

Individualized Family Service Plans

Introduction

The Individualized Family Service Plan is the instrument specified by the Infant-Toddler Program for implementing services for eligible infants and toddlers and their families. It is both a process and a written document. The process involves a collaborative planning effort and partnership between the parent and the professionals offering services and supports to the child and family. This service planning and delivery process is described in greater detail in “Policy Bulletin #24 - Service Planning and Delivery” in the *North Carolina Infant-Toddler Program Policy and Procedure Manual*. The written plan provides documentation of desired outcomes, services, strategies to meet outcomes, and the results of intervention efforts. This Policy Bulletin provides the requirements related to the written plan.

Individualized Family Service Plans are to be developed jointly by the Individualized Family Service Plan team, which includes the parent and service providers. Only the Individualized Family Service Plan team can make decisions related to service delivery. The parent must play a role in the development and implementation of the Plan, but he decides how actively he wants to be involved. The Service Coordinator initiates the Individualized Family Service Plan process and takes responsibility for the development, implementation, review, and revision of the Plan.

Purpose of Meetings and Reviews

The purpose of the initial Individualized Family Service Plan meeting is to:

- summarize all information known regarding the child's strengths and needs and the family's concerns, priorities, and resources;
- review the family's identified routines, daily activities, and natural environments
- develop and refine outcomes the family has chosen;
- develop strategies for meeting outcomes
- select appropriate services and supports;
- develop a written document that will guide the family, the Service Coordinator, and the other service providers;
- determine the responsibilities of each team member, and
- discuss how communication between the parent and other team members will be maintained.

The purpose of semi-annual reviews and annual meetings is to:

- review and revise the Individualized Family Service Plan, as appropriate;
- review progress being made toward the achievement of outcomes;
- discuss the family's satisfaction with services being received;
- review the results of any new evaluations and on-going assessments;
- share any other new and relevant information related to the child and family;
- delete services listed related to outcomes that have been achieved and are no longer needed;
- add new outcomes and make changes in services, as appropriate, and
- outline plans for the next six months.

Note: New outcomes can be added and changes in services may be made at any time. It is not necessary to wait until a scheduled semi-annual review to make changes that are needed and desired by the family. Written Prior Notice requirements must be followed before changes to services can be made.

Content Requirements for the Individualized Family Service Plan

The content of the Individualized Family Service Plan must reflect the unique needs of the child and the family for whom the document is being designed. It must reflect the concerns, priorities, and resources of the parent and should be responsive to their needs as a family unit. An Individualized Family Service Plan must include:

1. A description of the child's present health status and, based on professionally acceptable objective criteria, a description of the child's level of development in the following areas:
 - a. cognitive development;
 - b. physical development, including gross and fine motor function, vision, and hearing;
 - c. communication development;
 - d. social-emotional development, and
 - e. adaptive development.
2. With concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.
3. A statement of the measurable results or outcomes expected to be achieved for both the child and the family, including pre-literacy and language skills, as developmentally appropriate for the child.

4. The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary.
5. A statement of the specific early intervention services, based on scientifically, peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the child and family to achieve the identified outcomes, including:
 - a. the frequency, intensity, and method of delivering services;
 - b. the natural environments in which the services will be provided, and a justification of the extent, if any, to which services will not be provided in a natural environment (*See the next section of this Policy Bulletin for additional information.*);
 - c. the location (actual place) of the services;
 - d. the payment arrangements, if any, and
 - e. the persons or agencies responsible for providing the services.
6. The projected initiation dates of identified services and the anticipated length, duration, and frequency of those services.
7. The name of the Service Coordinator who is responsible for the initiation, development, implementation, and review of the Individualized Family Service Plan, and coordination with other agencies or persons, including transition services.
8. To the extent appropriate, a description of medical and other services that the child needs but are not required under the Infant -Toddler Program and the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
9. The steps to be taken to support the transition of all the children leaving the Infant-Toddler Program. (*For additional information, see Policy Bulletin #28 - Transition from the Infant-Toddler Program.*)

Written Justification Regarding Natural Environments

Supports and services must be provided in natural settings, as required by federal Infant-Toddler Program regulations related to natural environments. If the team determines that an outcome cannot be met in the child's natural environment, a justification as to why the outcome cannot be met in a natural setting must be documented on the *North Carolina Infant-Toddler Program Individualized Family Service Plan* form. This justification must include:

- discussion of the efforts to achieve the outcome in a natural environment and why these have been determined by the team to be unsuccessful;
- sufficient rationale to support the team's decision that the outcome cannot be met in a natural setting even with supplemental supports including assistive technology;

- a plan for how the intervention provided in a specialized setting will be generalized into the child's and family's daily routines and activities, and
- a plan for transitioning intervention into a natural setting as soon as possible.

The need for a service to continue outside of a natural environment must be monitored carefully. Individualized Family Service Plan reviews must be held more frequently to determine whether the child's outcomes can now be met within a natural setting.

Required Individualized Family Service Plan Team Members

Members of the Individualized Family Service Plan team are required to participate in initial and annual meetings. These persons include:

- the parent of the child;
- other family members, as requested by the parent, if feasible;
- an advocate or person outside the family, if the parent requests participation by that individual;
- the Service Coordinator designated for the child and family;
- the provider(s) of early intervention services;
- a provider of evaluation and assessments services, and
- the surrogate parent, if one is required.

These same persons are required to participate in regularly scheduled semi-annual reviews, as well as any other reviews. A provider of evaluation and assessment services is not required to participate in Individualized Family Service Plan reviews unless it has been determined the participation of an evaluator is needed. With parental approval, the child's primary physician, other providers of recommended services such as child care, etc. should be invited to participate on the Individualized Family Service Plan team.

If any one of the required participants is unable to attend a review or meeting, arrangements must be made for the person's involvement through other means. This may include participation in a telephone conference call, having a knowledgeable authorized representative attend, making pertinent records available, or engaging in pre-meeting discussions with either the family or the Service Coordinator. Documentation of how persons unable to attend participated in the review or meeting must be made.

Related Requirements

1. The *North Carolina Infant-Toddler Program Individualized Family Service Plan* form must be used. Instructions accompanying this form are to be followed.

2. There must be only one Individualized Family Service Plan developed for a child at any given time.
3. In instances where an eligible child must have both an Individualized Family Service Plan and another type of service plan under another state or federal program (for example, Community Alternatives Program-Mental Retardation/Developmental Disabilities or the Child Abuse Prevention Treatment Act initiative), the service coordinators of each Program should strive to designate a single service coordinator to integrate the needed services onto one plan and ensure that all requirements of the Infant-Toddler Program and the other program are met.
4. The initial Individualized Family Service Plan must be developed within forty-five (45) calendar days from the date of referral to the Infant-Toddler Program.
5. A review of the Individualized Family Service Plan must occur every six (6) months following the date of the signing of the initial Plan. Reviews may take the form of a meeting or be conducted by other acceptable means. If a review is delayed, the next review should occur on schedule from the date of the signing of the initial Individualized Family Service Plan, even if a full six months has not elapsed. The annual meeting must occur twelve months following the date of the signing of the initial Plan.
6. While reviews must be conducted every six (6) months, reviews must be conducted and revisions made to the Individualized Family Service Plan more frequently, if needed and desired by the family.
7. Service providers must contact the Service Coordinator whenever a need for changes to services listed on the Individualized Family Service Plan is identified. This is crucial for collaborative planning and decision making and to ensure compliance with legal requirements such as Written Prior Notice and Written Parental Consent.
8. The annual meeting to evaluate and revise the Individualized Family Service Plan incorporates the semi-annual review.
9. Any circumstances that affect the initial 45-day requirement or the required time lines for reviews and annual meetings must be documented. Efforts to contact the parent, provide assistance, engage the parent in the referral, evaluation, eligibility determination, or Individualized Family Service Plan development process should be documented. Agencies will not be held responsible if parents cannot be located or consistently do not respond to reasonable attempts to contact them. Documentation of efforts is to be made in the Service Coordinator's agency record of the child. A copy of any notes regarding timelines must be filed in the Children's Developmental Services Agency's record on the child at the time of the notation.
10. Individualized Family Service Plan meetings and reviews must be carried out by a meeting or by another means that is acceptable to the parent and other participants and must be held at a time and location convenient to the family.
11. The parent must receive Written Prior Notice before initial and annual Individualized Family Service Plan meetings and any reviews of the Individualized Family Service Plan. With parental

- approval, other participants also must receive Written Prior Notice about the meeting. Notice must be given early enough to promote maximum opportunity for attendance. *(For additional information, see Policy Bulletin #13 - Written Prior Notice.)*
12. Initial and annual Individualized Family Service Plan meetings must be conducted in the native language or other means of communication used by the family. *(For additional information, see Policy Bulletin #14 - Native Language/Mode of Communication.)*
 13. The content of the Individualized Family Service Plan must be written in language understandable by all team members, free of jargon and professional terminology and sensitive to the family.
 14. The Individualized Family Service Plan must be translated into the parent's native language or mode of communication, unless clearly not feasible to do so. In instances where an Individualized Family Service Plan is translated to another language or mode of communication, a copy of both the English version and the translated version must be filed in the Children's Developmental Services Agency record on the child. *(For additional information, see Policy Bulletin #14 - Native Language/Mode of Communication.)*
 15. The contents of the Individualized Family Service Plan must be fully explained to the parent and his informed Written Parental Consent secured prior to the provision of early intervention services listed on the Plan. *(For additional information, see Policy Bulletin #12 - Written Parental Consent.)* The parent may determine whether he, his child, or other family members will accept or decline any early intervention service under the Infant Toddler Program without jeopardizing his right to receive other early intervention services. If the parent does not provide consent with respect to a particular service, then only the services to which consent is obtained may be provided.
 16. The parent, the Service Coordinator, and a representative from the Children's Developmental Services Agency, if the Service Coordinator is from an agency other than the Children's Developmental Services Agency, must sign the initial Individualized Family Service Plan.
 17. The parent, the Service Coordinator, and a representative from the Children's Developmental Services Agency, if the Service Coordinator is from an agency other than the Children's Developmental Services Agency, must sign all reviews of the Individualized Family Service Plan and any changes made to the Plan.
 18. The Service Coordinator must provide the parent with a copy of the initial Individualized Family Service Plan and any subsequent changes and reviews. With parental approval, members of the Individualized Family Service Plan team must be given a copy of the initial Plan and any subsequent changes and reviews.
 19. The initial Individualized Family Service Plan must be based on the results of the initial Infant-Toddler Program evaluation. New evaluation and assessment information must be added to the Individualized Family Service Plan, as appropriate.

20. The results of any current evaluations conducted and other information available from the on-going assessment of the child and family must be used in determining what services and supports continue to be needed and what additional services and supports are needed.
21. The start date of the Individualized Family Service Plan is the date the parent signs the initial Plan.
22. There is no charge to families for the development or review of the Individualized Family Service Plan.
23. The Service Coordinator must document the occurrence of the initial Individualized Family Service Plan meeting, including the participants present, the provisions made for participation by required participants unable to be present, and the date of the meeting. This is to be documented in the Service Coordinator's record on the child. A copy of the documentation must be filed in the Children's Developmental Services Agency's record on the child at the time of the notation.
24. The occurrence of semi-annual reviews and annual meetings are to be documented on the *North Carolina Infant-Toddler Program Individualized Family Service Plan* form. Documentation must include the participants present, the provisions made for participation by required participants unable to be present, the date of the review, statements regarding progress towards outcomes, reasons for any delay in conducting the review or annual meeting, and any other relevant information.
25. By the time the child is two years six months of age, there must be evidence in the Individualized Family Service Plan of steps to support the transition of the child from the Infant-Toddler Program including the addition of outcomes, activities, timelines, etc.

Interim Individualized Family Service Plans

An Infant-Toddler Program service may commence for an eligible child and his family before the completion of the initial Infant-Toddler Program evaluation and the development of the initial Individualized Family Service Plan if the following conditions are met:

- the service is needed immediately;
- an Interim Individualized Family Service Plan is developed, and
- parental consent is obtained.

An Interim Individualized Family Service Plan does not eliminate the requirement that initial Infant-Toddler Program evaluation, eligibility determination, and development of the initial Individualized Family Service Plan be completed within forty-five calendar days of the referral to the Infant-Toddler Program. The Interim Plan can be documented on the *North Carolina Infant-Toddler Program Individualized Family Service Plan* form through the completion of relevant sections. When ready to develop the initial Individualized Family Service Plan, additional information can be added to the existing Interim Plan without beginning a completely new document.

An Interim Individualized Family Service Plan must include:

- a. the name of the Service Coordinator who will be responsible for the implementation of the Interim Individualized Family Service Plan and coordination with other service providers.
- b. the early intervention services that have been determined to be needed immediately by the child and the child's family;
- c. outcomes for the child and family, when those are recommended.
- d. suggested activities that may be carried out by the family.