

Rule 5123-10-02 Eligibility and Services (J)(K)(M)

(J)-Individualized Family Service Plan Meeting
(K)-Content of an Individualized Family Service Plan
(M)-Interim Individualized Family Service Plan

2019



Department of
Developmental Disabilities

Why are we doing these webinars?



Regional Rule Training

Save the Date!



Registration
Coming
Soon!

Date	County
Aug 14, 2019	Coshocton
Aug 21, 2019	Franklin
Aug 28, 2019	Putnam
Sep 4, 2019	Ross
Sep 19, 2019	Butler
Sep 26, 2019	Cuyahoga
Oct 17, 2019	Champaign

(J)-Individualized Family Service Plan Meeting

Form EI-04 Individualized Family Service Plan (IFSP)

IFSP type and date	<input type="radio"/> Initial _____	<input type="radio"/> Periodic _____	<input type="radio"/> Annual _____	EIDS number
	<input type="radio"/> Periodic _____	<input type="radio"/> Periodic _____		

Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth
Languages spoken with child	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's race and ethnicity	School district of residential parent
Parent name	Address	Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child if not biological or adoptive parent	Phone: Cell (C); Home (H); Work (W)		
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times	
Parent name	Address	Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to child if not biological or adoptive parent	Phone: Cell (C); Home (H); Work (W)		
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times	

Section 2: Service Coordinator Information

Your Early Intervention (EI) service coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes

- explaining and ensuring your rights in EI,
- coordinating your child's initial and ongoing eligibility,
- coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you,
- assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities,
- assisting you in identifying, obtaining, funding, and monitoring needed EI services,
- assisting you with locating and connecting to other supports and resources that you need and want,
- and facilitating the development of a transition plan before age three.

Name of service coordinator	Phone	Email
Agency name	Supervisor name and contact information	

Timely receipt of services (TRS) due by _____	Periodic six-month review due by _____	Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than 9 months prior to the child's 3rd birthday _____
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5123-10-02 (J)
Individualized family
service plan meetings

IFSP meetings

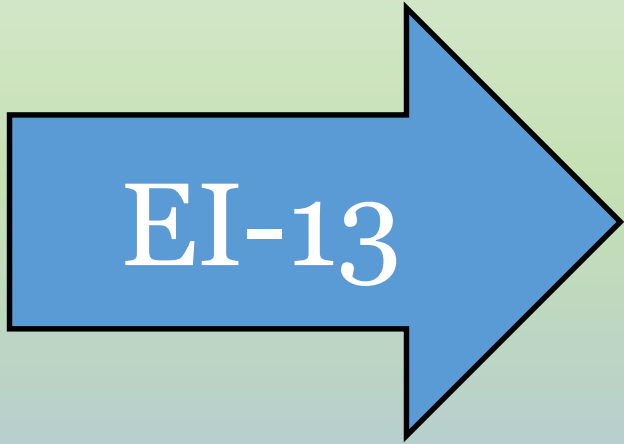
Occurs at least annually

Uses current evaluation and assessment information

Settings/times convenient for family

Native language of family

IFSP Meeting Arrangements



Form EI-13

Today's date Child's name Child's DOB
Parent name(s) EIDS number

Service coordinator use only
On (date), a copy of this notice was provided to the parent(s) in-person via mail via email. Notices were sent to others on (date).

Individualized Family Service Plan (IFSP) Meeting Notice

It is time for our meeting to

- Develop an interim IFSP until we can complete the assessment and schedule the "initial" IFSP.
- Review the eligibility and assessment information and develop the first ("initial") IFSP.
- Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary.
- Review the eligibility and assessment information and develop the annual IFSP.
- This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

Date Time Location

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

<input type="text"/>	<input type="text"/>
Name, role or relationship	Name, role or relationship
<input type="text"/>	<input type="text"/>
Name, role or relationship	Name, role or relationship

In addition, the following Early Intervention service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

<input type="text"/>	<input type="text"/>
Name, role or agency	Name, role or agency
<input type="text"/>	<input type="text"/>
Name, role or agency	Name, role or agency

If you have any questions or want to change anything about this meeting, please contact me, your EI service coordinator:

Service coordinator name Service coordinator contact information

Who participates in an IFSP meeting?

Parent*

Other family members,
as requested by parent

Advocate or person outside
the family at parent request

EISC*

Evaluator/Assessor

Persons who will be
service providers

* Must be physically present

Participating via technology

Type of IFSP meeting	May participate via technology	If...
Initial	Other family members, advocates, evaluators and assessors	Consistent with relevant licensure or credential requirements
Annual	Other family members, advocates, evaluators and assessors	Consistent with relevant licensure or credential requirements
Periodic Review	Most participants	Consistent with relevant licensure or credential requirements

EI-04

Individualized Family Service Plan

Form EI-04 Individualized Family Service Plan (IFSP)

IFSP type and date	<input type="radio"/> Initial _____	<input type="radio"/> Periodic _____	<input type="radio"/> Annual _____	EIDS number	_____
	<input type="radio"/> Periodic _____	<input type="radio"/> Periodic _____			

Section 1: Child and Family Information

Child's first name	Last name	Nickname	Date of birth
_____	_____	_____	_____
Languages spoken with child	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child's race and ethnicity	School district of residential parent
_____	_____	_____	_____
Parent name	Address	Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	
Relationship to child if not biological or adoptive parent	Phone: Cell (C); Home (H); Work (W)		
_____	_____		
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times	
_____	_____	_____	
Parent name	Address	Child lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	
Relationship to child if not biological or adoptive parent	Phone: Cell (C); Home (H); Work (W)		
_____	_____		
Email address	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times	
_____	_____	_____	

Section 2: Service Coordinator Information

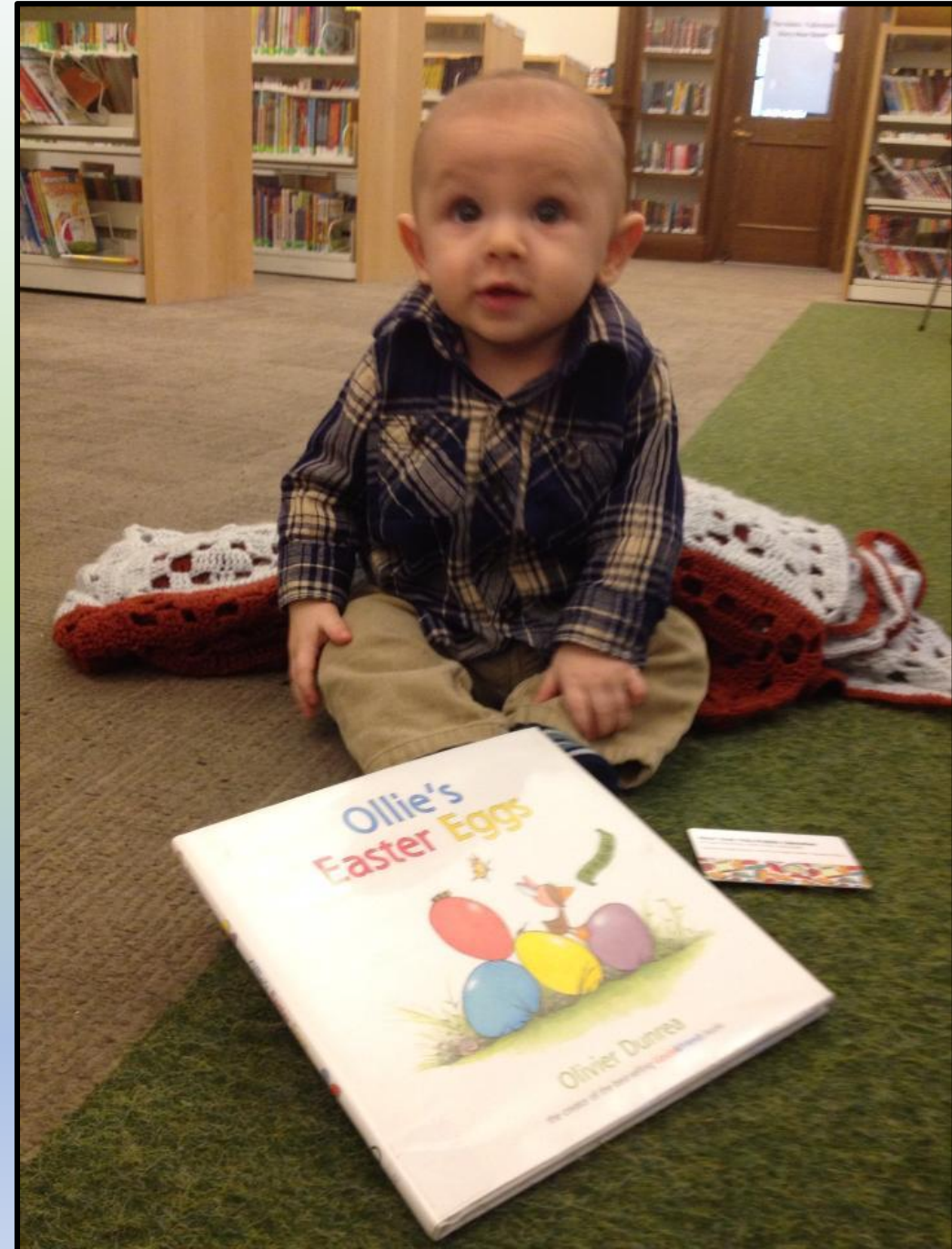
Your Early Intervention (EI) service coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes

- explaining and ensuring your rights in EI,
- coordinating your child's initial and ongoing eligibility,
- coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you,
- assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities,
- assisting you in identifying, obtaining, funding, and monitoring needed EI services,
- assisting you with locating and connecting to other supports and resources that you need and want,
- and facilitating the development of a transition plan before age three.

Name of service coordinator	Phone	Email
_____	_____	_____
Agency name	Supervisor name and contact information	
_____	_____	

Timely receipt of services (TRS) due by _____	Periodic six-month review due by _____	Transition outcome and planning conference (TPC) due not fewer than 90 calendar days and not more than 9 months prior to the child's 3rd birthday _____
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Location of early intervention services



Identifying Funding Sources for EI Services

Form #	Form Name
EI-04	IFSP
EI-05	Consent to use insurance for early intervention services
EI-15	Determination of Parent Ability to Pay for EI Services
EI-16	Payment for Early Intervention Services

SOP application must be submitted within 30 calendar days of parent signature

**SOP Rule
Webinars**

**Jun 11
(Part 1)**

**Jun 13
(Part 2)**

EI Services Not Yet Coordinated and Non-EI Services

For each EI service that will not be provided in our child's natural environment, an explanation of why the outcome(s) cannot be achieved in a natural environment is provided.

List steps that the service coordinator and family will take, including projected date, for moving the service into a natural environment.

List any EI service that is needed, but not yet coordinated.

Steps that the service coordinator will take to coordinate the needed EI service(s).

EI-11

Prior Written Notice of Proposed Change to Services

Forms webinar
Jun 4

Form EI-11

Today's date Child's name Child's DOB
Parent name(s) EIDS number

Prior Written Notice of Proposed Change to Services

When any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to your family and child, we must give you prior written notice at least ten calendar days before beginning or changing that EI service.

Ohio Early Intervention is proposing to begin change one or more EI service(s) for your child and your family.

Details about proposed change

Reason for proposed change

Proposed date of change (no fewer than 10 days from today's date)

Please contact me as soon as possible if you have any questions about this action.

EI service provider name EI service provider contact information

As the parent, you have dispute resolution options available. A copy of your Ohio Early Intervention Parent Rights brochure is enclosed. If you have any questions, please contact your EI service coordinator at:

EI service coordinator name EI service coordinator contact information

Waiver of Timeline (optional)


I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning proposed activity.

Initials of parent(s) Date

On (date) (name/role) provided a copy of this notice and consent form to the parent(s)
 in-person via mail via email.

If this form is completed by a person other than the EI service coordinator, the EI provider must send a copy to the EI service coordinator within five calendar days of providing notice to the parent.

Ohio | Department of Developmental Disabilities
An Equal Opportunity Employer and Provider of Services
July 2019



EI-06

Consent for Release of Records and for Release and/or Exchange of Information

Form EI-06

<input type="text"/>	<input type="text"/>	<input type="text"/>	Service coordinator use only Date received from other EI qualified personnel, if applicable <input type="text"/>
Today's date	Child's name	Child's DOB	
<input type="text"/>		<input type="text"/>	
Parent name(s)		EIDS number	

Consent for Release of Records and Consent for Release and/or Exchange of Information

As a parent, you have the right to give permission or not give permission for the release of your child's Early Intervention (EI) records to other persons or agencies who are not part of the EI system. A copy of this form will be released to the agencies or persons when you give permission to release records. If you do not want these agencies or persons to be aware of your permissions for other agencies, please request the use of multiple release of record forms. As a parent, you have access to any part of your child's EI record. An EI record means all records regarding your child that are collected, maintained, or used under the federal law, Part C of the Individuals with Disabilities Education Act.

Consent for Release of Records

I give consent for the following EI records to be released

- | | |
|--|---|
| <input type="checkbox"/> Individualized Family Service Plan (IFSP) | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> Results of evaluation/assessments | <input type="checkbox"/> Other (specify) <input type="text"/> |

To the following agencies or persons

Purpose of the release of records

This consent is valid

- Until my child's third birthday on
- For one year. Specify end date
- From to

My service coordinator or EI provider has informed me of all information related to release of records and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and agree to the release of my child's records.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent name(s)	Parent signature(s)	Date

**Interim
IFSPs**

Forms

EI-04 IFSP

EI-13 IFSP Meeting
Notice

EI-11 PWN of Proposed
Change to Services

Requirements


Service Coordinator
Name

Outcomes and services
identified as needed
immediately

**Complete assessments within
45 day timeline**

Your Question(s)

For the annual IFSP- what if the annual IFSP is due 90 days or less from the child's third birthday? Is it still expected that it be completed so close to a child turning three and exiting the program?



**Next up:
Rule 5123-10-02
(N)-(P)**

**Service
Coordination,
Records
Maintenance and
Exit**

**5/21/19
8:30-10 a.m.**

**THANK
YOU**

www.ohioearlyintervention.org