

Early Intervention Colorado
Neonatal Intensive Care Unit Individualized Family Service Plan (NICU IFSP)
Instruction Manual

General Instructions for Use of the NICU IFSP

The NICU IFSP should be used for **all infants under one year of age who are hospitalized within a NICU setting at the time of IFSP development**. The NICU IFSP closely parallels the IFSP with Infant Developmental Focus to streamline both the initial IFSP development process as well as subsequent reviews – both in the NICU and in community settings. The Present Levels of Development are identical on the NICU IFSP and IFSP with Infant Developmental Focus, and each developmental level includes several prompts to guide the IFSP team in identifying relevant information to include within each section of the Present Levels of Development. Finally, the Present Levels of Development are aligned with the BABIES Model* as outlined within the Early Intervention Colorado booklet entitled “A Family Guidebook: Supporting Development of Newborns and Infants.”

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Cover Page

Purpose: To record demographic, contact, and insurance information about the baby and family.

Process: The family and the service coordinator record this information during early contacts and during the IFSP meeting, as appropriate.

Type of IFSP and Date: Check the appropriate box and enter the date the parent or legal guardian signed the completed plan:

Initial: To develop the first IFSP for a baby who has been determined eligible and gone through a multidisciplinary assessment process.

Periodic Review: To review the IFSP every 6 months, or sooner if requested by family or warranted for other reasons.

Annual: To evaluate the IFSP annually, and as appropriate, to revise its provisions.

Interim: To initiate services for an eligible baby before the completion of the evaluation and assessment.

Baby’s Name: Enter the baby’s first name, middle name/initial, and last name.

Date of Birth: Enter the baby’s date of birth.

Gender: Enter the month, day, and year of birth.

Current hospital: Enter the name of the hospital where the baby is currently an inpatient.

Initial Referral Date: Enter the month, day, and year that the referral source notified the early intervention system (i.e. NICU service coordinator entity, Community Centered Board (CCB), or Administrative Unit) about the baby.

Made by: Enter the name of the person who made the initial referral.

At (hospital name): Enter the name of the hospital where the referral came from (if applicable). This may differ from the Current Hospital above.

Made to: Enter the name of the person and agency (i.e. NICU Project, CCB, etc.) that received the referral.

Parents/Legal Guardians: For each parent/legal guardian enter, as applicable:

Name: First and last name.

Address: Street address, city, state, zip code.

Preferred phone: Family's preferred phone with area code and number.

Secondary phone: Family's secondary phone with area code and number.

Email Address: Email address.

The Baby Will Be Living With: Enter the name, relationship, and for children under 18 years, the age for each person who will be living with the baby after discharge.

Baby's Ethnicity/Race: Enter the baby's ethnicity or race.

Primary language spoken at home: Enter the primary language spoken at home.

Is an interpreter needed? Check the appropriate box.

NICU Service Coordinator: Enter the name and phone number of the assigned NICU service coordinator.

Community Service Coordinator: Enter the name, agency, and phone number of the assigned CCB service coordinator, when known. Also enter the family's county of residence.

Professionals/Programs Currently Involved with the Family: Enter the names and phone numbers of early intervention professionals and/or programs who are regularly involved with the family.

Does the family have private insurance? Check the appropriate box and indicate, if applicable, the name of the insured, the insurance carrier, and the group and policy numbers.

Does the family have public insurance? Check the appropriate box and indicate, if applicable, whether the family has Medicaid or CHP⁺. Indicate the baby's Medicaid or CHP⁺ number, as appropriate.

No Private or Public Insurance: Check this box if the family has no private or public insurance. Families without insurance should be encouraged to apply for public insurance benefits.

Information about application for Supplemental Security Income (SSI), if applicable: Indicate any information about application for SSI, such as date filed, status of application, phone number to call at discharge, etc.

Health Information

Purpose: To gather health related information about the baby that will be useful in developing the IFSP.

Process: The family and the service coordinator should have a conversation about why the information requested on this page will be useful to the assessment/IFSP team members. This information should be gathered, beginning at the time of initial referral, from conversations with the family and NICU medical team, as well as from a review of relevant medical documentation.

Baby's Medical Home: Check the appropriate box and enter the name, phone number, and address of the baby's primary health provider as well as the clinic name, if applicable. If a primary health provider has not yet been identified, indicate this information here and identify next steps to assist the family in identifying a primary health provider prior to discharge.

Baby's General Health:

Was your baby born prematurely? If so, how many weeks early? Indicate whether or not the baby was born prematurely and if so how many weeks early.

Current gestational or corrected (adjusted) age: Indicate the baby's current gestational age (i.e. 35 weeks) or corrected age (i.e. if the baby is 44 weeks gestation or 4 weeks past the estimated due date, enter 4 weeks).

Baby's birth weight: Enter the baby's birth weight.

Baby's current weight: Enter the baby's current weight.

Does your baby have a medical diagnosis? If so, what is it? Indicate whether or not the baby has a medical diagnosis and enter the name of all diagnoses, if applicable.

Will your baby see any medical specialists after discharge? If so, please list them. Indicate whether or not the baby will see any medical specialists after discharge. Indicate the specialty and name of specialist if known.

What medication is your baby currently taking and why? List any medication the baby is taking and why.

Baby's breathing and oxygen needs (if applicable): List here any equipment (i.e. nasal cannula, ventilator) that the baby needs to support the respiratory system.

Vision: Check the appropriate box and indicate the month, day, and year of the most recent vision test, if applicable. Indicate the specific results, if applicable.

Hearing: Check the appropriate box and indicate the month, day, and year of the most recent hearing test, if applicable. Indicate the specific results for both the left ear and right ear.

Additional information related to your baby's health that should be considered: Describe any other information related to the baby's health and medical history that should be considered in developing the IFSP.

Purpose: To document information related to the baby's present levels of development. This page should not only describe what the baby is currently doing within each area of development, but also outline how the baby's parents/caregivers provide support to the baby in each area.

Process: The family and NICU service coordinator should have a conversation about why the information requested on this page is important to the IFSP process. This information should be gathered from objective criteria through multiple methods, including observations of the baby and conversations among team members, including the family, and others who know the baby well, e.g. nursing staff, developmental therapists, neonatologists, social work staff, and others the family identifies. Methods may include family interview, record review, and assessment tools, as appropriate. Several prompts are included within each developmental domain in order to guide the IFSP team in identifying relevant information to assess, discuss, and include within the written IFSP form.

Note: The summaries within each level of development should be written succinctly and in family-friendly language, avoiding the use of professional jargon. Additional evaluation and assessment information may be attached to this page at the family's request or with the family's permission.

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Body Functions and Reaction to Environment

What I am currently doing and how my parents/caregivers support me in this area (color, breathing, digestion, and reacting to a busy environment): Using the prompts listed in parentheses as a guide, describe what the baby is currently doing related to body functions and reactions to the environment and how the baby's parents/caregivers provide support in this area.

Arousal and Sleep

What I am currently doing and how my parents/caregivers support me in this area (falling asleep, waking up, being awake, duration and quality of awake and sleep times): Using the prompts listed in parentheses as a guide, describe what the baby is currently doing related to arousal and sleep and how the baby's parents/caregivers provide support in this area.

Body Movements

What I am currently doing and how my parents/caregivers support me in this area (tone, posture, limpness/stiffness, smoothness of movements, asymmetry or unevenness of movements, activity indicating distress): Using the prompts listed in parentheses as a guide, describe what the baby is currently doing related to body movements and how the baby's parents/caregivers provide support in this area.

Interactions with Others

What I am currently doing and how my parents/caregivers support me in this area (looking, listening, smiling, following with my eyes and head, reaction to being held, responding to caregivers): Using the prompts listed in parentheses as a guide, describe what the baby is currently doing related to interactions with others and how the baby's parents/caregivers provide support in this area.

Eating

What I am currently doing and how my parents/caregivers support me in this area (amount, method, coordination, length of time spent eating, regularity, routines with caregivers): Using the prompts listed in parentheses as a guide, describe what the baby is currently doing related to eating and how the baby's parents/caregivers provide support in this area.

Self Soothing

What I am currently doing and how my parents/caregivers support me in this area (irritability, strategies or equipment needed for calming, self-soothing strategies, ability to calm and remain that way): Using the prompts listed in parentheses as a guide, describe what the baby is currently doing related to self soothing and how the baby's parents/caregivers provide support in this area.

Concerns and Priorities

Purpose: To identify the family's concerns and immediate priorities.

Process: Through discussions, the IFSP team, including the family, reviews the information gathered thus far in the IFSP process and the family identifies their concerns and immediate priorities.

What are your concerns and priorities related to your baby's development? There are three distinct steps to completing this section:

1. The team reviews and discusses all of the information gathered thus far in the IFSP process.
2. After discussing the information gathered thus far, the team listens as the family summarizes the concerns that they have for their baby and for their family related to their baby's development. As the family discusses their concerns, they should be listed on the IFSP form.
3. Once the concerns are listed, the family is asked to identify their most immediate priorities from the list. Focused questions might help guide the family to determine their priorities from the list of concerns. Example questions include:
 - Looking at this list, what would you like to focus on in the next several months?
 - If you were going to choose a couple of these concerns to work on right now, which would they be?

Star the family's immediate priorities. These are the priorities that will be addressed through the Plan(s) of Action on subsequent pages.

What other concerns do you have for your baby and family? This question is meant to identify concerns that are not related directly to the baby's development but impact the baby and family, for example medical needs, transition from hospital to home, accessing community resources, etc. This section also provides a place for the NICU service coordinator to indicate other activities they are doing to support the family in the NICU (i.e. assistance with applying for SSI/Medicaid, linking family to community resources such as WIC or child care, etc.). When appropriate, next steps should be listed. For example:

- If the family identifies that locating child care for their baby at discharge is a concern, the IFSP might read:
"We need to find child care for our baby once she is home."
Next Steps: The NICU service coordinator will provide the family with the phone number [fill in number] for a local child care referral organization. The NICU service coordinator will also provide the family with the booklet "Working Your Way Through the Child Care Maze."

Next Steps will vary based on the family's concerns and the available resources. The purpose of indicating Next Steps is to identify what the family, NICU service coordinator, and others can do to address the concern.

Plan of Action

Purpose: To develop functional, measurable outcomes and identify strategies that will address the outcomes.

Process: The entire IFSP team participates in completing this step of the IFSP process. This page is completed through a series of conversations and should utilize pertinent information gathered throughout the IFSP process. There is space for three Plans of Action within the NICU IFSP. Each starred developmental concern from the Concerns and Priorities section should be addressed within a Plan of Action. There must be at least one Plan of Action, but additional Plans of Action are optional based on the families identified priorities. Teams may also find that a Plan of Action might address more than one of the family's priorities.

What is the developmental concern/priority this Plan of Action will address? Write the priority from the Concerns and Priorities section that this Plan of Action will address.

Outcome Statement: what we would like to see happen for our baby/family: Describe what the family and other IFSP team members want the change to look like. This statement should include measurable criteria, procedures, and timelines so the family and IFSP team will know the degree to which progress toward achieving the outcome is being made. The final outcome should be written in clear, jargon-free language, using the family's words as much as possible.

Strategies to address this outcome: Before filling in this section, the IFSP team should brainstorm all of the strategies that should be considered for addressing this outcome within the baby/family's everyday routines, activities, and places. The NICU service coordinator should take notes. Once the list of possibilities is complete, the *team* should choose the strategies that will best address the outcome. Write down the strategies selected in this section.

Example Plan of Action:

Plan of Action
What is the developmental concern/priority this Plan of Action will address?
Feeding/gaining weight
Outcome Statement: what we would like to see happen for our baby/family
While being bottle fed with support from his mom or dad, Jake will be able to maintain a steady breathing rate and stable, pink coloring so that eating is a pleasurable experience for him and so that he can continue to gain weight.
Strategies to address this outcome
Maintain a consistent schedule in feeding Jake. Set up a comfortable, quiet, and dimly lit place to feed Jake once he is home so that he can concentrate on feeding. If Jake begins to get overwhelmed while feeding, allow him to briefly rest until he is organized, breathing steadily, and has stable, pink color again. Watch for Jake's hunger signals, and feed him when he is ready.

Supports and Services

Purpose: To identify specific supports and services that will address all of the outcomes developed by the IFSP team and will support the family during the transition from hospital to home.

Process: The IFSP team first reviews the family's current informal and formal supports and services as discussed throughout the IFSP process or discussed in previous conversations. The IFSP team then considers if any of these supports and services can address the outcomes or if additional support and services need to be identified.

Informal Supports to Meet the Outcomes: List the people, groups, clubs, associations, programs, and/organizations (e.g. parent support groups, faith communities, recreation programs, neighbors) that can help address the outcomes.

Activities Needed to Support the Transition from Hospital to Home: This section is meant to identify any activities that will help support the family as they transition from the hospital to home. Some examples include:

- Activity: Identify who will be providing in-home oxygen
Who Will Help: NICU Case Manager
Time Frame: Prior to discharge
- Activity: Contact SSI to provide notification of baby's discharge
Who Will Help: Family must call SSI at [phone number] at discharge to notify of baby's discharge. Family can contact NICU service coordinator or NICU social worker with questions if needed.
Time Frame: Within two weeks after discharge

In-Home Early Intervention Services (to begin post-discharge): The NICU IFSP can only include early intervention services that will occur in the home after discharge. *Early intervention services that are the standard of care within the NICU cannot be included on the IFSP.* If an IFSP is completed before in-home early intervention services have been identified (e.g. if IFSP is completed early in hospital stay), this section should be left blank.

EI Service and Name of Provider: List the specific allowable early intervention service(s) which are based on peer-reviewed research that the team has identified. Early intervention services are defined in the federal regulations as those services "designed to meet the developmental needs of each child eligible and the needs of the family related to enhancing the child's development" (Section 303.12 of IDEA Federal Rules and Regulations). For a list and description of services refer to the "Allowable Early Intervention Services under IDEA" document at www.eicolorado.org.

Activity/Location: Briefly describe the family's daily routine or activity and typical location in which the service will be integrated. Note: Early intervention services must be provided in the baby's natural environment. If the IFSP team determines that a service cannot be provided in the baby's natural environment a justification to the extent, if any, must be documented using the approved state IFSP "Justification for Services in Settings Other than the Natural Environment" page.

Method: Describe how the service will be provided (e.g. consultation, co-consulting, videotaping, etc.).

Frequency and Intensity: Enter the frequency of the service (e.g. once per month) and the intensity of each session (e.g. 60 minutes).

Projected Start Date: Enter the projected month/day/year the service will begin. *For in-home early intervention services after discharge, this should be 28 days after discharge.* If the discharge date is

known (i.e. baby will be discharged day after IFSP meeting), add 28 days and enter this date. If the discharge date is not known or is uncertain, write “28 days after discharge.”

Projected End Date: IFSPs developed in the NICU must be reviewed within three months of the baby’s discharge. If a specific discharge date is known (as in the example above), add three months and enter that date here. If a discharge date is not known or is uncertain, write “3 months after discharge.”

Funding Source: Enter the person or agency that will be responsible for paying for the service (e.g. private insurance, public insurance (Medicaid, CHP+), trust fund, CCB, etc.).

Other Services Necessary to Meet the Outcomes: List the baby/family’s other service(s), including the provider(s), location, and method. Examples include follow-up medical appointments, home health nursing, etc. *Note:* While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the baby’s family and the service coordinator by providing a comprehensive picture of the baby’s total needs, including the need for medical and health services.

Time Frame: Describe when the service began or will begin and how often it is expected to occur.

Funding Source: Enter who is responsible for paying for other services (e.g. private insurance, public insurance, etc.).

Multidisciplinary Assessment & Rights, Procedural Safeguards, and Signatures

Purpose: To document that appropriate procedures were followed to complete the initial assessment: 1) a multidisciplinary team conducted the assessment; 2) appropriate methods and procedures were used; 3) the family understands the developmental information gathered during the assessment; 4) the baby is eligible for early intervention services; and 5) the family is informed of the eligibility status. Additionally, this section it to document: 1) the parent(s) or legal guardian(s) have received explanation of and written copies of their rights and procedural safeguards; 2) the parent(s) or legal guardian(s) acknowledge that they participated in the IFSP; and 3) that parental consent is given to implement the IFSP. Finally, this section should include signatures of IFSP team members who participated in developing the plan and indicate those who need to receive copies of the IFSP.

Process: The NICU service coordinator must assure that the multidisciplinary assessment is conducted by qualified personnel from at least two different disciplines and is based on objective criteria to determine the baby's current level of development in all areas.

Signatures of Multidisciplinary Assessment Team Members: Each multidisciplinary team member who participated in the assessment signs their first and last name and discipline or family role (i.e. parent, grandparent, etc.) and the date of their involvement.

Names of Others Who Provided Information About the Baby's Development: Enter the first and last name and discipline or role of any individuals who provided information about the baby's present levels of development, but who were not a member of the multidisciplinary assessment team. This section should include the signature of the NICU service coordinator who provided the family interview, if applicable.

For infants who are *Eligible* (check one only): An IFSP can only be completed in the NICU with documented eligibility already in place, either based on the presence of a diagnosed condition associated with significant developmental delays (see www.eicolorado.org for a list of established conditions) or on the presence of a significant delay in development (see "Procedures for Referrals Made by a Level III Neonatal Intensive Care Unit" for details on establishing eligibility for babies referred based on a suspected delay).

Eligible based on a diagnosed condition(s) associated with significant developmental delays: Specify the name of the diagnosed condition. Indicate the name and credential of the qualified health professional that verified the condition along with the name of the medical facility that individual represents. Finally, provide the signature of the NICU service coordinator who verifies that the diagnosis meets eligibility criteria along with the date of eligibility determination.

Eligible based on a significant delay in development: Enter the developmental domain(s) in which a significant delay is present. Provide the signature of the CCB representative who documents that the appropriate procedures were followed to determine eligibility based on a significant delay in development (as outlined within "Procedures for Referrals Made by a Level III Neonatal Intensive Care Unit").

Parent signature: Ask the parent or legal guardian to sign and date confirming they understand their baby is eligible for early intervention services.

Parent's or Legal Guardian's Initials and Signatures:

The following rights and procedural safeguards were explained to me. I received a written description of each: The parent(s) or legal guardian(s) should initial this statement once this step is completed.

Note: This step should begin during the early intervention system's first contact with a family. The information should be reviewed again during the IFSP meeting as needed.

I participated fully in the development of this plan: The parent(s) or legal guardian(s) should initial this statement at the finalization of the written plan.

I give my consent to begin support/services on this plan: The parent(s) or legal guardian(s) should initial this statement at the finalization of the written plan.

I understand that I can ask to reconvene the team at any time to modify or makes changes to this plan: The parent(s) or legal guardian(s) should initial this statement at the finalization of the written plan.

Parent/Legal Guardian Signature: The parent(s) or legal guardian(s) should sign and date on this line at the finalization of the written plan.

Other IFSP Team Members' Signatures: All other individuals who participated in the development of the plan should sign, date, and indicate their role and if they need a copy of the IFSP. This can include signatures of multidisciplinary assessment team members who participated in the IFSP team.

CCB Representative Signature: To confirm the CCB's involvement in the IFSP process, the designated CCB primary contact must sign here. The date of this signature may differ from other signatures on this page and can be done after family signatures are obtained. The CCB primary contact person can provide a signature via fax, email, or in person.

Other Copies: Complete the information in this section for others who should receive copies of the IFSP with the parent or legal guardian's consent.