

**Memorandum**

Division of Disability and Elder Services  
Bureau of Developmental Disabilities Services

**DATE:** February 8, 2005

**TO:** Wisconsin Birth to 3 Programs

**FROM:** Jean Nothnagel

**SUBJECT: Identify "Needed Medical and Other Services" in IFSP**

In the most recent response regarding Part C compliance in Wisconsin, the Office of Special Education Programs (OSEP) determined that DHFS did not ensure that IFSP teams identified needed health and medical services, and the steps to secure these services, as required by 34 CFR 303.344(e) in 100% of IFSPs.

Please refer to the Part C citation:

Sec. 303.344 Content of an IFSP. (a) Information about the child's status. (1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

...

e) Other services.

(1) To the extent appropriate, the IFSP must include

...

(i) Medical and other services that the child needs, but that are not required under this part; and

(ii) 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.

(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.

**and the HFS 90 citation:**

HFS 90.10

...

(5) CONTENT. The IFSP may have several different sections that are completed at various times throughout the process. All sections of the IFSP shall be maintained in one file or binder. The parents shall be given a copy, the contents of which shall be fully explained to the parents and kept current. The IFSP shall contain:

...

(d)

...

5. If appropriate, medical and other services that the child needs that are not required under the Birth to 3 program and the steps that will be taken to secure those services from public or private

sources. This does not apply to routine medical services such as immunizations and well baby care unless a child needs those services and they are not otherwise available or being provided;

The Department of Health and Family Services has revised the target from 90% to 100% compliance, and has taken the following steps as OSEP was advised:

- Preliminary discussions of this issue were addressed at the fall 2004 regional meetings held from September 27 . October 1, 2004.
- The statewide audio conference which was conducted on December 9, 2004 to address the specific procedures that Birth to 3 Programs must implement when developing a child's IFSP with regard to needed health and medical services as well as steps to secure those services.
- The Program Review criteria has been revised to establish a target of .100% of records reviewed will address health and medical services, and where appropriate the steps to secure needed services will be in the IFSP.. Review of this requirement will begin with program reviews scheduled after January 1, 2005 for IFSPs dated after December 31, 2004.

## **IFSP CHANGES**

To achieve the required 100% compliance, programs must add a section to the IFSP, or amend an existing section, that contains documentation that:

1) provides identification, if appropriate, of medical and other services that the family needs, but that are not required Early Intervention services, and the steps taken to link the family with the service and/or funding of the service,

or

2) contains comments from the IFSP team discussion resulting in the finding that no medical or other services are needed at the time of the IFSP. When no services are identified, the comment section will confirm that IFSP teams discuss the appropriate need for medical and other services, and will help assure 100% compliance.

**This section of the IFSP will be referred to as Needed Medical and Other Services for clarity of implementation.** Identifying other services that are not required by Part C, and assisting families in making links to such services contributes to the support of families in their efforts to achieve their child's outcomes. Common examples of other services are housing assistance; WIC referrals and child care resources. Examples of medical services are immunization and well baby services only when families have no current medical provider, or referral to medical resources for concerns not met by existing providers.

## **SAMPLE**

Richland County and Dodge County submitted samples of the IFSP section they currently use to document **Needed Medical and Other Services**. The half page sample from Richland County is

found in attached to this memo. As with many IFSP sections, it is a table format, and includes a field for location, which is an option. The paragraph that introduces this section addresses the specific language of its purpose, and exclusions as directed in Part C. The Dodge County section (not attached here) is a full page table format, and carries similar introductory language. Both samples contain the needed elements for this section except for a field for comments as discussed above in #2. A box like the one that follows could be added to this section to ensure team consideration of needed services, when appropriate.

### **No medical or other services identified / Comments from team discussion.**

Alternatively, comments could be entered into the table as it already looks, with instructions added to the introduction that direct the team to comment in the table provided, similar to the purpose of the box above, "Comments from team discussion must be entered here when no medical or other services are identified." Please see adjusted samples in this memo also.

### **CLARIFICATION OF TERMS**

The IFSP includes many health and medical elements, including "health status" and "medical home." Adding this **Needed Medical and Other Services** requirement may seem duplicative, but there are distinct differences. "Health status" describes the child's current condition, and/or history of the medical condition, and it may be found in the intake and/or evaluation areas of the IFSP. "Medical home" or "Health care provider" identifies individual physicians, medical clinics, or other health care professionals who are responsible for routine or specialized medical care, and may be found in the intake. "All About (child's name)", or evaluation sections.

Another section already found in an IFSP may be referred to as "Other Services" which describes "Other services the child and family are using that are not Early Intervention services." In the initial IFSP this information is obtained from the family, and usually does not include the role of the Birth to 3 program in linking families with resources or identifying funding. When no new services are identified for the **Needed Medical and Other Services** section, and the family has identified current use of such services, use the Comment box to refer the reader to the current Other Services as well as remarking on the team discussion.

In IFSP updates the Other Services section can be used in conjunction with the **Needed Medical and Other Services** section, as those identified services may become part of the current services after Birth to 3 assists with linking the family to resources.

Please note that the IFSP must contain documentation of **Needed Medical and Other Services** as appropriate and the steps taken to link families to such services, or comments from the team discussion when no services were identified.