

IFSP and Practice Manual Revisions: Questions and Answers From Webinars

Completing the IFSP Form:

1. It is unclear to our team whether or not the age levels are required to be placed into the initial and annual IFSP. Is filling in the age levels in ALL areas optional on annual IFSPs or required?

The IFSP team is required to complete the Age and Developmental Levels table in Section III of the IFSP for both the initial and annual IFSP. Through the collaborative work of the Infant & Toddler Connection of Virginia Office and the local systems that participated as early implementers, we determined that this was the best way to meet the federal requirement for the IFSP to include a statement of the child's present levels of development in all areas (physical, cognitive, communication, social or emotional and adaptive development).

2. With age scores, is it appropriate to put age ranges or "atypical?" We are thinking of those children with Autism spectrum disorder that don't have a solid age score.

*It is acceptable and appropriate to use age ranges in the Age and Developmental Levels table in Section III of the IFSP. You would not write just "atypical" in this table, but you could write an age range and note "atypical" in parentheses after the age range. You would also describe any atypical development or behavior **and its impact on the child's functioning** in any of the three child indicator areas in the Summary of Your Child's Development, Section II.D of the IFSP.*

3. If we have an ongoing assessment, where is the assessment documented within the IFSP?

The assessment information itself will be integrated into the child indicator areas in the Summary of Your Child's Development, Section II.D of the IFSP. The fact that you used information from ongoing assessment will be documented in the Assessment Sources box in Section III of the IFSP, where you will check the box next to "Ongoing Assessment."

4. We don't see sensory and oral motor on the IFSP. Where should atypical sensory and/or oral motor issues be documented?

*You will describe any atypical development or behavior **and its impact on the child's functioning** in any of the three child indicator areas in the Summary of Your Child's Development, Section II.D of the IFSP*

5. If you currently include domain specific information from intake in the narrative section of the IFSP, where would you put that now on the revised IFSP form?

On the new IFSP form, the Summary of Your Child's Development, Section II.D of the IFSP, requires, for each of the three child indicators, a description of the child's functional developmental status, integrating information across all developmental areas covered by the indicator, across all settings, and from all assessment sources (e.g., parent report, assessment tool, observation, informed clinical opinion, medical and other reports). Therefore, the domain-specific information gathered at intake will be one of the pieces of information the team considers in writing this description. While you may currently be including that domain-specific information in the narrative of the IFSP as a list of skills or an age level or range, as indicated in the IFSP instructions in Chapter 7 of the revised Practice Manual, skills should now be discussed in the context of the child and family's routines. It is not simply a matter of whether children can

produce particular behaviors, but how the child uses behaviors to interact with and affect people, objects, and symbols in the different contexts of the child's life. The domain-specific information you have from intake will also help to inform, along with other available information, the domain-specific developmental levels that are now required in the Age and Developmental Levels table in Section III of the IFSP.

6. Was the date of assessment and length of assessment taken out?

The early implementers had recommended adding a place in Section III of the IFSP to indicate the date and time spent (in minutes) for the assessment for service planning. However, with just one line to fill in the minutes, there was no way to know to which provider(s) these minutes applied. We attempted to add a place on each signature line in Section III of the IFSP for the date of the assessment and the time spent, but local system managers who reviewed the draft found that the additional information made the section way too busy and hard to read. Therefore, after thorough efforts to make it work, we determined that the date and length of the assessment would not be added to the IFSP form. This information should be recorded in a contact note, as it is now.

7. If you have an outside assessment you are using you may not have access to the person completing that assessment, is it still acceptable to just put the name in that space without a signature?

The name of the person completing the outside assessment (along with their credentials, discipline and organization) will be listed in "Information from the following assessments completed outside the Infant & Toddler Connection of Virginia system was used to complete the assessment for service planning," which is just below the signatures in Section III of the IFSP. No signature is required from this outside assessor.

8. Additionally, if you have an outside assessment that is not written according to the 3 primary domains, can it still be used?

The information from that outside assessment can be combined with information from other assessment sources (e.g., parent report, observation, informed clinical opinion, medical and other reports) to develop the description of the child's functional status in each of the three child indicator areas in the Summary of Your Child's Development in Section II.D of the IFSP.

9. Do the child's name, IFSP date and the DOB pre-populate on all IFSP pages on the new form?

Yes

10. For the Section II team assessment that includes a summary of development based in part on ongoing assessment, would it be appropriate to have some of that information filled out before the annual IFSP meeting as long as the consent for assessment is signed, or does it have to all be completed during that one meeting?

Since the question states that the summary of development will be based in part on ongoing assessment, we assume that there will be other assessment sources as well. In order to ensure a description of the child's functional developmental status that integrates information across all developmental areas covered by the indicator, across all settings, and from all assessment sources (e.g., parent report, assessment tool, observation, informed clinical opinion, medical and other reports), it will generally work best to write the summary once all information has been gathered and considered. It might be possible to begin writing the summary based on the information from ongoing assessment and then have the team review any additional assessment information during the annual IFSP

meeting and revise or add to the summary, as needed in order to reflect the child's functioning across settings and information from all assessment sources. This question references having the consent for assessment signed, but we were not clear whether that was in relation to the ongoing assessment or to additional assessment that may have been needed in this specific situation. Please note that consent is not needed for ongoing assessment.

Timing for Use of New IFSP Form:

11. Can we continue to use old forms that have not changed that still have page numbers so it is less to change in electronic medical records systems?
You may leave the page numbers on if you wish. Please note, though, that our written and verbal FSP Instructions will refer to section numbers rather than page numbers.
12. Can we write pages 2-3 (Section II and III) using the new format on the old form if it takes longer than July 1st to get the changes made in electronic medical records?
*If you are unable to make the necessary changes to the IFSP form in your electronic record system by July 1, you must ensure that the initial and annual IFSPs you complete on or after July 1 include **all** of the information required on the new IFSP form (including the summary of the child's development by indicator area with indicator statement, age and developmental levels, assessment sources, etc.) even if you have to use the old form. If you will not have the new IFSP ready to use by July 1, please notify your technical assistance consultant.*
13. Can we go ahead and send the new forms to electronic medical records to begin programming or do you anticipate any changes? If we start using the new forms now, will the IFSP forms be changed again in a month?
We have worked extensively with the early implementers to develop and finalize the IFSP forms. We do not anticipate any additional changes prior to July 1.

Annual IFSP:

14. Our team would like to verify whether or not 2 disciplines are needed to complete an annual review (i.e. if a child only has a developmental educator should we bring in another discipline??).
Two disciplines are needed for assessment prior to the annual IFSP only if there is not sufficient information from ongoing assessment to complete the annual IFSP.

Consent for Assessments after the Initial Assessment for Service Planning:

15. What if there isn't a choice of providers for assessment?
As indicated in Chapter 7 of the Practice Manual, if there is only one provider agency, then the family must be offered a choice of providers from within that one agency for services other than service coordination. If the family has a concern about receiving services from that agency, then the local system must work to identify an additional provider.
16. What if you don't get the form (Notice and Consent for Assessment for Service Planning) back before an annual? Can the family sign on the date of the annual?

The assessment for the annual cannot be completed until the family has signed the Notice and Consent form (or the IFSP or IFSP review page, depending on how you choose to document the need and parent consent for the assessment). The parent may sign the Notice and Consent form on the same day as the assessment if the family initials the optional box in the bottom right-hand corner of the consent form, indicating that they agree that the assessment can occur prior to the 5 calendar day prior notice timeline.

17. Does this replace the form for consent to determine eligibility?
No. The Notice and Consent for Assessment for Service Planning is different from the Notice and Consent to Determine Eligibility.
18. You said that physician certification is not needed for an assessment. Does PT still need a doctor's script prior to assessment?
Physician referral is needed for a physical therapy assessment, except as allowed under PT regulations.
19. Can we get written guidelines on using the new Consent for Assessment form?
All of the instructions for use of the revised Notice and Consent for Assessment for Service Planning form are provided in the revised Practice Manual (Chapters 7 and 8).
20. Can the Notice and Consent for Assessment for Service Planning form be used for initial and annual meetings only or can it be used whenever an assessment is needed. Is there any time where a physician certification will be needed for an assessment?
The new Notice and Consent for Assessment for Service Planning form can be used to document the need for an initial, follow-up or annual assessment. Physician referral is needed for a physical therapy assessment, except as allowed under PT regulations. For Medicaid reimbursement purposes, physician certification is not needed for any early intervention assessments.
21. For an annual, can the therapist working with the family do ongoing assessment without getting parent permission?
Parent consent is not needed for ongoing assessment since it occurs as a routine part of service delivery.
22. If we are proposing an assessment for follow-up or prior to an IFSP review or annual, we can get a signature on the notice and consent for assessment planning and do not have to do an IFSP review, right? Also we would like to still document the assessment as a service in Section V of the IFSP so this page is a running record of all services provided during the IFSP period, but we do not have to have a signature on the IFSP since we have the notice and consent signed - correct?
Yes, you can get a signature on the Notice and Consent for Assessment for Service Planning form and do not have to do an IFSP review if you are proposing an assessment for follow-up or prior to an IFSP review or annual. And it is fine to list that assessment in Section V (previously referred to as page 6) of the IFSP even though you added the assessment through the consent form process rather than the IFSP review process.
23. When can we start using this form (ASP)? Do we need to wait until July 1?
You may begin using the new consent form immediately.

Other:

24. Do you anticipate any small changes will be made to the new manual before or around July 1st?

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As we indicated during the webinar and in a memo to all local systems, we are talking with DMAS about the possibility of allowing texting as an option for the family's preferred method of contact for the family contacts that are required every three months under the Medicaid EI Case Management program. Therefore, we are advising that you not print the revised Practice Manual chapters yet. We will notify you when this issue has been decided and any resulting changes, if any, are made.

25. Will text include email?

Email is already one of the options available for the family's preferred method of contact, along with phone and face-to-face.

26. Are the new forms translated into other languages?

They have not been translated yet, but they will be.