

CREATING AN IFSP

When users create an Initial IFSP select New IFSP and the system will automatically take you to the Initial IFSP layout

To create a Review users select Create Review button from the Client Case. Select Annual or Periodic

IFSP MEETING DATE

When users create a review on the top green bar on the far right side users have the option to add the IFSP Meeting Date. In order to Save the date users can refresh the VF page and also the IFSP Detail page.

EI SERVICES/AGREEMENT TAB

Individualized Family Service Plan - 00051918

Case #	Child's Name	Child's Age (Days)	Child's Age (Months)	# Household	Service Coordinator	Agency	Phone	IFSP Type	Meeting Date
00066054	Little Buddy	566	19.5	Buddy Household	Galigan Maglicuity	Mountain Valley Developmental Services		Annual Review	5/5/2016

Background Information | Evaluation or Assessment Results | Present Levels of Development | Family Assessment | Concerns & Priorities | Global Outcomes | IFSP Outcomes / Plan of Action | **EI Services / Agreement** | Transition

Informal Supports to Meet Your Outcomes:

Model: --None--

EI Services	EI Service Type	Location	Method	Frequency of Visits	Sessions per IFSP Period	Visits per Year	Intensity in Minutes	Individual or Group	Consent Date	Projected Start Date	End Date	Funding Source	Action
EI Occupational Therapy	New	Home	Individual	Weekly	2	104	60	Individual	04/20/2016	05/18/2016	04/19/2017	Parent	/ X
EI Vision		Home	Individual	Every Other Week		0					04/24/2017		/ X
EI Health Services	New	Home	Teaming			0					04/24/2017		/ X

Medical and other service(s) necessary to meet the outcome(s), but that are not required under Part C of IDEA.

EI Services

This is a look up field that only includes specific allowable EI services. Only services listed on the IFSP will be billable. A cost associated with a specific service ie Provider Travel, Interpreter, Co Pay will still be billable but does not need to be included on the IFSP.

EI: Audiology Services

EI: Speech-Language Pathology

EI: Assistive Technology

EI: Assistive Technology Device

<u>El: Developmental Intervention</u>
<u>El: Health Services</u>
<u>El: Physical Therapy</u>
<u>El: Transportation*</u>
<u>El: Social/Emotional Intervention</u>
<u>El: Occupational Therapy</u>
<u>El: Medical Services</u>
<u>El: Nursing Services</u>
<u>El: Nutrition Services</u>
<u>El: Psychological Services</u>
<u>El: Sign Language Cued Speech Services</u>
<u>El: Vision</u>

* El Transportation as a service is allowable only for the cost of parent travel to participate in a strategy as documented on the IFSP.

El Service Type

Drop down

New- New service entered on the IFSP. All services on an Initial IFSP will be New

Continued- When conducting a review if all elements of a service stay the same

Continued Revised- When conducting a review if the service remains the same but the frequency or intensity of service change

End- When conducting a review and a service is ending, the service will print on current IFSP however it will not carry over on the next review

Location

Pick List

Home

Community

Other

*Users cannot select multiple locations. If services are going to occur in more than one location please select where the majority of visits will occur

Method

Multi Select Pick List

Individual

Co-Visit

Teaming

Supervision

Telehealth

of Visits

Enter the number of visits for either a weekly, every other week, monthly, yearly, one time or as needed frequency

Frequency of Visits

Choose the appropriate frequency of visits

Drop down-

Per Week

Per Month

Quarterly

Per Year

One time

As Needed- If the frequency of visits does not fit in one of the above categories Ex. Time limited services

For As Needed users must enter the total number visits per year in the Total Number of Visits column

Visits Per IFSP

This is calculated based on # of Visits and Frequency selected and 264 days with the exception of As Needed

Parent/Guardian Consent Signature

Only on the Print PDF

Parent/guardian signature is needed for each service

Role and Discipline

Role

Service Coordinator

Provider

Parent

Evaluator/Assessor

AU Representative

Interpreter

Advocate

Medical Personnel

Discipline-Chose one

None

Assistive Technology Specialist

Audiologist

Behavior Analyst

Child Health Associate

CHIP Facilitator

Cued Speech Instructor/Interpreter

Developmental Intervention Assistant

Early Childhood Educator

Early Childhood Mental Health Specialist

Early Childhood Special Educator

Infant Mental Health Specialist

Licensed Professional Counselor

Marriage and Family Therapist

Native Signer

Nurse

Occupational Therapist







Occupational Therapy Assistant
Parent Educator
Physical Therapist
Physical Therapy Assistant
Physician
Psychiatrist
Psychologist
Pyramid Plus Coach
Registered Dietitian
Sign Language Interpreter
Social Worker
Special Education Specialist
Speech Language Pathology
Speech Language Pathology Assistant
N/A

IFSP OUTCOMES/PLAN OF ACTION TAB

Newly created outcomes will now be attached to the IFSP Record and IFSP Meeting Date will populate on the blue bar Plan of Action. The record type and date will continue to be associated with that outcome.

On the left side of the Outcome are arrows. Users can click on the arrows to reorder Outcomes as needed

Users can now select the order of outcomes by selecting the arrows on the left of the outcome

	Move to the top
	Move up one
	Move up one
	Move down one
	Move down one
	Move to the bottom

In the blue bar of each outcome there is an Include on Print check box. The check box defaults to unchecked. Users need to check if needed on the PDF Print