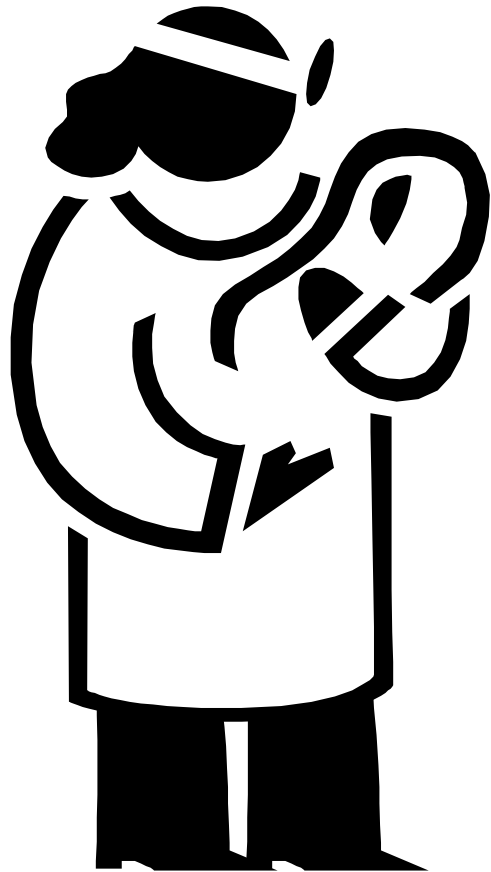


Identification & Referral



- Referral to SCHS CMU as soon as possible after identification of a suspected delay
- Family consent prior to referral
- Primary referral source maintains written documentation of family's:
 - Permission to refer
 - Request referral not be made
 - Request to extend timelines

Identification & Referral



- Family consent not required prior to referral in:
 - Substantiated cases of child abuse or neglect
 - Cases where the infant or toddler has been identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure

Who's a Parent?

- Biological/birth parent
- Adoptive parent
- Legal Guardian
- Person acting in the place of a parent
- Foster parent, if s/he has or is expected to have a long-term relationship with the child
- Surrogate parent, if no parent can be identified or located, assigned by NJEIS within 30 days of identifying the child's need for a surrogate
- Surrogate parent, appointed by a judge, if the child is a ward of the state and meets other criteria
- ***Not DYFS!***



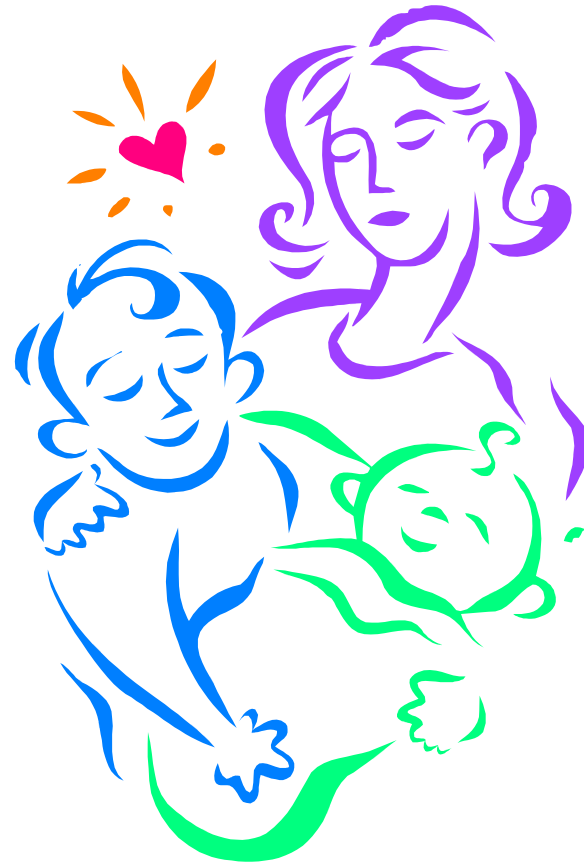
Initial Service Coordinator Responsibilities



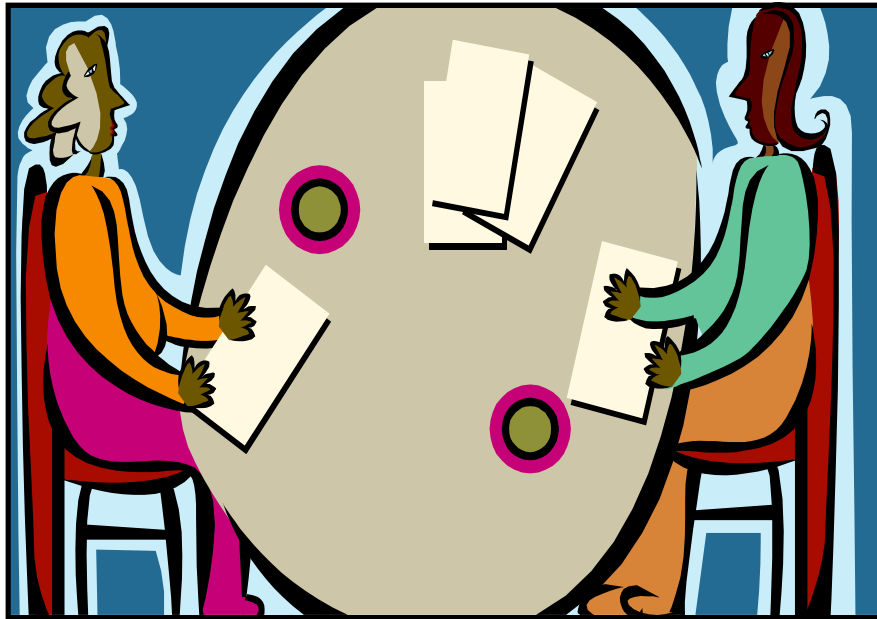
- Service Coordinator assigned upon referral
- Service Coordinator provides information in language and format families can understand
- Service Coordinator informs family of:
 - Their rights
 - Procedural safeguards
 - Availability of advocacy services (such as SPAN and NJ Protection & Advocacy)
 - EI services that are provided at public expense to all families regardless of income

EI Services at Public Expense

- EI services provided at public expense to all families include:
 - Child Find
 - Service Coordination
 - Evaluation & Assessment
 - IFSP Development and Review (including transition planning)
 - Procedural Safeguards



Information needed from families



- Service Coordinators discuss with families:
 - Family income and family size information to determine if the family will have a monthly cost share
 - Insurance information that may be applied toward family cost share
 - Their responsibility to pay actual costs of EI services if they do not provide financial information

Evaluation & Assessment



- Family gives voluntary, informed, written permission for evaluation/assessment
- Service Coordinator coordinates performance of evaluation/assessment
- Evaluation completed within 45 days of referral
- Exceptional circumstances documented, and interim IFSP developed if appropriate

Evaluation & Assessment



- Comprehensive evaluation
- Determines status of child in each developmental area:
 - Physical
 - Cognitive
 - Communication
 - Social/emotional
 - Adaptive
- Evaluation includes questions about child's unique strengths and needs

Evaluation & Assessment



- Evaluation includes:
 - Review of pertinent health and medical records
 - Assessment of family’s resource, priorities, and concerns, and supports necessary to enhance family’s capacity to meet their child’s developmental needs
 - Information gathered from multiple sources, such as family, professionals, para-professionals, service providers
 - Evaluation of level of functioning in each developmental area
 - Family-directed assessment

Evaluation & Assessment



- Evaluation & assessment are based on informed clinical opinion
- Informed clinical opinion is formed based on observations, interviews, & other appropriate techniques
- Evaluation & assessment are conducted by qualified personnel trained to use appropriate methods & procedures

Evaluation & Assessment

- Evaluation is multidisciplinary
- Evaluation and assessment procedures are administered in the primary language of the parents or other mode of communication
- Assessment and evaluation procedurals and materials used are selected and used so as not to be racially or culturally discriminatory



Written Report of Assessment Results

- A written report is prepared, including:
 - Date of evaluation/assessment
 - Child's date of birth
 - Names & title of team, including family members, who conducted evaluation
 - Summary of child's present level of functioning, developmental strengths & needs, in each area
 - Procedures, including tests, evaluation materials, parent report, clinical opinion
 - Statement of eligibility
 - Statement of recommendations for further evaluation/assessment, interim IFSP needs, EI needs



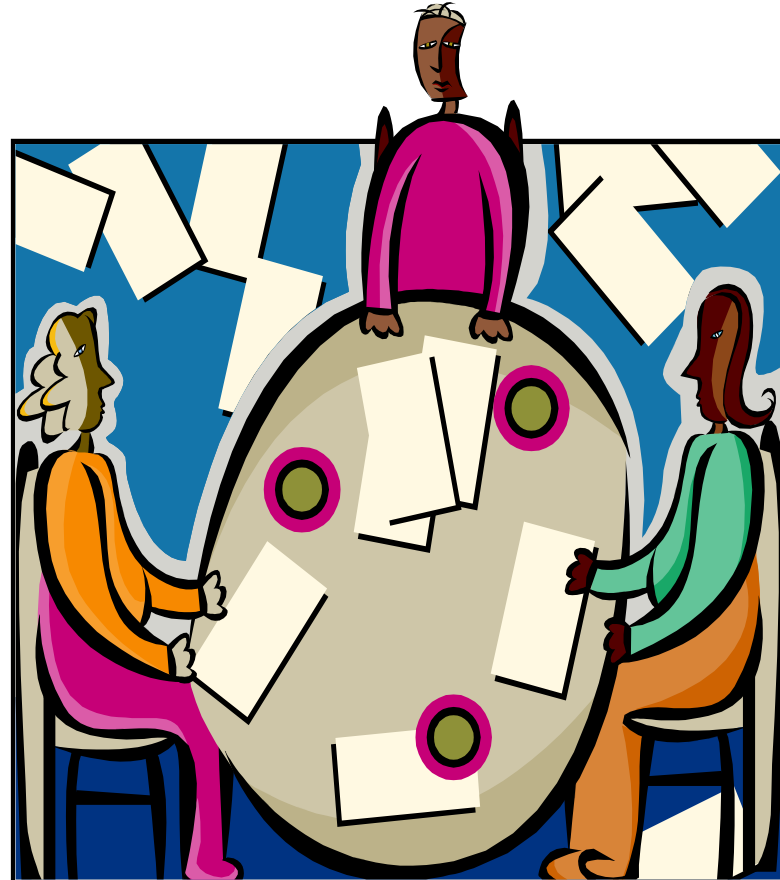
Determination of Eligibility

- Child is under age 3 and either:
 - Has a 33% delay in one and/or a 25% delay in two or more developmental areas, or
 - Has an identified condition with a high probability of developmental delay, or
 - Has a presumptive diagnosis



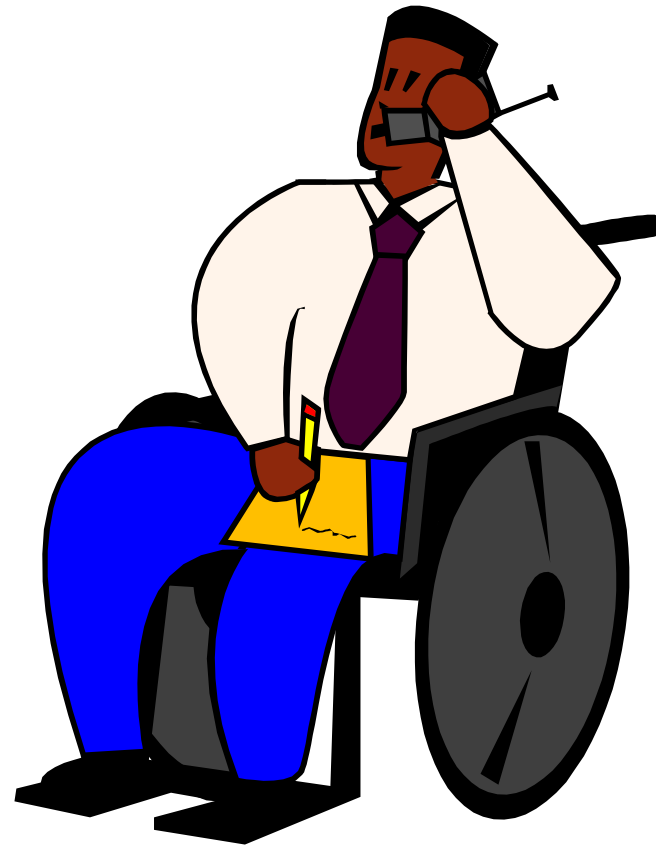
IFSP Meeting & Development

- IFSP is developed within 45 days from referral
- IFSP meeting is conducted in settings & at a time & place convenient to the family
- IFSP meeting is carried out in the native language or other mode of communication of the family
- Meeting arrangements are made with, and written notice is provided to, the family and other participants early enough to ensure they are able to attend



Alternate Arrangements

- Arrangements are made for the participation of anyone who cannot attend the meeting, through:
 - Telephone conference call
 - Participation of a knowledgeable authorized representative at the meeting



IFSP Meeting Participants

- Initial IFSP meeting, IFSP review, and annual meeting include:
 - Parents/guardians and other family members if desired
 - Advocate or supporter/friend
 - Service coordinator
 - Person directly involved in conducting evaluation/assessment
 - Service provider if appropriate



Content of IFSP

- IFSP content is clearly and fully explained to the family
- IFSP contains info about:
 - Present levels of development
 - Family information
 - Major measurable results or outcomes to be achieved by child and family
 - Criteria, procedures and timelines to determine progress toward outcomes, or whether modifications or revisions of outcomes or services are needed



Content of IFSP

- Early intervention services needed to meet the unique needs of the child & family to achieve identified outcomes:
 - Length, duration, frequency, intensity of services & dates for initiation of services
 - Statement of the natural environments in which services will be provided
 - Location & method of providing the services
 - Payment arrangements, if any, based on the EI Family Cost Share sliding fee scale



Payment for Services

- The IFSP must either:
 - Document that services will be provided at public expense, or
 - Document that the family has the ability to pay for services
- Necessary services must be provided at public expense if families are unable to pay the cost for services
- NJ has a Family Cost Share sliding fee scale: families under 350% of poverty receive all services at public expense



Content of IFSP

- Medical and other services the child needs that are not required early intervention services
- Funding sources to be used in paying for those services
- If necessary, the steps to secure those services through public and private resources



Content of IFSP

- Projected date(s) for initiation of services as soon as possible after the IFSP meeting, and anticipated duration of services
- Name of Service Coordinator who is responsible for IFSP implementation & coordination
- Names of individuals participating in IFSP development or review
- Signature of family member



Content of IFSP

- Services provided in natural environments to the maximum extent appropriate
- Services provided in settings other than natural environments only when EI cannot be achieved satisfactorily in a natural environment
- Services provided in the home or community settings where children without disabilities participate
- Services are provided consistent with family's routine



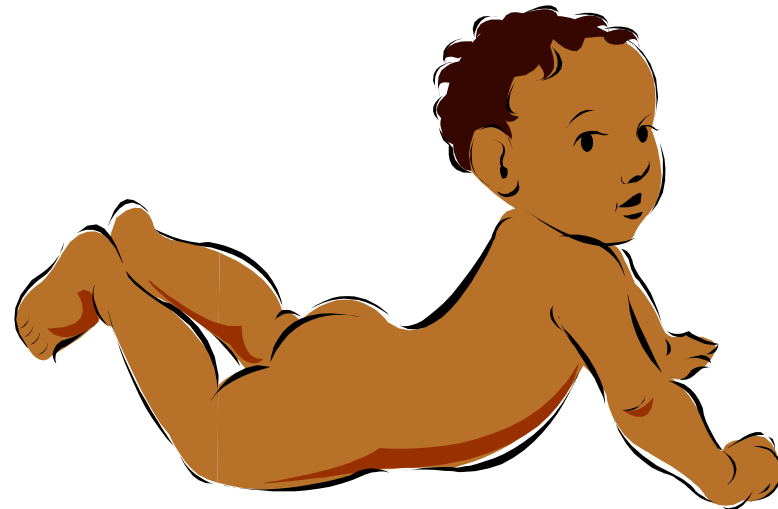
Content of IFSP

- EI services may include:
 - Assistive technology
 - Audiology
 - Developmental intervention
 - Early identification, screening & Assessment
 - Family training/counseling
 - Health services
 - Medical services for diagnostic or evaluation purposes only
 - Nursing services
 - Nutrition services
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Service Coordination
 - Signed language/cued language
 - Social Work services
 - Special Instruction
 - Speech-Language pathology
 - Transportation & related costs
 - L5 – Vision services



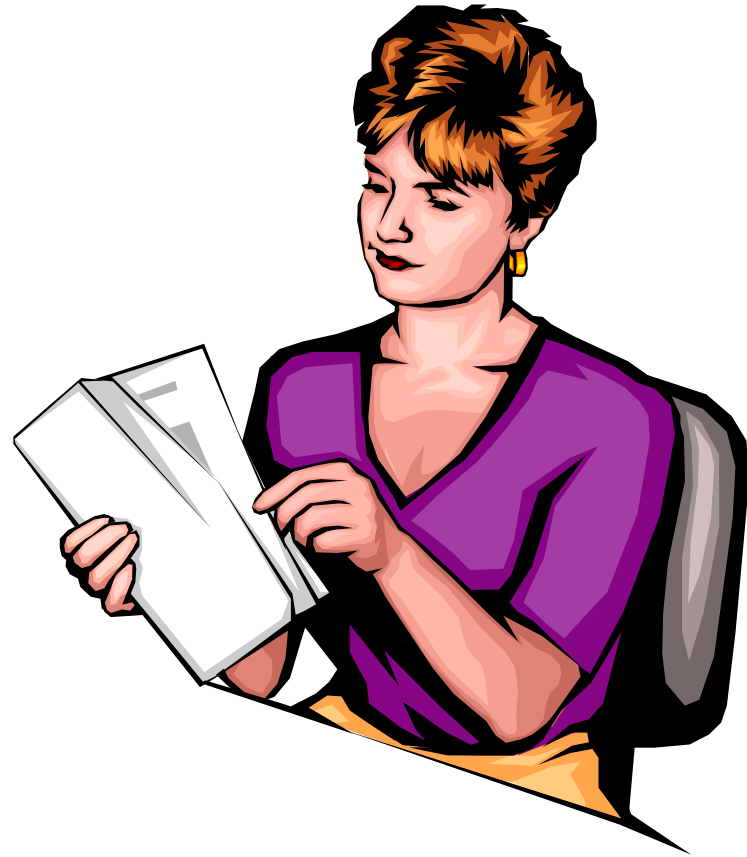
Provision of Services

- Family provides voluntary, informed, written consent for services
- Family is provided with the agreed-upon services, even if they refuse services they do not want
- Service Coordination assists the family in identifying providers, coordinates and monitors service delivery, and coordinates with medical and health providers
- Services are delivered as scheduled and consistent with the IFSP; make-up services are provided as appropriate



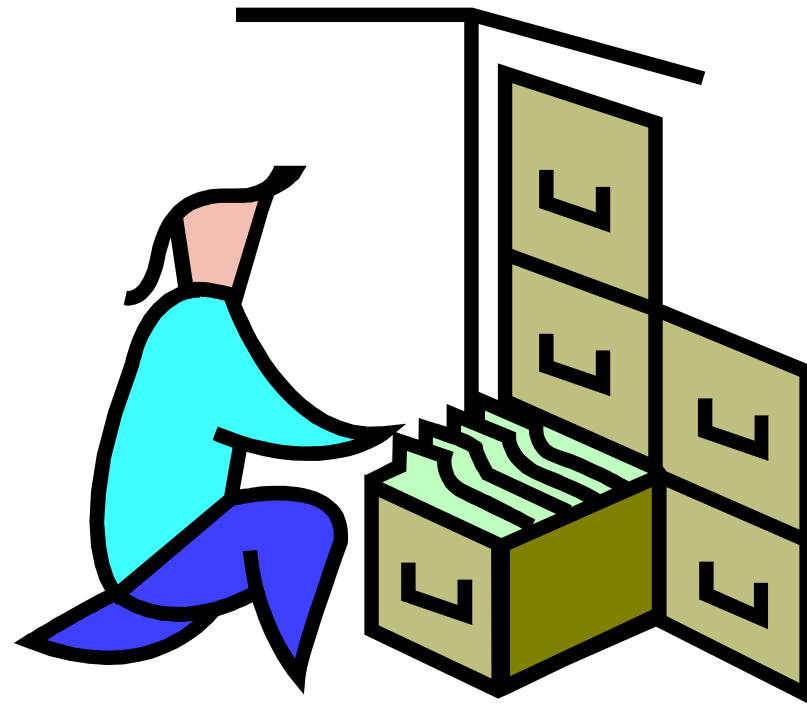
Prior Written Notice

- Service Coordinator provides prior written notice a reasonable time before services are changed or refused
- Prior written notice is provided in the family's native language or mode of communication



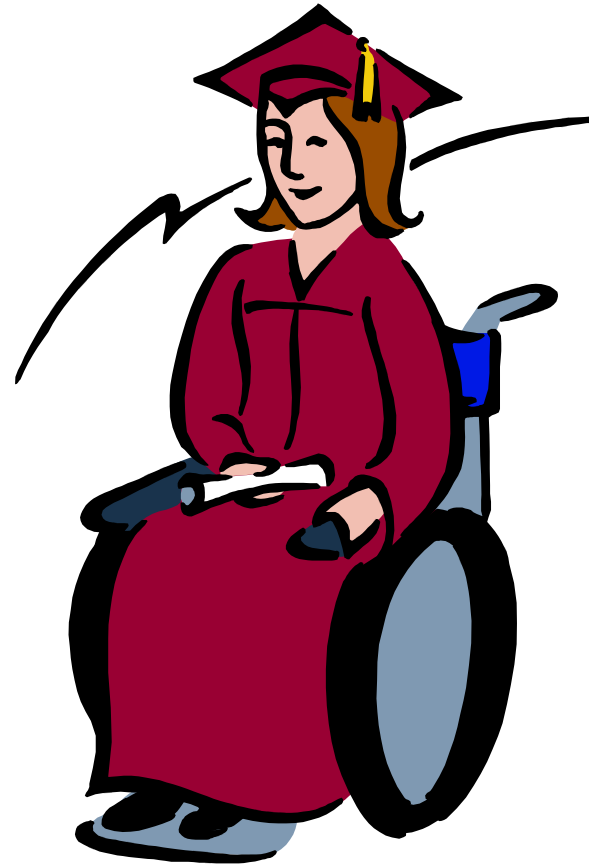
Records: Access & Confidentiality

- Family reviews records upon request, within a reasonable amount of time (no later than 45 days from request, and before any IFSP decisions are made)
- Records are kept confidential unless the family gives written permission for release or sharing of records



Personnel

- The personnel providing services meet the highest requirements in the state that apply to the profession or discipline in which they are providing EI services
- The personnel providing services have suitable qualifications



Periodic Review of the IFSP

- Periodic review is conducted at least every six months
- Periodic review is conducted earlier if conditions warrant or the family requests it
- The periodic review determines the degree to which progress toward achieving outcomes is made, and whether modification or revision of outcomes or services is necessary
- Review is carried out by a meeting or other means acceptable to and convenient for family and other participants

L5



Annual Review of the IFSP

- An annual meeting is conducted to evaluate the IFSP and revise it as appropriate
- Current evaluations and other information available from the ongoing assessment of the child and family is used in determining what services are needed



Transition to Preschool

- Service Coordinator facilitates the development of a transition plan to preschool services, if appropriate
- The IFSP includes the steps to be taken to support the transition of the child upon reaching age 3 to preschool services or other available services, if appropriate
- A transition information meeting and a transition planning conference are scheduled and held with all
L5 required participants



Service Coordination Responsibilities

- Inform the family of procedural safeguards
- Coordinate performance of evaluation & assessment
- Facilitate & participate in IFSP development, review & evaluation
- Assist family in identifying available service providers
- Coordinate & monitor the delivery of services
- Coordinate with medical & health providers
- Facilitate the development of a transition plan
- Inform the family of the availability of advocacy services

