Welcome to Sunny Days

Agency Orientation

A Little History……..

–**Two women** passionate about their profession- had a vision!

The **vision** was to meet the growing need for therapists of children with developmental delays and autism.

This vision crystallized in 1994 when **Sunny Days** was established.

Joyce Salzberg, LCSW – twenty-five year background in social work and a past Associate Executive Director of United Cerebral Palsy. Mother and grandmother.

Donna Maher, RN – twenty-one years in early intervention and nursing. Mother and grandmother.

Together – Over 45 years experience, their professionalism and their love of children, especially those in need, have made this organization the largest provider of early intervention in New Jersey. Sunny Days meets the needs of over 1700 children weekly.

Our Mission

- To provide quality Evaluative and Therapeutic Early Intervention Services. Our family-centered philosophy supports the family as well as the most significant component to the child's progress.

  To foster the family's ability to promote their child's development to their fullest potential.

- To empower family to incorporate support strategies into their daily routines which will maximize the child's ability to participate in their environment.

Sunny Days

- Sunny Days serves children in the Early Intervention System, Board of Education, and Privately.
- Sunny Days can provide services to children from birth-to 18 years of age.

Who's Who at Sunny Days?

Program Director

- Karen Councilor RN 732-761-0088

Clinical Educators

- Jacqueline Jupin-Manzi MHA, RNC 732-223-0211
- Kathleen Flatley MS, OTR 201-512-0030
- Carola d'Emery PhD, PT 732-761-0088
- Lindsay Hilsen MA, BCBA 732-761-0088

Who's Who at Sunny Days? Regional Administrators

	Maureen Henry 732-477-3556	Barbra Herzog 732-863-5567	Deidre Krok 732-270-3644
	Monmouth, Hunterdon	**Middlesex/Morris**	**Mercer/Union**
Beth Lewis 609-646-0656			
Atlantic/Camden Burlington Cape May/Glouster			
	Sarah Martin 201-784-7577	Cheryl Monteleone 973-579-2207	Sheryl Newman 732-905-8939
	Bergen Hudson	**Essex Passaic/Sussex**	**Ocean Somerset**

Who's Who at Sunny Days? Regional Administrators

Autism Administrator

Debbie Zielinski
732-335-3720

Autism Clinical Coordinator
Southern Region

Marisa LaMonte-Paulsen
732-905-7737

Targeted Evaluation Teams

Audrey Searles
609-489-0661

Helen Godfrey
845-356-7566

Hunterdon/ Ocean, Atlantic and Cape May
Hudson, Morris ,Sussex, Bergen-Back up

NJ Early Intervention (EI) System

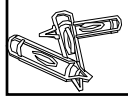
- Under the NJ Dept. of Health and Senior Services (DHSS)
- Four nonprofit organizations called Regional Early Intervention Collaboratives (Southern, Mid-Jersey Cares, Family Link, Helpful Hands)
- REIC's plan and coordinate the state's EI system at the regional/community level.

EI Services at Public Expense

- Child Find
- Procedural Safeguards
- Service Coordination
- Evaluation and Assessment
- Individual Family Service Plan Development (IFSP)
  - Review and Transition Planning

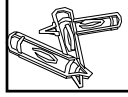
EI Services not at Public Expense

- All other direct service is subject to a family cost share.
- Cost share is based on income and family size.



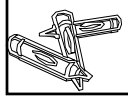
Early Intervention Process

- Referral
- Intake
- Eligibility Evaluation
- Family Information Gathering
- IFSP Development
- Assignment of EI Agency



Early Intervention Process…con't

- Service Provision
  - Direct Service
  - IFSP Reviews
- Transition out of EI.



Identification and Referral

- Referral is made to SCHS when there is a concern. (1-888-653-4463 or 1-888-njeiinfo)
- Family consent is required prior to the referral.
- Family consent is not needed prior to referral in:
  - Substantiated cases of abuse
  - Cases where an infant has been exposed to drugs prenatally.

Evaluation for Eligibility

- Family provides consent
- Service Coordinator coordinates evaluation
- Evaluation team is multidisciplinary
- Must be completed within 45 days of referral
- State using Battelle Developmental Inventory (BDI-2)

Evaluation cont….

- Determine status of child in each developmental area:
- Physical – gross motor, fine motor, vision and hearing
- Cognitive
- Communication – receptive and expressive
- Social/emotional
- Adaptive (self-help)

Evaluation cont…

- Review of health records
- Review of families resources, priorities, concerns and supports.
- Information provided by multiple sources: physician, family, childcare etc.
- Utilizes informed clinical opinion based on observations, interviews and other appropriate methods.
- Conducted in the families primary language

Eligibility

- Child is under age three and has:
- 33% delay in one area of development or
- 25% delay in two or more areas.
- Delay of 2 Standard Deviations below the mean in one functional area of development or at least 1.5 Standard Deviation below the mean in each of two functional areas of development.
- Condition with a high probability of resulting in a developmental delay documented by a physician, advanced practice nurse or a psychologist.

Conditions with a High Probability of Resulting in Developmental Delay

- Chromosomal Abnormalities
- Congenital Disorders
- Severe Sensory Impairments including vision and hearing
- Untreated inborn errors of metabolism
- Disorders reflecting disturbance of the Central Nervous System
- Congenital Infections
- Disorders Secondary to exposure to toxic substances
- Severe attachment disorders

Presumptive Diagnoses

- Down Syndrome
- Fetal Alcohol Spectrum Disorder
- Hearing Impairment
- Visual Impairment
- Autism/PDD
- Spina Bifida
- Cerebral Palsy
- Trisomy 13 – 18
- Fragile X
- Hydrocephalus

Initial IFSP Meeting and Development

- Done within 45 days of referral.
- Conducted at a place convenient for the family.
- Conducted in primary language of the family.
- During this meeting the team develops family outcomes and decides upon services necessary to meet those outcomes.

IFSP Participants

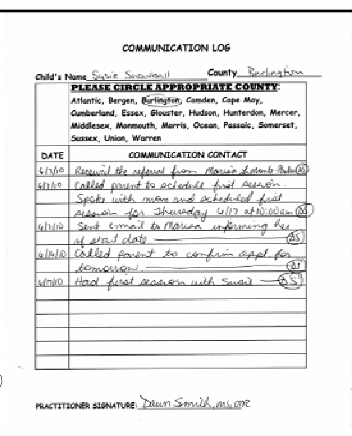
- Family
- Advocate or supporter (optional)
- Service Coordinator
- Evaluation Team Members

Provision of Services

- Family provides written consent for services
- Family provided with agreed upon services
- Services provided in Natural Environments and are consistent with the outcomes (goals)/strategies of the IFSP
- Services are reviewed periodically

Provision of Services

- Respond to the Regional Administrator within 24 hours indicating your availability to fill the service.
- See Policy
- Document initial contact with families on the COMMUNICATION LOG when initiating a new service.
- Please see policy on Communication Note Completion
- If accepting case, contact family within 48 hours and immediately notify your RA of start date which should be within approximately 10 days of receipt of referral (pending receipt of authorization).



COMMUNICATION LOG

Child's Name Susie Snowball County Burlington

	PLEASE CIRCLE APPROPRIATE COUNTY: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Glouster, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren
DATE	COMMUNICATION CONTACT
6/7/10	Received the referral from Marcia [illegible] DS
6/7/10	Called parent to schedule first session.
	Spoke with mom and scheduled first
	session for Thursday 6/17 at 10:00am DS
6/7/10	Sent email to Marcia informing her
	of start date DS
6/16/10	Called parent to confirm appt for
	tomorrow DS
6/17/10	Had first session with Susie DS

PRACTITIONER SIGNATURE: Dawn Smith, MS, OTR

Authorization

- A preprinted NJ EIS billing authorization will be emailed to you (print out for each billing cycle).
- This serves as your verification log.
- Be aware of the number of units authorized. 1 unit equals 15 minutes

Authorization

- Authorization is necessary in order to begin services.
- Service must be identified on the child's IFSP. Double check IFSP service page against billing authorization form received via email.
- Please be aware of the authorized timeframe or "bucket of time"


AUTHORIZATION

Total Units Authorized: 154 (One Unit = 15 Minutes)

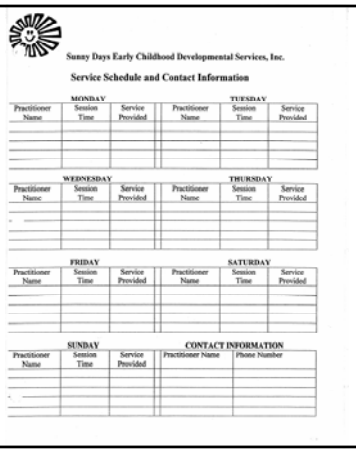
Total 60 Minute Sessions Authorized: 38.50

Provision of Services

- Practitioners must be aware of the outcomes that are present in the IFSP prior to starting services.
- Contact your RA if you do not receive the IFSP prior to the start date.
- Must match service to correct authorization if you have more than one for a particular child.

Provision of Services

- Practitioners should support all outcomes to the maximum extent possible when it is appropriate and safe.
- Communication between multiple practitioners in the home is encouraged.



Sunny Days Early Childhood Developmental Services, Inc.

Service Schedule and Contact Information

MONDAY			TUESDAY		
Practitioner Name	Session Time	Service Provided	Practitioner Name	Session Time	Service Provided

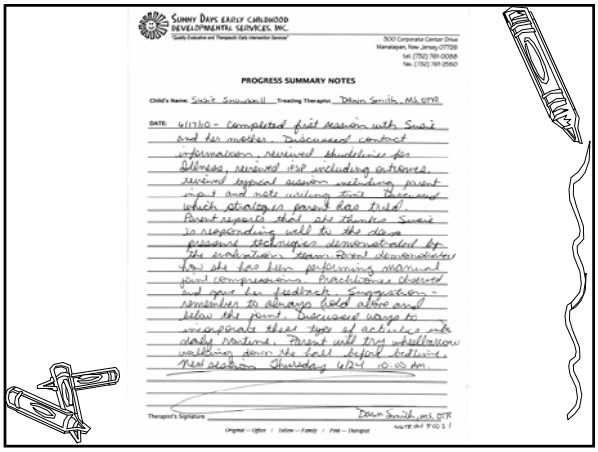
WEDNESDAY			THURSDAY		
Practitioner Name	Session Time	Service Provided	Practitioner Name	Session Time	Service Provided

FRIDAY			SATURDAY		
Practitioner Name	Session Time	Service Provided	Practitioner Name	Session Time	Service Provided

SUNDAY			CONTACT INFORMATION	
Practitioner Name	Session Time	Service Provided	Practitioner Name	Phone Number

Progress Notes

- Document session on a Progress Summary Note. This includes: date of session, summary of activities and strategies, child/family response, plan for next session, recommendations/strategies for family follow up and communication with family/service coordinator.
- This form should also be used to document missed sessions (any reason), contacts with other practitioners, and the Service Coordinator.
- Parents receive yellow copy of Progress Summary Note. The pink copy is for your files.
- Cross out empty lines.



SUNNY DAYS EARLY CHILDHOOD DEVELOPMENTAL SERVICES, INC.

"Quality Evaluative and Therapeutic Early Intervention Services"

300 Corporate Center Drive
Manalapan, New Jersey 07726
tel. (732) 761-0088
fax. (732) 761-0560

PROGRESS SUMMARY NOTES

Child's Name: Susi Snowball Treating Therapist: Dawn Smith, MS OTR

DATE: 6/17/10 - completed first session with Susi and her mother. Discussed contact information, reviewed guidelines for Illness, reviewed ISP including outcomes, reviewed typical session including parent input and note writing tool. Discussed which strategies parent has tried. Parent reports that she thinks Susi is responding well to the above pressure techniques demonstrated by the evaluation team. Parent demonstrates that she has been performing manual joint compressions. Practitioner observed and gave in feedback. Suggestion - remember to always hold above and below the joint. Discussed ways to incorporate these type of activities into daily routine. Parent will try wheelbarrow walking down the hall before bedtime. Next session Thursday 6/24 10:00 AM

Therapist's Signature: Dawn Smith, MS OTR

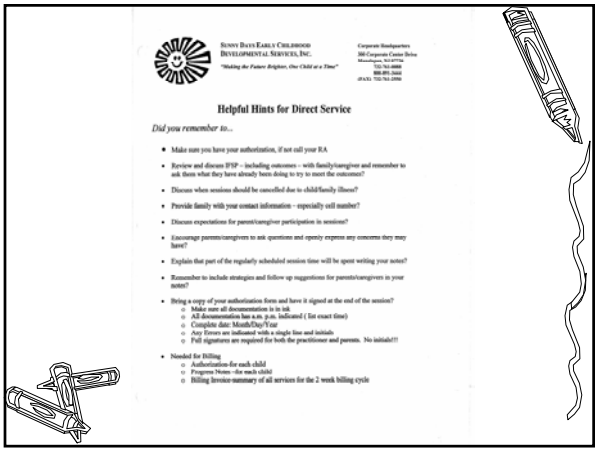
Original – Office / Yellow – Family / Pink – Therapist

Documentation

- All documentation must be in ink.
- If a mistake is made, cross out with one line with your initials next to it. You may not use white out!!
- All forms should have dates, month/date/year, and a.m. or p.m. must be indicated. Please list exact times in and out.
- Signatures are required on all consents or log verifications. Initials are not acceptable.

Provision of Services

- Please note that billable hours are for face to face interaction with the child/family. This includes writing progress notes.
- Practitioners may not leave a session early to do their notes at home.
- NJEIS-15- Policy on Fraud, Waste and Abuse



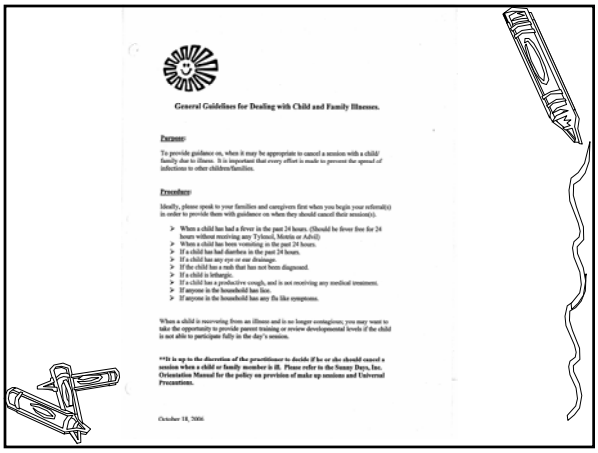
SUNNY DAYS EARLY CHILDHOOD DEVELOPMENTAL SERVICES, INC.
"Making the Future Brighter, One Child at a Time"

Corporate Headquarters
300 Corporate Center Drive
Moorestown, NJ 08057
856-231-3660
FAX: 856-231-3661

Helpful Hints for Direct Service

Did you remember to...

- Make sure you have your authorization, if not call your RA
- Review and discuss IFSP – including outcomes – with family/caregiver and remember to ask them what they have already been doing to try to meet the outcomes?
- Discuss when sessions should be cancelled due to child/family illness?
- Provide family with your contact information – especially cell number?
- Discuss expectations for parent/caregiver participation in sessions?
- Encourage parents/caregivers to ask questions and openly express any concerns they may have?
- Explain that part of the regularly scheduled session time will be spent writing your notes?
- Remember to include strategies and follow up suggestions for parents/caregivers in your notes?
- Bring a copy of your authorization form and have it signed at the end of the session?
  - Make sure all documentation is in ink
  - All documentation has a.m. p.m. indicated (list exact time)
  - Complete date: Month/Day/Year
  - Any Errors are indicated with a single line and initials
  - Full signatures are required for both the practitioner and parents. No initials!!!
- Needed for Billing
  - Authorization-for each child
  - Progress Notes –for each child
  - Billing Invoice-summary of all services for the 2 week billing cycle



General Guidelines for Dealing with Child and Family Illnesses.

Purpose:

To provide guidance on, when it may be appropriate to cancel a session with a child/family due to illness. It is important that every effort is made to prevent the spread of infections to other children/families.

Procedure:

Ideally, please speak to your families and caregivers first when you begin your referral(s) in order to provide them with guidance on when they should cancel their session(s).

- When a child has had a fever in the past 24 hours. (Should be fever free for 24 hours without receiving any Tylenol, Motrin or Advil).
- When a child has been vomiting in the past 24 hours.
- If a child has had diarrhea in the past 24 hours.
- If a child has any eye or ear drainage.
- If the child has a rash that has not been diagnosed.
- If a child is lethargic.
- If a child has a productive cough, and is not receiving any medical treatment.
- If anyone in the household has lice.
- If anyone in the household has any flu like symptoms.

When a child is recovering from an illness and is no longer contagious; you may want to take the opportunity to provide parent training or review developmental levels if the child is not able to participate fully in the day's session.

****It is up to the discretion of the practitioner to decide if he or she should cancel a session when a child or family member is ill. Please refer to the Sunny Days, Inc. Orientation Manual for the policy on provision of make up sessions and Universal Precautions.**

October 18, 2006

Ongoing Assessment

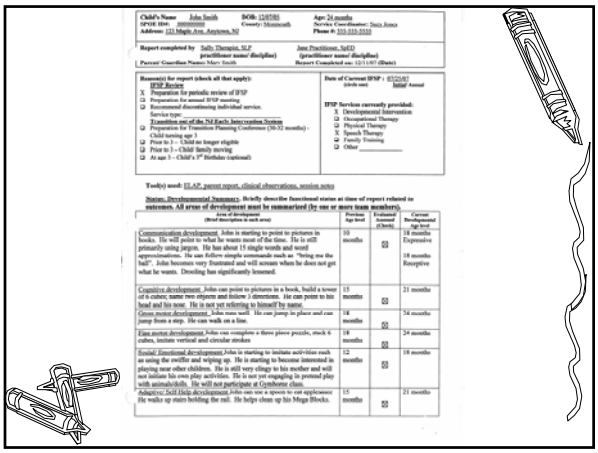
- Ongoing procedures to identify :
  - A child's strengths and needs
  - Resources needed to address identified needs
  - Part of progress update provided during child's regular sessions

IFSP Reviews

- Periodic Review reminders will be e-mailed to practitioners approximately 60 days prior to review.
- Progress Summary Form reflecting current levels or current developmental skills present, next skills needed or expected to emerge.
- Use information from ongoing assessment.
- Calculating % of delay.

Developmental Delay Percentages

Age (months)	20% delay (months)	25% delay (months)	33% delay (months)
1	0.8	0.75	0.67
2	1.6	1.5	1.34
3	2.4	2.25	2.01
4	3.2	3	2.68
5	4	3.75	3.35
6	4.8	4.5	4.02
7	5.6	5.25	4.69
8	6.4	6	5.36
9	7.2	6.75	6.03
10	8	7.5	6.7
11	8.8	8.25	7.37
12	9.6	9	8.04
13	10.4	9.75	8.71
14	11.2	10.5	9.38
15	12	11.25	10.05
16	12.8	12	10.72
17	13.6	12.75	11.39
18	14.4	13.5	12.06
19	15.2	14.25	12.73
20	16	15	13.4
21	16.8	15.75	14.07
22	17.6	16.5	14.74
23	18.4	17.25	15.41
24	19.2	18	16.08
25	20	18.75	16.75
26	20.8	19.5	17.42
27	21.6	20.25	18.09
28	22.4	21	18.76
29	23.2	21.75	19.43
30	24	22.5	20.1
31	24.8	23.25	20.77
32	25.6	24	21.44
33	26.4	24.75	22.11
34	27.2	25.5	22.78
35	28	26.25	23.45
36	28.8	27	24.12



Child's Name John Smith **DOB:** 12/07/01 **Age:** 24 months
SPOE ID#: 00000000 **County:** Monmouth **Service Coordinator:** Suzy Jones
Address: 123 Maple Ave, Anytown, NJ **Phone #:** 555-555-5555

Report completed by Sally Therapist, SLP (practitioner name/ discipline) **Jane Practitioner, SpED** (practitioner name/ discipline)
Parent/ Guardian Name: Mary Smith **Report Completed on:** 12/11/07 (Date)

Reason(s) for report (check all that apply):
IFSP Review
X Preparation for periodic review of IFSP
☐ Preparation for annual IFSP meeting
☐ Recommend discontinuing individual service.
Service type: _____
Transition out of the NJ Early Intervention System
☐ Preparation for Transition Planning Conference (30-32 months) -
☐ Child turning age 3
☐ Prior to 3 – Child no longer eligible
☐ Prior to 3 - Child/ family moving
☐ At age 3 - Child's 3rd Birthday (optional)

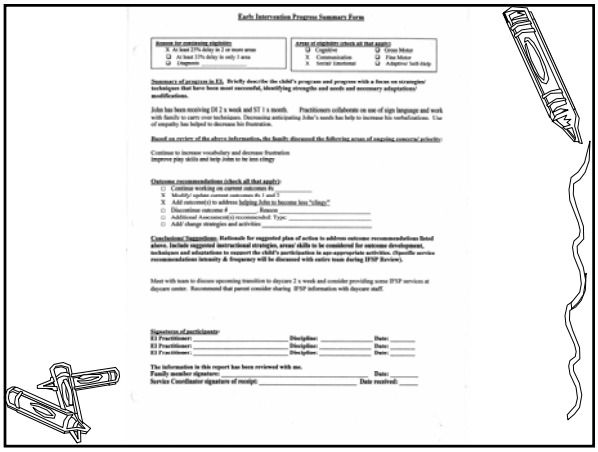
Date of Current IFSP: 07/25/07 (circle one) **Initial/ Annual**

IFSP Services currently provided:
X Developmental Intervention
☐ Occupational Therapy
☐ Physical Therapy
X Speech Therapy
☐ Family Training
☐ Other _____

Tool(s) used: ELAP, parent report, clinical observations, session notes

Status: Developmental Summary. Briefly describe functional status at time of report related to outcomes. All areas of development must be summarized (by one or more team members).

Area of development (Brief description in each area)	Previous Age level	Evaluated Assessed (Check)	Current Developmental Age level
Communication development. John is starting to point to pictures in books. He will point to what he wants most of the time. He is still primarily using jargon. He has about 15 single words and word approximations. He can follow simple commands such as "bring me the ball". John becomes very frustrated and will scream when he does not get what he wants. Drooling has significantly lessened.	10 months	☒	18 months Expressive 18 months Receptive
Cognitive development. John can point to pictures in a book, build a tower of 6 cubes; name two objects and follow 1 directions. He can point to his head and his nose. He is not yet referring to himself by name.	15 months	☒	21 months
Gross motor development. John runs well. He can jump in place and can jump from a step. He can walk on a line.	18 months	☒	34 months
Fine motor development. John can complete a three piece puzzle, stack 6 cubes, imitate vertical and circular strokes	18 months	☒	24 months
Social/ Emotional development. John is starting to imitate activities such as using the swiffer and wiping up. He is starting to become interested in playing near other children. He is still very clingy to his mother and will not initiate his own play activities. He is not yet engaging in pretend play with animals/dolls. He will not participate at Gymboree class.	12 months	☒	18 months
Adaptive/ Self-Help development. John can use a spoon to eat applesauce. He walks up stairs holding the rail. He helps clean up his Mega Blocks.	15 months	☒	21 months



Early Intervention Progress Summary Form

Reason for continuing eligibility:
X At least 25% delay in 2 or more areas
☐ At least 33% delay in only 1 area
☐ Diagnosis: _____

Areas of eligibility (check all that apply):
☐ Cognitive ☐ Gross Motor
X Communication ☐ Fine Motor
X Social/ Emotional ☐ Adaptive/ Self-Help

Summary of progress in EI. Briefly describe the child's program and progress with a focus on strategies/ techniques that have been most successful, identifying strengths and needs and necessary adaptations/ modifications.

John has been receiving DI 2 x week and ST 1 x month. Practitioners collaborate on use of sign language and work with family to carry over techniques. Decreasing anticipating John's needs has help to increase his verbalizations. Use of empathy has helped to decrease his frustration.

Based on review of the above information, the family discussed the following areas of ongoing concern/ priority:

Continue to increase vocabulary and decrease frustration
improve play skills and help John to be less clingy

Outcome recommendations (check all that apply):
☐ Continue working on current outcomes #s _____
X Modify/ update current outcomes #s 1 and 3
X Add outcome(s) to address helping John to become less "clingy"
☐ Discontinue outcome #_____ Reason _____
☐ Additional Assessment(s) recommended: Type: _____
☐ Add/ change strategies and activities _____

Conclusions/ Suggestions. Rationale for suggested plan of action to address outcome recommendations listed above. Include suggested instructional strategies, areas/ skills to be considered for outcome development, techniques and adaptations to support the child's participation in age-appropriate activities. (Specific service recommendations intensity & frequency will be discussed with entire team during IFSP Review).

Meet with team to discuss upcoming transition to daycare 2 x week and consider providing some IFSP services at daycare center. Recommend that parent consider sharing IFSP information with daycare staff.

Signatures of participants:
EI Practitioner: _____ **Discipline:** _____ **Date:** _____
EI Practitioner: _____ **Discipline:** _____ **Date:** _____
EI Practitioner: _____ **Discipline:** _____ **Date:** _____

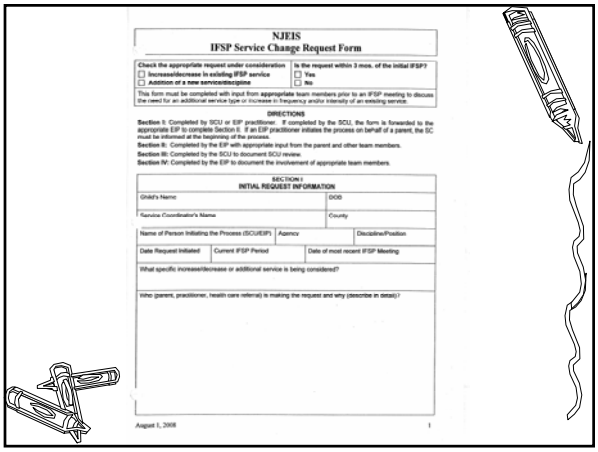
The information in this report has been reviewed with me.
Family member signature: _____ **Date:** _____
Service Coordinator signature of receipt: _____ **Date received:** _____

IFSP Reviews

- Updated levels for continuing eligibility to be submitted on a Progress Summary Form, which is completed and sent to the main office.
- Sunny Days will forward to the service coordinator 30 days prior to the meeting.
- If you need to learn a tool such as the ELAP you may register for a training by sending an e-mail to training@sunnydays.com.

Additional Assessments

- Separate discrete assessments – generally discipline or domain specific.
- No charge to family – provided under separate authorization for 90 minutes.
- In the NJEIS our assessment write ups do not include outcomes or recommendations for service type, frequency or intensity.
- Outcomes and service recommendations are determined by the entire team at an IFSP meeting following the assessment.



NJEIS
IFSP Service Change Request Form

Check the appropriate request under consideration
☐ Increase/decrease in existing IFSP service
☐ Addition of a new service/discipline

Is the request within 3 mos. of the initial IFSP?
☐ Yes
☐ No

This form must be completed with input from appropriate team members prior to an IFSP meeting to discuss the need for an additional service type or increase in frequency and/or intensity of an existing service.

DIRECTIONS

Section I: Completed by SCU or EIP practitioner. If completed by the SCU, the form is forwarded to the appropriate EIP to complete Section II. If an EIP practitioner initiates the process on behalf of a parent, the SC must be informed at the beginning of the process.
Section II: Completed by the EIP with appropriate input from the parent and other team members.
Section III: Completed by the SCU to document SCU review.
Section IV: Completed by the EIP to document the involvement of appropriate team members.

SECTION I
INITIAL REQUEST INFORMATION

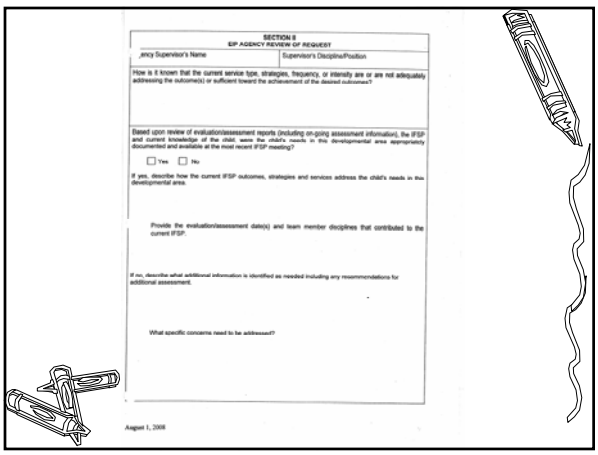
Child's Name:	DOB
Service Coordinator's Name	County

Name of Person Initiating the Process (SCU/EIP)	Agency	Discipline/Position
Date Request Initiated	Current IFSP Period	Date of most recent IFSP Meeting

What specific increase/decrease or additional service is being considered?

Who (parent, practitioner, health care referral) is making the request and why (describe in detail)?

August 1, 2008 1



SECTION II
EIP AGENCY REVIEW OF REQUEST

...ency Supervisor's Name | Supervisor's Discipline/Position

How is it known that the current service type, strategies, frequency, or intensity are or are not adequately addressing the outcome(s) or sufficient toward the achievement of the desired outcomes?

Based upon review of evaluation/assessment reports (including on-going assessment information), the IFSP and current knowledge of the child, were the child's needs in this developmental area appropriately documented and available at the most recent IFSP meeting?

☐ Yes ☐ No

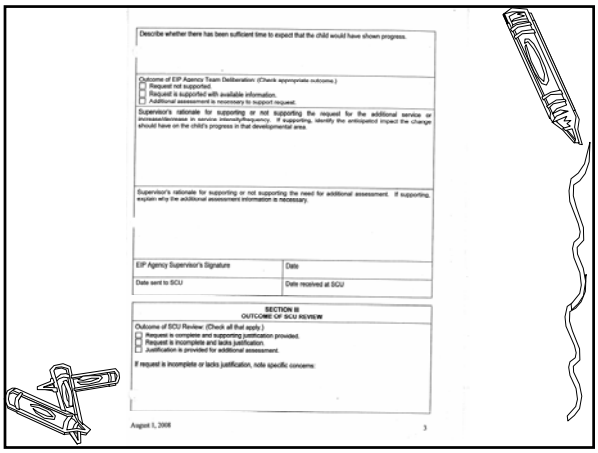
If yes, describe how the current IFSP outcomes, strategies and services address the child's needs in this developmental area.

Provide the evaluation/assessment date(s) and team member disciplines that contributed to the current IFSP.

If no, describe what additional information is identified as needed including any recommendations for additional assessment.

What specific concerns need to be addressed?

August 1, 2008



Describe whether there has been sufficient time to expect that the child would have shown progress.

Outcome of EIP Agency Team Deliberation: (Check appropriate outcome.)
- ☐ Request not supported.
- ☐ Request is supported with available information.
- ☐ Additional assessment is necessary to support request.

Supervisor's rationale for supporting or not supporting the request for the additional service or increase/decrease in service intensity/frequency. If supporting, identify the anticipated impact the change should have on the child's progress in that developmental area.

Supervisor's rationale for supporting or not supporting the need for additional assessment. If supporting, explain why the additional assessment information is necessary.

EIP Agency Supervisor's Signature	Date
Date sent to SCU	Date received at SCU

SECTION III
OUTCOME OF SCU REVIEW

Outcome of SCU Review: (Check all that apply.)
- ☐ Request is complete and supporting justification provided.
- ☐ Request is incomplete and lacks justification.
- ☐ Justification is provided for additional assessment.

If request is incomplete or lacks justification, note specific concerns:

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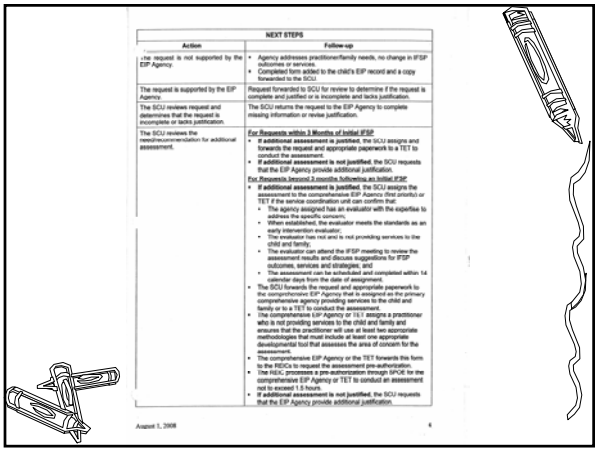

NEXT STEPS

Action	Follow-up
...he request is not supported by the EIP Agency.	• Agency addresses practitioner/family needs, no change in IFSP outcomes or services. • Completed form added to the child's EIP record and a copy forwarded to the SCU.
The request is supported by the EIP Agency.	Request forwarded to SCU for review to determine if the request is complete and justified or is incomplete and lacks justification.
The SCU reviews request and determines that the request is incomplete or lacks justification.	The SCU returns the request to the EIP Agency to complete missing information or revise justification.
The SCU reviews the need/recommendation for additional assessment.	**For Requests within 3 Months of Initial IFSP** • **If additional assessment is justified**, the SCU assigns and forwards the request and appropriate paperwork to a TET to conduct the assessment. • **If additional assessment is not justified**, the SCU requests that the EIP Agency provide additional justification. **For Requests beyond 3 months following an Initial IFSP** • **If additional assessment is justified**, the SCU assigns the assessment to the comprehensive EIP Agency (first priority) or TET if the service coordination unit can confirm that: ▪ The agency assigned has an evaluator with the expertise to address the specific concern; ▪ When established, the evaluator meets the standards as an early intervention evaluator; ▪ The evaluator has not and is not providing services to the child and family; ▪ The evaluator can attend the IFSP meeting to review the assessment results and discuss suggestions for IFSP outcomes, services and strategies; and ▪ The assessment can be scheduled and completed within 14 calendar days from the date of assignment. • The SCU forwards the request and appropriate paperwork to the comprehensive EIP Agency that is assigned as the primary comprehensive agency providing services to the child and family or to a TET to conduct the assessment. • The comprehensive EIP Agency or TET assigns a practitioner who is not providing services to the child and family and ensures that the practitioner will use at least two appropriate methodologies that must include at least one appropriate developmental tool that assesses the area of concern for the assessment. • The comprehensive EIP Agency or the TET forwards this form to the REIC to request the assessment pre-authorization. • The REIC processes a pre-authorization through SPOE for the comprehensive EIP Agency or TET to conduct an assessment not to exceed 1.5 hours. • **If additional assessment is not justified**, the SCU requests that the EIP Agency provide additional justification.

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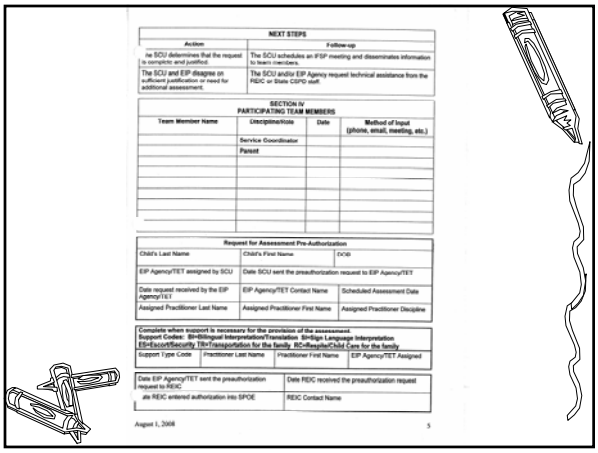

NEXT STEPS

Action	Follow-up
...he SCU determines that the request is complete and justified.	The SCU schedules an IFSP meeting and disseminates information to team members.
The SCU and EIP disagree on sufficient justification or need for additional assessment.	The SCU and/or EIP Agency request technical assistance from the REIC or State CSPD staff.

SECTION IV
PARTICIPATING TEAM MEMBERS

Team Member Name	Discipline/Role	Date	Method of Input (phone, email, meeting, etc.)
	Service Coordinator		
	Parent		

Request for Assessment Pre-Authorization

Child's Last Name	Child's First Name	DOB
EIP Agency/TET assigned by SCU	Date SCU sent the preauthorization request to EIP Agency/TET	
Date request received by the EIP Agency/TET	EIP Agency/TET Contact Name	Scheduled Assessment Date
Assigned Practitioner Last Name	Assigned Practitioner First Name	Assigned Practitioner Discipline

Complete when support is necessary for the provision of the assessment.
Support Codes: BI=Bilingual Interpretation/Translation SI=Sign Language Interpretation ES=Escort/Security TR=Transportation for the family RC=Respite/Child Care for the family

Support Type Code	Practitioner Last Name	Practitioner First Name	EIP Agency/TET Assigned

Date EIP Agency/TET sent the preauthorization request to REIC	Date REIC received the preauthorization request
ate REIC entered authorization into SPOE	REIC Contact Name

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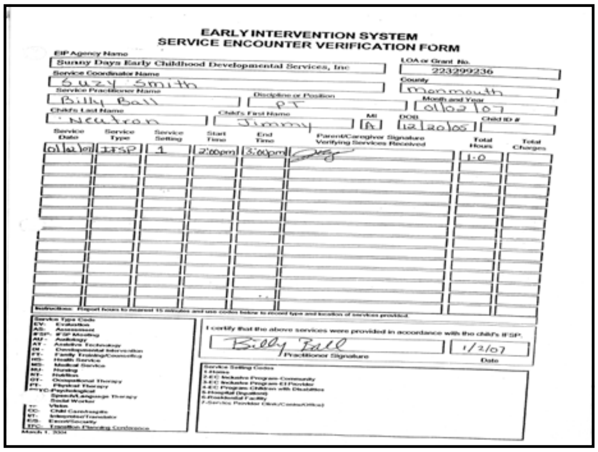


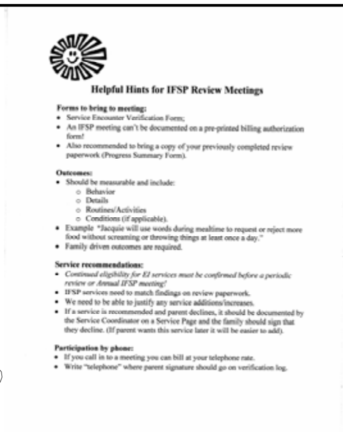
EARLY INTERVENTION SYSTEM
SERVICE ENCOUNTER VERIFICATION FORM

EIP Agency Name: Sunny Days Early Childhood Developmental Services, Inc
LOA or Grant No.: 223299236
Service Coordinator Name: Suzy Smith
County: Monmouth
Service Practitioner Name: Billy Ball
Discipline or Position: PT
Month and Year: 01/02/07
Child's Last Name: Newtron
Child's First Name: Jimmy
MI: A
DOB: 12/20/05
Child ID #:

Service Date	Service Type	Service Setting	Start Time	End Time	Parent/Caregiver Signature Verifying Services Received	Total Hours	Total Charges
01/02/07	IFSP	1	2:00pm	3:00pm	[signature]	1.0	

I certify that the above services were provided in accordance with the child's IFSP.

Billy Ball — Practitioner Signature — 1/2/07 Date



Helpful Hints for IFSP Review Meetings

Forms to bring to meeting:

- Service Encounter Verification Form;
- An IFSP meeting can't be documented on a pre-printed billing authorization form!
- Also recommended to bring a copy of your previously completed review paperwork (Progress Summary Form).

Outcomes:

- Should be measurable and include:
  - Behavior
  - Details
  - Routines/Activities
  - Conditions (if applicable).
- Example "Jacquie will use words during mealtime to request or reject more food without screaming or throwing things at least once a day."
- Family driven outcomes are required.

Service recommendations:

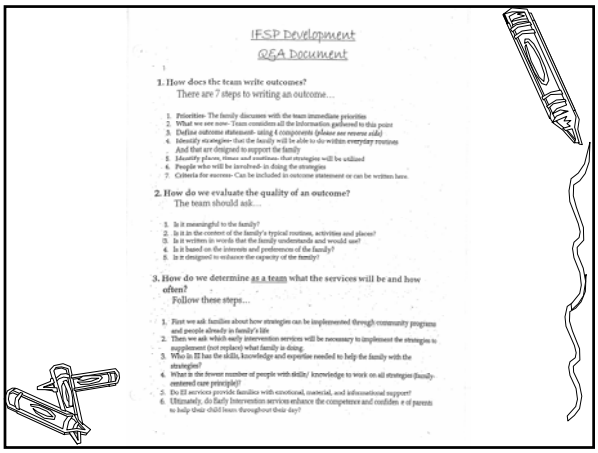
- *Continued eligibility for EI services must be confirmed before a periodic review or Annual IFSP meeting!*
- IFSP services need to match findings on review paperwork.
- We need to be able to justify any service additions/increases.
- If a service is recommended and parent declines, it should be documented by the Service Coordinator on a Service Page and the family should sign that they decline. (If parent wants this service later it will be easier to add).

Participation by phone:

- If you call in to a meeting you can bill at your telephone rate.
- Write "telephone" where parent signature should go on verification log.

Components of Outcome Statement

- Behavior-desired of the child/family.
- Specific details that describe what the behavior should look like.
- Routine or activity in which the child/family will use the behavior.
- Conditions associated with the behavior.



IFSP Development
Q&A Document

1. How does the team write outcomes?
There are 7 steps to writing an outcome…

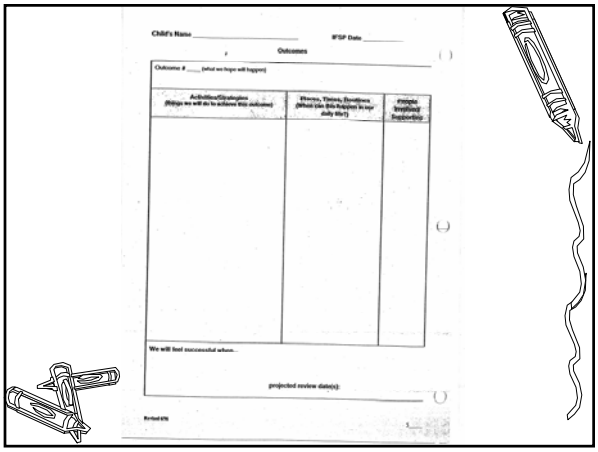
1. Priorities- The family discusses with the team immediate priorities
2. What we see now- Team considers all the information gathered to this point
3. Define outcome statement- using 4 components (please see reverse side)
4. Identify strategies- that the family will be able to do within everyday routines And that are designed to support the family
5. Identify places, times and routines- that strategies will be utilized
6. People who will be involved- in doing the strategies
7. Criteria for success- Can be included in outcome statement or can be written here.

2. How do we evaluate the quality of an outcome?
The team should ask…

1. Is it meaningful to the family?
2. Is it in the context of the family's typical routines, activities and places?
3. Is it written in words that the family understands and would use?
4. Is it based on the interests and preferences of the family?
5. Is it designed to enhance the capacity of the family?

3. How do we determine as a team what the services will be and how often?
Follow these steps…

1. First we ask families about how strategies can be implemented through community programs and people already in family's life
2. Then we ask which early intervention services will be necessary to implement the strategies to supplement (not replace) what family is doing.
3. Who in EI has the skills, knowledge and expertise needed to help the family with the strategies?
4. What is the fewest number of people with skills/ knowledge to work on all strategies (family-centered care principle)?
5. Do EI services provide families with emotional, material, and informational support?
6. Ultimately, do Early Intervention services enhance the competence and confiden e of parents to help their child learn throughout their day?



Child's Name _____ IFSP Date _____

Outcomes

Outcome # _____ (what we hope will happen)

Activities/Strategies (things we will do to achieve this outcome)	Places, Times, Routines (When can this happen in our daily life?)	People Involved/ Supporting

We will feel successful when…

projected review date(s):

Revised 8/06

Outcome example:

- Jacquie will use words during mealtime to request or reject more food without screaming or throwing things at least once a day.

Transition Planning Conference

- Generally held when child is 30-32 months old;
- Participants-Family, Service Coordinator, EI Practitioner, Child Study Team Member;
- Outline process of identification, evaluation, eligibility determination, development of the IEP, and district registration requirements;
- Discuss: Options for community transition;
  when school district needs records;
  Uniform Application Act

Transition Planning Conference

- Can also be held when child is transitioning out of the system at an earlier age or when family does not wish to involve school district.

Transition Planning Conference

- Your primary role at a TPC is to share child's progress in EI not to make recommendations about placement after child turns 3.
- Team members can offer strategies to support transition.
- Practitioners should not attend the eligibility evaluation or IEP meeting that takes place at the school. They are not EI meetings.

Practitioner Responsibilities

- Please make sure Sunny Days receives copies of all required paper work. Including updates of licenses, professional liability insurance, and certificates of attendance for NJEIS trainings.
- Please keep current on any changes in the EI system. You will receive some information from Sunny Days and can also check www.NJEIS.org periodically.

State Training Requirements

- State Training Requirements
  - On-line test
  - Introduction to IFSP Development
  - Procedural Safeguards
  - Transition Training (under revision)

Practitioner Responsibilities: Safety

- Personal Safety
  - seat belts
  - let someone know how to contact you
- Child Safety

Professional Behavior

- Professional Behavior is expected at all times –
  - Professional Conduct/Boundaries
  - Professional Appearance

Universal Precautions

- Guidelines for Illness
- Toy washing policy
- Hand washing

Practitioner Responsibilities: Incident Reports

- Should be filled out if incident occurs involving the practitioner, child or other individual. (ie. falls, biting, etc.) Please contact your RA if an incident report has been filled out.

Practitioner Responsibilities Confidentiality

- Confidentiality policy must be signed and on file at main office
- Information about children and their families should not be discussed in public places, other families' homes or with family members or friends.
- Consent to release and share information form (day care, grandparents)

Practitioner Responsibilities Confidentiality

- Documentation with any identifying information should be kept in a secure location. Please see Child Record Maintenance Policy.
- Information concerning children and their families may only be shared with outside agencies after written permission is received from the parent and/or legal guardian.

Practitioner Responsibilities Child Abuse and Neglect

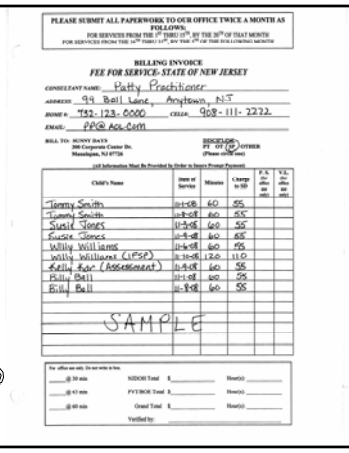
- Anyone who has reasonable cause to believe that a child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment or any other kind of abuse neglect or exploitation.
- Must report concerns immediately to DYFS Office of Child Abuse (800) 792-8610. In addition please notify your RA.

Billing Deadlines

- Bi-monthly billing schedule is as follows:
- Services provided between the 1st and the 15th of the month, billing must be received no later than the 20th of the month.
- Services provided between the 16th and the end of the month, must be received no later than the 5th of the following month.

Billing Procedure

- Submit one billing invoice as a cover sheet for each billing cycle.
- List all services by child for that 2 week billing cycle on the billing invoice.
- Include required supporting documents for each service.



PLEASE SUBMIT ALL PAPERWORK TO OUR OFFICE TWICE A MONTH AS FOLLOWS:

BILLING INVOICE

FEE FOR SERVICE- STATE OF NEW JERSEY

CONSULTANT NAME: Patty Practitioner

ADDRESS: 99 Bell Lane, Anytown, NJ

PHONE #: 732-123-0000 CELL: 908-111-2222

EMAIL: PP@AOL.com

BILL TO: SUNNY DAYS

300 Corporate Center Dr.

Manalapan, NJ 07726

DISCIPLINE: PT OT (X) OTHER

(Please circle one)

(All Information Must Be Provided In Order to Insure Prompt Payment)

Child's Name	Date of Service	Minutes	Charge to SD	P.S. (for office use only)	V.L. (for office use only)
Tommy Smith	10-1-08	60	55		
Tommy Smith	10-3-08	60	55		
Susie Jones	10-3-08	60	55		
Susie Jones	10-8-08	60	65		
Willy Williams	10-6-08	60	95		
Willy Williams (IFSP)	9-30-08	120	110		
Kelly Kerr (Assessment)	10-4-08	60	55		
Billy Bell	10-1-08	60	55		
Billy Bell	10-8-08	60	55		

SAMPLE

For office use only. Do not write in box.

___@ 30 min NJDOH Total $_____ Hour(s) _____

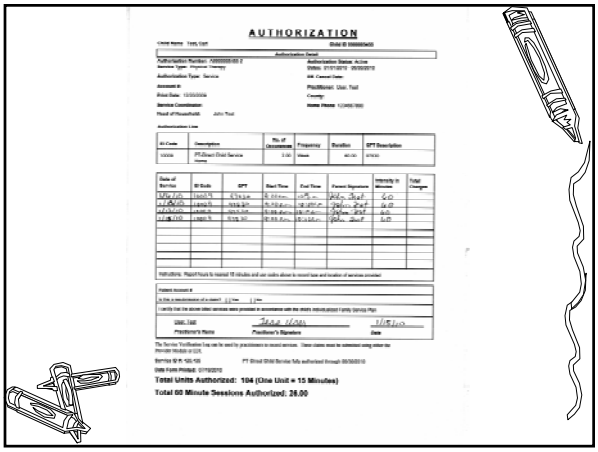
___@ 45 min PYTHOR Total $_____ Hour(s) _____

___@ 60 min Grand Total $_____ Hour(s) _____

Verified by: _____

Billing Documents for Direct Service

- Please submit the following to the corporate office for Direct Service
  - Completed billing authorization/log form.
  - Progress Notes for <u>each</u> session



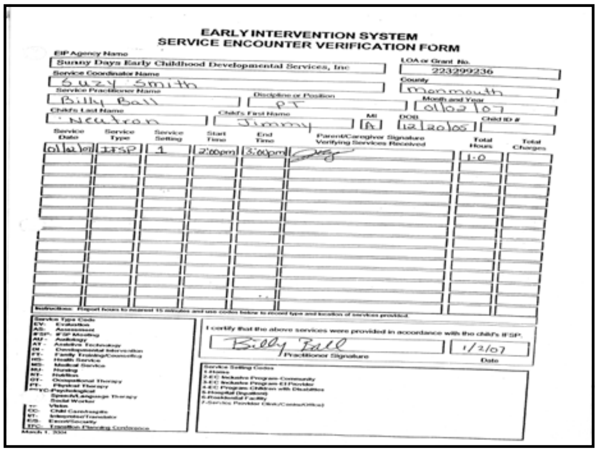
AUTHORIZATION

Total Units Authorized: 104 (One Unit = 15 Minutes)

Total 60 Minute Sessions Authorized: 26.00

Billing Documents for: an IFSP or Transition Planning Conference

- IFSP (Initial and Review or TPC)
  - Submit service encounter verification log signed by parent/caregiver - does not have information preprinted on it.
  - For **IFSP's Only** you may bill for telephone time. Indicate this on verification log.



EARLY INTERVENTION SYSTEM
SERVICE ENCOUNTER VERIFICATION FORM

EIP Agency Name: Sunny Days Early Childhood Developmental Services, Inc
LOA or Grant No.: 223299236
Service Coordinator Name: Suzy Smith
County: Monmouth
Service Practitioner Name: Billy Ball
Discipline or Position: PT
Month and Year: 01/02/07
Child's Last Name: Neutron
Child's First Name: Jimmy
MI: A
DOB: 12/20/05
Child ID #:

Service Date	Service Type	Service Setting	Start Time	End Time	Parent/Caregiver Signature Verifying Services Received	Total Hours	Total Charges
01/02/07	IFSP	1	2:00pm	3:00pm	[signature]	1.0	

Instructions: Report hours to nearest 15 minutes and use codes below to record type and location of services provided.

Service Type Code
EV- Evaluation
AS- Assessment
IFSP- IFSP Meeting
AU- Audiology
AT- Assistive Technology
DI- Developmental Intervention
FT- Family Training/Counseling
HS- Health Service
MS- Medical Service
NU- Nursing
NT- Nutrition
OT- Occupational Therapy
PT- Physical Therapy
PSY- Psychological
Speech/Language Therapy
Social Worker
VI- Vision
CC- Child Care/respite
IT- Interpreter/Translator
ES- Escort/Security
TPC- Transition Planning Conference

March 1, 2004

I certify that the above services were provided in accordance with the child's IFSP.
Billy Ball — Practitioner Signature
1/2/07 — Date

Service Setting Codes
1-Home
2-EC Inclusive Program Community
3-EC Inclusive Program EI Provider
4-EC Program Children with Disabilities
5-Hospital (inpatient)
6-Residential Facility
7-Service Provider Clinic/Center/Office

Billing Documents for… Discipline or Domain Specific Assessments that take place after Initial IFSP

- Pre- printed authorization that will be emailed to you.

Billing

May send in other paperwork with your billing – please keep separate within envelope (ex. review paperwork or incident reports for a certain child should not be mixed within billing for that child)

Do not staple logs, notes or invoices. Send completed billing to corporate office – 300 Corporate Center Drive, Manalapan, NJ 07726.

Reminder……

- For those of you who are not hired as full time/or part-time employees (CDA's), You are an independent contractor and are self-employed and will receive a 1099 at the end of the year.
- We cannot be listed as an employer for disability or unemployment. If applying for a mortgage we cannot provide any information.

Questions ???

- You will have an opportunity to ask questions during our follow up webinar.