**Section 500.80 Individualized Family Service Plan Development**

a) The Service Coordinator shall:

1) Review existing records to identify whether additional information is needed to determine the child's current health status and medical history and, if so, shall request the information upon receipt of informed parental consent.

2) Review existing records and evaluation reports to identify whether additional information is needed to determine the child's functioning levels, unique strengths and needs and the services appropriate to meet those needs in the five developmental domains (cognitive development; physical development; communication development; social or emotional development; and adaptive development) and, if not, shall arrange for additional evaluation and assessment activities using methods described in Section 500.75.

3) Assist the family in determining its resources, priorities and needs related to being able to enhance its child's development and the supports and services appropriate to meet those needs.

4) Assist the family initially, and annually thereafter or more often as required by change of circumstances, in determining its ability to participate in the cost of services that are subject to family fees. The inability of a family to participate in the cost of services shall not result in the denial of services to the child or the child's family.

5) At the point of EI intake, and again at any periodic review of eligibility thereafter or upon a change in family circumstances, collect information regarding any and all public and private insurance under which the child's services may be covered.

6) Explain to each family, orally and in writing, information about the use of public benefits or private insurance and the system of payments and fees, as outlined in Sections 500.125 and 500.130.

b) The Department shall not pay for services listed on the IFSP that the Department is not required to fund. EI funding is the payor of last resort for IFSP services that the Department is required to fund. When an application or a review of eligibility for EI services is made, and at any eligibility redetermination, or upon a change in family circumstances, the family shall be asked if it is currently enrolled in Medicaid, All Kids, or the Title V program administered by the University of Illinois Division of Specialized Care for Children (DSCC).

1) If the family is enrolled in any of these programs, that information shall be put on the IFSP and entered into the computerized case management system, and shall require that the IFSP of a child who has been found eligible for services through DSCC state that the child is enrolled in that program.

2) For those programs in which the family is not enrolled, a preliminary eligibility screen shall be conducted simultaneously for medical assistance under Article V of the Illinois Public Aid Code; children's health insurance program benefits under the Children's Health Insurance Program Act; and Title V maternal and child health services provided through DSCC.

3) When a child is determined eligible for and enrolled in the EI program and has been found to at least meet the threshold income eligibility requirements for medical assistance under Article V of the Illinois Public Aid Code or benefits under the Children's Health Insurance Program Act, with parental consent, complete an All Kids application with the family and forward it to HFS All Kids Unit for a determination of eligibility.

c) Prior to development of the initial or annual Individualized Family Service Plan, the Service Coordinator shall:

1) Arrange for a meeting to be held, at a time and place convenient for the family, with the IFSP team. The meeting must include the child's parent or parents, other family members, as requested by the parent, if feasible to do so, the Service Coordinator, a person or persons directly involved in conducting the evaluations and assessments, service providers within the EI Service System as appropriate, and others, such as an advocate or person outside the family by parental request, to develop the IFSP; and

2) Provide reasonable prior written notice to the family and other participants of this meeting early enough before the meeting date to ensure that they will be able to attend.

d) At the meeting to develop the IFSP, the Service Coordinator shall:

1) Coordinate and participate in the meeting.

2) Ensure that the meeting is conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

3) Seek a consensus by the multidisciplinary team regarding child outcomes, functional goals and objectives and an integrated plan to meet the goals and objectives set forth in subsection (e).

4) If no consensus is reached, the Service Coordinator shall establish a Department approved service plan reviewed by Department designated experts, and shall provide the parents with prior written notice, pursuant to Section 500.165, of the Department's proposed service plan. The parents may seek Mediation under Section 500.145 or a Due Process Hearing under Section 500.140 or file a State Complaint under Section 500.170 regarding other requested services.

e) The Individualized Family Service Plan must:

1) Be developed by a multidisciplinary team, including the Service Coordinator and the parent as set forth in subsection (g).

2) Be based on a multidisciplinary assessment of the unique strengths and needs of the child and a voluntary family-directed assessment of resources, priorities and concerns of the family.

3) Include services necessary to provide appropriate developmental benefits for the identified needs.

4) Include supports and services necessary to enhance the family's capacity to meet the identified developmental needs.

5) State the natural environments in which services shall be appropriately provided and justification of why EI cannot be achieved satisfactorily in a natural environment if any services are to be provided elsewhere. The determination must be made by the IFSP team (which includes the parents and other team members), consistent with the definition of natural environment in Section 500.20 and with the requirements that services for infants and toddlers with disabilities are provided, to the maximum extent appropriate, in natural settings. Only when EI services cannot be achieved satisfactorily in a natural environment, services may be provided in settings other than the natural environment that are most appropriate as determined by the parent and the IFSP team. The determination must be based on the child's outcomes that are identified by the IFSP team.

6) Include all components as required by the Department.

7) Provide a statement of the infant or toddler with disability's present developmental levels in the following areas, based on information from that child's evaluations and assessment:

A) physical development, including vision and hearing;

B) cognitive development;

C) communication development;

D) social or emotional development; and

E) adaptive development.

8) With permission of the family, provide a statement of the family's resources, priorities and concerns related to enhancing the development of the child as identified through the assessment of the family.

9) Provide a statement of the functional outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family, and the criteria, procedures and timelines used to determine:

A) The degree to which progress toward achieving the outcomes is being made; and

B) Whether modifications or revisions of the outcomes or EI services identified in the IFSP are necessary.

10) Include a statement of the specific EI services, based on peer-reviewed research (to the extent practical), that are necessary to meet the unique needs of the child and the family to achieve the outcomes identified in subsection (e)(9), including:

A) The frequency and intensity for each service, meaning the number of days or sessions that a service will be provided, and whether the services are provided on an individual or group basis;

B) The length of each service, meaning the length of time the service is provided during each session of that service;

C) The method, meaning how a service is provided;

D) The location in which EI services will be provided, including whether the location would be considered a natural environment for the child and family, as described in subsection (e)(5); and

E) The projected beginning dates, which shall be as soon as possible after the parent consents to the services, and the duration or the projected ending date when a given service will no longer be provided.

11) Include a statement of any other services, such as medical services, that the child needs or is receiving through other sources, but that are not required or funded EI services. The statement should include the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. Routine medical services such as immunization or well child care do not need to be listed unless the child is not receiving those services and needs them. If those services are not currently being provided, include a description of the steps the Service Coordinator or the family may take to assist the child and family in securing those services.

12) Include the name of the Service Coordinator qualified to carry out all applicable responsibilities who will be responsible for implementation of the IFSP and coordination with other agencies and persons.

13) Include the steps and services to be taken to support the smooth transition of the child to preschool services under Part B of IDEA to the extent that those services are considered appropriate or to other services that may be available, if appropriate. The steps include:

A) Discussions with and training of parents regarding future placements and other matters related to the child's transition at age three years;

B) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting;

C) Confirmation that child find information about the child has been transmitted to the local education agency or other relevant agency by the State;

D) With informed parental consent, the transmission of additional information about the child to the local educational agency to ensure continuity of services, including a copy of the most recent evaluation and a copy of the most recent IFSP; and

E) Identification of transition services and other activities that the IFSP team determines are necessary to support the transition of the child.

14) State whether the family has private insurance coverage and, if the family has such coverage, with parental consent, include with the IFSP a copy of the family's insurance identification card or otherwise include all of the following information:

A) The name, address and telephone number of the insurance carrier.

B) The contract number and policy number of the insurance plan.

C) The name, address and social security number of the primary insured.

D) The beginning date of the insurance benefit year.

f) During and as part of the IFSP development, and any changes to the IFSP, the IFSP team may seek consultation from Department designated experts, if any, to help determine appropriate services, and frequency and intensity of those services. Services must be justified by the IFSP team in order to be included on the IFSP.

g) The contents of the IFSP shall be fully explained to the parents and informed written consent obtained prior to the provision of EI services described in the IFSP. If the parents do not provide consent for a particular service, the EI services to which consent is obtained shall be provided.

h) The Service Coordinator shall determine if an Interim IFSP, as set forth in section 303.345 of Part C of IDEA, is needed to initiate partial services for an eligible child while intake is being completed. EI services for an eligible child and the child's family may commence before the completion of the evaluations and assessments if parental consent is obtained and an Interim IFSP is developed that includes the name of the Service Coordinator and the EI services that have been determined to be needed immediately by the child and the child's family. Evaluations and assessments must be completed within the 45-day timeline.

i) If an Interim IFSP is needed, the Service Coordinator shall:

1) Document the reasons an Interim IFSP is needed;

2) Assist the family in determining its ability to participate in the cost of services that are subject to family fees;

3) Complete the Department required IFSP form with the child's parent and with input from the IFSP team members who recommended immediate services for the child and family;

4) Arrange for the Interim IFSP to be implemented;

5) Request service reports at the end of the Interim IFSP period and monitor provision of services; and

6) Maintain the child's permanent and electronic record with the regional intake entity during the Interim IFSP period.

j) The implementation of an Interim IFSP shall not be used to extend the 45 day intake period. A fee may be assessed for services subject to family fee if the family is assessed as having the ability to participate in the costs of its child's services.

(Source: Amended at 38 Ill. Reg. 11086, effective May 12, 2014)