

Request Process Checklist (to Request for Additional Funding for IFSP Services)

Child's Case ID in FC STANDS #: _____ Child's name on FC STANDS record: _____

- DT intensity (minutes): _____ frequency (how often): _____
- OT intensity (minutes): _____ frequency (how often): _____
- PT intensity (minutes): _____ frequency (how often): _____
- SLP intensity (minutes): _____ frequency (how often): _____
- Other IFSP Service: _____ intensity (minutes): _____ frequency (how often): _____

How long has this child received this service(s) at this level (# of months)? _____

There is an expectation that as the child/family make progress, frequency and intensity will reduce.

Dates this funding will cover: _____ to _____

Total amount requested for this child (Part C additional funding needed to provide or to continue IFSP services): _____

All other funding sources have been explored prior to requesting Part C funds: Y N

Name of Person Completing Review/This Form: _____ Date: _____

PART I: MINIMUM COMPLIANCE REQUIREMENTS

YES	NO	IN THE CHILD'S RECORD IN FC STANDS:	Monitor: Y/N
<input type="checkbox"/>	<input type="checkbox"/>	1. [if applicable] documentation of insurance refusal to pay is present in child's electronic record in FC STANDS	
<input type="checkbox"/>	<input type="checkbox"/>	2. Rx for service or services is present in FC STANDS (or documentation of three valid attempts to obtain Rx are linked in the electronic case file indicating the attempts, reason for refusal, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	3. ALL services that the child and family receive are listed on the IFSP, regardless of pay source or provider (within Part C or "other"/outside Part C provider or service).	
<input type="checkbox"/>	<input type="checkbox"/>	4. IFSP review (if applicable) is up to date.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Delivered services notes document the service has been provided in the child's natural environment.	
<input type="checkbox"/>	<input type="checkbox"/>	6. Delivered services notes entered into FC STANDS (not just uploaded in case notes) for the service for which additional funding is requested.	

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	7. Delivered services notes clearly describe what IFSP goal/objectives are being worked on.
<input type="checkbox"/>	<input type="checkbox"/>	8. Delivered services notes clearly describe how the therapist worked with the parent/caregiver who was present and participating and what the caregiver was doing to be actively engaged in intervention to be able to practice strategies between sessions.
<input type="checkbox"/>	<input type="checkbox"/>	9. Child's evaluation(s) is entered into FC STANDS (not just uploaded into case notes).

PART II: MINIMUM QUALITY REQUIREMENTS

YES	NO	THE CHILD AND FAMILY IFSP	Monitor: Y/N
<input type="checkbox"/>	<input type="checkbox"/>	10. Child & Family Assessment information (parent priorities, concerns, and resources) are clearly reflected in IFSP goals and objectives.	
<input type="checkbox"/>	<input type="checkbox"/>	11. IFSP has at least one family outcome (parent goal). Family goal clearly states what caregiver will do. Caregiver is listed as "provider."	
<input type="checkbox"/>	<input type="checkbox"/>	12. IFSP service setting is a natural environment (unless developmental justification of need and a current Conversion plan are present in the child's electronic record).	
<input type="checkbox"/>	<input type="checkbox"/>	13. IFSP goals are "participation based" and clearly linked to typical child/family activities or routines.	
<input type="checkbox"/>	<input type="checkbox"/>	14. Action Steps (strategies or objectives) are things necessary for a child this age to do to participate in typical activities. Action steps are clearly worded to indicate what the parent/other caregiver will do, when, and how to be useable by the child's caregivers.	
<input type="checkbox"/>	<input type="checkbox"/>	15. All action steps (objectives) describe the parent or other caregiver (identified by the parent) as primary person working on the strategies.	
<input type="checkbox"/>	<input type="checkbox"/>	16. The Service(s) for which additional funding is being requested is necessary to reach the developmental outcomes (goals) on the IFSP.	