



# Practice Manual

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## Chapter 6: IFSP Planning, Development & Review

Missouri Department of Elementary and Secondary Education  
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# 6

## IFSP PLANNING, DEVELOPMENT & REVIEW

The Individualized Family Service Plan (IFSP) process results in a document that reflects the parent's concerns, priorities and resources for their family. The IFSP process is unique to each child and family. The family participates in the process as a partner with professionals in the planning, development, implementation and review of the IFSP. Service Coordinators and providers must recognize families are diverse. Collaboration with family members ensures the development of meaningful outcomes and related services to support the family in improving the child's functioning in everyday routines and activities. This chapter describes the process of planning, developing and reviewing the IFSP.

### SECTION I: PLANNING FOR AN IFSP MEETING

*Missouri Part C State Plan Section XI. (34 CFR 303.321)*

*Missouri Part C State Plan Section XII. (34 CFR 303.340 through 303.346)*

Planning for an IFSP meeting is necessary for the IFSP process to go smoothly. The Service Coordinator must complete certain activities for IFSP planning, including obtain additional child and family assessments (if necessary), coordinate and invite IFSP team members, determine the meeting's agenda, schedule the meeting, and send out notice of the meeting. The Service Coordinator must plan ahead for IFSP meetings and schedule meetings with ample time to ensure compliance with all requirements.

#### A. Assessment of the Child

The first step to IFSP planning is to determine if more information is needed regarding the child's skills and abilities. The purpose of an assessment of the child is to obtain in-depth information regarding the child's individual strengths and needs, including how the child participates in daily routines and activities. In First Steps, there are two types of child assessments: initial assessment of the child and ongoing assessment of the child.

##### 1. Initial Assessment of the Child

Every child eligible for First Steps receives an initial assessment. The initial assessment of the child is comprehensive and occurs after eligibility determination and before the Initial IFSP

meeting, as part of planning for the Initial IFSP. Parental consent is required for the initial assessment of the child, and is obtained at the intake visit when the parent signs consent for the evaluation/initial assessment of the child. The initial parental consent covers all evaluation and assessment activities prior to the Initial IFSP. For more information on parental consent, see Chapter 2.

Each initial assessment must include the following activities:

- **A review of the results of the evaluation of the child.** This requirement is only applicable when an evaluation of the child was conducted to determine eligibility. To meet this requirement, the Service Coordinator or provider must review the results of the evaluation of the child.
- **Personal observations of the child.** To meet this requirement, the Service Coordinator or provider must document observations of the child.
- **The identification of the child's needs in each developmental area.** To meet this requirement, the Service Coordinator and at least one provider must document information about all five developmental areas using formal or informal procedures to collect the information. Considerations for using formal or informal procedures may include the extent of existing information about the child's strengths and needs, the age of the child, etc. The decision to use formal or informal procedures is made by the Service Coordinator and provider based on the extent of additional information that is needed.
  - **Formal Initial Assessment Procedures.** Formal procedures involve the use of an instrument with a testing protocol in order to obtain a standard score. When a formal assessment is conducted, the provider receives an authorization for the visit and writes a report which includes the formal scores.
  - **Informal Initial Assessment Procedures.** Informal procedures do not require the use of an instrument and standard scores; instead, informal procedures involve activities such as parent interview, structured observation of the child, completing a strand from an instrument. When an informal assessment is conducted, the provider receives an authorization for the visit and writes a report which summarizes the information obtained.

In order to complete the initial assessment of the child when records confirm eligibility, the Service Coordinator must review the extent of the existing information and determine which developmental areas need further assessment to obtain a complete picture of the child's strengths and needs. Children eligible for First Steps through medical or newborn conditions typically fall into this category. If further assessments are needed, then the Service Coordinator contacts a provider to discuss the specifics of the assessment, including needed information and the time frame for obtaining this information.

For children eligible based on a developmental delay, the initial assessment may be conducted in two ways: (a) the evaluation and the initial assessment of the child may occur simultaneously if there are no additional concerns to address from the evaluation. Or, (b) if the evaluation for eligibility identifies the need for additional information about the child's strengths and needs, then additional activities must be conducted in order to complete the initial assessment of the child. For example, if a Developmental Assessment of Young Children – Second Edition (DAYC-2) was completed for eligibility determination, then information is available in all five developmental areas; however, the Service Coordinator and providers may find a particular developmental area needs further assessment. The Service Coordinator must schedule additional activities (formal or informal) to collect complete information about the particular developmental area.

### ➤ **Documentation of the Initial Assessment of the Child**

Documentation of the initial assessment of the child, including observations of the child and the child's strengths and needs in all five developmental areas, is completed by the provider and/or the Service Coordinator in the Evaluation and Assessment tab of the child's electronic record. The provider submits a written report for any developmental areas assessed. The Service Coordinator ensures any developmental area not covered within a provider's written report and/or not uploaded by the provider is summarized in the Evaluation and Assessment tab. For example, if a provider's report covers the physical and adaptive developmental areas, then the Service Coordinator is responsible for reporting information from existing documentation, observations from the intake visit, and parental report for the remaining developmental areas.

The outcome of an initial assessment is a comprehensive review of the child's strengths and needs. Once sufficient information is obtained and documented for all five developmental areas, the Service Coordinator proceeds with scheduling the Initial IFSP meeting.

## **2. Ongoing Assessment of the Child**

An ongoing assessment may occur any time following the Initial IFSP meeting. The purpose of an ongoing assessment is to gather additional information about the child's strengths and needs because existing information is not sufficient to determine the level of service necessary to meet the IFSP outcomes (e.g., information is lacking about the child's language development or a new concern arose with the child's motor abilities).

The need for an ongoing assessment may arise when planning for an upcoming IFSP meeting or at the request of an IFSP team member. Regardless of the reason for an ongoing assessment, the Service Coordinator and the child's providers must review existing information to determine which developmental areas need further assessment.

An ongoing assessment should not be confused with a discipline specific test that may be requested by a provider (e.g., physical therapist) to be conducted prior to initiating early intervention services. If the level of service has been identified (e.g., physical therapy for one

time a month) and the provider needs a test prior to initiating service, then the test is considered part of the service and not part of an ongoing assessment.

An ongoing assessment requires a new authorization for at least one provider to further assess the child's strengths and needs in one or more developmental areas. Parental consent must be signed by the parent before an ongoing assessment of the child can be conducted. The Service Coordinator presents the parent with the Notice of Action/Consent (NOA/C) - Ongoing Assessment of the Child (see Chapter 2 Forms) with the following reason for the action:

*“To conduct an ongoing assessment of the child to identify the unique strengths and needs in each developmental area, including observations of the child and a review of the evaluation of the child, unless medical or other records were used for eligibility.”*

Each ongoing assessment must include the following activities:

- **A review of the results of the evaluation of the child.** This requirement is only applicable when an evaluation of the child was conducted to determine eligibility. To meet this requirement, the Service Coordinator or provider must review the results of the evaluation of the child.
- **Personal observations of the child.** To meet this requirement, at least one provider must document observations of the child.
- **The identification of the child's needs in each developmental area.** To meet this requirement, at least one developmental area must be addressed by a provider using formal or informal assessment procedures. The Service Coordinator may use existing information from providers (e.g., progress notes, meeting discussions) to address the remaining developmental areas. Considerations for using formal or informal procedures may include the extent of existing information about the child's strengths and needs, the age of the child, etc. The decision to use formal or informal procedures is made by the provider based on the extent of additional information that is needed.
  - **Formal Ongoing Assessment Procedures.** Formal procedures involve the use of an instrument with testing protocol in order to obtain a standard score. When a formal assessment is conducted, the provider receives an authorization for the visit and writes a report that includes the formal scores.
  - **Informal Ongoing Assessment Procedures.** Informal procedures do not require the use of an instrument and standard scores; instead, informal procedures involve activities such as parent interview, structured observation of the child, completing a strand from an instrument. When an informal assessment is conducted, the provider receives an authorization for the visit and writes a report that summarizes the information obtained.

For areas requiring additional formal or informal assessments, the Service Coordinator contacts the provider to discuss the specifics of the assessment, including needed information and the time frame for obtaining this information.

➤ **Documentation of the Ongoing Assessment of the Child**

Documentation of the ongoing assessment is completed by the Service Coordinator and/or the provider. To address the requirement to review the results of the evaluation of the child, the Service Coordinator must document in a case note or in the Evaluation and Assessment tab of the child's electronic record who (i.e., Service Coordinator or provider) reviewed the evaluation of the child.

To document observations of the child and the child's strengths and needs in each developmental area, at least one provider submits a written report for the developmental areas assessed. The Service Coordinator ensures any developmental area not addressed in the provider's written report is summarized in the Evaluation and Assessment tab of the child's electronic record. For example, if a provider's report addresses the physical and adaptive developmental areas, then the Service Coordinator is responsible for reporting information from existing documentation for the remaining developmental areas.

The outcome of an ongoing assessment is a comprehensive review of the child's strengths and needs and the identification of any early intervention services necessary to meet the child's needs. The Service Coordinator discusses the results of the ongoing assessment with the parents and the child's providers and case notes the discussions. If the results of the ongoing assessment require a change to the IFSP (e.g., add a new service or outcome, change in services or outcomes), then the Service Coordinator schedules an IFSP meeting.

For more information on the connections between evaluation and assessment activities, see the *First Steps Evaluation & Assessment Flow Chart* in Chapter 6 Documents.

**B. Family Assessment**

The other type of assessment that occurs when planning for an IFSP meeting is the family assessment. The purpose of the family assessment is to identify the family's concerns, priorities and resources for their child and family, which may involve locating additional resources the family needs. The family assessment also identifies the strengths and needs of the family related to enhancing the development of the child.

The family assessment is conducted as an interview between family members and the Service Coordinator. The child's provider should participate in the interview too. The interview must be conducted in the native language of the parent, unless clearly not feasible to do so. For more information on native language, see Chapter 2.

The family assessment is voluntary; therefore, the Service Coordinator must obtain verbal permission (i.e., written consent is not needed) from any family member who wants to participate in the interview. If the family does not give verbal permission, then the interview is not conducted.

First Steps utilizes the Routines Based Interview™ (RBI) as the tool for conducting the family assessment. The RBI is a semi-structured interview developed by Dr. Robin McWilliam. The RBI is designed to:

- Establish a positive relationship with the family;
- Obtain a rich description of child and family functioning; and
- Result in a list of outcomes chosen by the interviewee.

The interview assesses the child's engagement, independence, and social relationships within everyday routines, and the family's satisfaction with home routines. The RBI obtains a narrative description of the child's functioning in cognitive, physical, adaptive, communication, and social or emotional; but does not result in a developmental score.

Family assessment information is collected after eligibility determination but prior to the Initial IFSP meeting. For the Initial IFSP meeting, if the meeting is delayed, the family assessment must occur within the 45-day timeline as long as a parent is available, even if other family members are unavailable.

The family assessment is reviewed, at a minimum, prior to each Annual Review IFSP meeting.

### ➤ **Documentation of the Family Assessment**

The Service Coordinator must case note *who* conducted the RBI and *when* it was completed. With family permission, the information is included in the Family Assessment section of the IFSP. The specific priorities identified in the RBI are incorporated as child and/or family outcomes in the IFSP.

If a family declines the family assessment, then a case note is entered documenting the family's decision and the date the parent declined is included in the Family Assessment section of the IFSP.

## **C. Establishing the IFSP Team**

A child's IFSP team represents the individuals involved with the child and family who will work with the family to create the IFSP. While the core members of the IFSP team are the parents and the Service Coordinator, the IFSP team also includes the child's First Steps providers, including any individuals who conducted an evaluation or assessment for IFSP planning.

In addition, other individuals considered for the IFSP team include physicians, Parents as Teachers (PAT), Early Head Start, Early Childhood Special Education (ECSE), and outside evaluators or providers, as appropriate. The parent may request to invite additional individuals to the IFSP meeting, including other family members, friends, or advocates. Some families view extended family and friends as helpful and supportive IFSP team members.

Providers who conduct the evaluation or assessment or provide ongoing services as listed in the IFSP are invited to IFSP meetings. Generally, providers who have not worked with the child and family are not invited to IFSP meetings, because the IFSP team first determines services based on the child's outcomes, and then selects the providers. In rare cases and at the discretion of the Service Coordinator, a provider may be invited to attend an IFSP meeting before working directly with the child and family. The purpose of this provider's participation in the IFSP meeting is for the provider's expertise; and there is no assumption that the provider will be authorized for ongoing services.

If an individual outside of First Steps (e.g., a family member, parent educator, nurse or child care provider) is invited to the IFSP meeting, the parent must sign a Release of Information (ROI) form prior to the beginning of the IFSP meeting to allow information to be shared before, during and after the IFSP meeting.

#### **D. Scheduling the IFSP Meeting**

When scheduling an IFSP meeting, the family's preferences for the IFSP meeting (i.e., time, location and participants) should be given priority over other team members. The Service Coordinator must attempt to find a mutually convenient time and location; however, the Service Coordinator is not required to schedule an IFSP meeting when all participants are able to attend. Typically, the meeting occurs in the family's home, although another agreed upon location is acceptable.

If it is challenging to find a time the IFSP team can meet, an IFSP meeting may be held before or after a provider's visit in order to accommodate the family's schedule. However, the IFSP meeting cannot take the place of the provider's visit. If the IFSP meeting is held during a provider's regularly scheduled time, then the provider must offer a make-up visit.

An IFSP team meeting cannot be delayed if a team member cannot attend in-person. Some team members may attend the meeting by conference call, by making pertinent records available at the meeting (i.e., "by report"), or by having a knowledgeable, authorized representative attend in their place (i.e., "by substitute"). For more information on the use of alternate methods for specific IFSP meetings, see Chapter 6, Section II: IFSP Meeting Types and Timelines.

Providers are paid to attend an IFSP meeting in-person or via conference call. Providers are paid according to the First Steps rate for their discipline. However, when providers attend a meeting as a substitute provider or by report, they are not paid for attendance. Individuals who are not enrolled as First Steps providers are not paid to attend IFSP meetings.

## **E. Meeting Notification**

Federal and state regulations require an IFSP meeting to be scheduled and written meeting notification provided to the family and other participants early enough to ensure their participation at the IFSP meeting. The IFSP meeting notification must be provided in the parent's native language and a copy of the Parental Rights Statement included with every IFSP meeting notification. For more information on native language, see Chapter 2.

Best practice is to provide IFSP meeting notification to the parents at least ten days prior to the IFSP meeting date. With parent permission, an IFSP meeting may be held less than ten days if the parent agrees to an earlier date. Regardless of the amount of time between scheduling and holding the IFSP meeting, the Service Coordinator is always required to provide the parents with prior written meeting notification. The Service Coordinator must case note when IFSP meetings are held with short notice.

Written IFSP meeting notification should be mailed to the parent and all participants; however, if the parent and other participants have agreed to communicate using electronic means (e.g., email, fax), then it is acceptable to send the IFSP meeting notification in the agreed-upon manner. For more information on providing copies to the parent, see Chapter 2.

The System Point of Entry (SPOE) places a copy of the completed written meeting notification in the child's paper record, and documents when and how the written notice was provided to the parents and other participants. For details about meeting notification for a specific meeting, see Chapter 6, Section II: IFSP Meeting Types and Timelines.

## **F. Preparing the Parents for an IFSP Meeting**

In preparation for an IFSP meeting, the Service Coordinator reviews each section of the IFSP with the parents to give them time to think about and write down any thoughts or questions before the meeting. Being knowledgeable about each section of the IFSP prior to the meeting allows the parents to be active participants during the meeting. For the Initial IFSP meeting, the Service Coordinator uses a blank IFSP to review with the parents. For review IFSP meetings, the Service Coordinator reviews the current IFSP with the parents.

The Service Coordinator completes the following sections of the IFSP with the parents prior to the IFSP meeting:

- Child Information;
- Family Information;

- Child's Present Abilities and Strengths; and
- Family Concerns, Priorities and Resources (Family Assessment).

The Service Coordinator synthesizes the information for these sections through a review of information already obtained during intake, the evaluation or assessments of the child, and the family assessment.

## SECTION II: IFSP MEETING TYPES AND TIMELINES

*Missouri Part C State Plan Section XII. (34 CFR 303.340 through 303.346)*

*Missouri Part C State Plan Section XIII. (34 CFR 303.209)*

State and federal regulations outline the manner in which IFSP meetings are scheduled and held, who must participate, and the timelines required for each of the various types of IFSP meetings. There are eight types of IFSP meetings in First Steps: Interim, Initial, Six-Month Review, Annual Review, Inter-periodic Review, Transition Plan/Conference, Summer Third Birthday and Compensatory.

### A. Interim IFSP

The Interim IFSP is intended for an eligible child who requires immediate intervention from providers and the family cannot wait for all initial assessments to be completed before developing the Initial IFSP.

#### 1. Meeting Timeline

The child's eligibility must be confirmed prior to the development of an Interim IFSP. The Interim IFSP must be held within 45 calendar days from the date of referral to First Steps and an Interim IFSP does not extend the 45-day timeline to conduct the Initial IFSP meeting. Therefore, the need for an Interim IFSP is rare.

#### 2. Meeting Participants

In the case an Interim IFSP is necessary, the Service Coordinator, parents and providers discuss the child's eligibility and the reason for immediate intervention. At the Interim IFSP meeting, the team decides which services are to begin immediately; therefore, the Interim IFSP meeting must be conducted in-person.

The minimum requirements for the content of an Interim IFSP include: the name of the Service Coordinator; at least one outcome; at least one early intervention service; and the name of at least one First Steps provider. Parental consent must be obtained prior to initiating early intervention services (see Chapter 2 for more information on parental consent).

### B. Initial IFSP

The purpose of the Initial IFSP meeting is to develop a plan that addresses the child's functioning, the family's concerns and priorities, the outcomes the family selects and the services necessary to reach the outcomes.

## 1. Meeting Timeline

The Initial IFSP must be held within 45 calendar days from the date of referral to First Steps, unless the family delays the meeting.

## 2. Meeting Participants

At the Initial IFSP meeting, the IFSP team reviews and discusses all documentation obtained during the intake, eligibility and IFSP planning processes, including the evaluation and initial assessments, as appropriate (see Chapter 3 for more information on intake and evaluation of the child). This information is used to develop the Initial IFSP; therefore, the Initial IFSP meeting must be conducted in-person.

The Initial IFSP meeting must include the following participants:

- The Service Coordinator designated by the SPOE to conduct the Initial IFSP meeting;
- The parents;
- The persons directly involved in conducting the evaluation and initial assessments, including any physician who submitted health or medical documentation;\*
- Other family members, as requested by the parent;
- An advocate or other person outside the family, as requested by the parent; and
- Service providers, as appropriate.

\*If the persons who conducted the evaluation or initial assessments cannot attend the Initial IFSP meeting, they must participate by one of the following alternate methods: conference call; make pertinent records available at the meeting (i.e., “by report”); or have a knowledgeable, authorized representative attend in their place (i.e., “by substitute”).

## 3. Scheduling the Initial IFSP Meeting

When planning for the Initial IFSP meeting, the Service Coordinator must schedule the meeting early enough to ensure the meeting participants can attend and the meeting is conducted within 45 calendar days from the date of referral. Best practice is to begin planning for the Initial IFSP meeting two weeks prior to the due date.

The Service Coordinator must send the parent and other participants the ***Meeting Notification for Initial IFSP*** letter (See Chapter 6 Letters). It is important for the Service Coordinator to use this letter template because notification that the child is eligible for First Steps is included in the body of the letter. A copy of the Parental Rights Statement must be included with the letter to the parent. Best practice is to send the letter to the parents ten days prior to the Initial IFSP meeting date.

## C. Six-Month Review IFSP

The purpose of the Six-Month Review IFSP meeting is to determine the progress toward achieving the outcomes and review results of any recent child assessments. All IFSP team members have an obligation to review and revise the IFSP as needed.

### 1. Meeting Timeline

The IFSP team must meet every six months following the Initial and each Annual Review IFSP. There are no allowable exceptions to this timeline. A Six-Month Review may be held up to 30 days prior to the due date.

The Service Coordinator may conduct the Six-Month Review in-person or by a polling technique. To determine which method is appropriate, the Service Coordinator asks the parents and providers about the child's progress and current services when scheduling the Six-Month Review.

#### a) In-Person Meeting

When scheduling the Six-Month Review, if any IFSP team member has concerns that may result in changes to the IFSP, then the Six-Month Review meeting is conducted in-person.

#### b) Polling Technique

When scheduling the Six-Month Review, if no IFSP team member has concerns and believes no changes to the IFSP are needed at this time, then the Six-Month Review meeting may be held using a polling technique. The polling of the IFSP team begins with a discussion between the Service Coordinator and the parent. Then the Service Coordinator contacts the remaining IFSP team members. If all IFSP team members agree the child's progress and current services are appropriate, then the Six-Month Review can occur with the polling technique. The Service Coordinator ends the polling technique by confirming the IFSP team's decision with the parent. The date the Service Coordinator confirms with the parent is the date of the Six-Month Review. The Service Coordinator documents all contacts with team members in case notes.

When using the polling technique, the Service Coordinator is not required to send written IFSP meeting notification. The polling technique is the only IFSP meeting type that does not require written notification. The Service Coordinator is required to enter a Six-Month Review IFSP in the child's electronic record. Active outcomes are updated with "continue as written" and a brief progress statement is entered using the parent and IFSP team comments. The remaining sections of the IFSP are not required to be updated. The Service Coordinator documents in case notes the Six-Month Review was conducted by the polling technique.

The polling technique is only an option for the Six-Month Review and only when no changes to the IFSP are needed.

## 2. Meeting Participants

When the Six-Month Review IFSP meeting is held in person, the IFSP team is required to review outcomes and discuss the child's progress. During the review of the outcomes, if changes are identified, the IFSP is revised to reflect the child's present level of functioning, family's current concerns, priorities, and resources and the early intervention services necessary to meet the revised outcomes. Best practice is to review the family's concerns, priorities, resources and the child's present levels even if no changes to the outcomes are identified.

The Six-Month Review IFSP meeting must include the following participants:

- The Service Coordinator;
- The parents;
- Other family members, as requested by the parent;
- An advocate or other person outside the family, as requested by the parent;
- The persons directly involved in conducting an ongoing assessment if applicable; and
- Service providers, as appropriate.

If the Six-Month Review IFSP meeting is held in-person, and a team member cannot attend the meeting, with the exception of the Service Coordinator and parents, the team member may participate by one of the following alternate methods: conference call; make pertinent records available at the meeting (i.e., "by report"); or have a knowledgeable, authorized representative attend in their place (i.e., "by substitute").

If the Six-Month Review IFSP meeting is held via the polling technique, participation is documented in the IFSP as "by conference call" or "by report" depending on the type of contact between the Service Coordinator and the IFSP team member.

## 3. Scheduling the Six-Month Review

When planning for the Six-Month Review IFSP meeting, the Service Coordinator must schedule the meeting early enough to ensure the meeting participants can attend and the meeting is conducted no more than six months after the Initial or Annual Review IFSP meeting. Best practice is to begin planning for the Six-Month Review 60 days prior to the due date.

The Service Coordinator must send the parent and other participants the ***Meeting Notification for IFSP*** letter (See Chapter 6 Letters). A copy of the Parental Rights Statement must be included with the letter to the parent. Best practice is to send the letter to the parents ten days prior to the Six-Month Review IFSP meeting date.

## D. Annual Review IFSP

The purpose of the Annual Review IFSP meeting is to review and revise the IFSP. All sections of the IFSP are reviewed and updated to reflect any changes in the child's development and in the family's concerns, priorities and resources. All team members have an obligation to collaborate and revise the IFSP as needed.

### 1. Meeting Timeline

The Annual Review IFSP meeting must be held no more than 365 calendar days from the Initial or previous Annual Review. There are no allowable exceptions to this timeline. The Annual Review may be held up to 30 days prior to the due date.

### 2. Meeting Participants

The results of any current assessments of the child and family must be reviewed by the IFSP team to determine if any changes to outcomes or services are needed. At the Annual Review IFSP meeting, each section of the IFSP must be updated; therefore, the Annual Review IFSP meeting must be conducted in-person.

The Annual Review IFSP meeting must include the following participants:

- Service Coordinator;
- The parents;
- The persons directly involved in conducting an ongoing assessment, if applicable;\*
- Other family members, as requested by the parent;
- An advocate or other person outside the family, as requested by the parent; and
- Service providers, as appropriate.

\*If the persons who conducted the ongoing assessment cannot attend the Annual Review IFSP meeting, they must participate by one of the following alternate methods: conference call; make pertinent records available at the meeting (i.e., "by report"); or have a knowledgeable, authorized representative attend in their place (i.e., "by substitute").

### 3. Scheduling the Annual Review IFSP Meeting

When planning for the Annual Review IFSP meeting, the Service Coordinator must schedule the meeting early enough to ensure the meeting participants can attend and the meeting is conducted no more than 365 calendar days from the Initial or previous Annual Review. Best practice is to begin planning for the Annual Review IFSP meeting 60 days prior to the due date.

The Service Coordinator must send the parent and other participants the Meeting Notification for IFSP letter. A copy of the Parental Rights Statement must be included with the letter to the parent. Best practice is to send the letter to the parents ten days prior to the Annual Review IFSP meeting date.

## **E. Inter-Periodic Review IFSP**

The purpose of an Inter-Periodic Review IFSP meeting is to review and revise the IFSP due to a concern raised by an IFSP team member outside of a required meeting (i.e., Initial, Six-Month Review and Annual Review).

When considering an Inter-Periodic Review IFSP meeting, the Service Coordinator reviews the timeline for the next required IFSP meeting. If a required meeting is approaching, the IFSP team may decide to address the concern at the upcoming meeting instead of scheduling an Inter-Periodic Review.

### **1. Meeting Timeline**

An Inter-Periodic Review may be held as often as needed.

### **2. Meeting Participants**

At the Inter-Periodic Review IFSP meeting, the IFSP team discusses the reason/concern that prompted the need to meet. The results of any recent assessments are reviewed by the IFSP team to determine if outcomes or services need to be changed. If changes are identified, the IFSP is updated to reflect the changes.

Since an Inter-Periodic Review is only held when an IFSP team member has requested a meeting to discuss potential changes to the IFSP, Inter-Periodic Reviews are expected to be conducted in-person.

The Inter-Periodic Review IFSP meeting must include the following participants:

- Service Coordinator;
- The parents;
- Other family members, as requested by the parent;
- An advocate or other person outside the family, as requested by the parent;
- The persons directly involved in conducting any assessments, if applicable; and
- Service providers, as appropriate.

When the Inter-Periodic Review IFSP meeting is held in-person, and a team member cannot attend the meeting, they may participate by one of the following alternate methods: conference call; make pertinent records available at the meeting (i.e., “by report”); or have a knowledgeable, authorized representative attend in their place (i.e., “by substitute”).

When there is an urgent reason to meet or there are difficulties scheduling a meeting where the parents and the Service Coordinator cannot both attend in-person, it is acceptable for the Service Coordinator to conduct the Inter-Periodic Review via conference call. If the Inter-Periodic Review IFSP meeting is held via conference call, participation is documented in the IFSP as “by conference call.”

### **3. Scheduling the Inter-Periodic Review**

When planning for the Inter-Periodic Review IFSP meeting, the Service Coordinator must schedule the meeting early enough to ensure the meeting participants can attend.

Regardless of whether the Inter-Periodic Review IFSP meeting is held in-person or via conference call, the Service Coordinator must send the parent and other participants the Meeting Notification for IFSP letter. A copy of the Parental Rights Statement must be included with the letter to the parent. Best practice is to send the letter to the parents ten days prior to the Inter-Periodic Review IFSP meeting date.

### **4. Exception to In-Person Meetings**

When deciding whether to hold an Inter-Periodic Review via conference call, the Service Coordinator must consider the urgency of the need to meet. Conference call meetings cannot be used for the convenience of the Service Coordinator. Best practice is to enter a case note explaining the reason for an Inter-Periodic Review via conference call.

Since an Inter-Periodic Review is held when a concern needs immediate attention, the IFSP team discussion may result in changes to the IFSP, which will require paperwork (e.g., NOA/C, ROI, insurance forms) to be completed. The Service Coordinator, not the provider, is required to provide and complete all necessary paperwork with the parents.

When holding an Inter-Periodic Review via conference call, the meeting begins when the Service Coordinator has all meeting participants connected on the call. The meeting participants discuss the concern, review the current IFSP and revise the IFSP if needed. If any changes are made to the IFSP that require parent consent, during the conference call, the Service Coordinator must explain the Parental Rights Statement and how consent will be obtained (e.g., the form will be mailed to parent). The Service Coordinator also explains services cannot begin until the SPOE receives signed parental consent.

After the conference call is over, the Service Coordinator immediately seeks to obtain parent signature on required paperwork. The Service Coordinator sends the required paperwork to the parents in the agreed upon manner (i.e., mail, email, fax). Once the completed paperwork is

received, the Service Coordinator enters authorizations effective the date the IFSP team decided to start (or change) a service and the date of the parent signature must be prior to the authorization start date. The Service Coordinator must document all contacts with parents to obtain required paperwork, including when and how paperwork was sent and received. The Service Coordinator completes the Inter-Periodic Review in the child's electronic record.

In the event the signed consent is not returned to the SPOE in a timely manner, the IFSP team determines whether compensatory services are necessary. For more information about compensatory services, see Chapter 9.

Generally, it is more efficient for the Service Coordinator to hold the Inter-Periodic Review in-person to obtain required paperwork resulting from the IFSP team discussions and decisions. Therefore, the need for an Inter-Periodic Review meeting via conference call is rare.

## **F. Transition Plan/Conference IFSP**

The purpose of a Transition IFSP is to prepare for a child's transition out of First Steps. Planning for transition out of First Steps is an important part of the IFSP process. There are three types of transition meetings: a Transition Plan, a Transition Conference with ECSE and a Transition Plan/Conference.

### **1. Transition Plan**

The Transition Plan IFSP meeting is required for every child exiting the First Steps program. The Transition Plan IFSP meeting must be conducted at least 90 days before the child's third birthday but may be held as early as nine months before the child's third birthday.

### **2. Transition Conference with ECSE**

A Transition Conference with ECSE is an IFSP meeting held with ECSE if the parent agrees to invite ECSE. The Transition Conference with ECSE must be conducted at least 90 days before the child's third birthday but may be held as early as nine months before the child's third birthday.

### **3. Transition Plan/Conference**

A Transition Plan/Conference is an IFSP meeting that combines the Transition Plan and the Transition Conference with ECSE into one meeting by inviting ECSE to the Transition Plan meeting. The Transition Plan/Conference must be conducted at least 90 days before the child's third birthday but may be held as early as nine months before the child's third birthday.

The Transition Plan/Conference may be conducted as one of the following meeting types: Initial; Six-Month Review; Annual Review or Inter-Periodic Review. The Transition Plan/Conference has the same requirements as the IFSP meeting type, including requirements for meeting notification, meeting participants, etc. For more information about the transition process, timelines and requirements, see Chapter 10.

### **G. Summer Third Birthday IFSP**

The purpose of a Summer Third Birthday IFSP is to continue early intervention services over the summer months for children who have third birthdays April 1 through August 15. Parents may choose to continue with First Steps until school begins in the fall if the child is determined eligible for ECSE services before age three, or if the child is in the process of being determined eligible for ECSE services. A Summer Third Birthday IFSP meeting must be held before the child's third birthday in order to continue to participate in First Steps.

The Summer Third Birthday IFSP has the same requirements as an Annual Review IFSP, including requirements for meeting notification, meeting participants, etc. For more information about the timelines and requirements for Summer Third Birthdays, see Chapter 10.

### **H. Compensatory IFSP**

The purpose of a Compensatory IFSP is to provide services to children after age three when missed services cannot be made up before the child turns three.

When an IFSP service is missed due to a provider or SPOE reason, the service must be made up as soon as possible. The IFSP team must attempt to make up all missed visits before First Steps ends at age three; therefore, the need for a Compensatory IFSP is rare.

If services cannot be made up, then the IFSP team must review the extent of missed visits and decide if a Compensatory IFSP is necessary. The Compensatory IFSP has the same requirements as an Annual Review IFSP, including requirements for meeting notification, meeting participants, etc.

For more information on missed visits (i.e., compensatory services), see Chapter 9.

## SECTION III: CONDUCTING AN IFSP MEETING

*Missouri Part C State Plan Section XII. (34 CFR 303.344)*

Developing an IFSP is a critical part of the Service Coordinator's responsibilities with families in First Steps. The IFSP is a legal document between the parents and First Steps that outlines the plan of action to meet the child's and family's needs. The IFSP is subject to change at any time by request of a team member, including the parent.

The development of an IFSP requires attention to detail, planning, and preparation. Prior to an IFSP meeting, team members gather information to help provide a comprehensive picture of the child. The Service Coordinator must conduct certain activities to successfully develop the plan, including facilitating the IFSP meeting, entering IFSP data in the child's electronic record and completing required paperwork.

### **A. Facilitating an IFSP Meeting**

Typically, the Service Coordinator facilitates the IFSP meeting discussion; however, as parents become more comfortable with the process, parents may emerge as the primary or co-facilitator of the IFSP meeting. At the beginning of the IFSP meeting, the Service Coordinator ensures everyone is introduced, including new family members or providers.

During the IFSP meeting, respectful and open communication helps ensure a working partnership between all members of the team. Providers must share their professional opinions and recommendations; however, it is important for providers to listen to the concerns and opinions of the family and be accepting of a family's decision even if it is different from the providers' recommendation. When IFSP outcomes and services are based on what the family values, the family is more likely to be engaged in IFSP activities. Below are some principles to keep in mind during the IFSP meeting discussions:

- The team listens to the family's concerns and priorities during the IFSP team meeting, and ensures these are captured and addressed in the IFSP.
- Family-centered communication skills are essential in preparing for and participating in IFSP meetings. Language used during the IFSP meeting is understandable for all participants.
- Professionals work to address the concerns and priorities expressed by the family by incorporating intervention strategies into the family's daily routines and activities.
- Required data entry does not drive the IFSP meeting discussions. Rather, data entry after the meeting should confirm the IFSP meeting was held in a family-centered, collaborative, and coordinated manner.

IFSP team members need to share information about the child and family in order to have a meaningful discussion. The Service Coordinator's role as the facilitator is to encourage team members to engage in discussion. The following are open-ended prompts that may be helpful in facilitating conversations in IFSP meetings:

- Tell me more about . . .
- Help me understand . . .
- Tell me what works best . . .
- What do you mean by . . .
- Would you feel comfortable . . .
- It sounds like . . .
- Have you thought about . . .

## **B. Content of the IFSP**

The content of the written IFSP document should be understandable to the family and free of professional jargon. Any professional jargon used in reports and discussions is explained in family-friendly terms, which provides an opportunity for the family to learn First Steps terminology (e.g., daily routines, activities, strategies, outcomes).

The *Individualized Family Service Plan Document* (see Chapter 6 Documents) is the official record of the IFSP meeting. The IFSP document reflects the conversations and decisions made during the IFSP meeting. The document is not a verbatim recap of the meeting, but a summary of essential points and decisions.

The following is a description of how the IFSP team discussion can assist the Service Coordinator in gathering information to complete the content of IFSP:

- **Section 1 – A: Child Information**

At the IFSP meeting, there is no additional child information to obtain since this information was collected during the intake visit. Best practice is for the Service Coordinator to ask the parent to check that the child's name is his/her legal name and it is spelled correctly.

The written IFSP document contains the child's name, date of birth, gender, the child's First Steps identification number and the child's Missouri Student Information System (MOSIS) number. The child information section in the IFSP is prepopulated in WebSPOE.

- **Section 1 – B: Family Contact Information**

At the IFSP meeting, there is no additional family information to obtain since this information was collected during the intake visit. Best practice is for the Service Coordinator to ask the parent to check that the correct primary contact name and address are listed.

The written IFSP document contains the child's primary contact person and contact information (i.e., address, phone and native language). Contact information for other Educational Decision Makers (EDMs) is also listed if applicable. The family contact information section in the IFSP is prepopulated in WebSPOE.

- **Section 1 – C: First Steps Contact Information**

At the IFSP meeting, there is no additional Service Coordinator information to obtain since the family's Service Coordinator was assigned prior to the IFSP meeting. However, the Primary Provider is selected at the Initial IFSP meeting after discussing outcomes and services. Any change in the Primary Provider at subsequent IFSP meetings would change who is listed in this section.

The written IFSP document contains the child's ongoing Service Coordinator, Primary Provider and their contact information. The First Steps contact information section in the IFSP is prepopulated in WebSPOE.

- **Section 1 - D: Getting to Know Your Family**

At the IFSP meeting, the team discusses the family's daily life to gain a better understanding of the family's schedule, unless this information was collected before the meeting. This discussion may include the best time or most challenging time of the day for the family, activities the family likes to do together, the important people in the family's life, etc.

The written IFSP document must have at least one item in Getting to Know Your Family in order to complete this section of the IFSP.

- **Section 2: Health and Medical**

At the IFSP meeting, the team discusses the child's current health status, including medical conditions, important health history, allergies, hearing and vision status, etc. Best practice is for the Service Coordinator to ask the parent to check that the names of the child's primary physician and any specialty physicians are correct.

The written IFSP document prepopulates health and medical information from the Health tab in WebSPOE and the information may be updated in the IFSP as needed. Additionally, the contact information for the child's primary physician and any specialty physicians are prepopulated from the Health tab in WebSPOE and may be updated on the Health tab as needed.

- **Section 3: Present Levels of Development in Daily Routines and Activities**

At the IFSP meeting, the team discusses the child's current abilities considering any conversations during the intake visit or family assessment that identified the child's strengths and needs in daily routines with the family. The team also discusses any professional input gathered during the evaluation or assessment process. This discussion is from the family's

perspective of “what’s working well” or “what’s not working well” in the family’s daily routines and activities. The family rates each routine in terms of task difficulty (i.e., how easy or difficult the family views the routine).

A Service Coordinator emphasizes the following when facilitating a quality discussion of present levels:

- Strengths stated in functional terms within daily routines and activities;
- Impact of challenges on successful participation in daily routines; and
- People, locations and things that motivate, engage and bring enjoyment to the child.

The written IFSP document contains information about the child’s present levels in daily routines for all developmental areas (i.e., communication, movement/physical, learning/cognition, social/emotional/behaviors, and self-help/adaptive). Information about the child’s current abilities is entered at the Initial IFSP meeting and is updated as needed in subsequent IFSP meetings.

- **Section 4: Family Assessment**

The family assessment is an important part of the IFSP because it is the family’s expression of their concerns, priorities and resources. Although the family assessment is important to the IFSP process, it is a voluntary activity on the part of the family. For more information on family assessment, see Chapter 6, Section I: Planning for an IFSP Meeting.

- 1) **Family Gives Permission**

At the IFSP meeting, the team reviews the family assessment. The family assessment encompasses the family’s overall concerns for their child and family, their specific priorities, and the resources available to them. Understanding a family’s top priorities is essential to developing meaningful outcomes and services. During participation in First Steps, the child and family’s needs or focus may change which in turn may change a family’s priorities.

The written IFSP document contains a summary of the conversation regarding the family’s concerns, priorities and resources. The IFSP document also contains the date the family initially gave permission for the family assessment, which is the date that remains on the IFSP throughout the child and family’s participation in First Steps, or until the family declines permission.

- 2) **Family Declines Permission**

At the IFSP meeting, if the family declined to participate in the family assessment, the IFSP team can still have a meaningful conversation regarding the family’s concerns for their child and family. While at first it may seem a limitation to not have the full family

assessment, the conversation of the family's concerns can still lead to the development of meaningful outcomes.

The written IFSP document details the date the parent declined the family assessment. This date remains on the IFSP throughout the child and family's participation in First Steps or until the family gives permission. If the parent declines permission, the concerns, priorities and resources are left blank.

- **Section 5: Outcomes**

At the IFSP meeting, the team discusses and develops outcomes, including strategies and activities, which address the family's priorities.

- 1) **Child and Family Outcomes**

Outcomes are useful and meaningful to the family and reflect their daily routines and activities. The development of outcomes begins by discussing the family's concerns about the child's unique developmental needs and their family's needs related to enhancing the child's development. The information gathered during intake and the IFSP planning process provides a foundation for helping the family express these desired outcomes during the IFSP meeting.

During the team discussion, the family and professionals must collaborate to develop the child outcomes. Ideally, the family and the professionals choose outcomes which reflect both of their opinions and desires. However, in cases where the family and professionals do not agree, IFSP outcomes must meet the priorities of the family. The Service Coordinator records differences of opinion in a case note for future reference or discussion.

For each outcome developed, the team must identify:

- The procedure (i.e., how the team plans on measuring progress),
- The criteria (i.e., the level of measurability), and
- The timeline for measurement of the outcome (i.e., when the team will measure the progress of the outcome).

To develop a measurable outcome that is meaningful to the family, the criteria statement describes what the IFSP team is looking for in order to consider the outcome achieved. Outcome statements may contain the following criterion to show measurability:

- Generalization criterion (i.e., across times, people, places and situations), or
- Maintenance criterion (i.e., demonstrate the behavior or skill for a reasonable period of time), or

- Fluency criterion (i.e., perform the skill smoothly and rapidly for a specific period of time), not including maintenance criterion.

#### a) **Child Outcomes**

Child outcomes are based on the family's priorities and target a developmental skill necessary for the child's participation in the family's daily routines and activities (e.g., walking, feeding, self-soothing).

Child outcomes are written in a functional format related to the family's daily routines. At least one outcome about the child is required for every IFSP and may be written using a child or a family outcome.

#### b) **Family Outcomes**

The family is an essential component of the IFSP, as the plan is written not just for the child. Family outcomes target an area of concern or personal growth the family has identified for their family (e.g., creating family dinner time, going back to school, taking a parenting class).

Family outcomes are written to reflect the issues and/or areas of support the family identifies. Family outcomes are optional and chosen by the family. If the IFSP team only identifies a family outcome, then the child must be included in that family outcome because each IFSP must include at least one outcome about the child.

## 2) **Strategies and Activities**

At the IFSP meeting, the team discussion about outcomes may include strategies and activities, which are the action steps the IFSP team determines necessary to support the child and family in reaching the outcome. Strategies and activities are practical, fit within the family's lifestyle and natural settings, and incorporate the materials or supports already available to the family.

Each outcome may have multiple strategies and activities. The following types of action steps may help the IFSP team develop strategies and activities for child and family outcomes:

- **Information Action Steps.** The types of information and resources the IFSP team determines will assist the family in achieving the outcome and who is responsible for providing the information or resources (e.g., information on sensory processing, resources for assistive technology). This type of action step is appropriate for child and family outcomes.
- **Child Action Steps.** The activities or objects that encourage the child to meet the outcome and may include developmental milestones and activity suggestions

(e.g., milestones for learning to walk, ideas to try at dinnertime). This type of action step is appropriate for child outcomes.

- **Family Action Steps.** The actions the family will take to assist in meeting the outcome and who will be assisting the family, if applicable (e.g., creating a new bedtime routine). This type of action step is appropriate for child and family outcomes.

The team discussion about strategies and activities builds upon the routines of the family, emphasizing their regular settings. The team talks about the family's daily routines and activities, including individuals who are important to the family and to their child, and how best to blend early intervention services into their lives, as opposed to scheduling their lives around early intervention.

The written IFSP document may contain strategies and activities as discussed in the context of outcome development at the IFSP meeting. Strategies and activities are not artificially created within or outside of an IFSP meeting. Remember the IFSP process is ongoing, and strategies and activities may change; it is not necessary to include every possible strategy, activity and outside service in the IFSP.

### **3) Outcome Review**

The IFSP team must review outcomes every six months. The IFSP team discusses the child's progress including the behaviors and skills related to the family's everyday routines and activities.

The IFSP team reports on the progress of the outcomes and determines whether each outcome is to be continued or discontinued. If the team decides to continue the outcome, then the team determines if modifications or changes are necessary to keep the outcome pertinent to the child or family's current status. If no modifications are identified, the outcome is continued as written.

- **Section 6: Services and Supports Needed to Achieve Outcomes**

At the IFSP meeting, the team discusses the type and amount of early intervention service necessary to meet the child and family outcomes identified by the team. The IFSP team determines the details about the services, including the type of service, dates, amount of time and location for service.

The written IFSP document reflects the early intervention services determined by the IFSP team and consented to by the parent, including authorizations for providers and the primary setting for services.

## 1) Authorizations

Services must be provided in accordance with the frequency, intensity and duration documented in the IFSP. The IFSP should not contain additional authorizations or extra units for “just in case” scenarios.

Authorizations include the following details:

- **Method:** How a service is provided (e.g., direct service, consultation);
- **Intensity:** Whether the service is provided on an individual or group basis;
- **Location:** The actual place a service is provided (e.g., home, community setting, special purpose setting);
- **Frequency:** The number of days or sessions a service is provided within a time frame (e.g., one time per week);
- **Length:** The length of time the service is provided during each session of the service (e.g., 60 minutes); and,
- **Duration:** The date range indicating the time period the service is provided.

All authorized First Steps services are paid by the Department of Elementary and Secondary Education (DESE) via the Central Finance Office (CFO). On the IFSP document, the funding source auto-populates with “CFO” to indicate the payment arrangement.

For more information about authorization details, see Chapter 9.

## 2) Primary Setting

The primary setting is the location where most of the IFSP services are delivered to the child and family. The written IFSP document includes a primary setting that takes into consideration the frequency, intensity, duration and location of each service, including service coordination.

The primary setting is selected from one of the following options:

- **Community setting:** A program designed primarily for typically developing children, which includes childcare settings, preschools, and other community programs.
- **Home:** The family’s home, and includes the provision of service in a relative’s home or other family location.
- **Hospital:** Refers to inpatient services only.
- **Residential facility:** A hospital-type or medical setting where the child lives.

- **Service provider location:** A clinic or provider’s office where the child or family receives most services.
- **Special purpose facility:** A program designed specifically for children with developmental delays or disabilities.
- **Other:** This location is not previously described above, and requires a location description when selecting this option. This is only used in a very limited number of situations and discussed with the SPOE Director prior to selecting.

If the only service a child and family receive is service coordination, then the primary setting is “home” since service coordination is typically provided in the home.

The primary setting is selected during an Initial, Six-Month Review or Annual Review meeting. The primary setting cannot be revised in an Inter-Periodic Review IFSP.

- **Section 7: Natural Environment**

To the maximum extent appropriate to meet the needs of the child, early intervention services are provided in natural environments, including the home and community settings in which children without disabilities participate.

The location of services is an IFSP team decision considering the child’s outcomes and the family’s typical routine and activities. The IFSP team decision must be based on the needs of the child, not for administrative convenience, fiscal or personnel limitations, or parent or provider preference.

If at the IFSP meeting, the team identifies the need for a service that is not in a natural environment, the team must discuss why the service cannot be delivered in a natural environment and the plan to bring services back into the natural environment as soon as possible. If the program is intended to have “pull-out services” or services in a special-purpose room, then the program is not a natural environment. For example, a child care center is typically considered a community setting; however, if the child is always pulled out of the classroom for early intervention services, then the setting is now considered a special purpose setting. For more information on special-purpose centers see Chapter 9.

Any time an early intervention service outside the natural environment is determined necessary, the written IFSP document includes a justification of the extent in which services will be provided.

- **Section 8: Other Services and Supports**

At the IFSP meeting, the team discusses other services and supports outside of First Steps. Other services may include health, medical, developmental or other services the child or family receives, or wants to receive, but is not paid for by First Steps.

The written IFSP document may include other services and supports outside of First Steps that the family is receiving or is interested in receiving. A service listed in the Other Services and Supports section of the IFSP includes the following information:

- **Service:** The name of the service.
- **Start Date:** The date the child and family began receiving the service, or will begin the service.
- **Description:** A statement whether the child and family is currently receiving the service or if they need assistance in order to receive the service.

If assisting the child or family is selected in the description, the following information is required:

- **Person Responsible:** The person (i.e., Service Coordinator or family member) who is responsible for obtaining the service.
- **Steps to Assist:** A description of the steps needed to assist the child or family in obtaining the service.
- **End Date:** The date the service will end, if known.

- **Section 9: Team Communications**

At the IFSP meeting, the team discusses how members will communicate with the family and any other important information such as upcoming meetings, an explanation of service authorizations, details about the delivery of services, how providers will support each other through joint visits, consultation, early intervention team (EIT) meetings, etc.

The written IFSP document contains a summary of the above information discussed at the meeting.

- **Section 10: Transition**

At the IFSP meeting, the team discusses activities to prepare the child and family for leaving First Steps. Depending on the child's age at the time of the IFSP meeting, the discussion may be more general when the child is very young and increasingly become more specific as the child reaches age two and the team prepares for a transition IFSP meeting. In addition, the team may discuss other transitions the family may be experiencing such as preparing for a new sibling or moving to a new home.

The written IFSP document may include the following transition topics, depending on the type of IFSP meeting:

- A discussion with the parent regarding what "transition" from early intervention means. This is required at every IFSP meeting.

- When directory information, the most recent IFSP, evaluation and/or assessments were sent to the Lead Education Agency (LEA) or when the parent opted out. This is required at the Transition Plan or Plan/Conference IFSP meeting.
- A discussion about the options, steps and services to help prepare the child for a new setting at age three. This is required at the Transition Plan or Plan/Conference IFSP meeting.
- A discussion about the differences between First Steps (Part C) and ECSE (Part B), the contact information for the LEA and the Part B eligibility process. This is required at the Transition Conference or Plan/Conference IFSP meeting.
- Other transition or changes for the family. This is optional at every IFSP meeting.
- A discussion about school readiness, including reading, language and counting skills. This is required at the Summer Third Birthday IFSP meeting.

For more information on transition, see Chapter 10.

- **Section 11: Attendance**

At the IFSP meeting, the Service Coordinator records each individual's attendance, the method of attendance (e.g., in-person, by report), and the individual's role in the IFSP meeting (e.g., parent, evaluator).

The written IFSP document contains the official record of the individuals participating in the IFSP meeting.

### **C. Determination of Services at the IFSP Meeting**

Discussions about early intervention services come after the development of outcomes, strategies and activities. The selection of providers comes before the team determines the frequency, intensity and duration of early intervention services.

#### **1. Selecting Providers**

Prior to determining the level of service necessary to support the child and family, the IFSP team determines the provider who will serve as the Primary Provider, or the main provider to help the family reach their outcomes. Primary Providers are selected from members on the EIT serving the area where the family resides. Once a Primary Provider is selected, the IFSP team uses the *Incremental Approach to Decision Making* (see Chapter 6 Documents) to determine the need for any additional supports. The incremental approach to decision making focuses on the Primary Provider's and family's capacity to achieve the child and family outcomes.

As the IFSP team considers each outcome, the Primary Provider is asked if he or she has the knowledge and skill set necessary, with the support of regular EIT meetings, to guide the family in achieving the outcome. If the IFSP team determines the Primary Provider needs assistance from another provider, this individual is called a Supporting Provider.

The incremental decision making process is also used to determine the need for service from disciplines other than those represented on EITs. These services are provided by Ancillary Providers. Ancillary Providers are selected from providers enrolled on the service matrix through the CFO. The Service Coordinator should assist the family in selecting ancillary providers from the matrix. For more information on Primary Providers, Supporting Providers, Ancillary Providers and joint visits, see Chapter 7.

Regardless of the discipline, the SPOE ensures families can be offered a choice of providers with the same discipline unless there is not another qualified provider within 30 miles of the family's home.

Once individual providers have been selected through the incremental approach to decision making, the IFSP team discusses the method (e.g., joint visits), location, frequency, and length of services necessary to achieve each outcome.

## **2. Identifying the Level of Service**

The IFSP team discusses the frequency of service necessary to reach the IFSP outcome. The following are examples of questions the IFSP team considers when discussing services:

### **Family:**

- What is the family's priority?
- How will the service engage the family?
- How will the service impact the family's daily routine?
- What frequency, length, and duration of the service will fit with the family's schedule?
- How might new strategies and activities enhance what the existing providers are already working on with the child and family?

### **Child:**

- Is the purpose of the service to assist the child in participating in family and community life?
- How much service (e.g., frequency, length, duration) is appropriate given the age and developmental status of the child?

- Is the child making progress at the current level of service?
- Was there a change in the child’s medical or developmental status? How does this affect the family’s needs?

**IFSP Outcomes:**

- How will the service connect to current IFSP outcomes?
- How long will the increase in service last? A few weeks? A few months?
- When a new service or new provider is suggested, how will the new provider work with existing providers?

Discussions regarding early intervention services can produce varying opinions from IFSP team members. For example, if a member of the IFSP team requests more services than the majority of the IFSP team recommends, then the IFSP team discusses why that individual believes more frequent service is necessary to reach the outcome. The Service Coordinator is responsible for facilitating a discussion to help the team come to an agreement about the level of service necessary to reach the IFSP outcomes.

**3. Frontloading**

Frontloading is a short-term increase in frequency in order to meet the IFSP outcomes. The frontloading of services is typically short-term and for a specific reason (e.g., a new diagnosis, a new concern or challenge with the child or family, the Primary Provider needs more support). Despite the name, frontloading may occur at the beginning, middle, or end of a child’s participation in First Steps.

All discussions and decisions to use frontloading must be clearly documented in the IFSP (e.g., Strategies and Activities, Team Communication). Additionally, the NOA/C must specify the duration for frontloading services.

**D. Notice and Consent**

Once the IFSP team decides the service type and frequency necessary to meet the outcomes, the Service Coordinator must obtain parent consent before early intervention services can be delivered. The Service Coordinator summarizes the services identified by the IFSP team and completes a NOA/C to initiate or change early intervention services. The Service Coordinator completes the reason for the action and lists each service identified by the IFSP team on the NOA/C.

The *Provider Types: Matrix, Parental Consent and Authorizations* chart (see Chapter 6 Documents) provides clarification on the various service provider types in First Steps. The chart

may be used to match the corresponding service to the correct provider type, authorization and content for any applicable notices of action.

Parents decide if they will accept or decline any early intervention service without jeopardizing other early intervention services. All early intervention services for which parental consent is obtained must be delivered according to the IFSP.

If an early intervention service is identified by the IFSP team and the parent declines the service, then the Service Coordinator completes a NOA/C proposing to initiate the service and the parent marks “decline.” The early intervention service is not listed on the IFSP and is not provided to the child and family. For more information about parent consent, see Chapter 2.

## SECTION IV: COMPLETING THE IFSP PROCESS

*Missouri Part C State Plan Section XII. (34 CFR 303.344)*

Following the IFSP meeting, the Service Coordinator completes the IFSP meeting process, which includes completing data entry, entering a case note and ensuring copies of all documents get to the appropriate individuals.

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

### A. IFSP Data Entry

After the conclusion of each IFSP meeting, it is critical that the Service Coordinator complete all meeting activities as soon as possible. Within 14 days of an IFSP meeting, all data entry is completed in the child's electronic record, and the IFSP is finalized to generate service authorizations.

- **Meeting Attendance.** Immediately following the IFSP meeting, the Service Coordinator enters meeting attendance in the child's electronic record so all enrolled providers will receive payment for attending the meeting. The finalization of attendance can be done prior to finalizing the IFSP.
- **Content of the IFSP.** The Service Coordinator uses notes taken during the IFSP meeting to enter data in the child's electronic record. The required sections in the IFSP will vary depending on the type of IFSP meeting.
- **Authorizations.** If providers were not selected at the IFSP meeting, the Service Coordinator is responsible for finding providers to deliver the services identified in the IFSP. If a provider cannot be found, an authorization for No Provider Available (NPA) may be necessary. For more information on NPA, see Chapter 6, Section V: No Provider Available.

Once a provider is selected, the Service Coordinator enters the authorization and ensures the provider receives information about the child and family so services can begin in a timely manner. For more information on timely services, see Chapter 9.

### B. Case Notes

In addition to completing the IFSP document in the child's electronic record, the Service Coordinator enters a case note containing a general summary of the IFSP meeting discussion.

## 1. IFSP Case Note

Important activities for a Service Coordinator to include in an IFSP case note are discussions or recommendations not reflected in the final IFSP document, such as:

- Parental rights were explained and given to the parent;
- Documents signed by the parent;
- Particular services were recommended but not chosen by the family;
- Levels of services were proposed, but the family opted for a different level of service at this time; or,
- The family declined an early intervention service in order to access a provider outside of First Steps.

## 2. Exceeded 45-Days Note

If the Initial IFSP meeting is not held on or before the 45<sup>th</sup> day after referral, a note addressing the reason for the delay must be entered into the child's electronic record (see Chapter 3 for more information on the 45-day timeline). The Service Coordinator's case notes must support the information provided in the Exceed 45-days note.

The Exceeded 45-days note should not be entered prior to the 45<sup>th</sup> day, but rather a single note is entered on or after the 45<sup>th</sup> day in order to summarize existing case notes and accurately reflect the reason for delay.

There are four options when entering a reason for exceeding the 45-day timeline:

- **Parent Reason.** This is for situations such as the child or family member is sick, no response from parent to phone calls or appointments, or any other delay initiated by the parent. This is the only acceptable reason for exceeding the 45-day timeline.
- **SPOE Reason.** This is for situations such as not contacting the parent in a timely manner, cancelling or delaying meetings due to Service Coordinator unavailability, or any other delay initiated by the SPOE.
- **Provider Reason.** This is for situations such as an evaluator not scheduling evaluations or sending reports in a timely manner, unable to obtain medical reports from physicians or hospitals to document a medical condition for eligibility, or any other delay initiated by a provider.
- **Provider Unavailability.** This is for situations such as unable to find a provider to evaluate the child, unable to find a translator to assist with the eligibility process, or any other situation in which not having a provider delays the 45-day timeline.

Sufficient case notes are critical to support the reason for delaying the 45-day timeline.

The Service Coordinator uses the following guidance to determine the reason for delay in the 45-day timeline:

- **Referral:** Lack of sufficient case notes to describe a situation or a large gap in time where there are no case notes is inadequate documentation. For example, if the first case note by the Service Coordinator is several days into the 45-day timeline, the number of days expired since the referral is counted as “SPOE delay.”
- **Intake:** A delay in obtaining parental consent for the evaluation of the child or in determining eligibility due to parent reason does not mean the amount of the delay can be added to the 45-day timeline. For example, if the child was scheduled for an evaluation on day ten and the parent rescheduled the evaluation for day 15 (which “lost” five days in the timeline), this does not mean those five days can be added on at the end of the 45-days to extend the timeline.
- **Initial IFSP:** Giving the family very little time to schedule the meeting cannot be coded as a parent delay. For example, a Service Coordinator calls the family on day 43. The parent is unable to meet in the next two days and requests to meet on the fourth day (which was two days over the 45-day timeline). Going over the 45-day timeline in this example cannot be coded as “Parent delay” just because the parent requested to meet on a later day. The Service Coordinator needs to determine the reason for the delay leading up to day 43.
- **Multiple Reasons:** When there are multiple reasons for delaying the 45-day timeline, the decision of how to code this is based upon what caused the most significant delay. The following is an example of multiple reasons for a delay: The evaluation for eligibility took 35 days to complete due to 20 days of provider delay, and the Initial IFSP meeting was scheduled in time (on day 43); however, the parent cancelled the meeting at the last minute (on day 40) and re-scheduled it for day 47 (delaying the meeting 2 days past the 45<sup>th</sup> day). Since the majority of the delay was caused by provider delay in this situation, the final reason entered is “Provider delay.”

### C. Copies of the IFSP

The SPOE or Service Coordinator is required to send a copy of the printed IFSP to the parent and, as requested with a ROI, to team members who do not have access to the electronic version (e.g., primary care physicians, PAT, sub-contracted service providers). Service Coordinators and enrolled providers have the ability to access the IFSP in WebSPOE.

Additionally, the parent must receive copies of all signed documentation from the IFSP meeting (e.g., NOA, NOA/C, Family Cost Participation and insurance forms, ROI) and any evaluations or assessments completed during the IFSP planning process. The Service Coordinator case notes to whom the IFSP and other documents are sent, including the date and method of sending.

## SECTION V: IMPLEMENTING THE IFSP

*Missouri Part C State Plan Section XII. (34 CFR 303.340)*

After the Service Coordinator completes the IFSP meeting process, the Service Coordinator is responsible for following up with providers to ensure all new IFSP services are initiated in a timely manner and delivered according to the IFSP document.

### A. Initiating IFSP Services

After completing the IFSP meeting process, the Service Coordinator checks with any providers who require physician prescriptions for services and determines who will obtain the physician prescriptions, as needed. For more information on physician prescriptions, see Chapter 9.

Additionally, the Service Coordinator verifies with all providers selected to deliver a new service that the provider will conduct the first visit with the family within a timely manner and in accordance with the IFSP. For more information about timely services, see Chapter 9.

The Service Coordinator should have regular, ongoing contacts with the family to ensure the child and family is receiving the services required by the IFSP. Regular contact helps determine if there are any questions or a need for the IFSP team to meet to discuss services. For more information about Service Coordinator duties, see Chapter 8.

### B. Changing the IFSP

If the parent or a provider contacts the Service Coordinator outside of an IFSP meeting and requests a change to the current IFSP (e.g., an outcome, the location or frequency of services), the Service Coordinator schedules a review IFSP meeting. The type of IFSP meeting depends on the time frame for a required IFSP meeting or the need for an Inter-periodic Review IFSP meeting. For more information on IFSP meeting types, see Chapter 6, Section II: IFSP Meeting Types and Timelines.

However, if the parent requests to end an early intervention service, then an IFSP meeting is not necessary. The Service Coordinator notifies the provider delivering the service of the parent's decision. The Service Coordinator sends the parent the *Parent Request to Discontinue Service* letter (See Chapter 6 Letters) and a NOA documenting the service that will end per the parent's request. The Service Coordinator ends the provider's authorization for service in the child's electronic record.

### **C. Amending the IFSP**

Once the IFSP meeting has been finalized in the child's electronic record, the Service Coordinator cannot change the content of the IFSP until another IFSP meeting is scheduled, unless the change is to correct an error or omission. If the Service Coordinator entered data incorrectly in the IFSP document or omitted an authorization (e.g., assistive technology authorization was pending), the SPOE Director may amend the original meeting to correct the error. An Amended IFSP is not an IFSP meeting, but instead a mechanism in WebSPOE that allows a finalized IFSP to be altered. The sole purpose of the Amended IFSP functionality is to correct an error in the IFSP and prevent unnecessary Inter-Periodic Review IFSP meetings entered in a child's record.

Any IFSP meeting type may be amended by the SPOE Director within 60 days of the IFSP meeting. The SPOE Director will be prompted to enter a date and reason for the amendment prior to making changes to the IFSP. After the amendment is complete, the SPOE sends a copy of the updated IFSP to the parent and, as requested with a ROI, to team members who do not have access to the electronic version.

### **D. Lapsed IFSP**

If an Annual Review IFSP meeting is missed due to unforeseeable circumstances, then the SPOE Director can enter a Lapsed IFSP and extend current service authorizations for up to 45 days to ensure no disruptions in service to the child and family.

A Lapsed IFSP is not an IFSP meeting; it just extends the current service authorizations. A Lapsed IFSP does not extend the requirement to meet the Annual Review IFSP timeline. Therefore, the need for a Lapsed IFSP is rare.

## SECTION VI: NO PROVIDER AVAILABLE

*Missouri Part C State Plan Section XV. (34 CFR 303.119)*

Once a service is identified, the SPOE must make every effort to locate a provider to deliver the service to the child and family. These efforts include, but are not limited to, checking with all enrolled providers in the county, adjacent counties or within a reasonable geographic area. When an enrolled provider cannot be located, the SPOE considers sub-contracting with a non-enrolled provider through “SPOE as Provider” services. Additionally, if the service was to be provided in a natural environment, the SPOE should consider services in a special purpose center as an effort to deliver the service to the child and family. The SPOE documents the reasons enrolled and non-enrolled providers are unavailable to provide the service.

When all options to locate a provider have been exhausted, the SPOE must enter the authorization for the service identified by the IFSP team; however, instead of using a provider’s name, the name is selected as “No Provider Available (NPA).” A reason for entering a NPA authorization must be selected. The reason must be one of the following options:

- **No Provider in Area.** This reason indicates no providers are listed on the matrix for the family’s area, and all potential providers in adjacent counties or within a reasonable distance have been contacted and are unable to provide the service.
- **Provider Available, but not accepting new First Steps clients.** This reason indicates any providers in the area or adjacent areas are not accepting new First Steps clients.
- **Provider Available, but Provider and Parent not willing to travel.** This reason indicates there is no provider available to go to the natural environment; however, there is a provider available in a special purpose center, but the family cannot or will not travel to the provider.

An authorization for NPA appears on the child’s IFSP, but the Service Coordinator must continue to search for a provider to deliver the services. When a provider is located, the NPA authorization may be assigned to the new provider without a new IFSP meeting.

An NPA authorization may impact timely services if a provider cannot be located within 30 days from the date of parental consent. For more information about timely services, see Chapter 9.

When an NPA authorization is in place, the authorization is accumulating undelivered services. These missed services are owed to the child and family and must be delivered to the child and family in the form of compensatory services once a provider is located. Depending on how many undelivered services were accumulated, the IFSP team may meet to discuss the amount of services to be made-up and the timeframe to make up the services. For more information about compensatory services, see Chapter 9.

## **SECTION VII: UNABLE TO CONTACT OR LOCATE AFTER THE INITIAL IFSP**

*Missouri Part C State Plan Section XVI. (34 CFR 303.400 through 303.438)*

Unless a parent requests to leave the First Steps program, the Service Coordinator cannot remove a child with an IFSP from the program. The Service Coordinator must maintain attempts to contact the family and hold required IFSP meetings within timelines, even when the family is not actively participating in the program.

When a family has been unable to contact or locate for at least two months, the SPOE Director may decide to inactivate the child's electronic record. Inactivating a record due to unable to contact or locate does not remove the child and family from First Steps; it simply puts the child's record "on hold," including service authorizations and required IFSP meetings, until the family re-establishes contact with the SPOE.

The Service Coordinator should be proactive in maintaining contacts with the family so unable to locate situations are rare. Suggested guidelines to maintain contact with families include:

- Keep regular contact with the family through a variety of methods, including phone calls, letters, emails, or home visits to determine if the family is planning to move, take a vacation, or otherwise be unavailable for a period of time;
- Attempt to schedule meetings well in advance, especially if there has been inconsistent contact with the family;
- Review provider progress notes on a regular basis since provider progress notes may contain information regarding attempts to contact, no-show visits with the family or information regarding family vacations; and,
- Attempt to contact the family immediately when a provider indicates difficulties in delivering service to a family. Discuss the issue with the family and consider an Inter-Periodic Review meeting to review the current plan and determine whether changes are needed.

### **A. Unable to Contact or Locate Inactivation Process**

Unable to contact or locate means no one in the First Steps system, including SPOE staff and providers, has had contact with the family for at least two months. Examples of contact with the family include home visits, emails or phone calls. The Service Coordinator must document all dates and times of attempted contacts with the family in case notes. Providers must document all attempted contacts and home visits in progress notes.

The SPOE Director follows these specific steps to inactive a child's record due to unable to contact or locate:

### **1. Attempt to Reestablish Contact**

Prior to inactivating a record due to unable to contact or locate, the Service Coordinator must attempt to reestablish contact with the family. Attempts to contact the family include phone calls, home visits and/or emails. The attempts to contact the family must occur over a period of at least two months.

### **2. Maintain Meeting Timelines and Contact Attempts**

Until the child's record is inactivated, the Service Coordinator continues to make attempts to contact the family. Additionally, the Service Coordinator holds all required IFSP meetings even though the parent may not participate in the meeting.

If the child is approaching the time to transition from First Steps and the family is unable to locate, the Service Coordinator is not required to hold the Transition Plan IFSP meeting because the parent is a required meeting participant. However, the Service Coordinator is required to send directory information to the school district using the last known family contact information. For more information on directory information, see Chapter 10.

### **3. SPOE Director Review**

After at least two months of trying to reach the family, the SPOE Director reviews the attempts to contact the family to determine if the Service Coordinator's attempts are sufficient to inactivate the child's record.

### **4. Certified Letter**

If sufficient attempts have been made to contact the family, the *Inactivate Record After IFSP* letter (see chapter 6 Letters) is mailed to the family via certified mail. The letter must contain a list of attempts by the Service Coordinator and providers to contact the family, and a specified date for the family to contact the Service Coordinator regarding participation in First Steps. This date is at least ten days from the date of the letter. The Service Coordinator continues attempts to contact the family while awaiting the results of the certified letter.

### **5. Inactivation**

If the tracking system for certified mail indicates either the family received the letter and did not contact the Service Coordinator by the date indicated or the certified letter is undeliverable after 30 days from the date mailed, then the SPOE may inactivate the child's record as "Unable to Contact/Locate."

## **B. Family Re-establishes Contact**

If the family re-establishes contact with the SPOE after the child's record was inactivated, the SPOE reactivates the child's electronic record with a new enrollment period and assigns a Service Coordinator to the family. The Service Coordinator does not conduct an intake visit and does not obtain a new NOA/C for the evaluation of the child because the parent's previous consent is still in place. Additionally, the Service Coordinator does not re-determine eligibility. Instead the Service Coordinator uses the previous eligibility records and begins planning for an IFSP meeting.

The Service Coordinator uses the new referral date as the new intake and eligibility dates in the child's electronic record in order to move the record's status to IFSP planning. Depending on how much time has passed since the family was in First Steps, new assessments of the child's skills and abilities may be necessary prior to holding the IFSP meeting. The first IFSP meeting after the family re-establishes contact is coded as an Initial IFSP in the child's electronic record; however, at the meeting, the IFSP team reviews the most recent IFSP to develop the new plan. Once the IFSP team determines the outcomes and services, the Service Coordinator reviews the parental consent for prior services to determine if a new NOA/C or NOA is necessary.

## SECTION VIII: HOLDING IFSP MEETINGS WITHOUT PARENT PARTICIPATION

*Missouri Part C State Plan Section XII. (34 CFR 303.340 through 303.346)*

Given there are no allowable reasons for missing the required timelines for the Six-Month or Annual Review meetings, the Service Coordinator must plan ahead for every IFSP meeting in order to allow for emergencies or last minute changes in schedules. However, there are occasions, such as a hospitalization or a parent's unresponsiveness to contact attempts, when the parent is not able to attend a scheduled IFSP meeting. After appropriate attempts to notify the parent of a meeting, the Service Coordinator may determine it necessary to hold an IFSP meeting without parent participation in order to meet a required IFSP timeline. Successful early intervention is dependent on family engagement and participation in the IFSP process; therefore, the need to hold an IFSP meeting without the parent is rare.

The Service Coordinator follows the steps below to hold an IFSP meeting without the parent:

- **IFSP Meeting Attempt #1.** The Service Coordinator attempts to schedule the IFSP meeting with the parent. This attempt includes a written meeting notification sent through U.S. Mail that identifies the meeting date at least ten days in the future. The first meeting attempt is in a location convenient for the family (i.e., the home). If the parent fails to attend IFSP Meeting Attempt #1, the Service Coordinator must make a second attempt to hold the meeting.
- **IFSP Meeting Attempt #2.** The Service Coordinator attempts to schedule a second IFSP meeting with the parent. This attempt also includes a written meeting notification sent through U.S. Mail with a second meeting date at least ten days in the future.

The Service Coordinator may schedule the second meeting at the SPOE office, or another neutral site, so the other participants may proceed with the meeting if the parent does not attend a second time.

- **Proceed with the Meeting.** If the parent fails to attend the second attempted meeting, the Service Coordinator proceeds with the meeting. The Service Coordinator completes detailed case notes of the above steps and IFSP meeting activities to document the meeting was held within the required timeline.
  - If the parent is engaged in First Steps and receiving services but did not attend due to an emergency, the IFSP team still addresses the status for each active outcome in the IFSP. Generally, the outcomes and services remain unchanged until the team can meet with the parent at a later date.
  - If the family is not engaged due to unable to locate or contact, the IFSP team must still address the status for each active outcome in the IFSP. The IFSP team cannot make changes to any services in the IFSP without parental consent; however, the provider name may be changed to "SPOE as Provider" in WebSPOE so the provider's name is no longer attached to the child's authorizations.

## SECTION IX: FREQUENTLY ASKED QUESTIONS

**Question 1:** May IFSP meetings be audio- or video-recorded?

**Answer:** DESE's policy for First Steps is to prohibit audio or video taping of IFSP meetings except for rare exceptions when necessary to ensure the parent understands the IFSP or the IFSP process.

**Question 2:** Audiology services often include multiple ongoing audiological tests. Are these audiological tests considered an ongoing assessment of the child?

**Answer:** No. Ongoing audiological tests are not considered an ongoing assessment of the child if the tests are part of the service identified by the IFSP team. The authorization for an ongoing audiological test is entered as an evaluation/assessment; however, it is listed as an early intervention service on the NOA/C.

**Question 3:** When entering an authorization for evaluation or assessment in WebSPOE, what date is entered for the consent date?

**Answer:** The consent date is the date the parent signed the NOA/C for that evaluation or assessment. If the assessment is actually an ongoing service (e.g., in the case of ongoing audiological tests), then the consent date is the date the parent signed consent for the ongoing service.

**Question 4:** If a physician's documentation is used for eligibility determination or IFSP planning, is the physician invited to the IFSP meeting?

**Answer:** No, the physician does not have to be invited to the meeting, or listed on the IFSP meeting notification letter. However, the physician must be listed on the IFSP meeting attendance and marked as participating "by report."

**Question 5:** What is an example of a reason an Inter-periodic Review IFSP meeting would be held via conference call?

**Answer:** The IFSP team may determine to hold an Inter-periodic Review IFSP meeting via conference call to discuss ordering a replacement device for assistive technology such as a bigger shoe insert or a larger weighted vest. However, an Inter-periodic Review IFSP meeting should be held in-person if the assistive technology discussion involves a new device.

**Question 6:** What is the start date of an authorization for IFSP services?

**Answer:** The authorization is entered with a start date that is based on when the IFSP team decides the service should begin as reflected on the NOA/C. For example, an IFSP meeting

was held on May 1 and team decides special instruction services should start in a week. The authorization start date is entered as May 8.

**Question 7:** If a First Steps provider is also a Home Health provider, and the provider will not accept a family as a First Steps client, but will accept them as a Home Health client, how are the service and the provider documented in the IFSP?

**Answer:** If the IFSP team identified the service as necessary to help the family reach IFSP outcomes, and there are no other First Steps providers available, then the service is listed on the IFSP as “No Provider Available” with the reason of “Provider Available, but not accepting new First Steps clients.”

Even if the parent chooses to go to the Home Health agency outside of First Steps, the Service Coordinator continues to look for a First Steps provider. If, at a later time, the Service Coordinator finds a First Steps provider, but the parent chooses to remain with the Home Health provider, then at that time the parent would be declining First Steps services. The service would be removed from Section 6: Services and Supports in the IFSP and added to Section 8: Other Services and Supports in the IFSP. The Service Coordinator provides the parent with a NOA to discontinue the service at the parent request, and the Service Coordinator documents the parent’s decision in case notes.

**Question 8:** For a child in the NICU, how does a Service Coordinator meet the requirements for an initial assessment if a First Steps provider is not allowed to visit the child in the hospital?

**Answer:** The provider may use informal procedures (e.g., parent interview via an in-person meeting or phone call) to identify the child’s needs in each developmental area. If the Service Coordinator is allowed to visit the child in the hospital, the Service Coordinator conducts personal observations of the child and may help the provider identify the child’s needs in each developmental area in order to complete the requirements of an initial assessment. If the Service Coordinator is also not allowed to visit the child in the hospital, the initial assessment cannot be completed until the child leaves the hospital.

Note: if the child is eligible based on newborn or diagnosed conditions, a review of the results of the evaluation is not applicable to the initial assessment.