First Steps Progress Report Directions

GENERAL INSTRUCTIONS

Overview: The First Steps Progress Report is intended to serve as a comprehensive team report to document a child's progress toward the outcomes developed by the IFSP team, including the child's family. It is to be completed by ALL ongoing providers on a child's IFSP team who provided services during the report period. Providers added to the IFSP after the beginning of a report period are required to contribute to the team report, even if only one session was held. The report type (3-month, 6-month, etc.) is determined by the child's IFSP date, not the date individual providers were added to the plan.

Planning Ahead: Team collaboration is expected to occur throughout the reporting period, not just the few days before the progress report is due. Prior to starting the report, team members must communicate with each other to determine which of 4 versions of the progress report form (1, 2, 3, or 4 Outcomes) is needed to adequately report on all IFSP outcomes. Additional outcome review pages are available for children with 5 or more outcomes or those with more than 5 short-term goals per outcome. The additional outcome form can be completed separately and sent with the progress report form, if needed. With the exception of the additional outcome form, only one report for each child is to be sent to the SC/SPOE. This report should be a collaboration of all providers on the child's IFSP, including those providers who work with an agency via a referral agreement (Nutrition, Psychology, Nursing, Social Work, Vision, etc.)

Completing/Saving Form: All versions of the report form are a fill-in PDF form. To successfully interact with this format, Adobe Reader X is required. A free version of Adobe Reader X can be downloaded (http://get.adobe.com/reader/).

Upon completion, the document <u>must be saved</u> and named for easy retrieval (example "Smith, Jane 3M"), according to the provider's agency procedure for document storage. Once the document is renamed and saved, you will be able to open and revise it for the next progress period.

Report Submission: Progress reports are due to the child's Service Coordinator/SPOE on the first day of the month, using the Authorization/Progress Report schedule (attachment A). Submission procedures will vary between SPOE offices. *Each agency is responsible for educating its own providers about report submission procedures specific to the SPOE/service area.*

Sharing Report with Family: Each provider is responsible for reviewing their own STG progress information with the family at the next session scheduled after the completion of the team progress report. This activity should be documented in the provider's face-to-face sheet. The Service Coordinator will provide the family with a copy of the entire progress report while reviewing the team information and suggestions documented on the last page of the progress report with the family at the quarterly IFSP review meeting.

HEADER

Child Name: Fill in child's name – must match what is on IFSP and PAM system.

FS ID #: Fill in child's First Steps ID #– must match what is on IFSP and PAM system.

DOB: Fill in child's date of birth – must match what is on IFSP and PAM system.

IFSP date: Current IFSP date for this report. IFSPs are written annually and this date must be updated.

Report Date: Date Progress Report is completed

Report Type: Check the box for the appropriate reporting period.

CHILD INFO

Adjusted Age: Only adjust if greater than 4 weeks premature and less than 2 years of age.

Diagnosis and ICD9 code: Include the primary diagnoses found in the Physician Health Summary (PHS), page 2 of the IFSP, and any additional diagnosis the agency has received from the physician. There may be more than one diagnosis. Treating diagnoses (including conditions/signs/symptoms) may be different than what is listed on the PHS and IFSP and should be documented later in report for each discipline.

Onset Date: In most cases, the onset date of a child's primary diagnosis is "birth". If the onset of the condition occurred at a later date, obtain that date from the family.

Precautions/Contraindications: Include any special measure/modifications taken because of the child's conditions, as reported by the child's physician. For example, limits in range of motion, seizures, types of foods/liquids allowed, etc.

FAMILY INFO
Parent/Guardian Name: List parent/guardian name(s) identified on IFSP.

Address/Phone/Email: Include current address, phone number and e-mail address (if applicable) for parent/guardian listed above. *Refer to agency policy for reporting identifying information in foster cases.*

Primary Language: Identify primary language spoken by family.

IFSP TEAM INFO
Service Coordinator/ED Team Contact: One member of the team must be responsible for completing Service Coordinator and ED Team contact info, including name, phone number, and e-mail address. *Each agency should establish a policy for assigning this responsibility amongst team members.*

EIS = Early Intervention Service: Each team member is responsible for filling in their own contact information including discipline, name, phone number, and e-mail address. Info entered in "EIS" box will auto fill in the "Discipline" box in the next two charts on page 1.

CURRENT IFSP EARLY INTERVENTION SERVICES
Each team member is responsible for filling in information related to their own discipline.

Early Intervention Service: List each discipline on current plan (OT, PT, DT, ST, etc.).

Start of Service for Current Authorization: The SOS is the first date child was seen during the current 3-month authorization period. This date should change on each progress report because providers will receive a new 3-month authorization following the submission of each progress report.

Treating Condition with ICD-9: Include the name and ICD-9 code for the condition being treated by each discipline. For OT, PT, and Speech this is likely to be different than the primary diagnosis listed above. DTs should list the ICD-9 code found on the IFSP (page 2) or Physician Health Summary form. *Each agency should provide training for providers related to appropriate use of ICD-9 codes.*

Frequency: List frequency of services as listed on current authorization for each discipline.

Session Length: List session length as listed on current authorization for each discipline.

Authorization Period: List start date and end date of current authorization for each discipline.

SESSION ATTENDANCE
Each team member is responsible for completing attendance information related to their own discipline.

Early Intervention Service: List each discipline on current plan (OT, PT, ST, DT, etc.).

 # Sessions completed: Document actual number of sessions that occurred between the authorization start date and report date.

 # Provider cancelled sessions: Document the number of sessions that were cancelled (and not able to be rescheduled) by the provider between the authorization start date and report date.

 # Family cancelled sessions: Document the number of sessions that were cancelled (and not able to be rescheduled) by the family between the authorization start date and report date.

Reasons for each cancellation: Use abbreviations at bottom of progress report page 1 to document reasons for cancelled sessions.

OUTCOME REVIEW
Each provider must complete an outcome review page for each IFSP Outcome in the IFSP for which they are responsible. The outcome review page is 2 pages long and includes 5 charts to report on short-term goals. There may be more than one provider working on the same outcome. In this case, providers need to collaborate before the report is started to determine how many outcome review pages will be needed to adequately report on all the short-term goals that have been set. There are different versions of the report form depending on how many outcome review pages are needed.

Outcome: List outcome # from IFSP and type out the actual outcome statement from the IFSP. For example, "Johnny will walk by himself so that he can get around in his environment."

Long-term Goal: The LTG should be based directly on the IFSP outcome and include measures that the team will use to determine if the outcome is achieved or not. For example, "Johnny will walk safely throughout home, indoors and outdoors, without assistance."
When more than one provider is addressing the same IFSP outcome they will need to collaborate to determine if they will report on a single long-term goal or develop separate long-term goals for each discipline. The number of long-term goals and short-term goals to be reported on will dictate which version of the progress report form (1 outcome, 2 outcomes, etc.) needs to be used.

STG = Short term goal: Each therapist is responsible for developing their own short-term goals. These should be set after the first few initial visits. List STG # and write out the goal. STGs must be measureable. For example, "Johnny will take 5 independent steps between surfaces or people without falling 3 out of 4 trials." ***Caution: The print space for the "STG " section is limited. The form will allow users to keep typing, but all of the text will not be visible upon printing.*** There should be more than one STG for each LTG. If there are fewer than 5 STGs per outcome, leave the remaining spaces blank. The progress report form cannot be edited to delete blank charts. If there are more than 5 STGs per outcome, plan to use more than one outcome review page to report on the outcome.

Date set: List date that STG was set.

Set by: Name and discipline of provider who set this STG. ***Caution: The print space for the "Set by" section is limited. The form will allow users to keep typing, but all of the text will not be visible upon printing.***

Expected Achievement Date: List date by which STG is expected to be fully achieved.

Status Code: Use one of the codes at the bottom of the outcome review page to describe status of STG progress.
    A = Achieved; P = Partially Met (continue STG); NP = No progress (continue STG); D = Discontinue

Baseline: Describe the child's level of performance related to the skill listed in the STG as of the date the STG was set. Include as much detail as possible. The baseline for each STG does not change after it is established.

Current Level: Describe the child's current level of performance as of the report date related to skill listed in the STG. Include skills that the child has achieved as well as skills that still need to be addressed to justify continued services. Report quantitative and qualitative information related to the measures established in the STG.

Other Comments: Use this space to add any other comments that you could not fit into the spaces above. Include activities/strategies being used to address the outcome. If several STGs have been achieved, this area could be used to list new STGs that have been set.

TEAM DISCUSSION

Team members must collaborate with each other prior to completion of this section. *Each agency is responsible for developing a procedure to determine who will complete the summary paragraphs on the team page.*

Summary of IFSP Team Collaboration: Document how the team is collaborating on the child's intervention. For example, how is the PT supporting the OT or ST? What team dialogue has taken place? How are team members sharing information with each other (phone, e-mail, face-to-face meetings)?

Summary of Family/Caregiver Participation and Family Information Updates: For each service provided, indicated how family members and caregivers have been able to participate in therapy. Document any adjustments which are being made accommodate parent participation. Note any changes in family situation that would be important for Service Coordinator and ED Team to know when they interact with the family as well as any new family info that requires SC follow up (changes in family size, income, insurance, a planned move, etc). If the child is seen in a child care setting, document meetings with the parent.

New Outcomes to be Considered: List suggestions for new outcomes that may be appropriate to replace outcomes that have been achieved or that are not currently being addressed.

Suggestions for IFSP Modifications/Parent Resources: Indicate team discussions related to modifying the IFSP. This could include adding a different discipline, changing intensity/frequency of current services, discharging a service, co-treatment, or consultative services. Also include additional resources available outside of First Steps system that could be beneficial to address the child's needs.

SERVICE RECOMMENDATIONS FOR NEXT AUTHORIZATION PERIOD

Each team member is responsible for reporting service recommendations for the next quarter for their own discipline. These recommendations should not be made in isolation, but after discussion with other team members.

Discipline: List each discipline recommended for continued service (OT, PT, ST, DT, etc).

Frequency: Indicate the frequency of sessions recommended for each discipline for the next authorization period.

Session Length: Indicate the length of session recommended for each discipline for the next authorization period.

Change: Indicate whether or not the recommended intensity/frequency for the next authorization period represents a change from the currently authorized intensity/frequency.

Additional Comments: Include any other comments that are relevant to the recommendation for continued services.

Signature, Title, and Date: Report must be signed (including title) and dated by each contributing provider upon completion. Associate level providers (DTAs, PTAs, COTAs, etc.) should also have their supervisor sign the progress report. Agency policy regarding electronic signature applies. *Each agency is responsible for developing a procedure for obtaining all provider signatures on the report.*

Attachment A—3-Month Authorization and Report Schedule

All initial IFSP authorizations will end on the last day of the 3rd month from the IFSP date. Subsequent 3-month authorizations will end on the last day of the month, as noted below. Please refer to the following charts to determine due dates for 3-month, 6-month, 9-month, and annual progress reports. **Providers must also provide a discharge report when the child is discharged from services or leaves the First Steps System.**

Authorizations

Initial IFSP meeting month:	3 month auth ends	6 month auth ends	9 month auth ends	12 month auth ends
Jan.	4/30/--	7/31/--	10/31/--	Last day of IFSP
Feb.	5/31/--	8/31/--	11/30/--	Last day of IFSP
Mar.	6/30/--	9/30/--	12/31/--	Last day of IFSP
April	7/31/--	10/31/--	1/31/--	Last day of IFSP
May	8/31/--	11/30/--	2/28/--	Last day of IFSP
June	9/30/--	12/31/--	3/31/--	Last day of IFSP
July	10/31/--	1/31/--	4/30/--	Last day of IFSP
Aug.	11/30/--	2/28/--	5/31/--	Last day of IFSP
Sept.	12/31/--	3/31/--	6/30/--	Last day of IFSP
Oct.	1/31/--	4/30/--	7/31/--	Last day of IFSP
Nov.	2/28/--	5/31/--	8/31/--	Last day of IFSP
Dec.	3/31/--	6/30/--	9/30/--	Last day of IFSP

Progress Report Due Dates

Initial IFSP meeting month:	3 month report due:	6 month report due:	9 month report due:	Annual report due:
Jan.	4/01/--	7/01/--	10/01/--	1/01/--
Feb.	5/01/--	8/01/--	11/01/--	2/01/--
Mar	6/01/--	9/01/--	12/01/--	3/01/--
April	7/01/--	10/01/--	1/01/--	4/01/--
May	8/01/--	11/01/--	2/01/--	5/01/--
June	9/01/--	12/01/--	3/01/--	6/01/--
July	10/01/--	1/01/--	4/01/--	7/01/--
Aug.	11/01/--	2/01/--	5/01/--	8/01/--
Sept.	12/01/--	3/01/--	6/01/--	9/01/--
Oct.	1/01/--	4/01/--	7/01/--	10/01/--
Nov.	2/01/--	5/01/--	8/01/--	1/01/--
Dec.	3/01/--	6/01/--	9/01/--	12/01/--