



# Practice Manual

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## Chapter 7: Early Intervention Teams

**Missouri Department of Elementary and Secondary Education**

**Office of Special Education**

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# 7 EARLY INTERVENTION TEAMS

*The content of this chapter includes information from: Routines-Based Early Intervention by Robin McWilliam (2010), Brookes Publishing Co.; and The Early Intervention Teaming Handbook by M’Lisa Shelden & Dathan Rush (2013), Brookes Publishing Co.*

The transdisciplinary model is a common method for delivering early intervention services. In a transdisciplinary model, providers work as a team to develop goals and deliver services to children and families. One team member, often referred to as the primary service provider, interacts with the family on a regular basis. Other providers may visit the family with the primary service provider to share aspects of their discipline and learn aspects of other disciplines. In a transdisciplinary model, the recipient of the service is the child and the family. When collaborating as a team, members commit to teaching, working and learning across disciplines in order to meet the needs of families. Members communicate with each other during meeting times established by the team.

The use of a transdisciplinary model addresses some challenges in early intervention such as areas with limited provider coverage, communication gaps between Service Coordinators and providers, access to providers for training and technical assistance, and families repeating their story to multiple providers. Using a team approach to services creates a model of early intervention that organizes providers, improves communications, and emphasizes evidence-based practices such as: how young children learn best; how to address the child and family’s functional needs; and how best to engage the family in interventions.

First Steps began implementing a transdisciplinary model in 2008. The model in Missouri is known as Early Intervention Teams (EITs).

## SECTION I: EIT DEVELOPMENT

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

EITs are groups of providers who work together to provide family-centered services, support, and resources for all families in First Steps. The Department of Elementary and Secondary Education (DESE) requires each System Point of Entry (SPOE) to identify a sufficient number of EITs to serve children and families in the region.

The SPOE selects providers to be placed on EITs based on regional needs and DESE guidelines for team composition and member roles.

## A. EIT Composition

The EIT serves as the main source of service providers for children and families. Each EIT must have at least one Service Coordinator, Physical Therapist, Occupational Therapist, Speech-Language Pathologist, and Special Instructor. Teams may consist of more than one provider for each discipline to allow families a choice of providers, unless there is no provider of that discipline within 30 miles of the family's home.

Due to the unique characteristics of areas throughout the state, some features about EITs may vary from region to region in order to serve the number of children and meet the needs of families in the area (e.g., the number of EITs, the number of team members, full-time or part-time providers).

When establishing an EIT, the SPOE may select providers enrolled on the First Steps Service Matrix or the SPOE may sub-contract with non-enrolled providers.

If the SPOE wants to use an assistant (e.g., Speech-Language Pathology Assistant) as an EIT member, then the SPOE must discuss the assistant's participation with the supervising specialist. As determined by the supervising specialist, assistants may participate in EIT meetings to report on the child's progress and services provided; however, there are limitations to the use of assistants. For more information on assistants, see Chapter 9.

### 1. Team Member Development

EIT members bring general early intervention knowledge and skills to the team, in addition to expertise in their specific disciplines. EIT members draw upon each other's strengths without overstepping professional boundaries.

#### ➤ Professional Associations

The *American Occupational Therapy Association (AOTA)*, *American Physical Therapy Association (APTA)* and *American Speech-Language-Hearing Association (ASHA)* support a team approach for delivering early intervention services to young children and their families. For more information about the associations' position statements, see Chapter 7 Documents.

After the EIT has been formed, EIT members go through a series of steps to develop themselves as an EIT member. The steps build upon one another as the members work through each stage to develop the EIT.

The steps to develop the team include:

- **Role Extension.** This step occurs when each EIT member participates in professional development activities to deepen the knowledge and learn more about his/her own discipline.

- **Role Enrichment.** This step occurs when each EIT member learns more about the terminology and core practices of another discipline.
- **Role Expansion.** This step occurs when each EIT member gains enough information about another discipline to make informed observations outside his/her own discipline.
- **Role Exchange.** This step occurs when multiple EIT members have adequate knowledge about a variety of disciplines and incorporate the information into their own activities while working alongside another EIT member.
- **Role Release.** This step occurs when one EIT member learns new skills and strategies traditionally associated with the discipline of another team member.
- **Role Support.** This step involves one EIT member who needs additional support from another EIT member because an activity is new or a strategy is complex and it requires the direct involvement of the EIT member with the associated discipline.

If an EIT member is struggling with role release or role support, then the SPOE, or other designee such as EIT Coordinator, should work with the member to identify the step where the provider is struggling and provide appropriate resources to support the provider.

## 2. Characteristics of Effective Teams

The attitudes and practices of each member determine whether an EIT is effective or not. Providers who thrive in a team model enjoy engaging in highly interactive discussions, brainstorming and problem solving as a continuing part of their work. To be effective, every EIT needs members who are competent in their area of expertise yet eager to learn about other disciplines and share their own experiences with other members.

Effective teams have members who respect teamwork and recognize that one provider does not have all the answers; it takes a team of providers to appropriately meet all of the needs of children and families. Teamwork requires members to consider the experiences and ideas of others and acknowledge different learning styles are necessary on the team.

Effective teaming does not mean everyone agrees all the time. EIT members will have disagreements but effective teams are able to seek feedback from all members, reach consensus and move forward to support the team's decision. Effective teams view new experiences as learning opportunities and adapt existing practices to incorporate new ideas.

Effective teams have some degree of self-management that is maintained through team rules developed collaboratively and agreed upon by the members to ensure everyone's participation and needs are met. Team rules need to be specific, clearly worded and address the expectation for all members to contribute in team activities.

Sample team rules for the EIT to consider may include:

- All members attend EIT meetings in person;

- Start and stop the EIT meeting on time;
- Ensure each EIT member is given ample time to present information;
- Share information about families as if family members were present;
- Give undivided attention to team members (e.g., avoid using cell phones, texting, sending e-mails, etc.);
- Acknowledge one another's perspectives and work together to resolve a conflict; and,
- Allow time in EIT meetings to reflect on the team's functioning.

It is important for the EIT to routinely revisit the rules to ensure the team's focus and effectiveness is maintained. This review affirms that each team member is "on the same page" in understanding, agreeing and committing to providing quality services to children and families. To be effective, the EIT holds members accountable for their actions and the team as a whole.

Effective teams participate in reflection on a regular basis. Team challenges can be reduced when the team routinely reflects on its functioning. Any EIT member may request time in an upcoming EIT meeting to discuss the team's functioning.

Members may find the following questions helpful when evaluating the current functioning of the team:

- Do team members fully participate in discussions?
- Are communications between members open and participative?
- Do actions indicate the team members trust each other and are able to work through conflict?
- Does the team have agreed-on approaches to problem solving and decision making?
- Does the team consider various approaches in discussing and supporting their assigned families?
- Does the team routinely discuss and evaluate how it is functioning?

(from Goodstein & Pfeiffer, 1985)

The Service Coordinator may use these and other questions developed by the EIT to support team reflection through the use of individual surveys, discussions during team meetings and observation of team meetings. When team members are able to select their own questions and methods to reflect and evaluate their team's effectiveness, then the activity is more meaningful.

When reflections or evaluations of the team indicate the team is not functioning effectively, the Service Coordinator addresses the issue with the SPOE Director, or other designee such as the EIT Coordinator, to conduct additional observations or discuss the issue one-on-one with the team or a provider.

When turnover occurs, the team's culture may be altered as existing members leave or new members join. A new member often brings a fresh perspective and new ideas or practices yet may need a little time to acclimate to the existing team. Experienced members can support new members by sharing the existing team rules and expectations. Experienced members ensure the EIT stays intact when there are changes to the team composition.

## **B. Team Member Roles**

The SPOE ensures all members assigned to an EIT must be available to serve as a Primary or a Supporting Provider for families.

### **1. Primary Providers**

One professional from the EIT is chosen by the Individualized Family Service Plan (IFSP) team to serve as the Primary Provider or the main support to each family. The Primary Provider regularly visits the family to discuss the family's concerns and questions regarding the child's development. The relationship between the Primary Provider and the family is an integral part of the EIT model. Using a Primary Provider is not intended to limit a family's access to a variety of providers; rather it expands the family's access to a variety of strategies and supports.

### **2. Supporting Providers**

The Primary Provider may need the support from another EIT member, or a Supporting Provider, to address the IFSP outcomes. When the Supporting Provider accompanies the Primary Provider in the visit with the family, this is referred to as a joint visit.

#### **➤ Ancillary Providers**

Children may need services from disciplines other than those represented on the EIT. These providers are referred to as Ancillary Providers. Some examples of Ancillary Providers are applied behavior analysts (ABA), audiologists, dieticians, and social workers. The Service Coordinator assists the family in finding Ancillary Providers as these providers are not required members of an EIT.

Ancillary Providers are available to the family for direct services, consultation, assessment and IFSP meetings. Ancillary Providers may provide additional information to the family that supports the family's daily routines and activities.

The role of the EIT member is an important part of building effective teams. Although the SPOE is responsible for selecting providers for EITs, the Service Coordinator role is critical to building and maintaining effective teams. The Service Coordinator explains EIT to families and assists with facilitating regular EIT meeting discussions with members.

## SECTION II: EIT IMPLEMENTATION

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

Upon referral to First Steps, the SPOE Director or designee assigns the family to an EIT serving the geographic area in which the child and family resides. The EIT is allowed to have access to information about the child and family at the time of referral to First Steps to assist the SPOE with identifying a provider to evaluate and/or assess the child and family.

At the intake visit, the Service Coordinator uses the *Early Intervention Team* brochure (see Chapter 7 Documents) to explain how services are provided in First Steps. The Service Coordinator may also use the *EIT for Families* flyer (see Chapter 7 Documents) to share additional information about EIT.

After the intake visit, based on the child's needs and the family's concern, the Service Coordinator selects a member of the EIT who is the most likely Primary Provider for the family. The provider conducts the evaluation to assist with eligibility determination (i.e., the Developmental Assessment of the Young Child – 2<sup>nd</sup> Edition) or an assessment to assist with IFSP planning. Evaluations and assessments are completed by EIT members unless a specialty not represented on the team (i.e., Ancillary Provider) is required. If an EIT member is not available, then the Service Coordinator may use a member from a nearby EIT or a provider from the Matrix to conduct evaluations and assessments in a timely manner.

If the child is eligible for First Steps, then the Service Coordinator completes all required activities for the Initial IFSP meeting. EIT members who participated in any evaluation or assessment activities are invited to attend the Initial IFSP meeting.

### **A. Selecting the Primary Provider**

At the Initial IFSP meeting, the Service Coordinator assists the IFSP team in selecting the Primary Provider for each eligible child and family.

The IFSP team considers the following information when selecting the Primary Provider:

- The provider's expertise and prior involvement with the family, if applicable;
- The IFSP outcomes (i.e., the family's priorities and child's needs);
- The family and provider's availability based on current caseload; and,
- The location where services will be delivered (e.g., the family's home, child care center).

Once selected, the Primary Provider is now a member of both the EIT and the IFSP team, which provides continuity in the implementation of the IFSP and the information shared with the family. If the Service Coordinator cannot locate a Primary Provider on the current EIT, then the

Service Coordinator must discuss the issue with the SPOE Director before using another provider.

When service coordination is the only service a family is receiving, or the main support to the family is an Ancillary Provider, then the Primary Provider is the Service Coordinator.

### ➤ **Changing the Primary Provider**

Changing the Primary Provider assigned to a family is not common practice since the purpose of a Primary Provider is for one provider to build a relationship with the family to support their needs. The Primary Provider does not necessarily change as the family's priorities and IFSP outcomes change.

The IFSP team may consider changing the Primary Provider if: (1) the family's needs have changed and services from a different provider occur more frequently than the current Primary Provider; or (2) a conflict between the current Primary Provider and family members exists and after trying to resolve the conflict or miscommunication, the issue cannot be resolved.

After selecting the Primary Provider, the IFSP team uses the *Incremental Approach to Decision Making* chart (see Chapter 6 Documents) to determine if the Primary Provider needs additional support to address the IFSP outcomes. The IFSP team may determine the family and Primary Provider need assistance from a Supporting Provider via a joint visit.

## **B. Determining Joint Visits**

A joint visit is two providers of different disciplines working together during a home visit to provide a family with the strategies that work best for them to achieve the IFSP outcomes or any other challenges and concerns they may have at the time.

The IFSP team considers the following information when determining the need for a joint visit:

- What has the Primary Provider and family tried to address the challenge?
- What does the Primary Provider or the family need from the Supporting Provider?
- What is the child's present level of functioning during the current intervention?

The need for joint visits is individualized based on the skill set of the Primary Provider and what fits the family's current capacity without overwhelming the family. Joint visits are not planned solely because a child has multiple needs across developmental domains typically assigned to a discipline other than the Primary Provider. For more information about determining services at the IFSP meeting, including frontloading, see Chapter 6.

The family should receive more home visits with the Primary Provider than any other provider. IFSP teams need to be careful not to overuse joint visits in situations where:

- the EIT has not yet discussed the family’s need;
- the Primary Provider lacks confidence with a particular activity; or,
- the Supporting Provider is unwilling to let the Primary Provider carry out the strategies.

## C. Home Visits

Anytime a professional goes into a family’s home it is considered a home visit. Home visits require a family strengths perspective, which involves having a positive approach to supporting families and recognizing what families are already doing successfully. All families have challenges, strengths and potential for growth. The family strengths perspective does not ignore problems that arise, but it uses a challenge as a way to make a connection with the family and focus on the family’s strengths.

All providers and Service Coordinators give the family support that may include:

- Emotional support includes being friendly, sensitive and responsive to the family’s needs;
- Material support includes sharing materials or equipment; and,
- Informational support includes sharing information about the child’s development or disability, community resources and activities to do with the child.

When families begin early intervention, they are often at different stages in their lives. Some families will be dealing with the news of their child’s disability through denial or disbelief; other families are dealing with the news of their child’s disability with relief to finally have a diagnosis; and still other families may be unsure about what they are feeling and what will happen next. In order for the home visit to be meaningful to the family, all providers and Service Coordinators must meet the family where they are with their needs and priorities.

Providers and Service Coordinators encounter families who differ in many ways, such as their family values, communication styles and belief systems. Being responsive to the family’s needs requires the provider to first understand his/her own values and beliefs, and then seek to learn about the values and beliefs of others.

Home visiting practices for providers and Service Coordinators are described in the *Agreed Upon Practices for Providing Early Intervention Services* and the *Seven Key Principles: Looks Like/Doesn’t Look Like* (see Chapter 7 Documents). These documents identify several important aspects to consider when working with infants and toddlers in their natural environment, including:

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts; and,
- All families, with the necessary supports and resources, can enhance their children's learning and development.

Provider home visits may occur in three ways: Primary Provider visits; joint visits with the Primary Provider and Supporting Provider, and specialized visits.

### **1. Primary Provider Visits**

In a home visit, the Primary Provider involves the family in implementing strategies to help the child, using materials available in the family's home. The Primary Provider also discusses general activities suggested by EIT members from other disciplines to address the IFSP outcomes and ensure early intervention is meaningful and functional for the family.

For this type of a home visit, the Primary Provider receives an authorization for direct child service.

### **2. Joint Visits**

In a joint visit, the Primary Provider and Supporting Provider consult with one another through exchanging information and coordinating strategies while observing and interacting with the child and family. The Supporting Provider takes the lead in working directly with the child and family, while the Primary Provider takes the role of a learner.

For this type of a home visit, the Supporting Provider receives an authorization for a support joint visit and the Primary Provider uses the authorization for direct child service.

The Primary Provider and Supporting Provider must go together to deliver the joint visit in accordance with the IFSP.

If both providers cannot deliver a joint visit together due to a provider reason, then the joint visit must be made up by extending future joint visits or scheduling another joint visit. When services are missed due to a family reason, the joint visit is not required to be made up. For more information on missed visits, see Chapter 9.

If both providers cannot deliver joint visits together, then the Service Coordinator and providers discuss whether to change the Supporting Provider to a provider who is available for joint visits. If the frequency of joint visits needs to change, then the IFSP team must meet to review the Primary Provider and family's needs.

### **3. Specialized Home Visits**

Although rare, the child and family may have a need that requires expertise that cannot be addressed through the Primary Provider. The IFSP team may determine the need for a second provider to conduct a separate home visit with the family without the Primary Provider. This

visit is called a specialized home visit. In a specialized home visit, the provider conducts activities similar to the Primary Provider; however, specialized visits are only focused on the specific issue in which the provider's expertise is required and are often short-term in duration.

For this type of a home visit, the provider receives an authorization for direct child service.

## SECTION III: EIT MEETINGS

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

After the Primary Provider is selected, the remaining EIT members support the Primary Provider through regularly scheduled meetings. EIT meetings should not be confused with IFSP team meetings. During EIT meetings, members cannot make decisions regarding IFSP services for individual children.

EIT suggestions that require a change in the child's IFSP (e.g., revise, add or end a service) must be presented to the IFSP team and the family in an IFSP meeting, with the Primary Provider representing the EIT. The IFSP team decides what services to authorize and updates the IFSP accordingly. For more information about IFSP, see Chapter 6.

### **A. Purpose of EIT Meetings**

EIT meetings are an opportunity for providers to use their diverse knowledge and experience to exchange professional opinions, strategies, resources and other information to support families assigned to the team. EIT meetings may include the Primary Provider reporting on a child's progress, what activities the family is using, what is not working for the family related to the IFSP, problem solving or how to take a skill to the next level.

EIT meeting discussions between the Primary Provider for a particular family and the remaining members are important to strategize ways to help families accomplish their IFSP outcomes. The Primary Provider incorporates the team's suggestions into home visits in order to build the capacity of the family and support the child to participate in everyday activities in natural environments. Any EIT member can incorporate basic activities into his or her interventions from suggestions or ideas provided by other members.

The Primary Provider may identify the need for direct observation by another EIT member or an Ancillary Provider after strategies shared and attempted by the Primary Provider were not successful. However, the Service Coordinator must obtain written parental consent before any assessments can be conducted. For more information about ongoing assessment, see Chapter 6.

### **B. EIT Meeting Attendance**

EIT members are not only accountable for services provided to children and families but also accountable to the team as a whole. EITs must meet regularly to discuss the families they serve. The frequency and duration of EIT meetings is determined by the team members based on provider needs and the number of families the team serves. Each member's schedule must allow adequate time for EIT meetings. Regardless of the frequency, the purpose of EIT meeting as described above remains the same.

EIT members develop rapport and trust in one another as they share their expertise to create strategies and recommendations to help families reach their IFSP goals and outcomes. Therefore, attending and participating in EIT meetings is critical for team collaboration and accountability. If a member is missing or leaves early, then other members are denied access to the knowledge and expertise that may have been provided by that member.

EIT meetings need to be scheduled when most members can be present in person. Once scheduled, EIT members are expected to attend in person and are paid for their attendance. When attending via conference call, providers are limited to 15 minutes of paid time for their participation, unless prior arrangements have been made for the EIT meeting to be held via conference call. Beginning July 1, 2017, Service Coordinators and providers are reimbursed for mileage to attend EIT meetings.

### **C. EIT Meeting Activities**

The Service Coordinator, or another designee such as the EIT Coordinator, completes the following activities: scheduling, planning, conducting and documenting each EIT meeting.

#### **1. Scheduling EIT Meetings**

The Service Coordinator enters the dates and times for future meetings identified by the EIT on the Meeting Calendar on the EI Team tab in WebSPOE.

Once the Service Coordinator enters a meeting on the Meeting Calendar, each provider on the EIT receives an automated email to notify the provider of the date, time, location and action (e.g., scheduled meeting, canceled meeting). If a provider does not receive email notifications about EIT meetings, the Service Coordinator should ask the provider to check the email account that is on file with the Central Finance Office (CFO) and update the email address accordingly.

#### **2. Planning for EIT Meetings**

The development of an agenda prior to the meeting is critical for the organization and flow of the EIT discussion. Approximately one week before the meeting, the Service Coordinator may request EIT members send names of children for discussion at the upcoming EIT meeting. The Service Coordinator develops an agenda based on items from EIT members and any new families assigned to the team. The Service Coordinator ensures each child is discussed by the EIT every six months.

The Service Coordinator estimates time frames for each agenda item prior to the meeting to ensure adequate time for discussion. In order for EIT members to be prepared for the meeting discussion, the Service Coordinator should send the final agenda one to two days before the meeting.

The following are examples of activities the Service Coordinator and Primary Providers should consider for EIT meetings:

- Brief introduction of children referred since the last EIT meeting;
- Brief introduction of children with an Initial IFSP meeting since the last EIT meeting;
- Time for EIT members to strategize, depending on the needs of the Primary Provider and the family;
- Any upcoming IFSP meetings for children served by the team;
- Brief announcements, as applicable; and,
- Next meeting date/time.

The *EIT Meeting Agenda Template* (see Chapter 7 Documents) is a suggested guide for teams to use when planning for EIT meetings. The Service Coordinator may make changes to the template to meet the needs of the team.

### 3. Conducting EIT Meetings

All EIT members are early interventionists and equal partners in serving families assigned to the EIT, although roles (e.g., facilitator, Primary Provider, Supporting Provider) may shift throughout a meeting. In order to address a family's concerns, each EIT member may have a variety of responsibilities during a single meeting. Effective EIT meetings require members to have a clear understanding of their responsibilities in a meeting.

#### a) Service Coordinator Responsibilities

The Service Coordinator uses a sign-in sheet to document member attendance. The sign-in sheet must have the EIT meeting date, the provider's name, method of attendance and the amount of time the provider participated in the EIT meeting (e.g., 11:00 am to 12:30 pm). The Service Coordinator collects signatures from providers who attend in person and notes any providers who participate via conference call.

The Service Coordinator ensures the meeting starts on time. Typically the Service Coordinator facilitates the meeting to ensure all agenda items are addressed and each member has ample time to present their concerns and comments; however, the EIT may designate another team member to lead the meeting discussion. The Service Coordinator ensures EIT meeting time is used only for team discussion and re-directs members when needed. The Service Coordinator may also use the *Role of the Facilitator* flyer (see Chapter 7 Documents) for additional information about conducting an EIT meeting.

The Service Coordinator or another team member designated by the EIT takes brief meeting minutes as a record of the meeting discussions. The Service Coordinator ensures the meeting ends on time.

## **b) Primary Provider Responsibilities**

The Primary Provider for each family speaks on the family's behalf and informs other team members on the family's area of need for strategies and support. The Primary Provider determines the best way to present the family's information to the team. For example, if the child is having problems eating at home but not at the child care center, then the Primary Provider should describe the setting and activities in both locations so the EIT can get a clear picture of the problem.

The Primary Provider asks for support from the team in the form of questions or descriptions of the problem. The Primary Provider shares with the team any relevant specifics about the child such as what the child's interests are, what the child likes or dislikes, and the daily routines and activities surrounding the situation.

If applicable, the Primary Provider may use time during the EIT meeting to plan for joint visit activities with the child's Supporting Provider with input from other team members. The Primary Provider may identify specific questions or issues that need input from the EIT prior to the next visit with the family or the Primary Provider may share relevant information about the family with the EIT.

However, scheduling joint visits is not part of EIT meeting discussions because it does not involve all team members. If individual team members need to schedule time with each other, then they should do this before or after the meeting.

## **c) EIT Member Responsibilities**

When the Primary Provider is discussing a particular child and family, the remaining EIT members support the Primary Provider and serve as a resource to each other by sharing information and resources, strategizing new ideas, and problem solving issues. Providers should use EIT meeting discussions to reflect on recent visits with families and evaluate the effectiveness of joint visits.

Ancillary Providers may attend EIT meetings for the portion of the meeting that address the children they serve, as determined by the IFSP team and authorized in the IFSP.

## **4. EIT Meeting Data Entry**

After the EIT meeting is over, the Service Coordinator enters attendance from the sign-in sheet on the EI Team tab in the electronic system, WebSPOE. The Service Coordinator has 60 days from the date of the EIT meeting to enter the attendance, and the Service Coordinator cannot enter another EIT meeting attendance until the last meeting is completed.

When the Service Coordinator finalizes the EIT meeting attendance, an automatic payment to the provider is generated and processed by the CFO.

The SPOE must maintain a copy of each EIT meeting sign-in sheet for at least five years as it is considered a financial record.

➤ **Changing EIT Members**

If an EIT member is listed on the EI Team tab in WebSPOE with an incorrect Payee, then the Service Coordinator must inform the SPOE Director the provider Payee on the EI Team tab needs to be updated.

If a member on an existing EIT needs to change or a new EIT needs to be established, then the SPOE Director must edit the EI Team tab in WebSPOE.

**5. EIT Meeting Documentation**

The Service Coordinator maintains EIT meeting minutes to document the meeting activities. EIT meeting minutes may be included in the agenda if the Service Coordinator uses the agenda to enter notes about the meeting discussion.

EIT meeting minutes may be kept in electronic or paper format by the Service Coordinator or the SPOE, or the Service Coordinator may upload meeting minutes on the EI Team tab in WebSPOE.

If EIT minutes are stored in WebSPOE, then the record is maintained without time limits. If EIT meeting minutes are kept electronically or on paper, then the SPOE must ensure the minutes are stored securely and kept for at least one year. For more information about confidentiality, see Chapter 2.

**D. EIT Communication**

In order to work as an effective team, team members need good communication, which involves positive interactions and continual support of each other. The EIT conducts the majority of team communications and collaborations during EIT meetings.

Regardless of an EIT member's specific role on the team, members must work to develop rapport by sharing information regarding the contributions he or she brings to the team. This information may include personal and professional characteristics (e.g., organized, punctual), expertise (e.g., relevant training or coursework), experience (e.g., work with children and families), and perspectives (e.g., provider, educator). With this information, the EIT can discuss and implement approaches that utilize each member's expertise, perspective and skills, and meet the needs of each member.

## SECTION IV: FREQUENTLY ASKED QUESTIONS

**Question 1:** Can providers access the EI Tab in WebSPOE?

**Answer:** Yes, providers have view-only access to the EI Tab, which means they can view the Meeting Calendar and EIT meeting minutes uploaded by the Service Coordinator.

**Question 2:** Are providers paid for consultation time outside of the EIT meeting?

**Answer:** It depends. The IFSP team determines the amount and type of service necessary to meet the child's IFSP outcomes. For more information about authorizations for consultation and facilitation with others, see Chapter 9.

**Question 3:** Can the Supporting Provider go alone to a joint visit if the Primary Provider is unable to attend due to illness, unexpected leave of absence, etc.?

**Answer:** Yes; however, when a provider cancels or misses a joint visit for any reason, then the joint visit is required to be made up as soon as possible. The parent must be informed of the options to make up the joint visit. If the parent does not want the joint visit made up, then the parent's decision must be documented by the provider in progress notes and/or by the Service Coordinator in case notes.