



Indiana First Steps  
Early Intervention System  
Provider Update Newsletter  
November 2006 Volume 1, Issue 1



Welcome to the first issue of the Provider Update Newsletter. This is a way for the state to communicate important information to all First Steps providers. We would encourage you to send your questions, comments and feedback to the First Steps website at [firststepsweb@fssa.state.in.us](mailto:firststepsweb@fssa.state.in.us). Please use the volume and issue number as a reference if you need clarification about something in one of the issues. We will respond as quickly as possible.

### **Services within the IFSP Written for 7 Months**

IFSPs will continue to be written for a one year period, however, as a general rule, services will only be authorized for a maximum of seven (7) months at a time. This will allow the team to hold the 6-month IFSP meeting and review the outcomes to determine what modifications are needed. Once the team determines which services are necessary to assist the child and family in meeting the IFSP outcomes, the Service Coordinator will obtain the appropriate signatures from the parent and primary care physician. With good planning, services should never lapse.

To assist with the planning and preparation of the IFSP meeting, the ongoing therapists must get updated progress reports to the Service Coordinator 14 days prior to the meeting. This will allow time for the Lead ED Team member to review the reports and actively participate as a team member. If the ongoing therapist fails to get the report to the team prior to the review meeting, services will not be authorized until the team has an opportunity to review the report and the service recommendations.

**Progress Reports:** Ongoing providers are responsible to get a progress report to the Service Coordinator at the **beginning** of the **3<sup>rd</sup>, 5<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> month of the IFSP**. We always go by the date the IFSP was written to determine these dates. These reports must reflex the outcomes you are working on as listed in the IFSP and update the progress that has been made towards the written outcomes. You are also responsible to review these reports with the family before any IFSP meetings.

### **Change in Eligibility: Indiana's Eligibility Definition**

New eligibility guidelines for First Steps Early Intervention Services went into effect on May 1, 2006. Each state is responsible for defining its eligible population within the parameters set by IDEA. While Indiana did tighten its definition of developmental delay, eligibility remains broad in comparison to other states.

In Indiana, eligible children must have a developmental delay or medical condition that has a high probability of resulting in a developmental delay, be birth through two years of age and be in need of early intervention services. Eligibility is

determined by a multidisciplinary team using multiple sources of information and must be re-determined annually. Indiana has defined eligibility in two categories.

### **Developmental Delay**

Children shall be considered eligible to receive early intervention services if they are experiencing developmental delays, as measured by standardized assessments or criterion-referenced measures. A developmental delay is defined as: (1) delay in one or more areas of development as determined by: (A) two (2) standard deviations below the mean; or (B) twenty-five percent (25%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months; or (2) a delay in two (2) or more areas of development as determined by: (A) one and one half (1 ½ ) standard deviations below the mean; or (B) twenty percent (20%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months (Rule 7. Eligibility 470IAC3.1-7-1). The five developmental domains include: cognitive development, physical development, including vision and hearing, communication development, social/emotional development and adaptive development.

### **High Probability of Development Delay - Diagnosed Physical or Mental Condition**

In order to be eligible in this category the child must have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Specific diagnoses and conditions of eligibility are defined in Indiana law. These diagnoses and conditions must be supported by a physician or psychologist indicating what the physical or mental condition is and a multidisciplinary evaluation report that Early Intervention services are needed. The categories include:

- Chromosomal abnormalities or genetic disorder;
- Neurological disorder;
- Congenital disorder;
- Sensory impairment, including vision and hearing;
- Severe toxic exposure, including prenatal exposure;
- Neurological abnormality in the newborn period;
- Low birth weight of less than or equal to one thousand five hundred (1500) grams

### **Informed Clinical Opinion**

Informed clinical opinion is the opinion of the eligibility team (including the SC and parent) that, based on clinical evidence, the child has a delay or delays that meet the State's eligibility guidelines. Your team would use informed clinical opinion when there are no criterion referenced or standardized tests that are appropriate for the child or the child's disability. In the event that a test is used that does NOT accurately capture the child's development, the team may document why the test observations/results are not accurate as well as where the child is developmentally.

Because the AEPS utilizes a variety of assessment activities, including: parent report, structured observation, health information, other caregiver report, it may not be necessary to complete another assessment (test).

We do know that, like most (if not all) assessments for birth to 3 months, the AEPS is not able to provide a true report of a child's abilities in the form of a "score". Therefore, for children birth up to age 3 months, the team will complete the AEPS and will use informed clinical opinion (based on the evidence collected during the AEPS and document review) to substantiate a developmental delay meeting the State definition.

Because informed clinical opinion is the collective agreement/opinion of the eligibility team, which includes the parent and SC working with the family, eligibility must be established during the eligibility meeting. If providers cannot attend the meeting, they must submit their written statements supported by evidence for discussion.

Informed clinical opinion is not the right of the team to simply override the scores provided by a standardized or criterion referenced test. Therefore, if the AEPS is appropriately administered, and the scores show that the child does not meet a standard deviation meeting eligibility, it is not within the right of the team to override the scores, making the child eligible. IF the team feels that the child should be eligible, there must be evidence to show that the test was not appropriate for the child in determining scores and/or that critical information was "missed" and therefore, the assessment was not complete or accurate. In that case, the team could update the test (NOT simply change scores) based on the new evidence.

Based on the new eligibility criteria, Indiana will see an increase in the numbers of children that do not meet eligibility guidelines. It is anticipated that the increase will be approximately 10% over last year.

Because there will be children that would benefit from services, but are not eligible for the program, the State will be working with the LPCCs and SPOEs in identifying local resources that are available.

**AEPS** (Assessment, Evaluation, Programming System for Infants and Children)  
***Please refer to Training Times 12/06***

October 1, 2006 was the date the AEPS went into effect for determining eligibility for children in First Steps. We are using it at initial and annual evaluations. This is a comprehensive system that ties together assessment, goal development, intervention, ongoing monitoring and evaluation. The AEPS yields educationally relevant, meaningful and functional information that can be used to formulate developmentally appropriate goals, outcomes and objectives/benchmarks for children. It is linked directly to intervention content and procedures offered in the curricular components of the AEPS. This allows the AEPS to form a comprehensive and linked system that permits using assessment results to develop intervention content and to monitor child progress.

The state will be offering AEPS Overview training to all providers beginning spring 2007. This will be the annual mandatory training for First Steps providers. Stay tuned for dates and locations in future issues of the newsletter.

### **Face-to-Face Forms- Reminders, Please refer to Training Times 12/06**

Every provider must have documentation of their direct therapy time with each family. Attached is a form to use. You may personalize the form to meet your needs as long as the content is the same as the sample form (See Attached Form). You may also find a copy of the form at: [http://www.state.in.us/fssa/first\\_step/pdf/facetoface.pdf](http://www.state.in.us/fssa/first_step/pdf/facetoface.pdf) A copy of the billing documentation requirements may be located at: [http://www.state.in.us/fssa/first\\_step/pdf/issue037A.pdf](http://www.state.in.us/fssa/first_step/pdf/issue037A.pdf) Please remember, if you do not have complete and appropriate documentation to support the delivery of service, you may not seek reimbursement from the First Steps system. Documentation must include all of the elements included on the face-to-face form. Specific detail should be given to including the actual start and end time of the session and the parent's signature, as these are common errors that result in repayment of funds. In addition to the items on the form, please remember that when billing, you may only claim payment for whole billing units (15 minutes). You may NOT round-up time to the next unit.

### **Developmental Therapy White Paper**

Attached you will find a white paper defining developmental therapy. The paper will also provide a description of who would benefit from this service. While a Developmental Therapist is not typically licensed, they do provide experience and knowledge in early childhood development. Like any provider or therapist, a Developmental Therapist should not practice outside of their credential or training. For example, a Developmental Therapist may not do any feeding activities with children who have oral motor dysfunction, feeding tubes or other medical conditions that may predispose them to aspiration or other medical complications unless they are specially licensed, trained or certified to perform oral feeding therapies.

### **Request for Change or Addition in Service with ED Team Response**

Changes to the IFSP must be reviewed and supported by the IFSP team, including the ED team, parent and Service Coordinator. To facilitate this process, the **change in service** form has been updated and is attached. Ongoing providers must use this form to initiate a change in service to a current IFSP. It is the ongoing provider's responsibility to start this paperwork and submit it to the ongoing Service Coordinator. This is true even if the family is suggesting a change. The Service Coordinator will then coordinate communication with the team and parents regarding the suggestion. If the change is supported by **all** team members, the Service Coordinator will add the change to the IFSP change page and will obtain the signature of the parent and primary care physician. Once both signatures are obtained, the provider is authorized to provide services. If the team is not in complete agreement, it may be necessary to gather more information to support the listed change. Service providers should receive a copy of the change and see their authorization on Web interChange within 10 days from the signatures.

## How to contact us

If you have questions that cannot be answered by your local SPOE, please feel welcome to email the First Steps web at [firststepsweb@fssa.in.gov](mailto:firststepsweb@fssa.in.gov). If you require immediate assistance, you may contact a First Steps consultant. Below you will find the contact information for the consultants along with their specialty assignments:

Provider enrollment Provider relations Training ED teams	Janet Ballard	317-234-4494
LPCC liason UTS liason Contract development Web liason	Mary Chalmers	317-234-4380
Complaints Quality Assurance Prior Authorizations	Kelli Plummer	317-234-3476
SPOE/CRO liason Data	Cathy Robinson	317-233-6094

# Sample Form

First Steps Service Provider

Face to Face

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child ID#: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Street address

City

IFSP Outcome to be addressed: \_\_\_\_\_

**Results of Visit:**

**Follow-up Needed:**

**Family Education/involvement:**

**Next Scheduled Session:** \_\_\_\_\_

Day

Date

Time

Location

Please note if there has been any cancelled sessions (and not rescheduled) in between this visit and your last visit.

Yes, the provider needed to cancel the session scheduled for \_\_\_\_\_.

Date

Yes, I (the parent) needed to cancel the last session scheduled for \_\_\_\_\_.

Date

**My signature certifies that the activities identified above occurred at the time and location indicated and that \_\_\_\_\_ minutes/hour of direct service were provided to my child/family.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

Note: The parent is to be provided with a copy of the completed form.

## **Developmental Therapy White Paper**

This paper was developed with input from the 1/27/97 meeting of the Central Directory, Comprehensive System of Personnel Development and Personnel Standards Committee. On May 14, 1997, the ICC adopted this white paper as a recommendation to the lead agency for consideration when developing policy around Developmental Therapy. On August 13, 1997, the state lead agency adopted this position statement as the basis for all policy related to developmental therapy in the First Steps Early Intervention System.

### **What is Developmental Therapy and Who is Likely to Benefit?**

Developmental therapy is a specific, individualized and focused intervention designed to promote an eligible child's motor, cognitive, language, and socio-emotional development as well as self-help skills. Not all infants and toddlers with disabilities will require developmental therapy. Those children who are most likely to benefit from this early intervention service have delays in more than one area of development and require enhancement of their specialized services (physical therapy, occupational therapy, speech/language therapy) through the integration of those services into functional activities across developmental domains. Children with mild delays in one or more areas of development may benefit from developmental therapy as a more appropriate intervention service rather than intensive specialized therapeutic intervention services.

Developmental therapy is an appropriate strategic intervention when it is a planned, individualized interaction that is documented and deemed necessary to address the infant's/toddler's delays and when incorporated into an IFSP outcome(s).

### **What Do Developmental Therapy Specialists Do?**

Developmental therapy specialists design specific, individualized and focused direct intervention strategies that promote the acquisition, integration and generalization of knowledge and skills included on the IFSP across all developmental domains (motor, cognitive, language, socio-emotional, and self-help). These strategies involve planning and arranging the learning environment, including activities, materials, time and space as well as planned interactions with peers and adults that promote the successful achievement of IFSP outcomes.

Developmental therapy specialists may also provide follow through services that enhance the outcomes resulting from specific therapeutic interventions within the IFSP. Developmental therapy specialists may provide specific, focused and direct intervention with infants and toddlers, and they may intervene indirectly by providing families or early childhood educators with information, skills, and support for implementing specialized intervention plans in the home or in a community early childhood setting through planned consultative services.

# Developmental Therapy White Paper

## **What is Appropriate Training for a Developmental Therapy Specialist?**

A developmental therapy specialist should have formal training in the six competency areas for service providers listed in the First Steps Personnel Guide (p.13)  
These include:

- I. Foundations of Early Intervention
- II. Infant and Toddler Typical and Atypical Development
- III. Infant/Toddler and Family Assessment
- IV. Early Intervention Service Delivery Strategies

Developmental therapy specialists have been formally trained in curriculum and intervention strategies, including but not limited to:

- development and assessment of individual learning programs that address IFSP outcomes, including determining the effectiveness of intervention;
- implementing recommended practices for enhancing the development of infants and toddlers;
- working with families and other adults involved with the child or family, including team membership, collaboration, and supervision of adults;
- supervised field experiences that supplement formal classroom education.

