

NORTH DAKOTA IFSP CHANGES

NOVEMBER 2020



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SIGNIFICANT CHANGES

- IFSPs on the Provider Side
- Case Notes
- IFSP Changes
- Change Request and Reviews

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IFSP SHIFT TO PROVIDER SIDE

- Available to begin setting up children and providers as of 12/1/20
- All Annual and Initial IFSPs must be created on the provider side beginning on 1/4/21.
 - If a new child enters service on or after 1/4/21, their entire IFSP record, including any documentation and case notes, must be created on the provider side, if nothing has already been started on the state side.
 - If an existing child has an annual IFSP scheduled on or after 1/4/21, the annual IFSP and all documentation surrounding that plan must be created on the provider side, if nothing has already been created on the state side.
- For existing IFSPs, reviews and documentation must be held on the state side until the child's annual IFSP is due, at which time the annual will be created on the provider side.

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IFSP SHIFT TO PROVIDER SIDE- SCENARIO I

Jenny's annual IFSP is due on 1/14/21. The Service Coordinator (DDPM) will ensure that Jenny's IFSP team is updated on the provider side of Therap and create an annual IFSP to send to the provider. Once the provider receives notification that the IFSP is ready to edit, they will be able to enter information in the IFSP. Any subsequent documentation (ex. case notes) will be entered on the provider side. **The provider will not enter any documentation for Jenny on the state side after the annual plan is created.**

In 6-months, when Jenny's periodic review is due, the provider will submit a change request to open the IFSP and complete the review process.

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IFSP SHIFT TO PROVIDER SIDE – SCENARIO 2

Tony has a periodic review due on 2/9/21. His current IFSP is on the state side of Therap. Tony's periodic review, and any documentation will be kept on the state side of Therap until his annual IFSP is due in August. At that point, his annual IFSP and any subsequent documentation (ex. case notes) will be entered on the provider side.

The DDPM will have to set up the child's Shared Contacts in the Individual Demographic Form section of Therap on the state side. Both the DDPM and PEIP are able to set up Contacts for the child and add Team Members to the child's team.

The provider will not enter any documentation for Tony on the state side after the annual plan is created.

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CASE NOTES

- Evaluation/Assessment*
 - Consultation*
 - Home Visits
 - IFSP/IFSP Review
 - Transition*
 - Child Outcomes*
 - General
- * Mandatory Case Note Types

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CASE NOTES- EVALUATION/ASSESSMENT

- Evaluation/Assessment
 - This is a **mandatory** Case Note type used for an evaluation or assessment report **instead** of attaching to the IFSP.
 - An attachment is required for this Case Note type and should be saved as "IFSPtype_date" (ex.AnnualIFSP_9.12.20).

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CASE NOTES- CONSULTATION

- Consultation
 - This is a **mandatory** Case Note Type used for a consultation instead of attaching to the IFSP.
 - An attachment is required for this Case Note type.

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CASE NOTES-HOME VISITS

- Home Visits
 - Used for documenting a home visit.
 - This is an optional Case Note type and is not required to be completed.

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CASE NOTES- IFSP/IFSP REVIEW

- IFSP/IFSP Review
 - Used for documenting an IFSP meeting.
 - This is an optional Case Note type but may be helpful for documenting the date of an IFSP for quick reference or if it was rescheduled multiple times.

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CASE NOTES- TRANSITION

- Transition
 - Used for documenting the date of a transition meeting.
 - This is a **mandatory** Case Note type and must be used for documenting the date for both Transition Meetings (2.7 and 2.9 Meetings).
 - The Opt-Out or LEA form will be attached in this case note.

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CASE NOTES- CHILD OUTCOMES

- Child Outcomes
 - Used for documenting the date an AEPS was completed for a child.
 - This is a mandatory Case Note type used for documenting the completion of an AEPS within Therap and review of an annual AEPS with the family.
 - This Case Note requires an attachment to be saved as "Reporttype_date" (ex. AnnualAEPS_11.2.20).

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CASE NOTES- GENERAL

- General
 - Used for anything you may have added into an admin note that isn't covered with a specific Case Note type.
 - Five (5) types to choose from: Family Contact Notes, Scheduling, Service Delivery, No-Show, Other.
 - Scheduling Type has the following options:
 - Type of attempt (email, text, phone call, letter)
 - Outcome of attempt (no response, cancellation, successful)
 - Attempt number (drop-down numeral)

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IFSP CHANGES

- Individual Demographic Form (IDF)
- IFSP Information Section
- Assessment Information Section
- Functional Skills Section
- Summary of Family Concerns, Priorities and Resources Section
- Outcomes Section
- Outcome Progress Notes
- Services Section
- Transition Plan Section
- Parental Consent and Prior Written Notice Section

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INDIVIDUAL DEMOGRAPHIC FORM (IDF)

- **Shared Contact List:** This will allow the DDPM to enter a Shared Contact for an individual. A Shared Contact is someone who may show up on several individuals' IFSPs. For example, an advocate from Family Voices.
- **Contact List:** This will allow the DDPM or PEIP to enter a Contact for an individual. A Contact is someone who is unique to an individual. For example, a parent of a child receiving services.
- **Team Members:** This will allow the DDPM or PEIP to select Shared Contacts, Contacts or Users (people who use Therap, such as PEIPs or DDPMs) to add to the child's IFSP Team.

The screenshot shows a web interface for the Individual Demographic Form (IDF). At the top, there is a 'Display PDF' button. Below it is a navigation bar with buttons for 'Cancel', 'Back', 'Multiprovider SComm', 'Mark as Deceased', 'Discharge', and 'Mark as Pending Admission'. The main area contains a grid of links for various sections: Advance Directives, Attached Files, Custom Fields, Individual Home Page, Program Enrollments, Album, Case Manager, Diagnosis List, Insurance, Shared Contact List, Allergy Profile, Case Status, Guardian List, Oversight, Team Members, Assessment List, Contact List, Individual Details, and Pending Admission Notes.

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IFSP INFORMATION SECTION

- **Includes Transition Plan:** If it is time to complete an LEA notification or Opt-Out form, you will need to indicate "yes" to ensure that the Transition section is included in the IFSP.
- **Was the Meeting Delayed?:** On an annual IFSP, if the meeting was delayed, you will need to indicate "yes" and complete the sections that appear. On an initial IFSP, this will automatically calculate based on the dates entered.
- **Reason For Delay:** This drop-down now includes the three agency sub-reasons for delay (oversight, illness, shortage).

The screenshot shows the 'IFSP Information' section of a form. It contains the following data:

IFSP Type	Annual
Includes Transition Plan	Yes
Referred By	
Referred Date	
Meeting Date	12/01/2020
Was Meeting Delayed?	Yes
Reason for Delay	Agency Reason - Oversight
Meeting Delay Description	Provider forgot to complete Charles' IFSP meeting prior to the end of previous IFSP.
Start Date	12/01/2020
End Date	11/30/2021
Medicaid Redetermination Date	02/19/2021

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ASSESSMENT INFORMATION SECTION

- **Assessment Information:** In this section you will need to enter each assessment that was completed. The assessment score is not required and is often not appropriate to include in the IFSP. You are able to write comments that will show up on the IFSP.
- **Functional Skill Evaluators:** In this section you will need to enter the names of the individuals who conducted the assessment or evaluation. These individuals must be members of the IFSP team to be able to be selected. You are able to choose more than one developmental domain for each evaluator.

Functional Skills					
Assessment Information					
Assessment Type	Assessment Score	Band/Percentile	Assessment Date	Comments	Attachment
Hawaii Early Learning Profile (HELP)			11/25/2020	Conducted HELP with family.	Family Assessment Updated 10.2020.docx
Functional Skill Evaluators					
Evaluator/Assessor	Evaluation Date	Evaluation Area(s)			
Mark Morales / Primary Early Intervention Provider	11/18/2020	Cognitive, Social/Emotional, Early Literacy, Expressive Language, Health, Hearing, Receptive Language, Self Help/Adaptive, Vision			
Susan Sanchez / Occupational Therapist	11/18/2020	Fine Motor, Gross Motor			

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FUNCTIONAL SKILLS SECTION

- In this section, you are able to expand each developmental area and save even if the section is not complete.

Functional Skill Areas
Cognitive
Strengths
Challenges
Accommodation
Early Literacy
Strengths
Challenges

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SUMMARY OF FAMILY CONCERNS, PRIORITIES AND RESOURCES SECTION

- **Family Strengths & Interests, including enjoyable activities for child and family:** Highlight the family activities that demonstrate family strengths and interests from the family assessment and evaluation/assessment.
- **Family Challenges during routines/activities:** Highlight the family routines/activities that are challenging for the family from the family assessment and evaluation/assessment. Be specific, noting the area of challenge along with the corresponding routines.
- **Resources:** Note resources that support the family (e.g., grandparents, shelter, transportation, developmental resources, community supports), and note resources that the family may need.
- **Priorities:** Review the challenges and concerns noted during the family assessment and evaluation/assessment. The parents should choose the priorities and order from the challenges. Be sure to include specific routines within the priority.
- **Family Members Interviewed:** You are able to select more than one individual who was interviewed.

Question
1. This section includes information about family routines, including child engagement, social relationships and independence.
2. Family Strengths & Interests, including enjoyable activities for child and family.
3. Family Challenges during routines/activities.
4. Resources (People, agencies, and developmental resources supporting the family.).
5. Priorities (Directly linked to family strengths, concerns, and interests described within routines.).
6. Family Member(s) Interviewed:
7. Interview Conducted By:
8. Date of Family Interview:

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OUTCOMES SECTION

- **Summary (Routine/Focus):** In this section, you will need to summarize the routine for which the outcome is being written.
- **Early Childhood Outcome Type:** In this section, you will choose if the outcome is a family or child outcome.
- **Outcome Summary Rating:** In this section, you will select the rating for the outcome. In the event of a new outcome, you will choose "New Outcome".
- **Transition Outcome:** If the outcome is a transition outcome, you will check the box here.
- **Priority:** In this section you will choose the family's priority. This is a numeric field.

Summary (Routine/Focus)
Early Childhood Outcome Type
Outcome Summary Rating
Transition Outcome
Priority

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OUTCOMES SECTION

- **Outcome:** Write the outcome agreed upon by the team during the IFSP meeting based on the priorities in the Summary of Family Concerns, Priorities and Resources Section.
- **Criteria:** Write the measurement criteria agreed upon by the team during the IFSP meeting. Measurement should indicate what the outcome will look like when it is met.
- **Strategies:** Include specific activities to support the identified outcome. For child outcomes, note strategies to support the caregiver and child within the routine.

Outcome (What will happen or change? Embed routine for child outcomes.)

Criteria for Measurability (How will the team know this is met?)

Strategies (What will happen within the child and family's everyday routines; include early literacy and strategies as appropriate.)

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SERVICES SECTION

- This section will be completed by the DDPM.
- **Service:** There are several new services for Infant Development.
 - IDECSEC- Infant Development Early Childhood Special Education Consultation
 - IDHV- Infant Development Home Visit
 - IDNC- Infant Development Nursing Consultation
 - IDOTC- Infant Development Occupational Therapy Consultation
 - IDPTC- Infant Development Physical Therap Consultation
 - IDSC- Infant Development Speech Consultation
 - IDSWC- Infant Development Social Work Consultation
 - INDE- Infant Development- This is used for evaluations/assessments and IFSP Reviews. **You will combine the total number of visits planned for both of these pay points.**
 - Services that are billable on the waiver (ex. In-Home Supports) are listed
 - Services that are not billable are also listed (ex. Child Care)
- Consultations are now required to be documented in this section and the start date of the consultation must be documented in this section.

* Service	VISI - VISION SERVICES
* Service Provider	HEAR - HEARING SERVICES
Professional	HOSP - HOSPICE
Disposition	HOSPHC - HOSPITAL/HEALTH CARE
Funding	ICCA - INTEGRATED CHILD CARE
Required or funded by Part C?	ICF - ICF/ID (COMMUNITY)
Outcomes	ICFM - ICF/ID (INST)
	IDECSEC - Infant Development Early Childhood Special Education Consultation
	IDHV - Infant Development Home Visits
	IDNC - Infant Development Nursing Consultation
	IDOTC - Infant Development Occupational Therapy Consultation
	IDPTC - Infant Development Physical Therapy Consultation
	IDSC - Infant Development Speech Consultation
	IDSWC - Infant Development Social Work Consultation
	INDE - INFANT DEVELOPMENT
	INDEMP - INDIVIDUAL EMPLOYMENT
	INDHAB - INDEPENDENT HABILITATION
	NUFC - NURSING FACILITY

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SERVICES SECTION

- **Service Provider:**

- For any Infant Development Service, only Infant Development Providers are listed in this section.
- For any services billable through the waiver (ex. In-Home Supports), providers who provide these services are listed.
- For any non-billable services (ex. Child Care), only Community Provider is listed, with the exception of Hearing and Vision services, which will also have the North Dakota Schools for the Blind or Deaf listed.

Service Provider	BECEP-ND-001 - Region 7- Bismarck Early Childhood Education Program
Professional	- Please Select -
Disposition	OPF-ND-001 - Region 1- Opportunity Foundation: Williston MINOT-ND-001 - Region 2- Minot Infant Development Program: Minot ACCDL-ND-001 - Region 3- Anne Carlsen Center: Devils Lake ACCGF-ND-001 - Region 4- Anne Carlsen Center: Grand Forks EFSGF-ND-001 - Region 4- Encompass Family Support Services: Grand Forks
Funding	ACCF-ND-001 - Region 5- Anne Carlsen Center: Fargo EIPF-ND-001 - Region 5- Early Intervention Partners: Fargo EFSSF-ND-001 - Region 5- Encompass Family Support Services: Fargo
required or funded by Part C?	ACCJ-ND - Region 6- Anne Carlsen Center: Jamestown EFSSJ-ND-001 - Region 6- Encompass Family Support Services: Jamestown TKEIJ-ND-001 - Region 6- T&K Early Intervention: Jamestown
Outcomes	BECEP-ND-001 - Region 7- Bismarck Early Childhood Education Program: Bismarck KIDSB-ND - Region 7- KIDS Infant Development Program: Bismarck SRECB-ND-001 - Region 7- Standing Rock Early Childhood Tracking: Bismarck KIDSD-ND - Region 8- KIDS Infant Development Program: Dickinson

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SERVICES SECTION

- **Required or Funded by Part C?:** This section will require you to select either “yes” or “no”.
- **Outcomes:** This section will allow you to map the service to an outcome. If the service is a consultation you must select the outcome(s) to which this service is connected.
- **Length of Session:** In this section you will document the time the visit is expected to take (Ex. 60 minutes or 1 hour).
- **Frequency:** In this section you will list the number of visits that will be conducted in a certain amount of time (ex. 52).
- **Sessions:** In this section you will list the time frame in which the number of visits in Frequency will be conducted (ex. Yearly).
- **Intensity:** In this section you will list if the session is an individual or group session. Infant Development services should always be individual.
- **Location:** In this section you will list where the service is taking place.
- **Method:** In this section you may list specific methods that will be used to conduct the session (ex. virtual or in-person).

Required or funded by Part C?
Outcomes
Length of Session
Frequency
Intensity
Location
Method

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SERVICES SECTION

- **Natural Environment:** In this section you will indicate if the service is being provided in the natural environment.
 - If you select no, comment box will pop up where you must indicate why the service is not being provided in the natural environment.
- **Transition Service:** In this section you will indicate if the service is a transition service.

Is the Service provided in the natural environment for that child or service to the maximum extent appropriate?

If the Service is not provided in the natural environment, the justification for that determination, made by IFSP team, based on the child's outcomes

Transition Service

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TRANSITION PLAN SECTION

- **LEA Notification Sent:** In this section you will indicate if the LEA Notification was sent or if the individual Opted Out.
 - If you select LEA Notification sent, a box will pop up to enter the date.
- **Transition Conference Meeting Date:** In this box you will enter the transition conference meeting date (2.7 Meeting date) if you are aware of it at the time of creating the IFSP. If the 2.7 meeting does not occur, you will add 2.9 meeting date.
- The 2.7 and 2.9 meeting dates must also be documented in a case note, with the LEA Notification or Opt-Out form attached.

Transition Plan

LEA Notification Sent

LEA Notification Sent
Date

Transition
Conference Meeting
Date

2-7 Meeting Due Date

2-9 Meeting Due Date

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SIGNATURES OF IFSP MEMBERS

- **Date of Meeting:** Here you will need to fill in the date of the IFSP Meeting or Review. It is no longer automatically populated.

Signatures of IFSP Members

Date of Meeting: _____

As a member of CHARLES L. AASEN's team, I agree to follow all state and federal regulations regarding confidentiality and protection of personally identifiable information.

By typing my name below, I am signing this form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this form and that I have provided accurate information.

First Name	Last Name	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____

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PARENTAL CONSENT AND PRIOR WRITTEN NOTICE SECTION

- On this page, you will have the parent complete four Yes/No questions by circling their choice and then signing at the bottom of the IFSP.
- The parent will also have the opportunity to indicate who they would like copies of the IFSP sent to.

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PARENTAL CONSENT AND PRIOR WRITTEN NOTICE SECTION

- “I understand the 14 calendar day prior written notice timeline requirement and agree that these activities may occur sooner.”
 - By circling yes, the parent is agreeing that, although they are legally allowed to have 14 calendar days to consider the services listed on the IFSP, they are agreeing to letting those services begin sooner than 14 days from the IFSP meeting date.
 - If the parent does not want services to begin prior to that, they should circle no, and the service start dates must reflect that.

YES NO I understand the 14 calendar day prior written notice timeline requirement and agree that these activities may occur sooner.

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PARENTAL CONSENT AND PRIOR WRITTEN NOTICE SECTION

- “I have received a copy of my rights under Part C of IDEA (Early Intervention Procedural Safeguards), these have been explained to me and I understand them.”
 - By circling yes, the parent is agreeing that they have been given a copy of their Procedural Safeguards.

YES NO I have received a copy of my rights under Part C of IDEA (Early Intervention Procedural Safeguards), these have been explained to me and I understand them.

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PARENTAL CONSENT AND PRIOR WRITTEN NOTICE SECTION

- “I understand the IFSP team is also recommending the addition of the following service(s): ... At this time I decline to give consent for those services.”
 - By circling yes, the parent is declining service(s) listed in the lines below. These services should not be listed in the services section of the IFSP.
 - By circling N/A, the parent is indicating that they are accepting all services discussed in the IFSP meeting.

I understand that my consent is voluntary. I understand that I may accept or decline any early intervention service at any time and may decline a service after first accepting it, without jeopardizing other early intervention services. I understand that if I choose not to consent, my child and family will not receive Early Intervention Services under ND EIS.

YES N/A I understand the IFSP team is also recommending the addition of the following service(s):

At this time I decline to give consent for those service(s).

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PARENTAL CONSENT AND PRIOR WRITTEN NOTICE SECTION

- “I give my consent to implement the plan as described above.”
 - By circling yes, the parent is giving their consent to implement the IFSP.
 - Even if the parent circles yes to the previous question and is choosing to decline certain services, they must still give consent for the plan, as the services they are declining to receive are NOT listed in the services section of the IFSP.

YES NO I give my consent to implement the plan as described above.

Parent Signature

Date

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CHANGE REQUEST FORM

- To conduct a review of the IFSP, the PEIP must complete a Change Request form. This form will then be approved by the Service Coordinator (DDPM), which will allow the PEIP to edit the approved IFSP.

Change Request Form

Review Type

Review Request Date

Review Meeting Date

Section(s) to be Reviewed

Review Member(s)

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CHANGE REQUEST AND REVIEW SECTION

- While completing the Change Request, you will complete the sections below. That information will be pulled into the Review Section of the IFSP.
 - Review Type:** Here you will choose the type of review you're conducting.
 - Review Request Date:** Here you will select the date you're sending the [Change Request](#).
 - Review Meeting Date:** Here you will enter the date of the [review meeting](#).
 - Sections to be Reviewed:** Here you will indicate the sections of the IFSP that you intend to review. [This does not limit you to only accessing these sections.](#)
 - Review Members:** Here you will indicate who you anticipate to be present at the Review Meeting. [This does not limit you to only having these individuals present at the meeting.](#)

Review Type

Review Request Date

Review Meeting Date

Section(s) to be Reviewed

Review Member(s)

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REVIEW SECTION

- Once the Change Request has been approved, you will be able to open the Review Section of the IFSP to edit the following information:
 - **Updated Family Assessment**
 - **Updated Developmental Information**
 - **Updated Medical Information**

Question

1. Updated family assessment

2. Updated developmental information

3. Updated medical information

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OUTCOME PROGRESS NOTES

- This section will be available for all IFSPs but must be completed during a review of the IFSP.
- **Outcome:** Here you will select the outcome that is being reviewed.
- **Date:** Here you will enter the date of the IFSP Review meeting.
- **Progress Note:** Here you will enter information about the child's progress toward this outcome.
- **Outcome Summary Rating:** Here you will indicate if the outcome has been met or if the outcome should be continued.
- If changes need to be made to the outcome, or if an outcome has been accomplished that should be noted in the Outcomes section.

Outcome
Date
Progress Note

Outcome Summary
Rating
Comment

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TECHNICAL GUIDES FROM THERAP

North Dakota Specific Guides:

<https://help.therapservices.net/app/products/detail/p/381>

General Guides: <https://help.therapservices.net/app/products/detail/p/515>

IFSP Guides

- Create Interim IFSP:
https://help.therapservices.net/app/answers/detail/a_id/3854
- Create Initial IFSP:
https://help.therapservices.net/app/answers/detail/a_id/3937
- Create Annual IFSP:
https://help.therapservices.net/app/answers/detail/a_id/3938
- Change Request:
https://help.therapservices.net/app/answers/detail/a_id/3855
- Search, Update or Approve IFSP:
https://help.therapservices.net/app/answers/detail/a_id/4000
- Update Pending Provider Response IFSP:
https://help.therapservices.net/app/answers/detail/a_id/4001

Additional Guides

- Create New Individual:
https://help.therapservices.net/app/answers/detail/a_id/1483
- Edit Individual Demographic Form:
https://help.therapservices.net/app/answers/detail/a_id/359/kw/contact%20list#Top
- Create a Case Note (Generic- not specific to ND IFSP):
https://help.therapservices.net/app/answers/detail/a_id/168

Case Management Guides

- Assign Case Manager to User:
https://help.therapservices.net/app/answers/detail/a_id/2350
- Create Sharable Super Role for Case Managers:
https://help.therapservices.net/app/answers/detail/a_id/2351
- Create Case Manager:
https://help.therapservices.net/app/answers/detail/a_id/2347
- Set Up Case Manager Profile:
https://help.therapservices.net/app/answers/detail/a_id/2352/related/

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QUESTIONS?

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