

INDIVIDUALIZED FAMILY SERVICE PLAN

Section F

An Individualized Family Service Plan (IFSP) document shall be developed for each eligible child and family in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). The IFSP shall be a written plan for providing early intervention services to an eligible child and the child's family and shall be based upon information compiled through the developmental evaluation and assessment processes.

FEDERAL POLICY (34 CFR 303.345 is the source of Federal Policy that appears at the beginning of each section of the standards revised August 15, 2008.)

Each system must include policies and procedures regarding individualized family service plans (IFSPs) that meet the requirements below.

Individualized family service plan and IFSP mean a written plan for providing early intervention services to a child eligible under this part and the child's family.

Lead Agency responsibility:

The lead agency shall ensure that an IFSP is developed and implemented for each eligible child, in accordance with the requirements of Part C. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.

Procedures for IFSP development, review, and evaluation:

1. Meeting to develop initial IFSP – timelines:

For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period.

2. Periodic review:

a. A review of the IFSP for a child and family must be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of this periodic review is to determine:

- i. The degree to which progress toward achieving the outcomes is being made; and**
- ii. Whether modification or revision of the outcomes or services is necessary.**

b. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

3. Annual meeting to evaluate the IFSP:

A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to review its provisions. The results of any current evaluations conducted and other information available from the ongoing assessment of the child and family must be used in determining what services are needed and will be provided.

4. Accessibility and convenience of meetings:

- a. IFSP meetings must be conducted:
 - i. In settings and at times that are convenient to families; and
 - ii. In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
- b. Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

5. Parental consent:

The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

Participants in IFSP meetings and periodic reviews:

1. Initial and annual IFSP meetings:

- a. Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:
 - i. The parent or parents of the child.
 - ii. Other family members, as requested by the parent, if feasible to do so.
 - iii. An advocate or person outside of the family, if the parent requests that the person participate.
 - iv. The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.
 - v. A person or persons directly involved in conducting the evaluations and assessments.
 - vi. As appropriate, persons who will be providing services to the child or family.
- b. If a person listed above is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including:
 - i. Participating in a telephone conference call;
 - ii. Having a knowledgeable authorized representative attend the meeting; or
 - iii. Making pertinent records available at the meeting.

2. Periodic review:

Each periodic review must provide for the participation of persons listed in (1)(a)(i) through (1)(a)(iv) above. If conditions warrant, provisions must be made for the participation of other representatives identified above.

Content of an IFSP:

1. Information about the child's status:

- a. The IFSP must include a statement of the child's present levels of physical development (including vision, hearing and health status), cognitive development, communication development, social or emotional development, and adaptive development.
- b. The statement of the child's present levels must be based on professionally

acceptable objective criteria.

2. Family information:

With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities and concerns related to enhancing the development of the child.

3. Outcomes:

The IFSP must include a statement of the major outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to determine:

- a. The degree to which progress toward achieving the outcomes is being made; and
- b. Whether modifications or revisions of the outcomes or services are necessary.

4. Early intervention services:

a. The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in this section including:

- i. The frequency, intensity, and method of delivering the services;
- ii. The natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;
- iii. The location of the services; and
- iv. The payment arrangements, if any.

b. As used in this section –

- i. “Frequency” and “intensity” mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and
- ii. “Method” means how a service is provided.

c. As used in this section, location means the actual place or places where a service will be provided.

5. Other services:

a. To the extent appropriate, the IFSP must include:

- i. Medical and other services that the child needs, but that are not required under this part; and
- ii. The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

b. These requirements do not apply to routine medical services (e.g., immunizations and “well-baby” care), unless a child needs those services and the services are not otherwise available or being provided.

6. Dates; duration of services:

The IFSP must include:

- a. The projected dates for initiation of the services in (4)(a) above as soon as possible after the IFSP meetings; and
- b. The anticipated duration of those services.

7. Service coordinator:

- a. The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.
- b. In meeting the requirements of this section, the public agency may:
 - i. Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or
 - ii. Appoint a new service coordinator.
- c. As used in this section, the term profession includes "service coordination".

8. Transition from Part C services:

- a. The IFSP must include the steps to be taken to support the transition of the child to:
 - i. Preschool services under Part B of the Act, to the extent that those services are appropriate; or
 - ii. Other services that may be available, if appropriate.
- b. The steps required in this section include:
 - i. Discussion with, and training of, parents regarding future placements and other matters related to the child's transition;
 - ii. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting; and
 - iii. With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented.

Provision of services before evaluation and assessment are completed:

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment if the following conditions are met:

1. Parental consent is obtained.
2. An interim IFSP is developed that includes:
 - a. The name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and
 - b. The early intervention services that have been determined to be needed immediately by the child and the child's family.
3. The evaluation and assessment are completed within the 45-day time period,

Responsibility and accountability:

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the IFSP.

Natural Environments

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. As used in this part, *natural environments* means settings that are natural or normal for the child's age peers who have no disabilities.

BABIES CAN'T WAIT (BCW) PROGRAM STANDARDS

A. Orientation:

1. The service coordinator shall provide the parent(s) of eligible children an orientation to the IFSP process.
2. This orientation must be conducted:
 - a. in the primary language or mode of communication most commonly used by the parents, and;
 - b. according to all federal and state procedural safeguards.
3. The service coordinator shall exchange information with the child's Primary Care Physician [PCP] on:
 - a. the importance of their involvement in the development of the IFSP;
 - b. options available to them to allow their participation in the IFSP development process;
 - c. the best way to keep them informed and maintain contact with his or her office; and
 - d. how to engage the PCP's office in the IFSP reviews and updates.

B. Timelines

Within 45 calendar days of receipt of a referral to the local lead agency (BCW), the evaluation and assessment shall be completed and an IFSP meeting held for each eligible child and family. IFSPs may be delayed when there are family-initiated reasons for delays. Acceptable family initiated reasons for delay in this timeline include child illness/hospitalization, delayed family response time, and family requested delay. Family initiated reasons for delays must be well documented.

C. Participants

1. The IFSP team members are selected based on competencies that match the needs of the child, and includes the parent(s), individuals involved in evaluation/assessment activities (in the case of initial IFSPs), and others who have information and input helpful in the design, development, and implementation of the IFSP for the child and family. At a minimum, the IFSP/PSP meetings (initial and annual) and periodic (six-month review or any requested reviews) must include:
 - the parent(s) and anyone the parent wants to invite;
 - the service coordinator;
 - person(s) directly involved in conducting evaluations or assessments and/or persons who are or will be providing services to the child and family.

2. The primary care physician will be invited to participate in the development of the IFSP, and may provide input by attendance in person or through alternate means which allows active participation, or through a knowledgeable designated person or in writing.
3. Children receiving Service Coordination only will receive the annual assessment of the IFSP by a person(s) that was directly involved in conducting the initial evaluation and assessment.

D. Meeting arrangements

- Parents must be given at least five working days written prior notice of any district-initiated IFSP meeting. Other IFSP team members, including the child's Primary Care Physician will be notified reasonably in advance to allow for participation. Team members can participate in IFSP meetings in person, via speaker- phone, video conferencing, internet connections, or other means that allow them to interact in real time with other team members. If a BCW team member is unable to participate in the IFSP meeting, written and/or verbal input must be submitted prior to the IFSP meeting.
- At least one IFSP team member/discipline must participate.
- Because the family is an integral part of the multidisciplinary team, the IFSP meeting must be held in settings and at times that are convenient to families. Such settings may include, but are not limited to, home, childcare, Early Intervention office, Primary Care Physician's office, or other settings as requested by the family.
- IFSP meetings must be held in the native language or other mode of communication of the parent(s) (see Procedural Safeguards Section).
- Written documentation of efforts to locate interpreter services for the parent(s) must be maintained in the child's BCW early intervention record.

E. Roles and Responsibilities of IFSP/PSP Team Members:

The service coordinator must:

1. Inform families about who will participate in the IFSP development.
2. Assist families in identifying additional persons who will participate in development of the initial IFSP; e.g., a family friend, advocate, and/or potential service provider(s)
3. The entire IFSP/PSP team will be responsible for facilitating and participating in the development, review, and evaluation of IFSPs;
4. The entire IFSP/PSP team will be responsible for promoting family-centered services that respect families' decisions, values, beliefs and norms;
5. The entire IFSP/PSP team will be responsible for coordinating the provision of the identified early intervention services and other services identified on the IFSP, including:
 - ensuring timeliness in initiation of service delivery;
 - documenting methods to monitor delivery and effectiveness of services identified in the IFSP, and reviewing the need for new, additional or modified supports/services.
 - Ensure that information from section 3 (Identification of Natural Environments) and section 4 (All about our Child and Family) of the IFSP document are reflected in the development, review and evaluation of the IFSP.

Upon completion of the IFSP document, the service coordinator must:

- assure that the parent(s) has all of the necessary and relevant information to access services identified in the IFSP;
- determine with the parent(s) agreement, the specific nature of assistance

the service coordinator shall provide to support parent(s) in gaining access to services identified in the IFSP;

- determine and agree upon the specific services identified in the IFSP that the service coordinator shall access on behalf of the child/family; and
- inform the family of advocacy services and groups that provide assistance to families in accessing or relating to BCW service providers, and provide information on the formal complaint and fair hearing process to families who experience dissatisfaction with BCW service providers.

The service coordinator must disseminate a full copy of the IFSP, to the parent(s) and all service providers within 10 working days of the initial, annual, periodic reviews and transition planning IFSP meetings. If the IFSP is typed after the meeting, the typed copy must be taken back to the family for their review and re-signing.

The service coordinator must provide a Child Individualized Family Service Plan (IFSP) Summary Form to each child's primary care physician, within 10 working days of the initial and annual IFSP meeting. The full IFSP document may be offered to the primary care physician and provided upon request or as appropriate.

F. Content of the Individualized Family Service Plan

The IFSP document must directly address the child's developmental conditions, be linked to the child's level of need, address the medical cause and/or contributing factors to the developmental delays, and establish clear measures of outcomes and improvements with timelines. The child's delay, and the medical cause and/or contributing factors, if known, should be considered in determining the selection of primary service provider, the appropriate intervention methods and improvement measures in both developmental and functional areas.

1. With the concurrence of the family, the IFSP document shall contain an assessment of the family's resources, priorities, and concerns and the identification of supports and services necessary to enhance the family's capacity to meet the identified developmental needs of the child.
2. The IFSP must include a statement of the infant's/toddler's present level of development and be based on information gathered from intake and the comprehensive developmental evaluation and assessment. The statement must address at least the following areas:
 - a. Physical development (including vision, hearing, and health status);
 - b. Cognitive development;
 - c. Communication development;
 - d. Social or emotional development; and
 - e. Adaptive development.
3. The IFSP must document and include the diagnoses of the child's developmental delay and conditions with appropriate codes.
4. The IFSP must contain measurable developmental goals and measurable functional outcomes expected to be achieved by the child based on the presenting conditions of delay and developmental needs.
5. The IFSP document must describe the specific early intervention service(s) based on

- a. peer-reviewed research, to the extent practicable, necessary to meet the unique developmental needs of the child
 - b. the child's ability to function in his/her natural environment
 - c. and the capacity of the family to meet the child's developmental needs in order to achieve IFSP outcomes, without regard for the ability of the local program to provide the early intervention services.
6. The IFSP document must include a statement of the Early Intervention Services identified by the IFSP team as necessary and appropriate to address the developmental needs of an infant or toddler with a disability. Those early intervention services may include the following:
- a. Assistive technology devices and services;
 - b. Audiology services;
 - c. Family training, counseling, and home visits;
 - d. Health services;
 - e. Medical services only for diagnostic or evaluation purposes;
 - f. Occupational therapy;
 - g. Physical therapy;
 - h. Psychological services;
 - i. Service coordination services;
 - j. Social work services;
 - k. Special instruction;
 - l. Speech-language pathology;
 - m. Transportation and related costs;
 - n. Vision services;
 - o. Other Required Services
7. The IFSP must include the frequency, intensity, location, method of delivering services, projected dates for initiation of services and the anticipated length and duration of such services.
8. Early intervention services must, to the maximum extent appropriate to the needs of the child, be provided in natural environments, including home and community settings that are natural and typical for the child's same age peers who do not have any developmental delays.
- Natural environments may include, but are not limited to, childcare, home, Early Head Start, the park or the playground, Mother's Morning Out or other community preschools programs, restaurants or shopping centers, or other places where families spend time.
 - The provision of early intervention services for any infant or toddler can occur in a setting other than a natural environment only when early intervention outcomes cannot be achieved satisfactorily for the infant or toddler in a natural environment.
 - If the IFSP team is considering service provision in a location other than the child's natural environment, the IFSP team must show sufficient documentation to support the team's decision that the child's outcomes/strategies cannot be achieved by providing the service in the child's natural environment, even with supports/accommodations. The justification must be reconsidered at least every six months, and documented in the IFSP document to include:
 - A detailed explanation of why the IFSP team determined that the child's outcomes/strategies cannot be met if the services are provided in the

- child's natural environment with supports/accommodations provided by BCW;
 - o How interventions provided in the non-natural environment will be transferred into activities to support the child's ability to function in his/her natural environment; and
 - o A plan that describes the review process to monitor the child's development relating to the possibility of moving service provision, to the extent appropriate, to natural environment.
- 9. The IFSP must include the name of the individual who will serve as the service coordinator. All early intervention services must be provided by personnel who have met state approved or recognized certification, licensing, registration, or other comparable requirements for the discipline as recognized by BCW.
- 10. All funding sources for early intervention services must be listed in the IFSP document, including any family costs and third party billings.
- 11. To the extent appropriate, the IFSP document must include other services (services that a child or family needs but are neither required nor covered under Part C) that BCW is not required or financially responsible to provide. Examples include respite care, routine pediatric medical care or other family support services. If a family chooses to receive a service in a location other than the child's natural environment (without justification from the IFSP team), these services will be outside the Babies Can't Wait system.
- 12. The IFSP must include steps and services to be taken to support the transition of the child to preschool services, early education, Early Head Start, childcare or other appropriate services. Transition steps must include:
 - Discussions with parents, beginning with the initial IFSP meeting, regarding transition goals and future placements;
 - Procedures to prepare the child for changes in service delivery and settings;
 - Transmission of information, with parental consent, to the local education agency (LEA) to ensure continuity of services.

G. Availability of Services

BCW services shall be made available throughout the calendar year, in accordance with the IFSP, for each eligible child and his/her family. Individual calendars should be mutually negotiated between the IFSP team and the family that take into account state and national holidays, vacations, as well as acts of nature that might interfere with delivery of services.

H. Responsibility and Accountability

1. Each BCW service provider who has a direct role in the provision of early intervention services is required to adhere to the highest standards of their profession.
2. Each BCW service provider who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving IFSP outcomes.

3. BCW service providers shall be held accountable for monitoring the degree to which each child is making progress towards achieving the outcomes contained in an IFSP.
4. BCW service providers shall not be held accountable if an individual child does not achieve the expected outcomes in the IFSP where service provider has adequately discharged his/her responsibility to the child.

I. IFSP Implementation

1. Each child and family shall have only one IFSP document in place at any one time.
2. Parent(s) signature on the IFSP allows for sharing of information among all BCW team members who are listed on the services page. The standard DHR Authorization for Release of Information form must be completed and signed by the parent to allow sharing of information with others not listed on the IFSP services page.
3. All BCW team members contributing to the development of the IFSP will be listed on the IFSP.
4. The child's PCP shall be encouraged to be engaged as an active participant in the IFSP process as indicated previously.
5. Parent(s) signature on the service page of the IFSP document shall serve as consent for implementation of the services and activities listed in the IFSP. No additional consent is required for services to begin.
6. If the parent(s) does not provide consent for a particular early intervention service, or withdraws consent after first providing it, that early intervention service cannot be provided. The other early intervention service(s) to which consent is given must be provided.
7. If the parent(s) declines consent for early intervention services recommended by the IFSP team, at any time, documentation must be made on the services page and the parent must sign a Decline of Services Consent Form.

J. Periodic Reviews

1. A periodic review of the IFSP document, progress toward achievement of outcomes, and the needs for modification or revision of child development outcomes and service interventions, must be conducted at least once every six months or more frequently based on child's conditions and/or when family requests such a review. The service coordinator must ensure that parents are informed of and understand their right to ask for more frequent reviews.
2. The reviews will determine whether the child has met, partially met, or not met the progress measure for each outcome.
3. These reviews must be documented in writing in the IFSP document and IFSP meeting notes and maintained in the child's BCW early intervention record.
4. The review must address the child's ability to function in settings identified as natural

or normal for the family, and the need for assistive technology services and devices which support the child's ability to function in his/her natural environment.

5. Each periodic review must provide for the participation of the following:
 - a. parent(s)/legal guardian of the child
 - b. any other family member(s) or non-family members as requested by the family
 - c. the service coordinator
 - d. current IFSP team member
 - e. other relevant service providers may participate as deemed necessary
6. Any change to the IFSP proposed by the district requires written notice to the parent(s) five days prior to the proposed change. Adequate notice must be given to other team members to facilitate their participation.
7. Parents may call for a review of the IFSP at any time and they may request the participation of other family members, team members, and/or additional persons. The service coordinator must ensure that parents are informed of and understand their right to ask for this review.

K. Annual Reviews

The current IFSP must be reviewed at least annually, prior to the development of a new IFSP. This review must be based on all current assessment information.

1. At a minimum, the IFSP team must include:
 - The parent(s)/legal guardian of the child
 - Any other family member(s) or anyone the parent wants to invite (advocates, child care professionals, etc)
 - The service coordinator
 - At least one current IFSP members/service provider(s) who will participate in person. Other member may attend by telephone, or through prior submission of written information, and
 - Any person directly involved in conducting evaluations and assessments for the child.
2. The primary care physician will be invited to participate in the development of the annual IFSP and may provide input by attendance in person or through alternate means which allows active participation, or through a knowledgeable designated person or in writing.
3. The annual IFSP review process must determine whether the child has met, partially met, or not met the progress measure for each outcome.

L. Interim IFSP for Children Known to Be Eligible

1. An interim IFSP may be developed prior to the completion of the multidisciplinary assessment (required for IFSP development) if immediate services are identified, eligibility is verified, and informed, parental consent has been obtained.

2. The purpose of an interim IFSP is to ensure that necessary, identified services are provided to eligible children as soon as possible.
3. The development and implementation of an interim IFSP does not permit the 45 calendar day timeline to be circumvented. Evaluation and assessment activities must be completed and an IFSP developed within the 45 day timeline.

M. Transition Planning

1. Transition planning with BCW shall be discussed and documented at each IFSP meeting beginning at the time the initial IFSP is developed. Transition planning is required to assist children and families:
 - a) as they move from BCW to the Part B preschool special education program;
 - b) as they move from BCW to other community programs, such as Head Start;
 - c) as they move to another district;
 - d) as they move to another state; or
 - e) if they leave the program for any reason prior to age 3.
2. A transition meeting must be convened to develop a written transition plan, with informed, written parental consent. Participants must include the family, service coordinator, and, with parental consent, a Part B representative(s), and other community representatives as appropriate. This meeting must occur at least 90 days and up to nine months prior to the child's third birthday if the child is exiting at age three or as early as possible if exiting prior to age three.
3. Children transitioning from Babies Can't Wait at any time must be referred back to Children 1st with informed, written parental/legal guardian consent, if the child is not enrolled in another Children with Special Needs program (Children's Medical Services or High Risk Infant Follow-up).