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## **1.0 PURPOSE AND SCOPE**

1.1.1. This procedure provides instructions to Connecticut Birth to Three Early Intervention Service (EIS) Providers to ensure that early intervention visits or other forms of service are well-planned, the child's progress is documented in a child's record, and the information is developed in conjunction with families.


## **2.0 REFERENCES**

### **2.1 Associated Documents**

- 2.1.1. Document Control and Records Procedure
- 2.1.2. Early Intervention Record
- 2.1.3. Form 3-1, Individualized Family Service Plan
- 2.1.4. Form 3-5a, Service Coordination Contact Sheet
- 2.1.5. Form 3-5b, Service Coordination Contact Sheet
- 2.1.6. Individualized Family Service Plan Procedure
- 2.1.7. Personnel Standards Record Procedure

### **2.2 Source Information**

- 2.2.1. Connecticut Birth to Three Planning and Documenting Intervention Services. Effective Date July 13, 1996. Revision Date Aug. 1, 2022

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### 3.0 INSTRUCTIONS

#### 3.1 Early Intervention Treatment Service (Visit) Plan

**NOTE**

The Lead Agency interprets the phrase “clinical progress note” as the Early Intervention (EI) Visit note.

- The visit note documents the joint plan and additionally documents the family’s progress in use of strategies within naturally occurring routines that support their child as well as the child’s progress.

3.1.1. **DEVELOP** and **DOCUMENT** a joint plan (clinical progress note) with family for each instance of early intervention treatment service.

1. **DOCUMENT** the following child and family outcomes:

- Activities and strategies the family will focus on between visits (Between Visit Plan).
- Activity to focus on during next visit (Next Visit Plan).


3.1.2. **PERFORM** the following at every visit:

1. At the beginning of every visit **REVIEW** and **DOCUMENT** the following:

- Joint Plan developed during the previous visit or conversation.
- Between Visit Plan for activity and strategies.

2. At the end of each visit **DEVELOP** a new Joint Plan including the following:

- A Between Visit Plan
- A Next Visit Plan

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3.1.2 (continued)

3. **CHANGE** Joint Plans to meet family goals as necessary.
4. **IF** family is receiving multiple supports within a short time frame, es,  
**THEN KNOW** the same joint plan may continue.
  - a. **REVIEW** and **DOCUMENT** the conversation.
    - For example: If family is receiving supports and services every day and there is not a sufficient amount of time to work on joint plan if it was changed at each visit.
5. **CONSIDER** a reasonable amount of time to change the Joint Plan as:
  - Weekly
  - At each visit if less than weekly

3.1.3. **WHEN** developing joint plans,

**THEN CONSIDER** the following:

1. **DEVELOP** with active involvement of parent or caregiver to determine focus of activities and strategies between the current and next visit.
  - a. **DISCUSS** with caregiver during visits the strategies used during activities to increase their child's learning, by ensuring the following:
    - (1) **ENSURE** strategies developed and practiced by the caregiver during the activity address a variety of learning opportunities and domains.
    - (2) **ENSURE** activity is or is desired to be a part of the caregiver's everyday life when the interventionist is not present.
2. During every visit **IDENTIFY** and **ADJUST** strategies during review of joint plan with the family:
  - Successes
  - Challenges
  - Additional ideas

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3.1.3 (continued)

3. **ENSURE** joint plans are both:
  - a. Specific to activities and strategies.
  - b. Flexible based on family needs.
4. **PROVIDE** support for the following activities:
  - a. Listed in the outcomes of Form 3-1, Individualized Family Service Plan (IFSP).
  - b. At home and community in which the family or child participate.
    - (1) **MEASURE** outcomes of activities addressed in Form 3-1, IFSP.
5. **CONSIDER** a child's interests.
6. **REFER TO** the following for additional information on Joint Planning:
  - <http://www.birth23.org/files/Training/factSheetJointPlan2-.pdf>


**3.2 Early Intervention (EI) Visit Note Documentation**

3.2.1. **ENSURE** each Early Intervention Service (EIS) has a corresponding EI Visit note in the Early Intervention record.

1. Must **PROVIDE** copy of EI Visit note to caregiver directly at end of visit either electronically or written.
2. **IF** EI Visit note couldn't be made immediately available,  
**THEN DOCUMENT** time frame of expected delivery and method.

3.2.2. **KNOW** programs may develop their own format for the EI Visit note, which must include the following:

1. **PROVIDE** child's personal information:
  - Name
  - Address
  - Date of birth
  - Medicaid number if applicable.

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3.2.2 (continued)

a. **IF** the following information is contained elsewhere in the permanent record:

- Address
- Date of birth
- Insurance information

**THEN UNDERSTAND** it is **NOT** required to record on every EI Visit note.

2. **LIST** the following:

- a. Type of early intervention treatment service provided.
- b. Date of visit, including start and end times for individuals providing services.
- c. Location or site where services were provided.
- d. Names or role of each individual who primarily participated in the EI Visit.

(1) **INCLUDE** links to Form 3-1, Individualized Family Service Plan (IFSP) disciplines.

3. **PROVIDE** a description of what occurred during sessions, including modification of strategies per the IFSP.

4. **DOCUMENT** reasons for any variance between IFSP and Early Intervention Services provided.


a. **INCLUDE** information about who and why a substitute interventionist is providing services versus the regularly scheduled interventionist.

- For example: make-up visits, coverage for vacation, etc.

b. **IF NOT** specifically recommended on Form 3-1, IFSP,

**THEN DOCUMENT** the following:

- Reason for one-time consultation.
- Reason why two practitioners of the same or different discipline(s) provided services at the same time.
- Individual's role during the visit.


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3.3.2 (continued)

- c. **INCLUDE** reasons why an Early Intervention Treatment Service occurs at a clinic with a non-Birth to Three provider of the same discipline.
- d. **INCLUDE** reason any of the following varied from what was recommended on IFSP:
  - Setting
  - Frequency
  - Length
  - (1) **INCLUDE** additional service provided requiring additional time.
    - For example: Consultation with parent due to family concerns, family emergency, additional time for make-up hours owed to family, parent requested additional consultation to review carry-over activities.
- e. **INCLUDE** reason(s) why early intervention visits were performed **NOT** within:
  - Six months of a documented IFSP review.
  - Twelve months of an evaluation of IFSP.
5. **PROVIDE** medical justification why an early intervention service provided duplicates services being received through an outside practitioner or clinic.
6. **PROVIDE** any Service coordination information occurring during the visit.
7. **INCLUDE** discipline, signature and date for both:
  - Qualified Provider
  - Individuals providing services.
  - a. **IF** program uses date of the visit as the date of the signature,
 

**THEN ADD** the following line to the visit template:

    - Unless otherwise indicated, this note was signed on the date of service.

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3.3.2 (continued)

8. **ENSURE** supervising staff co-signs, if required.
  - a. **REFER TO** Personnel Standards Procedure.
9. **IF** a practitioner is dually certified
  - For example: A social worker who is also a BCBA

**THEN INCLUDE** notation of both certifications, which allows flexibility for billing of insurance.
10. **INCLUDE** a Joint Plan that has a "between visit" plan and a "next visit" plan.
11. **INCLUDE** a review/progress for previous "between visit" plan, including:
  - Activities and strategies used.
  - Results related to increasing the child's participation during everyday activities.
  - Child's progress during activities.
12. **CONSIDER** the activity focused on during the visit must support attainment of an IFSP outcome, but is **NOT** limited to only a specific activity listed in IFSP outcome.
  - a. **REFER TO** Section 3.1, Intervention Visit/Joint Plan for details.
13. **ENSURE** all documentation supports the learning opportunities and strategies used during everyday activities on the EI Visit note and are clinically necessary and address outcomes from IFSP.
14. **ALLOW** parents and caregivers to sign EI Visit note as they are involved in Joint Plan decisions.
15. **NOTE** cancellations of visits by family or provider in record.
  - a. **INCLUDE** information regarding rescheduling visit.
16. **WRITE** notes legibly and in dark ink for quality copies.
  - a. **DO NOT USE** white-out to make corrections.

**END of Instructions**





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#### 4.0 REVISION HISTORY

Location	Description of Change
All	Human Factored Upgrade in New Template.