

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

Components of Medically Necessary Service	7 key principles – which ones relate?
Safe and <b>EFFECTIVE</b>	#1 Infants and toddlers <b>learn best</b> through everyday experiences and interactions with familiar people in familiar contexts.
Consistent with the symptoms and/or diagnosis of the condition under treatment	#4 The early intervention process, from initial contacts through transition, must be dynamic and <b>individualized</b> to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.  #5 IFSP outcomes must be functional and <b>based on children’s</b> and families’ <b>needs and family-identified priorities</b> .
Consistent with generally accepted professional medical standard	#7 Interventions with young children and family members must be <b>based on explicit principles, validated practices, best available research, and relevant laws and regulations</b> .
Furnished at the most appropriate level of care	#1 Infants and toddlers <b>learn best</b> through everyday experiences and interactions with familiar people in familiar contexts.  #2 All families, with the <b>necessary supports and resources</b> , can enhance their children’s learning and development.  #3 The <b>primary role of a service provider</b> in early intervention is to work with and support family members and caregivers in children’s lives.  #6 The <b>family’s priorities, needs and interests are addressed most appropriately</b> by a primary provider who represents and receives team and community support.
Not furnished primarily for convenience	#7 Interventions with young children and family members must <b>be based on explicit principles, validated practices, best available research, and relevant laws and regulations</b> .