



Practice Manual

Chapter 9: Service Guidelines

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9 SERVICE GUIDELINES

The Individuals with Disabilities Education Act (IDEA) outlines how, where and who can provide early intervention services. The Individualized Family Service Plan (IFSP) team determines the specific early intervention services to be provided to the child and family, including the best method, setting and provider to deliver each service. This chapter describes the guidelines for authorizing and delivering early intervention services in First Steps.

SECTION I: METHODS OF EARLY INTERVENTION SERVICE

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

The IFSP document must include the method of delivery for each early intervention service identified by the IFSP team. The IFSP team determines the appropriate method to deliver each service, considering the family's needs. When a method of service (e.g., direct service) is authorized, no other method (e.g., consultation with others) may take its place.

First Steps services are authorized and delivered in a variety of methods including: direct services; joint home visit; family education, training and support; consultation and facilitation with others; travel incentive; and teletherapy.

A. Direct Services

The purpose of direct services is to implement strategies that will help the child and family achieve one or more IFSP outcomes. Direct services involve one or more providers working directly with a child and the parent or caregiver on these strategies. The child and a caregiver are always present during direct service visits.

Direct service visits include time for the provider to work with the child and family while educating caregivers about the child's development. Examples of activities conducted in direct service visits include observing the child, modeling appropriate techniques for family members or childcare providers, and coaching caregivers on particular strategies. Direct services visits may also include time for professional to professional discussions or demonstrations during a joint home visit.

Providers use information gathered from direct service visits to make adjustments to strategies and activities to assist the family in their daily routines. The process of tracking the child's

progress is called progress monitoring. Progress monitoring is important to determine the need for an ongoing assessment, a change in IFSP outcomes or the level of services.

B. Joint Home Visit

The purpose of a joint home visit is to allow the Primary Provider (i.e., the person on the Early Intervention Team (EIT) who meets with the family most often) and the Supporting Provider (i.e., a person on the EIT who visits the family with the primary provider) to participate in a home visit together. The child and a caregiver are always present during a joint home visit.

A joint home visit includes time for the Primary Provider and a Supporting Provider to consult with one another through exchanging information and coordinating strategies while working with the child and family. A joint home visit also involves time for the providers to observe the child and family together.

Joint home visits may be necessary when an issue is identified by the Primary Provider, a family member, other caregivers or another IFSP team member. For example, the IFSP team determines an Occupational Therapist is the Primary Provider and a Physical Therapist is the Supporting Provider for a child and family. The Occupational Therapist visits the family 60 minutes once a week and the Physical Therapist visits the family with the Occupational Therapist for 60 minutes once a month. The Occupational Therapist is authorized for direct service for 60 minutes a week and the Physical Therapist is authorized for a joint visit for 60 minutes a month.

Joint home visits are an integral part of the EIT model. Joint home visits extend beyond the typical roles of each individual provider and allows them to assist with maximizing the ideas, communication, and cooperation between the Primary Provider and the Supporting Provider in order to effectively deliver comprehensive services. For more information on EIT, see Chapter 7.

C. Family Education, Training and Support

The purpose of family education, training and support is to implement a specifically planned educational program designed for the family. Family education, training and support involve activities such as support groups, individual parent or caregiver support and other training for the family. The child is typically not present for this method of service.

Family education, training and support may include specialized sign language training, a course of study designed for parents regarding behavior management, or specific intervention strategies for a specific disability.

D. Consultation and Facilitation with Others

The purpose of consultation is to develop new or better strategies to help a child and family make progress. Consultation is an essential part of the EIT model because the team meets on a regular basis to exchange professional opinions, share advice to resolve a particular issue, share strategies or gain new information about children assigned to the team.

Although most consultation between providers occurs during EIT meetings, there may be times the IFSP team determines there is a need for additional consultation outside of the EIT meeting. In this case, consultation and facilitation with others involves two or more individuals discussing or brainstorming ideas to support IFSP outcomes. The child is typically not present for this method of service.

Consultation does not include certain aspects of providing First Steps services that are professional responsibilities, including:

- Time for a provider to communicate with the child's Service Coordinator
- Time for a provider or Service Coordinator to obtain a physician's prescription
- Time for a provider to communicate with an assistive technology provider when the primary task is not related to ordering or selecting a device
- Time for First Steps providers to communicate with one another when the primary task is not related to strategies to achieve a child's IFSP outcomes
- Provider agency staff meetings when the primary task is not related to strategies to achieve a child's IFSP outcomes

Consultation may include discussions between First Steps providers, other professionals (e.g., physicians, surgeons), parents or caregivers (e.g., child care providers, Early Head Start) or assistants requiring supervision from licensed professionals.

1. Consultation between First Steps Providers

Consultation between providers may be considered if the intent is to help two providers coordinate strategies regarding the same IFSP outcome for a particular child and family. For example, the IFSP team may determine it necessary for a Speech Language Pathologist to consult with an Audiologist for 15 minutes one time a month for six months to discuss and strategize a child's specific needs.

2. Consultation with Professionals Outside First Steps

First Steps providers may need additional time to consult with professionals outside of First Steps, such as a physician. In these situations, consultation is a specialized problem-solving process in which a professional outside of First Steps, who has particular expertise, assists

the First Steps provider in order to effectively meet a child’s IFSP outcome. A Release of Information (ROI) is necessary for the First Steps provider to discuss a child or family with a professional outside of First Steps. For more information on ROI, see Chapter 2.

For example, a child is discharged after a hospitalization or surgery. The child’s IFSP team may determine it is necessary for the First Steps provider to consult with the primary physician for 30 minutes a month for the next two months to determine what strategy would be effective to reach the IFSP outcome.

3. Consultation with Parents or Caregivers

The IFSP team may determine the need for consultation between a First Steps provider and a parent or caregiver. The purpose of this consultation is for the parent or caregiver to learn a particular strategy. However, since direct services include working directly with parents or a caregiver, the need for separate consultation time is rare but possible. The child may or may not be present during the consultation.

For example, a child care provider may need assistance regarding effective strategies for modifying the child’s environment at the child care center. The child’s IFSP team may determine it is necessary for the child’s First Steps provider to consult with the child care provider for 15 minutes a month for the next three months to determine what strategy would be effective to reach the IFSP outcome.

➤ Individualized Family Service Plan Considerations

Once an IFSP team has identified the need for consultation for a specific child and family, the team must discuss who will consult, how often, and how long the consult is needed. There should not be “blanket” authorizations where a particular provider or agency receives the same amount of consultation time for all the children they serve in First Steps.

Consultation should not be authorized “just in case” or “as needed.” Once identified, consultation must be authorized and delivered according to the IFSP team decision. The purpose of the consultation should be short-term to achieve a particular strategy.

Once a consultation is authorized in the IFSP, providers may choose to consult in person or by phone call. The IFSP team is expected to continually review the need for consultation when discussing services with the parents or in future IFSP meetings.

E. Travel Incentive

The purpose of travel incentive is to reimburse providers who travel to the child and family’s natural environment to deliver services identified in the IFSP. A travel incentive is available for

providers traveling 60 miles or more one-way from the provider's official domicile or point of origin and the location of the visit.

When an IFSP team identifies a provider will travel 60 miles or more in one direction to deliver a service in the natural environment, the Service Coordinator enters a travel incentive authorization in addition to the authorization for the provider's service. More information about the travel incentive is available on the First Steps website under For Providers.

F. Teletherapy

Teletherapy involves providing First Steps services using technology. Teletherapy occurs when the provider is in a location separate from the family and uses the internet to talk to the parent and observe the child and parent in their home. The child is typically present for this method of service.

Teletherapy may be appropriate for First Steps services when there is no provider available in the natural environment. The use of teletherapy should not take the place of a home visit if a provider is available to deliver services in a natural environment. Face-to-face visits with the family are still considered best practice in delivering First Steps services. The decision to use teletherapy is an IFSP team decision based on the family's needs, not based on the needs of a provider or the System Point of Entry (SPOE).

Prior to the IFSP team determining the use of teletherapy with a family, the Service Coordinator must share and review with the IFSP team the *Teletherapy: Guidelines for First Steps Services* document (see Chapter 9 documents), which includes:

- **Provider Considerations:** Prior to conducting teletherapy, providers must consider the following:
 - **Licensure/Training.** Providers must follow the requirements of the licensing board for their disciplines regarding the use of teletherapy. Providers should have training in using telecommunication methods for delivering services.
 - **Privacy/Confidentiality.** Providers must verify the services will be delivered in accordance with Family Educational Rights and Privacy Act (FERPA) as required for all First Steps services. This includes delivering teletherapy in a private and confidential setting to ensure personally identifiable information is not overheard by others.
 - **Technology/Equipment.** First Steps will not purchase equipment to deliver teletherapy. Equipment loaned to the family is the responsibility of the provider, not First Steps. Providers must have a plan to address technical problems before conducting teletherapy.

- Authorization. Teletherapy services are authorized under a separate code. Providers must verify the child's IFSP indicates teletherapy services have been authorized before conducting these visits.
- **Parent Considerations:** Prior to receiving teletherapy, parents must be informed of the following:
 - Technology/Equipment. Parents must have access to the internet/computer and know how to use the technology before receiving teletherapy visits.
 - Privacy. If the internet connection or website used for teletherapy is not secure, parents risk maintaining their privacy because information shared during teletherapy is open to anyone who has a computer/cell phone within range.
 - Teletherapy visits. A parent or caregiver must be present and participate throughout the duration of a teletherapy visit.
 - Cost. Parents cannot incur additional fees or service charges in order to receive teletherapy.
 - Consent. Parents must provide written consent to use teletherapy before teletherapy visits can occur.

SECTION II: EARLY INTERVENTION SETTINGS

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

The IDEA requires early intervention services be provided in natural environments, or settings that are natural or typical for a same-aged child without a disability. This may include the child's home or a community setting. The IFSP team determines the appropriate setting for providing early intervention services.

Only when a service cannot be provided in the natural environment is the IFSP team allowed to identify another setting outside the natural environment (e.g., special purpose center, group instruction setting).

A. Natural Environment

Early intervention services are family-centered because children learn best through participating in everyday activities with their family and caregivers. Providing services in the natural environment allows for learning opportunities to occur during the child's daily routines and in a familiar setting. Therefore, it is expected that all First Steps services be provided in the natural environment, to the maximum extent possible. Natural environment refers to the following locations:

- The family's home, including a relative's home
- A community setting where the child and family frequently visit, such as a childcare center, local park, grocery store or library

The IFSP team should consider all options to provide the service in the natural environment. If a service cannot be provided in the home or community setting, the IFSP team must include a justification statement in the IFSP as to why the service cannot be provided in the natural environment. The decision to provide a service outside of the natural environment must be based on the needs of the child and family. Unacceptable reasons for providing services outside the natural environment include the following:

- Administrative convenience
- Financial reasons
- Personnel limitations
- Parent/provider preference or convenience

B. Special Purpose Center

Choosing to deliver services in a special purpose center is an IFSP team decision based on the needs of the child and family. Special purpose centers include:

- Special purpose facility (a program designed specifically for children with developmental delays or disabilities)
- Hospital or inpatient services
- Residential facility
- Service provider location, including a clinic or provider’s office where the family receives most services

The purpose of a program and how services are provided must be considered when determining if the program is considered a special purpose center. The ratio of children in the program (e.g., number of children with disabilities to children without disabilities, the number of students to teacher) is not important when determining whether the program is a special purpose center.

If the program is designed for typically developing children (i.e., childcare program, preschool program) where services are provided in the classroom, then the program is most likely a community setting. However, if the services are “pull-out” services where the child leaves the classroom or preschool program and receives services in a special purpose room or therapy room, then the program is no longer a natural environment, it is a clinic or special purpose center.

If the purpose of the program is designed for children with disabilities who have access to typically developing children without disabilities (i.e., reverse mainstreaming or reverse inclusion) where typically developing children are brought to the program for modeling or shaping behaviors, then the program is probably not a natural environment, it is a special purpose center.

One agency may have two different programs operating in the same building; therefore, it is possible for one agency to have two service location authorizations in First Steps; one program being designated as a community setting and the other program as a special purpose center.

C. Group Instruction Setting

Group instruction typically refers to a program where multiple children are receiving services in the same room and interacting with one or more instructors. Generally, group instruction has a common focus and intervention intent for the children enrolled in the group setting.

Generally with infants and toddlers, group settings are not needed to achieve early intervention outcomes; however, the IFSP team may decide to recommend a group setting for the child's services.

The IFSP team may consider group instruction an appropriate service for a child if the child requires interaction with peers; or if the purpose of the group service is intended to meet specific IFSP needs for children with disabilities or similar developmental needs.

General group preschool or daycare programs are not considered group instruction.

SECTION III: EARLY INTERVENTION PROVIDER TYPES

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

Providers working in First Steps must meet the minimum personnel qualifications and complete an enrollment process with the Central Finance Office (CFO). Once enrolled, providers appear on the First Steps Provider Matrix. The Matrix is an online database of all active providers enrolled with First Steps. The Matrix contains the provider's discipline, contact information, counties where the provider will travel and additional comments about the provider's experience. The Matrix allows a provider to be selected to work with a child and family. The provider is responsible for keeping their Matrix page updated. If a provider does not update the Matrix page at least every six months, the provider will be removed or grayed off the Matrix and unable to receive any new authorizations.

For more information regarding provider qualifications, enrollment and billing procedures, see For Providers on the First Steps website.

A. Specialists

In First Steps, the following providers are considered specialists: Applied Behavioral Analysis (ABA) Consultant, Assistive Technology Provider, Audiologist, Counselor, Dietician, Interpreter, Nurse (RN and LPN), Occupational Therapist, Optometrist, Ophthalmologist, Orientation and Mobility Specialist, Physical Therapist, Physician, Psychologist, Special Instructor, Speech/Language Pathologist, Social Worker, Translator, and Transportation Provider.

For specialists requiring a license, the provider must keep a copy of their current license on file at the CFO. If a licensed specialist allows their license to expire, or does not provide the CFO with a current copy, then the specialist's account with First Steps is closed.

Specialists are responsible for conducting evaluations and assessments, and assisting the IFSP team with developing, modifying and implementing the plan.

B. Providers Requiring Supervision (Assistants)

Providers requiring supervision are commonly referred to as assistants and include the following disciplines: ABA Implementer, Occupational Therapy Assistant (COTA), Paraprofessional, Physical Therapist Assistant (PTA), and Speech/Language Pathology Assistant (SLPA). Assistants deliver direct services and may participate in IFSP and EIT meetings under the supervision of a specialist.

1. Direct Child Service

The supervising specialist develops a plan at the IFSP meeting for how direct services are provided to the child and family and the assistant follows this plan. It is the responsibility of the supervising specialist to determine how supervision will occur.

2. Supervisory Consultation

The method and manner in which a specialist provides supervision to an assistant is determined by the specialist and the assistant. Therefore, the amount of time requested for authorizations for supervisory time may vary between providers.

The IFSP includes the time for a specialist to conduct a supervisory visit with an assistant. The supervisory visit is authorized as a consultation visit for the specialist.

For example, a Physical Therapy Assistant is authorized for direct service on a weekly basis for 60 minutes. A Physical Therapist supervises the Physical Therapy Assistant on a monthly basis. The Physical Therapist supervisory visit occurs during a regularly scheduled visit with the Physical Therapy Assistant and family. IFSP authorizations are entered as direct service for the Physical Therapy Assistant for one time a week for 60 minutes and consultation for the Physical Therapist for one time a month for 60 minutes for the duration of the Physical Therapy Assistant services.

For this example, the parent signs a Notice of Action/Consent (NOA/C) for the initiation of Physical Therapy services. The reason for the action on the NOA/C is written to indicate the frequency of the direct service (i.e., once a week), not the frequency of the authorizations.

3. Participation in IFSP Meetings

Changes or additions to outcomes and/or services in the IFSP are determined by the supervising specialist in collaboration with the IFSP team. For example, if an IFSP meeting is scheduled to make changes to physical development, the Physical Therapist is expected to attend in person or by conference call in order to modify the plan. At the conclusion of the IFSP meeting, the Physical Therapist must agree to the plan before the IFSP is finalized or implemented.

Assistants do not have the authority to authorize changes to an IFSP; however, they may discuss or report on the child's development and services provided. When a review of the IFSP is warranted (e.g., Six-Month Review) and the supervising specialist is unable to attend the IFSP meeting, assistants may participate in IFSP meetings either in person or by conference call to discuss or report on the child's progress.

If an assistant attends the IFSP meeting, then the Service Coordinator lists the assistant on the IFSP meeting attendance. Assistants are not automatically paid when attendance is entered in the child's electronic record. For a licensed assistant (i.e., COTA, PTA, SLPA), the Service Coordinator enters a consultation authorization for time at the IFSP meeting, but for a non-

licensed assistant (i.e., ABA implementer or paraprofessional) the Service Coordinator enters a direct service authorization for time at the IFSP meeting.

4. Participation in EIT Meetings

Opinions and strategies are shared in EIT meetings by the supervising specialist in collaboration with EIT members. Often the discussions about strategies for a particular family result in changes in the activities conducted in future visits. For example, an Occupational Therapist is the Primary Provider for a child with an outcome related to eating solid foods at breakfast. In an EIT meeting, the Occupational Therapist shares the current activities and gathers ideas for future activities from other EIT members. The Occupational Therapist plans to try a new activity with the child and family in the next visit.

Assistants do not have the authority to make revisions to the strategies and activities used during visits with the family; only the supervising specialist can modify the strategies. As determined by the supervising specialist, assistants may participate in EIT meetings to report on the child's progress and services provided. Assistants who participate in EIT meetings may attend in person or by conference call. If an assistant attends the EIT meeting, then either the SPOE Director adds the assistant as an EI Team member in WebSPOE, or the Service Coordinator adds the assistant as an attendee, similar to how an ancillary provider is entered. Then the Service Coordinator enters the duration of time the assistant attended the EIT meeting in WebSPOE.

SECTION IV: PHYSICIAN PRESCRIPTIONS

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

Certain First Steps services (i.e., assistive technology, occupational therapy, speech language pathology, and physical therapy) may require a physician's prescription (or script) before the service can begin. When required, the provider must have an active prescription for each eligible child the provider serves.

The Service Coordinator and the child's parents may assist the provider with obtaining prescriptions; however, the provider has the primary responsibility to obtain the prescription as he/she is the individual conducting the service.

The original prescription remains with the provider, and a copy must be placed in the child's paper record at the SPOE.

A. Prescription for Evaluation

First Steps utilizes the Developmental Assessment of Young Children – Second Edition (DAYC-2) as the evaluation to determine eligibility. The DAYC-2 is not a discipline specific instrument and can be administered by a variety of professionals (e.g., Teacher, Occupational Therapist, Physical Therapist, Speech Language Pathologist) who meet the qualifications outlined by the publisher. The SPOE determines which providers are allowed to administer the DAYC-2 per the Department of Elementary and Secondary Education's specifications. For these reasons, the Missouri Board of Healing Arts has determined a physician's prescription is not necessary for any discipline to conduct the DAYC-2 for First Steps eligibility determination. However, if any other instrument is conducted as part of the evaluation of the child, then a physician prescription is required to administer that instrument.

B. Prescription for Assessment

A formal assessment is the administration of a discipline-specific formal instrument, such as the Peabody Developmental Motor Scales, Early Learning Accomplishment Profile (E-LAP), Receptive-Expressive Emergent Language (REEL), or an informal assessment, such as an observation, by a Physical Therapist, Occupational Therapist, or Speech Language Pathologist.

A Physical Therapist must obtain a prescription for every formal or informal assessment, according to the Missouri Practice Act. Additionally, a Speech Language Pathologist and Occupational Therapist must obtain a prescription for a formal or informal assessment if the child has MO HealthNet coverage (i.e., Medicaid or MC+).

C. Prescriptions for Ongoing Services

Ongoing services are early intervention services provided to children and families in accordance with the IFSP. A Physical Therapist must obtain a prescription from a healthcare provider for all ongoing services provided directly to the child and family, regardless of the funding source.

Additionally, a Speech Language Pathologist and Occupational Therapist must obtain a prescription for ongoing services if the child has MO HealthNet coverage (i.e., Medicaid or MC+).

If assistive technology is needed, then the recommending provider (e.g., Occupational or Physical Therapist) and the assistive technology provider are responsible for obtaining any necessary prescriptions from the child's physician.

D. Prescription Specifications

Physician's prescriptions need to be updated by the provider on an annual basis. It is preferred a prescription not include frequency, intensity and duration as the physician's recommendations are often developed from a medical interpretation of therapy services, as opposed to the developmental, family-capacity building model of First Steps. If a physician's prescription includes recommendations for frequency, intensity and duration, then the IFSP team may take the recommendations into consideration when deciding First Steps services; however, the IFSP team is not required to identify the same level of service as listed on the physician's prescription.

It is acceptable for a physician or their designated representative to sign a prescription for occupational therapy and speech-language pathology. It is acceptable for healthcare providers such as physicians, physician assistants or advance practice registered nurses who are licensed in the State of Missouri to sign a prescription for physical therapy.

SECTION V: TIMELY SERVICES

Missouri Part C State Plan Section I. (34 CFR 303.342)

Federal regulations require children and families receive the early intervention services as stated on the IFSP in a timely manner. In order to meet timely services requirements, the first date of service for any service type must be no more than 30 days following parental consent, unless the IFSP team agrees to delay the start of the service. The requirement for timely services applies to any new service listed in the IFSP.

Timely services are tracked in WebSPOE and must be monitored regularly by the Service Coordinator. WebSPOE flags a service as potentially untimely when the first billed service date is 30 days after the parental consent date, or when 60 days have passed without any billing on the authorization. Services needing review for untimeliness will appear on the Service Coordinator's homepage in WebSPOE under Timelines – Timely Services. The child's name is listed, along with the type of service, meeting date, and first billed service date, if one exists. After reviewing the child's progress notes, case notes, and/or speaking with members of the IFSP team, the Service Coordinator enters the reason for delay in a Timely Services note under the Notes tab in the child's electronic record.

Using all documentation available, the Service Coordinator must determine the reason for the delay which caused the service to be untimely. The Service Coordinator has five options for timely services delay, and those options are as follows:

- **Parent/child delay.** Examples include the following: the family did not return calls to schedule a provider visit; the family was not home when the provider attempted to deliver service; family schedule (i.e., vacation) or illness interfered.
- **Service Coordinator delay.** Examples include the following: Service Coordinator did not contact the family or provider in a timely manner or was unable to locate a provider (No Provider Available authorization); Service Coordinator was delayed in entry of IFSP data, thus authorizations were not generated in a timely fashion.
- **Team decision.** Delay in service was expected because the team decided the service would not occur in the first 30 days. Examples include the following: a service is authorized to occur every other month or once a quarter, or services were not expected to begin until after the first month of the IFSP.
- **Provider delay.** Examples include the following: provider did not contact the family to schedule visit, provider did not attempt to deliver the service to the family.
- **Authorization/Billing issue.** Either there was a data entry error on the authorization or billing level, or the provider has yet to bill for a provided service.

SECTION VI: DOCUMENTING SERVICES

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

Provider progress notes and Service Coordinator case notes are used to document services and supports provided to a child and family. Detailed, timely progress notes and case notes are essential to document First Steps activities completed with or on behalf of the family.

A. Provider Progress Notes

Providers are required to complete either a daily therapy log or a monthly progress note in the child's electronic record for each date of service provided to a child in First Steps.

Service Coordinators review daily therapy logs and/or progress notes on a monthly basis to monitor the delivery of early intervention services and monitor the child's progress.

Progress notes are the primary way a provider documents services were delivered in accordance with the IFSP and should include the following:

- Any progress towards meeting the child or family outcome
- Services and supports provided in settings listed in the IFSP
- Any gaps in services or missed visits
- All attempts to deliver services to First Steps families

If a discrepancy is identified between a provider progress note and the services provided, then the Service Coordinator should discuss the discrepancy with the SPOE Director before reporting a billing issue under the Services tab in the child's electronic record.

B. Service Coordinator Case Notes

Service Coordinator case notes are used to document all activities for First Steps, including any communications with the provider or family about IFSP services. Case notes should include any dates of contact with providers and families, including efforts to locate providers and any reasons for missed visits. For more information about what activities to case note, see Chapter 8.

SECTION VII: MISSED VISITS AND HOLIDAYS

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

Occasionally, a family or provider may miss a scheduled visit. All missed visits, whether initiated by the family or the provider, must be documented by the provider in the child's progress notes. The progress note should include:

- The date service was missed
- The reason why the visit was missed
- If cancelled, who initiated the cancellation (family or provider)
- Attempts to contact the family
- The plan to reschedule the visit, if needed

Depending on the reason, missed visits may be required to be made up. If required, the provider either schedules a separate visit or extends the time of future visits under the current authorization.

A. Missed Visit – Provider Reason

When a provider cancels or misses a home visit for any reason, the provider is required to make up the missed visit as soon as possible. If the provider is unable to make up the visit within the current IFSP period, the provider must have a conversation with the family and Service Coordinator to determine how the missed visit will be made up.

The plan to make up the missed visit is documented in case notes and in the provider's progress notes. Additionally, the provider's progress note should include the reason the visit was missed.

B. Missed Visit – Family Reason

When a family misses a visit (e.g., due to illness, no-show), the provider is not required to make up the visit, but should consider making up the visit based on the individualized needs of the child and family.

If a family frequently misses visits, the provider notifies the Service Coordinator. The Service Coordinator considers the need to convene the IFSP team to discuss with the family why the services were missed and to determine whether the missed visits should be made up.

If the IFSP team convenes, the team considers the impact of the missed visits on the child's progress and determines how to ensure services continue in order for the child to make progress towards the outcomes in the IFSP. The IFSP team also considers any modifications to the current services, including changing the frequency or location of services.

1. Illness

If one or more family members have a contagious illness (e.g., the flu) when a home visit is scheduled, then the provider is not required to hold the scheduled visit. Any missed visits due to family illness are considered a family reason. The provider should maintain regular contact with the family. It is at the provider's discretion to determine when home visits with the family can resume when the illness is no longer contagious.

2. Environmental

If the environment where services are delivered is determined unsafe (e.g., recent acts of violence, lice, bedbugs) and the provider or Service Coordinator cannot safely conduct a home visit, then the IFSP team explores alternative solutions to provide services to the child and family, such as another location or through phone consultation. If the IFSP team identifies a different location or method, then the Service Coordinator updates the IFSP and any necessary paperwork (e.g., NOA/C).

If an alternative solution cannot be agreed upon and visits are missed, these missed visits are considered a family reason. It is at the provider's discretion to determine when visits in the home can resume.

3. Inclement Weather

In situations where inclement weather prohibits traveling to a family's home or natural environment, the provider contacts the parent to decide whether the visit should occur. If both the provider and parent agree it is not safe to travel due to inclement weather, then these missed visits are considered a family reason.

C. Holidays and Breaks

If a provider's regularly scheduled visit falls on a national holiday (i.e., New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day or Christmas Day), then the provider is not required to make up the visit. However, the provider should attempt to reschedule the visit or offer the family a make-up visit. For example, if a provider sees a family every Thursday, the provider is not required to offer the family a make-up visit for a visit missed due to Thanksgiving but should attempt to make up the visit.

Make-up visits are not offered if the child receives services in a center and the center is closed on the day the child is scheduled to receive services. For example, if a child receives services at an

agency and the agency is closed for spring break, no make-up visits are required for services missed during that time. If a provider is willing and able to reschedule such services, the provider may, but is not obligated to do so. The family should be made aware this is not an obligation under First Steps requirements.

SECTION VIII: PROVIDER LEAVE OF ABSENCE

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

A provider leave of absence may be unexpected (e.g., illness or family emergency), planned short-term leave (e.g., a vacation) or extended leave (e.g., maternity or medical leave). Before going on leave, when possible, the provider has a conversation with the family and Service Coordinator to develop a plan and change authorizations, as needed.

A. Provider Leave Plan

The plan for a provider's leave of absence should include conversations about how long the provider will be on leave and how the leave may impact services to the child and family. The purpose of these conversations is to decide the appropriate action to take so services continue to be delivered as written in the IFSP.

The leave plan may include the same provider making up visits once the provider returns from leave or finding another provider to temporarily or permanently replace the provider. If using another provider, the IFSP team should discuss continuing to use the provider who was covering the leave or return to the original provider, depending on the extent of time the provider is on leave.

When the Primary Provider is going on leave, the IFSP team may decide to utilize one of the child's current Supporting Providers to temporarily or permanently replace the Primary Provider. If the providers have different disciplines, then the IFSP team has to meet to discuss the change, update the IFSP document and obtain the appropriate consent forms.

Regardless of the option selected for a provider's leave of absence, the plan for providing services during a provider's leave must be documented in provider progress notes and, when possible, in the Service Coordinator case notes.

B. Authorizations for Provider Leave

If the original provider is going to be replaced temporarily or permanently, then the authorization in WebSPOE may need to be changed to reflect the new provider.

- **Substitute Providers within the Same Agency.** An agency may have a provider of the same discipline substitute for another provider within their agency for up to three weeks. The agency documents the substitute provider in the child's progress notes, and all services are claimed on the original provider's authorization. If an assistant substitutes for a specialist, then the rate for an assistant must be billed, not the rate for a specialist. This situation does not result in a change of authorizations.

- **Replace Provider.** Outside of an IFSP meeting, the person delivering early intervention services may need to change but the service type (discipline), method, frequency, intensity and location must remain the same. The Service Coordinator can only change the name of the provider assigned to the service. When using the Replace Provider function in WebSPOE, an authorization is automatically created for the new provider.
- **Change Provider.** At an IFSP meeting, the person delivering early intervention services may need to change, which may or may not involve changes to the service type (discipline), method, frequency, intensity and location of the service. Entering a new authorization for the new provider and canceling the original provider's authorization is the preferred method for authorizing a change in provider. The new authorization may be entered through an open or amended IFSP meeting.

If replacing or changing a provider, then the Service Coordinator needs to be aware of the change at least one week before the start date of the new provider in order to make necessary changes to the authorization.

If the original provider is going to resume services, then the original provider needs to notify the Service Coordinator at least one week before returning from leave in order to change the authorization again to reflect the return date for the original provider.

SECTION IX: COMPENSATORY SERVICES

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

Compensatory services are services provided to the child before age three in order to make up for missed services due to the First Steps system (i.e., SPOE, Service Coordinator, or provider). When services are missed due to First Steps system reasons, the parent must be informed and offered options to make up the missed services.

Examples of when compensatory services are offered include:

- The Initial IFSP meeting date exceeds the 45-day timeline due to First Steps system delays
- Early intervention services cannot begin because there are no providers available to implement services
- The provider has missed services due to provider illness, vacation, or scheduling conflicts, and the services cannot be made up under the current authorization
- The Annual IFSP meeting did not take place in a timely manner and services lapsed because providers did not have authorizations

Compensatory services are not offered for services missed due to Family Cost Participation (FCP) suspension. For more information on FCP, see Chapter 5.

The IFSP team determines what, if any, compensatory services are necessary based on the circumstances related to the individual child and family. Compensatory services do not have to be made up on a one-for-one basis; however, the IFSP team cannot authorize more compensatory services than the level of services which were missed. The IFSP team must make every attempt to make up all compensatory services owed before the child turns three years of age.

The IFSP team discussion is documented in the IFSP and summarized in case notes. The Service Coordinator creates a new authorization for the amount of time that was missed and marks the authorization as compensatory.

Compensatory services delivered before the child turns three years of age do not require a NOA/C since the services were consented to on a previous NOA/C.

Additionally, if the child is less than 90 days from his/her third birthday when referred to First Steps and the Service Coordinator addresses transition to Early Childhood Special Education (ECSE) promptly, then First Steps will not owe compensatory services to the family, even though the child may not be able to start ECSE services by his/her third birthday. For more information about late referrals and transition, see Chapter 10.

➤ **Compensatory IFSP**

If a compensatory service cannot be made up prior to a child exiting First Steps at age three, the IFSP team may consider a Compensatory IFSP. A Compensatory IFSP allows for First Steps services to be made up within a timeframe after the child turns three, as determined by the IFSP team. If a Compensatory IFSP is needed, the IFSP team should take into consideration any services the child will be receiving from ECSE and the appropriateness of compensatory services from First Steps if transitioning to ECSE.

A Compensatory IFSP is scheduled and held as an Annual Review IFSP meeting. A NOA/C is required for all services authorized in a Compensatory IFSP. For more information about conducting a Compensatory IFSP meeting, see Chapter 6.

SECTION X: FREQUENTLY ASKED QUESTIONS

Question 1: Can teletherapy be used in lieu of a joint home visit with the supporting provider?

Answer: No. If the IFSP team determined a joint home visit was necessary for the supporting provider, then teletherapy cannot be used to conduct a joint home visit.

Question 2: If a direct service visit is scheduled to occur at the same time as an IFSP meeting, can the provider be paid for both events?

Answer: No. A direct service visit may occur before or after an IFSP meeting. However, if an IFSP meeting is scheduled for the same time a direct service visit was scheduled, then the provider is paid for the attendance at the IFSP meeting and the direct service visit must be rescheduled for another time, unless declined by the parent.

Question 3: Does an assistant need an extra or different authorization for supervisory visits?

Answer: No. In general, supervisory visits occur during regularly scheduled visits with the assistant and the family. The specialist supervising the visit receives a consultation authorization in the IFSP.

Question 4: If the family temporarily travels out of state (i.e., summer vacation, holiday travel), is teletherapy an option for services?

Answer: The IFSP team may consider the use of teletherapy for families temporarily outside of Missouri. The IFSP team must share and review the *Teletherapy: Guidelines for First Steps Services* (see Chapter 9 documents) when determining the use of teletherapy.