

# Service Coordinator’s Guide to Conducting Remote Meetings with Families:

## *Initial Contact(s), Screening, Intake, IFSP, IFSP Reviews, Transition*

Introduction: During a public health emergency, service coordinators can work with families remotely to support families in meeting OSEP-identified goals for families participating in early intervention:

- Families know their rights
- Families communicate their child’s strengths and needs to advocate for their child/family
- Families help their child learn and develop

Moreover, service coordinators can be an important “connection” and encouragement to families experiencing feelings of isolation and those who may be at home with their children for significantly more time than what was typical prior to the crisis.

Service coordinators fill a vital role in supporting families with information and also through emotional support. It is important to remember, however, that service coordinators are not licensed therapists or guidance counselors; it is not the service coordinator’s role or responsibility to question, challenge, or change parents’/guardians’ ideas, values, beliefs, or lifestyles in this time of crisis. Service coordinators are not providers of health care, so they do not provide health information (or opinions) but can direct families to current information from reputable sources:

State resources available for questions or concerns related to COVID-19:

- UAMS Help Hotline @ 800-632-4502 to be triaged or for questions regarding COVID-19
- Arkansas Children’s Hospital @ 800-743-3616 24-hour Family Information Hotline
- Arkansas Department of Health Hotline @ 800-803-7847 for individuals who have been exposed or have symptoms

***Thank you for the valuable work you do with families.***

This guide will support service coordinators (both state staff SCs and provider program SCs) in adjusting to a new way of connecting with and serving families during the current public health emergency. The contents of this guide are arranged in the order that “the process” happens with families. However, current cases will already be in various stages of the process, so the pages are numbered with each type of meeting in its own section. Note: to go directly to the section that you need, press the CTRL (control) key on your keyboard and click on the hyperlink.

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## COMMON QUESTIONS

### **How does a Parent . . .**

[Document others he/she wants to include in teletherapy sessions?](#)

[Provide consent for tele-intervention \(teletherapy\) services?](#)

[Withdraw consent for tele-intervention \(teletherapy services\)?](#)

### **How does the SC . . .**

[Complete the COS Rating?](#)

[Conduct successful Bi-Annual and Annual IFSP Review Meetings Virtually?](#)

[Conduct a successful virtual initial IFSP meeting?](#)

[Conduct a successful virtual IFSP Quarterly Review meeting?](#)

[Conduct a successful virtual intake?](#)

[Conduct a successful virtual Transition Conference?](#)

[Determine ongoing Part C Program eligibility and develop the new IFSP without a re-evaluation?](#)

[Determine Frequency/Intensity of Services on an IFSP?](#)

[Determine Part C Program eligibility in a virtual meeting?](#)

[Document delay in initial IFSP development due to public health emergency?](#)

[Document consent for services on the IFSP?](#)

[Document the family goal on the IFSP?](#)

[Document family was provided choice of provider?](#)

[Document eligibility through ICO only for child not eligible MD or DD?](#)

[Document Part C Program eligibility in CDS?](#)

[Explain the purpose of a Bi-Annual or Annual Review?](#)

[Get consent to share results of an evaluation?](#)

[Help the family set a family goal for their IFSP?](#)

*Prepare for an initial contact?*

*Manage a referral when the parent is unreachable*

*Provide justification to use Part C funds to provide DT via Teletherapy to Medicaid-eligible Children?*

*Select IFSP services with the team in a remote meeting?*

*Send EI records to the EC Coordinator during a public health emergency for a child transitioning?*

*Send prior written notice of a virtual meeting if the parent wants to do intake at the initial contact?*

*Use informed clinical opinion to determine Part C Program eligibility when a child is not eligible as MD or DD?*

### **Can the SC . . .**

*Close a referral when a parent is unable to be reached?*

*Combine the Transition Conference with an IFSP Review Meeting?*

*Complete the initial IFPS without the DT evaluation?*

*Develop the initial IFSP if the DT eval has not been completed?*

*Fill in date of signature for a parent?*

*Include family members who are not at the parent's location?*

*Mark the therapist as primary person working on an action step/objective?*

*Provide the family with developmental activities to do while waiting for an evaluation?*

*Select service levels beyond what is allowed for tele-intervention when developing an IFSP?*

*Select what evaluation are needed at intake?*

*Wait to complete the exit COS rating later instead of at the Transition Conference?*

## INITIAL CONTACT(S) ON NEW REFERRALS:

**Introduction:** Initial contacts with the parent/guardian of a child newly referred must be made by phone and documented in the “Notices and Communications” section of the child record in CDS. To protect child/family privacy, it is critical for the person making the initial call on a new referral to make sure that they are speaking to the parent/guardian of the child referred before sharing information about the child or the referral.

However, the initial phone contact is more than just calling about a new referral – it is the first step in relationship-building with families of children the program may potentially serve. Taking the time to prepare in advance of the call in order to share relevant, useful information with the family while being sensitive to the family’s needs, concerns, and priorities lays the foundation for positive partnerships with the families First Connections serves the purpose of intake must be explained to the family.

The primary purpose of the initial call is to:

- answer the family’s question(s) about the referral (unless the parent self-referred)
- answer the family’s questions about the Part C program
- provide accurate information about options for services/programs for children 0-3 and their families so that families can make informed choices that fit their priorities
- help families understand the basic steps in the process for a Part C program

After answering the family’s questions about the referral and about the Part C program, if the family is interested in early intervention in the Part C program, the service coordinator explains “what’s next” (the basic steps in the Part C program process) and typically schedules intake at a time and place convenient to the family. However, during the public health emergency, service coordination and other early intervention services are provided remotely to protect the children and families we serve as well as our team of EI professionals.

During this period, service coordinators will schedule intake with families via phone meetings. If the family is interested and has the time, the intake may be completed at the initial phone contact.

### **What if a family is reached at the initial contact and wants to do intake immediately?**

During the period of a public health emergency when service coordinators are working remotely, access to mail may be limited, service coordinators send electronic meeting notices to the family. Families have the right (under IDEA) to receive written notice at least 7 days in advance of all meetings. Families do not “waive their right” to prior written notice because IDEA ensures that families also have the right to meet at times and places convenient to the family.

Service coordinators must document prior written notice or a signed parent statement agreeing to meet before receiving prior written notice of the meeting.

If a parent wants to meet (remote or virtual meetings by teleconference or video conference) the service coordinator can explain the family rights and the parent can sign the form indicating he/she agreed to meet before receiving prior written notice of the virtual meeting. See the [form in INTAKE](#).

**What if a family can't be reached by phone?**

If a family cannot be reached by phone at the initial contact, the service coordinator sends the referral letter and the referral response form to the parent by mail or by email (if an email address has been provided for the parent of the child referred). All email messages with child/family information must be marked "sensitive." Documentation of the notice sent is recorded in "Notices and Communications" section of the child's electronic record in CDS and the letter/notice sent is scanned and uploaded into case notes in CDS for that child's record.

**Tips for when families cannot be reached in initial contact attempt:**

- (a) include a program flier in with the referral notice with the referral response form so the parent understands the program
- (b) send the referral notice and referral response form the same day that you attempted to reach the parent by phone

**Policy/Process/Timeline for managing referrals when family cannot be contacted:**

Timeline	Step	Documentation
<b>Within 2 days of date on the referral</b>	<ol style="list-style-type: none"> <li>1. Attempt to contact parent/guardian by phone</li> <li>2. Send referral notice and referral response enclosure form</li> </ol>	<ol style="list-style-type: none"> <li>1. Record call in Notices and Communications section of CDS.</li> <li>2. (a) Record notice sent in Notices and Communications section of CDS. (b) Scan/upload letter sent in the case notes section of child record in CDS.</li> </ol>
<b>5-7 days later</b> (7-9 days from the date on the referral)	<p>(if the family has not returned response form or called)</p> <ol style="list-style-type: none"> <li>3. Attempt to contact the family by phone again</li> <li>4. Send 2<sup>nd</sup> notice (referral notice and referral response enclosure form)</li> </ol>	<ol style="list-style-type: none"> <li>3. Record call in Notices and Communications section of CDS.</li> <li>4. (a) Record notice sent in Notices and Communications section of CDS. (b) Scan/upload letter sent in the case notes section of child record in CDS.</li> </ol>
<b>5-7 days later</b> (12-16 days from the date on the referral)	<p>(if the family has not returned response form or called)</p> <ol style="list-style-type: none"> <li>5. Send referral notice via certified mail</li> </ol>	<ol style="list-style-type: none"> <li>5. (a) Record notice sent in Notices and Communications section of CDS. (b) Scan/upload letter sent in the case notes section of child record in CDS.</li> </ol>
<b>5-7 days later</b> (17-23 days from the date on the referral)	<p>(if the family has not returned response form or called)</p> <ol style="list-style-type: none"> <li>6. Close the referral in CDS</li> </ol>	<ol style="list-style-type: none"> <li>6. Document as "unable to reach" as the reason the referral is closed.</li> </ol>

**Documenting Contacts in CDS:**

All contacts (phone, email, letters sent) are recorded in the child record in "Notices and Communication."

**Step 1:** Enter date of communication and choose from the drop down list the type of communication (phone call, letter/notice sent). Then click “Save Parent Contact.”

**Step 2:** For a letter/notice sent, select the type of notice from the drop down list. Choose which parent on the child record will receive the notice.

**Step 3:** Generate the notice in CDS to print/send.

**Step 4:** Upload a copy of all notices/letters sent in case notes of CDS.

**Tips for Initial Contacts:**

- (a) Prepare in advance by looking at the referral so that you can answer basic questions such as “who referred my child?” and “why?” Check the referral in CDS to see if there is any documentation attached (for example, a screening result from an EHS or PCP, a DCFS investigation record, or an evaluation report from ACH).
- (b) You can use some of the language from the FC Parent Participation document (at the front of the FC Family Rights Booklet and a required form for intake) to explain the Part C program accurately and in a way that helps families understand their role as an active participant in all aspects of early intervention.
- (c) Obtain the parent’s email address at initial phone contact since work will be conducted with families remotely during the period of the public health emergency.

- (d) Help families understand options for services/programs by using the handout “Families Have Options.” The goal isn’t to ensure every child is served by the Part C program – the goal is to ensure families know their options and can advocate for their child and family. Sharing accurate information in initial contacts supports families in finding a good match and advocating for their child and family (an OSEP goal for families participating in Part C programs).



## Overview of Arkansas’ Early Intervention Network

*Your child may have been referred by your doctor or other medical professional for “early intervention,” but did you know that families have options?*

<p style="text-align: center;"><b>First Connections</b> Early Intervention under IDEA, Part C</p> <p><i>Our approach is to help you know how to help your child develop and learn. The developmental approach “Part C Programs” use emphasizes parent involvement every step of the way. Parents work with their EI team to set goals that align with your family’s priorities, concerns, and interests. Professionals coach parents and other caregivers to incorporate intervention strategies into typical activities so your child has meaningful opportunities to develop functional skills in context. “Part C Programs” maximize the many hours of the day between “therapy sessions” as opportunities for working on movement, speech, social skills, etc. As a result, there may be a difference between what a physician prescribes or a therapist recommends and services on the Individualized Family Service Plan (IFSP) your EI team develops with you. If there is a difference, it does not necessarily mean we have different goals for your child, only a different approach to achieving them. Your IFSP is reviewed quarterly with you to assess progress.</i></p>	<p style="text-align: center;"><b>Early Intervention Day Treatment Centers</b> <small>(formerly DDTTC / CHMS)</small></p> <p><i>Our approach is to surround your child with intensive support in a high-quality early learning environment for children with disabilities or special health needs.</i></p> <p>Using a developmental rehabilitative/medical model, professionals develop a plan of care to address your child’s special needs identified through a comprehensive evaluation process. Results of evaluations are shared and discussed with the family.</p> <p>While family involvement is required to review and approve the plan, the parent generally is not present or actively involved in implementing the plan at the center your child attends. Early intervention day treatment support your child’s early learning in a classroom setting while professionals on your child’s team work closely with your child in direct child therapy services provided on site. Child progress is assessed and updates on child progress are regularly shared with parents.</p>	<p style="text-align: center;"><b>Private Therapy Provider</b> <small>outpatient clinic therapy</small></p> <p><i>Our approach is to provide your child with high-quality therapy that remediates developmental deficits and builds skills that support your child’s development.</i></p> <p>Using a therapeutic model, professionals with experience in using play-based therapy techniques make learning fun. Based on your child’s special needs identified through both general and specialized evaluations, the therapists on your evaluation team develop a plan of care to address your child’s special needs. While family involvement is required to review and approve the plan, many services are delivered in state of the art outpatient clinic settings. The parent may be present in therapy sessions. Parents, however, generally are not required to be present or actively involved in implementing the plan or participating in sessions.</p> <p>Child progress is assessed both formally and informally and updates on the child’s ongoing progress are shared with parents.</p>
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Back to Common Questions



RETURN TO MAIN MENU

# INTAKE

**Introduction:** IDEA requires “prior written notice” be sent before any meeting is conducted with the family. Notices must state the proposed action and who will be present at the meeting. The notice must be written in a way that is generally understandable to the public and arrive far enough in advance of the meeting for the parent to prepare or take other action. During the period of a public health emergency when service coordinators are working remotely, access to mail may be limited. For this period, service coordinators may send electronic notices to the family. The form is fillable, and the service coordinator chooses from a drop-down menu what type of virtual meeting this notice is for like this:

First Connections  
Arkansas' Early Intervention Program  
Division of Developmental Disabilities Services

First Connections early intervention program  meeting with you for the purpose of collaborating with you to complete

Under the Individuals with Disabilities Education Act, you are entitled to receive prior written notice received at least seven days before any meeting.  times and places convenient to the family. During the current COVID-19 pandemic, IFSP quarterly review meetings have been replaced with phone virtual meetings, and IFSP bi-annual intake meeting regional service coordinators and/or other members of their IFSP team will conduct these meetings in advance. IFSP annual review

Your signature on this notice documents your  assessment for you before receiving written notice of the meeting.

Name of SC who will conduct meeting, Service Coordinator  
First Connections, early intervention under IDEA, Part C  
DHS/DHS  
phone number  
email address

**Virtual intake:** Required participants for an intake meeting are the parent/guardian and the service coordinator. The parent may invite anyone he/she would like to include, even if that person is not at the same location as the parent or the service coordinator (ie: via conference call).

The purpose of intake must be explained to the family. The purpose of intake is to answer the family's questions about the program, about early intervention, and about the process and for the service coordinator to get to know the family and learn about the parent's goals, concerns, and priorities. At intake the service coordinator will also begin help the family begin learning about their rights under IDEA, and will guide the family through the early intervention process and paperwork. The service coordinator explains next steps (the required developmental evaluation and what it is for) and provides the family with a provider directory so that the parent can select the provider who will perform the evaluation.

The service coordinator will want to make sure to ask the family during the intake if the child has a medically diagnosed condition from the list of eligible conditions that would make the child automatically eligible for the program. If so (and there is documentation of the child's diagnosis), then an Interim IFSP can be made (that meeting requires 3 participants like an initial IFSP meeting) and developmental therapy can be provided on the Interim IFSP (temporary IFSP) while waiting for the developmental evaluation.

## **How to:**

- 1. Explain the purpose of the intake.** Explain the purpose of the virtual intake meeting in such a way that the parent/caregiver understands.

Tip: you can use some of the “language” from the introduction above (example: “Intake begins the process, and it’s my job to explain the process and next steps to you as we go. I also want to get to know you and your child and learn about your priorities for your child’s

early learning, your concerns, and any questions that you have. There is paperwork to be completed, and I want to explain it as we go so that you are in charge of your child's early intervention.")

2. **Provide the parent information about the program from the Parent Participation Agreement.** Some service coordinators go over this as part of family rights because it is in the front of the Parent Rights booklet. Have the parent e-sign the Parent Participation Agreement. If a family chooses not to participate, we assist the family in finding a different option for services for their child, document the contact, and close the referral as "parent refused"
3. **Answer questions the parent has about the program.**
4. **Ask about the parent's priorities for the child's early learning.** (Take notes) The SC can use page 1 of the IFSP as a fillable form, but this is not a required document. Much of the information needed can be typed right into CDS.
5. **Go over Child/Family Rights booklet.** Explain some of the basic rights that a family has that we will talk about during this meeting (like consent, choice, etc) and let the parent know that you are sending them a copy of their rights and will refer back to them at every meeting. The parent will e-sign the page from the rights guide to document they received a copy and also e-sign Pub408.
6. **Explain the basic process (steps for intake, what is next).** Let the parent know a next step in the Part C program process is a developmental evaluation that measures the child's strengths and needs in all five areas of development – the program uses the developmental evaluation results not only to determine program eligibility but also to help all of us work together to make a plan for your child and family.

During a public health emergency (during this time) evaluations cannot be completed through teletherapy. However, the service coordinator and parent can get everything completed up to that point so that when the agency is notified that face to face visits can resume, we'll be ready to move forward with the evaluation and will notify the parent.

The service coordinator will work with the parent to decide what evaluations are needed. Discuss whether a screening might be useful to decide if other evaluations in addition to the DT eval might be useful. If the parent chooses, the service coordinator can conduct a screening (ASQ-3) to informally assess child strengths and needs and provide the parent with ASQ activities to help the child develop in areas of need while you're all waiting for the evaluation.

**See section VII on [Screenings](#) (note: consent for a screening can be done on the same form as consent for evaluations – next step)**

7. **Obtain parent consent for evaluation(s).** The service coordinator uses form FC-D "Evaluation & Information Authorization" (often called "Consent to Evaluate" form). The SC will electronically fill (type into the form to complete) the same form the program has always used to get consent for an evaluation updated to be used electronically during remote visits. The service coordinator completes the form with information gathered from the parent in the virtual intake (over the

phone or through video conference). The service coordinator sends the form via email for the parent to e-sign consent for the evaluation. The top section of the form is where the parent/guardian grants consent. The service coordinator will fill it in something like this:

**DEVELOPMENTAL DISABILITIES SERVICES / FIRST CONNECTIONS  
EVALUATION & INFORMATION AUTHORIZATION**

CHILD'S NAME John Doe CHILD'S ID NUMBER 10000265

PARENT/GUARDIAN James Doe SERVICE COORD

**CONSENT TO EVALUATE:**

I understand that I have the right to notice and consent in my native language before any action is taken concerning my child; and I am authorizing Developmental Disabilities Services and the First Connections Program to complete the following evaluations for my child.

Developmental Evaluation    Speech Therapy    Physical Therapy    Occupational Therapy

Other \_\_\_\_\_

Parent/Guardian Initial       Yes    No                      \_\_\_\_\_ Date

The spot for the parent to initial via e-sign is highlighted on the form. ***It is OK for the service coordinator to type in the date for the parent.***

The 2<sup>nd</sup> box of the consent to evaluate form is where the parent grants consent to share the results of the evaluation with others. Do not have the parent initial/sign a blank box. Always type in the name of the family's 1<sup>st</sup> and 2<sup>nd</sup> choices of providers selected to complete the evaluation(s). Consider also completing the box by typing in information discussed with the family at the virtual intake call. Discuss with the parent who might need the results of the evaluation(s) once they are completed? (the child's PCP? Childcare provider? Other programs that currently serve the child like Following Baby Back Home, Title V CHC Program, HIPPPY for 2 year olds, the LEA if the child is nearly 3, etc). Complete the 2<sup>nd</sup> box of the consent form with information gained from the parent, like this:

**CONSENT TO OBTAIN/RELEASE INFORMATION:**

I understand that I have the right to notice and consent in my native language before any personally identifiable information about my child is released or obtained. I understand that I can revoke this authorization at any time. I also understand that I may examine any and all records pertaining to my child at any time. I am authorizing Developmental Disabilities Services and the First Connections Program to

obtain from /  release information to:

Organization/Individual CHC Nurse Care Coordinator                      (1) XYZ Therapy

Address Dr. Bee Hive (PCP)    (2) Virtual Visits Interv.

Information to be Obtained / Released: Developmental evaluation results

Parent/Guardian Initial       Yes    No                      \_\_\_\_\_ Date

The 3<sup>rd</sup> box of the consent to evaluate form is where the parent acknowledges that he/she was given a choice of providers (service coordinators must offer parents choice by providing the parent with the provider guide for the county in which the child/family live). Always encourage the parent to make a first and second choice in case their first choice is unable to provide the evaluation or other service requested. The third box is filled in like this:

**FAMILY CHOICE OF PROVIDERS:**

I have been provided a list of providers available to conduct the above identified evaluations and have chosen the following providers:

<input checked="" type="checkbox"/> Developmental Evaluation	Provider	1st: <u>XYX Therapy</u>	2nd: <u>Virtual Visits Intervention</u>
<input type="checkbox"/> Speech Therapy	Provider	_____	_____
<input type="checkbox"/> Physical Therapy	Provider	_____	_____
<input type="checkbox"/> Occupational Therapy	Provider	_____	_____
<input type="checkbox"/> Other _____	Provider	_____	_____
<input type="checkbox"/> Other _____	Provider	_____	_____
<input type="checkbox"/> Other _____	Provider	_____	_____

Parent/Guardian Initial \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The spot for the parent to initial via e-sign to document that he/she was provided choice of providers is highlighted at the bottom of the 3<sup>rd</sup> box on the form.

The parent must also sign the form at the bottom (not just initial).

8. **Complete FC Child & Family Assessment:** This fillable form can be completed at intake, later at the initial IFSP meeting, or in a separate call entirely. It must be completed before goals and objectives are developed with the family for their IFSP.
9. **Obtain consent to bill public or private insurance:** fill in the correct insurance authorization form with information the parent provides. Make sure the parent understands the no-cost protection provisions on the back of the form. If the child has Medicaid, make sure to get the Medicaid number and PCP’s name for the DMS-640.
10. **Obtain Demographics Data:** Let the parent know that you will be sending a form to collect Race and Ethnicity Data for the parent to self-identify their child. Let the parent know the purpose of this form/collecting this data (TIP: “Because we are a federally-funded program, we must report data to show that we serve all Arkansans. No child-specific information is shared, only percentages of children we serve in every category”).
11. **Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened:** Review what was accomplished at your virtual intake meeting as you type the information in the form. Be sure to type in the parent name, child name, the date/time of the meeting and type an “x” to mark what kind of meeting was held. “Virtual meeting” is typed on the form for you:

**NOTE: THE ASSIGNED SERVICE COORDINATOR CANNOT BE CHANGED UNTIL THE INITIAL IFSP MEETING.**

**PARENT NOTICE OF REMOTE MEETING OUTCOME**

**PARENT NAME:** Janice Doe                      **CHILD NAME:** Jane Doe

**WHEN WAS THE MEETING HELD?**

Date <u>3/31/2020</u>	Time <u>10:00</u>	Location <u>virtual meeting</u>
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**WHY WAS THE MEETING HELD?**

The meeting was held for the purpose of:

discussing the services and assistance available through DDS and/or the First Connections Program.

discussing your child's progress and to discuss areas in which I may be of assistance to you.

discussing the results of the \_\_\_\_\_ evaluation completed for your child.

discussing needs and develop an IFSP/ROAD MAP                       quarterly review of the IFSP/ROAD MAP

biannual review of the IFSP/ROAD MAP                       annual evaluation of the IFSP/ROAD MAP

developing a transition plan                       discussing progress of the transition plan

The parent and service coordinator will both e-sign this document. The parent (and anyone else present) e-signs on the meeting attendee line for their role (parent line is highlighted on the form). The SC can type his/her name in because the SC must sign the bottom of the form:

**WHO WAS AT THE MEETING?**

The following people participated in the meeting:

<u>James Doe</u> <u>Parent</u>	<u>Shelly Sellers</u> <u>Service Coordinator</u>
_____ <u>Family</u>	_____ <u>Physician</u>
_____ <u>Advocate</u>	_____ <u>Evaluation Representative</u>
_____ <u>Other</u>	_____ <u>Service Provider</u>
_____ <u>Other</u>	_____ <u>Service Provider</u>

The bottom section of the form is where the service coordinator summarizes what happened in the meeting. Do not send a blank form to a parent to e-sign. The service coordinator fills in the form using information gathered from the virtual intake meeting, something like this:

**WHAT DID THE TEAM DECIDE?**

The attendees of the meeting agreed that the following outcomes will best meet the needs of your child and ensure successful completion of the IFSP/ROAD MAP:

Reviewed family rights and Parent Participation Agreement. We discussed the process and next steps.

Selected evaluations determined necessary and conducted ASQ screening. Provided parent with ASQ activities to do at home while waiting for evaluation. Parent e-signed consent for the screening, for evaluations and e-signed other required forms/documentations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shelly Sellers  
Service Coordinator's e-signature

\_\_\_\_\_  
Date

(Form # FC-C)  
(electronic  
version  
3/2020)

## 12. Send the following documents for the parent/guardian to e-sign:

- FC Parent Participation Agreement
- FC Family Rights Brochure Documentation
- PUB-408
- Race and Ethnicity Data Collection
- FC-D Consent to Evaluate
- Any DHS 4000s needed to share information with other programs or family members
- FC Medicaid Authorization OR Private Insurance Authorization
- FC-C Notice of Remote Meeting Outcome

NOTE: If the SC has access to Adobe sign or Echo sign or similar application that provides privacy protection, please use it. If attaching e-sign forms to an email to send to the parent do not forget to send the message securely/encrypt the message. State staff can do this by typing “sensitive” in the subject line.

### Tips for successful virtual intakes:

- (a) If the parent has the capability to do a video meeting, do the intake with video capabilities so you can show the pages you’re going over in the family rights book, forms, etc. Or, email the FC Family Rights book to the family in advance so that he/she is looking at the booklet along with you as you reference specific pages/sections.
- (b) Be prepared – review the referral and notes from the initial contact call. Have all the required documentation/forms in front of you in some sort of logical order (Recommend doing them in order of the checklist on page 9, but this is not a requirement).
- (c) Ask the family about other resources/supports they receive and type them into the IFSP page 1 “resources” on the “Family Information” tab of the child record in CDS. Is there something they have said they need that they aren’t already receiving? If so, make a recommendation. If the family wants you to make a referral, obtain consent to release information to make the referral on the DHS4000 e-sign form and send it to the parent.
- (d) Have the child record in CDS open in front of you so small details (child’s Medicaid number or the name of the child’s PCP) aren’t overlooked.
- (e) At the end of the intake meeting, prepare the family for “what’s next” by explaining the next step and what they can do to prepare. Typically, the next step is a developmental evaluation. During the public health emergency, evaluations may not be provided via teletherapy, and face to face visits are postponed until the emergency has ended. Let parents know that their service coordinator will be in contact with them when the process can begin again. Provide the family with developmentally appropriate activities (use ASQ-3 or ASQ-SE activities that accompany the screening tools).

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Questions

RETURN TO MAIN MENU

## MEETING TO DETERMINE PROGRAM ELIGIBILITY / INITIAL IFSP

**Introduction:** IDEA requires “prior written notice” be sent before any meeting is conducted with the family. Click [this link to read more about initial notices and the use of e-notices](#) during a public health emergency. If a parent wishes to have their virtual initial IFSP meeting (remotely) before receiving prior written notice, the e-notice may be used to document the parent’s desire to meet at a time convenient to the family before receiving prior written notice.

Required participants for an IFSP meeting must include three different people filling three different roles or disciplines:

1. Parent/guardian
2. Service Coordinator
3. Evaluator or an Evaluation Interpreter

The family may invite anyone else they would like to participate, even if that person is participating in the virtual meeting from a location separate from the parent/guardian.

**During a public health emergency (during this time) evaluations cannot be completed through teletherapy. For children who are eligible for the program in the medical diagnosis category (MD) with a documented, medically diagnosed condition likely to result in a developmental delay, an Interim IFSP can be created.**

**A comprehensive developmental evaluation is required for every child referred to a State’s Part C program (per IDEA). For children who have not yet had a developmental evaluation, an initial IFSP cannot be created (even if other evaluations have been completed and show a qualifying percent delay). The process of initial IFSP development is on hold until the public health emergency has been declared resolved/ended and a face to face, in-person developmental evaluation can be completed.**

**The service coordinator documents the delay as “public health emergency” causing delay of initial IFSP” in case notes of the child record in CDS.**

**When the evaluation has been completed and the initial IFSP is developed, the service coordinator will document the reason for delay as “other” (in CDS) and types in “public health emergency” as the reason.**

**While waiting for the DT evaluation, the IFSP team must provide the family with developmentally appropriate activities to do at home to boost the child’s early learning and development in areas of need identified by the parent and/or other evaluations. A good source for activities are the ASQ-3 and ASQ-SE activities that accompany these screening tools.**

### **Conducting a Virtual Meeting to Determine Part C Program Eligibility / Develop Initial IFSP:**

The purpose of the meeting must be explained to the family at the beginning. All participants on the call (and their roles) must be announced/introduced at the beginning of the meeting.

The purpose of the meeting is for the IFSP team (which includes the parent) to determine if the child is eligible for this program. It is important to explain to the parent that the team is not at this time determining what service or services the child is eligible for, because that is determined later in the process based on what is needed to reach functional goals on the child's and family's plan. The meeting is to determine if the child meets the State's Part C Program eligibility criteria:

**MD** - medically diagnosed condition likely to result in a developmental delay (documented)

**DD** - developmental delay of 25% or more of the child's chronological age in any one area

1. **The team determines if the child meets Part C Program Eligibility.** The IFSP team (which includes the parent) determines if the child is eligible to participate in the Part C program in one of these categories. The child's electronic record (on the IFSP) must indicate how the child is eligible for this program (not Medicaid program eligibility guidelines for a particular service or services – that's a different program).

**The child's electronic record in CDS will require the service coordinator to check the box (MD or DD) for the eligibility category and will state (in the type box in CDS) how the child is eligible in the category marked.**

#### **What if there are concerns but the child is not eligible in the MD or DD categories?**

If the family has concerns about the child's early learning and development but the child does not have a medically diagnosed condition or a qualifying percent delay in any one area of development (but does have some non-qualifying delays), the team (which includes the family) reviews all of the information available (including medical records, educational records from child care, etc.) and discusses if the child is in need of early intervention to prevent existing delays from becoming more pronounced/advanced.

The informed clinical opinion of qualified professionals (service coordinators and EI providers) may be used to determine eligibility even in the absence of qualifying delay and/or diagnosed medical condition in accordance with 34 CFR §303.321(a)(3)(ii). The team may use Informed Clinical Opinion as defined by IDEA (this is the same term but not the same type of informed clinical opinion in a medical-model program where a clinician recommends treatments, services, frequency, or duration).

Informed clinical opinion may not be used to negate the results of evaluation instruments used to establish program eligibility. Informed clinical opinion is used in conjunction with evaluation results and quantitative data when all evaluation procedures have been met (see AR Policy and Procedure: "Informed Clinical Opinion" / 3200(3)).

Per AR Policy and Procedure 3200(3) on Informed Clinical Opinion to determine program eligibility:

With no delay of 25% or greater confirmed by the comprehensive developmental evaluation results (or a diagnosed physical or mental condition), the following criteria must be stringently addressed and the results for each documented in detail in the child's electronic record:

- A specialist (occupational therapist, physical therapist, or speech therapist) whose expertise best addresses a specific area(s) of concern evaluates the child and provides test results and written opinion as to why the child qualifies for early intervention (such as reasons why the test

instruments do not clearly reflect the child’s functional ability, etc).

- Any physical or mental condition (the specialist within his/her discipline may establish the description of the condition or a physician may provide the description) that affects the child’s functional ability but does not meet the definition of a physical or mental condition as described in 3200 (2) above.

To document that the child is eligible to participate in the Part C program (regardless of pay source) through **Informed Clinical Opinion only** (because the child is not eligible in the MD or DD categories), the service coordinator documents in the child’s electronic record in CDS “ICO only” from the list of options. The service coordinator will state how the IFSP team determined eligibility using ICO only (in the type box in CDS).

### **Conducting a Virtual Initial IFSP Meeting for Part C Program-eligible Children:**

**Introduction:** IDEA requires Part C early intervention professionals to teach families how to communicate their child’s strengths and needs to advocate for their child and family. Families are part of the IFSP team and work with EI professionals to develop a functional plan that meets family interests, priorities, and goals for their child. Arriving at the meeting with goals that the therapist or service coordinator prepared is a violation of family rights under IDEA.

Helping families to understand what early intervention in a Part C program “looks like” and what their active role is like will prepare the parent to work with their EI team to develop a useful child and family plan. Service coordinators can use language from AR Policies & Procedures #4610 to accomplish this:

“EI providers are responsible for consulting with and training parents and others concerning the provision of early intervention strategies described in the IFSP of the infant or toddler with a disability (34 CFR §303.12(b)(3)). Additionally, this consultation and training will provide family members with the tools to facilitate a child’s development even when a teacher or therapist is not present (see AR#3600).”

#### **How to:**

1. **Explain the purpose and process.** The purpose of this section of the meeting must be explained to the family in a way that family understands. The purpose of the meeting is for the IFSP team (which includes the parent) to develop a plan that meets the family’s goals, priorities, and interests for their child’s early learning and development. The plan will include a family goal and goals for the child. Each child goal will have “action steps” called objectives. These are the steps to reach the goal. These steps will take the child from where he/she is at developmentally today to what it would look like to accomplish the goal. Early intervention service or services will be determined by the team based on what is needed to reach functional goals on the child’s and family’s plan.

*Ideally the parent was supported at the intake meeting by a service coordinator who explained to the parent how he/she could prepare for their initial IFSP and the parent has brought ideas for things he/she would like for his/her child to learn and do to the virtual meeting. When this isn’t the case, the service coordinator and other EI professionals on the team must support the parent in creating a plan that meets the family’s goals and priorities.*

2. **Review (or Complete) the FC Child & Family Assessment.** If the assessment was completed as part of intake, then the team can review some key points (last two columns of 2<sup>nd</sup> page is a good place to get ideas for goals). This fillable form can be completed at intake, later at the initial IFSP meeting, or in a separate call entirely. It must be completed before goals and objectives are developed with the family for their IFSP.

3. **Complete the Initial Child Outcomes Summary Rating using State-approved Tools:** The service coordinator explains the purpose of the COS rating and facilitates the rating process. All IFSP team member participate. The purpose of the COS rating is to collect data on where children are at when they enter the Part C program and again when they leave. We compare the exit rating to the entry rating as one way to measure progress. We will also measure progress in other ways that include annual re-evaluation and parent report of the new skills and abilities the child has gained.

The service coordinator uses the State-approved tools (Age Anchor and Decision Tree) to facilitate the COS rating. The service coordinator has each person present who is familiar with the child, mark on the Age Anchor tree the things the child can do (in each of the 3 columns). The team considers the child's chronological age in relation to the age range of the Age Anchor tool (for example, if the child is 14 months old on the 13-24 month age range tool, it is not expected for the child to be able to complete most or even half of the items on the tool at 14 months of age). The team uses the Decision Tree flowchart from top to bottom to determine the number rating (3 times, once for each column). Whenever a "no" answer takes the team to the left side of the flow chart, the therapist on the IFSP team can assist the team in identifying immediate foundational skills and describing them so that the team can determine if the child is using the skill immediately prior to the age appropriate skill UNMARKED on the Age Anchor tool to determine an accurate rating.

4. **Develop Functional Goals with the Family.** The ISFP team helps the family identify 6-8 things they'd like for their child to be able to do. The goals should be:

- (a) Necessary/Functional – things the child needs to be able to do to participate in typical activities
- (b) Specific – narrow enough that the child can meet the goal in a typical IFSP review period (3-6 months)
- (c) Clearly measurable – stating an observable child action that can be measured in a "real-world" way (the parent can tell when the child has met the goal)

Some good places to go for ideas are the FC Child & Family Assessment and the Age Anchor tools' unmarked items. Per AR Policy & Procedures #4610, child goals and objectives are functional and are designed to promote child development to increase the child's engagement, independence, and social relationships in alignment with global child outcomes established by the Office of Special Education Programs (OSEP):

- Children have positive social-emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication [and early literacy])
- Children use appropriate behaviors to meet their needs

- 5. Work with the therapy provider on the team to determine action steps (objectives) for each goal.** Every child goal on an IFSP must have action steps (objectives). The action steps are like stairs leading from where the child is at (functionally/developmentally) right now to where he/she will be developmentally when he/she can accomplish the goal. Basically, the team is taking the goal, considering the child’s current functioning, and breaking the goal down into tiny steps in a developmental sequence of progression.

NOTE: Action steps/objectives are the “intervention strategies” and must be written to clearly state who is going to do what, when, and where. The IFSP is the family’s plan and must be written in such a way that the parent/caregivers can pick it up and use it to help their child learn and develop within typical child/family interactions, activities, and routines.

- 6. Set target date in child record in CDS for each action step/objective.** Target dates can only be set for three months later than the start date in the child record in CDS. If the child has not met the objectives when the team reviews at the quarterly review, the objectives will have to be “re-targeted” (date extended) at the review meeting.
- 7. Identify (with the family) who will be working on these strategies with the child.** For every action step (objective) enter the person/people who will be working with the child to practice these strategies. A good way to identify “who will work with the child on this?” Is to ask questions about the activity – when and where does this typically happen? Who is usually present? That person will be the primary person working with the child for that particular strategy or activity.

Parent or another caregiver must be the primary person working with the child. In a Part C program, therapy providers are there to coach and train the parents/caregivers to implement their IFSP to help their child develop and learn.

- 8. Identify a family goal for page 1 of the IFSP.** What would the parent like to work on? NOTE: The family goal does not have to directly relate to the child with a disability. A family goal can be anything that would improve family life. For example, if the parent wants to use teletherapy to cope with depression, attend marriage counseling, find more affordable housing, save up to buy a used car, or finish her GED or complete an online education program, these are acceptable family goals.

**The family goal on page 1 of the IFSP is recorded in CDS in the “concerns” section of the “Family Information” tab.** It must be worded as something the adult family member will do. The “provider of assistance” (IFSP page 3-4) must always be the parent/family member. Whatever support the EI team will be giving the family can be typed into the middle box “support needed.” The parent sets the start date (when they want to begin) and the target date (when they think they’ll have it done). The target date can be re-set to allow for more time at the next IFSP review meeting.

**NOTE: Other “family goals” may be included in with child goals on the IFSP. For example, if a parent wants to begin potty training or develop a bedtime routine, this family goal can be entered into the IFSP with the child goals and action steps can be entered for the family goal. Family goals do not have to be measurable in the same way that child goals do because the parent/guardian will indicate when the goal has been met.**

9. **Look at IFSP elements and family-identified strengths, needs, and interests to determine necessary services.** 34 CFR §303.344(d)(1) requires that services in a Part C program (regardless of pay source) are determined by the team based on:

- child's and family's typical activities, routines, and interests
- child's strengths and needs
- family's strengths and needs
- the developmental outcomes (the functional goals/objectives on the plan)

The service coordinator facilitates conversations about the goals/objectives on the plan so the team members can consider "who can best help us reach this goal?" to determine what type of provider is needed and what service to list on the IFSP.

***Determining frequency and intensity of services on an IFSP*** (regardless of pay source) is very different in a Part C program than medical-model programs. After looking at the family's interests and needs and strengths and talking with the parent about "who else is involved" in the child's life, the team can identify how much coaching the parent will need from the provider (or providers) to implement the strategies listed on their child's and family's plan. Few families require more than an hour per week initially of training/coaching and may require less often support over time once they get the hang of it.

Families should be informed that IFSPs are reviewed quarterly (every three months). When goals/objectives are updated/changed, services may change to meet those new needs.

**NOTE: During the period of the public health emergency, tele-intervention services are provided (at a maximum) for one hour per week per service/discipline. The IFSP team can determine additional service levels are necessary to support the family in implementing their IFSP, but service levels beyond what is allowed via tele-therapy would not take effect until the period of the public health emergency has been declared ended/over and Part C service providers have been notified in writing that face to face home visits can resume. Service coordinators need to make sure that families understand this.**

10. **Obtain parent consent for services listed on the IFSP.** The service coordinator uses form FC-F "Program Participation Authorization" (often called "Consent to Serve" form). The SC will electronically fill (type into the form to complete) before sending to the parent to e-sign. The SC uses the same form the program has always used to get consent for services but now the form has been updated to be used electronically during remote visits. The service coordinator completes the form with information gathered from the parent in the virtual IFSP meeting (over the phone or through video conference). The service coordinator sends the form via email for the parent to e-sign. Consent for the evaluation is granted in the top section of the form, filled out something like this:



**FAMILY CHOICE OF PROVIDERS:**

I have been provided a list of providers available to deliver the above identified First Connections/Early Intervention and other services and have chosen the following providers:

X	Service	Provider	X	Service	Provider
X	Developmental Therapy	1: XYZ Therapy 2: Virtual Visits Interv.		Nursing Services	
	Speech Therapy			Social Work Services	
	Physical Therapy			Vision Services	
	Occupational Therapy			Medical Services	
	Audiological Services			Nutrition Services	
X	Service Coordination	DDS First Connections		Health Services	
	Assistive Tehcnology			Transportation Services	
	Family Therapy			Psychological Services	

Parent/Guardian Initial \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ (Form # FC-F) (electronic signature version 3/2020)

The spot for the parent to initial via e-sign to document that he/she was provided choice of providers is highlighted at the bottom of the 3<sup>rd</sup> box on the form.

The parent must also sign the form at the bottom (not just initial).

- 11. Obtain consent for Tele-Intervention Services:** Parents must grant consent for IFSP services provided via tele-intervention regardless of the pay source of those services. The service coordinator ensures that the form **FC Remote Services Consent Form 3/2020** has been completed. The parent marks the top 5 boxes to indicate “informed consent” (understanding of what is being proposed) and e-signs the document. It is OK for the service coordinator or provider to type in the name of the child and type the name of the parent and include the date so that the parent is only required to e-sign, like this:

 **First Connections Remote Services Consent Form for Tele-Intervention**

**Family Consent for Tele-Intervention (Remote EI):**

*My signature below documents my informed consent to receive tele-intervention services.*

- I understand that for a limited period of time, my early intervention services will be provided remotely via tele-intervention (video and audio meeting) to protect my family and the EI professionals.
- I understand that I or another adult whom I designate must be present and participate in the virtual visit with my child and my child's therapist for each session.
- I understand that tele-intervention sessions are limited to one hour per week (per service listed on my child's current IFSP) and that when face to face visits resume, my services will return to their normal levels (frequency, duration of therapy).
- I understand that I can revoke this consent at any time and all future tele-intervention sessions will be cancelled.
- I understand that if I choose to invite other people to join into our tele-intervention session, I may do so and will list those individuals below.

Typed/Printed Name of Child: John Doe

Typed/Printed Name of Parent/Guardian: James Doe

Signature or e-Signature: James Doe 3/23/2020 or a date.

If the parent wants to invite/allow other individuals (do not have to be “family”) to join into their remote therapy sessions, the parent can name each individual he/she would like to include and provide their telephone or other contact information on the form like this:

Other individuals I grant consent to join in our tele-intervention (remote) sessions to participate:

Individual	Phone number/contact information
Janiece Doe	501-555-5555
Jerald Doe	501-767-7766

-----only complete this portion to revoke/withdraw consent for tele-intervention/remote services-----

I revoke my consent:

Typed/Printed Parent Name: \_\_\_\_\_

Signature or e-Signature: \_\_\_\_\_ Click or tap to enter a date.

The section in the blue box below additional individuals is only completed if the family wishes to cancel/stop/terminate their tele-intervention services during a public health emergency (for any reason).

The bottom of the FC Remote Services Consent Form 3/2020 form is to be completed either by the Service Coordinator or the Provider:

-----the section below is to be completed by therapy provider program or SC-----

Provider Program: <b>XYZ Therapy</b>	Proposed Service Start Date: <small>Click or tap to enter</small> <b>3/31/2020</b>
Service(s) Provided (on the current IFSP): <input checked="" type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP	Child has Medicaid? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Name of Service Coordinator: <b>Shelly Sellers</b>	
Reason: <b>Declared State of Emergency</b>	

This form must be saved under the name TeletherapyConsent\_\_\_\_ (child's first initial, last name) and present in the case notes of the child's electronic record in CDS in order to provide services on a current IFSP via tele-intervention.

**REMINDER: Medicaid will not pay for DT services provided through Tele-intervention, so the PA will be entered using Part C funds. This form will be attached in the CDS PA request as justification.**

- 12. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened:** Review what was accomplished at your virtual IFSP meeting as you type the information in the form. Be sure to type in the parent name, child name, the date/time of the meeting and type an “x” to mark what kind of meeting was held. “Virtual meeting” is typed on the form for you:

## PARENT NOTICE OF REMOTE MEETING OUTCOME

**PARENT NAME:** Janice Doe                      **CHILD NAME:** Jane Doe

**WHEN WAS THE MEETING HELD?**

Date <u>3/31/2020</u>	Time <u>10:00</u>	Location <u>virtual meeting</u>
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**WHY WAS THE MEETING HELD?**

The meeting was held for the purpose of:

discussing the services and assistance available through DDS and/or the First Connections Program.

discussing your child's progress and to discuss areas in which I may be of assistance to you.

discussing the results of the DT and PT evaluation completed for your child.

discussing needs and develop an IFSP/ROAD MAP                       quarterly review of the IFSP/ROAD MAP

biannual review of the IFSP/ROAD MAP                       annual evaluation of the IFSP/ROAD MAP

developing a transition plan                       discussing progress of the transition plan

The second section of the document is where meeting participants e-sign. There must be 3 roles/participants present for an IFSP meeting (parent/family, SC, evaluator or evaluation interpreter, or a therapy provider). The service coordinator can type his/her name in because the service coordinator will sign the bottom of the form:

**WHO WAS AT THE MEETING?**

The following people participated in the meeting:

<u>James Doe</u>	<u>Shelly Sellers</u>	Service Coordinator
_____	_____	Physician
_____	<u>Rolanda Owens</u>	Evaluation Representative
_____	_____	Service Provider
_____	_____	Service Provider

The bottom section of the Notice of Remote Meeting Outcome Form is where the service coordinator summarizes what happened in the meeting. Do not send a blank form to a parent to e-sign. The service coordinator fills in the form using information gathered from the virtual IFSP meeting, something like this:

**WHAT DID THE TEAM DECIDE?**

The attendees of the meeting agreed that the following outcomes will best meet the needs of your child and ensure successful completion of the IFSP/ROAD MAP:

Team determined program eligibility (DD with a 32% delay in cognitive area. Team completed COS rating together. Team developed an initial IFPS based on parent's goals, priorities, interests and child's typical activities. Team determined DT can work with the family to implement their plan to help John learn new skills. Therapist will work with family 1 hour every other week (60 min 2x per month).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shelly Sellers  
Service Coordinator's e-signature

\_\_\_\_\_ Date

(Form # FC-C)  
(electronic  
version  
3/2020)

**13. Document team attendance in the meeting and team agreement with the IFSP:** Each participant in the remote meeting documents their attendance by e-signing page 7 of the IFSP after the service coordinator types in the child name, ID number, and which meeting it is at the top of the form. The line for parent signature is highlighted on the form. It would look something like this when completed electronically:

Individual Family Service Plan Team							
Child's Name <u>John Doe</u> ID # <u>10002365</u> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Transition <input type="checkbox"/> Update							
Signatures	Title/Role	Organization	Agreement		Participant Role (Blue are required members)	Remote Meeting/Virtual Conference	Written Report
			Yes	No			
<i>Shelly Sellers</i>	service coordinator	DDS/First Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Initial Service Coordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Shelly Sellers</i>	"	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing Service Coordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Rolanda Owens</i>	DT / Evaluator	XYZ Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaluation Representative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Advocate	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	DCFS Caseworker	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Parent Signature: <i>James Doe</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date: <u>3/23/2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I have reviewed this Individualized Family Service Plan and I determine the identified services to be Medically Necessary: _____ Speech Therapy _____ Occupational Therapy _____ Physical Therapy Physician Signature: _____ Date: _____ _____ Developmental Therapy _____ Service Coordination _____ Audiological Services _____ Nursing Services							
Quarterly Review Comments: _____ 1 <sup>st</sup> Quarter _____ 2 <sup>nd</sup> Quarter _____ 3 <sup>rd</sup> Quarter _____ 4 <sup>th</sup> Quarter							

(Form # FC-E)(electronic version 3/2020)

**14. Send the following documents for the parent/guardian to e-sign:**

- FC Remote Services Consent Form 3/2020
- FC-F Program Participation Authorization (Consent to Serve Form)
- Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members
- IFSP page 7
- FC-C Notice of Remote Meeting Outcome

NOTE: If the SC has access to Adobe sign or Echo sign or similar application that provides privacy protection, please use it. If attaching e-sign forms to an email to send to the parent do not forget to send the message securely/encrypt the message. State staff can do this by typing "sensitive" in the subject line.

**Tips for successful virtual IFSP meetings:**

- (a) Check your connection before time to start the meeting.
- (b) Make sure your device is charged or plugged into a power source.
- (c) Make sure that parents understand that services provided via tele-intervention may be provided at a different frequency and intensity than what is listed on the IFSP but will return to the IFSP levels when the public health emergency has been declared ended and all Part C providers have been notified in writing.

- (d) If the parent has the capability to do a video meeting, do the IFSP with video so you can show the pages you're going over. Or, email forms to the family shortly before the meeting so that he/she is looking at them along with you as you reference specific pages/sections.
- (e) Be prepared – review the intake and referral notes. Have all the required documentation/forms in front of you in some sort of logical order (Recommend doing them in order listed in this how to guide, but this is not a requirement).
- (f) Ask the family about other resources/supports they receive and type them into the IFSP page 1 "resources" on the "Family Information" tab of the child record in CDS. Is there something they have said they need that they aren't already receiving? If so, make a recommendation. If the family wants you to make a referral, obtain consent to release information to make the referral on the DHS4000 e-sign form and send it to the parent.
- (g) Have the child record in CDS open in front of you so small details (child's Medicaid number or the name of the child's PCP) aren't overlooked.

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# IFSP REVIEWS (1<sup>ST</sup> / 3<sup>RD</sup> QUARTERS)

## Conducting a Virtual IFSP Quarterly Review Meeting (1<sup>st</sup> and 3<sup>rd</sup> quarters only):

**Introduction:** IDEA requires “prior written notice” be sent before any meeting is conducted with the family. Click [this link to read more about initial notices and the use of e-notices](#) during a public health emergency. If a parent wishes to have their virtual IFSP quarterly meeting (remotely) before receiving prior written notice, the e-notice may be used to document the parent’s desire to meet at a time convenient to the family before receiving prior written notice.

Required participants for an IFSP quarterly review meeting (1<sup>st</sup> quarterly review = 3 months after initial IFPS; 3<sup>rd</sup> quarterly review = 9 months after initial IFPS) may be completed with just the service coordinator and the parent/family. If the provider is able to participate, that is recommended.

The family may invite anyone else they would like to participate, even if that person is participating in the virtual meeting from a location separate from the parent/guardian.

### **Before the Virtual Meeting:**

1. **Prepare parent/family to participate when scheduling the IFSP Review meeting.** When the SC schedules the virtual quarterly review meeting (via teleconference), he/she prepares the parent to participate in the meeting by:

- explaining what the meeting is for
- explaining what will happen at the meeting (process)
- explaining what the parent needs to do to prepare for the meeting

TIP: The SC can use some of the language from #3 below to help the parent prepare for the quarterly review meeting:

2. **Goals/objectives status in CDS.** The SC makes sure that the provider(s) have completed goals/objectives status in CDS so that the SC can go over this information with the family at the quarterly review meeting if the therapist cannot attend the virtual meeting to go over this information with the family.

NOTE: If the quarterly review meeting is combined with a Transition Conference (held no later than 90 days before the child’s 3<sup>rd</sup> birthday) the meeting must meet requirements for both a Transition Conference and an IFSP quarterly review. Click this box to read about conducting Virtual Transition Conferences.

### **At the Virtual Meeting:**

3. **Explain the purpose and process of an IFSP Quarterly Review.** The purpose of the quarterly review meeting must be explained to the family in a way that the family understands. The purpose of the meeting is for the IFSP team (which includes the parent) to review:

- child progress (new skills, progress toward achieving IFSP action steps/objectives, progress toward reaching IFSP goals/outcomes)
- family progress in being able to use strategies the family has learned from their child’s therapist(s) to help their child develop and learn
- family progress in reaching their Family Goal on IFSP page 1
- new concerns, needs, interests, or priorities of the parent/family
- the IFSP – are these goals still what we want/need to work on? Are these objectives/strategies working? Do the goals and objectives/strategies need to be updated, revised, or changed?
- services on the IFSP – what’s “working” or “not working” with the current services? Does the family still need this level of support (coaching, training) from the therapy provider(s) or can service levels be dropped to provide less frequent family training/coaching? Have the goals/objectives on the IFSP changed – if so, what service or services is needed to reach the goals on the updated plan?

**4. Completing the IFSP review in CDS.** Work through the tabs in the IFSP review meeting in CDS. In the family ratings, the IFSP review is a good time to make sure the Family Goal on page 1 of the IFSP is a “true family goal” (something the adult caregivers will be working on). If not, now is a good time to correct/update the family goal (recorded in the “Concerns” section of CDS Family Information tab).

NOTE: If the [family goal on page 1 of the IFSP](#) has not been met, that goal may need to be re-targeted, too. To read more about documenting family goals in CDS, press and hold the “CTRL” key down and click the link above.

Review progress towards achieving IFSP goals and objectives. In a Part C program, there are no “annual goals” (that is a Part B program requirement for older learners). IFSP goals and objectives should be narrow and specific and be something the child can reasonably accomplish in an IFSP review period (3-6 months).

Review the goals (outcomes) on the IFSP. Is this still what the parent wants to work on with their child? Are there 6-8 functional goals? If not, the team may update/revise/edit/add to IFSP goals. IFSP goals clearly state an observable child action that is measurable in a “real world” way. IFSP goals should be clearly linked to typical child/family activities (routines).

Per AR Policy & Procedures #4610, child goals and objectives are functional and are designed to promote child development to increase the child’s engagement, independence, and social relationships in alignment with global child outcomes established by the Office of Special Education Programs (OSEP):

- Children have positive social-emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication [and early literacy])
- Children use appropriate behaviors to meet their needs

Make sure that any objectives that have not been met are re-targeted (change the date for a beginning date of the day of the review and the end date 3 months out – when the bi-annual (or

annual) review will take place. If many objectives are unmet and need to be re-targeted, the team should look at them carefully to determine if they are developmentally appropriate action steps to reach IFSP goals. If not, the objectives can be updated/revise to fit the needs of the child to reach the IFSP outcomes.

NOTE: Action steps/objectives are the “intervention strategies” and must be written to clearly state who is going to do what, when, and where. The IFSP is the family’s plan and must be written in such a way that the parent/caregivers can pick it up and use it to help their child learn and develop within typical child/family interactions, activities, and routines.

5. **Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened:** Review what was accomplished at your virtual IFSP quarterly review meeting as you type the information in the form. In the top section of the form, the service coordinator types in the parent name, child name, the date/time of the meeting and type an “x” to mark what kind of meeting was held. “Virtual meeting” is typed on the form for you:

<b>PARENT NOTICE OF REMOTE MEETING OUTCOME</b>		
<b>PARENT NAME:</b> <u>Janice Doe</u>		<b>CHILD NAME:</b> <u>Jane Doe</u>
<b>WHEN WAS THE MEETING HELD?</b>		
Date <u>3/31/2020</u>	Time <u>10:00</u>	Location <u>virtual meeting</u>
<b>WHY WAS THE MEETING HELD?</b>		
The meeting was held for the purpose of:		
<input checked="" type="checkbox"/> discussing the services and assistance available through DDS and/or the First Connections Program. <input type="checkbox"/> discussing your child’s progress and to discuss areas in which I may be of assistance to you. <input checked="" type="checkbox"/> discussing the results of the <u>DT and PT</u> evaluation completed for your child. <input checked="" type="checkbox"/> discussing needs and develop an IFSP/ROAD MAP <span style="float: right;"><input type="checkbox"/> quarterly review of the IFSP/ROAD MAP</span> <input type="checkbox"/> biannual review of the IFSP/ROAD MAP <span style="float: right;"><input type="checkbox"/> annual evaluation of the IFSP/ROAD MAP</span> <input type="checkbox"/> developing a transition plan <span style="float: right;"><input type="checkbox"/> discussing progress of the transition plan</span>		

The second section of the document is where meeting participants e-sign. There must be a minimum of 2 roles/participants present for an IFSP 1<sup>st</sup> or 3<sup>rd</sup> quarterly review meeting (parent/family and SC) but other IFSP team members or anyone the family would like to include may attend/participate. The service coordinator can type his/her name in because the service coordinator will sign the bottom of the form:

<b>WHO WAS AT THE MEETING?</b>	
The following people participated in the meeting:	
<u>James Doe</u> Parent	<u>Shelly Sellers</u> Service Coordinator
_____ Family	_____ Physician
_____ Advocate	_____ Evaluation Representative
_____ Other	_____ Service Provider
_____ Other	_____ Service Provider

The bottom section of the Notice of Remote Meeting Outcome Form is where the service coordinator summarizes what happened in the meeting. Do not send a blank form to a parent to e-sign. The service coordinator fills in the form using information gathered from the virtual IFSP meeting, something like this:

***WHAT DID THE TEAM DECIDE?***

The attendees of the meeting agreed that the following outcomes will best meet the needs of your child and ensure successful completion of the IFSP/ROAD MAP:

Service coordinator and parent met via teleconference to review child progress. Updated family goal on the IFSP, and added 2 new IFSP goals with action steps/objectives to help John participate in play time in the back yard with his older brother more independently. Team will meet for bi-annual review in 3 months to assess progress.

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*Shelly Sellers*  
 \_\_\_\_\_  
 Service Coordinator's e-signature

\_\_\_\_\_ Date

(Form # FC-C)  
 (electronic  
 version  
 3/2020)

**6. Send the following documents for the parent/guardian to e-sign:**

- FC-C Notice of Remote Meeting Outcome
- Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members (if nothing has changed since initial IFSP, there might not be any new 4000s completed in this meeting)

NOTE: If the SC has access to Adobe sign or Echo sign or similar application that provides privacy protection, please use it. If attaching e-sign forms to an email to send to the parent do not forget to send the message securely/encrypt the message. State staff can do this by typing “sensitive” in the subject line.

**Tips for successful virtual IFSP quarterly review meetings:**

- (a) When calling to schedule the review meeting, help the parent know what to do to prepare to participate in the review meeting.
- (b) Communicate with provider(s) to complete goals/objectives status before the review meeting if the therapist is unable to attend the virtual quarterly review meeting.
- (c) Engage the parent in talking about the progress that he/she has noted (or not noted) in his her child.
- (d) Engage the parent in identifying things in their plan that need to be updated.
- (e) Have CDS open and type review information directly into the fields so nothing is missed.
- (f) If possible, do the meeting through Skype or Zoom so that you can screen share with the parent and show them what you’re entering in their child record in CDS.
- (g) Ask the family about other resources/supports they receive and type them into the IFSP page 1 “resources” on the “Family Information” tab of the child record in CDS. Is there something they have said they need that they aren’t already receiving? If so, make a recommendation. If the family wants you to make a referral, obtain consent to release information to make the referral on the DHS4000 e-sign form and send it to the parent.



## IFSP Bi-ANNUAL AND ANNUAL REVIEWS (6 MONTHS / 1 YEAR)

### Conducting a Virtual Bi-Annual or Annual IFSP Meeting:

**Introduction:** IDEA requires “prior written notice” be sent before any meeting is conducted with the family. Click [this link to read more about initial notices and the use of e-notices](#) during a public health emergency. If a parent wishes to have their virtual initial IFSP meeting (remotely) before receiving prior written notice, the e-notice may be used to document the parent’s desire to meet at a time convenient to the family before receiving prior written notice.

Required participants for an IFSP bi-annual (6 months) or annual (1 year) review meeting are full IFSP team meetings. These meetings require a minimum of three different people filling three different roles or disciplines:

1. Parent/guardian
2. Service Coordinator
3. Therapist / Service Provider

The family may invite anyone else they would like to participate, even if that person is participating in the virtual meeting from a location separate from the parent/guardian.

#### ANNUAL REVIEW AND ANNUAL RE-EVALUATIONS:

**Annual re-evaluations used to determine ongoing program eligibility (and to continue IFSP services) cannot be completed through teletherapy.**

***To determine ongoing Part C Program eligibility and develop new IFSP:*** The IFSP team will informally assess child progress, strengths and needs and will conduct the ASQ-3 screening to informally determine ongoing eligibility (for children eligible in the DD category). This informal team determination will be noted in CDS on eligibility determination date with a description of how ongoing program eligibility was determined by the IFSP team.

***For services requiring an annual re-evaluation to continue:*** For services on the prior year’s IFSP that will continue on the new IFSP that will be funded by Medicaid, Medicaid is providing an extension of time to continue providing those services until a re-evaluation can be performed in an in-person visit (see DMS4). For services on the prior year’s IFSP that will continue on the new IFSP that will be funded using Part C funds, the program provides an extension of time to continue providing those services until a re-evaluation can be performed via an in-person visit (see *Interim Tele-Intervention Policy for Part C*).

### **Before the Virtual Meeting:**

1. **Prepare parent/family to participate when scheduling the IFSP Review meeting.** When the SC schedules the virtual bi-annual or annual review meeting (via teleconference), he/she prepares the parent to participate in the meeting by:
  - explaining what the meeting is for
  - explaining what will happen at the meeting (process)
  - explaining what the parent needs to do to prepare for the meeting

NOTE: If the bi-annual or annual review meeting is combined with a Transition Conference (held no later than 90 days before the child's 3<sup>rd</sup> birthday) the meeting must meet requirements for both a Transition Conference and an IFSP review. Click this box to read about conducting Virtual Transition Conferences.

2. **Goals/objectives status in CDS.** The SC makes sure that the provider(s) have completed goals/objectives status in CDS so that the IFSP team can go over this information at the bi-annual or annual review meeting.

### **At the Virtual Meeting:**

3. **Explain the purpose and process of an IFSP Bi-Annual or Annual Review.** The purpose of the meeting must be explained to the family in a way that the family understands. The purpose of the meeting is for the IFSP team (which includes the parent) to review:
  - child progress (new skills, progress toward achieving IFSP action steps/objectives, progress toward reaching IFPS goals/outcomes)
  - family progress in being able to use strategies the family has learned from their child's therapist(s) to help their child develop and learn
  - family progress in reaching their Family Goal on IFSP page 1
  - new concerns, needs, interests, or priorities of the parent/family
  - the IFSP – are these goals still what we want/need to work on? Are these objectives/strategies working? Do the goals and objectives/strategies need to be updated, revised, or changed?
  - services on the IFSP – (at bi-annual review) Have the goals/objectives on the IFSP changed – if so, what service or services is needed to reach the goals on the updated plan? Does the family still need this level of support (coaching, training) from the therapy provider(s) or can service levels be dropped to provide less frequent family training/coaching? what's "working" or "not working" with the current services?

(at annual review) a new IFSP will be created and services on the new IFSP are selected based on:

  - (a) typical child and family activities (routines) and what the child needs to learn/do in order to participate in these activities as independently as possible
  - (b) developmental outcomes (the functional goals/objectives on the new IFSP)

- (c) level of support – training, coaching from therapy providers that the parents/caregivers need to implement strategies on their IFSP to help the child develop and learn
- (d) child’s unique needs, strengths, and interests

**Tip:** you can use some of the “language” from #3 above (example: “The bi-annual review is a time for us to get together as a team to assess your child’s progress and review your plan. You can prepare for this meeting by thinking about the new things your child is doing and any new concerns or needs you and your child may have. We’ll review the goals on your plan and update them, so you can prepare by thinking about what you’d like for your child to be able to do and think about any things that your child is having difficulty doing.”)

**4. Completing the IFSP review in CDS.** Work through the tabs in the IFSP review meeting in CDS. In the family ratings, the IFSP review is a good time to make sure the Family Goal on page 1 of the IFSP is a “true family goal” (something the adult caregivers will be working on). If not, now is a good time to correct/update the family goal (recorded in the “Concerns” section of CDS Family Information tab).

NOTE: If the [family goal on page 1 of the IFSP](#) has been met, the team supports the family in setting a new goal that they want to work on. To read more about documenting family goals in CDS, press and hold the “CTRL” key down and click the link above.

Review progress towards achieving IFSP goals and objectives. In a Part C program, there are no “annual goals” (that is an IDEA, Part B program requirement for older learners). IFSP goals and objectives should be narrow and specific and be something the child can reasonably accomplish in an IFSP review period (3-6 months).

Review the goals (outcomes) on the IFSP. Is this still what the parent wants to work on with their child? Are there 6-8 functional goals? If not, the team may update/revise/edit/add to IFSP goals. IFSP goals clearly state an observable child action that is measurable in a “real world” way. IFSP goals should be clearly linked to typical child/family activities (routines).

Per AR Policy & Procedures #4610, child goals and objectives are functional and are designed to promote child development to increase the child’s engagement, independence, and social relationships in alignment with global child outcomes established by the Office of Special Education Programs (OSEP):

- Children have positive social-emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication [and early literacy])
- Children use appropriate behaviors to meet their needs

Make sure that any objectives that have not been met are re-targeted (change the date for a beginning date of the day of the review and the end date 3 months out – when the bi-annual (or annual) review will take place. If many objectives are unmet and need to be re-targeted, the team should look at them carefully to determine if they are developmentally appropriate action steps to

reach IFSP goals. If not, the objectives can be updated/revised to fit the needs of the child to reach the IFSP outcomes.

NOTE: Action steps/objectives are the “intervention strategies” and must be written to clearly state who is going to do what, when, and where. The IFSP is the family’s plan and must be written in such a way that the parent/caregivers can pick it up and use it to help their child learn and develop within typical child/family interactions, activities, and routines.

[For a bi-annual review, skip to the next steps of a Bi-Annual Review by pressing/holding the “CTRL” key down and clicking this link.](#)

### **For an ANNUAL REVIEW, continue with steps 5-19**

5. **[annual review only] Completing the FC Child & Family Assessment.** The last two columns of 2<sup>nd</sup> page is a good place to get ideas for goals. This fillable form must be completed annually. The FC Child & Family Assessment must be completed before goals and objectives are developed with the family for their new IFSP.
6. **[annual review only] Complete the annual Child Outcomes Summary Rating using State-approved Tools:** The service coordinator explains the purpose of the COS rating and facilitates the rating process. All IFSP team members participate. The purpose of the COS rating is to collect data on where children are at when they enter the Part C program and again when they leave. We compare the annual COS rating to the entry rating as one way to measure progress. We also measure progress in other ways that include parent report, goals and objectives status (and after the public health emergency, through the annual re-evaluation).

The service coordinator uses the State-approved tools (Age Anchor and Decision Tree) to facilitate the COS rating. The service coordinator has each person present who is familiar with the child, mark on the Age Anchor tree the things the child can do (in each of the 3 columns). Parents can mark what they see the child is able to do electronically by using the highlighter or marker feature in Adobe, saving and sending the form to the service coordinator.

To use the tools appropriately, the team considers the child’s chronological age in relation to the age range of the Age Anchor tool (for example, if the child is 14 months old on the 13-24 month age range tool, it is not expected for the child to be able to complete most or even half of the items on the tool at 14 months of age). The team uses the Decision Tree flowchart from top to bottom to determine the number rating (3 times, once for each column). Whenever a “no” answer takes the team to the left side of the flow chart, the therapist on the IFSP team can assist the team in identifying immediate foundational skills and describing them so that the team can determine if the child is using the skill immediately prior to the age appropriate skill UNMARKED on the Age Anchor tool to determine an accurate rating.

7. **[annual review only] Develop Functional Goals with the Family for their new IFSP.** The ISFP team helps the family identify 6-8 things they’d like for their child to be able to do. The goals should be:
  - (a) Necessary/Functional – things the child needs to be able to do to participate in typical activities
  - (b) Specific – narrow enough that the child can meet the goal in a typical IFSP review period 93-6 months)

- (c) Clearly measurable – stating an observable child action that can be measured in a “real-world” way (the parent can tell when the child has met the goal)

Some good places to go for ideas are the FC Child & Family Assessment and the Age Anchor tools’ unmarked items. Per AR Policy & Procedures #4610, child goals and objectives are functional and are designed to promote child development to increase the child’s engagement, independence, and social relationships in alignment with global child outcomes established by the Office of Special Education Programs (OSEP):

- Children have positive social-emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication [and early literacy])
- Children use appropriate behaviors to meet their needs

8. **[annual IFSP] Work with the therapy provider on the team to determine action steps (objectives) for each goal.** Every child goal on an IFSP must have action steps (objectives). The action steps are like stairs leading from where the child is at (functionally/developmentally) right now to where he/she will be developmentally when he/she can accomplish the goal. Basically, the team is taking the goal, considering the child’s current functioning, and breaking the goal down into tiny steps in a developmental sequence of progression.

NOTE: Action steps/objectives are the “intervention strategies” and must be written to clearly state who is going to do what, when, and where. The IFSP is the family’s plan and must be written in such a way that the parent/caregivers can pick it up and use it to help their child learn and develop within typical child/family interactions, activities, and routines.

9. **[annual IFSP] Set target date in child record in CDS for each action step/objective.** Target dates can only be set for three months later than the start date in the child record in CDS.

10. **[annual IFSP] Identify (with the family) who will be working on these strategies with the child.** For every action step (objective) enter the person/people who will be working with the child to practice these strategies. **Parent or another caregiver must be the primary person working with the child.** In a Part C program, therapy providers are there to coach and train the parents/caregivers to implement their IFSP to help their child develop and learn.

11. **[annual IFSP] Look at IFSP elements and family-identified strengths, needs, and interests to determine necessary services.** 34 CFR §303.344(d)(1) requires that services in a Part C program (regardless of pay source) are determined by the team based on:

- child’s and family’s typical activities, routines, and interests
- child’s strengths and needs
- family’s strengths and needs
- the developmental outcomes (the functional goals/objectives on the plan)

The service coordinator facilitates conversations about the goals/objectives on the plan so the team members can consider “who can best help us reach this goal?” to determine what type of provider is needed and what service to list on the IFSP.

Determining frequency and intensity of services on an IFSP (regardless of pay source) is very different in a Part C program than medical-model programs. After looking at the family's interests and needs and strengths and talking with the parent about "who else is involved" in the child's life, the team can identify how much coaching the parent will need from the provider (or providers) to implement the strategies listed on their child's and family's plan. Few families require more than an hour per week initially of training/coaching and may require less often support over time once they get the hang of it.

**NOTE: During the period of the public health emergency, tele-intervention services are provided (at a maximum) for one hour per week per service/discipline. The IFSP team can determine additional service levels are necessary to support the family in implementing their IFSP, but service levels beyond what is allowed via tele-therapy would not take effect until the period of the public health emergency has been declared ended/over and Part C service providers have been notified in writing that face to face home visits can resume. Service coordinators need to make sure that families understand this.**

Families should be informed that IFSPs are reviewed quarterly (every three months). When goals/objectives are updated/changed, services may change to meet those new needs.

**15. Obtain parent consent for any new services added to the IFSP at bi-annual or annual review and provide choice of provider for all IFSP services.** The service coordinator uses form FC-F "Program Participation Authorization" (often called "Consent to Serve" form) at a bi-annual or annual review **ONLY** in the following cases:

- change in service or services on the IFSP [box 1]
- Change in provider [box 2 and 3]
- Change in service coordinator [box 3]

The SC will electronically fill (type into the form to complete) before sending to the parent to e-sign. The SC uses the same form the program has always used to get consent for services but now the form has been updated to be used electronically during remote visits. The service coordinator completes the form with information gathered from the parent in the virtual IFSP meeting (over the phone or through video conference). The service coordinator sends the form via email for the parent to e-sign.

**If there is no change in service or service provider, the form the parent signed at initial IFSP does not need to be updated.**

**FIRST CONNECTIONS  
PROGRAM PARTICIPATION AUTHORIZATION**

CHILD'S NAME John Doe CHILD'S ID NUMBER 1000254  
 PARENT/GUARDIAN James Doe SERVICE COORD. Shelly Sellers

**CONSENT TO PROVIDE SERVICES:**

I understand that I have the right to notice and consent to any action taken concerning my child in my native language. I am authorizing Developmental Disabilities Services and the First Connections Program to assist my child and family to access and pursue services to assist my child in developing to his/her fullest potential. I also understand that the Individual Family Service Plan (IFSP) Team have determined the following early intervention services are necessary to complete the IFSP, and I hereby authorize their provision.

<input checked="" type="checkbox"/>	SERVICE	<input checked="" type="checkbox"/>	SERVICE	<input checked="" type="checkbox"/>	SERVICE	<input checked="" type="checkbox"/>	SERVICE
<input checked="" type="checkbox"/>	Developmental Therapy	<input checked="" type="checkbox"/>	Family Therapy	<input checked="" type="checkbox"/>	Speech Therapy	<input checked="" type="checkbox"/>	Occupational Therapy
	Physical Therapy	<input checked="" type="checkbox"/>	Psychological Services		Vision Services		Health Services
	Social Work Services	<input checked="" type="checkbox"/>	Nutrition Services		Nursing Services		Medical Services
	Assistive Technology	<input checked="" type="checkbox"/>	Service Coordination		Transportation		Psychological Services

Parent/Guardian Initial      Yes  No \_\_\_\_\_ Date

Service Coordination MUST be marked on the form in the consent for services section.

The spot for the parent to initial via e-sign is highlighted on the form. It is OK for the service coordinator to type in the date for the parent.

The 2<sup>nd</sup> box of the consent to serve form is where the parent grants consent to share information (family contact information, the IFSP, results of any evaluations completed, etc.) with others. Do not have the parent initial/sign a blank box. At a bi-annual or annual review, this information would not be changed/updated unless the parent selects another provider/changes provider.

Always type in the name of the family's 1<sup>st</sup> and 2<sup>nd</sup> choices of providers selected to provide the services marked in box 1, like this:

**CONSENT TO OBTAIN/RELEASE INFORMATION:**

I understand that I have the right to notice and consent in my native language, before any personally identifiable information about my child is released or obtained. I understand that I can revoke this authorization at any time. I also understand that I may examine any and all records pertaining to my child at any time. I am authorizing Developmental Disabilities Services and the First Connections Program to  obtain from /  release information to:

Organization/Individual 1st choice: \_\_\_\_\_  
 Address XYZ Therapy (5) XYZ Therapy \_\_\_\_\_  
 (6) Virtual Visits Interv. \_\_\_\_\_

Information to be Released Early Intervention records

Parent/Guardian Initial      Yes  No Developmental evaluation results

The 3<sup>rd</sup> box of the consent to evaluate form is where the parent acknowledges that he/she was given a choice of providers (service coordinators must offer parents choice by providing the parent with the provider guide for the county in which the child/family live). Always encourage the parent to make a first and second choice in case their first choice is unable to provide service requested.

THE PARENT IS OFFERED CHOICE OF SERVICE COORDINATOR AT REVIEW MEETINGS. THE SERVICE COORDINATOR CANNOT BE RE-ASSIGNED/CHANGED EXCEPT AT AN IFSP MEETING.

The third box is filled in like this:

**FAMILY CHOICE OF PROVIDERS:**

I have been provided a list of providers available to deliver the above identified First Connections/Early Intervention and other services and have chosen the following providers:

X	Service	Provider	X	Service	Provider
X	Developmental Therapy	1: XYZ Therapy 2: Virtual Visits Interv.		Nursing Services	
X	Speech Therapy	1: Virtual Visits Interv. 2: XYZ Therapy		Social Work Services	
	Physical Therapy			Vision Services	
	Occupational Therapy			Medical Services	
	Audiological Services			Nutrition Services	
X	Service Coordination	DDS First Connections		Health Services	
	Assistive Tehcnology			Transportation Services	
	Family Therapy			Psychological Services	

Parent/Guardian Initial \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ (Form # FC-F) (electronic signature version 3/2020)

The spot for the parent to initial via e-sign to document that he/she was provided choice of providers is highlighted at the bottom of the 3<sup>rd</sup> box on the form.

The parent must also sign the form at the bottom (not just initial).

**NOTE: During the period of the public health emergency, tele-intervention services provide CONTINUITY of service (meaning services on a current IFSP (at the time of the public health emergency) can be provided so services continue. However, newly added services will not be able to begin until an evaluation is completed in an in-person visit after the public health emergency has been declared ended/over and Part C service providers have been notified in writing that face to face home visits can resume. Service coordinators need to make sure that families understand this when developing new IFSPs with the family at annual review.**

**16. Review current Tele-Intervention services to see if any changes need to happen.** If the parent wants to change providers, wants to stop tele-intervention services, or wants to invite/allow other individuals (do not have to be “family”) to join into their remote therapy sessions, the parent uses the FC Remote Services Consent Form to make any needed changes.

To name individuals the parent/guardian would like to include in their Tele-Intervention sessions, the parent completes this section of the FC Remote Services Consent Form to provide their name(s) and telephone or other contact information on the form like this:

Other individuals I grant consent to join in our tele-intervention (remote) sessions to participate:

Individual	Phone number/contact information
Janiece Doe	501-555-5555
Jerald Doe	501-767-7766

-----only complete this portion to revoke/withdraw consent for tele-intervention/remote services-----

I revoke my consent:

Typed/Printed Parent Name: \_\_\_\_\_

Signature or e-Signature: \_\_\_\_\_ *Click or tap to enter a date.*

The section in the blue box below additional individuals is only completed if the family wishes to cancel/stop/terminate their tele-intervention services during a public health emergency (for any reason).

The bottom of the FC Remote Services Consent Form 3/2020 form is to be completed either by the Service Coordinator or the Provider:

-----the section below is to be completed by therapy provider program or SC-----

Provider Program: <b>XYZ Therapy</b>	Proposed Service Start Date: <i>Click or tap to enter</i> <b>3/31/2020</b>
Service(s) Provided (on the current IFSP): <input checked="" type="checkbox"/> DT <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP	Child has Medicaid? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Name of Service Coordinator: <b>Shelly Sellers</b>	
Reason: <b>Declared State of Emergency</b>	

This form must be saved under the name TeletherapyConsent\_\_\_\_\_ (child's first initial, last name) and present in the case notes of the child's electronic record in CDS in order to provide services on a current IFSP via tele-intervention.

**REMINDER: Medicaid will not pay for DT services provided through Tele-intervention, so the PA will be entered using Part C funds. This form will be attached in the CDS PA request as justification. PA requests for tele-intervention are requested for 30 days.**

**17. Complete the fillable form “Notice of Remote Meeting Outcome” to summarize what just happened at the bi-annual or annual review meeting:** Review what was accomplished at your virtual IFSP meeting as you type the information in the form. Be sure to type in the parent name, child name, the date/time of the meeting and type an “x” to mark what kind of meeting was held. “Virtual meeting” is typed on the form for you.

Click here to see a sample of a bi-annual review meeting notice of remote meeting outcome:

[Click here to see a sample of an annual review meeting notice of remote meeting outcome:](#)

**PARENT NOTICE OF REMOTE MEETING OUTCOME**

**PARENT NAME:** Janice Doe      **CHILD NAME:** Jane Doe

**WHEN WAS THE MEETING HELD?**

Date	Time	Location
<u>3/31/2020</u>	<u>10:00</u>	<u>virtual meeting</u>

**WHY WAS THE MEETING HELD?**

The meeting was held for the purpose of:

discussing the services and assistance available through DDS and/or the First Connections Program.  
 discussing your child’s progress and to discuss areas in which I may be of assistance to you.  
 discussing the results of the \_\_\_\_\_ evaluation completed for your child.  
 discussing needs and develop an IFSP/ROAD MAP       quarterly review of the IFSP/ROAD MAP  
 biannual review of the IFSP/ROAD MAP       annual evaluation of the IFSP/ROAD MAP  
 developing a transition plan       discussing progress of the transition plan

The second section of the document is where meeting participants e-sign. There must be 3 roles/participants present for an IFSP annual review meeting (parent/family, SC, therapy provider). The service coordinator can type his/her name in because the service coordinator will sign the bottom of the form:

**WHO WAS AT THE MEETING?**

The following people participated in the meeting:

<u>James Doe</u>	Parent	<u>Shelly Sellers</u>	Service Coordinator
	Family		Physician
	Advocate		Evaluation Representative
	Other	<u>Rolanda Owens</u>	Service Provider
	Other		Service Provider

The bottom section of the Notice of Remote Meeting Outcome Form is where the service coordinator summarizes what happened in the annual review meeting. Do not send a blank form to a parent to e-sign. The service coordinator fills in the form using information gathered from the virtual IFSP annual review meeting, something like this:

**WHAT DID THE TEAM DECIDE?**

IFSP team met for the annual review via teleconference to review child and family progress. Completed annual COS rating and compared annual rating with entrance rating as one way to measure progress. Completed FC Child & Family Assessment so that EI team has an understanding of how John participate in family activities and what his parents would like for him to be able to do more independently. Team used informal measures (ASQ-3 screening, goals/objectives status, informal assessment of child strengths and needs) to determine ongoing eligibility and develop new IFSP while waiting on re-evaluation when public health emergency has ended. Worked with family to develop 6 IFSP goals and team decided DT will be provided for 60 min 2x per month to support family in implementing IFSP strategies. Team will meet in 3 months for the quarterly review to assess progress.

Shelly Sellers  
Service Coordinator's e-signature

\_\_\_\_\_ Date

(Form # FC-C)  
(electronic version 3/2020)

SAMPLE OF A REMOTE MEETING OUTCOME FORM COMPLETED FOR A BI-ANNUAL IFSP REVIEW:

**PARENT NOTICE OF REMOTE MEETING OUTCOME**

**PARENT NAME:** Janice Doe      **CHILD NAME:** Jane Doe

**WHEN WAS THE MEETING HELD?**

Date	Time	Location
<u>3/31/2020</u>	<u>10:00</u>	<u>virtual meeting</u>

**WHY WAS THE MEETING HELD?**

The meeting was held for the purpose of:

discussing the services and assistance available through DDS and/or the First Connections Program.

discussing your child's progress and to discuss areas in which I may be of assistance to you.

discussing the results of the \_\_\_\_\_ evaluation completed for your child.

discussing needs and develop an IFSP/ROAD MAP \_\_\_\_\_ quarterly review of the IFSP/ROAD MAP

biannual review of the IFSP/ROAD MAP \_\_\_\_\_ annual evaluation of the IFSP/ROAD MAP

developing a transition plan \_\_\_\_\_ discussing progress of the transition plan

The second section of the document is where meeting participants e-sign. There must be 3

roles/participants present for an IFSP bi-annual review meeting (parent/family, SC, therapy provider). The service coordinator can type his/her name in because the service coordinator will sign the bottom of the form:

**WHO WAS AT THE MEETING?**

The following people participated in the meeting:

<u>James Doe</u>	Parent	<u>Shelly Sellers</u>	Service Coordinator
	Family		Physician
	Advocate		Evaluation Representative
	Other	<u>Relanda Owens</u>	Service Provider
	Other		Service Provider

The bottom section of the Notice of Remote Meeting Outcome Form is where the service coordinator summarizes what happened in the bi-annual review meeting. Do not send a blank form to a parent to e-sign. The service coordinator fills in the form using information gathered from the virtual IFSP meeting, something like this:

**WHAT DID THE TEAM DECIDE?**

IFSP team met for the bi-annual review via teleconference to review child and family progress. Worked with family to develop 2 new IFSP goals around the parent's priority for John to feed himself more independently and sit in his high chair with the family at dinner. Team decided DT will be provided for 60 min 2x per month to support family in implementing IFSP strategies. Team will meet in 3 months for the quarterly review to assess progress.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shelly Sellers  
Service Coordinator's e-signature

\_\_\_\_\_ Date

(Form # FC-C)  
(electronic  
version  
3/2020)

**18. Document team agreement and participation in the meeting on IFSP p.7:** Each participant in the remote meeting documents their attendance by e-signing page 7 of the IFSP after the service coordinator types in the child name, ID number, and which meeting it is at the top of the form. The line for parent signature is highlighted on the form. It would look something like this when completed electronically for an **annual review**:

**Individual Family Service Plan Team**

Child's Name John Doe ID # 1002365  Initial  Annual  Bi-Annual  Transition  Update

Signatures	Title/Role	Organization	Agreement		Participant Role (blue are required members)	Remote Meeting/Virtual Conference	Written Report
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>	Initial Service Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shelly Sellers</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing Service Coordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Evaluation Representative	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Advocate	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	<input type="checkbox"/>
<i>Rolanda Owens</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	DCFS Caseworker	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Parent Signature: <i>James Doe</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date <u>3/27/2020</u>	<input checked="" type="checkbox"/>	

I have reviewed this Individualized Family Service Plan and I determine the identified services to be Medically Necessary:  Speech Therapy  Occupational Therapy  Physical Therapy  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Developmental Therapy  Service Coordination

The form would look like this for a **bi-annual review**:

**Individual Family Service Plan Team**

Child's Name John Doe ID # 1002365  Initial  Annual  Bi-Annual  Transition  Update

Signatures	Title/Role	Organization	Agreement		Participant Role (blue are required members)	Remote Meeting/Virtual Conference	Written Report
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>	Initial Service Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shelly Sellers</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing Service Coordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Evaluation Representative	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Advocate	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	<input type="checkbox"/>
<i>Rolanda Owens</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	DCFS Caseworker	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Parent Signature: <i>James Doe</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date <u>3/27/2020</u>	<input checked="" type="checkbox"/>	

I have reviewed this Individualized Family Service Plan and I determine the identified services to be Medically Necessary:  Speech Therapy  Occupational Therapy  Physical Therapy  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Developmental Therapy  Service Coordination

**19. Send the following documents for the parent/guardian to e-sign:**

- IFSP page 7
- FC-C Notice of Remote Meeting Outcome

*Send these forms ONLY if something changed at the bi-annual or annual IFSP meeting:*

- FC Remote Services Consent Form 3/2020 (to end tele-intervention services, to change provider, or to add participants)
- FC-F Program Participation Authorization (Consent to Serve Form) (to add services, to change SC, to change provider)

- Any DHS 4000s needed to share IFSP or other EI records information with PCP, other programs, or family members (only for people or programs not already granted consent)

NOTE: If the SC has access to Adobe sign or Echo sign or similar application that provides privacy protection, please use it. If attaching e-sign forms to an email to send to the parent do not forget to send the message securely/encrypt the message. State staff can do this by typing “sensitive” in the subject line.

### Tips for successful virtual IFSP Bi-Annual and Annual Review meetings:

- (a) Schedule the review meeting at a time that is convenient to the family and to the provider(s) on the IFSP team.
- (b) When calling to schedule the review meeting, help the parent know what to do to prepare to participate in the review meeting.
- (c) Communicate with provider(s) to complete goals/objectives status before the bi-annual or annual review meeting.
- (d) Prepare in advance (have all required forms, review current IFSP, review child progress in objectives status). Have all the required documentation/forms in front of you in some sort of logical order
- (e) Have child record opened in CDS prior to the call
- (f) Introduce everyone on the call before beginning
- (g) If the parent has the capability to do a video meeting, do the IFSP with video so you can show the pages you’re going over or show the screen in CDS where you are typing into the child record. Or, email forms to the family shortly before the meeting so that he/she is looking at them along with you as you reference specific pages/sections.
- (h) Engage the parent in talking about the progress that he/she has noted (or not noted) in his/her child.
- (i) Engage the parent in identifying things in their plan that need to be updated.
- (j) Engage the parent in discussing what’s “working” or “not working” in their tele-intervention services (not for a gripe session but to find solutions to support the parent to help their child learn and develop).

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## VIRTUAL TRANSITION CONFERENCES

**Introduction:** Conducting a transition conference for every child with a current IFSP no later than 90 days prior to the child's third birthday is an IDEA, Part C requirement. The purpose of the transition conference is to support the smooth transition of the child from Part C services for infants and toddlers to appropriate pre-school services. The Transition Conference is for the parent of the Part C program-eligible child to obtain information about services for children 3-5 and to meet with a representative of the 3-5 program that the parent has chosen (it's not the 3-5 year old program's meeting). However, the meeting may include the parent completing consent for any evaluations the 3-5 program plans to do to ensure there isn't a "gap in services" between programs.

Part C service coordinators are required under IDEA, to explain services under IDEA, Part B/619 (Early Childhood Special Education ages 3-5) to parents and to make transition to Part B available to parents of children approaching the age of three with a current IFSP (meaning the child is "potentially eligible for services under Part B).

Some children will transition to IDEA, Part B/619 services for 3-5 year olds (ECSE or Early Childhood Special Education). Others may transition to an EIDT (center-based program for children with disabilities) or to an inclusive early learning environment such as Head Start (and the child may receive Part B/619 services at the Head Start). Other children may remain at home or at a family member's or caregiver's home during the day and may benefit from HIPPY (Home Instruction for Parents of Preschool Youth).

The Part C Transition Conference must meet all the requirements of an IFSP meeting. It is OK for a service coordinator to combine an IFSP meeting with a Transition Conference. Members of a Transition Conference must include:

- Parent/family
- Service Coordinator
- Representative of 3-5 program child may transition to

May include:

- Current service provider(s)
- Anyone else the family would like to include

*Tips: Transition Planning (making the transition plan in the child's IFSP) may begin at the IFSP meeting following the child's 2<sup>nd</sup> birthday. The Transition Plan must be in the child's IFSP no later than 90 days prior to the child's 3<sup>rd</sup> birthday.*

*Service coordinators can use some of the "language" from the introduction above to explain the purpose of the Transition Conference (example: "The Transition Conference occurs no later than 90 days before your child's 3<sup>rd</sup> birthday. This meeting is to make sure you and your child have a smooth transition from early intervention to services for 3-5 year old children.")*

## **Before the Virtual Meeting:**

1. **Scheduling the virtual meeting.** IDEA requires “prior written notice” be sent before any meeting is conducted with the family. Click [this link to read more about initial notices and the use of e-notices](#) during a public health emergency. The service coordinator also sends a notice of the virtual Transition Conference to the child’s current providers and to the representative(s) of the 3-5 program or programs to which the child may transition.

NOTE: The service coordinator must get parent consent on the DHS4000 to send early intervention records to the programs the parent is interested in (for the child to transition to).

If the child is transitioning to Part B/619, the service coordinator must send the child’s early intervention records to the school district or the LEA **at least three weeks before** the Transition Conference so that the Part B program can prepare.

During a public health emergency, schools are closed. The Part B program’s EC Coordinators listed on the ADE Web site’s list will not be in their office (no access to fax, probably not at the phone number listed) but will be working remotely (email may be the only way to reach them). When sending records to the EC Coordinator in the area in which a child who is transitioning lives, be careful to make sure that these messages are encrypted for security. ADE emails do not automatically encrypt. Records sent include: current IFSP, FC Child & Family Assessment, any recent screening results, most recent COS rating, any recent evaluations.

NOTE: Due to the public health emergency, Part B services for 3-5 year olds will also not be able to complete/conduct evaluations. They must, however, still participate in Child Find (transition from Part C).

2. **Prepare parent/family to participate when scheduling the Transition Conference.** When the SC schedules the virtual Transition Conference (via teleconference or Skype or Zoom), he/she prepares the parent to participate in the meeting by:

- explaining what the meeting is for
- explaining what will happen at the meeting (process)
- explaining what the parent needs to do to prepare for the meeting

**NOTE:** If the Transition Conference is combined with an IFSP review meeting, the SC makes sure that the provider(s) have completed goals/objectives status in CDS so that the IFSP team can go over this information at the review meeting.

## **At the Virtual Meeting:**

3. **Introduce all members present.** The parent may not have met the representative(s) from the 3-5 program, and those participants may not know the service provider(s), etc. Make sure everyone present is introduced. Also, at this time, the service coordinator makes sure that he/she has a consent form (DHS4000) signed by the parent allowing him/her to share child and family

information that will be discussed in the virtual transition conference (meeting). If there is someone in attendance who doesn't have authorization to access child and family information, the service coordinator stops the meeting and gets parent signed consent on the DHS4000 to share information with the participant in the meeting (unless it is a family member or other individual that the parent has included).

- 4. Explain the purpose and process of the Transition Conference.** The purpose of the meeting must be explained to the family in a way that the family understands. The purpose of the Transition Conference is for the IFSP team to ensure smooth transition from Part C early intervention to the program serving children age 3-5 to which the child may transition.

If the Transition Conference is combined with an IFSP [quarterly review](#) meeting or an IFSP [bi-annual or annual](#) review, then the meeting would also be used to assess child progress and update the child's current plan (the IFSP).

- 5. Review the Transition Plan in the IFSP.** The SC will review the Transition Plan in the child's IFSP with the IFSP team to make sure that the steps on the plan have been completed or are in process. NOTE: even though the plan and the conference must happen more than 90 days before the child's 3<sup>rd</sup> birthday, the team can work on the activities/actions on the plan up until the child's 3<sup>rd</sup> birthday.

- 6. Complete the fillable form "Notice of Remote Meeting Outcome" to summarize what happened at the Transition Conference:** Review what was accomplished at your virtual Transition Conference as you type the information in the form. Be sure to type in the parent name, child name, the date/time of the meeting and type an "x" to mark what kind of meeting was held. "Virtual meeting" is typed on the form for you.

<b>PARENT NOTICE OF REMOTE MEETING OUTCOME</b>		
<b>PARENT NAME:</b> <u>Janice Doe</u>		<b>CHILD NAME:</b> <u>Jane Doe</u>
<b>WHEN WAS THE MEETING HELD?</b>		
Date <u>3/31/2020</u>	Time <u>10:00</u>	Location <u>virtual meeting</u>
<b>WHY WAS THE MEETING HELD?</b>		
The meeting was held for the purpose of:		
<input checked="" type="checkbox"/> discussing the services and assistance available through DDS and/or the First Connections Program. <input type="checkbox"/> discussing your child's progress and to discuss areas in which I may be of assistance to you. <input type="checkbox"/> discussing the results of the _____ evaluation completed for your child. <input type="checkbox"/> discussing needs and develop an IFSP/ROAD MAP _____ quarterly review of the IFSP/ROAD MAP <input type="checkbox"/> biannual review of the IFSP/ROAD MAP _____ annual evaluation of the IFSP/ROAD MAP <input type="checkbox"/> developing a transition plan <input checked="" type="checkbox"/> discussing progress of the transition plan		

**NOTE:** If the Transition Conference was combined with an IFSP review meeting, then there would be two "x"s in the box pictured above – one for transition and one for quarterly, bi-annual, or annual review meeting.

The second section of the Notice of Remote Meeting Outcome document is where meeting participants e-sign. There must be 3 roles/participants present for a Transition Conference (parent/family, SC, representative from program to which the child may transition). There may be others (current Part C service providers and anyone the family wants to invite/include). The service coordinator can type his/her name in the meeting attendees section because the service coordinator will sign the bottom of the form:

***WHO WAS AT THE MEETING?***

The following people participated in the meeting:

<u>James Doe</u>	Parent	<u>Shelly Sellers</u>	Service Coordinator
	Family		Physician
	Advocate		Evaluation Representative
	Other	<u>Rolanda Owens</u>	Service Provider
	Other		Service Provider

The bottom section of the Notice of Remote Meeting Outcome Form is where the service coordinator summarizes what happened in the meeting. Do not send a blank form to a parent to e-sign. The service coordinator fills in the form using information gathered from the virtual Transition Conference (remote meeting). The sample below is for a Transition Conference combined with an IFSP review meeting:

***WHAT DID THE TEAM DECIDE?***

Conducted virtual Transition Conference and combined the meeting with an IFSP review to assess child progress in reaching plan goals and objectives. The team added a new goal to John's plan since he has met two of his goals. Team worked together to plan action steps to reach the new goal. Team decided to complete the exit COS rating at this meeting. Parent shared goals, priorities, and concerns for John's early learning with the representative from Head Start and the representative from Part B, and they answered family's questions and provided overviews of their programs. Parent turned in the application for Head Start and signed consent for evaluations for Part B services even though those evals will not occur until the public health emergency has ended.

Shelly Sellers  
Service Coordinator's e-signature

\_\_\_\_\_ Date

(Form # FC-C)  
(electronic  
version  
3/2020)

**Does the IFSP Team HAVE to complete the exit COS rating at the Transition Conference?**

**NO.** The exit COS rating may result in a higher final rating if the team waits until closer to the time of exit (age three) to complete the rating. However, if the service coordinator does not think he/she will have a full team meeting again before the child turns three, the team may decide to complete the rating at the Transition Conference.

- 7. Document team participation on IFSP p.7:** Each participant in the remote meeting documents their attendance by e-signing page 7 of the IFSP after the service coordinator types in the child name, ID number, and which meeting it is at the top of the form. The line for parent signature is

highlighted on the form. It would look something like this when completed electronically for a **Transition Conference** attended by Part B EC Coordinator, a current Part C provider, the Special Services Coordinator from Head Start, the SC, and the parent:

Individual Family Service Plan Team							
Child's Name <u>John Doe</u> ID # <u>100625</u> <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input checked="" type="checkbox"/> Transition <input type="checkbox"/> Update							
Signatures	Title/Role	Organization	Agreement		Participant Role (blue are required members)	Remote Meeting/Virtual Conference	Written Report
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>	Initial Service Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shelly Sellers</i>	service coordinator	DDS First Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing Service Coordinator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Dorothy Parker</i>	EC Coordinator	Mountain Valley schools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Representative of program serving 3-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Advocate	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	<input type="checkbox"/>
<i>Rolanda Owens</i>	SLP	Virtual Visits Interv.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Service Provider	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	DCFS Caseworker	<input type="checkbox"/>	<input type="checkbox"/>
<i>Harold Harvey</i>	Spec. Services Coord.	Mtn Valley Head Start	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other 3-5 program rep.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parent Signature: <i>James Doe</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date <u>3/23/2020</u>	<input checked="" type="checkbox"/>	
I have reviewed this Individualized Family Service Plan and I determine the identified services to be Medically Necessary: _____ Speech Therapy _____ Occupational Therapy _____ Physical Therapy Physician Signature: _____ Date: _____ Developmental Therapy _____ Service Coordination _____ Audiological Services _____ Nursing Services							

**8. Send the following documents for the parent/guardian to e-sign:**

- IFSP page 7
- FC-C Notice of Remote Meeting Outcome
- Any DHS 4000s needed to share IFSP or other EI records information with people who attended the Virtual Transition Conference

*Send these forms ONLY if something changed at an IFSP review conducted as part of the Transition Conference:*

- FC Remote Services Consent Form 3/2020 (to end tele-intervention services, to change provider, or to add participants)
- FC-F Program Participation Authorization (Consent to Serve Form) (to add services, to change SC, to change provider)

NOTE: If the SC has access to Adobe sign or Echo sign or similar application that provides privacy protection, please use it. If attaching e-sign forms to an email to send to the parent do not forget to send the message securely/encrypt the message. State staff can do this by typing "sensitive" in the subject line.

**Tips for successful virtual Transition Conferences:**

- (a) Prepare families as far in advance as possible, ideally beginning shortly after the child's 2<sup>nd</sup> birthday, parents can begin thinking about, visiting, and exploring the 3-5 program options in the area in which they live.

- (b) Plan ahead! Get DHS4000s signed as parents decide who they'd like to attend their transition conference and invite those organizations/agencies/programs well enough in advance so that they can plan to attend.
- (c) For children who may transition to Part B, get consent to send the child record to the EC Coordinator at least 3 weeks before the transition conference.
- (d) Schedule the Transition Conference (meeting) at a time that is convenient to the family and to the reps of 3-5 programs who will be attending.
- (e) When calling to schedule the Transition Conference (meeting), help the parent know what to do to prepare to participate.
- (f) If an IFSP review will be done as part of the Transition Conference (combined meeting), communicate with provider(s) to complete goals/objectives status before the virtual meeting.
- (g) Introduce everyone on the call before beginning.
- (h) Engage the parent in talking about the progress that he/she has noted (or not noted) in his her child.
- (i) Engage the parent in identifying their hopes, dreams, and goals for their child's learning and development in the pre-school years.
- (j) Make sure the parent's questions about transition and 3-5 programs are answered.

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## CONDUCTING SCREENINGS TO SUPPORT FAMILIES:

**Introduction:** The use of screening tools like Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) are useful for:

- Involving/engaging the parent/guardian/caregiver
- Informally assessing functional child abilities/skills
- Understanding areas of need the child has (scores in the grey area or black area on the screening score sheet)
- Determining developmentally appropriate activities the family can do at home with their child to support learning and development in areas of need
- (when repeated quarterly) Assessing child progress

### Which Screening Should I Complete?

Discuss the parent’s concerns. Choose the screening that would best match the family concerns:

<b>Concern is:</b>	<b>Use:</b>
<i>General development or a specific area of development like movement, communication, etc</i>	ASQ-3
<i>Behavior concerns, concerns about attachment, “connecting,” or getting along with others</i>	ASQ-SE
<i>Concerns about autism</i>	MCHAT-R/F

### How to:

1. **Explain the purpose of the screening:** Explain the purpose of completing the screening in such a way that the parent understands. Let the parent know that the screening is informal and cannot diagnose a developmental delay or disability, the tool just helps you both know if there are concerns based on typical milestones for a child the same age.

*Tip: you can use some of the “language” from the introduction above (example: “The Ages and Stages Screening can’t diagnose a delay or a disability, but completing it with you can show us areas your child is strong in and any areas your child may need support in. This will help us plan goals and activities.”)*

2. **Obtain consent to complete the screening:** Obtain written consent on the same form you normally use to get consent for an evaluation (Form FC-D – also called the “Consent to Evaluate” form). These forms have been made electronically fillable (type information into the form) and they can be emailed to the parent to electronically sign in Adobe sign. If the parent does not have access to sign the form electronically, the form must then be mailed to the parent along with a self-addressed, stamped envelope so the parent can return it. Do not conduct the screening until you have documentation of parent consent.
3. **Completing the form for a screening:** The form used to document consent has three sections. Each section of the form is documenting something different. Service coordinators help families

know their rights by taking the time to explain each section to the parent so that the parent’s consent is based on accurate understanding and information.

**A: Box 1 of the form documents consent for the screening:**

To document the parent’s formal, written consent for the screening, the service coordinator will write in the name of the screening or screenings completed since there is not a space on the form for screenings. In the first set of boxes, you’ll write in the screening completed like this:

DEVELOPMENTAL DISABILITIES SERVICES / FIRST CONNECTIONS EVALUATION & INFORMATION AUTHORIZATION	
CHILD’S NAME <u>Jane Doe</u>	CHILD’S ID NUMBER <u>19000553</u>
PARENT/GUARDIAN <u>Janice Doe</u>	SVC COORD <u>Shelly Sellers</u>
CONSENT TO EVALUATE:	SC # _____
<p>I understand that I have the right to notice and consent in my native language before any action is taken concerning my child; and I am authorizing Developmental Disabilities Services and the First Connections Program to complete the following evaluations for my child.</p> <p> <input type="checkbox"/> Developmental Evaluation             <input type="checkbox"/> Speech Therapy             <input type="checkbox"/> Physical Therapy             <input type="checkbox"/> Occupational Therapy  <input checked="" type="checkbox"/> Other <u>ASQ-3</u> </p>	
Parent/Guardian Initial _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____

**B: Box 2 of the form documents consent to share information (the results of the screening):**

Discuss with the parent who else might need a copy of the results of the screening. For example, if the child is currently receiving services and those services have been delayed/postponed due to the public health emergency, does the parent want results shared with the child’s therapy providers? Does the parent want results shared with her PCP? Does the child receive other services like CHC case management, Following Baby Back Home or HIPPY for 2-year olds? If so, have those home visitors been unable to meet with the parent? If so, does the parent want to share results from the screening with other service providers? If so, complete the 2<sup>nd</sup> set of boxes on the form so that the parent can grant consent for the service coordinator to share results with whomever the parent indicates. Be sure to also write in what information will be shared, like this:

CONSENT TO OBTAIN/RELEASE INFORMATION:	
<p>I understand that I have the right to notice and consent in my native language before any personally identifiable information about my child is released or obtained. I understand that I can revoke this authorization at any time. I also understand that I may examine any and all records pertaining to my child at any time. I am authorizing Developmental Disabilities Services and the First Connections Program to</p> <p> <input checked="" type="checkbox"/> obtain from / <input checked="" type="checkbox"/> release information to:           </p>	
Organization/Individual <u>CHC Nurse Care Coordinator</u>	<u>HIPPY Home Visitor</u>
Address <u>Dr. Bee Hive (PCP)</u>	_____
Information to be Obtained / Released: <u>ASQ-3 screening results</u>	
Parent/Guardian Initial _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____

**C: Box 3 of the form documents that the parent was provided a choice of provider(s):**

For evaluations and for EI services, parents are provided the Provider Directory and given a choice of provider in their area to provide all evaluations and services, and this form is used to document that the parent was given a choice and selected the provider program listed on the form. However, since screenings are not a billable service and since the family’s service coordinator is usually the person completing the screening, parents are not given a list of provider programs when a screening is conducted either as part of a delivered service session or as part of intake or an IFSP

meeting or review. The parent was provided a choice when they selected their ongoing service coordinator. List the ongoing service coordinator on this form when documenting choice for a screening like this:

**FAMILY CHOICE OF PROVIDERS:**

I have been provided a list of providers available to conduct the above identified evaluations and have chosen the following providers:

<input type="checkbox"/> Developmental Evaluation	Provider _____
<input type="checkbox"/> Speech Therapy	Provider _____
<input type="checkbox"/> Physical Therapy	Provider _____
<input type="checkbox"/> Occupational Therapy	Provider _____
<input checked="" type="checkbox"/> Other <b>ASQ-3</b>	Provider <b>name of family's ongoing service coordinator</b>
<input type="checkbox"/> Other _____	Provider _____
<input type="checkbox"/> Other _____	Provider _____

\_\_\_\_ Parent/Guardian **Initial** \_\_\_\_\_ **Date**

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\_\_\_\_\_  
Parent/Guardian **Signature** \_\_\_\_\_ **Date**

Alternate format (large print, audio tape, reader, etc.) provided upon request (Form FC-D)\_(12/01/04) (0 to 6 form)

**NOTE:** The electronic fillable form has highlighted sections where the parent will initial or sign and date similar to the one pictured here.



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