

Family Education & Support		pg 1																			
Provider Name: STEP, Inc.		NP/KE																			
Comprehensive Evaluation - Sample >		IFES-1	IFES-2	IFES-3	IFES-4	IFES-5	FES-1	FES-2	FES-3	FES-4	FES-5	PC 1	PC 2	PC 3	PC 4	PC 5	exit 1	exit 2	inelig PC1	inelig PC2	QAOS #
FSS >		CM	NG	CZ	FN	TK	EC	NG	NP	EC	FN	JC	CM	MAV	NG	MAV	MAV				
STANDARD FILE NAME >																					
RECORD MAINTENANCE (all services)																					
1. Complete CF records (Eligibility, IFSP, contact logs, HV records, assessments) for each child in services?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
2. Documented contact with or on behalf of eligible child/family describing the service provided?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
ELIGIBILITY																					
1. Screening & eligibility process consistent with Dept policy?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
2. Children not served concurrently in FES, PART C & IFES?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
3. Confirmed DD diagnosis at age 6?		+	+	+	+	+	+	+	+	+	+	NA	NA	NA	NA	NA	NA	+			
SERVICE COORDINATION																					
1. Evidenced coordination of services for eligible children/families?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
2. Evidenced coordination w/ other community agencies to meet child/family needs?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
IFSP																					
1. IFSP/service agreement written, signed & implemented for each eligible child/family?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
2. IFSP's consistently contain:																					
demographics for child & family.		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
identify the support coordinator?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
include child development information?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
include service list which gives each service provided?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
frequency & intensity of service?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
location/natural environment of services (Part C only)?		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+	+	+	+	+	+	+			
method of service delivery?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
date of service initiation?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
duration of service?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
funding sources for each service?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
3. All items on cost plan directly related to IFSP objective?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
4. Outcomes & objectives modified as child/family needs change?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
5. Documentation of written notice of IFSP meetings?		-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
FAMILY CENTERED: (file review or visits)																					
1. Are the families the primary decision makers:		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
to determine family needs & resources?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
to determine their role in child evaluation?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
in identifying members of the IFSP?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
to determine desired outcomes?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
in identifying their role in service coordination?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
to decide how often/when home visits will occur?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
to choose which resources or service options to pursue?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
to evaluate the progress of the IFSP?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
2. Do families assist in choice of ancillary service providers (respite, OT/PT/SP, etc.)		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			
3. Do families assist in hiring/training hab aides & respite providers for their child?		+	+	*	+	+	*	*	*	*	*	+	*	+	*	*	*	*			

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Provider Name:																						
Comprehensive Evaluation - Sample >		IFES-1	IFES-2	IFES-3	IFES-4	IFES-5	FES-1	FES-2	FES-3	FES-4	FES-5	PC 1	PC 2	PC 3	PC 4	PC 5	exit 1	exit 2	1	2	QAOS #	
FSS >		NP	CM	NG	CZ	FN	TK	EC	NG	NP	EC	FN	JC	CM	MAW	NG	MAW	MAW	TK	CZ		
STANDARD FILE NAME >																						
RESOURCES & SUPPORTS																						
1. Resources/supports identified in IFSP & provided to eligible child/family?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
2. Gaps in planned vs actual services or planned vs actual delivery date?		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+	NA	NA	NA				
PROCEDURAL SAFEGUARDS																						
1. Proof of liability insurance for transportation providers?		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				
2. Families provided with agency internal complaint and/or appeal procedures?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
3. Families informed of specific complaint/appeal process for issues of eligibility, screening and IFSP's???		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
4. Evidence of confidentiality in the collection, storage, disclosure & destruction of personally identifying information?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
5. Do parents have access to child & family records?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
6. Families receive all information on services, (including families rights & safeguards) jargon free and in their native language or typical means of communication?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
7. Agency policy requires all services are non-discriminatory?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
8. Documentation of consent before evaluations are conducted, before services begin, & before information is gathered or released from/to other sources?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
9. Families are informed that participation is voluntary?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
10. Family Support Specialists carry Primary or Comprehensive certification?		*	*	*	*	+	+	*	*	*	+	*	*	+	+	+	+					
11. When a family is exited or voluntarily leaves services, was DPHHS policy followed?		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+	+					
TIMELINES																						
1. IFSPs are evaluated, revised or rewritten in compliance with state and federal regs? (6 mo. review for Part C, annually for FES and IFES)		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
OTHER CONTRACT PROVISIONS																						
1. Does the agency submit a waiting list to the Regional Office each month?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
2. ICAPs are completed & submitted for each child on the waiting list, & each child served? (initial ICAP for FES & follow along upon entrance to services)		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				
3. The agency maintains staff to individual served ratios according to Appendix I?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
4. Waiting list families contacted at least every 6 months to determine ongoing need & to provide information & referral resources?		NA	NA	NA	NA	NA	+	+	+	+	+	+	+	+	+	+	+	+				
5. Notification to Regional Office regarding changes to service on Client Status form?		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				
6. DPHHS programs are payer of last resort for IFSP services?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
7. Contractor meets other Appendix I provisions regarding CFS service requirements?		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				
INFORMATION & REFERRAL FOR INELIGIBLE PERSONS																						
1. Is information about other potential services available to families not currently served?																			-	-	QAOS# 4	
2. Are children/families who are not eligible, referred to other appropriate agencies?																						
NOTATIONS OR OTHER COMMENTS																						
***FSS certifications- All STEP Family Support Specialists are either certified or in the process of applying for certification .																						
While reviewing a Part C file, I noticed there was medical jargon used in one of the objectives. This was put in by the mother who has been dealing with the medical condition and not by the FSS.																						

1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.							
Family Education & Support		pg 3					
Provider Name:							
Comprehensive Evaluation -	Sample >	Part C 1	Part C 2	Part C 3	Part C 4	Part C 5	QAOS #
FSS >	FN	JC	CM	MAW	NG		
STANDARD	FILE NAME >						
PUBLIC AWARENESS & CHILD FIND EFFORTS							
1. Ongoing child find & public awareness system in place, coordinated w/ other local efforts such as HeadStart, schools, etc....							
		+	+	+	+	+	
ELIGIBILITY							
1. Evaluations & assessments (eligible & ineligible) are individualized & multidimensional? (multiples methods, domains, disciplines and content areas)							
		+	+	+	+	+	
2. Eligibility established under state definition of Part C (established condition, 50% delay in one developmental area, or 25% delays in two developmental areas)?							
		+	+	+	+	+	
3. Children are exited when they become three years of age?							
		NA	NA	NA	NA	NA	
4. Services are immediate for a child who is clearly eligible (eligibility determination does not create a delay in service initiation).							
		+	+	+	+	+	
TIMELINES							
1. Contact is made w/ families within 2 working days of initial referral?							
		+	+	+	+	+	
2. If 2 day timeline is not met, reasons are clearly documented why not?							
		NA	NA	NA	+	NA	
3. Evaluations are completed & IFSP is in place w/in 45 days of referral date?							
		+	+	+	+	+	
4. If 45 day timeline is not met, there is documentation as to why not?							
		NA	NA	NA	+	NA	
5. Interim IFSPs are in place where the 45 day timeline is not met?							
		NA	NA	NA	+	NA	
6. Transitions planning meetings take place at least 90 days before the child's 3rd birthday?							
		NA	+	NA	NA	NA	
TRANSITION PLANNING							
1. Families are aware from onset that services end when the child turns 3?							
		+	+	+	+	+	
2. Formal or informal interagency agreements are in place to support smooth transition for children & families to preschool services?							
		+	+	+	+	+	
3. Families are made aware of difference & similarities between Part C/Part B services?							
		+	+	+	+	+	
4. IFSPs consistently include at least one outcome-related objective to detail steps to be taken to support smooth transition to preschool or other services (child 30 months+).							
		+	+	NA	NA	+	
PROCEDURAL SAFEGUARDS							
1. The agency secures the appointment of surrogate parents for children in need?							
		NA	NA	NA	NA	NA	
2. IFSP process/form allows families to approve provision of some services without jeopardizing others?							
		+	+	+	+	+	
NOTATIONS OR OTHER COMMENTS							

1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.									
Family Education & Support		pg 4							
Provider Name:									
Comprehensive Evaluation -		Sample >		IFES 1	IFES 2	IFES 3	IFES 4	IFES 5	
		FSS >		NP	CM	NG	CZ	FN	QAOS #
STANDARD		FILE NAME >							
ELIGIBILITY									
1. Eligibility established under the waiver (established condition of developmental disability, meets intensive level of care for low skill, behavioral or medical needs, documented jeopardy of ICFMR placement in absence of waiver).				+	+	+	+	+	
2. Evidence that there is no concurrent waiver service (IFES, PD Waiver, Target CM)				+	+	+	+	+	
3. Parents are informed of feasible alternatives under IFES program, including ICFMRs?				+	+	+	+	+	
FAMILY CENTERED SERVICES									
1. Do foster families meet with the child prior to placement, as well as the natural parents where appropriate and possible?				NA	NA	NA	NA	NA +	
2. Do trial visits with prospective foster families occur prior to a placement decision?				NA	NA	NA	NA	NA	
IFSP									
1. Are habilitative programs carried out according to the IFSP?				+	+	+	+	+	
2. Are all services provided under IFES required by the IFSP? (for children & families to preschool services?)				+	+	+	+	+	
3. Have parents been notified at the annual IFSP that services are portable?				+	+	+	+	+	
TRANSITION PLANNING									
1. Is there evidence that families are made aware that services will end if the IFSP team determines that IFES services are no longer required, or if the IFSP team determines the needs of the child exceed available resources?				+	+	+	+	+	
2. Is there evidence that steps are taken to support the smooth transition of services to adult services, including adult Case Management, particularly for those persons transitioning out by age 22? (are objectives written & implemented to support transition?)				+	NA	NA	NA	NA	
PROCEDURAL SAFEGUARDS									
1. Are all IFES foster homes licensed in accordance with relevant rules, with copies of licenses available on request?				NA	+	NA	NA	NA	
2. Is documentation available from DDP and the agency Board of Directors for purchases \$4000 or more?				NA	NA	NA	NA	NA	
3. Do all adaptive equipment & environmental modifications reviewed meet waiver criteria (not room & board, no general utility for someone without a disability, relate specifically to the disability)?				+	+	+	+	+	
4. Is more than one person with severe disabilities placed in any foster home?				NA	NA	NA	NA	+	
5. The agency coordinated foster family recruitment & results with HHS Foster Services?				NA	NA	NA	NA	NA	
OTHER CONTRACT REQUIREMENTS									
1. Documentation of at least one contact per month with or on behalf of each family?				+	+	+	+	+	
2. Contacts are for the purpose of providing support coordination, direct services or supervision/consultation to subcontracted personnel?				NA	NA	NA	NA	NA	
3. Are possible or actual moves from natural to foster home (or foster to natural) reported to the Regional Manager as soon as possible?				NA	NA	NA	NA	NA	
4. Is there documentation of agreements with families/subcontracted personnel to provide paid habilitation services?				NA	NA	NA	NA	NA	
pg 4 continued									
5. As openings occur, does the contractor notify the Regional Office within 10 days of the opening, & are complete referrals/updates submitted to the Regional Office in 10 days?									
6. Are cost plans for IFES revised at least every 6 months?				+	+	+	+	+	
COMMENTS:									