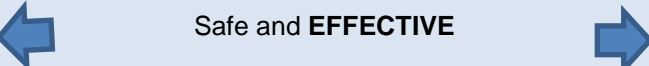

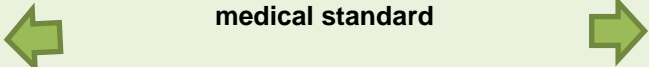

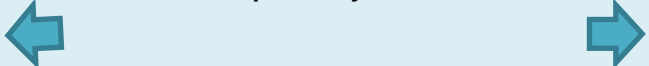


Each of the 7 key principles can be “Cross-walked” to one of the points in the definition of Medically Necessary Service

7 key principles – which ones relate? (All 7 Principles are represented)	Components of Medically Necessary Service	How does this apply to Service Delivery and Documentation?
#1 Infants and toddlers <b>learn best</b> through everyday experiences and interactions with familiar people in familiar contexts.	 <p>Safe and <b>EFFECTIVE</b></p>	Effective = services emphasize and documentation reflects the emphasis on the parent/caregiver as the learner in each session. Service directly addresses a <b>documented</b> child need.
#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>	 <p><b>Consistent with the symptoms and/or diagnosis of the condition under treatment</b></p>	<p>(“Symptoms” is interpreted as the child’s functional abilities in daily routine.)</p> <p>Service and documentation reflect family priorities and addresses the child’s functional abilities within daily activities.</p>
#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>	 <p><b>Consistent with generally accepted professional medical standard</b></p>	The documentation of every service reflects application of the clinical and developmental knowledge and skill of the designated provider.
#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.	 <p><b>Furnished at the most appropriate level of care</b></p>	<p>Documentation of services reflects:</p> <ul style="list-style-type: none"> <li>• application of clinical and developmental knowledge and skill of the provider.</li> <li>• services provided in the natural environment using items that already exist in that environment</li> <li>• responsiveness to the identified concerns and needs,</li> <li>• attention to the IFSP outcomes,</li> <li>• family/caregiver coaching, instruction, teaching and support</li> <li>• response of the caregiver AND the child</li> </ul>
#7 Interventions with young children and family members must <b>be based on explicit principles, validated practices, best available research,</b> and relevant laws and regulations.	 <p><b>Not furnished primarily for convenience</b></p>	The documentation of every service reflects application of the clinical and developmental knowledge and skill of the designated provider. Service and documentation address an identified need.

