

NJEIS

IFSP Service Change Request Form

<p>Check the appropriate request under consideration</p> <p><input type="checkbox"/> Increase/decrease in existing IFSP service</p> <p><input type="checkbox"/> Addition of a new service/discipline</p>	<p>Is the request within 3 mos. of the initial IFSP?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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This form must be completed with input from **appropriate** team members prior to an IFSP meeting to discuss the need for an additional service type or increase in frequency and/or intensity of an existing service.

DIRECTIONS

Section I: Completed by SCU or EIP practitioner. If completed by the SCU, the form is forwarded to the appropriate EIP to complete Section II. If an EIP practitioner initiates the process on behalf of a parent, the SC must be informed at the beginning of the process.

Section II: Completed by the EIP with appropriate input from the parent and other team members.

Section III: Completed by the SCU to document SCU review.

Section IV: Completed by the EIP to document the involvement of appropriate team members.

SECTION I INITIAL REQUEST INFORMATION			
Child's Name		DOB	
Service Coordinator's Name		County	
Name of Person Initiating the Process (SCU/EIP)	Agency		Discipline/Position
Date Request Initiated	Current IFSP Period	Date of most recent IFSP Meeting	
What specific increase/decrease or additional service is being considered?			
Who (parent, practitioner, health care referral) is making the request and why (describe in detail)?			

**SECTION II
EIP AGENCY REVIEW OF REQUEST**

Agency Supervisor's Name

Supervisor's Discipline/Position

How is it known that the current service type, strategies, frequency, or intensity are or are not adequately addressing the outcome(s) or sufficient toward the achievement of the desired outcomes?

Based upon review of evaluation/assessment reports (including on-going assessment information), the IFSP and current knowledge of the child, were the child's needs in this developmental area appropriately documented and available at the most recent IFSP meeting?

Yes No

If yes, describe how the current IFSP outcomes, strategies and services address the child's needs in this developmental area.

Provide the evaluation/assessment date(s) and team member disciplines that contributed to the current IFSP.

If no, describe what additional information is identified as needed including any recommendations for additional assessment.

What specific concerns need to be addressed?

Describe whether there has been sufficient time to expect that the child would have shown progress.

Outcome of EIP Agency Team Deliberation: (Check appropriate outcome.)

- Request not supported.
- Request is supported with available information.
- Additional assessment is necessary to support request.

Supervisor's rationale for supporting or not supporting the request for the additional service or increase/decrease in service intensity/frequency. If supporting, identify the anticipated impact the change should have on the child's progress in that developmental area.

Supervisor's rationale for supporting or not supporting the need for additional assessment. If supporting, explain why the additional assessment information is necessary.

EIP Agency Supervisor's Signature

Date

Date sent to SCU

Date received at SCU

**SECTION III
OUTCOME OF SCU REVIEW**

Outcome of SCU Review: (Check all that apply.)

- Request is complete and supporting justification provided.
- Request is incomplete and lacks justification.
- Justification is provided for additional assessment.

If request is incomplete or lacks justification, note specific concerns:

NEXT STEPS	
Action	Follow-up
The request is not supported by the EIP Agency.	<ul style="list-style-type: none"> ▪ Agency addresses practitioner/family needs, no change in IFSP outcomes or services. ▪ Completed form added to the child's EIP record and a copy forwarded to the SCU.
The request is supported by the EIP Agency.	Request forwarded to SCU for review to determine if the request is complete and justified or is incomplete and lacks justification.
The SCU reviews request and determines that the request is incomplete or lacks justification.	The SCU returns the request to the EIP Agency to complete missing information or revise justification.
The SCU reviews the need/recommendation for additional assessment.	<p><u>For Requests within 3 Months of Initial IFSP</u></p> <ul style="list-style-type: none"> ▪ If additional assessment is justified, the SCU assigns and forwards the request and appropriate paperwork to a TET to conduct the assessment. ▪ If additional assessment is not justified, the SCU requests that the EIP Agency provide additional justification. <p><u>For Requests beyond 3 months following an Initial IFSP</u></p> <ul style="list-style-type: none"> ▪ If additional assessment is justified, the SCU assigns the assessment to the comprehensive EIP Agency (first priority) or TET if the service coordination unit can confirm that: <ul style="list-style-type: none"> • The agency assigned has an evaluator with the expertise to address the specific concern; • When established, the evaluator meets the standards as an early intervention evaluator; • The evaluator has not and is not providing services to the child and family; • The evaluator can attend the IFSP meeting to review the assessment results and discuss suggestions for IFSP outcomes, services and strategies; and • The assessment can be scheduled and completed within 14 calendar days from the date of assignment. ▪ The SCU forwards the request and appropriate paperwork to the comprehensive EIP Agency that is assigned as the primary comprehensive agency providing services to the child and family or to a TET to conduct the assessment. ▪ The comprehensive EIP Agency or TET assigns a practitioner who is not providing services to the child and family and ensures that the practitioner will use at least two appropriate methodologies that must include at least one appropriate developmental tool that assesses the area of concern for the assessment. ▪ The comprehensive EIP Agency or the TET forwards this form to the REICs to request the assessment pre-authorization. ▪ The REIC processes a pre-authorization through SPOE for the comprehensive EIP Agency or TET to conduct an assessment not to exceed 1.5 hours. ▪ If additional assessment is not justified, the SCU requests that the EIP Agency provide additional justification.

The SCU determines that the request is complete and justified.	The SCU schedules an IFSP meeting and disseminates information to team members.
The SCU and EIP disagree on sufficient justification or need for additional assessment.	The SCU and/or EIP Agency request technical assistance from the REIC or State CSPD staff.

SECTION IV PARTICIPATING TEAM MEMBERS			
Team Member Name	Discipline/Role	Date	Method of Input (phone, email, meeting, etc.)
	Service Coordinator		
	Parent		

Request for Assessment Pre-Authorization		
Child's Last Name	Child's First Name	DOB
EIP Agency/TET assigned by SCU	Date SCU sent the preauthorization request to EIP Agency/TET	
Date request received by the EIP Agency/TET	EIP Agency/TET Contact Name	Scheduled Assessment Date
Assigned Practitioner Last Name	Assigned Practitioner First Name	Assigned Practitioner Discipline

Complete when support is necessary for the provision of the assessment.			
Support Codes: BI=Bilingual Interpretation/Translation SI=Sign Language Interpretation ES=Escort/Security TR=Transportation for the family RC=Respite/Child Care for the family			
Support Type Code	Practitioner Last Name	Practitioner First Name	EIP Agency/TET Assigned

Date EIP Agency/TET sent the preauthorization request to REIC	Date REIC received the preauthorization request
Date REIC entered authorization into SPOE	REIC Contact Name