process is performed.



***NOTE:***

These situations should be the **exception** rather than the rule. Eligibility for First Steps must be confirmed **prior** to the development of an interim IFSP.

### **Content of an IFSP**

A single IFSP document will be collaboratively developed for each eligible child and family. The IFSP is intended to be a fluid document and is subject to revision at any point as a result of a request from any team member, including the family. However, any reviews and revisions must be conducted through the IFSP team process.

The IFSP must be in writing and contain (as stipulated in the federal and state regulations):



- 1) A statement of the child's **present levels** of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon professionally acceptable objective criteria;
- 2) With family agreement, a statement of the **family's resources, priorities, and concerns** related to enhancing the development of the child (if family does not agree, this section is blank);
- 3) A statement of the major **outcomes** expected to be achieved for the child and family; and the criteria, procedures, and timelines used to determine:
  - a) the degree to which progress toward achieving the outcomes is being made, and
  - b) whether modifications or revisions of the outcomes or services are necessary;
- 4) A statement of the specific **early intervention services** necessary to meet the unique needs of the child and the family to achieve the outcomes, including the frequency, intensity, and method of delivering the services;
- 5) A statement of the **natural environments** in which early intervention services will be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- 6) The **location** of services, and
- 7) The **payment arrangements**, if any;
- 8) **Other services** needed outside of First Steps, and the funding source;

- 9) The projected dates for **initiation of the early intervention services** (with the exception of the other services required in Number 8) as soon as possible after the IFSP meeting;
- 10) The anticipated **duration of the early intervention services**;
- 11) The name of the **Service Coordinator** who is responsible for the implementation and coordination of IFSP activities;
- 12) A statement of the steps to support the child's **transition** at age three; and
- 13) A statement describing **assistive technology** services or devices as appropriate including:
  - a) identification of the professional who will assist the family with the assistive technology device,
  - b) what outcome(s) the assistive device supports or facilitates,
  - c) the location of the device,
  - d) a statement of the frequency and intensity of the time the device/service is used, and
  - e) method of how the device/service is provided.

It is not required that the IFSP be written in the native language of the family; however, the content of the IFSP must be readily understood by the family which may require oral translation or other means of communication (sign language, Braille) to ensure that families are fully informed. The necessary accommodations such as translation services, large print, audio reports, etc. shall be made available and provided to families at no cost to them. It is important to verbally explain, in the family's native language or mode of communication, the contents of the IFSP as the document is being developed.



### **Statement of Present Levels**

The present levels of development are a combination of conversations with the family that identifies child strengths and needs in everyday routines as well as, professional input gathered through the evaluation and assessment process. Present levels are written from the family's perspective of "what's working well" or "what's challenging" in their everyday routines and activities. All developmental domains must be addressed in the present levels section.

Service Coordinators should emphasize the following when facilitating a quality discussion of present levels:

- Strengths are stated in functional terms within everyday routines and activities;
- Challenges that impact participation in everyday routines;
- People, places, and things that motivate, engage, and bring enjoyment to the child; and
- How the child's concerns, fears, or dislikes impact successful participation.

### **Family Concerns, Priorities, and Resources**

The family concerns, priorities and resources are known as the family assessment. The family assessment is to be conducted by the Service Coordinator as an interview prior to the IFSP development meeting (see Chapter 6 on IFSP Planning for more information on family assessment).

### **IFSP Outcomes**

The development of outcomes should begin by discussing the family's concerns about their child's unique developmental needs and their family's needs related to enhancing the child's development in these areas. The information gathered during the intake/evaluation/assessment, and IFSP planning process will provide a foundation for helping the family express these desired outcomes during the IFSP meeting.

During the IFSP meeting, families and professionals must collaborate to develop outcomes, discuss competing priorities and look at all alternatives. Professionals have a responsibility to share knowledge and experience with families to assist them in evaluating options, and making choices. Ideally, outcomes will be chosen which reflect the opinions and desires of both the family and the professionals. However in cases where the family and professionals do not agree, IFSP outcomes must meet the priorities of the family. Differences of opinion can be recorded in a case note in WebSPOE for future reference or discussion.



For each outcome developed, the team must identify:

- a) the procedure,
- b) the criteria, and
- c) the timeline for measurement of the outcome.

Some providers have a clinical treatment plan beyond the IFSP that defines specific therapeutic approaches to meet the IFSP outcomes. This level of specificity is not included in the IFSP, yet can be maintained in a provider's clinical record.

### **Strategies and Activities**

Once an outcome has been written for the IFSP, the team will then identify strategies and activities that will be used to address the outcome using the family's daily routine and materials/supports already available to the family.

Strategies and activities are built upon the routines of the family, emphasizing their regular settings. The Service Coordinator and IFSP team members should talk with the family about their daily routines and activities, including individuals who are important to them and to their child, and how best to blend early intervention services into their lives (as opposed to rescheduling their lives around early intervention).

Strategies and activities should be practical and fit within a family's lifestyle and routine and within their natural settings. Families typically will participate in a variety of activities and services beyond the IFSP (e.g., PAT, WIC, Early Head Start, etc.). It is important that these services are linked to the IFSP and are considered as the strategies and activities in the IFSP are developed.

It is not necessary, and sometimes not appropriate, to include every possible strategy, activity, and service in the initial IFSP. Remember that the IFSP process is ongoing.

### **Early Intervention Services**

In order to individualize the early intervention services to meet the needs of the family, the team develops the strategies for addressing the outcomes within the family's daily routine **BEFORE** identifying the specific service type, frequency and method of delivery.

For each outcome identified, the team must determine what services will be provided in order to achieve the outcome. For each early intervention service included in the IFSP, the team must identify:

- a) the **frequency and intensity** of the service (number of days or sessions that a service will be provided and the length of time the service is provided during each session, e.g., 2 times per month for 45 minutes);
- b) the **duration** of the service (length of time the service will be provided, e.g., 6 months);
- c) the **method** of service delivery (direct service, consultation, and/or parent education);
- d) whether the service is provided on a **group or individual** basis;
- e) the **funding source** for the service; and,
- f) the **location** of the service (actual place(s) where a service will be provided).

The focus of early intervention is on the family as the primary recipient of services. Integrating services into the

naturally occurring activities and routines of the family promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.

Service providers need to assess their beliefs and attitudes about the families they support. Families are diverse and vary in their approaches to parenting, lifestyle and decision making. Respectful and open communication helps to ensure a working partnership between family members and service providers. This partnership is essential in order to ensure family participation in the implementation of the IFSP. Service providers must be willing to share their professional opinions and recommendations as well as listen and accept when families select options and directions that are different from their own.

### **Natural Environments**

To the maximum extent appropriate to meet the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. When deciding whether the setting is in a natural environment, the IFSP team shall discuss the purpose of the program and the child's participation in the program. If the program includes "pull-out" services or services in a special-purpose room, then the program is not a natural environment.

It is required that the IFSP include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family, and justification of the extent, if any, to which the services will not be provided in a natural environment. The location of services is a team decision that reflects a variety of factors, including the child and family's typical routine and activities.

It is important that the conclusions of the IFSP team, as well as the justification, be based on the needs of the

child, and not on reasons such as administrative convenience, fiscal or personnel limitations or parent preference.

### **Selecting Providers**

After outcomes, frequency, intensity, and duration for services have been determined, the IFSP team, including the family, selects service providers for IFSP services. Providers are selected using the Provider Matrix or early intervention team members, if available.

Families and service providers should work together to develop community resources for young children and their families. Service provider availability should be one of the interests of the RICC and local resource information should be made available to the council on a routine basis.

### **Other Services**

The IFSP team must discuss and document any “other services” identified as necessary to meet child and family needs. This includes:

- a) medical and other services that the child needs, but are not funded by First Steps; and
- b) the funding sources for other services or the steps that will be taken to secure those services through public or private sources.

Some examples of other services are: skilled nursing care, respite care, medical equipment, WIC, PAT, Early Head Start, etc. However, this does not include routine medical services such as immunizations and well-baby care unless a child needs those services and they are not otherwise available or being provided.

If the family chooses to receive additional therapies (OT, PT, Speech) above and beyond what has been included in the child’s IFSP, those services and funding sources would be listed under “other services.”

## **Transition from First Steps**

State and federal regulations require that IFSP teams plan for a child's transition at age three. Each IFSP must include documentation of the steps to be taken to support the transition of the child at age three, whether that transition will be to preschool services under Part B (Early Childhood Special Education) or to other services that may be available, such as Parents as Teachers, Head Start, Title I Preschool programs, etc.

### **The steps for transition must include:**

- Discussions with, and training of parents regarding future placements and other matters related to the child's transition;
- Procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in, a new setting;
- Providing 'directory information' to the local education agency (LEA), unless the parent opts out; and
- With written parental consent, transfer of additional child information, including copies of evaluation, assessment and IFSP records, to the local education agency to ensure continuity of services.

Transition planning for the infant or very young toddler will often involve introducing the parents to information about the transition process and choices that will occur when the child approaches age three. For the older toddler, the transition planning becomes more specific and detailed.

While state and federal regulations establish requirements for transition at age 3, it is best practice to address other transitions that occur while in First Steps (hospitalizations, changes of service provider, family moves, etc.). Planning for these transitions should be recorded in the IFSP along with the required

documentation of transition planning related to exiting First Steps at age 3.

### **Notice and Consent for Early Intervention Services**

Written prior notice shall be given to parents of an eligible child a reasonable time before the provision of early intervention services to the child and the child's family.



This notice must:

- a) be in sufficient detail to inform the parents about the action being proposed or refused and the reasons for taking the action;
- b) be accompanied by a copy of the Parental Rights Statement;
- c) be in written language understandable to the general public; and,
- d) be provided in the parent's native language or mode of communication unless it is clearly not feasible to do so.



The contents of the IFSP shall be explained to parents and **informed written consent** obtained from the parent prior to the provision of any new early intervention services or changes to services described in the IFSP. If the parents do not provide consent for a particular early intervention service OR withdraw consent after first providing it, that service may not be provided. All early intervention services for which parental consent is obtained must be provided according to the IFSP.



Parents may determine if they will accept or decline any early intervention service and may end a service after accepting it without jeopardizing other early intervention services. If parents decline a service prior to the initiation, the Notice of Action/Consent is marked “**decline**”; however, if parents decide to discontinue a service that is currently being provided, a Notice of Action is provided.

## **Quality Indicators Rating Scale**

The IFSP Quality Indicators Rating Scale (QIRS) is designed to be used by First Steps for improvement and accountability purposes. QIRS was developed through a collaborative process involving stakeholders from across the state as well as national experts. The process resulted in the creation of two documents – the indicator rating scale and the exemplar IFSP. The exemplar includes a detailed description of each of the indicators and provides the Service Coordinator with information about how to achieve a quality rating through focusing on the daily routines and activities of the child and family. The document also provides an example of what a completed, quality IFSP should look like, therefore providing Service Coordinators with a standard they should strive to achieve. In some cases, the stakeholders determined that compliance and best practice exist simultaneously, and that to exhibit compliance is the same as exhibiting best practice.



## **IFSP Documentation and Case Notes**

After the conclusion of each IFSP meeting, it is critical that the Service Coordinator **finalize the IFSP documentation in WebSPOE as soon as possible** in order to complete the meeting activities and generate authorizations for services.



In addition to completing the IFSP document in WebSPOE, a case note of the IFSP meeting should be recorded that contains items or recommendations not reflected in the final IFSP document if:



- Particular services were recommended but not chosen by the family;
- Levels of services were proposed, but families opted for a different level of service at this time; or,
- Family chooses a provider other than a First Steps provider.

These notes are entered and maintained as documentation of the complete IFSP discussion. The ability to revisit these issues with families at a later date may be important as the team reviews the degree to which the IFSP outcomes have been achieved or to assist in the resolution of child complaints.

### **Documenting the 45-day Timeline**

The only acceptable reason for exceeding the 45-day timeline is due to parent/child actions. This would be for situations such as a family member is ill, the child is in the hospital, no response from the parent to phone calls, appointments, etc., or any other delay initiated by the parent.



Some examples of unacceptable reasons for exceeding the 45-day timeline include:

- 1) SPOE Reason: this may be for situations such as the Service Coordinator not contacting the parent in a timely fashion, the Service Coordinator cancelling or delaying meetings due to vacation, illness, unavailability, etc., unable to contact the family because they do not have a telephone, or any other delay initiated by the SPOE / Service Coordinator.
- 2) Provider Reason: this would be for situations such as an evaluator not scheduling evaluations or sending reports in a timely manner, unable to obtain medical reports from physicians / hospitals to document a medical condition for eligibility, unable to obtain a script from a physician, or any other delay initiated by a provider for any reason.
- 3) Provider Unavailability: this would be for situations such as unable to find a provider to evaluate the child, unable to find a translator / interpreter to assist with the eligibility / initial IFSP process, or any other situation where unavailability of a provider delays the 45-day timeline.

If the initial IFSP is not held on or before the 45<sup>th</sup> day, a reason for the delay must be entered into WebSPOE. The



reason should not be entered prior to the 45<sup>th</sup> day, rather it is entered on or within a day of the 45<sup>th</sup> day in order to accurately reflect the delay. The reason entered in WebSPOE should reflect a summary of the Service Coordinator's case notes.

### **Completing the Process**

The completed IFSP is considered a legal document and may not be altered until the team is convened for an IFSP review. Once the IFSP document is printed, the use of white out or black marker is not permitted.

A copy of the printed IFSP is required to be sent to the family and, as requested, may be sent to team members without access to an electronic version in WebSPOE (such as primary care physicians, PAT, sub-contracted service providers, etc). First Steps enrolled service providers and Service Coordinators have the ability to access the IFSP via WebSPOE.

