

CHAPTER 300 – INDIVIDUALIZED FAMILY SERVICE PLAN

GUIDING FEDERAL POLICY 34 CFR §303.340 – §303.346 IFSP

BABIES CAN'T WAIT (BCW) PROGRAM STANDARD

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 multidisciplinary developmental evaluation and/or assessment processes.

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 local BCW programs as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.

Each local program must implement policies & procedures regarding IFSPs that meet the requirements.

IMPLEMENTATION

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:
 - in the native language or mode of communication most commonly used by the parents, unless it is clearly not feasible to do so and;
 - according to all federal and state procedural safeguards
3. The Service Coordinator shall exchange information with the child's primary care physician (PCP) on:
 - the importance of their involvement in the development of the IFSP;
 - options available to them to allow their participation in the IFSP development process;
 - the best way to keep them informed and maintain contact with his or her office;
 - how to engage the PCP's office in the IFSP reviews and updates

B. Timelines:

Meeting to develop initial IFSP – timelines:

For a child referred to the Part C program and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period that begins with the receipt of the referral when BCW is mentioned. (C1st or BCW).

EXCEPTIONS:

IFSPs may be delayed when there are family-initiated reasons for delays.

- The first exception to the 45-day timeline is for situations when the child or parent is unavailable to complete the screening, if applicable; the initial evaluation; the initial assessment of the child; the initial assessment of the family; or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records.
- The second exception is if the parent has not provided consent for screening (if applicable), or the child's evaluation and assessment despite documented, repeated attempts by the local agency (LA) to obtain consent from the parent. 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.

If a family moves from one local program to another in Georgia, the IFSP moves with them and continues to be valid and in place for a period not to exceed the six-month review. The receiving local program and IFSP Team will review the current IFSP and revise as needed based on the current identified needs of the eligible child and family. (see Transfer Record Procedures)

If a family moves to Georgia with an active IFSP from a Part C program in another state, the receiving local program and IFSP Team will treat the child as a new referral to the Part C system in Georgia, completing intake, evaluation (as needed), assessment, determination of eligibility, and IFSP development within the 45 day timeline.

C. Participants:

Participants in IFSP meetings (initial, annual, 6 Month Review and periodic reviews):

Initial IFSP meetings:

Each initial meeting must include the following participants:

1. The parent or parents of the child.
2. Other family members, as requested by the parent, if feasible to do so.
3. An advocate or person outside of the family, if the parent requests that the person participate.
4. The Service Coordinator who has been assigned to 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.
5. A person or persons directly involved in conducting the evaluations & assessments.
6. As appropriate, persons who will be providing services to the child or family.
7. If the initial IFSP meeting will require a transition meeting in order to have the transition plan and conference completed by 33 months, the LEA representative should be invited unless the parent requests otherwise.

If a person listed under 5, 6 or 7 above is unable to attend a meeting and the parent(s) agree, arrangements must be made for the person's involvement through other means, including one of the following:

1. Participating in a telephone conference call;
2. Having a knowledgeable authorized representative attend the meeting.
3. Making pertinent records (evaluation/recommendations) available as soon as possible prior to the initial IFSP meeting to allow sufficient time for review. Prior to the annual IFSP, the pertinent records (evaluation/progress notes or summary) are due five days prior to the meeting.

Annual IFSP meetings:

Each Annual meeting must include the following participants:

1. The parent or parents of the child.
2. Other family members, as requested by the parent, if feasible to do so.
3. An advocate or person outside of the family, if the parent requests that the person participate.

4. The Service Coordinator who has been working with the family or who has been designated by the public agency to be responsible for implementation of the IFSP.
5. A person or persons directly involved in conducting the evaluations & assessments.
6. As appropriate, persons who have been providing services to the child or family.

If a person listed under 5 & 6 above is unable to attend a meeting and the parent(s) agree, arrangements must be made for the person's involvement through other means, including one of the following:

1. Participating in a telephone conference call;
2. Having a knowledgeable authorized representative attend the meeting; or
3. Making pertinent records (evaluation/recommendations) available as soon as possible prior to the initial IFSP meeting to allow sufficient time for review. Prior to the annual IFSP, the pertinent records (evaluation/progress notes or summary) are due five days prior to the meeting.

Six Month Review Participants:

1. The parent or parents of the child. (Required)
2. The Service Coordinator. (Required)
3. Other family members, as requested by the parent, if feasible to do so. (Optional)
4. An advocate or person outside of the family, if the parent requests that the person participate. (Optional)
5. If the 6 Month Review IFSP meeting falls within the last six months prior to a child turning three, this meeting should also be the transition meeting. The school system representative must then also be invited unless the parent requests otherwise.
6. Participation by an evaluator or ongoing service provider will depend upon warranted conditions such as:
 - a) The individual conducted a re-evaluation of an infant or toddler with a disability, and the results of that evaluation will be discussed at the periodic review.
 - b) Discussion of a particular developmental area may require the participation of the EIS provider(s) in those areas. In such instances, the lead agency must ensure the participation of those individuals.

D. Meeting arrangements:

1. Parents must be given at least 5 calendar days prior written notice of any local program-initiated IFSP meeting. Other IFSP Team members 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 face to face or other real-time method in the IFSP meeting, written input must be submitted prior to the IFSP meeting as outlined in the Participants section of this policy.
2. At least one IFSP Team member/discipline must participate in the IFSP development meeting.
3. 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, child care, Early

Intervention office, primary care physician's office, or other settings as requested by the family.

4. IFSP meetings must be held in the native language or other mode of communication of the parent(s), unless clearly not feasible to do so (see Procedural Safeguards Section).
5. Written documentation of efforts to locate interpreter services for the parent(s) must be maintained in the child's BCW early intervention record.

E. IFSP Team Members

Role and Responsibilities of a Service Coordinator are:

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. Facilitate and participate in the development, review, and evaluation of IFSPs along with the entire IFSP Team;
4. Promote along with the entire IFSP Team, family-centered services that respect families' decisions, values, beliefs and norms;
5. Coordinate along with the entire IFSP Team, 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
 - Ensuring that information from the "Identification of Natural Environments" and "All About Our Child and Family" sections of the IFSP document are reflected in the development, review and evaluation of the IFSP.
6. 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. The IFSP Team must include the parent, and at least two individuals from separate disciplines or professions and one of these Individuals must be the Service Coordinator.
 - The primary care physician may be invited to participate in the development of the IFSP, and may provide input by attendance in person, via a knowledgeable designated person, or in writing.
 - For children receiving service coordination only, the person(s) that was directly involved in conducting the initial evaluation and assessment or another member of the IFSP Team will be invited to participate in the IFSP meeting.

Upon completion of the IFSP document, the Service Coordinator must:

1. Ensure that the parent(s) has all of the necessary and relevant information to access services identified in the IFSP;
2. 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;
3. Determine with the parent's agreement, the specific services identified in the IFSP that the Service Coordinator shall access on behalf of the child/family; and
4. 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.

5. If the IFSP is completed electronically, the Service Coordinator must have the parent sign the IFSP signature page and then provide the parent with a copy of the entire IFSP within 10 business days. This is also true for periodic review and transition planning IFSP meetings.

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 results/outcomes measures in both developmental and functional areas.

1. With the consent 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/toddler's present level of development and be based on information gathered from intake and the comprehensive developmental evaluation and/or assessment. The statement must address at least the following areas:
 - Physical development (including vision, hearing, and health status);
 - Cognitive development;
 - Communication development;
 - Social or emotional development; and
 - Adaptive development.
3. The IFSP must document and include diagnoses related to the child's developmental delay and conditions with appropriate codes. 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. Functional outcomes enhance learning through child participation in everyday activities; are important and meaningful to the family; expand activity settings so the child can be competent and are based on the child's interests.
4. The IFSP must include specific early intervention service(s) based on:
 - peer-reviewed research to the extent practicable,
 - what is necessary to meet the unique developmental needs of the child,
 - the child's ability to function in his/her natural environment,
 - the capacity of the family to meet the child's developmental needs in order to achieve IFSP outcomes

NOTE: Early Intervention services should not be selected based on the ability of the local program to provide the services.
5. The IFSP 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:
 - Assistive technology devices and services;
 - Audiology services;

- Family training, counseling, and home visits;
 - Health services;
 - Medical services only for diagnostic or evaluation purposes;
 - Occupational therapy;
 - Physical therapy;
 - Psychological services;
 - Service coordination services;
 - Social work services;
 - Special Instruction;
 - Speech-language pathology;
 - Transportation and related costs;
 - Vision services;
 - Other Required Services
6. The IFSP must include the frequency, intensity, location, duration, and method of delivering services, projected dates for initiation of services and the anticipated length and duration of such services.
7. 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: child care settings, home, Early Head Start, the park or the playground, Mother's Morning Out or other community preschool 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. Identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability, is a decision made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes. If a determination is made by the IFSP Team that, based on a review of all relevant information regarding the unique needs of the child, the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then services could be provided in another environment (e.g., clinic, hospital, service provider's office).
 - 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;
 - 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
 - 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 the natural environment.

8. 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.
9. All funding sources for early intervention services must be listed in the IFSP document, including any family costs and third-party billing.
10. To the extent appropriate, the IFSP may include other services that a child or family needs but are neither required nor covered under Part C (BCW is not responsible to provide or covers financially). 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 BCW system; therefore, these services will not be eligible for payer of last resort under BCW.
11. 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, child care 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 educational 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 results or outcomes.
3. BCW service providers shall be held accountable for monitoring the degree to which each child is making progress toward 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 the service provider has provided services in accordance with the IFSP.
5. BCW Service Coordinators shall coordinate IFSP meetings and input all IFSP information for each assigned child into the Babies Information and Billing System (BIBS).
6. BCW service providers shall input into BIBS all eligibility, service provider notes, progress notes and required information for billing BCW.
7. BCW service providers and Service Coordinators are responsible for checking and responding to all alerts and emails from BIBS.

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 Authorization of 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 an active participant in the IFSP process as indicated previously.
5. Parent(s) signature on 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. Early Intervention Services must be provided as soon as possible and no later than 45 days after parental consent is obtained.
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.

If at any time the parent(s) declines consent for early intervention services recommended by the IFSP Team, the parent must sign the "Declining Early Intervention Services" form.

If a provider session is missed, makeup sessions may be requested by the rendering provider to add additional authorization(s) for the missed session(s). The Service Coordinator must create an inter-periodic meeting in BIBS to create a new authorization for the additional visit(s) needed. The authorization must be "one per authorization" (one

episode of approved units) and can be for as many sessions needed. The Service Coordinator must enter the authorization as compensatory (makeup session) and must enter a start and end date up to a 30 day period. This authorization will not affect the original authorizations on the child's IFSP. This does not mandate a face to face meeting with the family and Service Coordinator. Missed sessions must also be documented in the provider progress notes and in the Service Coordinator case notes.

J. Six-month Review and Annual Review:

The purpose of the review is to determine the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made and whether modification or revision of the outcomes or services identified in the IFSP is necessary. It must be conducted at these junctions:

1. A review of the IFSP must be conducted at least once every six months and annually before the development of the new IFSP. It can be reviewed more frequently based on the child's conditions and/or when the family requests such a review. (Inter-periodic) The Service Coordinator must ensure that parents are informed of and understand their right to ask for more frequent reviews.
2. These reviews must be documented in writing in the IFSP and IFSP meeting minutes and maintained in the child's BCW early intervention record. The Service Coordinator must input the meeting and all changes to the IFSP in BIBS within seven (7) calendar days of the change.
3. 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.

K. Inter-Periodic Reviews:

1. Any of the following requests to revise the IFSP need an inter-periodic review:
 - Frequency
 - Intensity
 - Duration of a service
 - Addition or termination of a service
2. Requirements for an inter-periodic review:
 - A change to the IFSP proposed by the local program requires written notice to the parent(s) five calendar days prior to the proposed change.
 - Adequate notice must be given to other team members to facilitate their participation.
 - 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.
 - The Service Coordinator must ensure that all team members and parent/guardian are in agreement with any revision.
 - The meeting does not have to be face to face.
 - **The parent/guardian must give signed written consent for any changes listed in #1 above.**
 - The Service Coordinator must document agreed upon changes on the IFSP. The family must receive a copy of the modified IFSP within 10 business days of the change.

L. Interim IFSP for Children Known to Be Eligible Before Evaluation and Assessment is Completed:

An interim IFSP may be developed to immediately begin identified services prior to the completion of the multidisciplinary assessment (required for IFSP development) when a Category 1 condition is verified, and exceptional circumstances (e.g., the child is ill) make it impossible to complete the assessment within 45 days of the referral. Details of the exceptional circumstances must be documented.

The following conditions must be met in order to implement an interim IFSP:

- Parental consent is obtained
- The Service Coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons is identified
- Services that are determined to be needed immediately by the child and the child's family are identified (e.g., Family Training and Counseling)

When Children 1st receives a referral from the hospital for a child with a Category 1 diagnosis, the referral should be sent immediately to BCW. BCW will attempt to contact the family within three business days. If it is reported by the family that the child is still in the hospital and the parent wants to move forward with the process, the local program should proceed to complete the interim IFSP.

If the child's hospital stay exceeds the 45-day timeline, the Service Coordinator must have clear documentation of the reasons why the IFSP is delayed.

If a child with an interim IFSP is released prior to 45 days from referral, the local program must make every attempt to complete the assessment and initial IFSP prior to the end of the 45-day timeline.

The local program in which the child/family has legal residence is the local program responsible for completion of the interim IFSP.

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 as they move from the Part C program to:
 - a. The Part B preschool special education program;
 - b. Other community programs, such as Head Start;
 - c. Another local program or state.
2. The IFSP must include steps and services needed to support the smooth transition of a child who is exiting the Part C program and a review of program options with the family. With prior written notice and consent, the Transition Plan is developed not fewer than 90 days and at the discretion of all parties, up to nine months prior to the child's third birthday. The family holds an integral part in the development of the Transition Plan. The plan must include any appropriate steps for the toddler to exit, any identified transition services deemed necessary by the IFSP Team for the child and his or her family (§§303.209(d) (3)) and confirmation that the LEA notification has occurred unless the parent has opted out of notification. Participants must include the family, Service Coordinator, and person involved in evaluations/assessments (usually the ongoing provider and does not have to be face to face participation).

3. With informed prior written notice and parent consent, the Service Coordinator will convene a transition conference with the appropriate parties to discuss any services the toddler may receive under Part B §303.209(c) (1). Participants must include the family, Service Coordinator, person involved in evaluations/assessments (usually ongoing provider), a Part B representative (unless parent refuses), and other community representatives as appropriate. The evaluator may participate by other means than a face to face. The LEA representative may participate by other real-time methods than face to face. The IFSP Transition Plan meeting and the Transition Conference may be combined into one meeting. The Lead Agency and the Department of Education (DOE) strongly recommends that the transition plan and the transition meeting be completed by the time the child is 30 months of age. They must be completed no later than 90 days prior to the child's third birthday (unless late referral) and may be completed up to nine months prior to the child's third birthday.
4. 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 Health Care Needs program (Children's Medical Services or First Care).