

# July 2014—Your Questions Answered

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## Questions

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- **Must SCs complete the justification section of the Addendum page every time they make a change to services on the IFSP?**

No. The only time an SC **must** complete the justification section of the Addendum page is when the services will **not** be provided in the natural environment. In that case, the SC **must** complete the justification section; explain how the early intervention services will support the child’s participation in routines and activities to meet the IFSP outcomes and the plan and timeline to move services into the natural environment. See snip of the Addendum page below.

**JUSTIFICATION OF EARLY INTERVENTION OUTCOMES THAT CANNOT BE ACHIEVED SATISFACTORILY IN A NATURAL ENVIRONMENT**

SERVICE	LOCATION OF SERVICE	SERVICE PROVIDER
█	█	█

If an early intervention service is not provided in the natural environment, what is the justification for the IFSP team's decision that outcomes cannot be achieved in the natural environment?

█

Explain how early intervention services will support the child's participation in routines and activities to meet the IFSP outcomes.

█

Explain the plan and timeline to move services into the natural environment.

█

- **How does the SC document the justification for a team decision to add, increase or decrease a service?**

The SC and all active members of the team review the child and family assessment section of the IFSP and review the outcomes and strategies, this must be done at a minimum every six months or any time the team proposes to make a change to services. The SC is required to document any updates or changes on the IFSP, that should be done for an addendum by adding language (with the current date) to the existing outcomes pages, or adding new outcomes pages. These changes are used to determine if there needs to be any changes to the services necessary to support the team in working towards the outcomes.

For example, the team reviews the IFSP and determines that a joint visit is needed to support the Team Lead and family in addressing strategies to support the outcome. The SC adds the information to the outcome page(s) to indicate changes to the strategies and to update the outcome status (see snip below). The Team also uses the Joint Visit Planning Tool to document the decision-making process used to determine that another service was needed to support the outcomes—these completed documents are filed by the SC in the Child Record File. The Home Visit logs, which teams are required to use to record the start and end times of sessions and the activities that were undertaken to support the outcomes on the IFSP, **must** be sent to the SC for filing in the Child Record File. Together each of these forms tells the story of how the team supported the Team Lead and the family to meet the outcomes on

the IFSP. See [Chapter 3](#) of the AzEIP Policies and Procedures, Section 3.2.0 and the [IFSP Guidance Document](#) for additional information.

**Strategies – What specific steps and Natural Resources will help us meet this outcome?** *(Include people and ideas that will help with this activity or routine, refer to Natural Resources)*

█

Outcome Status	
At each review, as a team, we review this outcome and document the status. The IFSP team has decided:	
Date: █ Describe: █	Date: █ Describe: █
█	█

- **Do we need to use a separate Prior Written Notice page when we complete an Addendum to document if the team proposes to add, increase or decrease services or refuses to add, increase or decrease services?**

When the parent agrees to the changes, the Signature page of the Addendum packet, like the Signature page of the IFSP packet, incorporates the Prior Written Notice requirements. However, if the parent disagrees with the change to the IFSP, a separate Prior Written Notice is required. In both cases, it is the Service Coordinator’s responsibility to explain that the team proposes or refuses to initiate services, the reasons that the team proposes or refuses to initiate services and the parent’s rights if they disagree and to complete the Prior Written Notice Form. The SC must be prepared to assist the parent to use their procedural safeguards if they disagree with the team’s decision. See [Chapter 7](#) Procedural Safeguards, section 7.8.0 for more information.

- **As an SC I have difficulty asking parents for consent to use their private insurance to pay for services that are considered educational under IDEA. Is this not being dishonest to the family?**

No. The IFSP team, which includes the family, determines the outcomes to support the child to engage and participate in everyday routines and activities. The team then identifies the services needed to meet the outcomes. Under IDEA, we are required to utilize all funding sources, and private and public insurance reimburse for the provision of services, like physical therapy, occupational therapy and speech therapy.

- **As a therapist, during Team meetings, I am being asked to coach other Team members. Is this not a violation of my licensure as a therapist, especially if I am billing for this time?**

No. As outlined in the Scope of Work, billing for Team conferencing is based upon therapists being reimbursed for their actual time discussing children and their needs. Those discussions not only include updates about the child's progress, but also allow for the opportunity to share expertise among colleagues. The primary coach approach to teaming assigns one member of the multidisciplinary team as the primary coach or Team Lead, where s/he receives coaching from other team members and uses that experience with parents or other primary caregivers to support and strengthen their confidence and competence in promoting child learning and development.

The Practice Acts from the various disciplines have stated that practitioners can bring their "therapeutic use of self" to all team and family interactions, coaching and guiding rather than directing and doing. This issue has been researched and discussed by all of the major discipline-specific organizations (ASHA, AOTA, APTA), here's a [crosswalk](#) on what they had to say. The [Early Childhood Technical Assistance Center](#) and the Division for Early Childhood (DEC) [Recommended Practices](#) have also developed documents supporting this approach. Coaching colleagues would therefore be in the scope of work and not a violation of licensure. Please see the work [of M'Lisa Shelden and Dathan Rush](#) for more on role gap, role overlap and role assistance.

- **When talking about FERPA and IDEA and confidentiality of educational records, what does "must not redisclose" mean?**

To put it simply, it means that the information cannot be shared with someone else after it has been shared by an early intervention program with a community partner. For example, if a parent consented to the AzEIP SC sharing their IFSP with their pediatrician, the pediatrician may not share that information with another organization. Or if the parent consented to allowing the AzEIP SC sharing the fact that their child was screened and found ineligible for AzEIP with a

local home visiting program, the home visiting program may not share with anyone else the results of that screening.

Does that make sense? The point of these FERPA and IDEA rules is to ensure that information may be shared with the parent's express consent (and that consent must include what will be shared, why it is being shared, with whom it is being shared, and the timeframe that the consent covers) to assist collaboration with others that the family wants to collaborate with (childcare, early head start, head start, PCPs, etc.). But FERPA and IDEA forbid the receiving party from then sharing that information with others.

Now, there are some exceptions--courts and DCS may obtain information without consent--the court uses an order or subpoena and the DCS Child Specialists (new name for CPS workers) must use what is known as the Uninterrupted Scholars Act letters (one for children in their care/custody and one for children who are the subject of an investigation). Those forms are updated on the new DCS Digital Library as:

Form CSO-1048A – DCS is investigating allegations of abuse and neglect and reasonably believes that the child’s health or safety is in jeopardy; or

Form CSO-1050A – the child is in the care and legal custody of DCS. Select and complete the form that applies to this situation and return it to the assigned contractor.

- **When when we speak to the biological parent/IDEA educational parent, can they agree to have services provided with foster family? If they agree to this are they the ones who sign the consents before we meet with the foster family?**

Yes, bio parents who are acting as the IDEA parent can agree to have services provided with the foster family. You may even have instances where the bio parent has outcomes that you are working with them on, and they want the foster family to have their own outcomes--we would advise that you only share the bio family's outcomes with the bio family--you can share the foster family’s outcomes with the bio family (redacting any info about the foster family-- name/address). The IDEA parent is always the parent that signs the consents. If the child is ALTCS eligible--the child may have some services that require the DCS specialist to sign DD paperwork. Additionally, for AHCCCS TSC or ALTCS eligible, the SC must visibly see the child on the day of the IFSP in their current environment. That should not prevent the team from supporting the bio parent if they are the IDEA parent.