

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 give for a six month evaluation. If you think a six month evaluation is necessary you need to call and request the auth with good reason.

****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 asked and any future reports. It will NOT be expected for the provider to correct all past reports.**

REQUIRED REPORT FORMAT

SIX MONTH REPORT

Name:

EI#:

Evaluation/Assessment Date:

Date of Birth:

Age:

Adjusted Age:

Evaluation/Assessment:

Evaluator:

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:**

E.) **Clinical Observation:**

G.) **Clinical Narrative of Developmental Domains Evaluated**

Evaluator 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 – 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
- There shouldn't be any diagnosis stated on the report unless it has been diagnosed by a doctor
- Scores should NOT be stated as ranges
 - If a child has scattered skills then in () you may indicate that: ex. 18m (scattered skills)
 - Further explanation can be given within section G: Clinical Narrative of Developmental Domains Evaluated

****Continued BOTH Initial and Annual Reports:**

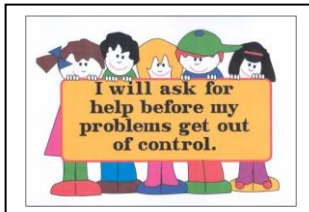
- Percent Delay should be written as is observed and indicated by the approved standardized assessment
 - **Initial:** If it is reported to the Service Coordinator at the initial IFSP meeting that the child has a 63% delay then that needs to be supported within your report as it will be written on the 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 demonstrates to the state that we may not be servicing a population of children that we know we are. Also, while it isn't something we enjoy telling families we need to be honest with them at the same time.
- 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 filled out - 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:

E.) Clinical Observation:

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.)

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
Printed Name

Date
Phone Number