

Questions Submitted During
Quality Services Webinar #3 - Needs Assessment and Outcomes

Question 1: That example of needs assess was missing priorities, correct?

Answer 1: You are correct – A complete needs assessment indicates the family's priorities by placing a check, x, or number in the priorities column.

Question 2: You mentioned the therapists had many other motor goals. Is this the only one included in the IFSP?

Answer 2: No. We are not showing complete IFSPs to save time and space.

Question 3: About that - If we complete the notice of IFSP and it's an initial are you saying we have to do notice/consent for evaluation, and another notice/consent for comp needs assess and IFSP too?

Answer 3: Please see 40 TAC §108.205(a) - You must give notice of the IFSP meeting to ensure the parent has adequate time to prepare and include any other attendees. 40 TAC §108.207(a)(2) - You must obtain consent before conducting any evaluation or comprehensive needs assessment that requires the use of a tool. If you plan to do the evaluation, needs assessment, and IFSP during one extended visit, you will need to send notice of the IFSP meeting and obtain consent for the evaluation and needs assessment. The notice must include all of the procedural safeguards pertaining to the activities that may occur during the meeting.

Question 4: Regarding "discipline-free:" We are hearing from PDs who have had Medicaid audits that we need to start including more specific info re: who will do what under the strategies (e.g., therapist will do x, parent will do y) rather than "ECI staff will show parents xyz . . ."

Answer 4: At this time DARS has received no information from HHSC, the State Comptroller, or CMS indicating that IFSP outcomes or procedures must be discipline specific.

Question 5: Why isn't need checked in the dressing routine if her legs "frog out?"

Answer 5: Yes you are correct. A complete needs assessment would have included a check in the needs column.

Question 6: Where are the IFSP instructions on the extranet?

Answer 6: The IFSP required elements are on the DARS ECI internet: <http://www.dars.state.tx.us/ecis/providers/forms.htm>. Instructions are within each document.

Question 7: The last routine on the meal time example for Emma does not have anything marked in the columns. Is this okay? We always check off something in the columns and assign a code to the routine.

Answer 7: You are correct - A complete needs assessment indicates current functioning as strength, need and age-appropriateness.

Question 8: When the team chooses to do a comprehensive needs assessment and not the BDI due to an autoqualifier, are two different disciplines still required to participate in the comprehensive needs assessment?

Answer 8: Regardless of whether the child is determined eligible by virtue of a qualifying medical diagnosis or the results of the BDI-2, a multidisciplinary comprehensive needs assessment must be conducted. Please see 34 CFR §303.321(a)(1)(ii)(A)

34 CFR §303.321 Evaluation of the child and assessment of the child and family.

(a) General.

(1) The lead agency must ensure that, subject to obtaining parental consent in accordance with § 303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives—

(i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and

(ii) If the child is determined eligible as an infant or toddler with a disability as defined in § 303.21--

(A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;

(B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

Question 9: With the example about the baby with Down's Syndrome: Could the team have developed another outcome or two addressing the motor and speech?

Answer 9: Yes.

Question 10: We are now talking with families when developing outcomes about shooting for what the family wants to see as an outcome in about 6 months as a time frame. Is that a good target as long as we are effectively monitoring progress and making modifications so that the child does or is making progress?

Answer 10: Yes.

Question 11: How would you address the outcome on services being rendered at the clinic? How would the SLP provide an outcome on feeding if they are the only ones that can provide such a service?

Answer 11: An outcome is not written to identify a service but rather to address a need. For example, if the child is not eating solid foods, the outcome might be "Eat the same foods as the rest of the family two meals a day for a week." Even though ECI

staff are not providing the service they still need to check in with the family and other service provider to see if progress is being made on that outcome.

Question 12: On needs assessment, is it correct to say that not all categories should be a strength?

Answer 12: Yes. To qualify for services the child must have a documented delay in at least one domain. Having everything marked as a strength and no needs identified equates to the child not needing services.

Question 13: Is it okay to include information that you got in the pre-referral process in the needs assessment section of the IFSP?

Answer 13: The evaluation team should note and document information that was collected before the needs assessment. Sharing that information with the IFSP team (including the parent) conveys that we work as a team of experts, that we are interested in the child, listen to the parents, and we don't want to waste the parent's time asking for the same information over and over.

Question 14: What are examples of passive words in outcomes that you are referring to?

Answer 14: Words like know, understand, are passive words.

Question 15: Is the RBI part of the "needs assessment" as well as the comp needs assessment that reviews vision, hearing, nutrition?

Answer 15: The RBI is a part of the comprehensive needs assessment. The ECI Needs Assessment, Identification and Referral form is guidance for the assessment of vision, hearing, and assistive technology needs during administration of the evaluation tool.

Question 16: Do you have to have an IFSP meeting to add outcomes?

Answer 16: No. Please see 40 TAC §108.1017(c):

If the team determines that changes to the type, intensity, or frequency of services are not needed, no changes are required to the IFSP document. If an outcome is changed but does not result in changes to the type, intensity, or frequency of services, the team must:

- (1) provide to the parent any newly developed and dated outcome pages;
- (2) note the new outcome pages in the progress notes; and
- (3) add the new pages to the IFSP.