

Six Month Review

Six Month Review (Copied from EI Provider Handbook)

A periodic review of each child's IFSP must occur every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed. **Providers are required to submit a direct service report to each individual child's service coordinator prior to the six month review.** This report would be a **summary of a provider's record notes and must be written using the required report format.** Providers are not required to address the following sections of the required report format when completing a direct service report for a six month review: 1) F; 2) Results/Implications; 3) I; or 4) J. If a formal assessment is completed for the six month review, the provider is not required to address the following: 1) Results/Implications; 2) I; or 3) J.

****BEST PRACTICE:**

- Providers should speak directly to the family outcome statements and strategies within the six month report.
- Providers should follow the required format (see attached)
- Font size should be 12pt
- Written in PARENT friendly language
- Providers should submit reports **prior** to the meeting (guideline 1-2 weeks)
 - A full evaluation is **NOT** appropriate at this time unless the child has demonstrated significant regression and a change in services will be discussed.

There WILL NOT be an auth automatically given for a six month evaluation. If you think a six month evaluation is necessary based on the above criteria, you must contact the Service Coordinator to request that an auth be entered. There must be sufficient need for this request to be approved.

IT SHOULD BE EXPECTED:

- A Service Coordinator will call you if any of the above needs to be addressed.
- Winter Noe will be doing random file reviews. A call may be placed to you about an initial, six month, or annual report.
 - **A request to correct the current report will be made and for any future reports. It will NOT be expected that the provider will correct all past reports.**

**REQUIRED REPORT FORMAT
SIX MONTH REPORT**

Name:
Date of Report:
Age:
Therapist/Discipline:

EI#:
Date of Birth:
Adjusted Age:
Service Coordinator:

A.) **Diagnosis/Reason for Referral:**

B.) **Concerns expressed by parents in regard to their child's development:**

C.) **Medical History/Reports:**

D.) **Behavioral Observation:** This information should include statements about the child's temperament, attention to task, separation from parents, eye contact, joint attention, acknowledgment of others and what those interactions look like. Undesirable behaviors may also be listed here and described.

E.) **Clinical Observation:** This section of the report should address the outcomes and strategies for the EI family. What are the outcomes? What strategies have been beneficial to the family and the child's progress? Is there progress/regression? Has the outcome been met and/or should a new outcome be discussed at the sixth month review meeting?...

G.) **Clinical Narrative of Developmental Domains:** It is not necessary to list strengths and weaknesses here as you would for an eval. You could chunk out the domains and speak to them based upon your observations during your ongoing services.

Therapist's Signature

Date

Printed Name

Phone Number

Initial / Annual Review

Initial Evaluations (As indicated in the Provider Handbook)

- Reports should be submitted within **4 business days** of the evaluation
- Must follow the State approved format (Incomplete reports will be returned)
- These reports **MUST** be accepted by the ongoing providers. No authorizations will be given out for an ongoing provider to duplicate the evaluation.

Annual Evaluations (As indicated in the Provider Handbook)

- Should be submitted to the Service Coordinator **PRIOR** to the annual meeting (guideline 1-2 weeks)
- Must follow the State approved format (This includes section J if the child doesn't demonstrate a 30% delay or have qualifying medical diagnosis– Annual Redetermination: should address requirements stated in 89 Illinois Administrative Code 500.50(a) and (c).)
 - A Child may be eligible due to % delay; diagnosis; at risk factors
 - Eligibility shall be determined annually. Children will continue to be eligible if they:
 1. have entered the program under any of the eligibility criteria in subsection (a) but no longer meet the current eligibility criteria under this Section; **and**
 2. either: A. continue to have any measurable delay; **or** B. have not attained a level of development in each area, including cognitive, physical (including vision and hearing), language, speech and communication, psychosocial, or self-help skills, that is at least at the mean of the child's age equivalent peers; **and**
 3. have been determined by the multidisciplinary team to require the continuation of early intervention services in order to support continuing developmental progress, pursuant to the child's needs, and provided in an appropriate developmental manner. The type, frequency, and intensity of services will differ from the initial IFSP because of the child's developmental progress, and may consist of only service coordination, evaluation and assessments.

BOTH Initial and Annual Reports:

- Should be written in PARENT friendly language
- Should not have any diagnosis stated on the report unless it has been diagnosed by a doctor
- Should not have scores stated as ranges
 - If a child has scattered skills, you may indicate that in parentheses: ex. 18m (scattered skills)
 - Further explanation can be given within section G: Clinical Narrative of Developmental Domains Evaluated

Continued BOTH Initial and Annual Reports:

- Should have Percent Delay written as it is observed and indicated by the approved standardized assessment.
 - **Initial:** Any reports to the Service Coordinator during the initial IFSP meeting about percentages of delay must be documented and supported within your report. These findings will be recorded on the IFSP document.
 - **Initial or Annual:** Approximate % delays are not acceptable. Ex. 50+% will not be accepted. The child's true % delay must be written. When it isn't written accurately on the reports it does not demonstrate a true reflection of the population with whom we are working. It may be uncomfortable to tell a family this information, however, we have a responsibility to honestly reflect the results of our evaluations.
- Results/Implications Section: The entire chart should NOT be included. A single statement should be made with the appropriate code indicated at the end. Ex. *Based on EI criteria, this child may be eligible for Early Intervention Services in the State of Illinois due to a 30% delay or greater in one or more areas of development. (E01)* OR *Based on EI criteria, this child may be eligible for Early Intervention Services in the State of Illinois due to a diagnosis of a qualifying medical condition. (E02)*
- If a child is found eligible based upon clinical judgment: Section I must be completed - Justification for Clinical Judgment: (should address the following: 1) reason(s) that child was unable to be appropriately and accurately tested using a formal assessment tool to determine eligibility; **and** 2) observed atypical development that may be causing the child to experience a DHS determined eligible level of delay or greater.)



HELP! Line

If you have any questions or concerns about EI reports, policy, procedures, etc... you can reach Winter Noe, Technical Assistant for CFC 25 at

815-477-4720 ext. 230



REQUIRED REPORT FORMAT
Initial / Annual Report
Full Evaluation

Name: _____ **EI#:** _____
Evaluation/Assessment Date: _____ **Date of Birth:** _____
Age: _____ **Adjusted Age:** _____
Evaluation/Assessment: _____
Evaluator: _____ **Service Coordinator:** _____
Child is being observed in home daycare clinic other

A.) **Diagnosis/Reason for Referral:**

B.) **Concerns expressed by parents in regard to their child's development:**

C.) **Medical History/Reports:**

D.) **Behavioral Observation:** This information should include statements about the child's temperament, attention to task, separation from parents, eye contact, joint attention, acknowledgment of others and what those interactions look like. Undesirable behaviors may also be listed here and described.

E.) **Clinical Observation:** This section of the report should help draw a picture of what the evaluation looked like for the reader. Statements about the child's abilities observed with a clinical eye would be included.

Examples: (1) While Johnny was observed walking around his home, the quality of his movements were atypical. He tended to always step forward with his left foot and drag his right foot with a slight turn inward towards his body.

(2) Sammy was interested in looking at colorful objects as this therapist presented a variety of toys. She was able to look at the toys with her eyes when held to her left and right, yet would only reach for toy when offered down low and to the right side of her body.

(3) Through discussion with Mr. and Mrs. Smith, it was reported that Kevin is on a regular daily schedule. He sleeps and wakes at predictable times; sleeping through the night. He is able to manage a variety of table foods and is even beginning to reach for the spoon during feedings.

(4) Charlie, being slow to warm, often wouldn't demonstrate skills for the therapists when an activity was presented, but would then go over to his own toys and demonstrate an understanding for how toys work. He problem solved a shape sorter, completed a 6 piece puzzle, and spent an extended amount of time pretending to prepare foods for his mom.

This section should also include a statement about the assessment's reliability. Did the family feel as though what the team observed was representative of the child's abilities and typical of his behavior. Was the standardization of your assessment compromised in any way? Explain... How was information collected?

REVISED 8/2010

F.) **Tests Conducted** Statement of test(s) used; reliability; type of delay observed (typical, atypical, typical variable)

Chart of developmental areas assessed, age equivalents, % delays

G.) **Clinical Narrative of Developmental Domains Evaluated** should address typical/atypical development, specific areas of concern, functional skills & strengths, etc.

H.) **Further assessment recommended:** including assistive technology, family training, health consultation, diagnostic services, nursing, nutrition, psychological, and vision/hearing screening (please state reason)

RESULTS/IMPLICATIONS:

Based on EI criteria, this child may be eligible for Early Intervention Services in the State of Illinois due to

- E01 DHS determined eligible level of delay or greater in one or more areas of Development
- E02 diagnosis of qualifying medical condition/listed
- E03 Clinical Judgment that child is experiencing a Department determined eligible level of delay or greater (see I below)
- E04 Clinical Judgment - medical diagnosis unlisted
- E05 Clinical Judgment - at risk due to parent diagnosis DD (developmental disorder) under axis I and axis II of the Diagnostic and Statistical Manual IV (DSM IV)
- E06 Clinical Judgment - at risk due to parent diagnosis SMD (severe mental disorder) under axis I and axis II of the Diagnostic and Statistical Manual IV (DSM IV)
- E11 Clinical Judgment - at risk for developmental delay due to 3 or more qualifying risk factors as stated by DHS.
- E12 Annual re-determination / required for progress (Check here if child is determined eligible based upon Subsection (c) above. Must address section J below in report).
- Further assessments/evaluations are needed in order to determine eligibility.
- This child has not met the eligibility criteria for Early Intervention services in Illinois.

I.) **Justification for Clinical Judgment:** should address the following: 1) reason(s) that child was unable to be appropriately and accurately tested using a formal assessment tool to determine eligibility; **and** 2) observed atypical development that may be causing the child to experience a DHS determined eligible level of delay or greater.

REVISED 8/2010

J.) **Justification for Annual Re-determination/Required for Progress:** should address requirements stated in 89 Illinois Administrative Code 500.50(a) and (c).

Recommendations for areas that intervention may be needed:

- _____ cognitive development
- _____ physical development, including vision and hearing
- _____ language, speech and communication development
- _____ social-emotional development
- _____ adaptive self-help skills development

Evaluator Signature

Date

Printed Name

Phone Number