DAUPHIN COUNTY MH/ID PROGRAM
POLICY AND PROCEDURE

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Effective Date: 1-16-12
Revision Date: 10-4-13

Title: Individualized Family Service Plan

Policy: The Individualized Family Service Plan (IFSP) process promotes a partnership that leads to a written plan that describes how infant/toddler early intervention services can assist a family to help their young child grow and develop. The IFSP is more than just paper. The IFSP outlines this partnership between the family, service provider, and the service coordinator.

Definitions:

IFSP: Individualized Family Service Plan: a written plan for providing early intervention services to an infant or toddler with a disability and the infant or toddler’s family.

Procedure:

1. The IFSP is a written document that describes a planning process where family members and professionals of one or more disciplines collaboratively work together to outline a plan of early intervention supports and services for a child and family. The IFSP is the outcome of this collaborative planning process where family members and professionals discuss family strengths, resources, priorities and concerns, and the needs of the infant or toddler, and together determine the type, intensity, duration, and location of services and supports that are desired by the family. The IFSP is a written record of the formal and informal discussions among families and professionals. Parents provide written consent for the provision of each early intervention service described on the IFSP. An initial IFSP is written within 45 days for a child who meets eligibility criteria following the child’s referral to early intervention. The Dauphin County Early Intervention Program uses the statewide IFSP form.
2. IFSP Team Members: The IFSP meeting must include the child’s parent(s), other family members or advocates as requested by the parents, the service coordinator, a person(s) directly involved in conducting the evaluations and assessments and, as appropriate, persons who are, or will be, providing services to the child or family. The service coordinator and the child’s parent, as desired by the parent, lead the discussion. If a person who conducted the evaluation and assessment is unable to attend the meeting, arrangements must be made for the person’s involvement through other means.

3. The IFSP Meeting: IFSP meetings are conducted in settings and at times that are convenient for families. For many families, the initial IFSP meeting is held immediately following the evaluation. For other IFSP meetings, sufficient notice must be provided to families and other participants to enable them to attend. Meeting notification letters should be sent 5 days prior to the meeting, or documentation should exist that shows the family preferred to schedule a meeting sooner than the 5-day timeframe. The meeting must be conducted in the native language of the family or other mode of communication used by the family. The family and team members will be notified in writing of each IFSP team meeting.

4. IFSP Review: An IFSP meeting must be conducted every six (6) months with periodic reviews conducted to evaluate the IFSP for the child and the child’s family to determine the degree to which progress toward achieving the outcomes is made, and whether, as appropriate, modifications or revisions of the outcomes, the supports and services, or the intervention strategies are necessary. In addition, the family assessment information is reviewed and updated. Periodic reviews can be held more frequently if conditions warrant or if the family requests a review. Reviews may be carried out through a meeting or any other means acceptable to the parents or other participants.

5. The IFSP Document: The IFSP must contain the following information:
   A. Child’s present status and development in ALL developmental areas: cognitive, communication, physical (including motor, vision, hearing, and health); social or emotional; and adaptive development. The IFSP must document the results of the universal newborn hearing screening or other current hearing test results if known.
   B. Results of the Family Assessment including the family’s community resources, priorities, and concerns. Updated FA information must be documented at each review meeting.
   C. Other services: medical services or services that the child may need which are not required early intervention services, and, if necessary, the steps that have or will be taken to secure those services through public or private resources. (This does not apply to routine medical services such as immunizations and well-baby care.)
   D. Outcomes: statements of the major outcomes expected to be achieved as a result of early intervention supports and services. These outcomes must reflect the priorities and concerns of the family, in collaboration with the concerns of other IFSP team members.
E. Early intervention supports and services: A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and family.

F. Natural Environments: A statement of the natural environments in which early intervention services shall be provided is determined by the team and documented on the IFSP. Early intervention services must be delivered in settings that are consistent with the naturally occurring events and opportunities which are part of the child’s home routines, family, and community activities. If the IFSP team determines that any service(s) must occur in a segregated setting (clinic, office, a center where only children with special needs attend), a justification of the service location must be listed on the child’s IFSP. See Natural Environments Section for further requirements.

G. Dates, Duration of Services: The projected dates for initiation of services, as soon as possible after the IFSP meeting, and the anticipated duration of those services. The date that each service started. If not within 14 days, reason must be noted.

H. Transition at age 3 (three): A statement about the steps to be taken to ensure a smooth transition of the child, upon reaching age three, to preschool early intervention, typical community preschool programs, or other appropriate services. See Dauphin County Policy on Transition.

I. Exit Criteria: Documentation of data that support that a child is no longer eligible for early intervention services.

6. Parental Consent: The child’s parent or a surrogate parent must sign the IFSP document indicating their consent for early intervention services to begin. No services can begin before the parent/surrogate parent provides written consent to early intervention service provision.

7. Time Frames: The following time frames will be used when developing the initial and subsequent IFSP:
   A. Initial IFSP – a meeting to develop the initial IFSP must be conducted within 45 calendar days from the date of the child’s referral to the MH/ID Program.
   B. Services for an eligible child and family commence within 14 calendar days after the IFSP meeting. Services can commence before the completion of the evaluation and IFSP if:
      i. Parental consent is obtained;
      ii. An interim IFSP is developed indicting the reason for the immediacy of services; and,
      iii. The evaluation and IFSP are completed within the 45-day calendar period.
   C. In the event of exceptional circumstances that make it impossible to complete the evaluation within the 45 calendar day time frame or for services to start within 14 days of the IFSP, the service coordinator will ensure that the circumstances for the delay are documented.
   D. IFSP Review: The review meeting, scheduled by the IFSP team during the development of the initial IFSP, will be held within six (6) months of the date of
the initial IFSP. Additional periodic reviews may be carried out through a meeting or any other means acceptable to the parents and other participants.

E. Service Initiation: Services begin as soon as possible, but no later than 14 calendar days from the date the IFSP is completed, unless a later date is recommended by the team, including the family, based on the needs of the child, or at the request of the family. Documentation will be provided by the Service Coordinator in service documentation and on the IFSP when appropriate.

8. IFSP Revisions: No changes can be made to the IFSP document without the prior approval of the family and service coordinator. Each IFSP implementer may make changes to the IFSP goals as needed with prior approval from the parent and service coordinator, as follows:
   A. The child’s IFSP will require and reflect periodic and timely updates in the child’s developmental progress. Updating is the ongoing responsibility of the IFSP implementer and SC. Revisions will encompass minor adjustments in the teaching strategies and measurement of progress. An IFSP conference is not required for minor changes in strategies and criteria. Providers are required to inform both the parents and the service coordinator of all update requests, and the SC must enter the revisions to the IFSP in Pelican.
   B. Any request for a change in service location, frequency, duration, intensity, or IFSP outcome, must be directed to the service coordinator who will coordinate the information and reconvene the IFSP team as necessary to discuss potential changes with the family and create revisions to the IFSP.
   C. Any IFSP revisions that occur following the Administrative Transition Planning Meeting must be made in agreement with the Intermediate Unit. This only applies to children transitioning to an intermediate unit preschool early intervention program.

9. Natural Environments Part C of IDEA (Individuals with Disabilities Education Act) states “That to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate,” and that “natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.” If the IFSP team members determine that the provision of services and supports is provided in locations other than in the child’s natural environment(s), the team must document the reason on the IFSP. In addition, at each 6 month review, the IFSP and the justification are reconsidered and documented on the IFSP and include:
   A. How services provided in a location other than a natural environment will be generalized enough to support the child’s future ability to function in his/her natural environment, and
   B. A plan with timelines and the supports necessary to allow the child’s and family’s outcomes to be satisfactorily achieved in his/her natural environments (as an addendum to the initial IFSP).
A review of the IFSP must be continued during the period that a child and family is receiving early intervention supports and services. This method should be repeated until the child and family can receive supports and services that are naturally provided in their everyday lives (home and community activities).

10. IFSP Implementation: After the plan is developed and approved, it is the responsibility of the provider to initiate the plan as designated. Each IFSP implementer must forward Session Notes for each treatment session and Quarterly Progress Monitoring Reports (as due) to the child’s service coordinator on a monthly basis. Early intervention staff is responsible for establishing a schedule with parents/caregivers that meet the IFSP service requirements and family needs. The service coordinator must be notified by the service provider of the first service date using the County’s 14-day form to assure compliance with the 14-day requirement.

11. Notification of Changes in Therapist: The service coordinator must be notified of any change in therapist by the agency involved. If the agency has an alternative therapist to offer, families may continue service with that agency. Families may also choose to ask the SC to make a referral for another service provider.

References:
Chapter 4226

Also see EI Manual, Updated September 2008, and November 201, September 2013