

Each of the 7 key principles can be “Cross-walked” to one of the points in the definition of Medically Necessary Service

7 key principles – which ones relate? (All 7 Principles are represented)	Components of Medically Necessary Service	How does this apply to Assessment?
<p>#1 Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.</p>	<p>Safe and EFFECTIVE</p>	<p>Effective = documentation of the application of knowledge of child development, and a clear understanding and documentation of the child’s functional abilities in daily activities and routines.</p>
<p>#4 The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.</p> <p>#5 IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities.</p>	<p>Consistent with the symptoms and/or diagnosis of the condition under treatment</p>	<p>“Symptoms” is interpreted as the child’s functional abilities in daily routine. Those functional abilities are identified through authentic, effective assessment by the team, which includes the parent. This applies to initial and ongoing assessment.</p>
<p>#7 Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.</p>	<p>Consistent with generally accepted professional medical standard</p>	<p>Appropriate teams are assigned from the initial contact with families. All team members are well trained in both their discipline and in infant toddler development.</p>
<p>#1 Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.</p> <p>#2 All families, with the necessary supports and resources, can enhance their children’s learning and development.</p> <p>#3 The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.</p> <p>#6 The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.</p>	<p>Furnished at the most appropriate level of care</p>	<p>Clear documentation of referral concerns, needs, family priorities and functional abilities of the child will support the frequency and intensity of the planned services.</p>
<p>#7 Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.</p>	<p>Not furnished primarily for convenience</p>	<p>Clear documentation of referral concerns, needs, family priorities and functional abilities of the child will support the frequency and intensity of the planned services.</p>