

**Rhode Island Department of Human Services
Individualized Family Service Plan (IFSP)
Documentation Guidebook**

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early intervention

supporting families and child development

RI Department of Human Services IFSP Documentation Guidebook

Table Contents:

Introduction.....	1
Cover of the Individualized Family Service Plan (IFSP) – Page: 1	2
Interim IFSP:.....	2
Progress Review:	3
Update:.....	4
Evaluation/Assessment	4
Evaluation Summary- Page: 9	5
I Want More Information - Page: 10.....	5
Services – Page: 12.....	6
Early Intervention Service page examples:.....	9
Code Key and Other Services - Page: 13.....	11
Service Coordination – Page : 15.....	12
Considerations for deciding on frequency of Service Coordination.....	12
Transition Plan – T1 and T2	13
State Performance Plan Indicators – Guidelines.....	14
Race/Ethnicity Category – Guidelines.....	19
Program Setting – Guidelines	20
Early Intervention IFSP Services – Guidelines	21
Early Intervention Program Codes, Units, Rates	25
Discharge Status – Guidelines	28

RI Department of Human Services IFSP Documentation Guidebook

INTRODUCTION

This IFSP Documentation Guidebook contains information to assist Certified Early Intervention (EI) Providers and Specialty Providers in Rhode Island with developing high quality Individualized Family Service Plans (IFSP) for children and their families. This document is not designed to explain what should be written on every line on the IFSP, as most of the required information is self explanatory (such as name), but is intended to serve as a guidance document. The Department of Human Services (DHS) may provide additional information for this guidebook in the future. If you have any questions or feedback regarding this guidebook, please contact Brenda DuHamel, Part C Coordinator at bduhamel@dhs.ri.gov

The Early Intervention System is designed to meet the needs of infants and toddlers eligible for EI and their families, as early as possible. The purpose of the EI System is to support families' capacity to enhance the growth and development of children birth to 36 months who have developmental challenges. Eligible children may have certain diagnosed conditions, delays in their development, or be experiencing circumstances, which are likely to result in significant developmental problems, particularly without intervention.

Early Intervention services are designed to serve children younger than three years of age who are experiencing developmental delays in one or more of the following areas: cognitive, physical, communicative, social/emotional or adaptive development skills.

The IFSP is more than a direct service plan; it is the contract between families and providers that documents the outcomes desired by the family and lays out the plan for the family to achieve these outcomes.

RI Department of Human Services IFSP Documentation Guidebook

COVER OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) – PAGE: I

Interim IFSP:

The purpose of an interim IFSP is to allow the immediate delivery of services for a child when there is presumed eligibility (SEC or enough developmental information to establish probability of developmental delay), prior to completion of the evaluation/assessment and full development of the IFSP. Pages I, II, I2 and I5 (*the interim signature) are the only pages that need to be completed to begin services.

An interim IFSP does not meet the 45-day timeline requirement. A full evaluation/assessment and initial IFSP meeting are still required to occur within 45 days from date of referral. Outcome Page and Services Page (pages II & I2) must identify what outcome is desired, why it needs immediate attention, and what service is expected to meet the desired outcome.

Data Note: For an interim IFSP, use the date of that meeting as both the IFSP meeting/review date and the IFSP start date and enter the services. The interim IFSP is then updated to the initial IFSP when it is completed. All dates are updated. Services from the interim are marked as ended and the new services are added. Do not add another IFSP to the system.

PROCEDURE NOTE: For children who are referred at age 34.5 months or older a new option is suggested. Instead of using an interim IFSP, an EI program can:

- enter child referral and demographic information into data system
- staff can provide and bill for: intake, service coordination, and transition planning (without an IFSP)
- complete T1 and T2 for transition
- on child's third birthday, discharge and mark " did not qualify for EI" on discharge form

PROCEDURE NOTE: For children who are transferred from another in-state provider.
No IFSP: If children transfer from another provider without an IFSP the 45-day timeline clock is reset- proceed as any other new referral

With IFSP:

- enter child referral and demographic information into data system using the date child was referred to your agency
- enter evaluation from other agency using the date your agency reviewed the information as the evaluation date
- enter the IFSP as a progress review (not as an initial IFSP) using the date your agency reviewed the IFSP with the family as the IFSP meeting date and the date the parent initialed the review as the IFSP start date
- the 45 day timeline for this child will already be accounted for during the initial entry to EI and was the responsibility of the initial EI provider. However, the time between referral to the new EI program and the subsequent IFSP review must be within 45 days and all services must start within 30 days of the new IFSP start date.

RI Department of Human Services

IFSP Documentation Guidebook

IFSP Meeting/Review Date:

This is the date of the initial IFSP meeting, annual review date or the progress review date. At the initial IFSP meeting, a complete IFSP with parent signature is not required. Date is the same on paper and in the data system. **This date must be no later than 45 days from the date of referral by a primary referral source.**

IFSP Start Date:

This is the date of the initial parent signature on the IFSP, Annual Review date, or the Progress review date. For a progress review, data entry must add a new IFSP in the system and the IFSP start date must reflect the date the parent consented to the updated services. **Services must be initiated within 30 days of this date.**

IFSP End Date:

This date does not change and should be one year from the start date or the day before the child's third birthday, of the initial or annual IFSP start date. Regardless of progress review date, this date remains the same for the year.

Progress Review:

A progress review must occur within 6 months of the IFSP start date and must consist of a complete review of the IFSP outcomes and services. This meeting requires prior written notice. Progress reviews can occur at any time with consent of the parent, but are considered progress reviews when all of the outcomes and services are reviewed.

The service page must be updated and given to data entry to record the review and a new Acknowledgement of the IFSP signature page must also be completed. The date the parent signs the progress review becomes the start date of the IFSP. The outcome pages must also be initialed by the parent to acknowledge that a discussion regarding progress occurred. The Services that did not change should be delivered as scheduled. New services added need to be started within 30 days of the IFSP start date or a reason noted if it is known that the service will not start within 30 days (ex. community schedule).

<p>Data Note: <i>A new IFSP must be added in the system and the IFSP start date is the date the parent signs the new Acknowledgement of the IFSP.</i></p>
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Progress review steps:

- Review each outcome and summarize progress/status
- Determine any changes to services - Document date and status, on bottom of each outcome page.
- Have parent initial outcomes
- Complete new outcomes pages as needed
- Determine services needed to achieve all outcomes and complete a new service page (refer to Service Page Guidance in this document.)

RI Department of Human Services

IFSP Documentation Guidebook

Update:

An update is a review and change of one or more services, which requires prior notice. The change may be an addition, deletion, or change in frequency of one or more services. Updates can occur at any time with consent of the parent and must be initiated by the parent.

Note: When adding an updated service, it is considered “staggered” because the decision was made by the IFSP team after the start date therefore, indicate staggered service, as a justification for untimely service or it will appear in the report as untimely.

Update Steps:

- Discuss pertinent outcome(s). Summarize relevant outcome(s). Have parent initial and date outcome status.
- Discuss service that will be added/changed. For an update, the new service or service change can be listed on the same (current) service page. Refer to Service Page Guidance in this document.
- Complete new outcome page(s), if needed.

Data Notes: When an update occurs, *the IFSP start date does not change* and a new IFSP is NOT added to the system. The current IFSP is “updated”. New services are added. If there is a change in frequency, mark the previous service as “E” in the status column (ended) and list the ‘new’ service with new frequency on another line.

EVALUATION/ASSESSMENT

Introduction to Assessment Summary: (pg. 3)

This page is a summary of information, which includes reason for referral, family’s concerns, birth and medical history, and other pertinent information. It also includes general observations of the child and family during the assessment, such as: family’s role and interactions, child’s temperament, behavior, activity level, response to the EI team members.

Evaluation/assessment: (pgs. 3-8)

These developmental write-ups should address the prompts listed in small print after each area (e.g., cognitive). For each and every write-up, however, what is expected here is a SUMMARY of evaluation/assessment information and the IMPACT ON A CHILD’S FUNCTIONING.

Child Outcomes: (pgs. 4-8)

The child outcomes are “posted” on every page of the assessment summary to act as a reminder to consider and incorporate into the assessment process in order to gather the necessary information to be able to complete the Child Outcomes Summary Form. Nothing needs to be explicitly done with them, except to use in planning the assessment (including relevant observation, asking relevant questions to caregivers) and organizing the feedback to families. This will make it easier to include these outcomes (“What we want for all children...”) when discussing concern and priorities in order to develop functional IFSP outcomes.

RI Department of Human Services IFSP Documentation Guidebook

EVALUATION SUMMARY- PAGE: 9

Informed Clinical Opinion:

Informed Clinical Opinion is a category of eligibility under ‘developmental delay’. This category should be used when the scores of a standardized evaluation tool do not adequately demonstrate impact on developmental functioning. Under IDEA, evaluation teams should ALWAYS use informed clinical opinion to analyze and interpret evaluation results. Eligibility under informed clinical opinion must be ‘reassessed’ at the 6-month progress review. That means that a team must consider and decide:

- Is there a need for further evaluation
- Is there new information that makes the child eligible under another eligibility category
- Is there still evidence of an impact on developmental functioning, but still do not qualify under another eligibility category.
- Is there additional information from ongoing assessment or evaluation that the child is not developmentally delayed and is no longer eligible.

As with all children, an annual evaluation to determine continued eligibility is required. At this point, a child must be determined eligible within a category other than informed clinical opinion or discharged.

Diagnosis:

Documentation of the child’s diagnosis on the IFSP and in the data system must be kept up to date at all times. Sometimes a child’s primary diagnosis might change or a new one may be added. Diagnostic information must be kept current and multiple diagnoses must be documented.

I WANT MORE INFORMATION - PAGE: 10

Federal Regulations, Content of an IFSP [sec. 303.344]
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(2)(b) 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 child.

The purpose of this checklist is to give families ideas of priorities or concerns they may want to discuss with their IFSP team. The five family outcomes (in the corner of the page) are to serve as a prompt for additional discussions with the family and may be included as family priorities.

The parent’s priorities and concerns should be related to what will help them to enhance their child’s development. Some of the items on the checklist may become a family outcome, (e.g., more ways to have fun as a family). There are some items that may result only in written information given to a family, (e.g., how to get a GED). Finally, there are items on this list that might require a referral for the family and can be recorded under “Other Services” section on page 13 of the IFSP, (e.g., Respite). We might not be responsible to provide direct services for some of the items on this list, but you may be able to provide:

RI Department of Human Services IFSP Documentation Guidebook

- Written information,
- Contact information, or
- Facilitate a referral, with the family's consent.

SERVICES – PAGE: 12

Certified EI providers must ensure that families have access to the services required by IDEA, as defined on page 29, when such services are identified within the context of the child's IFSP.

Check and date the type of IFSP (top row)

EI Services: Refer to the "Code Key" on page 13 of the IFSP and use **only** the services listed under "Services." When billing for services on the Services Rendered Form, the code you are billing **must match** the **corresponding** service category listed on the IFSP. The Service table at the end of this document lists what billing codes can be used for each service. Refer to the Early Intervention Reimbursement Manual for more information.

Provider: List the name of the actual professional or agency, if known, that will be providing the services, (i.e. Jenny Johnson; or ABC Early Intervention Program; or East Coast Rehabilitation Center).

Location: Use **only** the locations listed under "Location" on the key code on page 13. If a service will be provided in more than one place, just note the location where **most** of the services will be provided. Location choices are home, community, center based services, EI services in the community and Not Applicable (if child is not present, it is not applicable).

PROCEDURE NOTE: Providers may choose to breakout or combine services. This will depend on how the provider uses the data in the system.

Example:

PT in the home twice a week

PT in the daycare once a week

Or

PT in the home three times a week

*Federal guidelines indicate that the most frequent location (50% or more) be listed, however a provider may breakout the service to utilize the caseload function in the system if two different people are providing the service

Method of Service (consultation/evaluation, group, individual): This is used to describe the method used to provide the "Service." If a service will be provided via more than one method, note the method that will be used most often.

RI Department of Human Services

IFSP Documentation Guidebook

Natural Setting: Note whether the listed service will be provided in a natural environment or not (yes or no). If no, then note (“J”= justified) if you have included a completed page 14 (Plan for providing services in a natural environment). Of course, this is a requirement but is added to this page as a reminder and to make the documentation easier for data entry staff.

Frequency: The following are the frequencies available in the system drop down menu

Once in 6 months
Twice in 6 months
Three times in 6
Four times in 6
Five times in 6
Once a month
Twice a month
Three times a month
Three to four times
1 time a week
1 to 2 times a week
2 times a week
2 to 3 times a week
3 times a week
3 to 4 times a week
4 times a week
4 to 5 times a week
5 times a week

Intensity: Indicated in 15-minute units

Procedure Note: For any service that is provided in differing frequencies (90 minutes 3 sessions/month, 60 minutes 1 session/month), record it as one service and average the intensity

Proposed Initiation Date:

This date is not collected for any data reporting. It is included on this page in order to give the family a reasonable expectation of when the service listed will begin. The proposed initiation date must be within 30 days of the IFSP start date. However, if you know that the service will not be provided within 30 days of parent signature, then this is the time to complete the box indicating reason for lack of timely services.

RI Department of Human Services

IFSP Documentation Guidebook

Duration: The longest duration that can be utilized is 6 months. That is because an IFSP review is required to review all outcomes and services. Below are the choices from the system drop-down menu:

1 month
1 to 2 months
2 months
2 to 3 months
3 months
3 to 4 months
4 months
4 to 5 months
5 months
5 to 6 months
6 months

Timeliness of Service (community schedule, staggering services, family issues, provider issue)

In order for a service to be considered “timely,” the actual initiation date must be within 30 days of the “IFSP Start Date.” The “IFSP Start Date,” is the date of the parent’s initial signature on the IFSP, Annual Review date, or the Progress Review date.

We need to document here if services will not be provided in a timely way. There are four categories of reasons for lack of timeliness of service. The first three listed are considered “justified” or valid reasons: Community schedule, Staggering services and Family issue. The 4th category, Provider issue, is **not** counted as a valid justification, but needs to be reported.

This column is completed only when the initiation date of the service will not take place within 30 days of the IFSP start date.

It will also be completed when services are added during an IFSP update (because the start of a new service then will be measured against the original IFSP start date). Enter “S” for Staggering service in the case of an IFSP update.

<p>Procedure Note: When the first service is untimely due to unforeseen circumstances (e.g., the family cancels the first visit), then be sure to notify data entry so that the appropriate reason can be entered into the data system for that service. Programs should develop internal mechanisms for reviewing this requirement.</p>
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RI Department of Human Services IFSP Documentation Guidebook

Status:

The “Status” column on the services page does not need to be completed on an Initial IFSP. This column should be left blank to indicate that a service is in progress. You should only use the “Status” column to indicate an addition or change of service for an IFSP Progress Review or IFSP Update. There are two ways to document additions/changes to services:

Early Intervention Service page examples:

The following are examples on how to add services to a family’s IFSP.

a) Adding a Service on an existing service page:

- Write in the new service in the next available row and write an “A” under the “Status” column

*EI Services	Provider (Name)	Location *(1-7)	Method of Service *(C/G/I)	Frequency (#of times per wk/mo)	Intensity (length of session)	Duration (months)	*Timeliness of Service	Status A= Add E= End
Speech therapy	Jenny Johnson	1	I	2X/Mo.	60 mins.	6 months		
Occupational Therapy	Doris Smith	1	I	2X/Mo.	60 mins.	6 months	S	A

b) Adding a Service on a blank service page:

- Write in the new service in the first row and write an “A” under the “Status” column

*EI Services	Provider (Name)	Location *(1-7)	Method of Service *(C/G/I)	Frequency (#of times per wk/mo)	Intensity (length of session)	Duration (months)	*Timeliness of Service	Status A= Add E= End
Occupational Therapy	Doris Smith	1	I	2X/Mo.	60 mins.	6 months	S	A

Procedure Note: When adding an updated service, it is considered “staggered” because the decision was made by the IFSP team after the start date therefore, indicate staggered service, as a justification for untimely service or it will appear in the report as untimely.

c) Updating a Service on an existing service page:

- i. Write an “E” under the “Status” column of the service you are updating to “end” the service

RI Department of Human Services IFSP Documentation Guidebook

- ii. Then, re-write the service with the desired changes in the next available row and write an “A” under the “Status” column

*EI Services	Provider (Name)	Location *(1-7)	Method of Service *(C/G/I)	Frequency (#of times per wk/mo)	Intensity (length of session)	Duration (months)	*Timeliness of Service	Status A= Add E= End
Speech Therapy	Jenny Johnson	1	I	2X/Mo.	60 mins.	6 months		E
Occupational Therapy	Doris Smith	1	I	2X/Mo.	60 mins.	6 months		
Speech Therapy	Jenny Johnson	1	I	4X/Mo.	60 mins.	6 months	S	A

d) Updating a Service using a new service page:

- iii. Write in the service you want to update as it appears in the initial IFSP and write an “E” under the “Status” column.
- iv. Then, re-write the service with the desired changes in the next available row and write an “A” under the “Status” column

I

*EI Services	Provider (Name)	Location *(1-7)	Method of Service *(C/G/I)	Frequency (#of times per wk/mo)	Intensity (length of session)	Duration (months)	*Timeliness of Service	Status A= Add E= End
Speech Therapy	Jenny Johnson	1	I	2X/Mo.	60 mins.	6 months		E
Speech Therapy	Jenny Johnson	1	I	4X/Mo.	60 mins.	6 months	S	A

Procedure Note: When adding an updated service, it is considered “staggered” because the decision was made by the IFSP team after the start date therefore, indicate staggered service, as a justification for untimely service or it will appear in the report as untimely.

RI Department of Human Services

IFSP Documentation Guidebook

CODE KEY AND OTHER SERVICES - PAGE: 13

IFSP Services:

Only the services listed in the code key should be indicated on the IFSP services page. Each of these service categories is a federally defined category. When completing an SRF, the service being billed for must be under the federal category- (see reimbursement manual).

The following services are no longer required on the service page (12) of the IFSP: Service Coordination, Transition, Transportation and Interpretation. These services are available to all families and are used when needed. It is expected that when transportation or interpretation is needed another EI service be billed at the same time. It is expected that when translation is performed that the paper record clarifies what was translated. Service coordination and transition planning are billed as needed; an estimate of these services should be written in on page 15.

Services and supports that are not required to be documented on the IFSP service page include:

- Service coordination
- Transition
- Transportation (indicate on the SRF with accompanying service provided)
- Translator/interpreter (indicate on SRF with accompanying service provided)
- Comprehensive multidisciplinary evaluation
- Interim IFSP
- Progress review
- Intake/family assessment
- IFSP meeting
- Supervision
- File management

Developmental monitoring and other professional evaluation should be written on the IFSP service page as 'other- developmental monitoring' or 'professional evaluation.'

Other Services

Federal Regulations, Content of an IFSP [sec. 303.344]
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(3)(e) Other Services:

(1) 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
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This section can be used to record other services the family is receiving or is needed and contributes to the IFSP, but is not covered by Early Intervention.

RI Department of Human Services IFSP Documentation Guidebook

Examples:

- A child is attending Early Head Start and has been found eligible for Early Intervention services. Early Head Start is considered “Other Services” because it is not paid for by EI; however it contributes to the IFSP.
- A child is in a childcare program as they enter EI. EI does not pay for childcare services but could work with the childcare staff if needed.

Other Services that are in Place or are Needed: <small>(services such as medical, recreational, religious or social, while not covered by Early Intervention, contribute to this plan)</small>		
Program/Agency:	Contact:	Status:
Early Head Start	Julie Cruz, 555-2111	Contact Julie and set-up a joint home visit.
Dr. Smith, Geneticist	555-8877	Fax release and get records
Family Guidance Program	Susie Mills, 555-1313	Schedule joint home visit

SERVICE COORDINATION – PAGE : 15

According to the Rhode Island Early Intervention Certification Standards, Service Coordination may include the following activities:

- Assisting parents of eligible children in gaining access to the EI services and other services identified in the IFSP
- Coordinating the provision of EI services and other services (such as medical services)
- Facilitating the timely delivery of available services
- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child’s eligibility
- Coordinating the performance of evaluations and assessments
- Facilitating and participating in the development, review, and evaluation of IFSPs
- Assisting families in identifying available service providers
- Informing parents of the availability of advocacy services
- Facilitating the development and execution of a transition plan
- Help to carry out IFSP activities as appropriate

CONSIDERATIONS FOR DECIDING ON FREQUENCY OF SERVICE COORDINATION

What are the needs, concerns and priorities of the family? What types of activities are going to occur to help meet the family driven goals?

- amount of extended family and informal supports
- ability to devote time and energy to coordinating services
- number of services and referrals required by the child and/or family
- specific need for coordination (e.g. transition, family crisis)

RI Department of Human Services

IFSP Documentation Guidebook

TRANSITION PLAN – T1 AND T2

These pages will be used for ALL children who are exiting EI with advance notice (e.g., at age 3, when a move out of state is planned). For children whose exit leaves minimal notice, the use of an SRF is acceptable.

The top half of T-1 is completed with the family for all children. For children who are transitioning at age 3 this will begin during visits leading up to the Transition Conference with the Local Educational Agency (LEA). Additional information can be added during that Conference.

If an LEA referral is appropriate (middle box on page), the parent signature will act as consent to refer. For these children, complete the bottom half of the page. A completed T-1 will serve as the LEA referral and serves as the notification to the LEA.

For children for whom an LEA referral is not appropriate, nothing more is required on this page.

T-2 will be used for ALL children who are exiting with advance notice, whether or not they are referred to an LEA. These transition steps are required by federal regulation.

Each of the four areas on T-2 must document individualized steps that are comprehensive and actionable. Prompts for each area are provided, but are not an exhaustive list.

Federal data reporting requirements for Transition are:

1. **Notification to the LEA:** Date of referral to LEA for children who are potentially eligible for special education (with parental consent);
2. **Transition Conference Date** for children potentially eligible; and
3. **Transition Steps/Services** to prepare children and families for the next potential setting(s).

T-1 and T2 can be submitted for this data entry because they include the relevant dates (or reasons why step not taken) and the list of specific Transition steps.

If a child is determined to be not eligible for special education, begin another T-2 page and note on it that “ (Name) was not found eligible for special education” and use that page to continue to develop transition steps to prepare child and family for discharge.

RI Department of Human Services IFSP Documentation Guidebook

STATE PERFORMANCE PLAN INDICATORS – GUIDELINES

In accordance with 20 U. S. C 1416(b)(1) of the Individuals with Disabilities Education Improvement Act (IDEA) amendments of 2004 and 20 U. S. C. 1442, the RI Department of Human Services, as the lead agency for Part C in RI, developed a performance plan which delineates efforts to implement the requirements and purpose of Part C and details how the state will move towards full compliance with the regulations. The RI Part C’s State Performance Plan (SPP) was approved by the US Department of Education (US DE) in 2006. Below are the 14 indicators that are required to be reported on by every states Part C system.

The table below provides a clarifying description of each indicator, how the Department of Human Services measures and reports on each, and how EI providers can utilize the data for internal quality improvement planning and implementation.

Indicator	Definitions	Data collection	Review tools
<p>Indicator #1: Percent of infants and toddlers with IFSPs who receive the Early Intervention services on their IFSPs in a timely manner.</p> <p>100% compliance expected</p>	<p>Any child that has an active IFSP between the dates reviewed and has not been discharged prior to the requested start date is reviewed for timely services.</p> <p>Services on the IFSP must be initiated within 30 days of the signature on the initial and subsequent IFSPs.</p> <p>All new services are reviewed. Services that are not expected to begin within 30 days must have a justification entered in RIEICCS.</p> <p>Community schedule, staggering service, and family issue will not be counted. Provider issue or untimely services with no justification entered will be considered non-compliance.</p> <p>Each child is either counted as receiving timely services or not receiving timely services. It is not counted by service.</p>	<p>Focused monitoring RIEICCS</p> <p>RIEICCS collects the IFSP start date (signature date) on the IFSP screen. Services listed on the IFSP are compared with SRF's (service and date) for all new services and determine if services were timely according to state definition.</p>	<p>Focused monitoring is conducted by DHS annually. IFSP's and services rendered forms are reviewed to determine if services were initiated within 30 days in accordance with the state definition.</p> <p>In RIEICCS the Timely Service Report can be utilized to review percentage of timely services, untimely services with justification and without. It also provides a detailed report of all children with untimely services without a justification.</p>

RI Department of Human Services IFSP Documentation Guidebook

Indicator	Definitions	Data collection	Review tools
<p>Indicator #2: Percent of infants and toddlers with IFSPs who primarily receive Early Intervention services in the home or programs for typically developing children.</p>	<p>Any child that has an active IFSP on December 1 and has not been discharged prior to December 1 is reviewed for this indicator. Each child's primary location (on the active IFSP as of December 1) is then determined.</p> <p>Each IFSP service is weighted (by frequency and duration) to determine primary location.</p> <p>Home and community based settings are considered natural environments.</p> <p>Other, including EI group in the community and center based service are considered not in the natural environment.</p> <p>Phone or N/A should be utilized when the service either does not have a location or it is for the parent only.</p>	<p>RIEICCS collects location on the IFSP screen. The primary location is the location where services are most frequently given. If the weighted locations are evenly split (50% natural environment-50% not-natural environment), then the primary location would be considered in the natural environment</p> <p>DHS monitors both what is on the IFSP and where services are actually given through SRFs throughout the year. The state monitors for significant discrepancies between service location on the IFSP and SRFs. Phone or N/A is taken out of the denominator.</p>	<p>RIEICCS report Part C- Table 2 tracks primary location of all enrolled children as well as other demographic information.</p>
<p>Indicator #3: Percent of infants and toddlers with IFSPs who demonstrate improved:</p> <ul style="list-style-type: none"> A) Positive social-emotional skills (including social relationships); B) Acquisition and use of knowledge and skills (including early language/ communication); and C) Use of appropriate behaviors to meet their needs. 	<p>This indicator is based on two points of time. For children 6 months of age and older, upon the initial evaluation/assessment, the child is given an entry rating in each area. The child is given an exit rating annually at each evaluation/assessment and upon discharge. With both points entered an overall status is calculated and reported to the OSEP.</p>	<p>RIEICCS records this data on the outcomes screen.</p> <p>Entry data is to be entered only once and exit data is updated each year during the evaluation/assessment and upon discharge.</p>	<p>In RIEICCS the Outcome report will list enrolled children by service coordinator and indicate the date entry and exit date was entered (or not entered).</p>

RI Department of Human Services IFSP Documentation Guidebook

Indicator	Definitions	Data collection	Review tools
<p>Indicator #4: Percent of families participating in Part C who report that Early Intervention services have helped the family:</p> <ul style="list-style-type: none"> A) Know their rights; B) Effectively communicate their children's needs; and C) Help their children develop and learn. 	<p>This Indicator is based on responses to three questions from the annual Family Outcomes Survey. Each question requests a response on a scale of 1-7. Responses of a 5, 6, or 7 are considered a positive response.</p> <p>Q#16: To what extent has early intervention helped your family know and understand your rights?</p> <p>Q#17: To what extent has early intervention helped your family effectively communicate your child's needs?</p> <p>Q#18: To what extent has early intervention helped your family be able to help your child develop and learn?</p>	<p>Family Outcomes Survey administered by RIPIN and developed by the Early Childhood Outcomes Center.</p>	<p>Survey results are compiled by provider and statewide. Each provider agency receives demographic data, response data and family comments. Providers are expected to utilize this data for quality improvement purposes.</p>
<p>Indicator #5: Percent of infants and toddlers birth to 1 with IFSPs compared to:</p> <ul style="list-style-type: none"> A) Other States with similar eligibility definitions; and B) National data. 	<p>This indicator is based on federal reporting to OSEP. A one-day count (December 1) is utilized as required by OSEP.</p> <p>Any child that has an active IFSP on that day that has not been discharged prior to December 1 is counted. OSEP provides national census data for states to use for comparison.</p>	<p>RIECCS demographics and IFSP screens are used to collect this data.</p>	<p>Part C Table I can be utilized to review demographics of enrolled children.</p> <p>Statewide systems and public awareness activities are in place in order to meet state targets.</p>
<p>Indicator #6: Percent of infants and toddlers birth to 3 with IFSPs compared to:</p> <ul style="list-style-type: none"> A) Other States with similar eligibility definitions; and B) National data. 	<p>This indicator is based on federal reporting to OSEP. A one-day count (December 1) is utilized as required by OSEP.</p> <p>Any child that has an active IFSP on that day that has not been discharged prior to December 1 is counted. OSEP provides national census data for states to use for comparison.</p>	<p>RIECCS demographics and IFSP screens are used to collect this data</p>	<p>Part C Table I can be utilized to review demographics of all enrolled children</p> <p>Statewide systems and public awareness activities are in place in order to meet state targets.</p>

RI Department of Human Services IFSP Documentation Guidebook

Indicator	Definitions	Data collection	Review tools
<p>Indicator #7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.</p> <p>100% compliance expected</p>	<p>Providers have 45 days from the date of a primary referral to the evaluation/assessment and initial IFSP meeting. Referrals must be actionable (ex. include correct contact information). Reasons must be entered if this process took longer than 45 days. Initial IFSP meeting occurs when prior written notice of this meeting occurs and the first meeting to discuss outcomes and strategies occurs. Compliance does not require signature on the IFSP.</p> <p><u>Compliance:</u> 45 day timeline met, child illness, family requested delay, unable to contact family</p> <p><u>Non-compliance:</u> provider issue, reason not entered</p>	<p>The RIEICCS compares the referral date to the initial IFSP meeting date.</p> <p>Note the system will look at any episode and initial must be selected on the IFSP screen. Interim IFSP must be updated and changed to initial.</p> <p>The state also collects information on when children over the 45- day timeline do actually have an evaluation/assessment and initial IFSP meeting. (at 50 days, and every ten days thereafter)</p>	<p>In RIEICCS, the Intake Management Report will list all children who do not have evaluation and IFSP data in the system. This report also gives the number of days a child has been in the system based on the referral date.</p> <p>The 45-day rule report will give the percentage of compliance and non-compliance. The report includes a list of children over the 45-day timeline that do not have a reason indicated.</p>
<p>Indicator #8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:</p> <p>A) IFSPs with transition steps and services</p> <p>B) Notification to LEA, if child potentially eligible for Part B: and</p> <p>C) Transition conference, if child potentially eligible for Part B.</p> <p>100% compliance expected</p>	<p>All children exiting Early Intervention must have a transition plan. Components of this plan are entered in RIEICCS.</p> <p>This plan must include:</p> <p>A) steps and services for transition,</p> <p>B) the date of the notification to the LEA, if child is potentially eligible for Part B, with parent consent or reason why not notified in the record. (T-I of the IFSP)</p> <p>C) the date of the transition conference for Part B potentially eligible children</p> <p>Potentially eligible: current Part C eligibility and parental consent</p>	<p>RIEICCS Focus Monitoring</p> <p>Focused monitoring data is what is used to report to OSEP. It is checked against the data to determine validity and reliability of data.</p> <p>The three elements of transition are collected for all children who were discharged at 34 months or later during the review period.</p> <p>If a family leaves Early Intervention abruptly or without notice, documentation of this should be included in the record.</p>	<p>In RIEICCS the Data Collection Flow Sheet by Service Coordinator tracks each child in the system and what events need to be completed.</p> <p>Focused monitoring occurs annually. Individual transition plans as well as services rendered forms are reviewed for this indicator.</p>

RI Department of Human Services IFSP Documentation Guidebook

Indicator	Definitions	Data collection	Review tools
Indicator #9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.	The state is responsible for monitoring providers' compliance to IDEA based on the above indicators. The state tracks provider compliance and corrective action to non-compliance. Correction must occur within a year of the finding of non-compliance.	RIECCS Focus Monitoring Formal complaint log Corrective action plans Family Surveys	State level review of all data Corrective action plans and evidence of progress or slippage.
Indicator #10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.	This indicator monitors written complaints	Formal complaint log Family Surveys	Family Rights and Responsibilities provided to and reviewed with all families. Provider agencies have procedures in place for handling formal complaints
Indicator #11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.	This indicator monitors written complaints that lead to a hearing	Formal complaint log	State level review of timeliness of each due process hearing
Indicator #12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.	RI Part C does not utilize Part B hearing process	N/A	N/A
Indicator #13: Percent of mediations held that resulted in mediation agreements.	This indicator monitors mediations	Formal complaint log	State level review of all formal complaints that result in mediation
Indicator #14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.	State must submit data reports on time and assure that the data is valid and reliable	RIECCS Focused Monitoring Formal complaint log Family Surveys	Missing Data Report identifies data not recorded in RIECCS. Focused monitoring data is compared to RIECCS data to determine validity and reliability of data. Guidance documents and written policies are also evidence of validity and reliability of data.

RI Department of Human Services IFSP Documentation Guidebook

RACE/ETHNICITY CATEGORY – GUIDELINES

Children can now be reported in multiple race/ethnicity categories. Please have the family select all categories that apply to the child. Accurate data regarding race is critical for monitoring and federal reporting of children in EI. These definition guidelines will help you to enter reliable information. The categories listed are available in the current system.

Federal Categories	Federal Definitions	Clarification
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.	
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam	
Black or African American	A person having origins in any of the Black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, and Samoa, or other Pacific Islands.	
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
*Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	*If this race is selected please select Hispanic in the Ethnicity field. Only select a race if a second race is selected

RI Department of Human Services IFSP Documentation Guidebook

PROGRAM SETTING – GUIDELINES

For each service in the IFSP select the program setting for that service. These settings are used on SRFs. If a child is receiving services in more than one setting (for either the IFSP or SRF), count the setting in which the child receives the most hours of early intervention service, *i.e., the primary setting*. Accurate data regarding location is critical for monitoring and federal reporting of children in EI. These definition guidelines will help you to enter reliable information.

Federal Categories	Federal Definitions	Clarification/Examples
<u>Home</u>	Services are provided in the principal residence of the child's family or caregivers	
<u>Community-based</u>	Services provided in a setting where children without disabilities typically are found. These settings include, but are not limited to child care centers (including family day care), preschools, regular nursery schools, early childhood center, libraries, grocery stores, parks, restaurants, and community centers (e.g. YMCA, Boys and Girls Clubs).	
<u>EI group in the community</u>	Services that are provided in a community-based setting but designed for Early Intervention children	EI children at the park Pool group for EI children at the YMCA
<u>Center Based</u>	Services that are provided in a setting that is not home or community-based. These settings include, but are not limited to services provided in a hospital, residential facility, and clinic for children with disabilities	EI Center Hospital Rehab Center
<u>Phone or N/A</u>	Phone calls or services provided without child present	Assistive Technology Device File Management Hanan Group (Parent only services) Interpretation Supervision Translation Transportation

RI Department of Human Services IFSP Documentation Guidebook

EARLY INTERVENTION IFSP SERVICES – GUIDELINES

The federal categories listed below are the services that may be included on an IFSP and are the drop down items from RIEICCS. The federal definition is how the service is defined in IDEA. When choosing a federal category for the IFSP be sure to match the appropriate service code on the SRF with the federal category.

Federal Categories	Federal Definitions
Assistive technology services/devices	<p>Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of children with disabilities</p> <p>A service that directly assists a child with disabilities in the selection, acquisition, or use of an assistive technology device, and includes:</p> <ul style="list-style-type: none"> • Evaluation of a child's needs, including a functional evaluation of the child in the child's customary environment • Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities • Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices • Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitative plans and programs • Training and technical assistance for a child with disabilities or, if appropriate, the child's family • Training and technical assistance for professionals (including individual providers of EI Services) or other individuals who provide services to or are substantially involved in major life functions of individuals with disabilities
Audiology	<p>Includes:</p> <ul style="list-style-type: none"> • Identification of children with audiological impairment using at risk criteria and appropriate audiological screening techniques; • Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures; • Referral for medical and other services necessary for habilitation or rehabilitation of children with auditory impairments; • Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; • Provision of services for prevention of hearing loss; and • Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating effectiveness of those devices.
Family training, counseling,	<p>Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development</p>
Medical Services (for diagnostic or evaluation purposes)	<p>Services provided by licensed physicians to determine a child's developmental status and need for EI Services</p>

RI Department of Human Services IFSP Documentation Guidebook

Federal Categories	Federal Definitions
Nursing services	<p>Includes:</p> <ul style="list-style-type: none"> • Assessment of health status for the purpose of providing nursing care, including identification of patterns of human response to actual or potential health problems • Provision of nursing care to prevent health problems, restore, or improve functioning and promote optimal health and development • Administration of medications, treatments, and regimens prescribed by a licensed physician • Such services are most often accessed through in-home nursing. When such services are provided through in-home nursing, the service coordinator must assist the family in coordinating nursing services with other EI services. This also includes consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other EI Services.
Nutrition services	<p>Includes:</p> <ul style="list-style-type: none"> • Conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences • Developing and monitoring appropriate plans to address nutritional needs of eligible children based on assessment findings • Making referrals to appropriate community resources to carry out nutrition goals
Occupational therapy	<p>Includes services to address functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:</p> <ul style="list-style-type: none"> • Identification, assessment, and intervention • Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote acquisition of functional skills • Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability
Other Needs	Developmental Monitoring or other-please specify
Physical therapy	<p>Includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:</p> <ul style="list-style-type: none"> • Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction • Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems • Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems

RI Department of Human Services

IFSP Documentation Guidebook

Federal Categories	Federal Definitions
Psychology	<p>Includes:</p> <ul style="list-style-type: none"> • Administering psychological and developmental tests and other assessment procedures • Interpreting assessment results • Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development • Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs
Social work	<p>Includes:</p> <ul style="list-style-type: none"> • Making home visits to evaluate a child's living conditions and patterns of parent-child interactions • Preparing a social or emotional developmental assessment of the child within the family context • Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents • Working with those problems in a child's and family's living situation (home, community, or any center where EI services are provided) that affect the child's maximum utilization of EI services • Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from EI Services
Special instruction	<p>Includes:</p> <ul style="list-style-type: none"> • The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction • Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP • Providing families with information, skills, and support related to enhancing skill development of the child • Working with the child to enhance the child's development
Speech-language pathology	<p>Includes:</p> <ul style="list-style-type: none"> • Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills • Referral for medical or other professional services necessary for habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills • Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills
Vision services	<p>Includes:</p> <ul style="list-style-type: none"> • Evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays, and abilities • Referral for medical or other professional services necessary for habilitation or rehabilitation of visual functioning disorders, or both • Communication skills training, orientation, and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities

RI Department of Human Services

IFSP Documentation Guidebook

The services listed below do not need to be recorded on the services page of the IFSP. Service coordination must be provided to all families. Frequency and intensity should be determined based on individual family needs and may fluctuate during the IFSP period. Transition planning is considered a part of service coordination. Interpretation and translation and transportation are wrap-around services that are available to families as needed in order to participate in services listed on the IFSP.

Federal Categories	Federal Definitions
Service Coordination	<p>Includes:</p> <ul style="list-style-type: none"> • Assisting parents of eligible children in gaining access to the EI services and other services identified in the IFSP • Coordinating the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided • Facilitating the timely delivery of available services • Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility <p>Specific service coordination activities include:</p> <ul style="list-style-type: none"> • Coordinating the performance of evaluations and assessments • Facilitating and participating in the development, review, and evaluation of IFSPs • Assisting families in identifying available service providers • Coordinating and monitoring the delivery of available services • Informing families of the availability of advocacy services • Coordinating with medical health providers • Facilitating the development of a transition plan to preschool services, if appropriate <p>Service Coordinators may be employed or assigned in any way permitted under State law as long as it is consistent with Part C requirements. The State policy and procedures for implementation of EI services must be designed and implemented to ensure service coordinators are able to carry out the above listed functions and services on an interagency basis.</p>
Transportation	<p>Includes the cost of travel for the family and other costs (e.g., tolls and parking expenses) necessary to enable an eligible child and the child's family to receive EI Services</p> <p>Families and EI provider staff collaborate to develop a range of transportation options, including car pools, public transportation, use of municipally owned cars and vans, and other state or privately supported transportation systems. For all eligible children and families, such transportation information and options must be made available. The EI provider assumes financial responsibility for providing safe and secure transport to the above mentioned service options. The EI provider must also comply with any applicable law and regulation regarding the use of car seats.</p>
Translator/Interpreter service	<p>A service to ensure that families are fully able to participate in service delivery, provide consent and understand procedural safeguards. Information must be communicated to parents and families in their native language or other mode of communication of the family of the eligible child.</p>

RI Department of Human Services IFSP Documentation Guidebook

EARLY INTERVENTION PROGRAM CODES, UNITS, RATES

Procedure Code	Federal Category	Description	Units of Service	Max Units	Rate	Minimum Criteria
97535	Assistive Technology	Assistive Technology	15	20	\$25.74	Qualified Professional
T5999	Assistive Technology Devices	Assistive Technology Devices	N/A	1	As billed	As Appropriate
V5010	Audiology	Assessment for hearing aid	15	6	\$30.89	Licensed Audiologist
V5008	Audiology	Hearing Screening	15	6	\$30.89	Qualified Professional
92557	Audiology	Comprehensive audiometry threshold evaluation	30	3	\$99.00	Licensed Audiologist
96154	Family Training/Counseling	Developmental Intervention with Child and Family	15	6	\$30.89	Qualified Professional
96155	Family Training/Counseling	Developmental Intervention with Family	15	6	\$30.89	Qualified Professional
96152	Family Training/Counseling	Developmental Intervention with Child	15	6	\$30.89	Qualified Professional
S9446	Family Training/Counseling	Developmental Intervention Group	15	6	\$15.45	Service Coordinator
99371	Medical Services	Telephone call by physician for consult	15	6	\$20.00	MD
99361	Medical Services	Medical Conference by a Physician	30	4	\$36.04	MD
90801	Medical Services	Psychiatric evaluation	50	1	\$150.00	MD
T1002	Nursing Services	RN Services	15	6	\$25.74	Licensed RN
S9470	Nutrition Services	Nutritional counseling, dietitian visit	30	3	\$51.48	Licensed Dietitian/Nutritionist
97530	Occupational Therapy	Occupational Therapy	15	6	\$30.89	Licensed OT
97530 HM	Occupational Therapy	Occupational Therapy - COTA	15	6	\$25.64	COTA
97150 GO HM	Occupational Therapy	Occupational Therapy Group – COTA	30	3	\$25.64	COTA
97150 GO	Occupational Therapy	Occupational Therapy Group	30	3	\$30.89	Licensed OT
96151	Other Services - Developmental Monitoring	Developmental Monitoring	15	4	\$25.74	Qualified Professional
T1023 TS	Other Services – Evaluation/Assessment/Planning	IFSP Meeting	30	4	\$51.48	Service Coordinator
T1023	Other Services – Evaluation/Assessment/Planning	Intake/Family Assessment	30	4	\$36.04	Service Coordinator

RI Department of Human Services IFSP Documentation Guidebook

Procedure Code	Federal Category	Description	Units of Service	Max Units	Rate	Minimum Criteria
H2011	Other Services – Evaluation/Assessment/Planning	Interim IFSP	15	8	\$17.50	Qualified Professional
S0316 HM	Other Services – Evaluation/Assessment/Planning	Progress Review	30	4	\$36.04	Service Coordinator
S0316	Other Services – Evaluation/Assessment/Planning	Progress Review	30	4	\$51.48	Qualified Professional
H2000	Other Services – Evaluation/Assessment/Planning	Comprehensive Multidisciplinary Evaluation	30	5	\$123.56	Qualified Professionals (2)
96150	Other Services – Evaluation/Assessment/Planning	Other Professional Evaluation	15	6	\$30.89	Qualified Professional
H0046 HP	Other Services - Supervisory/Managerial	Supervision	15	2	\$17.50	Doctoral Degree
H0046 HO	Other Services - Supervisory/Managerial	Supervision	15	2	\$15.00	Master's Degree
H0046 HN	Other Services - Supervisory/Managerial	Supervision	15	2	\$12.50	Bachelor's Degree
H2016	Other Services - Supervisory/Managerial	File Management	15	465	\$0.33	N/A
97001	Physical Therapy	Physical Therapy Evaluation	30	3	\$61.78	Licensed PT
97150 GP HM	Physical Therapy	Physical Therapy Group - PTA	30	3	\$25.64	Certified PTA
97150 GP	Physical Therapy	Physical Therapy Group	30	3	\$30.89	Licensed PT
97110 HM	Physical Therapy	Physical Therapy –PTA	15	6	\$25.64	Certified PTA
97110	Physical Therapy	Physical Therapy	15	6	\$30.89	Licensed PT
90810	Psychological Services	Individual Psychotherapy	30	1	\$73.74	See Psychological Services section
96111	Psychological Services	Psychological Developmental Testing	60	5	\$95.00	Psychologist
90802	Psychological Services	Diagnostic interview	50	1	\$130.00	See Psychological Services section
T1016	Service Coordination	Case Management	15	8	\$18.02	Service Coordinator
T1016 TG	Service Coordination	Transitional Planning	15	8	\$25.74	Service Coordinator
90806	Social Work Services	Social Work (Individual)	50	1	\$123.56	LICSW
90847	Social Work Services	Social Work (Family)	50	1	\$123.56	LICSW
H2015	Special Instruction	Comprehensive Community Support	15	6	\$25.74	Qualified Professional

RI Department of Human Services IFSP Documentation Guidebook

Procedure Code	Federal Category	Description	Units of Service	Max Units	Rate	Minimum Criteria
H2015 HM	Special Instruction	Comprehensive Community Support	15	6	\$18.02	Service Coordinator
T1026	Special Instruction	Center Development Group	60	2	\$61.78	Service Coordinator
97150	Special Instruction	Center Development Rehabilitation Group	30	3	\$30.89	Qualified Professional
92508	Speech-Language Pathology	Speech Group	30	3	\$30.89	Licensed SLP
92507 HN	Speech-Language Pathology	Speech - SLPA	30	3	\$51.28	SLPA
92508 HN	Speech-Language Pathology	Speech Group – SLPA	30	3	\$25.64	SLPA
92506	Speech-Language Pathology	Speech Evaluation	30	3	\$61.78	Licensed SLP
92507	Speech-Language Pathology	Speech	30	3	\$61.78	Licensed SLP
T1013	Translator/Interpreter	Translator/Interpreter	15	20	\$14.00	N/A
T2004	Transportation	Transportation	One Way	2	\$10.30	N/A
V2799	Vision Services	Vision Service	15	6	\$30.89	Certified Orientation Mobility Specialist or Certified Special Educator

RI Department of Human Services

IFSP Documentation Guidebook

DISCHARGE STATUS – GUIDELINES

Accurate discharge data is critical for monitoring referrals of children after they exit EI. These definition guidelines will help you to enter reliable information. Please check only one exit or discharge reason. Discharge should occur no later than one day prior to the child's 3rd birthday.

Exit categories: If the child exits prior to the completion of an IFSP or for a child who was referred at 34.5 months of age or later, indicate one of the following reasons for the exit:

- Attempts to contact unsuccessful
- Child did not qualify for EI or referred at 34.5 months or later
- Deceased
- Family switched to another EI site
- Moved out of state
- Withdrawal by parent or guardian

Discharge categories: If the child had an active IFSP and is being discharged, indicate one of the following reasons for the discharge:

- Family switched to another EI site (please enter effective date and new EI site)
- Moved out of state
- Attempts to contact unsuccessful
- Deceased
- Not eligible for Part B, no referrals (for children exiting at age 3)
- Part B eligibility not determined (for children exiting at age 3)
- Withdrawal by parent or guardian (complete referral section, if appropriate)
- Completion of IFSP outcomes prior to age 3 (complete referral section, if appropriate)
- Not eligible for Part B, referred to other program(s) (complete referral section)
- Part B eligible (complete special ed services information and if appropriate, complete referral section)

Referral section: Check off all that apply and utilize notes for details and other referrals not listed. Making a referral includes assisting family with a referral and sharing information with referral, not simply giving family a phone number.