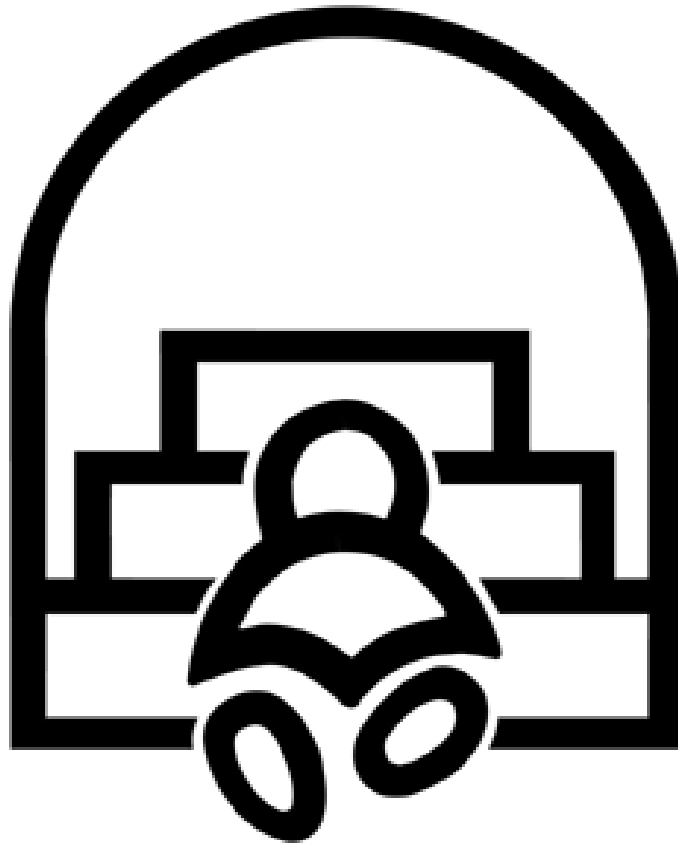


Indiana's Early Intervention System



First Steps

**Service Coordination Orientation Training
Module 5 –**

IFSP Development Process
Participant Materials

Training course for Indiana First Steps Early Intervention System 1/2008

Table of Contents

Introduction	3
Training Materials Needed	3
Training Objectives	3
The IFSP (Individualized Family Service Plan) Process.....	5
Family-Centered Care	6
Effective Communication Skills	8
Professional Attitudes	8
Effective Questioning and Interviewing	9
Active Listening	11
Leaning Into Discomfort	12
The Initial IFSP (Individualized Family Service Plan) Document.....	15
Federal Requirements for the IFSP:.....	16
Family Outcome Development	17
Definition of Family Outcomes	17
Family Outcomes Incorporating Natural Environments.....	18
Providing Services Outside the Natural Environment.....	19
Transition Outcomes	19
Role of Service Coordinator	19
Role of Direct Service Providers	20
Transition Resources	20
Documents Supporting Transitions within First Steps.....	21
Determining Services	21
Three-Month Authorizations	21
High Intensity Services.....	21
Family Participation in Therapy	22
Selecting the Provider Agency(s)	22
Completing the IFSP	24
Follow-Up to the Eligibility/IFSP Meeting.....	24
30-Day Start for Services	24
Summary.....	25
Reference List.....	26
The Application Station... Connecting all the puzzle pieces.....	27

Introduction

Module Four focused on the evaluation and assessment process to determine a child's eligibility for the First Steps System and subsequent enrollment in the System. The same visual diagram outlining the pathway to early intervention that appeared in Modules Three and Four is also included in Module Five.

Module Five continues along this pathway to early intervention and focuses on the process of developing the IFSP (Individualized Family Service Plan). The procedures that follow are written in general terms since this is a statewide training. Service coordinators are encouraged to contact their supervisors about specific SPOE procedures.

Training Materials Needed

To complete Service Coordination Module 5, you need a computer with Internet access and the following:

- Participant Materials for Module 5
- PowerPoint slides for Module 5
- 3-ring binder – the same binder assembled in Module 1
- Folder(s) to keep downloaded material
- First Steps Forms – indicated throughout the participant material

Training Objectives

- Understand the importance of interaction, collaboration, and partnerships between families and professionals when developing and implementing the IFSP.
- Understand the importance of incorporating the principles of family-centered care and effective communication techniques when developing the IFSP.
- Know the responsibilities of service coordinators in the development and implementation of the IFSP.
- Learn how to write outcomes for the IFSP that incorporate the family's natural environment.
- Know the procedural safeguards associated with the development of the IFSP.
- Know the federal requirements for the IFSP.



Pathway to Early Intervention Services

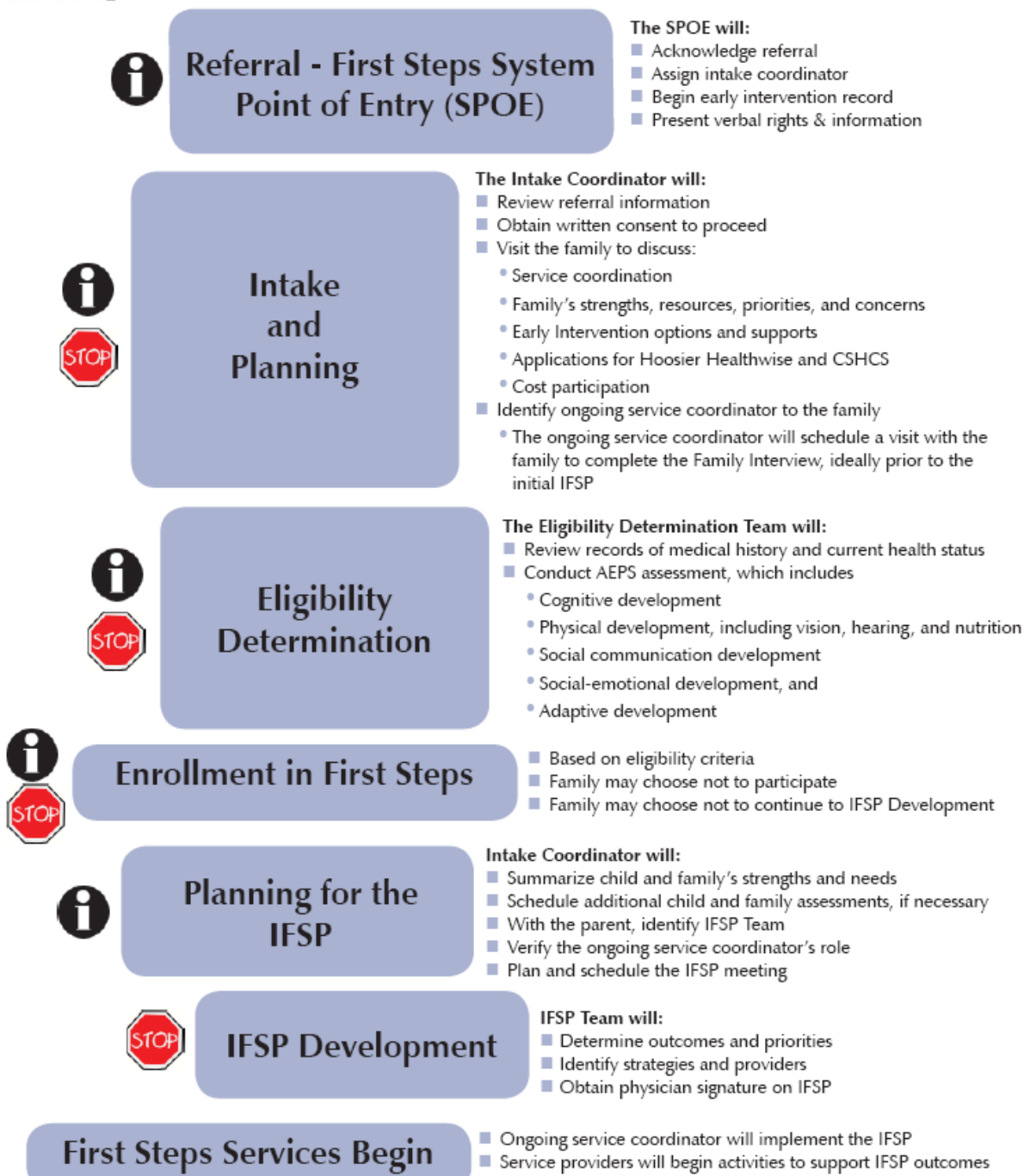
Symbols Key



Informed Rights and Procedural Safeguards given to family.



Parent declines or child not eligible.



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The IFSP (Individualized Family Service Plan) Process

Now that eligibility has been determined and the family has agreed to develop an IFSP, it is now time to write the initial IFSP. Indiana calls its IFSP form Indiana's Individualized Family Service Plan to Enhance the Capacity of Families to Meet the Special Needs of Their Child (State Form 46514). Hereafter, the form will be referred to as the IFSP.

All children who are eligible for First Steps and are in need of services must have an IFSP, which documents the family's concerns, priorities, and resources at the time of development. An initial IFSP is written with the family and service coordinator. Every three months, the service coordinator will work with the IFSP team members to review progress reports and IFSP outcomes to determine if services are appropriate. The IFSP must be formally reviewed within six months of the IFSP date. Families are always collaborative and active partners in the planning, development, implementation, and review of their IFSP.

The IFSP is both a process and a document that considers the families' priorities, concerns, and resources with regard to their infant or toddler with developmental needs. The IFSP development process starts at the time of referral to the First Steps System. The development of an IFSP includes **all** activities carried out to develop and implement a written plan for providing early intervention services to an eligible child and family. It is during this process that the family's story unfolds and collaboration and partnerships among family members and First Steps service coordinators and providers develop. These partnerships and relationships guide the success of the early intervention services.

The IFSP process is not simply a sequence of one activity or event following another. A quote in Indiana's First Steps IFSP Manual (1997) best describes the IFSP development process:

The IFSP is just one component of a statewide system of comprehensive early intervention. The purpose of the IFSP is to identify and organize formal and informal resources to facilitate families' goals for their children and themselves. The IFSP is a promise to children and families – a promise that their strengths will be recognized and built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled...important are the interaction, collaboration, and partnerships between families and

professionals that are necessary to develop and implement the IFSP (3).

A brief study of the philosophies behind the development of the IFSP (family-centered care and effective communication) is important at this time before focusing on the actual writing of the IFSP.

Family-Centered Care

To achieve successful partnerships with families involving interaction and collaboration, the IFSP development process includes many people and must support the natural caregiving role of families. Despite the variety of perspectives that are reflected in the process, it is important that all those involved in this task share a family-centered philosophy (Guidelines, 1987,5).

In *Guidelines and Recommended Practices for the Individualized Family Service Plan*, the National Early Childhood Technical Assistance Center suggests the following principles to guide a family-centered approach:

- **Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention.**
 - Since family members are the constant in the child's life, the family must be at the center of services and determine what activities and services the child will receive.
- **Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered early intervention.**
 - Respecting and accepting family diversity means acknowledging that there are strengths and resources present in all families. Therefore, early intervention specialists are encouraged to focus on these positives as part of their work with families.
- **Early intervention systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.**
 - In a culturally sensitive program, for example, staff know that people frequently turn to loved ones for aid and comfort rather than deal with a service system that is seen

as bureaucratic and impersonal. Similarly, in Asian and Hispanic cultures, the family is of primary importance. Therefore, early intervention programs must reach out to encompass loved ones, extended family members, and others to plan services and activities that are meaningful for children and families.

- **Respect for family autonomy, independence, and decision making means that families must be able to choose the level and nature of early interventionist's involvement in their lives.**
 - Family autonomy and independence means that professionals refrain from making decisions for families and from providing services that can be provided or arranged for by families. Families must be able to choose when and to what extent they want First Steps involved in their lives.
- **Family/professional collaboration and partnerships are the keys to family-centered early intervention and to successful implementation of the IFSP process.**
 - Learning to collaborate with families may require new attitudes and new skills on the part of professionals – attitudes that allow professionals to recognize and build on family competence and resourcefulness. A collaborative approach means the right of families to make decisions for their children and themselves exists in harmony with the responsibility of professionals to share their knowledge, expertise, and concerns with families who seek early intervention services.
- **An enabling approach to working with families requires that professionals re-examine their traditional roles and practices and develop new practices when necessary – practices that promote mutual respect and partnerships.**
 - Professionals must be empathetic listeners, teachers/therapists, consultants, resources, enablers, mobilizers, mediators, and advocates.
- **Early intervention services should be flexible, accessible, and responsive to family needs.**
 - Services should be “tailor made” to meet each family's individual needs and priorities.
- **Early intervention services should be provided according to the normalization principle – families should have access to services that are provided in as normal a fashion**

and environment as is possible and that promote the integration of the child and family with the community.

- IFSP outcomes and strategies should include regular community activities and emphasize natural family supports such as neighbors, churches, and community clubs.
- **No one agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary.**
 - A multidisciplinary team approach provides a broad perspective and strengthens family role choices and options.

Effective Communication Skills

While developing the IFSP, service coordinators can use effective communication techniques to achieve successful partnerships and relationships with families.

Professional Attitudes

First, providing family-centered care involves more than a simple acceptance that doing so is a good idea. Changes in attitude are not enough – professionals must develop new skills and practices, as well, in order to establish quality interactions and partnerships with families.



It's time to "**Check-Up from the Neck-Up.**" Read the questions on the Professional Checklist on the next page and take a few moments to think about your response to each question. Are your attitudes aligned with the principles of family-centered care?

Professional Checklist

- Do I really believe that parents are my equal and, in fact, are experts on their child?
- Do I believe in the importance of family participation in decision making at the program and policy level?
- Do I believe that parents' perspectives and opinions are as important as professionals?
- Do I believe that families bring a critical element to the team that no one else can provide?
- Do I consistently let other team members know that I value the insights of families?
- Do I work to create an environment in which families feel supported and comfortable enough to speak freely?
- Do I listen respectfully to the opinions of family members?
- Do I speak plainly and avoid medical, psychological, or social work jargon?
- Do I make appointments and provide services at times and places that are convenient to the family?

Effective Questioning and Interviewing

Service coordinators can use effective questioning and interviewing techniques not only to gather information but also to encourage collaboration. They can gather and share information at the same time by asking open-ended questions while they are developing the IFSP. Open-ended questions are questions that elicit more information than a simple one-word answer. For example, the question, "Can your baby sit up alone?" can be rephrased to, "Tell me about how your baby sits up to have his breakfast," or "Tell me how your baby sits up when he plays," or "Tell me how your baby sits up when he is in the bathtub." Instead of a "yes" or "no" answer, the parents can provide rich detail about their child's ability to sit up.

Open-ended questions encourage the responder to share more information, but they need to be balanced by active listening on the part of the service coordinator. The combination of these two strategies facilitates

many aspects of the IFSP process when information needs to be gathered or shared. Following are sample questions to ask families depending on the purpose or time of questioning.

Initiation/Entry

1. What would you like to talk about today?
2. What's new?
3. How have things been going?
4. What have you been thinking about since our last visit?

Exploration

1. Tell me more about it.
2. How would you like to go about it?
3. What information do you have about that?
4. What experiences have you had with this sort of thing?
5. What have you figured out so far?
6. Where do you go from here?
7. What do you think you could do to improve the situation?

Planning Strategies

1. What do you think you would like to do about it?
2. What are the other possibilities?
3. What do you plan to do about it?
4. How do you plan to do that?
5. What if that doesn't work?
6. What is your ultimate objective?
7. If you had your choice, what would it be?
8. What are your next steps?
9. What are the likely solutions?
10. What will you have to do to accomplish this?
11. What seems to be your greatest obstacle?

Projection on Time

1. How does this fit with your future plans?
2. If the same thing came up again, what would you do?
3. What do you want to do after you leave here?
4. Can you remember how it happened?
5. Where will this lead?
6. Will you fill me in on the background?
7. How do you suppose it will work out?

Clarification

1. What part did you play in the matter?
2. Can you give me an example?
3. How does this affect you?
4. How do you stand right now?
5. What do you think is best?

Summarize Feelings

1. How do you feel about it?
2. What are your feelings in this matter?
3. Why do you suppose you feel that way?
4. What was it like?
5. Can you explain your feelings in this matter?

Closure

1. What do you feel we have accomplished during this visit?
2. How would you summarize our discussion?
3. What does it all add up to, as you see it?

Active Listening

The use of active listening strategies balances the conversation by verbally or nonverbally acknowledging the speaker and what he/she is communicating. Some examples of active listening strategies are as follows:

- Respond to the speaker with nods, facial expressions, attention, and other body language cues to indicate interest and understanding.
- Verbally affirm your agreement or express disagreement at the appropriate conversational juncture.
- Avoid interrupting the speaker.
- Refrain from being distracted by people or activities in the environment (as appropriate).
- Maintain proximity and appropriate eye contact.
- Wait for your conversational turn to respond.
- Rephrase what the speaker said to assure you understand and/or validate his/her message. Mirroring the speaker's posture can send the message that you are enmeshed in his/her message – be careful not to overuse or abuse this strategy; it can be very powerful if used wisely but detrimental if abused.

Leaning Into Discomfort

In order to interact and collaborate with families effectively to provide family-centered care while addressing the outcomes listed on the IFSP, service coordinators must realize and understand with whom, when, and why they might feel uncomfortable interacting. Feelings of discomfort may be due to a lack of familiarity, preconceived ideas, personal beliefs, or misunderstandings and stereotypes that coordinators hold about a specific cultural, ethnic, religious, social, or economic group.



The following assessment, **Leaning Into Our Discomfort, Part I**, contains a list of individuals. Read through the list and make a check mark to indicate your level of comfort interacting with the described individual. After you have completed Part I, transfer your responses to **Leaning Into Our Discomfort Part II**. For example, If you checked uncertain on Line 1 (Haitian American), in Part II, you would find Haitian American under the Ethnic/Racial category. You would then check uncertain for Part II. Continuing, if you checked Very Comfortable in Part I for working with a Child Abuser (Line 2 of Part I), you would locate Child Abuser on the Part II page under the Social/Economic/Lifestyle Difference category and check Very Comfortable for the Child Abuser line in Part II. Continue in this fashion until you have transferred all of your Part I responses to the Part II page.

When you have completed both Part I and Part II, you will have a picture of your comfort zones and discomfort zones. Should you find yourself working with a family culture that falls within your discomfort zone, you may want to do some research to help you understand their culture before you begin working with them.

Leaning Into Our Discomfort, Part I

Individual	Very Comfortable	Comfortable	Uncertain	Uncomfortable	Very Uncomfortable
1. Haitian American					
2. Child Abuser					
3. Jew					
4. Person with Hemophilia					
5. Gay Man					
6. Mexican American					
7. Person with Alzheimer					
8. IV Drug User					
9. Prostitute					
10. Catholic					
11. Person w/Tourette Syndrome					
12. Italian American					
13. Lesbian Woman					
14. Muslim					
15. Person with HIV or AIDS					
16. African American					
17. Unmarried expectant teen					
18. Arab American					
19. Person w/Mental Retardation					
20. Homeless Person					
21. Hindu					
22. Person w/Schizophrenia					
23. Vietnamese American					
24. Greek Orthodox					
25. Alcoholic					
26. Korean American					
27. Person w/Fetal Alcohol Syndrome					
28. Victim of Spousal Abuse					
29. Mormon					
30. Native American					
31. Single Mother					
32. Person w/Cerebral Palsy					
33. White Anglo Saxon American					
34. Mother Receiving Public Assistance					
35. Single Father					
36. Jehovah's Witness					
37. Polish American					
38. Person with an Amputation					

Leaning Into Our Discomfort Part II

Individual	Very Comfortable	Comfortable	Uncertain	Uncomfortable	Very Uncomfortable
Ethnic/Racial					
1. Haitian American					
6. Mexican American					
12. Italian American					
16. African American					
18. Arab American					
23. Vietnamese American					
26. Korean American					
30. Native American					
33. White Anglo Saxon American					
American					
37. Polish American					
Religious					
3. Jew					
10. Catholic					
14. Muslim					
21. Hindu					
24. Greek Orthodox					
29. Mormon					
36. Jehovah's Witness					
Social/Economic/Lifestyle					
2. Child Abuser					
5. Gay Man					
8. IV Drug User					
9. Prostitute					
13. Lesbian Woman					
17. Unmarried expectant teenager					
20. Homeless Person					
25. Alcoholic					
28. Victim of Spousal Abuse					
31. Single Mother					
34. Mother Receiving Public Assistance					
35. Single Father					
Disability					
4. Person with Hemophilia					
7. Person with Alzheimer					
11. Person w/Tourette Syndrome					
15. Person with HIV or AIDS					
19. Person w/Mental Retardation					

22. Person w/Schizophrenia					
27. Person w/Fetal Alcohol Syndrome					
32. Person w/Cerebral Palsy					
38. Person with an Amputation					

Successful development of an IFSP is dependent upon achieving successful partnerships with the families, which can be accomplished when the IFSP team incorporates the principles of family-centered care, uses effective communication techniques, and incorporates culturally sensitive principles when writing the IFSP. The IFSP team is encouraged to apply these principles as they work with the family to write the IFSP.

The Initial IFSP (Individualized Family Service Plan) Document

Individualized Family Service Plan (IFSP) Development



The service coordinator is responsible for facilitating the IFSP meeting and for compiling the written portion of the initial IFSP. As mentioned earlier, the service coordinator provided the family with a 10-day, prior written notice to inform them of the date and time of the initial IFSP Development Meeting.

Additionally, the service coordinator once again reviews the family's rights information with the family before beginning to write the IFSP if these were not discussed at the eligibility meeting.



The Individualized Family Service Plan (IFSP) is a legal agreement reached by the IFSP team that identifies the family's desired outcomes and identifies the types of services and the providers to reach those outcomes. The family signature is required on the IFSP once the family clearly understands the content in the IFSP.

The IFSP document is the reference for any questions about the appropriateness of services, frequency, location, or intensity of these services. Service coordinators are responsible for answering questions the family may have about the IFSP development.



Go to www.firststeps.in.gov. Click on the Forms link below the First Steps icon. Then, click on IFSP. Print a copy of the IFSP and take a few moments to review it.

Federal Requirements for the IFSP:

Federal law has the following requirements for the IFSP. It must:



- Be based on interdisciplinary evaluation and assessment.
- Be developed jointly by the family and the other IFSP team members.
- Contain a statement of the child's present levels of development in the five developmental domains.
 - *Cognitive development*
 - *Physical development including vision and hearing*
 - *Communication*
 - *Social or emotional development*
 - *Adaptive or self-help development*
- Contain a statement of the family's concerns, priorities and resources related to enhancing their child's development.
- Contain major outcomes to be achieved for the child and family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.
- Contain a statement of the specific early intervention services necessary to meet the unique strengths and needs of the infant or toddler and the family, and a statement of the medical and other services that the child needs that are not required under Part C. These statements must include the frequency, intensity, method, and location for delivering services and payment arrangements, if any.
- Contain a statement of the natural environments in which early intervention services will be appropriately provided.
- Document the projected dates for initiation of services and the anticipated duration of services.
- Contain the name of the service coordinator who is qualified and assigned to carry out all the applicable responsibilities of implementation of the plan and coordination with other agencies and persons.
- Outline steps to be taken supporting transition of the toddler with a disability or developmental delay to services under Part B, to the extent such services are considered appropriate, or to other community-based services.
- Initially be developed within 45 calendar-days of referral of the child to the local system point of entry.

-
- Be reviewed at least every three months and a new one developed annually, and may be revised at any time as necessary.

Family Outcome Development

Definition of Family Outcomes

An important part of developing the IFSP is to write family outcomes in Section 4. The service coordinator works closely with the family to determine the family's concerns, priorities, and resources so that meaningful outcomes are written. An IFSP outcome is a statement of the changes the families want to see for their children and themselves. These changes can occur as a result of therapy and/or education.

Outcomes must be functional and measurable. Function refers to those activities identified by the family that support the development of the child's physical, social, and psychological well being in the family's routines. For example, the ability to feed oneself, to hold a toy, to communicate, or to play may be a functional outcome. Early intervention teams do not treat the primary diagnosis, i.e. cerebral palsy, autism, but instead, they treat the functional disability.

The outcome must also be measurable. It must be written so that all members of the team will understand when the outcome has been met.

Principles for Family Outcome Development:

- Outcomes reflect the changes family members want to see for their child or themselves, **not** the behaviors or actions that professionals think should occur as a result of services delivered to the child or family. The IFSP outcomes are the family's self identified concerns and priorities.
- Outcomes are written in the family's language, and the strategies, activities and services should reflect family preferences and be understandable to all team members. A family will be more likely to take ownership of the IFSP if the written document contains the same kind of language family members used when discussing their priorities. Also, outcomes written in professional language increase the likelihood that professionals will forget that the IFSP belongs, first and foremost, to the family. The goal is to educate the families to be able to work with their child to obtain the desired outcomes.
- Families must be provided opportunities to direct the team process for collaborative development of the outcomes.

-
- Family and professional actions needed to bring about IFSP outcomes should be clearly stated as part of strategies, activities and services included in the IFSP document. Together, the family and the other IFSP members help develop the strategies and activities necessary to achieve the outcome. Outcomes also guide the selection of services that will be best for achieving the outcomes.
 - Family and community strengths and resources need to be utilized as part of the IFSP process, before professional resources are used. It is important to recognize that First Steps is not the only resource available to help a family. Communities may also have programs or resources outside the scope of First Steps that can help children reach their outcomes.
 - Strategies, activities and services should fit naturally into the family's daily routine.

Family Outcomes Incorporating Natural Environments



Before outcomes are written and services identified, it is important to review the family's daily routines, which helps to identify a natural environment for the child. Natural environment is defined in the law, Part C IDEA, as "settings that are natural or normal for the child's age peers who have no disability and that to the maximum extent appropriate, early intervention services are provided in natural environments."

IFSP teams are encouraged to be creative and understand that natural environment is **more** than a place. It is also the methods and approaches used to provide early intervention services that support the daily routines of the family and child, incorporating activities into the natural flow of activity and the routines of family life. Consider these questions when having the discussion with the family about natural environments:

- Where does the child currently spend his or her day?
- Where does the child live, learn, and play?
- What was the family's plan or dream prior to the identification of their child's disability or developmental delay?
- Who provides care and is involved with the child?
- What are the family's natural supports, resources?

Providing Services Outside the Natural Environment

Part C IDEA goes on to state that “the provision of early intervention for any toddler or infant occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” The IFSP team needs to agree that services outside the child’s natural environment are appropriate. This action requires documentation in Section 7 of the IFSP natural environments explaining:

- why services cannot provided in the child’s natural environment.
- when services will resume in the child’s natural environment.

At a minimum of every three months, the service coordinator will review with the IFSP team if services outside the natural environment are still appropriate and, if not, how the team will get the services back in the child’s natural environment. This discussion must be documented in the child’s Individualized Family Service Plan.

Transition Outcomes

In addition to writing family outcomes, the service coordinator and family must plan for transition, which means the changes the family experiences during the IFSP year.

Role of Service Coordinator

Transition within First Steps requires virtually the same efforts of the service coordinator as helping families transition into First Steps. Transition is a fluid, ongoing process. Therefore, a conversation with the families regarding their concerns for their children needs to be ongoing because those concerns and priorities change over time. The service coordinator should continually reflect whether those concerns and priorities are accurately reflected in the outcomes of the IFSP.

The service coordinator should continue to facilitate good communication with the team and be alert to any potential changes that may arise. The entire IFSP team should be not only informed but also involved in the decision-making processes as a result of potential changes. Examples include team involvement with authorization of services, assistive technology, and progress the child is making toward outcomes. This not only makes the transitions within First Steps go smoothly, but also sets the proper framework for transitioning out of First Steps.

The service coordinator needs to talk with the family and provide them with instructions and information regarding:

- Due process rights – families need to understand their due process rights throughout the entire process, not just when an IFSP is being written. Are they comfortable with the providers on their team, and do they know what to do if they are not?
- Future service options – do they understand future service options and applicable timelines?
- Procedures to help the child adjust to and function in the new setting – is everything being done to ensure that the child and family are able to achieve the outcomes stated in the IFSP?

Role of Direct Service Providers

The IFSP team includes the family, the service coordinator, and the direct service providers. Therefore, the direct service providers also play a role in transition. In addition to building trust with the families, their role is to include the family in all aspects of the First Steps services that they provide. Direct service providers should develop therapies that the families can implement once the provider is gone. Providers should also write “family friendly” progress notes that summarize their findings and provide the families with these notes. Finally, direct service providers should respect the role of each member of the team, be open to their suggestions, and be prompt with appointments and reports.

Transition Resources

Keeping current with community resources is vital to successful transitions. As families’ concerns and priorities change, so will their needs for resources. It is also important to note that resources in a community change as well. What was available a year ago may not be available now, or a new resource may have become available. Your SPOE, your supervisor and veteran service coordinators are valuable resources that should be used to help you stay current with community information.

Additionally, Indiana has several resources and advocacy programs that assist service coordinators and families with transition issues. One resource is the Family to Family Initiative. The Family to Family Initiative is a project devoted to linking Indiana families to people, information, and resources within their own communities. They bring together parents of children with disabilities, developmental delays or special health care needs so that they can share their knowledge, concerns, and experiences with each other. Their website is <http://www.inf2f.org>.

A second resource for families with all types of special needs and issues is About Special Kids (formerly the Indiana Parent Information Network). They are the place for families and professionals in Indiana to go to "ASK" questions about children with special needs and to access information and resources about a variety of topics such as health insurance, special education, community resources and medical homes. ASK is a great connection to family support in Indiana. Additional information can be found at www.aboutspecialkids.org.

Documents Supporting Transitions within First Steps

When transitions within the First Steps System require a change to the IFSP, the service coordinator must ensure that all necessary documents are completed and First Steps procedural safeguards are followed. Module 6, Section entitled "Changes to the IFSP," focuses on the steps that service coordinators must follow when instituting changes to the IFSP.

Determining Services

Three-Month Authorizations

Authorizations for IFSP services will be written for 3-month periods only. All authorization periods are based on the month that the initial/annual IFSP is written and signed by the parent. The initial authorization start date will be according to Cluster policy to allow for physician signature and will end the last day of the 4th month to allow for the 30 day start period. All subsequent authorizations will begin on the first day of the month and end on the last day of the month as noted in the Authorization and Report Schedule mentioned in the next paragraph. Completing the documents for the 3-month authorizations will be discussed in Module 6.



A detailed chart of the authorization timeline and progress note due dates can be found in the View the Attachments area. Pause the training and return to the UTS ProKids website where you launched this module, and click on IFSP 3-Month Authorizations and Progress Note Procedures and print it. You will be asked to submit this with your Application Station exercises.

High Intensity Services

High Intensity Services is defined as delivery of individual services at a frequency of two (2) times per week or greater, or over sixty (60) minutes in duration. High intensity services requires approval from the State.

Providers requesting high intensity services should coordinate with their Provider Agency and Service Coordinator. Before the provider submits the Prior Approval Request Form for High Intensity Services to the service coordinator, the Provider Agency supervisor must approve the request. The service coordinator will submit the approved request to the ED Team for approval.

If all IFSP Team members approve the request, the service coordinator will then submit it to the State. All high intensity requests are approved for three months.

Family Participation in Therapy

In First Steps, providers go into the natural environment to train parents to integrate activities benefiting their child's development into the family's daily routine. While caregiver participation is required at every therapy session, active parent participation during therapy sessions within the home is required. This results in greater education of parents so they can support their own child's development.

In some instances, families may choose to have therapy services provided for the child while he/she is at daycare or someplace other than the home and away from the family. If so, the legal caregiver/s must participate in the child's therapy as follows:

- For services 1 time per week: a minimum of one time per month or every fourth session per service.
- For services 2 times per month: a minimum of once per quarter per service
- For services other than the frequency listed above – please see the State guidelines

The direct service provider and family must work together to schedule an appropriate time for this participation.

Selecting the Provider Agency(s)

During the IFSP process, outcomes will be defined and written at the IFSP meeting. As a result of these outcomes, the need for community supports and IFSP services will be identified. The service coordinator will then assist the family with identifying supports and services to meet the outcomes and with choosing an approved provider agency. The service coordinator must share information with the family about all of the provider agencies that serve the family's area.

Once a Provider Agency is selected, it is the responsibility of the Agency to meet the comprehensive early intervention needs of the child and family determined by the team. The Provider Agency will determine which direct service providers will work with the family. Your supervisor is your direct point of contact, and this direct point of contact will work with the family's service coordinator.

Provider Agencies are approved by the State to work in approved cluster service areas. Within each cluster service area, there are approved agencies that have hired or contracted with physical therapists, occupational therapists, speech and language pathologists, and developmental therapists. Additionally, the approved agencies must have the ability to obtain and provide all other required services through employment, written agreement or contract with the exception of Service Coordination. Each approved agency must have a designated contact person on staff to receive notification from the service coordinator that the agency has been selected by the family.

Once the agency is selected, the service coordinator documents on the IFSP each of the early intervention services that are necessary to meet the needs and concerns of the child and family, the frequency and duration of each service in the plan, the name of the provider(s) who will provide that service, and where the service will be provided. There is no set formula in determining the most appropriate frequency and duration of services, but assessing family routines and resources should be a priority, because the majority of a child's learning occurs between sessions as the parents interact with their children.

If a family has an issue or concern with their provider, they must work with their service coordinator and Provider Agency supervisor to resolve the issue/concern. Families may request to change providers. These changes can occur as follows:

- a. If the new provider is within the current Provider Agency, the request and change can occur quarterly at the three-month review.
- b. If the request for change results in selecting a provider with a new Provider Agency, the request and change can occur at the annual IFSP.

Families must understand that if the new provider is from a new Provider Agency and the family is receiving multiple services, then all services will be provided by the new Provider Agency.

Completing the IFSP

Once the IFSP has been completed, all attendees must sign the last page of the IFSP to verify attendance. IFSP meeting minutes are written by the service coordinator to document the discussions of the IFSP team not already written elsewhere in the IFSP.

Follow-Up to the Eligibility/IFSP Meeting

After writing the initial IFSP, the SPOE designee sends the IFSP Service Page to the child's physician for approval and the IFSP paperwork is processed. All IFSP's must have a physician's signature because Indiana State law requires all First Steps services to be approved and supervised by a licensed medical physician. The initial IFSP must be signed by the physician within 10 days of the date on the IFSP, and services must begin within 30 calendar days of the parent's signature on the IFSP. The annual IFSP must be completed with the physician's signature by the annual effective IFSP date.

The service coordinator contacts the chosen Provider Agency to inform them of the family's selection and shares the start date of services and what services are to be provided by the agency. The service coordinator must send copies of the following forms to the chosen Provider Agency:

- IFSP signed by the physician
- Social history from the most current AEPS and progress reports
- First Steps Part C Eligibility Determination Statement
- Provider Reciprocal Consent to Release and Share Information

The direct service provider then contacts the family to schedule the first therapy session with the family.



The procedure to notify the chosen direct service providers is Provider Agency specific. Please ask your supervisor for the correct procedure to follow when notifying direct service providers.

30-Day Start for Services

The State requires that all services for children in First Steps begin within 30 days of the parent's signature on the initial IFSP. For 3-month authorizations and annual IFSPs, the State has the following guidelines. If there are no changes in services, frequency, or duration, it is considered as continuation of service. No 30-day start date is needed. If, however, there

is a new service or the frequency and/or duration increase, a 30-day start date must be documented by the direct service provider. The direct service provider will send documentation to the service coordinator that verifies the start date of each service.

If a service does not start within 30 days, the direct service provider must send documentation to the service coordinator explaining why it did not. Each Cluster SPOE has developed its own forms and process for this documentation. Service coordinators must review their SPOE's 30-day start date procedures with their supervisor.

The following guidelines are helpful for service coordinators to ensure they are compliant with their SPOEs' policies and with State policies.

Initial IFSP – documentation is needed to show services started within 30 days of the parent's signature on the initial IFSP.

3-month authorization – if services are increased or new services are added, documentation is needed to show services started within 30 days of the parent's signature on the IFSP.

Annual IFSP review – only if services are increased or added at the annual IFSP review, documentation is needed to show services started within 30 days of the anticipated start date.

Summary

In summary, the IFSP is a written guide for the child and family's early intervention services. The interaction, collaboration, and partnerships between families and professionals that are necessary to develop and implement the IFSP are keys to a successful early intervention experience. These successful partnerships and relationships can be accomplished when the IFSP team incorporates the principles of family-centered care, uses effective communication techniques, and incorporates culturally sensitive principles when writing the IFSP.

Reference List

Indiana Administrative Code. Title 470 Division of Family Resources. Article

3.1, First Steps Early Intervention System. Indiana Register.

Individualized Family Service Plans (IFSPs) Manual. ED.1, 1997. First Steps.

Indiana Children's Special Health Care Services.

Guidelines and Recommended Practices for the Individualized Family Service

Plan. (1989). Editors: Beverly Johnson, Mary J. McGonigal, Roxane K.

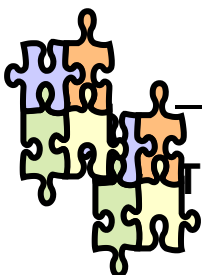
Kaufmann. National Early Childhood Technical Assistance System

(NEC*TAS). Chapel Hill, NC.

O'Brien, Sarah. Personal Interview. July 2007.

Public Law 108-446. December 3, 2004. Page 118. Statute 27514. 20 USC

1436, Sec. 636. Individualized Family Service Plan.



The Application Station... Connecting all the puzzle pieces

Service Coordination Module 5 Assignments

Service Coordinator Name: _____

For this module, you will complete activities based on your category of service coordination. The activities are grouped into three categories, and you are to complete **one group of activities**. Please choose the group of activities based on the following criteria:

- Intake Coordinator Application Station Exercises – complete the activities in this list if you are responsible for service coordination activities only through intake.
- Ongoing Service Coordinator Application Station Exercises – complete the activities in this list if you are responsible for service coordination activities after the intake process is completed.
- Blended Service Coordinator Application Station Exercises – complete the activities in this list if you are responsible for both intake and ongoing service coordination activities.

Once you have completed **all** of the assignments in your category, please sign and date the forms and have your supervisor initial the forms. **Save** all of the completed documents. You will submit them to UTS at the end of Module 7, which is the last module of the training.

A. Intake Coordinator Application Station Exercises

1. During this training module, you were asked to complete the “Leaning Into Our Discomfort” exercise, Parts I and II. Please write a quick summary of your profile in the space below. Feel free to add comments about the exercise if you wish. **Submit** this exercise as part of the requirements for Module 5 Application Station exercises.
2. Observe one (1) Initial IFSP meeting. Document your observations and questions on the form titled Initial IFSP Observation (1), which is provided on the following pages. **Submit your observation** as part of the requirements for Module 5 Application Station exercises.
3. **Submit a signed copy** of the Attestation Statement (page 29).

B. Ongoing Service Coordinator Application Station Exercises

1. During this training module, you were asked to complete the “Leaning Into Our Discomfort” exercise, Parts I and II. Please write a quick summary of your profile in the space below. Feel free to add comments about the exercise if you wish. **Submit** this exercise as part of the requirements for Module 5 Application Station exercises.
2. Observe three (3) Initial IFSP meetings. Document your observations and questions on the forms titled Initial IFSP Observation (1), (2) and (3), which are provided on the following pages. **Submit your observations** as part of the requirements for Module 5 Application Station exercises.
3. Scenario response: Refer to page 36, titled Outcome Scenarios, to get instructions for this assignment. Once you complete the assignment, **submit** page 36 and the outcomes page(s) of the IFSP that contain your outcomes.
4. **Submit a signed copy** of the Attestation Statement (page 29).

C. Blended Service Coordinator Application Station Exercises

1. During this training module, you were asked to complete the “Leaning Into Our Discomfort” exercise, Parts I and II. Please write a quick summary of your profile in the space below. Feel free to add comments about the exercise if you wish. **Submit** this exercise as part of the requirements for Module 5 Application Station exercises.
2. Observe three (3) Initial IFSP meetings. Document your observations and questions on the forms titled Initial IFSP Observation (1), (2) and (3), which are provided on the following pages. **Submit your observations** as part of the requirements for Module 5 Application Station exercises.
3. Scenario response: Refer to page 36, titled Outcome Scenarios, to get instructions for this assignment. Once you complete the assignment, **submit** page 36 and the outcomes page(s) of the IFSP that contain your outcomes.
4. **Submit a signed copy** of the Attestation Statement (page 29).

Service Coordination Orientation SC101
Attestation Statement

By signing this form, I, _____, attest that I personally completed all of the learning activities and self-assessment quizzes and the final assessment and that no one completed them on my behalf. Should it be proven that someone else completed the components of this training for me, I understand that my enrollment in Indiana's First Steps System could be in jeopardy.

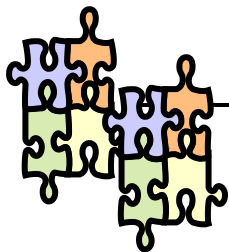
Service Coordinator signature: _____

Service Coordinator Supervisor signature: _____

Date _____

UTS/ProKids Office Only: Date received _____ Initials _____
SC101 Module 5

Cluster Supervisor Comments:



Initial IFSP Observation (1)

Newly Hired SC Trainee Name: _____

Cluster Letter: _____

Date of Observation: _____

Print name of Service Coordinator you shadowed:

Service Coordinator's Signature: _____

Initial IFSP Meeting:

1. Write a description of the process observed (try to identify specific activities that occurred during the meeting, did the family feel comfortable with the process, did the family ask for additional resources, did any concerns or issues come up during the meeting?):

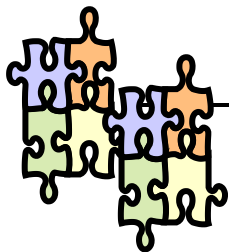


Initial IFSP Observation (1) (continued)

Newly Hired SC Name: _____

2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.



Initial IFSP Observation (2)

Newly Hired SC Name: _____

Cluster Letter: _____

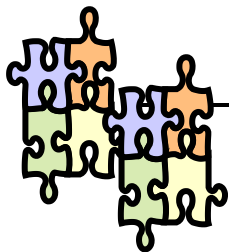
Date of Observation: _____

Print name of Service Coordinator you shadowed:

Service Coordinator's Signature: _____

Initial IFSP Meeting:

1. Write a description of the process observed (try to identify specific activities that occurred during the meeting, did the family feel comfortable with the process, did the family ask for additional resources, did any concerns or issues come up during the meeting?):

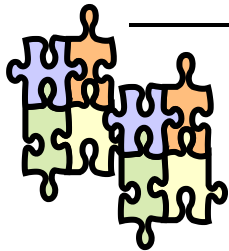


Initial IFSP Observation (2) (continued)

Newly Hired SC Name: _____

2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.



Initial IFSP Observation (3)

Newly Hired SC Name: _____

Cluster Letter: _____

Date of Observation: _____

Print name of Service Coordinator you shadowed:

Service Coordinator's Signature: _____

Initial IFSP Meeting:

1. Write a description of the process observed (try to identify specific activities that occurred during the meeting, did the family feel comfortable with the process, did the family ask for additional resources, did any concerns or issues come up during the meeting?):



Initial IFSP Observation (3) (continued)

Newly Hired SC Name: _____

2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.

Outcome Scenario

Read the following vignette as if you are Emily's parents. What would be your concerns, priorities, and resources? Think about what outcomes you would like to see on the IFSP for early intervention services. Make a copy of the outcome page from the IFSP that you downloaded earlier and write as many outcomes as you can recording them on the outcomes page of the IFSP that you copied. Please keep in mind we understand that this is your first time for writing outcomes and that proficiency will increase with practice. We will provide feedback for these outcomes during the face-to-face training that you will attend within one month of being enrolled as a service coordinator.

Vignette

Emily is a 4 month old baby girl. By two months of age, Mom (Erin) noticed that she was not using her right arm. Mom brought it to the pediatrician's attention and he advised her to see a neurologist. It was determined after Emily had an MRI, that she had a mild stroke while in utero causing the weakness in her right arm. The neurologist's office made an immediate referral to First Steps on behalf of the family. The family is currently living in the apartment attached to the house of Michael's (Dad) parents. They plan to move closer to his work as soon as they can afford it. Michael works full-time and has good benefits. However, it is hard to make it on his salary alone. Erin stays home to care for Emily, but would like to go to school in the future to get her GED. Both Michael and Erin are concerned about Emily. The doctor said that the stroke was mild and only affected her gross motor skills but how can they be sure? What if it has affected more? Both sets of grandparents have offered to do "anything" to help.