

**NOTE: This is a fillable form that you can copy/paste or type information directly into and email the completed Additional Funding for Evaluations chart/form to your program's assigned monitor:**

**Additional Funding for DT evaluation(s) needed to determine program eligibility for new referrals (prior to IFSP):**

CDS ID	Child Name on Record	CDS Date of Referral for Early Intervention	Amount of Funding Needed for DT Evaluation (per child)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.

Total (all DT evals/all children):

\_\_\_\_\_

**Additional funding for OT, PT, SLP evaluation(s) for new referrals or existing clients:**

CDS ID	Child Name on Record	Date of Referral for Early Intervention	Date of IFSP	Check Other Evaluation(s) Needed. <b>Attach documentation of need</b> (ex: DT eval or developmental screening results).	Total amount needed for this child's other evaluations (OT, PT, SLP, or other)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Other <b>Other:</b> Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.

**Total Requested (all evals/all children):** \_\_\_\_\_

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

Child's Case ID in CDS#: \_\_\_\_\_ Child's name on CDS 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: \_\_\_\_\_

How long has this child been receiving this service(s) at this level (# of months)? \_\_\_\_\_

Dates this request will cover: Click or tap to enter a date.to Click or tap to enter a date.

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

My program has completed de-obligation of funds prior to this request:  Y  N

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

Name of Person Completing Review/This Form: \_\_\_\_\_

Date: Click or tap to enter a date.

## PART I: MINIMUM COMPLIANCE REQUIREMENTS

YES	N	IN THE CHILD'S CDS RECORD:
<input type="checkbox"/>	<input type="checkbox"/>	1. [if applicable] documentation of insurance <b>refusal</b> to pay is present in child's electronic record on CDS
<input type="checkbox"/>	<input type="checkbox"/>	2. Rx for service or services is present in CDS (or documentation of three valid attempts to obtain Rx are linked in CDS with case note 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).
<input type="checkbox"/>	<input type="checkbox"/>	4. IFSP review (if applicable) is up-to-date.
<input type="checkbox"/>	<input type="checkbox"/>	5. Child's objectives on the IFSP have been re-targeted at review (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	6. ALL IFSP services are provided in the child's natural environment (unless developmental justification of need and a current Conversion plan are present in the child record).
<input type="checkbox"/>	<input type="checkbox"/>	7. Delivered services notes are entered into CDS (not just uploaded in case notes).
<input type="checkbox"/>	<input type="checkbox"/>	8. Delivered services notes clearly describe what IFSP goal/objectives are being worked on.
<input type="checkbox"/>	<input type="checkbox"/>	9. Delivered services notes clearly describe how the parent/caregiver participated in the session and what the parent was doing to be actively engaged in intervention to be able to practice strategies between sessions.
<input type="checkbox"/>	<input type="checkbox"/>	10. Child's evaluations are entered into CDS (not just uploaded into case notes).
<input type="checkbox"/>	<input type="checkbox"/>	11. Child & Family Assessment is uploaded into case notes.

## PART II: MINIMUM QUALITY REQUIREMENTS

YES	NO	
		<b>THE CHILD AND FAMILY IFSP</b>
<input type="checkbox"/>	<input type="checkbox"/>	12. Child & Family Assessment information/results are clearly reflected in IFSP goals and objectives.
<input type="checkbox"/>	<input type="checkbox"/>	13. IFSP has at least 5 outcomes (goals) <small>[exception: Interim IFSP]</small>
<input type="checkbox"/>	<input type="checkbox"/>	14. IFSP goals and objectives (action steps) use active verbs to clearly describe an observable, measurable child action.
<input type="checkbox"/>	<input type="checkbox"/>	15. IFSP goals are "participation based" and clearly linked to typical child/family activities.
<input type="checkbox"/>	<input type="checkbox"/>	16. Action Steps (strategies or objectives) are things necessary for a child this age to do to participate. Action steps are clearly worded to indicate what the parent/other caregiver will do, when, and how so that the strategies on the child's and family's plan are clearly useable by the family and other caregivers.
<input type="checkbox"/>	<input type="checkbox"/>	17. All action steps (objectives) list the parent or other caregiver (identified by the parent) as primary person working on the strategies.
<input type="checkbox"/>	<input type="checkbox"/>	18. IFSP has at least one family outcome (parent goal) <small>(listed under "concerns" on p.1 of the IFSP).</small> Family goal clearly states what caregiver will do. Caregiver is listed as "provider."

# Process for Requesting Additional Part C Funding



*First Connections, Arkansas' Early Intervention Program under IDEA, Part C, gives parents and other caregivers the confidence and strategies to support their child's early learning and development within typical child/family activities.*

**GENERAL:** Part C Providers may request additional funding (Note: Provider Program Allocation is not increased) to serve children newly referred for early intervention or children with a current/active IFSP. This guidance document outlines the two processes to:

- request additional funding to complete evaluation(s) for new referrals
- request additional funding to provide IFSP services to new or existing clients

## Process for Requesting Additional Funding: Evaluation(s)

Providers whose Part C allocation has been fully utilized to serve existing clients that receive requests for evaluations (new referrals) may request funding to cover the **developmental evaluation** needed to determine program eligibility when there is no other pay source for this child/family to cover the cost of the evaluation. Requests for additional funding to provide **other evaluations** (prior to initial IFSP) must be accompanied by the results of an ASQ-3 demonstrating a need for further evaluation beyond the developmental evaluation. **Provider must deobligate funds prior to requesting additional funding.**

### **Process to request additional funding to cover evaluation(s) on new referrals:**

**Email** your provider program's assigned monitor the following information:

CDS Case Number (ID)	Child Name on Record	CDS Date of Referral for Early Intervention	Amount of Funding Needed for DT Evaluation	List Other Evaluation(s) Needed: <b><u>Attach results of ASQ-3 screening for funding of OT, PT, or SLP evaluations using additional allocation.</u></b>	Amount needed for other evaluations (OT, PT, SLP, or other)

Total Amount Requested (all children listed): \_\_\_\_\_

[providers may copy/paste this chart into the body of an email marked "Sensitive" or into a Word document and attached to an email marked "Sensitive" to send to their assigned program monitor]

# Process for Requesting Additional Funding: IFSP Service(s)

Additional funding beyond a provider's original allocation to provide services to families of children with an active IFSP or services on a new IFSP may be approved for additional funding for services when the child record/IFSP meets minimum program quality and compliance requirements.

## **Process to request additional funding to cover IFSP services:**

1. Prior to making a request for additional funding to continue providing IFSP services, ensure the following:
  - ✓ Provider program has completed de-obligation.
  - ✓ All other funding sources have been explored prior to requesting Part C funds for any IFSP service.
  - ✓ If the child has public or private insurance that may cover a service listed on the IFSP, but insurance has declined to pay, that documentation of insurance refusal to pay is present in child's electronic record on CDS.
  - ✓ Rx for IFSP service is present in CDS (or documentation of either a denial or three valid attempts to obtain Rx are linked in CDS with case note indicating the attempts, reason for refusal, etc.).
2. Determine which children currently served under an active IFSP the request is being made for. Complete one checklist for each child requiring additional funding to indicate what services the request includes + frequency/intensity and the duration of these services as listed on the IFSP.
3. Prior to making the request for the children identified in step 1, ensure the following:
  - ✓ Delivered services notes are entered into CDS (not just uploaded into case notes).
  - ✓ Delivered services notes clearly describe child progress made.
  - ✓ Delivered services notes clearly describe what the parent/other caregiver who participated in the session was doing to be actively engaged in the intervention to practice strategies between sessions.
  - ✓ IFSP review (if applicable) is up-to-date.
  - ✓ Child's objectives on the IFSP have been re-targeted at review (unless it's an initial IFSP).
4. Complete a [Request Process Checklist](#) for each child identified in step 2 to review the child record to ensure the record meets quality and compliance minimum program requirements.

**Additional funding will not be provided if the child record does not meet minimum program requirements; your assigned monitor will review the record and provide a feedback form documenting what things must be addressed in order to obtain additional funding for services.**

Send Additional Funding (Allocation) Requests to Provide IFSP Service(s) to [Your Program's Assigned Monitor](#).

Requests for additional funding to provide an IFSP service must include a completed [checklist](#) for each child with an active IFSP for which the program is requesting additional funding. The checklist must be signed and dated (e-signature is acceptable).

If you have questions or need assistance, contact your program's assigned monitor.