

Chapter 8: IFSP Implementation and Review

As children develop and grow and family priorities and concerns change over time, the IFSP changes to reflect new outcomes, supports and services. The service coordinator coordinates and monitors the delivery of IFSP supports and services. The IFSP is reviewed at least every 6 months or whenever a team member, including the family, identifies the possible need for a change. A new IFSP is written annually during the child's enrollment in the Infant & Toddler Connection system. Transition planning and support also occur during this phase of the early intervention process.

Service Delivery

General:

1. The early intervention supports and services listed on the IFSP must begin in a timely manner, within 30 calendar days of the date the parent(s) signs the IFSP. Early intervention supports and services may begin more than 30 calendar days after the parent(s) signs the IFSP if the IFSP team decides on and documents the reasons for a later start date in order to meet the individual needs of the child and family. It is also acceptable to plan a later start date due to family scheduling preference.
 - a. The 30-day timeline applies to new services (i.e., those listed on the initial IFSP and any new services added at an IFSP review or annual IFSP).
 - b. The date of parent signature on the IFSP is day 1 of the 30 calendar days.
 - c. The 30-day timeline begins on the date the parent signs the IFSP regardless of the projected start date listed on the IFSP. In addition, the timely start of services is not related to the frequency with which the service will be provided (e.g., even if the planned frequency of the service is once every two months, that service must begin within 30 days of the date the parent signs the IFSP, unless the team has agreed to a later start date to meet child and family needs or the family prefers to schedule the first visit after 30 days).
 - d. A contact note is required to document the date a service actually begins.
 - e. If the service coordinator (either the initial/temporary service coordinator or the ongoing service coordinator) participated in the IFSP meeting and/or met with the family on the same day and after the IFSP meeting, then service coordination could be considered as beginning on the date the family signed the IFSP. The service coordinator's signature on the IFSP is adequate to document that the date of parent signature on the IFSP was the start date for service coordination. Other entitled supports and services would begin on the date the parent signs the IFSP only if the service provider delivers an entitled service on that day that is separate from and after the IFSP meeting.
 - f. The 30-day timeline does not apply to delivery of an assistive technology device. The child's early intervention record must include documentation of the steps taken from the date of the signed IFSP to secure the device as quickly as possible.
 - g. Part C early intervention supports and services must be provided only by qualified practitioners. Practitioners, except audiologists, registered dietitians and physicians, who provide early intervention services must be certified by the Department of Behavioral Health and Developmental Services as an Early Intervention Professional, Early Intervention

Specialist or Early Intervention Case Manager. See Chapter 12 – Personnel for more information about practitioner qualifications and certification.

2. Families are active participants in each early intervention session. Missed appointments and limited caregiver participation in early intervention sessions are cues that discussion is needed with the family to determine if/why the outcomes or supports and services are not meeting their needs and/or what barriers exist to keeping scheduled appointments or becoming involved in sessions. An IFSP review should be conducted to better align supports and services with family priorities and/or daily activities and routines in order that the Part C early intervention system can be involved in their lives in a way that is helpful to them and that facilitates the parent-provider partnership.
3. In order to establish/maintain rapport and partnership with the family and to determine whether existing supports, services and strategies are working, the service coordinator and other service providers use the following kinds of questions/ideas to begin conversations with families and to guide their listening during visits and other contact with the family:
 - a. How have things been going?
 - b. Tell me about how things are going with breakfast, getting your family out of the house in the morning, etc.
 - c. Tell me about what you and your child did over the weekend.
 - d. Did you have any appointments for your child? Any coming up?
 - e. Tell me about any time of day that's not going well for you with your child.
 - f. In the past week, what time of day has been going well (with or without your child)?
 - g. Have you been able to implement the strategies you practiced at our last session?
 - h. Do you have enough activities to do with your child? Too much?
 - i. How did your child respond to the activities you did with him/her? What worked well? What did not work well?
 - j. Is there anything else I can help you with?
4. Consider what information may be helpful to leave with the family to support them in implementing the activities practiced during the session. Leaving a copy of the contact note or providing pictures or video of particular strategies or positions are potential methods for providing this kind of information to families. The optional state-developed *Early Intervention Activity Note* provides a section for noting suggestions for follow-up during daily routines.

Service Coordinator Responsibilities:

1. Coordinate and monitor the delivery of those IFSP supports and services for which the family has given consent.
2. Explain to families who are receiving Part C supports and services that they may receive an annual survey from the State requesting their input on the supports and services they are receiving. Explain that family responses to the survey are confidential and help to improve service delivery in the local area and across the state. Encourage the family to complete the survey when they receive it.
3. Ensure that the language or other mode of communication normally used by the child in the home or learning environment is used in all direct contact with the child, unless clearly not feasible to do so. If the service provider is not able to use the native language and the parent is not able to interpret for the child, then

- a. A foreign language interpreter must be present. A professional foreign language interpreter is not required. Another IFSP team member may be able to interpret or there may be an extended family member, neighbor, clergyman, or other family friend who would be willing and able to interpret (if the family agreed). The local Infant & Toddler Connection system may wish to collaborate with the local school system(s) or neighboring early intervention systems in finding foreign language interpreters.
 - b. When sign language interpreters are needed, these interpreters must meet professional licensure requirements. To locate qualified sign language interpreters, contact the Virginia Department for the Deaf and Hard of Hearing (1-800-552-7917) or access their website, www.vddhh.org, for a directory of qualified interpreters. If a licensed sign language interpreter is not available in the area served by the local system, then document efforts to locate a licensed sign language interpreter and use a family member, family friend or other informal resource to provide the needed interpreting.
4. If the child has Medicaid/FAMIS:
- a. Make at least one direct contact with the family every three (3) calendar months. Such contacts shall be person-centered with the choice of contact method determined by the family (face-to-face, phone, or email; but text messaging is not an allowable contact method). The contacts must begin no later than the next month after the month that the initial IFSP is signed, and the 3-calendar-month period restarts after each contact (i.e., if the service coordinator contacts the family on October 7 and November 10, then the next contact must be made no later than the last day of February).
 - Document the family's preferred method of contact (face to face, phone or email) for the family contacts that are required every three months. This can be documented initially in the contact note for the intake visit. There should also be documentation that the family's preferred contact method is confirmed at each three month contact
 - b. Provide at least one of the allowable activities listed in the "EI TCM Allowable Activities" text box in Chapter 11 with the child, the family, service providers, or other organizations on behalf of the child/family in each month for which EI TCM billing occurs. The contact must be relevant to the child/family needs and IFSP.
 - c. Request completion of the health status indicator questions by the child's physician every six months using either the combined *Physician Certification Including Health Indicator Questions* letter, the *Health Indicator Questions* letter, or another form or mechanism developed by the local system. The health status indicator questions must be asked as written in the *Health Indicator Questions* letter unless the local system has an alternate mechanism (e.g., request and review of well-child records) that provides the information necessary to answer all of the health status indicator questions. For purposes of completing the health indicator questions, "every 6 months" means making the request any time between 5 months and 7 months from the previous request to the physician about the health status indicator questions. Local systems are encouraged to follow-up with physicians in order to receive this

information but are not responsible for ensuring the information is provided by the physician. While requesting completion of these questions is required only for children with Medicaid/FAMIS, local systems are encouraged to consider requesting this information for all children in order to support routine well-child care and positive health outcomes.

5. Document all contacts made and all activities completed with or on behalf of the child and family in accordance with the requirements specified in Chapter 9.
6. Submit a contact log or contact notes to the local lead agency no later than the 21st of each month for the previous month for all services provided regardless of whether or not Part C funds are being requested.
 - a. Local lead agencies may decide to require all providers to submit only contact logs or only contact notes or may allow each provider the choice of submitting either the log or notes.
 - b. When submitting a contact log, the log must include the type of service delivered (service coordination), date(s) of service delivery, amount of time service was provided on each date, and signature of the provider or an authorized individual from the provider's agency.
7. Ensure that no shows (sessions missed by the family without advanced notice) for services listed on the IFSP are handled in accordance with the procedures given in the flow chart that follows. There are four critical points that local system managers and service providers, including service coordinators, must be aware of when dealing with a no-show situation:
 - a. A no-show situation must be addressed promptly. This protects the child and family in their entitlement to receive supports and services in accordance with the IFSP. It also protects the local system and its available funding;
 - b. The service coordinator plays a very important role in addressing a no-show situation;
 - c. All steps in addressing the situation must be thoroughly documented; and
 - d. A child may only be discharged from the Infant & Toddler Connection system after all of the flow chart steps have been taken and there has been no contact from the family and the projected end dates for all Part C services listed on the IFSP, including service coordination, have been reached.

While implementation of the four points above is required, the timelines provided in the no-show flow chart may be viewed as guidelines. Any monitoring activities associated with the no-show policy will focus on ensuring that the child and family were discharged only under the circumstances listed in the fourth point above and will not focus on whether the exact timelines in the flow chart were met.

Flow Chart for “No Shows” for Service Visits

Provider Arrives for Scheduled Visit

Service Provider Responsibilities

Service Provider (SP) informs Service Coordinator (SC) of each missed appointment **within 2 business days** after the missed appointment (even if SP was able to speak with family within the 2 business days and reschedule appointment)

Meanwhile

1. SPs who do not have standing appointments do not go back out for visits until the SC or SP is able to contact family.
2. SPs who do have standing appointments must go out for visits as designated on the IFSP

Givens

Documentation of attempts to contact and schedule appointment is critical:

1. SP’s notes reflect contact with SC
2. SC’s notes reflect specific attempts to contact family & schedule appointment AND contact(s) with SP

AND

Any communication back from the family re-starts the timelines established within this document.

Definitions

Contact may include, but is not limited to any of the following:

- Telephone call, Home Visit, Fax, E-Mail, Letter, Visit to Place of Employment, etc.

Inactive: no additional visits or attempts to contact need to be initiated by local system, but the child is NOT discharged

Service Coordinator Responsibilities

SC makes initial attempt to contact family within **2 business days of notification by service provider** (if SP was unable to contact family).

Purpose of Contact

1. Find out reasons for missed appointments
2. Determine need for IFSP review, and
3. Coordinate scheduling next visit for other service providers

Then

SC has **3 additional business days** to make an **additional two attempts** to contact the family. If 2 attempts are by phone & no voice message is left, the third attempt **MUST** be either by regular US mail or home visit.

Then

If there has been no response from family within **7 calendar days of the third attempt** to contact, then on the next business day the SC sends **a letter** (*certified letter recommended but not required*).

Content of letter

1. Information letting the family know about missed appointment(s)
2. Attempts to contact
3. Services are still available
4. Can do IFSP review
5. Please contact Service Coordinator to schedule review and/or next service appointment

Then

If there has been no contact initiated by the family **within 10 calendar days of sending letter**, SC notifies SP, in writing, that status of the case is “inactive” until communication is made with family or projected end date for entitled services, including Service Coordination.

Medicaid EI benefit will be ended while child is on “inactive” status but added again if/when child moves back to “active.”

Then

On **projected end date for entitled services**, Parental Prior Notice is sent to family with a copy in child’s record.

Top Section:

- Check “Other” (Your child is being discharged from the Part C system)

“Reason” Section:

- **MUST** summarize all attempts to contact family **AND** list end date for entitled services listed on IFSP.

7. Complete the following steps if a child and family are lost to contact (without a no-show):
 - a. Contact the referral source, physician or other contacts to request additional or updated contact information;
 - b. If still unable to contact a family after requesting additional contact information or the family repeatedly fails to respond, then document the dates of attempted contact in the child's record. Attempts to contact the family may be made by phone, mail, visiting the address provided, and/or other means based on the contact information available. It is recommended that no more than 15 – 20 calendar days pass during this process of attempting to contact the family;
 - c. Send a letter to the family notifying them of the attempts to contact them, the services that are still available to them, the opportunity for an IFSP review if an IFSP has been developed, and the need for them to contact their service coordinator;
 - d. If no contact has been made by the family within 10 calendar days of sending the letter, then place the child on inactive status.

Once the service provider has been notified by the service coordinator that the case is inactive, then the local system may decide to reassign that provider to another child and family. However, the local system must be able to provide necessary services to the inactive child and family if communication is made at some later point by the family and the family wishes to continue services. The child may only be discharged from the Infant & Toddler Connection system after all of the above steps have been taken and there has been no contact from the family and (if there is a signed IFSP in place) the projected end dates for all Part C services listed on the IFSP, including service coordination, have been reached.

8. If a child is determined to be inactive, then enter required data in ITOTS within 10 business days of the child becoming inactive. If the child later returns to active status, enter that data in ITOTS within 10 business days of the child becoming active. [See ITOTS instructions at <http://www.infantva.org/documents/forms/INST1117eR.pdf>]
9. Offer to hold an IFSP review if a family indicates they wish to decline all services after having started services. Explain to the family that the purpose of the IFSP review meeting would be to:
 - a. Discuss the outcomes, supports and services and whether the family would like changes in the current supports and services instead of ending all services; and/or
 - b. Make a determination of child progress on the child indicators if the child has been receiving services for at least 6 months. If the family wants to end services immediately and declines to participate in a determination of child progress, then that decision must be documented in a contact note. See the "Discharge and Determination of Child Progress at Exit" section later in this chapter for additional information on determining child indicator ratings at exit.
10. Follow-up on any child who no longer has Medicaid/FAMIS coverage by checking with the family to determine if they are in the process of re-applying or if the child no longer meets the Medicaid/FAMIS financial eligibility requirements.
 - a. Approximately 20% of the Medicaid/FAMIS population loses their benefit for a variety of reasons, including failure to complete the re-application process. If the family is in the process of re-applying, then the service coordinator should:

- Connect with the local Department of Social Services Office so the child's eligibility worker can assist the family with completion of the steps necessary to restore the benefit;
 - Contact the family weekly until the coverage is restored and notify the local system manager when the benefits are restored; and
 - Obtain information about the status of the application from the child's eligibility worker (DSS), if needed.
- b. If the child is no longer financially eligible, the service coordinator must update the *Family Cost Share Agreement* form with the family, and the Medicaid/FAMIS information must be deleted in ITOTS. If Medicaid/FAMIS coverage is later restored, Medicaid/FAMIS must be selected in ITOTS and the 12 digit number re-entered.

Responsibilities of Other Early Intervention Service Providers:

1. Schedule the initial service session within 30 days of the date the family signs the IFSP unless the team has planned a later start date to meet child and family needs. Document in contact notes all attempts to schedule and deliver services, being especially careful to specify all circumstances resulting in a delay in holding the first visit with the child and family.
2. Deliver services in accordance with the IFSP. When a provider cancels a visit, that visit must be rescheduled as soon as possible to ensure that the service is delivered at the frequency and intensity listed on the IFSP.
 - a. It is not necessary to make up sessions missed because the family cancels.
 - b. Sessions cancelled by the provider and sessions that fall on holidays must be made up, unless the family states that they do not wish to make up the missed session (contact notes must document the offer to reschedule and the fact that the family declined this offer).
 - c. If the provider is unable to make up the session her/himself, every attempt should be made to schedule a make-up session with a therapist from the same agency so the service is still authorized and provided by a practitioner within the child/family's insurance network. If there is not a provider in that agency, the substitute provider should be selected from among those participating in the child/family's insurance network if possible; and, if necessary, pre-authorization must be obtained.
 - d. Missed sessions may be made up by scheduling a new, full session or by adding time to other sessions (e.g., if a 45-minute session is missed, a new 45-minute session may be added or 15 minutes could be added to each of the next 3 sessions). The determination of how best to make up the time missed in a previous or upcoming session must be based on what is best for and meets the needs of the child and family. Time can be made up ahead of a missed session only when there is a known reason (e.g., vacation, surgery) for the provider to miss a specific upcoming session and not in anticipation of possible missed sessions (e.g., scheduling extra sessions in November and December to make up for possible snow days in January and February).
 - e. Contact notes must document efforts to reschedule missed sessions and must clearly document when a session is a make-up from a missed visit or when it is extended in order to make up for a missed visit.
3. Conduct ongoing assessment as part of service delivery. Service providers observe the child's functioning and skills across all developmental domains as a

- routine part of service delivery. When needed, the service provider may use an assessment tool as a reference point especially for areas of development outside his/her area of expertise. This still occurs as a part of the provider's interactions with the child during service delivery and is not a separate activity. Ongoing assessment gives the provider information not only on the child's progress on the outcomes and short-term goals being addressed by the current activities but also helps the provider identify any emerging concerns in other areas of development.
4. Work as a team member to support the child and family in achieving the IFSP outcomes. Team members consult and team with each other and with the family to ensure that services are coordinated and consistent with one another and support functional development of the child as a whole. This is true whether multiple providers are visiting the family or there is a primary provider. If the IFSP team determines that one primary provider will work with the family, then other team members support the primary provider and the child and family by providing consultation to the primary provider, participating in joint visits with the primary provider to the child and family, and/or suggesting strategies and techniques to enhance progress toward outcomes.
 5. Schedule visits during the family's everyday routines and activities.
 6. Use items already present in the child's environment when providing early intervention supports and services. This assists the family/caregiver to identify what they have in their own environment that can be used during daily routines and activities to accomplish the outcomes.
 7. Focus interaction with the child and family on expanding the family's confidence and competence to help the child learn and develop during everyday activities by:
 - a. Modeling strategies during the routine for the family;
 - b. Coaching the family as they try out the strategies for themselves; and
 - c. Checking with the family before the visit ends to ensure the family understands the strategies and can implement them during their routines.
 8. Continually consider what support the family or other caregiver needs in order to implement strategies within their child's and family's daily routines and activities.
 9. Monitor, in partnership with the family, the effectiveness of strategies used and the appropriateness of service frequency and intensity.
 10. Contact the service coordinator to request an IFSP review when there is a need to discuss potential changes to outcomes or services or if the child may now be at age level and demonstrating typical development. Specific recommendations to the family about potential changes to outcomes and/or services should be discussed during the IFSP review.
 11. Contact the service coordinator when there are missed appointments or other difficulties with parent participation.
 12. Routinely (at least once a month) confirm with families whether or not their insurance has changed. Notify the local system manager immediately if a child who has or had Medicaid/FAMIS no longer has Medicaid/FAMIS or does not have the Medicaid EI benefit, and notify the service coordinator if the child had TRICARE or private insurance coverage and the child no longer has that coverage. For children with Medicaid/FAMIS, the following specific procedures apply. The Medicaid Early Intervention Services Manual, Chapter 3, states that eligibility for Medicaid benefits must be confirmed each time a service is rendered. While it is the provider's responsibility to verify Medicaid/FAMIS eligibility prior to every visit, changes in Medicaid/FAMIS eligibility tend to occur at the beginning or end of the month. An effective strategy is to verify

Medicaid/FAMIS eligibility the first week of the month and after the 20th of the month. The provider must:

- a. Contact the Part C Office if the Medicaid EI benefit is not added within a week; and
- b. Retain documentation of all contacts with the Local System Manager and with the Part C Office as these will be used to determine the start date for adding (back) the Medicaid EI benefit.

Options for verifying a child's Medicaid/FAMIS coverage are discussed in the "Family Cost Share Practices" section of Chapter 11 (see the text box titled "Medicaid/FAMIS and Medicaid EI Benefit Eligibility Verification").

13. Document all contacts made and all activities completed with or on behalf of the child and family in accordance with the requirements specified in Chapter 9.
14. Submit a contact log or contact notes to the local lead agency no later than the 21st of each month for the previous month for all services delivered, regardless of whether or not Part C funds are being requested.
 - a. Local lead agencies may decide to require all providers to submit only contact logs or only contact notes or may allow each provider the choice of submitting either the log or notes.
 - b. When submitting a contact log, the log must include the type of service delivered (e.g., physical therapy, developmental services, OT, etc.), date(s) of service delivery, amount of time service was provided on each date, and signature of the provider or an authorized individual from the provider's agency.
 - c. When insurance reimbursement is pending for a service, include that service on the log for the month in which the service was delivered and mark it "insurance pending." Once the insurance company has acted, if Part C funds are being requested, then submit that service again on a later log for payment by Part C.

IFSP Reviews

General:

1. The purpose of the periodic IFSP review is to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes or supports and services, including frequency and intensity, is necessary.
2. An IFSP Review must occur whenever a change to the outcomes, short-term goals or service provision (frequency, intensity, group/individual, method, natural environments/location) specified in the IFSP is being considered. More information about when an IFSP review is required is available in the IFSP Instructions at the end of Chapter 7 (see instructions for completing page 9 of the IFSP form).
3. If the family or another IFSP team member(s) believes the child has reached age level in all areas of development and shows no sign of atypical development, then an IFSP review is held to determine eligibility. Eligibility determination can occur during the IFSP review meeting (as long as 2 disciplines participate).
 - a. Ongoing assessment should document the child's functional status across settings and situations before a provider considers that the child's development is typical and at age level compared to same-age peers.
 - b. If at any time the family feels their child is demonstrating age-appropriate skills and is no longer in need of services, the service coordinator must offer to coordinate an eligibility determination to confirm the child's status.

However, if the family declines this offer, then the service coordinator must document both the offer and the family's decision in a contact note and the eligibility determination is not held. When reporting in ITOTS the reason for discharge in this scenario, please use "Completion of IFSP prior to reaching age 3."

- c. The determination of ongoing eligibility is based on progress reports (written or verbal, based on contact notes) of team members and/or review of contact notes, considers all areas of development, and is documented on the *Eligibility Determination Form* (see the "Determining Eligibility" section of Chapter 5 for instructions on completing this form). The service coordinator provides the family with a copy of the completed *Eligibility Determination Form*.
 - d. A multidisciplinary team is required for determination of ongoing eligibility, even for children who were previously found eligible based on a diagnosed condition. Therefore, if, for example, the child is receiving only service coordination and occupational therapy or the child is only receiving service coordination, then it will be necessary to pull in a second discipline to participate with the occupational therapist and the service coordinator or to pull in 2 disciplines to participate with the service coordinator in the determination of ongoing eligibility. If a child is receiving only service coordination, then the same types of information that are gathered for initial eligibility determination would be gathered for this interim confirmation of eligibility (e.g., current developmental screening results, observation, parent report, current information from the physician, etc.). The service coordinator, if properly trained, can conduct the developmental screening and observation and gather information from the parent.
 - e. The information gathered for determining eligibility may also assist the team in completing the exit ratings on the child indicators for those children found to be no longer eligible and who have been in the Infant & Toddler Connection of Virginia system for at least 6 months since their initial IFSP. See the "Discharge and Determination of Child Progress at Exit" section of this chapter for additional information on exit assessment.
 - f. It is only necessary to determine the child's eligibility prior to discharge if the local system is proposing to end services prior to the child's third birthday. Eligibility determination is not necessary prior to discharge if the child is leaving the local system for any of the following reasons: the child is turning three, the child is transitioning to Part B, the family is moving out of the area served by the local system, the child and family are lost to contact, or the parent declines continued services.
4. Families and other IFSP team members can request an IFSP review at any time by contacting the service coordinator.
 5. The IFSP review may be carried out by a meeting or by another means that is acceptable to the parents and other participants as long as all IFSP team members have the opportunity to provide input about all contents of the IFSP.
 6. Any new services added at an IFSP review must begin within 30 days of the date the family signs the IFSP Review page unless the team planned a later start date to meet child and family needs.

A Question about Adding New Services

Question: Prior to adding a new service is it necessary to have an assessment completed by that discipline (e.g., if the team wants to add occupational therapy, is an OT assessment required before adding that service)?

Answer: Neither the Part C Office nor DMAS requires an assessment when services by new disciplines are added to the child's IFSP. However, providers must be aware of their discipline's licensure requirements. For example, physical therapists must evaluate (assess, in Part C terms) a client prior to providing services. When a new service is added to the IFSP, the provider will need to use his/her discipline-specific expertise to determine what strategies are needed to address the outcomes determined by the team. This type of assessment will occur during the first session(s) with the child and family. This session(s) should be documented in a contact note, just as ongoing assessments are documented. The provider may or may not determine that additional outcomes or short term goals are needed (in which case an IFSP review will be needed).

Service Coordinator Responsibilities:

1. Facilitate the periodic review of the IFSP at least every six months or more frequently if conditions warrant or the family requests a review.
 - a. If a review is conducted before 6 months, then the 6-month review timeline may be re-started at that point. For example, if the initial IFSP is developed on 6/30/09 and an IFSP review is conducted on 10/15/09 because the family requests consideration of a change in service frequency, then the next IFSP review must be conducted by 4/15/10. Local systems are not required to use a moving 6-month review date as illustrated in the example. It is acceptable to keep the 6-month review date fixed at 6 months from the date of the initial IFSP regardless of whether interim reviews are held.
 - b. The due date for the annual IFSP does not change regardless of when IFSP reviews are held. The annual IFSP must be held within 365 days of the date of the initial or previous annual IFSP.
2. Ensure the family receives a copy and explanation of the *Parental Prior Notice* form (with a check mark by "A meeting to revise or review the IFSP is needed"), *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, and *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. Review the purpose of the IFSP review, the family's role in the review process, and the safeguards applicable to this step in the early intervention process. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
3. Assist the family in preparing for the IFSP review. Share any written information from providers about the child's progress with the family prior to the IFSP review, if available. Encourage families to make notes of their input and questions prior

- to the IFSP review. The level of support that each family will want and need in preparing for the IFSP review will vary and should be individualized for each family.
4. Assist the family in identifying IFSP review participants. The following participants are required:
 - a. The parent(s) of the child;
 - b. Other family members, as requested by the parent, if feasible;
 - c. An advocate or person outside the family if requested by the parent; and
 - d. The service coordinator who has been working with the family;
 - e. A person or persons involved in ongoing or new assessments and individuals who are providing supports and services to the child and family participate as needed.
 5. Work with the family and other participants to determine a process for reviewing and revising the IFSP that is acceptable to all parties and allows for all participants to provide input. A face-to-face meeting is not required for an IFSP review. The method used to conduct the IFSP review should ensure the following:
 - a. The family has the information and support they need to make informed decisions for their child and family;
 - b. The family's current priorities and concerns are reviewed; and
 - c. All participants have a current and complete picture of the degree to which progress toward meeting the outcomes is being made.
 6. Ensure that the meeting is conducted in the family's native language or other mode of communication unless clearly not feasible to do so.
 7. Complete the appropriate sections of the statewide IFSP form (see IFSP instructions at the end of Chapter 7).
 8. Ensure the family's signature is obtained on the IFSP review page to document their consent for the changes, if any. Even if there are no changes, the family still signs the IFSP review page. If new services are being added at the IFSP review, the family must be offered the opportunity to select a service provider and must sign the addendum page indicating they were given this opportunity.
 9. Retain a signed copy of the IFSP with the review page and provide a copy to the family and to all service providers who participated in assessment or the IFSP review or will be implementing the IFSP. The parental consent statement that the family signs on the IFSP gives consent for the IFSP to be shared with these providers.
 10. Obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services if the child will receive services that can be reimbursed under public (e.g., Medicaid/FAMIS, TRICARE) or private insurance. The physician's signature may be obtained on one of the following:
 - a. The IFSP; or
 - b. A separate letter referencing the IFSP that is sent along with the IFSP, like the *Physician Certification Letter*; or
 - c. The *IFSP Review Summary Letter*.

This documentation also serves as the physician order for the medically necessary services listed on the IFSP. Please see the text box in the "Completing the IFSP Form" section of Chapter 7 for specific requirements associated with the physician signature.
 11. Ensure that if the family declines one or more early intervention services listed on the IFSP (but not all services listed on the IFSP), then the following steps occur:

- a. Obtain the family's signature on the *Declining Early Intervention Services* form and provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. Using the top half of the *Declining Early Intervention Services* form, fill in the date of the IFSP and the service(s) the family is declining. Both the service coordinator and family must sign and date the form.
 - b. Explain that the services that are not declined will be provided at the frequency, intensity and duration listed on the IFSP.
 - c. In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
 - d. Explain how the family may, at a later date, through the IFSP review process, accept a service previously declined.
12. Ensure that if the family declines all services listed on the IFSP, then the following steps occur:
- a. Obtain the family's signature on the *Declining Early Intervention Services* form and provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.
 - Using the bottom half of the *Declining Early Intervention Services* form, the family is asked to mark the third line (that their child is eligible and has the right to receive the services listed on the IFSP and that they do not choose to have their child receive services through the Infant & Toddler Connection system).
 - Explain to the family how they can contact the local Infant & Toddler Connection system in the future using the phone number provided at the bottom of the form if they have concerns about their child's development.
 - In explaining the Notice of Child and Family Rights and Safeguards, the service coordinator reviews and explains the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
 - b. If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school division.
 - c. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
 - d. Communicate the child's exit from Part C services to the primary care physician and primary referral source (if appropriate), with parent consent.

- e. Enter the date of closure in ITOTS within 10 business days of the family declining all services and indicate in the discharge/transition destination section that the parent withdrew.
13. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, intensity, location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, then the following steps occur:
- a. Provide a copy and explanation of the *Parental Prior Notice* form to the family. The “Other” line is checked and refusal to initiate the specific service is written in as the description. The reason why the Infant & Toddler Connection system is refusing to initiate the service is specified (e.g., progress made, other supports and services in place, evidence-based practice, etc.). If there is not enough space on the form to describe the reason for refusing to initiate the service, then additional documentation may be attached to the form and referenced in the “Reason” section of the form. Parent signature is obtained to acknowledge receipt of the form.
 - b. Provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* to the family. In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
 - c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the early intervention services listed on the IFSP or if the local system is proposing to decrease or end a service. Point out where additional information about the appeal process is located in the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.

Completion of these steps protects both the family and the local system, ensuring that the family understands their rights, safeguards and opportunities for addressing the disagreement if they so choose and that local systems have clear documentation of the service requested and reasons for refusing to initiate that service.

14. Ensure that copies and explanations of procedural safeguard forms are provided in the family’s native language or other mode of communication unless clearly not feasible to do so.

Responsibilities of Other Early Intervention Service Providers:

1. Provide information to the family and other team members on the child's progress based on ongoing assessment.
2. Participate in the IFSP review through the methods determined by the team, which may include a face-to-face meeting or sharing information by phone or in writing.
3. Consider the family's current priorities and concerns when making recommendations or participating in team decisions about changes to outcomes and/or supports and services.
4. Limit the use of jargon and acronyms and explain words or concepts that may be unfamiliar to the family.

Annual IFSP

Service Coordinator Responsibilities:

1. Conduct, in person, an annual IFSP meeting within 365 days of the date of the initial or previous annual IFSP meeting to review the child's progress and to write a new IFSP if the child continues to be eligible. If a child moves from one local early intervention system within Virginia to another, the child's annual IFSP date is based on the child's initial IFSP date (or previous annual IFSP date) regardless of the child's location for the previous IFSP (e.g., if child had an initial IFSP developed on 10/12/08 in one local system, then moved to a new local system on 4/1/09, then the annual IFSP still must be developed by 10/12/09).
2. Ensure the family receives a copy and explanation of the *Parental Prior Notice* form (with a check mark by "A meeting to develop the annual IFSP and confirm eligibility is needed"), *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, and *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
3. Notify other team members in writing of the date, time and location of the annual IFSP meeting. Other team members may be notified using the same form used to notify the family, the *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, or through other written means (e.g., email). Documentation must be maintained in the child's early intervention record that shows that the family and other team members were notified in writing in advance of the IFSP meeting.
4. Explain that the annual IFSP meeting will include a confirmation of ongoing eligibility, regardless of the reason for initial eligibility (i.e., even for children with a diagnosed condition), and that if the child no longer meets the Infant & Toddler Connection of Virginia eligibility criteria then he/she will be discharged.
 - a. The annual confirmation of ongoing eligibility is based on progress reports (written or verbal, based on contact notes) of team members and/or review of contact notes, considers all areas of development, and is documented on the *Eligibility Determination* form (see the "Determining Eligibility" section of Chapter 5 for instructions on completing this form).

The service coordinator provides the family with a copy of the completed *Eligibility Determination Form*.

- b. Use of the Virginia Part C Vision and Hearing Screening tools are not required for the annual confirmation of eligibility. Providers should be alert to any signs that the child may be experiencing difficulty with hearing or vision, as such issues can arise at any age. In such cases, administration of the Hearing or Vision Screening tool would be appropriate.
- c. The confirmation of ongoing eligibility may occur prior to or during the annual IFSP meeting.
- d. A multidisciplinary team is required for determination of ongoing eligibility. Therefore, if, for example, the child is receiving only service coordination and occupational therapy or the child is only receiving service coordination, then it will be necessary to pull in a second discipline to participate with the occupational therapist and the service coordinator or to pull in 2 disciplines to participate with the service coordinator in the determination of ongoing eligibility.
- e. If, at the time of the annual IFSP, the family feels their child is demonstrating age-appropriate skills and is no longer in need of services and the family does not want to have an eligibility determination to confirm the child's status, then the service coordinator must document both the offer and the family's decision in a contact note. When reporting in ITOTS the reason for discharge in this scenario, please use "Completion of IFSP prior to reaching age 3."

Annual Eligibility Determination Scenarios:

1. A child is receiving service coordination only and was initially found eligible based on a diagnosed disabling condition.
Two disciplines must participate in the annual determination of eligibility regardless of the initial reason for eligibility. In this scenario, they will be able to quickly review documentation of the child's diagnosed condition in order to confirm his ongoing eligibility.
2. A child is receiving service coordination only and it is unknown whether the child continues to meet eligibility criteria based on developmental delay or atypical development.
The service coordinator (if trained to conduct screenings) or another provider will complete a developmental screening. The service coordinator will then compile up-to-date health and developmental information (including screening results, parent report, and information from observation) for the multidisciplinary eligibility determination team to review. As with the initial determination of eligibility, if the available health and developmental information is insufficient to confirm the child's eligibility, then the team may request targeted assessment to gather the additional information needed.
3. A child is receiving service coordination and occupational therapy, but continued eligibility is unknown due to child progress.
The OT and one other discipline review existing information based on ongoing assessment (progress reports, contact notes) and determine the child's eligibility. In the rare situation when the team needs more information, targeted assessment is done to gather the additional information needed to determine continued eligibility.
4. A child is receiving service coordination and developmental services and his continued eligibility can be determined through the use of progress notes and informal assessment by the current service provider.
The educator and one other discipline review existing information based on ongoing assessment (progress reports, contact notes) and determine the child's eligibility.
5. A child will be turning 3 within 6 months and an exit assessment (formal or informal) by an Early Intervention Professional is needed in order to determine the child's progress on the 3 child indicators. The information gathered for the exit assessment can also be used to confirm the child's continued eligibility. It would make sense for the provider that is completing a tool (based on ongoing assessment) for the exit assessment to participate in the eligibility determination along with one other discipline.

If the child is ineligible:

- a. Provide the parents with a copy and explanation of the *Parental Prior Notice* form (indicating “Your child is not eligible for Infant & Toddler Connection of Virginia”) and the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. On the *Parental Prior Notice* form, identify the information used to make the determination that the child is not eligible. In explaining the *Notice of Child and Family Safeguards*, review and explain the complaint procedures. Even if the family has already received a copy of the *Notice of Child and Family Rights and Safeguards* document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
- b. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the multidisciplinary team’s determination that their child is no longer eligible for early intervention services. Point out where additional information about the appeal process is located in the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.
- c. Provide the family with a copy of the completed *Eligibility Determination Form*.
- d. Facilitate an opportunity for the family to talk with the eligibility determination team if the family has questions or disagrees with the eligibility finding and if desired by the family.
- e. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.

If the child continues to be eligible, proceed with the steps below.

5. Assist the family in planning and preparing for the annual IFSP meeting. Encourage families to make notes of their input and questions in each section of their current IFSP or a blank IFSP form and to bring that to the IFSP meeting as a reminder for the family during the meeting. The level of support that each family will want and need in preparing for the annual IFSP meeting will vary and should be individualized for each family
6. Assist the family in identifying participants for the annual IFSP meeting. The following participants are required:
 - a. The parent(s) of the child;
 - b. Other family members, as requested by the parent, if feasible;
 - c. An advocate or person outside the family if requested by the parent;
 - d. The service coordinator who has been working with the family;
 - e. A person or persons involved in ongoing or new assessments; and
 - f. As appropriate, individuals who are providing supports and services to the child and family.
7. Arrange IFSP meetings in the setting and language that facilitate a family's ability to participate.
8. Notify all participants in writing of the date, time and location for the IFSP meeting:

- a. Parents must be notified using the *Confirmation of Individualized Family Service Plan (IFSP) Schedule* form.
 - b. Other team members may be notified using that same form or through other written means (e.g., email).
 - c. Documentation must be maintained in the child's early intervention record that shows that the family and other team members were notified in writing in advance of the IFSP meeting.
9. Ensure that IFSP team members who are not able to meet at times convenient for the family are given other options for IFSP participation, such as telephone consultations or providing written information.
10. Provide the family with a copy and explanation of *Facts About Family Cost Share* and obtain their signature on a new *Family Cost Share Agreement* form. Please see the "Family Cost Share Practices" section of Chapter 11 for steps to take if the family does not sign the new agreement form promptly.
11. Facilitate determination of interim assessments/ratings of child progress using the procedures described in the Discharge section of this chapter for the exit rating, if the local Infant & Toddler Connection system chooses to do interim ratings.
12. Ensure a new IFSP is developed using the statewide IFSP form and the IFSP Instructions that are found at the end of Chapter 7.
13. Ensure the family's signature is obtained on the IFSP to document their consent for the services.
14. Retain a signed copy of the IFSP and provide copies to the family and to all service providers who participated in assessment or development of the IFSP or will be implementing the IFSP. The parental consent statement that the family signs on the IFSP gives consent for the IFSP to be shared with these providers.
15. Send a copy of the IFSP to the child's primary care physician, with parent consent. Consent to send a copy of the IFSP to the physician is not covered by the consent statement on the IFSP and requires a separate release of information form.
16. Obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services if the child will receive services that can be reimbursed under public (e.g., Medicaid/FAMIS or TRICARE) or private insurance. The physician's signature may be obtained on one of the following:
 - a. The IFSP; or
 - b. A separate letter referencing the IFSP that is sent along with the IFSP, like the *Physician Certification Letter*, or
 - c. The *IFSP Summary Letter*.

This documentation also serves as the physician order for the medically necessary services listed on the IFSP. Please see the text box in the "Completing the IFSP Form" section of Chapter 7 for specific requirements associated with the physician signature.
17. Ensure that if the family declines one or more early intervention services listed on the IFSP (but not all services listed on the IFSP), then the following steps occur:
 - a. Obtain the family's signature on the *Declining Early Intervention Services* form and provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. Using the top half of the *Declining Early Intervention Services* form, fill in the date of the IFSP and the service(s) the family is declining. Both the service coordinator and family must sign and date the form.

- b. In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
 - c. Explain how the family may, at a later date, through the IFSP review process, accept a service previously declined.
18. Ensure that if the family declines all services listed on the IFSP, then the following steps occur:
- a. Obtain the family's signature on the *Declining Early Intervention Services* form and provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.
 - Using the bottom half of the *Declining Early Intervention Services* form, the family is asked to mark the third line (that their child is eligible and has the right to receive the services listed on the IFSP and that they do not choose to have their child receive services through the Infant & Toddler Connection system).
 - Explain to the family how they can contact the local Infant & Toddler Connection system in the future using the phone number provided at the bottom of the form if they have concerns about their child's development.
 - In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
 - b. If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school system.
 - c. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
 - d. Communicate the child's exit from Part C services to the primary care physician and primary referral source (if appropriate), with parent consent.
 - e. Enter the date of closure in ITOTS within 10 business days of the family declining all services and indicate in the discharge/transition destination section that the parent withdrew.
19. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, intensity, location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, then the following steps occur:
- a. Provide a copy and explanation of the *Parental Prior Notice* form to the family. The "Other" line is checked and refusal to initiate the specific

service is written in as the description. The reason why the Infant & Toddler Connection system is refusing to initiate the service is specified (e.g., progress made, other supports and services in place, evidence-based practice, etc.). If there is not enough space on the form to describe the reason for refusing to initiate the service, then additional documentation may be attached to the form and referenced in the “Reason” section of the form. Parent signature is obtained to acknowledge receipt of the form.

- b. Provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* to the family. In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
- c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the early intervention services listed on the IFSP or if the local system is proposing to decrease or end a service. Point out where additional information about the appeal process is located in the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.

Completion of these steps protects both the family and the local system, ensuring that the family understands their rights, safeguards and opportunities for addressing the disagreement if they so choose and that local systems have clear documentation of the service requested and reasons for refusing to initiate that service

20. Ensure that copies and explanations of procedural safeguard forms are provided in the family’s native language or other mode of communication unless clearly not feasible to do so.

Responsibilities of Other Early Intervention Service Providers:

1. Provide information to the family and other team members on the child’s progress based on ongoing assessment for use in determining the child’s ongoing eligibility and, if the child remains eligible, for use in developing the annual IFSP.
2. Participate in the annual IFSP meeting. This applies to service providers who were part of new or ongoing assessment and, as appropriate, providers who are providing supports and services to the child and family. Service providers who are not able to participate in the meeting in person may participate through other options, such as telephone consultations or providing written information.
3. Consider the family’s current priorities and concerns when making recommendations or participating in team decisions about outcomes and/or supports and services. Additional considerations are detailed in Chapter 7 under “Responsibilities of Other Early Intervention Service Providers.”

4. Limit the use of jargon and acronyms and explain words or concepts that may be unfamiliar to the family.

Transition

Service Coordinator Responsibilities:

1. General Transition Steps and Services
 - a. Ensure that each child and family is offered individualized transition supports and services.
 - b. Ensure that individualized transition planning activities are documented on the child's IFSP.
 - c. Ensure the referral and timely transfer and exchange of records and other information for families who:
 - Enter into the early intervention system from hospitals, providers, local early intervention systems and/or out-of-state; or
 - Exit the early intervention system to another early intervention system within Virginia, early childhood special education services through the local school division, an early intervention system out-of-state and/or other community programs.
 - d. Provide identifying information and a request for evaluation to the special education director or designee of the local school system in order to make a referral for early childhood special education services under Part B. It is important to be clear that this is a referral for evaluation, since a referral for screening does not begin the timeline for eligibility determination under Part B. The referral information may be provided by phone, fax, secure email or mail. The point at which the special education director (or designee) receives this information is considered the date of referral. Unless otherwise agreed to with the local school division, referrals should be made no later than April 1 in a given year or at least 6 months prior to the child's third birthday, with parent consent. Local Infant & Toddler Connection systems and local school divisions have the option to work out other timelines for referrals and are expected to document any alternate timelines in a local interagency agreement.
 - e. Transmit, with parental permission, child-specific information (e.g. current IFSP, recent assessment findings, and other pertinent records) to the appropriate school division in which the child resides as soon as possible after referral.
 - f. Ensure that families whose children are referred to the local Infant & Toddler Connection system close to the child's third birthday or after April 1 when the child will reach the age of eligibility for special education at the beginning of the upcoming school year are informed of services available through the public schools and that, with parental permission, child-specific information is shared with the local school division as soon as possible following referral to the local Infant & Toddler Connection system.
 - When the child's age at referral to the Infant & Toddler Connection of Virginia means the child will no longer be age eligible for Part C services by the time the Part C process can be completed (e.g., eligibility determination, assessment for service planning, IFSP development and beginning services), then the child may be

referred directly to the local school division for early childhood special education services under Part B.

- For children who are close to the age where they will transition, but for whom the Part C process can be completed, the single point of entry must inform parents of their options for services through the local division (under Part B) and/or the local Infant & Toddler Connection system (under Part C).
- The family can choose to refer themselves to the local school division for early childhood special education services under Part B at the same time they make the referral to the Infant & Toddler Connection system. They should make both systems aware of the dual referral. If the family has not already referred themselves to the local school division, the service coordinator can assist the family by making this referral, with parent consent. The local Infant & Toddler Connection system and the local school division should work together during the eligibility determination process and assessment for service planning to avoid duplication of assessments.

Requirements Associated with Late Referrals:

- If the local system is able to complete the IFSP process before the child turns 3 for a child is referred to Part C fewer than 45 days before the child's third birthday and the family opts to proceed with the Part C referral, then the local Infant & Toddler Connection system may, but is not required to, develop a transition plan as part of the IFSP and provide LEA notification for this child.
- If a child is referred less than 90 days before the child's third birthday, then the local Infant & Toddler Connection system may, but is not required to, hold a transition planning conference.
- If a child is referred to Part C at least 45 days before the child's third birthday and the child is found eligible and is receiving services under Part C, then the local Infant & Toddler Connection system must develop a transition plan (generally this would be part of the initial IFSP) and provide notification to the LEA.

These same requirements and timelines apply to a child referred close to the time he/she would be eligible to start school at 2 years old if the family wishes to transition to Part B at the beginning of the school year in which the child turns 2 by September 30.

- g. Assist the family in exploring alternative settings, if desired by the family, for:
- The child who is not eligible for early childhood special education services under Part B through the local school division and who continues with Part C supports and services until the third birthday;
 - The child whose family chooses not to receive early childhood special education services under Part B through the local school

conference must be held at least 90 days before the start of the school year. Some local school divisions allow eligible children to begin early childhood special education services throughout the year, as they turn 2. In this case, the transition planning conference must be held at least 90 days before the child turns 2. If the family chooses to delay transition to early childhood special education services under Part B until the child's third birthday (or to delay transition until some point before the child's third birthday), then the transition planning conference must be held at least 90 days before the child's third birthday.

- Provide a copy and explanation of the *Parental Prior Notice* form (with a check mark by "The required transition planning conference is necessary.") and the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* to the family. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
 - Explain the purpose of the transition planning conference: To discuss potential options for supports and services through the school system or other community program and establish a plan for a smooth transition from early intervention services to early childhood special education or other community services.
 - Document parent approval for the transition planning conference on page 7 of the IFSP form (see IFSP Instructions at the end of Chapter 7) and in a contact note. Verbal approval by the family is sufficient and no approval form or signature is required.
 - If the parent declines the conference, that decision also is documented on page 7 of the IFSP form and in a contact note.
 - If the IFSP team, which includes the family, determines the child is not potentially eligible for Part B, then a transition planning conference is recommended but not required (see the first point under "b" below). The decision by the IFSP team that the child is not potentially eligible must be documented in a contact note.
- b. Ensure scheduling of the transition conference within the required timelines and participation by required parties, including local school division personnel.
- Since the transition planning conference is intended to provide the family with information about their options for services after leaving the Infant & Toddler Connection of Virginia system, service coordinators are encouraged to offer this conference to families well in advance of transition, closer to the 9 months than the 90 days. This allows the family time to consider their options and plan ahead for any necessary referrals or other steps necessary to ensure services are in place for a smooth transition at age 2 or age 3.

- For families that wish to consider options in addition to or instead of early childhood special education services through the local school system, service coordinators should make every effort to include representatives from other community programs (e.g., head start, preschool/child care programs) in this transition planning conference. These representatives can explain the services available through their programs including timelines and requirements for enrollment.
 - The local school division representative must be an individual who is knowledgeable about the services available in the local school system. The local school division representative does not need to be the special education director or any other specific position. The key is that the local school division representative is able to provide information and answer questions regarding the continuum of supports and services available through the school system, as well as participate in developing the transition plan with the family. This may be the ECSE (early childhood special education) teacher, a speech therapist or other related service provider who sees children in the early childhood special education program, or child find person for the school division.
 - While a face-to-face meeting among all participants is preferable, participation by teleconference and/or videoconferencing are acceptable methods as well. In that rare instance when the local school division representative cannot participate in any of these ways, the local Infant & Toddler Connection system must provide parents at the conference with information about early childhood special education services through the local school system, including a description of the Part B special education eligibility definitions, timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services. The local school division must provide the family with a contact name and phone number where the family can call with questions about school services.
 - The transition planning conference must be an individual conference for each family and cannot be a group meeting involving several families or a community event with representatives of multiple transition destinations available to meet with all families.
- c. Ensure that the family is included in any transition planning conference, that the family understands the purpose of the meeting, and that the family is supported in identifying the steps to be taken to support the transition process. Provide the family with the name and contact information for an individual from the local school division that they can contact with any questions following the transition planning conference.
 - d. Provide the family with a contact person at the school division to answer any questions they have about school services, if the family declines to participate in a transition planning conference.
 - e. Document the transition plan developed during the transition planning conference. The transition plan is an outline of the steps that will be

taken in the process of helping the child and family move from the Infant & Toddler Connection system to early childhood special education services through the local school division or to other community services, as appropriate, for children who are not going to the local school division. The “plan” can be documented in contact notes and/or on page 7 of the IFSP. If it is documented in a contact note, then a notation must be made on page 7 of the IFSP referring to the contact note by date. If the family requests more time to think about the transition plan, then the plan developed during the transition conference would list transition steps that were identified during the meeting and/or note that the family requested time to think about the information discussed and that follow-up will occur at a given time to determine with the family how they would like to proceed with transition planning. As discussions continue, the service coordinator must document the additions and/or changes to the transition plan that was started in the transition planning meeting.

- f. Make every effort to participate in the initial Individualized Education Plan (IEP) meeting for children transitioning to early childhood special education services if invited by the local school division at the request of the parent.

Discharge and Determination of Child Progress at Exit

Children and their families exit the local Infant & Toddler Connection system for a variety of reasons, which include but are not limited to the following: they move out of the area served by the local Infant & Toddler Connection system, either to another state or to another local Infant & Toddler Connection system within Virginia; the family decides to withdraw from the system; the child and family are lost to contact; the child no longer has a developmental delay, atypical development or a diagnosed condition; the child transitions to early childhood special education services through the local school division or to other community services; or the child reaches his/her third birthday.

Service Coordinator Responsibilities:

1. Ensure exit ratings on all three child indicators (positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs) are done prior to exit for all children who had an entry rating **AND** who have been in the system for 6 months or longer since their initial IFSP. The rating must be done no more than 6 months prior to exit from Part C. Since the ratings reflect the child’s status at the time of the assessment, it is beneficial to time the exit assessment/rating as close to exit as possible in order to capture results for the full time the child was receiving early intervention services. Since the intent of Virginia’s System for Determination of Child Progress is to measure children’s progress in Virginia’s early intervention system, the exit ratings are done only at the time the child leaves Virginia’s early intervention system, not when the child leaves one local system to enter a different local system.
 - a. To complete the exit ratings:
 - Using information from parent report, an assessment instrument, observation and other sources, determine the child’s status (rating) for each of the indicators. A formal assessment is not required. Instead, the provider(s) determines the child’s developmental levels in all areas through ongoing assessment (which can occur over multiple sessions). The provider must document the child’s abilities by filling in an assessment

instrument (such as the HELP, ELAP, etc.) Completing the ASQ does not meet the requirement for using an assessment tool. It is not necessary to use the same instrument that was used for the entry assessment.

-OR-

Obtain entry ratings from the local school division to use as the exit ratings for the Infant & Toddler Connection system. If Part B entry assessment data is being used for the Part C exit assessment data, then that Part B assessment must occur no more than 3 months after the child's discharge from Part C.

- The IFSP team considers information from the sources listed above to determine the child's status in relation to same-age peers for all three indicators. Document the child's functional status in the child's early intervention record. This can be done in a contact note. Also document the sources of information used in the assessment process.
 - The front page of the Child Indicator Summary Form (CISF) is completed, including questions 1b, 2b and 3b. Complete the back page if documentation in the child's record is not sufficient to support the rating decisions and/or if the source of the information used to make the determination is not documented in the child's record. The yes/no response to the *b* questions (Has the child made progress?) must always be based on the child's progress since the initial assessment, even if there has been one or more interim assessments.
- b. There will be situations where it is not possible to complete the ratings because children/families leave the system without notice. This must be documented in a contact note.
 - c. The local Infant & Toddler Connection system's exit ratings may serve as the local school division's entry ratings under Part B, and the local school division's entry ratings may be used for the local Infant & Toddler Connection system's exit ratings under Part C (as long as the Part B assessment occurs no more than 3 months after the child's discharge from Part C). Local systems are strongly encouraged to collaborate with their local school division representatives to establish mechanisms to accomplish this sharing of data and non-duplication of assessment.
 - d. Enter the child's exit ratings into ITOTS, recording the mitigating circumstances if the local system was unable to complete the exit ratings.

The documents available at <http://www.infantva.org/ovw-DeterminationChildProgress.htm> can provide further guidance and assistance in determining exit ratings.

2. Provide a copy and explanation of the *Parental Prior Notice* form (with "Your child is not eligible for Infant & Toddler Connection of Virginia" marked) and the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* to the family. Parental prior notice must be provided to the family at least 5 days before early intervention services will be terminated.
 - a. If the child is no longer eligible (but is within the age range for Part C services), the reason listed on the *Parental Prior Notice* form will explain that ongoing assessment results indicate that the child no longer meets the eligibility criteria for Part C. In explaining the *Notice of Child and*

Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.

- b. If the child is “aging out” of Part C, the reason listed on the *Parental Prior Notice* form will be that “Your child will be turning three years old on _____”. Effective on that date, your child is no longer eligible for early intervention services through the Infant & Toddler Connection of Virginia.”
- c. If the child is transitioning to early childhood special education services under Part B, the reason listed on the *Parental Prior Notice* form will be that “Your child will soon be receiving early childhood special education services through your local school division. On the date Part B services begin, your child is no longer eligible for early intervention services through the Infant & Toddler Connection of Virginia.”

It is not necessary to provide parental prior notice if the family is moving out of the area served by the local Infant & Toddler Connection system, the family has stated that they wish to withdraw from services, or if the child dies (since, in these situations, the system is not proposing to end services).

- a. If the child is moving out of the area served by the local Infant & Toddler Connection system, then any referrals made must be documented in the service coordinator’s contact notes.
 - b. If the parent decides to withdraw from services, then the service coordinator documents the parent’s decision in a contact note.
3. For Medicaid/FAMIS recipients only: If the family is receiving prior notice that their child is no longer eligible (but is within the age range for Part C services) or that their child is being discharged after being on inactive status: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the multidisciplinary team’s determination that their child is no longer eligible for early intervention services. Point out where additional information about the appeal process is located in the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. Note: The Notice of Action letter is not needed if the child is transitioning to Part B, even if the child is still age eligible for Part C.
 4. Ensure that copies and explanations of procedural safeguard forms are provided in the family’s native language or other mode of communication unless clearly not feasible to do so.
 5. **Ensure that no IFSP services are delivered on or after the child’s third birthday.**
 6. Enter discharge information into ITOTS as children exit the local Infant & Toddler Connection system, within 10 business days of discharge.

ITOTS Data Entry – IFSP Implementation and Review

The local system manager ensures the following information is entered into ITOTS:

1. Discharge Date
2. Status/Transition Destination
3. Exit assessment and child progress data

[Complete ITOTS instructions are available at
<http://www.infantva.org/documents/forms/INST1117eR.pdf>]

Local Monitoring and Supervision Associated with IFSP Implementation and Review

The local system manager provides the supervision and monitoring necessary to ensure the following:

1. Procedural safeguards forms are used and explained appropriately
2. Services begin in a timely manner
3. Mitigating circumstances are documented when services begin more than 30 days after the family signs the IFSP
4. Efforts to secure foreign language and sign language interpreters to communicate with the child during service delivery and to assist the family's active participation in periodic reviews are documented
5. IFSP reviews and annual IFSP meetings are held in accordance with required time frames
6. All IFSPs include transition planning
7. Notification to the LEA occurs for all potentially eligible children (as long as the family does not disagree) and is documented
8. The transition planning conference occurs within required time frames and with required participants.
9. Mitigating circumstances are documented when the transition conference does not occur within required time lines.
10. Child indicator exit ratings are appropriate based on the documentation of child functioning.
11. ITOTS data entry is timely and accurate
13. Medicaid/FAMIS and other insurance eligibility are checked at least monthly for all children receiving services through the Local Lead Agency and the Part C Office is contacted immediately for children who have Medicaid/FAMIS coverage but are not showing the EI benefit. Options for verifying a child's Medicaid/FAMIS coverage are discussed in the "Family Cost Share Practices" section of Chapter 11 (see the text box titled "Medicaid/FAMIS and Medicaid EI Benefit Eligibility Verification").