Q: Can you explain periodic review vs. complete review and why one would be used over the other.

A: There are no longer Complete Reviews in Texas ECI. A Periodic Review is required at least every six months and more frequently if requested by the parent or other IFSP team members.

Q: In regard to the question about coding each individual routine on the PLOD then coding it on the COSF. Could you have routines rated with several "O"s and a few "I"s but rate the COSF with an "I"?

A: GCOs are based on a rating scale of 1-7. If you are only looking at the codes assigned to the routines on the PLOD, then you could consider a GCO rating of 3 or 4 based on what you have described. However, remember to consider all sources of information when determining GCO ratings.

Q: I find it challenging that each outcome covers multiple domains. For example, #3 "Taking Action to Meet Needs", a child could be well above age level in gross motor, a 7, but far below in communication a 2, but they are lumped together. Do you use an average?

A: No, you do not average the ratings. Reference the GCO Decision Tree and Definitions for Outcomes Ratings included in the attachments to this webinar. GCO ratings are not based on domains such as gross or fine motor but based on how the child uses his skills across settings and routines.

Q: The reality is that most of the time we are completing evaluations and IFSPs at the same time. These reports are often written after the IFSP. Any advice?

A: We understand that many times LPHA reports are written after the IFSP is completed, however you should ensure all information from the LPHA evaluation is considered when assigning GCO ratings, even if the report has not been written yet. Additionally, if the report is written after the IFSP, the LPHA recommendations for planned services should reflect that the final decision was deferred to the IFSP team.

Q: Is it appropriate for an EIS to make sensory recommendations, more specifically, is this within the scope for an EIS?

A: According to the EIS Code of Ethics, an EIS must operate only within the boundaries provided by their education, training, and credentials. If the EIS has training, experience, and skills in sensory strategies, then they can make these recommendations to meet a child's identified need. Of course, the EIS should share and consult with other team members as needed.

Q: Please discuss how a routine can be coded as a strength and need. Although the child is not exhibiting age appropriate skills, the child has made significant gains, specifically at an Annual.

A: Routines encompass multiple skills and a child may have a strength in one but not the others. For example, a child may have a difficult time sitting upright without assistance; however, enjoys playing in the water during bath time. A parent can use this routine to build on the child's strength of enjoying bath time to work on independent sitting (the need).

Q: I know the IFSP codes relate to the child's functioning in routines and there are times when multiple global child outcome rating areas are within the same routine. Would it be permissible to code a routine with 2 codes to acknowledge that while some skills are age appropriate, some may not be age appropriate or do we just look at the functioning within the routine only and not also based on the global outcomes rating areas?

A: There should only be one code assigned to each routine and it should be based on the description documented. GCO ratings do not influence the determination of functional ability codes. Remember, the functional ability codes are a source of information used when assigning GCO ratings.

Q: Going back to the LPHA supervising that the services are adequate for the IFSP, are they supposed to be recommending how much SST a child should get or is that for the EIS to recommend then discuss with the team?

A: Like any team member, the EIS makes recommendations for their services based on the child and family's needs and their expertise and

judgement. The final determination of services is deferred to the IFSP team which includes the family.

Q: Would a functional ability coding of "I" correspond to a COSF rating of 2/3?

A: Although GCO ratings are based on multiple sources of information, a rating of 2 would indicate a child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational. A rating of 3 indicates a child uses immediate foundational skills most or all of the time, across settings and situations.

Q: Do you recommend having a team meeting after the IFSP to agree on coding?

A: No. Per 40 TAC §108.1015(a), the IFSP must be developed by the IFSP team, which includes the parent, and must include the child's functional abilities identified with codes for establishing the child outcome ratings.

Q: Should the percentage of delay be equivalent to the frequency of therapy? For example, if a child has 80% delay in communication, would it be appropriate to have ST 4 times a month without SST, or have ST twice a month and SST twice a month?

A: No, a child's planned services should be based on the child and family's individual needs and strengths following the completion of the IFSP with the team.

Q: Do the Global Child Outcomes need to be completed by the EIS/SC, or can another team member (OT, SLP, PT) complete it with input from the team?

A: Per 40 TAC §108.1307(c) an interdisciplinary team of at least two members must agree on the child outcome ratings for each enrolled child at entry, annual evaluation, and exit.

Q: Some caregivers are very overwhelmed and may benefit from some type of counseling. What type of services can ECI provide to help in these types of situations?

A: In ECI, counseling may be provided to parents of enrolled children when there is documentation that the nature and quality of the parent-child relationship interferes significantly with the enrolled child's development. Counseling services do not include adults, siblings, or other family members related to problems outside of the parent-child relationship. Families who need counseling services outside of ECI guidelines are referred to other community resources.

Q: Can you go over when you code a skill as age-appropriate versus immediate foundational and so on? You mentioned a skill was 2 age levels under 25 months and so it was not age appropriate.

A: Age-appropriate skills refer to skills that are typical for same-age peers. Immediate foundational skills are skills upon which to build age-appropriate functioning. For example, an 18-month-old child who is not walking but pulls to stand and cruises is exhibiting immediate foundational skills for walking. However, if the same child was crawling but not pulling to stand or cruising, they would be exhibiting no age-appropriate or immediate foundational skills. The intent of the example provided during the webinar was to highlight where the child's skill level fell using the Age-Expected Functional Development handout, not to establish a rule for determining the functional ability codes.

Q: If only SST is on the plan, the LPHA needs to review these services within 45 days prior to the 6-month review, correct?

A: Yes, that is correct. The LPHA must review the services to assess the child's progress.