

EITP EARLY INTERVENTION TRAINING PROGRAM

Early Intervention Training Program at the University of Illinois at Urbana-Champaign presents

EITP webinars

Monitoring the IFSP for Service Coordinators

- Webinar will begin at 1:00 PM CST
- Maximize your screen to show all the controls
- There will be minimal audio before the webinar begins
- See below to test your microphone and speakers

Check your Mic/speakers

Participants

Chat

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Webinar Presentation Team

Maria Kastanis
Assistant Director - EITP at UIUC

Dayna Jones
Service Coordinator, CFC 22

Shameka Brown
Professional Development Consultant - EITP at UIUC

Maria Matticks, RN, BSN
Professional Development Consultant - EITP at UIUC

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Zoom Basics . . .

Check your Speakers

Participants

Chat

Click for meeting

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Burning Questions?

What questions do you have from the online modules and our webinars already completed?

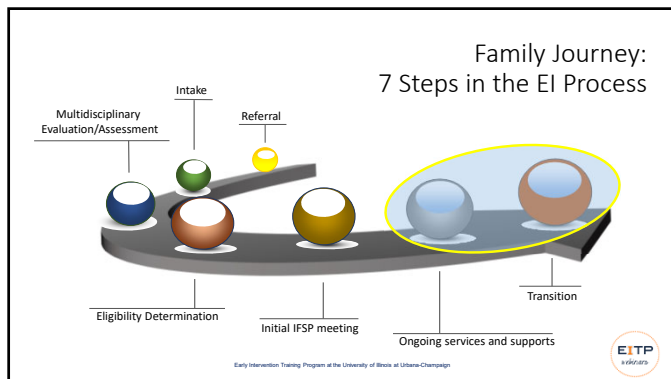
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How long have been **actively observing or completing SC tasks** (not just completing training)?

- <15 days
- 16-30 days
- 31-45 days
- 46-60 days
- >60 days

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what are some of the responsibilities you have as SC once that initial IFSP is in place, auths are entered, and documents sent out?

Come up with as many as you can!

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Monthly Contact

How does family wish to be contacted? – ASK!

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Monthly Contact

Communication is KEY!

- Satisfactions of services
- Progression of outcomes
- Answer questions/concerns

Ask about changes in family status, income and insurance changes

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Monthly contact

Communication is KEY!

Documentation a necessity!

Check in with other team members!


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Changes impact family fee!

What are some of the key points to share when discussing the family fee and how the fee can change?



What questions do you have about the family fee and how to explain it to families?

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Monthly Contact

What happens if you call the family and there is never a response?

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Monthly Contact

- Document all attempts to contact the family
- Contact the rest of the team and find out if family is keeping their appointments
- Send letter to family
- Attach a Family Rights Booklet!

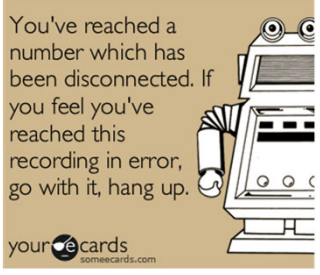


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Monthly Contact

Is there another number?

- Check with team members
- Pediatrician/primary care provider

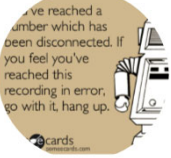


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Monthly Contact

Do This



- Send 1st "Unable to contact" letter
 - Copy to team members
 - Copy to physician
 - Copy to referral source (if release on file)
- Subsequent letters in 2-week increments



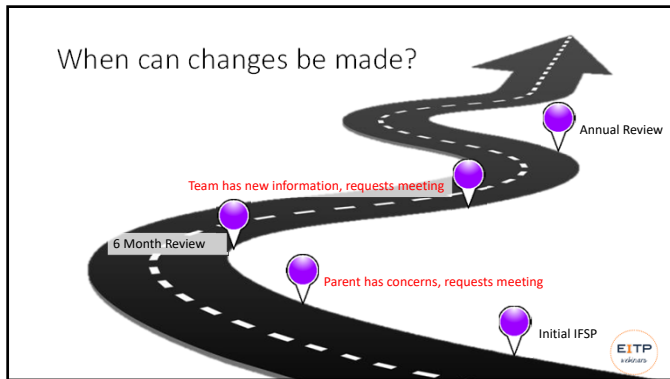
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When can changes to the IFSP be made? (choose the best option)

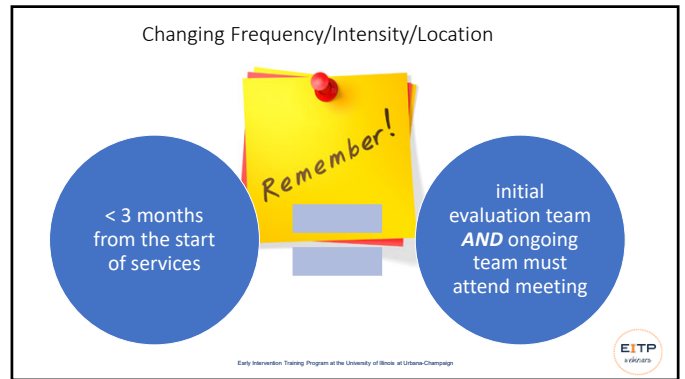
- At 6-month reviews and annuals only
- SC can make changes to the IFSP whenever they feel it is necessary
- Families can request a meeting to make changes at any time

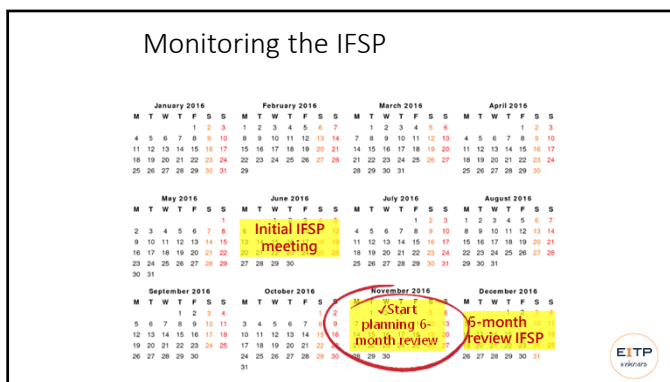
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Six-Month Review

- Required by Part C of the Individuals with Disabilities Education Act
- Six-month review is usually the first formal meeting to review the IFSP plan
- NOT OPTIONAL!

EITP advisors

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Who is REQUIRED to be in attendance at a 6-month review meeting?

- Parent/guardian and SC
- Parent/guardian, SC, and initial evaluators
- Parent/guardian, SC, and ongoing providers
- Parent/guardian, SC, initial evaluators, and ongoing providers

EITP advisors

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1 month prior...

- Request progress reports and available time from providers
- Schedule meeting with family - Determine if others will be invited
- Confirm meeting with providers
- Provide prior written notice confirmation letter
- Collect reports from providers and review reports for accuracy

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A few days before...

- Confirm all reports collected from providers
- Make copies of reports for everyone on team

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6 Month Review – Sample agenda

- Introductions and family update
- Principles of Early Intervention
- Review of priorities
- Levels of Development
- Child Outcomes Summary
- Development of functional outcomes
- Services to meet those outcomes
 - discuss as team if outcome should be continued, changed or discontinued
- Frequencies
- Consent

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6 Month Review – Sample agenda

- Introductions and family update
- Principles of Early Intervention
- Review of priorities
- Levels of Development
- Child Outcomes Summary
 - Optional at 6 months
 - Required if <120 before the child exits the program
- Development of functional outcomes
- Services to meet those outcomes
 - discuss as team if outcome should be continued, changed or discontinued
- Frequencies
- Consent

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Documenting Progress

Include date and identify as a 6-month review

Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.

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Reviewing Outcomes

- Address any other concerns
- document on implementation page
- parent consent

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Documenting Attendance

SECTION 8 MEETING PARTICIPANT CONTRIBUTOR LIST				
Initial Service Plan Meeting				
Name	Role	Background/Contribution	Date	Signature/Initials
Service Plan Review Meeting				
Name	Role	Background/Contribution	Date	Signature/Initials



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Back at the office...

Auths	Document	Letter	Mail
Issue IFSP authorizations for providers	In your case notes <ul style="list-style-type: none"> Who attended Description of conversations Description of progress Status of outcome Child outcomes if completed 	Draft "summary of meeting" letter for parents	Reprint and mail IFSP document, progress notes <ul style="list-style-type: none"> Family (include letter) Providers Others as consented by parent



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EARLY INTERVENTION PROVIDER DEVELOPMENTAL JUSTIFICATION TO CHANGE FREQUENCY, INTENSITY, AND/OR LOCATION OF AUTHORIZED SERVICES WORKSHEET

Section 1: General Information (REQUIRED FOR ALL CHANGES)

Name and Discipline of Provider Requesting Change _____ Date of Request _____

Name of Child's Service Coordinator _____ Child's Name _____ Child's EI # _____

Section 2: Current IFSP Authorizations (REQUIRED FOR ALL CHANGES)

IFSP Begin Date _____ Authorized Frequency _____ Authorized Intensity _____ Authorized Location _____ # of Service Sessions Completed by Provider _____

Functional Outcome That Supports Current Authorization: _____

Current Progress Toward That Outcome: _____

Section 3: Changes Requested (REQUIRED FOR ALL CHANGES)

Increase in Frequency or Intensity _____ Decrease in Frequency or Intensity _____ Change in Location _____ Discharge _____

Section 4: Written Developmental Justification or Basis for Desired Service Authorization

Providers who are requesting an increase in frequency or intensity or a change in location must address all questions and provide all appropriate documentation requested in the Section. Providers who are requesting a decrease in services or who have found the child age appropriate and are recommending that the child be discharged from services are only required to address the last statement found under Principle #4 in the "Information Required to Justify This Principle" column.



Bring multiple copies!

Multiple page worksheet



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CHILD AND FAMILY CONNECTIONS DEVELOPMENTAL JUSTIFICATION TO CHANGE FREQUENCY, INTENSITY, AND/OR LOCATION OF AUTHORIZED SERVICES

Date of IFSP Review: _____ Child's Name (Last, First): _____

Child's EI #: _____ Child's Date of Birth: _____ CFC Office #: _____ Service Type: _____

Original Service Location: _____ Revised Service Location: _____

Original Frequency: _____ Revised Frequency: _____

IFSP Team Summary of Justification: _____

(Attach required written justification from EI provider who requested this change.)

We, the undersigned members of the Individualized Family Service Plan (IFSP) team for the child stated above, participated and agree that a change from the originally recommended intensity, frequency, and/or location is needed and it is in the best interest of the child.

Parent/Caregiver	Date	Provider/Discipline	Date
Service Coordinator	Date	Provider/Discipline	Date
Provider/Discipline	Date	Provider/Discipline	Date
CFC Program Manager acknowledges that Service Coordinator held IFSP Change Meeting and that EI Provider written justification	CFC Program Manager	Date	

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1220g, and the Health Insurance Portability and Accountability Act of 1996, information contained hereon may not be released outside the parties who consented to this document without the prior written consent of the individual(s) whose information is being disclosed.



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Monitoring the IFSP



- Monthly contacts...
- Satisfaction of services
 - Progress on outcomes
 - Questions/concerns
 - Changes family size or income
 - Changes to insurance



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Questions?

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Annual Review

Time to re-determine eligibility!

Calendar

January 2017 February 2017 March 2017 **Start planning for Annual review**

April 2017 **Annual IFSP meeting**

May 2017

June 2017

July 2017

August 2017

September 2016 October 2016 November 2016 December 2016 **6-month review IFSP**

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1-2 months prior to annual review...

- Issue authorizations for global evaluation and other evals/assessments
- Schedule meeting with family - Determine if others will be invited
- Confirm meeting with providers
- Provide prior written notice confirmation letter
- Collect reports from providers and review reports for accuracy

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Can a child be found eligible with a less than 30% delay at an annual review?

Yes or No?

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Annual Eligibility Re-Determination

Requires a measurable delay **AND** Team determines continued services are required

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Annual Review

- Introductions and family update
- Principles of Early Intervention
- Review of priorities
- Levels of Development
- Child Outcomes Summary
- Development of functional outcomes
- Services to meet those outcomes
- Frequencies
- Consent

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Annual Review


Child Outcomes Summary

- Complete the ratings for each outcome (QUESTION A)
- Address Question B - Has the child shown any new skills or behaviors related to this indicator since the last indicator summary? (yes-no)

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Annual Review



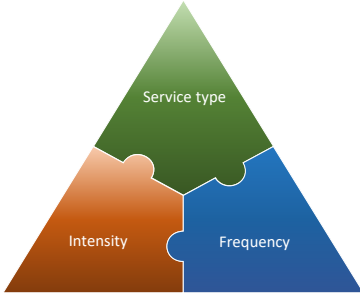
- Functional Outcomes
 - Review current outcomes
 - Revise, update, add new
 - Goals for next 6-12 months
 - Functional and measurable
- Discuss transition planning


Review and development of functional outcomes



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Annual Review






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 **Make sure you have releases for each person!**




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Annual Review




Update Consents



Required Notices




Update Financial and Insurance information



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Required Notices for Families

- State of Illinois Infant/Toddler Family Rights under IDEA
- Child and Family Connections Notice of Confidentiality Practices
- Child and Family Connections Notice of Systems of Payments and Fees
- Illinois Early Intervention Services System Family Participation Fees Program Fact Sheet



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Consents for families to sign

Child and Family Connections...

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Financial Requirements

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Post Annual IFSP Activities

Type	Prescriptions	Mail - Family	Mail - Providers
Type IFSP cover letter summarizing • IFSP dates, • services, and • Family Fee Information	Ensure there is a current prescription for services as required	Include • Cover Letter • IFSP • Evaluation reports • Illinois Early Intervention Services System Family Participation Fees Payment Agreement • Family Fee report	Mail to evaluators, ongoing providers, and primary care physician • Evaluation reports • IFSP • Front and back of insurance card if billing insurance!

Make sure your have updated consents to release information!

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Questions?

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Transition

- Ensure Continuity of Services
- Minimize Disruptions to the Family System
- Promote Child Functioning In Natural or Least Restrictive Environment

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Discuss Transition Early & Often

- Every IFSP meeting!
- Understand differences in services
- Address questions
- Identify supports

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Formal Transition Discussions begin....

By the time a child turns 2 years 6 months!
Can be done up to 9 months prior to 3rd birthday!


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Starting Transition Earlier...

Under what circumstances might you want to begin transition closer to 2 years 3 months, and not wait until 2Y 6M?



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Transition Planning outcome - steps to be taken and appropriate services to be provided to support a smooth transition including:

Discussions with, and training of, parents regarding future placements and other matters	Confirmation that additional information needed by the LEA has been sent	Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting	Identification of transition services and other activities that the IFSP team determines are necessary to support the transition of the child.
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Parent Options

- Parent may refuse the referral to the school district
- The parent may change their mind at any time
- Service coordinators may ask early interventionists to assist with transition planning






 Encourage parents to make an informed decision about Part B services by going through the evaluation process!

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6-9 months prior to child's 3rd birthday...

-  Schedule and hold IFSP meeting to formalize transition and revise transition outcome
-  Request provider reports for meeting and to include in referral
-  Obtain consent to release info to LEA
-  Provide "When I'm 3..." book and other information to parents
-  Provide Part B rights for families


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Transition Planning Conference

Held by 2 years 9 months of age!



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Who is **REQUIRED** to attend the TPC?

1. SC, Parent/guardian
2. LEA, Parent/guardian
3. SC, LEA, Parent/guardian
4. SC, LEA, Parent/guardian, evaluator(s)
5. SC, LEA, Parent/guardian, evaluator(s), entire IFSP team

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Transition Planning Conference

- With the LEA
- Child's progress in EI
- Information about preschool services under Part B
- Information about other programs and services for children
- Review timelines for Part B transition/evaluation/eligibility
- Describe the process for consenting to an evaluation
- Provide a description and the process of Part B eligibility

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Transition Planning Conference

- With the LEA
- Information about preschool services under Part B
- Information about other programs and services for children
- Review timelines for Part B transition/evaluation/eligibility
- Describe the process for consenting to an evaluation
- Provide a description and the process of Part B eligibility

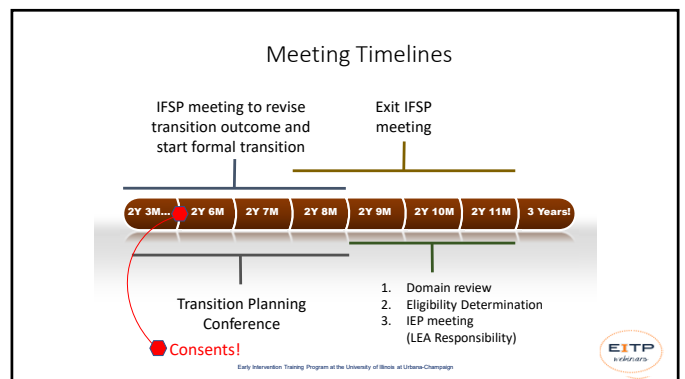
What about Chicago Public Schools (CPS)?

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Exit Meeting

- Completed 120 day and less to exit from EI
- Discuss progress since family started in EI
- Confirm and identify steps to ensure a smooth transition
- Obtain final Child Outcome Summary


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3-6 months prior to 3rd birthday...

- Send referral packet to the school district
- Begin EI to EC tracking form
- Schedule and hold TPC
- Schedule Exit IFSP meeting



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3-6 months prior to 3rd birthday...


- Send referral packet to the school district
- Begin EI to EC tracking form
- Schedule and hold TPC
- Schedule Exit IFSP meeting

Last 4 months prior to 3rd birthday...

- Hold exit IFSP meeting
- Complete final child outcome rating
- Request discharge reports and forward to LEA
- Attend IEP meeting upon request of family



Recommend going to a face-to-face transition training for much more information!



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Early Intervention to Early Childhood Transition Tracking Form

Section I To be completed by the CFC for each child, when the parent has given consent, and forwarded to LEA.


School District Name: _____ Date EI to EC Tracking Form Sent to LEA: ____/____/____
 Child's Name: _____ Parent/Guardian Name: _____ Phone # _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Child's DOB: ____/____/____ Child's EI #: _____ CFC #: _____ Date Referred to CFC: ____/____/____
 Service Coordinator Name: _____ Phone #: _____ Fax #: _____
 Date Transition Packet Sent to LEA: ____/____/____ Date LEA's Transition Planning Conference Held: ____/____/____
 Section I Completed By: _____ Title: _____ Phone #: _____

Section II To be completed by the LEA/School District, then returned/forwarded to the CFC.

Referred by CFC: Yes No. If Yes, date tracking form received by LEA from CFC: ____/____/____. If No, date LEA initiated tracking form: ____/____/____
 Child found eligible for Special Education: Yes No. If No, date LEA initiated tracking form: ____/____/____. If No Show or Unable to Contact, list attempt: _____
 Date child found eligible for Special Education: ____/____/____. If SP Services did not start on child's third birthday, list why: _____
 IFSP Completion Date: ____/____/____. IFSP Services Start Date: ____/____/____
 Parent Declined LEA Services: Yes No. If Yes, List Reason Parent Declined: _____
 If Yes, Date Parent Declined: ____/____/____
 Transition Delayed: Yes No. If Yes, indicate reason for delay by checking one of the below:
 Parent unavailable to provide child School district delay EI services referred after child is 2 1/2 years of age but child in EI prior to 2 1/2
 EI services not available in district after consent was given in another district but before eligibility determination
 Child enrolled in district after consent was given in another district but before eligibility determination
 Section II Completed By: _____ Title: _____ Phone #: _____



LEA: Please to issue CFC Office within 30 calendar days after the child's third birthday by fax and enter information into the IISB Student Information System (SIS). If the child enrolls in the district, update the information of the child's birth month and Developmental Quotient. Coordinate with the Family Educational Rights and Privacy Act, 20 USC 1222g, and the Health Insurance Portability and Accountability Act of 1996. Information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the disclosure is otherwise lawful.

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Exit meeting

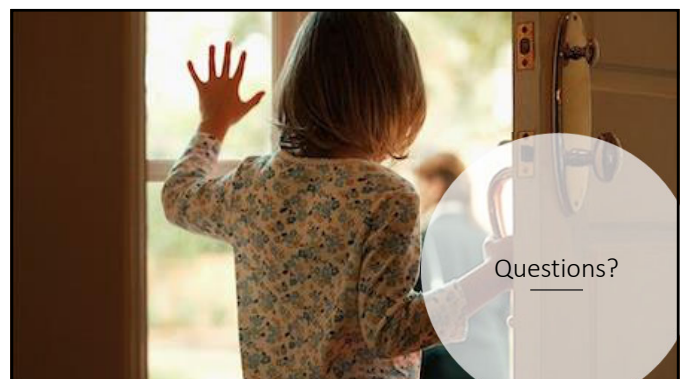
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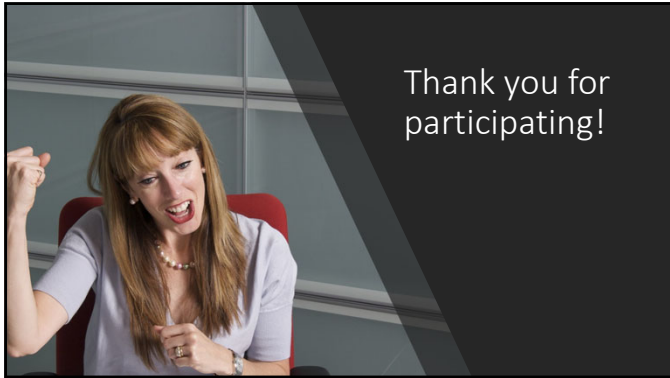
Final note about Child Outcomes



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EITP Virtual Office Hours

No registration is required! Learn more at <https://go.illinois.edu/EITP/officehours>

WHO	WHAT	WHY	WHEN	WHERE
New personnel in Illinois Early Intervention	A monthly call to ask questions or get clarification about the Illinois Early Intervention system from EITP and other EI partners!	Provides space for new EI personnel to <ul style="list-style-type: none"> • Get answers about their role • Share resources • Feel grounded and connected in a large system. 	The first Tuesday of each month from 3:00 PM - 4:00 PM Central Time Kick-off: April 2nd	Zoom Meeting Room: https://illinoisblended.zoom.us/j/83337288

We hope you can join us! If so, please complete this short survey so we can best prepare for your questions in advance:
<https://www.surveymonkey.com/r/EITP/OfficeHours-2ndSurvey>

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Survey & Certificate

- Certificate will be emailed as soon as your attendance is marked with [a link to the survey](#)
- If you complete the survey now there is no need to complete it again
- If you don't receive the survey and certificate by email within 2 business days email eitp-office@illinois.edu

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EITP Training Evaluation

Don't Forget!

<https://www.surveymonkey.com/r/EITPScblended-livewebinarseries>

- At completion of 4 live webinars
- Follow-up survey 3-6 months after completion of required training
- Follow-up survey 12-15 months after completion

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