



Individualized Family Support Plan (IFSP) – Guide

Purpose: This document serves as a guide for general use of the IFSP document. It does not cover any training for content or policy related to the IFSP. This is strictly a “how to” guide for saving, data entry, general function, etc.

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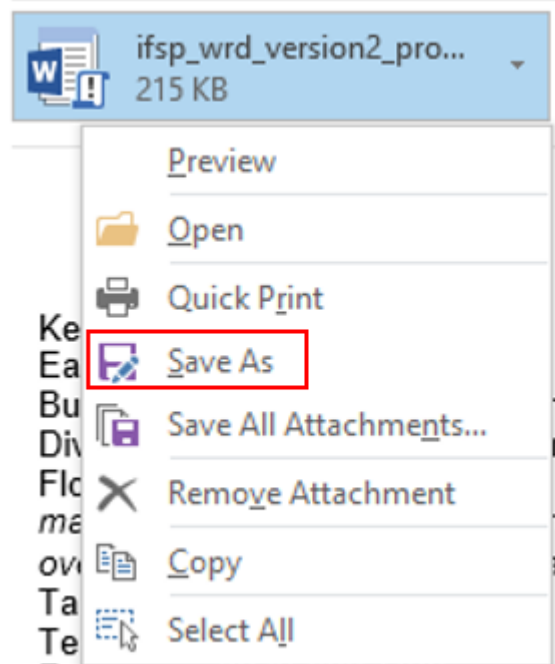
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Saving Document – Blank Document

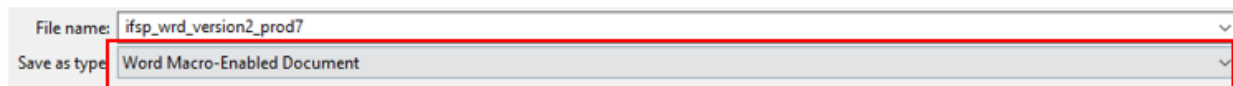
To ensure that the IFSP document will function correctly, it must be properly saved.

Option 1 – Received from email

- Right click attachment, then click “Save As”

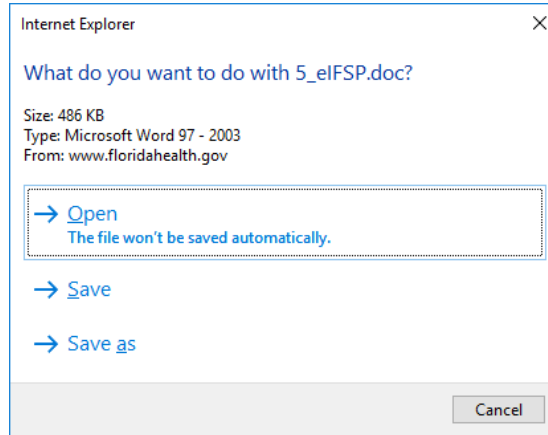


- Select a local folder such as “Desktop” or “My Documents”. Verify that the file type is “Microsoft Word Macro-Enabled Document”.

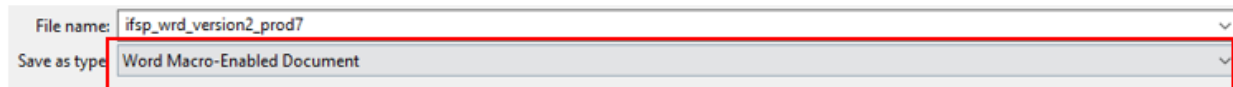


Option 2 – Downloaded from Early Steps Website

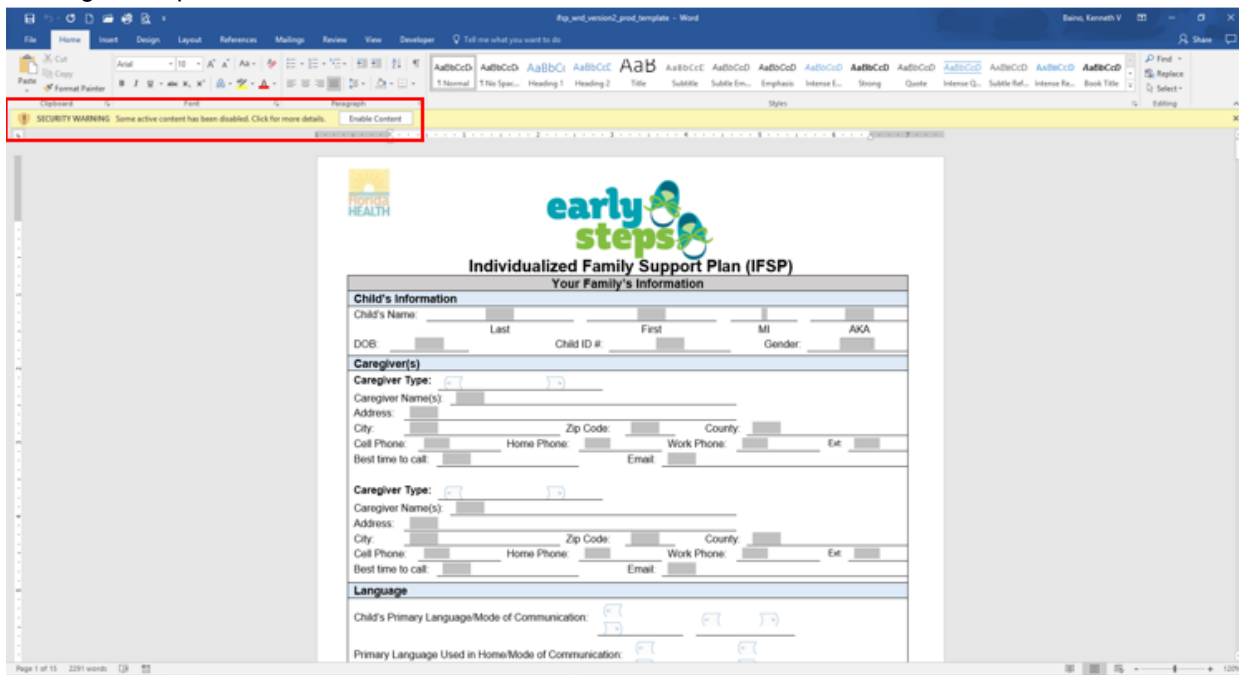
- Click on IFSP link located in Early Steps Policy Page.
http://www.floridahealth.gov/alternatesites/cms-kids/home/resources/es_policy/es_Policy.html
- Click Open



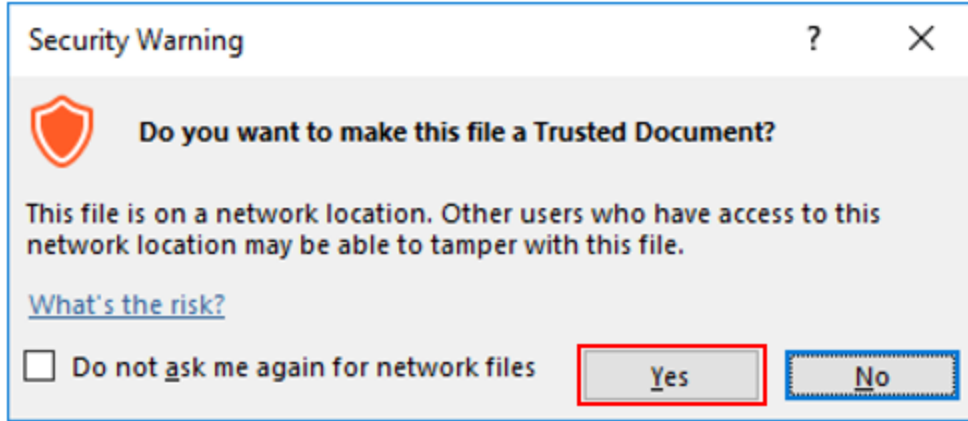
- Next steps may look different depending on the version of Microsoft Word.
- Click “File”, then “Save As”
- Select a local folder such as “Desktop” or “My Documents”. Verify that the file type is “Microsoft Word Macro-Enabled Document”.



Before using IFSP Document, make sure to enable document. Look for the yellow security warning message on top of the document.



Click the “Enable Content” Button and click “Yes” on the security box.



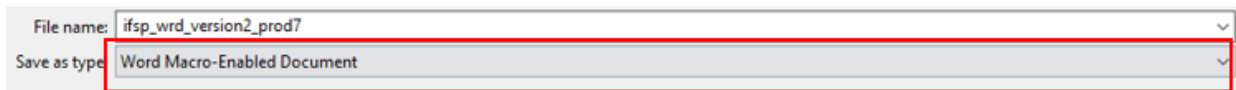
Saving Document – Filled Document

After filling out the IFSP Document, it must be properly saved to retain its built-in functions. At this point of the guide, the assumption is that the document was downloaded and saved properly. The user is now trying to save the document with child information.

- Next steps may look different depending on the version of Microsoft Word.
- Click “File”, then “Save As”. Make sure to rename the filled IFSP document appropriately
 - *Note: Do not click the save button or ctrl+S. Doing so will overwrite the IFSP document and the user will need to re-download a blank version.

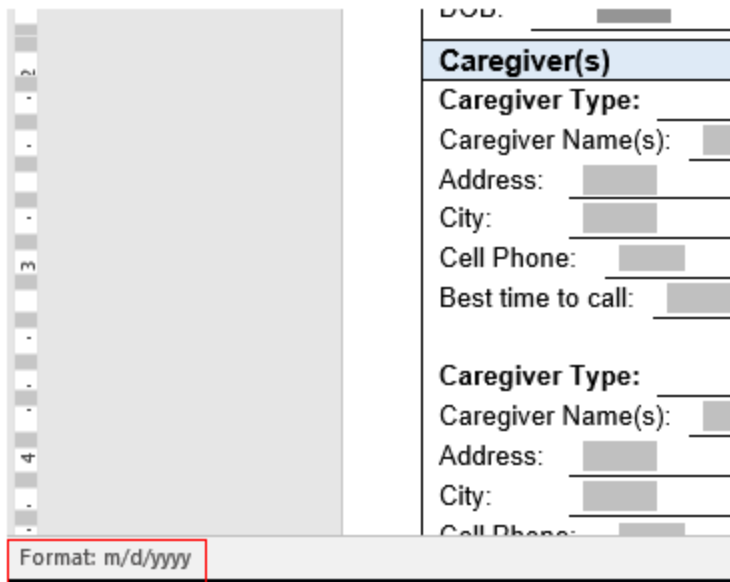


- Select folder location (Network/Local) and verify that the file type is “Microsoft Word Macro-Enabled Document”.



Form Data Entry

The IFSP document has a function that will help the user determine the type or format of the form field. At the bottom left corner of the document, the user will see a help text for each form field. This help text will provide information about the current selected form field.



DOB: _____

Caregiver(s)

Caregiver Type: _____

Caregiver Name(s): _____

Address: _____

City: _____

Cell Phone: _____

Best time to call: _____

Caregiver Type: _____

Caregiver Name(s): _____

Address: _____

City: _____

Cell Phone: _____

Format: m/d/yyyy

Demographics

Child's Information

- Spell Check button: runs the spell check command for form fields
- Child's Name: Text Fields
- DOB: child date of birth. Date field. Format for entry: M/D/YYYY
- Child ID # – Numeric Early Steps ID Field. Do not enter beginning 0s
- Gender: Drop-down field, non-editable



Caregiver(s)

- Caregiver Type: Drop-down field, fillable
- Caregiver Name(s): Text Field
- Address & City: Text Fields
- Zip Code: Numeric Field
- County: Text Field
- Cell Phone, Home Phone, & Work Phone: Numeric Field. Enter number without dashes, e.g 8501234567. Form will auto format to (850) 123-4567
- Best time to call and Email: Text Fields

Language

- Child's Primary Language/Mode of Communication: Drop-down field, fillable
- Primary Language Used in Home/Mode of Communication: Drop-down field, fillable
- Is an Interpreter needed for the family: Drop-down field, non-editable

IFSP Information

- Referral Date: Date field, Format for entry: M/D/YYYY
- Initial IFSP Due Date: Auto-calculated field. Locked
- Actual Initial Date: Date field, Format for entry: M/D/YYYY
- Current IFSP Date: Date field, Format for entry: M/D/YYYY
- IFSP Periodic Due Date: First Field auto-calculated. The rest of the fields in the row are enabled for entry. Date field, Format for entry: M/D/YYYY
- Actual Periodic Date: Date field, Format for entry: M/D/YYYY
- Annual Due Date: Auto-calculated field. Locked
- Actual Annual Date: Date field, Format for entry: M/D/YYYY
- Current IFSP Type: Radial buttons, can only select one option.
- Date Child Turning 3: Auto-calculated field. Locked
- Transition Due Between: Auto-calculated field. Locked

Contact Information

- Agency & Service Coordinator: Text Field
- Phone & Fax: Numeric Field. Enter number without dashes, e.g 8501234567. Form will auto format to (850) 123-4567
- Ext: Numeric field
- Email, Address, City: Text Fields
- Family Resource Specialist: Text Field

Family Assessment

- What brought you to Early Steps: Text Field
- Family: Child name will auto fill on first row. The rest of the rows are manual entries. Text fields.
- Routine/Participants: Your child is able to complete the following routines: All fields in table are text fields.
- Successes, Concerns, Priorities, and Additional Information: Text Fields

Health Status & Insurance

- Date information gathered: Date field, Format for entry: M/D/YYYY
- Chronological Age: Auto-calculated field based on entry of "Date information gathered" field. Locked
- Primary Pediatrician, Office Name, Address, City: Text Fields
- Zip: Numeric Field
- Phone & Fax: Numeric Field. Enter number without dashes, e.g 8501234567. Form will auto format to (850) 123-4567
- Other Physicians(s): Text Field
- Physician Type: Drop-down field, fillable
- Phone: Numeric Field. Enter number without dashes, e.g 8501234567. Form will auto format to (850) 123-4567



- Primary Insurance & Secondary Insurance: Drop-down field, fillable
- Member ID: Text Field
- Group/MED Type: Drop-down field, fillable
- Policy Holder: Text Field
- DOB: Policy holder date of birth. Date field, Format for entry: M/D/YYYY
- Bill Private Insurance: Drop-down field, non-editable
- Was your child born full term: Drop-down field, non-editable
- Date of child's last well check: Date field, Format for entry: MM/YYYY
- How many weeks: Numeric field
- Birth Weight: Numeric Fields. If pounds and ounces are entered first, grams will auto calculate. If grams are entered, it will not convert to pounds and ounces
- Are immunization current: Drop-down field, non-editable
- Is your child currently on medication: Drop-down field, non-editable
- Does your child have any medical conditions and/or diagnosis: Drop-down field, non-editable
- If so, what types and why: Text Field
- If yes, please describe: Text Field
- Has your child been hospitalized: Drop-down field, non-editable
- Please describe when & why: Text Field
- Describe any family medical history that may be important for the team to know: Text Field
- Does your child have allergies: Drop-down field, non-editable
- Describe: Text Field
- Please share information about any medical/therapy evaluations your child has received: Text Field
- Your child's Nutritional habits/preferences: Text Field
- Your child's sleep patterns: Text Field
- When was your child's most recent hearing screening: Date field, Format for entry: MM/YYYY
- When was your child's most recent vision screening: Date field, Format for entry: MM/YYYY
- What were the results: Text Field
- Do you have concerns about your child's hearing
- Do you have concerns about your child's vision?
- Describe: Drop-down field, non-editable

Developmental screening

- Was a developmental screening conducted today: Drop-down field, non-editable. If selection yes, then next section is enable. If no or blank, next section will remain disabled.
- Please list the tools/methods used: Text Field
- Next Steps: Text Field

Targeted Case Management Plan

- Targeted Case Management Review Date(s): Date field, Format for entry: M/D/YYYY
- Additional Notes: Text Field
- Your Child's Service Coordinator/Targeted Case Management Goals: Text Field
- Add Referral Button: Add a new referral row
- Person Responsible for Providing Assistance or Support: Text Field
- Date of Referral/Activity: Date field, Format for entry: M/D/YYYY
- Agency/Individual to Whom Child/Family is Referred: Text Field
- Referrals/Activities to be Completed by Service Coordinator: Text Field

Your Child's Assessment/Eligibility Determination Part I

- Date of evaluation/assessment: Date field, Format for entry: M/D/YYYY



- Chronological Age: Auto-calculated field based on entry of "Date of evaluation/assessment" field. Locked
- Instruments/Sources Used: Drop-down field, fillable
- Activities Your Child Does Well & Activities Your Child Finds Difficult: Text Fields
- Your Child's developmental levels based on the evaluation and assessment: Numeric field
- Additional Information Regarding Eligibility/Assessment: Text Field

Your Child's Assessment/Eligibility Determination Part II

- Vision and Hearing Status: Text Field
- Observations/Comments: Text Field
- Eligibility: Drop-down field, non-editable
- Additional information regarding eligibility: Text Field
- Assessor & Discipline: Text Fields

Outcomes

- Outcome #: Numeric field
- Given what you've shared about your family's daily life, what would you like to see happen in your daily routines as a result of Early Steps services: Text Field
- This outcome is related to the following functional area(s): Drop-down field, fillable
- Please describe how progress will look in three months: Text Field
- Please describe how progress will look in six months: Text Field
- Action Steps: Text Field
- Team Members: Text Field
- IFSP Review: Drop-down field, non-editable
- Review Date(s): Date field, Format for entry: M/D/YYYY
- Progress: Please describe progress toward meeting this outcome: Text Field
- Please describe the next steps: Text Field
- Add Outcome Button: Adds a new Outcome Table

Services

- Add Early Steps Services: Adds a new Services row
- Service Description: Drop-down field, fillable
- Outcome #: Text Field
- Frequency: Drop-down field, fillable
- Intensity: Drop-down field, fillable
- Provider Name & Phone: Text Field
- Primary Service Provider: Drop-down field, non-editable
- Location: Text Field
- Auth. Start Date: Date field, Format for entry: M/D/YYYY
- Auth. End Date: Date field, Format for entry: M/D/YYYY
- Date Services Must Start by: Date field, Format for entry: M/D/YYYY
- Payer: Drop-down field, fillable
- Non-Natural Environment Justification: Text Field
- ICD-10 Codes: Text Field
- ICD-10 Description: Text Field
- Medical Necessity: Text Field
- Title: Text Field

*Note: See Services [Attachment](#) in this document if user needs to print out the services page.



Transition

- Other: Text Field
- Date: Date field, Format for entry: M/D/YYYY
- Additional information regarding Notification, if applicable: Text Field
- Transition Conference Date: Date field, Format for entry: M/D/YYYY
- What are your most important questions or concerns regarding your child's transition from Early Steps: Text Field
- The following activities will occur to address your questions and concerns: Text Field
- The below agency/programs provided information regarding their services that included the evaluation/eligibility process: Text Field
- Family will, Agency/Program will, Service Coordinator will, & Timeline: Text Fields



Child Name: _____

Service Coordinator: _____

Child DOB: _____

IFSP Date: _____

Additional Services Attachment									
Service Description	Outcome #	Frequency	Intensity (Minutes)	Provider Name & Phone	Location	Auth. Start Date	Auth. End Date	Date Services Must Start by	Payer



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