902 KAR 30:130. Assessment, service planning, and assistive technology.

RELATES TO: KRS 200.660(6), 200.664, 34 C.F.R. 303.322, 303.340-303.346, 20 U.S.C. 1435, 1436, 1437
STATUTORY AUTHORITY: KRS 194A.030(7), 194A.050, 200.660(8), 34 C.F.R. 303.500, 20 U.S.C. 1436
NECESSITY, FUNCTION, AND CONFORMITY: KRS 200.660 requires the Cabinet for Health and Family Services to administer funds appropriated to implement the provisions of KRS 200.650 to 200.676, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation establishes the requirements for assessment, the Individualized Family Service Plans used in First Steps, and assistive technology.

Section 1. Assessment.
(1) Assessment shall be an on-going procedure used by personnel meeting the qualifications established in 902 KAR 30:150 throughout the child's period of eligibility for First Steps. An assessment shall reflect:
(a) The child's unique strengths and needs;
(b) The services appropriate to meet those needs;
(c) The family's resources, priorities and concerns which shall be:
1. Voluntary on the part of the family;
2. Family-directed; and
3. Based on information provided by the family through personal interview; and
(d) The supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child.
(2) Assessments shall be ecologically valid and reflect appropriate multisource and multimeasures. One (1) source or one (1) measure shall not be used as the sole criterion for determining an intervention program.
(a) Assessment methods shall include direct assessment and at least one (1) of the following:
1. Observations;
2. Interview and parent reports; or
3. Behavioral checklist and inventories.
(b) Direct assessment shall include one (1) or more instruments that are:
1. Appropriate for an infant or toddler and allow for adaptations for a disability as needed; and
2. Criterion-referenced, which compares the child's level of development with skills listed in a chronological sequence of typical development.
(3) If, after the initial evaluation and assessments are completed, the IFSP team determines that a subsequent assessment is warranted, the following shall be documented on the IFSP:
(a) The IFSP team's reasons for an additional assessment;
(b) Whether a current provider on the IFSP team can assess the area or areas of concern; and
(c) Circumstances relating to the child's ability or the family's capacity to address the child's developmental needs that warrant the subsequent assessment.
(4) A service coordinator shall obtain a physician's or advanced practice registered nurse's (APRN's) written approval in order to complete an assessment on a child deemed medically fragile. The approval shall be specific as to the modifications needed to accommodate the child's medical status.
(5) A formal, direct assessment shall include a written report if performed for initial assessment, the annual assessment, or exit progress monitoring, or if authorized by the IFSP in accordance with subsection (3) of this section. This report shall include:
(a) A description of the assessment instruments used in accordance with subsection (2)(b) of this section;
(b) A description of the assessment activities and the information obtained, including information gathered from the family;
(c) Identifying information, including:
1. The child's First Steps identification number;
2. The name of the child;
3. The child's age at the date of the assessment;
4. The name of the service provider and discipline;
5. The date of the assessment;
6. The setting of the assessment;
7. The state of health of the child during the assessment;
8. The parent's assessment of the child's performance in comparison to abilities demonstrated by the child in more familiar circumstances;
9. The medical diagnosis if the child has an established risk condition;
10. The formal and informal instruments and assessment methods and activities used; and
11. Who was present for the assessment;
(d) A profile of the child's level of performance, in a narrative form which shall indicate the:
1. Concerns and priorities;
2. Child's unique strengths, needs, and preferences;
3. Skills achieved since the last report, if applicable;
4. Current and emerging skills, including skills performed independently and with assistance; and
5. Recommended direction for future service delivery; and
(e) Recommendations that address the family's priorities as well as the child's holistic needs based on the review of pertinent medical, social, and developmental information, the evaluation, and the assessment.
(6) A copy of the cabinet-approved criterion referenced assessment protocol shall be submitted electronically to the Kentucky Early Childhood Data System within ten (10) calendar days of the completion of the assessment.
(7)(a) The initial or other formal assessments, with written reports, shall be completed and recorded in the child's record using the First Steps data management system within ten (10) calendar days of the provider completing the assessment.
(b) The provider who performed the assessment shall:
1. Verbally share the assessment report with the family and shall document the contact in the assessor's notes;

2. Provide the written report to the family and the service coordinator within the time frame established in paragraph (a) of this subsection; and

3. Write the report in family-appropriate language that the child's family can easily understand.

(c) If the time frame established in paragraph (a) of this subsection is not met due to illness of the child or a request by the parent, the assessor shall document the delay circumstances in staff notes with supportive documentation made in the child's record by the service coordinator, and the report shall be provided to the service coordinator within five (5) calendar days of completing the assessment.

(8)(a) An assessment provided as a general practice of a discipline, not due to the child or family's needs, shall be considered early intervention, not an assessment.

(b) Ongoing assessment shall ensure that the IFSP and services are flexible and accessible.

(9) Ten (10) calendar days prior to either the annual or six (6) month review of the IFSP or the expiration date of the IFSP, a service provider shall supply progress reports to the primary service coordinator and family.

(10)(a) Within 120 days prior to exiting the First Steps program at age three (3), each child shall receive an assessment in all five (5) developmental domains by the Primary Service Provider (PSP) using a cabinet-approved criterion referenced instrument.

(b) The assessment used for annual redetermination of eligibility may be used to meet the assessment required by paragraph (a) of this subsection if it is completed within 120 days prior to the child's exit from the First Steps Program.

Section 2. Individualized Family Service Plan (IFSP).

(1) The signed IFSP shall be a contract between the family and service providers. A service included on the IFSP shall be provided as authorized, unless the family chooses not to receive the service and this choice is documented in the child's record.

(2) The IFSP shall be completed within five (5) calendar days of the meeting and shall include:

(a) Appropriate evaluation and assessment reports in accordance with 902 KAR 30:120, Section 2;

(b) A statement of the specific early intervention services, founded on scientifically based research to the extent practicable, necessary to meet the unique needs of the child and the family to achieve the outcomes identified, including the frequency, intensity, and method of delivering the services;

(c) Service delivery settings; and

(d) A list of IFSP team members and how they participated in the meeting.

(3)(a) An authorized IFSP shall be valid for a period not to exceed six (6) months. An amendment that is made to the IFSP shall be valid for the remaining period of the plan.

(b) A parent or guardian's signature on the IFSP shall constitute written consent for early intervention services.

(4) If the family or service provider is unable to keep a scheduled appointment due to illness or any other reason, the service provider shall document the circumstances in staff notes.

(5) In the development and implementation of the IFSP, IFSP team members shall:

(a) Provide a family-centered approach to early intervention;

(b) Honor the racial, ethnic, cultural, and socioeconomic diversity of families;

(c) Show respect for and acceptance of the diversity of family-centered early intervention;

(d) Allow families to choose the level and nature of their involvement in early intervention services;

(e) Facilitate and promote family and professional collaboration and partnerships, which are the keys to family-centered early intervention and to successful implementation of the IFSP process;

(f) Plan and implement the IFSP using a team approach;

(g) Reexamine their traditional roles and practices and develop new practices as appropriate that promote mutual respect and partnerships which may include a transdisciplinary approach;

(h) Ensure that First Steps services are flexible, accessible, founded on scientifically based research to the extent practicable, and are necessary to meet the unique needs of the child and family to achieve the outcomes identified, including the frequency, intensity, and method of delivery of the services; and

(i) Ensure that families have access and knowledge of services that shall:

1. Be provided in as normal a fashion and environment as possible;

2. Promote the integration of the child and family within the community;

3. Be embedded in the family's normal routines and activities; and

4. Be conducted in the family's natural environment, if possible, and in a way that services promote integration into a community setting which includes children without disabilities.

(6) For a child who has been evaluated for the first time and determined eligible in accordance with 902 KAR 30:120, a meeting to develop the initial IFSP shall be conducted within forty-five (45) days after the point of entry receives the referral.

(7) The IFSP shall be reviewed by convening a meeting at least every six (6) months. An IFSP team meeting shall be convened more frequently if:

(a) A periodic IFSP review meeting is requested by:

1. The family; or

2. The family and a team member; or

(b) An early intervention service is added or increased.

(8) The IFSP shall include:

(a)1. A summary of the Family Rights Handbook;

2. A signed Statement of Assurances - Procedural Safeguards by the family; and

3. A statement signed by the parent that complies with KRS 200.664(6);

(b) Information about the child's present level of developmental functioning. Information shall cover the following domains:

1. Physical development that includes fine and gross motor skills, vision, hearing, and general health status;

2. Cognitive development that includes skills related to a child's mental development and includes basic sensorimotor skills, as well as preacademic skills;

3. Communication development that includes skills related to exchanging information or feelings, including receptive and expressive communication and communication with peers and adults;

4. Social and emotional development that includes skills related to the ability of infants and toddlers to successfully and appropriately select and carry out their interpersonal goals; and

5. Adaptive development that includes self-help skills and the ability of the child's sensory systems to integrate successfully for independent functions;

(c) Performance levels to determine strengths which can be used to enhance functional skills in daily routines when planning instructional strategies to teach skills;

(d) A description of:

1. Underlying factors that may affect the child's development including the established risk condition; and

2. What motivates the child, as determined on the basis of observation in appropriate natural settings, during child interaction, and through parent report;

(e) With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child;

(f) A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and time lines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary. Outcome statements shall:

1. Be functionally stated;

2. Be representative of the family's own priorities;

3. Fit naturally into the family's routines or schedules;

4. Reflect the use of the family's own resources and social support network; and

5. Be flexible to meet the child and family's needs in expanded current and possible future environments;

(g) The specific First Step services necessary to meet the unique needs of the child and family to achieve the outcomes.

1. Service documentation shall be stated in frequency, intensity, duration, location, and method of delivering services, and shall include payment arrangements, if any; and

2. With the exception of group intervention, and unless prior authorization is granted in accordance with 902 KAR 30:200, Section 4, based on individual needs of the child, the frequency and intensity for early intervention for each child shall not exceed one (1) hour per discipline per day for the following disciplines:

a. Audiologist;

b. RN or LPN;

c. Nutritionist or dietician;

d. Occupational therapist or occupational therapist assistant;

e. Orientation and mobility specialist;

f. Physical therapist or physical therapist assistant;

g. Psychologist, psychological practitioner, certified psychologist with autonomous functioning,, psychological associate, family therapist, licensed social worker, or licensed professional clinical counselor;

h. Speech language pathologist;

i. Vision specialist including a teacher of the visually impaired;

j. Teacher of the deaf and hard of hearing; or

k. Developmental interventionist;

(h)1.a. A description of the natural environment, which includes natural settings and service delivery systems, in which the early intervention service is to be provided;

2. How the skills shall be transferred to a caregiver so that the caregiver can incorporate the strategies and activities into the child's natural environment;

3. How the child's services may be integrated into a setting in which other children without disabilities participate; and

4. If the service cannot be provided in a natural environment, the reason, including:

a. Why the early intervention service cannot be achieved satisfactorily in a natural environment;

b. How the service is supported by the peer reviewed research;

c, How the service provided in this location or using this approach will support the child's ability to function in his or her natural environment; and

d. A timeline as to when the service might be expected to be delivered in a natural environment approach;

(i) The projected dates for initiation of the services, and the anticipated length, duration, and frequency of those services;

(j) Other services that the child needs that are not early intervention services, such as medical services or housing for the family. The funding sources and providers to be used for those services or the steps that will be taken to secure those services through public or private resources shall be identified;

(k) The name of the service coordinator representing the child's or family's needs and the primary service provider. The service coordinator shall be responsible for the implementation of the IFSP and coordination with other agencies and persons in accordance with 902 KAR 30:110, Section 2;

(l) At least one (1) transition outcome that addresses transition to preschool services to the extent that those are appropriate or to other services that may be available, if appropriate, as a part of every IFSP and is supported by steps that may include:

1. A description of types of information the family might need in relation to future placements;

2. Activities to be used to help prepare the child for changes in the service delivery;

3. Specific steps that will help the child adjust to and function in the new setting;

4. How and when assistive technology equipment will be returned and how it will be replaced in the next setting, if appropriate; and

5. A description of information that will be shared with the new setting, timelines to share the information, and ways to secure the necessary releases to refer and transmit records to the next placement; and

(m) Documentation substantiating the following if the child is being provided group intervention:

1. If the child is enrolled in day care or attending a group during normal routines, why the early intervention cannot be provided in the child's current group setting; and

2. Early intervention during group shall be directly related to the child's individualized strategies and activities as identified on the IFSP.

(9) If the IFSP team determines that an early intervention service shall be provided using a transdisciplinary team approach, the IFSP, provider notes and progress documentation shall include:
(a) Which disciplines are providing the therapy using this approach;
(b) Evidence of transdisciplinary planning and practice, including documentation of how role-release is occurring;
(c) How the skills are being transferred so that one (1) provider is capable of providing the services previously provided by the team;
(d) Statements showing that the service is individualized to the particular family and child's needs; and
(e) If more than one (1) provider is present and providing early intervention services at the same time using a co-treatment approach:
1. Why this approach is being used;
2. The outcomes and activities;
3. Who is performing what activities; and
4. That the service providers involved are providing or learning about the early intervention at the same time.
(10) The family shall be encouraged to discuss the family's child's activities, strengths, and likes and dislikes exhibited at home.
(11) The IFSP shall highlight the child's abilities and strengths, rather than focusing just on the child's deficits.
(12) Every attempt shall be made to explain the child assessment process by using language the family uses and understands.
(13) The family may agree, disagree, or refute the assessment information.
(14) The family interpretation and perception of the assessment results shall be ascertained and the family's wishes and desires shall be documented as appropriate.
(15) If an agency or professional not participating on the IFSP team but active in the child's life makes a recommendation for an early intervention service, it shall not be provided as a First Steps service unless the IFSP team:
(a) Considers the recommendation;
(b) Determines that it relates to a chosen outcome, and family priority; and
(c) Agrees that it is a necessary service.

Section 3. Assistive Technology.
(1) To assess assistive technology services and devices, the child shall:
(a) Be eligible for First Steps; and
(b) Have a need for and use of assistive technology devices and services documented in the IFSP.
(2) To be an approved assistive technology review team, an assistive technology center shall:
(a) Submit to the cabinet the credentials and documentation of experience in providing services to the birth to three (3) age population for each proposed team member; and
(b) Contract with the cabinet to conduct reviews of requests for assistive technology devices in accordance with this section.
(3) The First Steps assistive technology review team shall review:
(a) Each equipment request for which the purchase price exceeds $100; or
(b) A request submitted by the service coordinator, other POE staff, or state lead agency staff.
(3) A request shall be processed within ten (10) calendar days of the receipt of required information. The required information shall include:
(a) A current IFSP;
(b) Assessments with recommendations;
(c) Justification statement for each device based on needs, including documentation of attempts to find alternative funding sources;
(d) Information regarding the equipment or device request, including information regarding the training of the family on the use of equipment; and
(e) Documentation of safety and approved uses in the birth to three (3) age population.
(4) The decision made through the review process may be appealed to the Part C Coordinator who shall:
(a) Consult with the monitoring assistive technology review team; and
(b) Issue the final decision.
(5) If the IFSP team is not in agreement with the decision of the Part C Coordinator:
(a) The child's IFSP team shall reconvene for an IFSP meeting with a representative from the assistive technology review team and a representative of the state lead agency; and
(b) If the IFSP team concludes at that IFSP meeting that the assistive technology device is still needed, payment for the device shall be authorized for the duration of the current IFSP.
Section 4. Incorporation by Reference.
(1) The "Individualized Family Service Plan", December 2008, is incorporated by reference.
(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

(23 Ky.R. 3139; Am. 3857; eff. 6-16-1997; 25 Ky.R. 667; 1414; eff. 1-19-1999; Recodified from 908 KAR 2:140, 10-25-2001; 31 Ky.R. 496; 1425; eff. 2-22-2005; Recodified from 911 KAR 2:140, 5-17-2010; 37 Ky.R. 526; 1267; 1673; eff. 2-4-2011.)