**Fiscal Year 20\_\_**

**Child and Family Connections (CFC) # \_\_\_\_\_**

**Annual Early Intervention (EI) Technical Approach Program Plan Matrix (TAPPM)**

| **NOFO Supplies and/or Services Required** | **Action Step** | **Timeline** | **Staff Responsible for each activity** | **% of Staff Time for Each Activity** |
| --- | --- | --- | --- | --- |
| A.1.1. The CFC office shall select, train, and supervise qualified staff to carry out the following tasks within the EI Program’s specified time frames. Service Coordinators and Parent Liaisons will complete required training within 90-calendar days of receiving their temporary credentials. |  |  |  |  |
| A.1.1.1 The CFC office shall receive referrals from primary referral sources and contact the family within two-business days after the date that the referral is received to schedule an intake meeting with the family. |  |  |  |  |
| A.1.1.2 Contact with the family shall be in the family’s native language or, with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by that individual. |  |  |  |  |
| A.1.1.3 The CFC office shall provide Service Coordination activities, including the following: | | | | |
| A.1.1.3.1 Conduct intake meetings, which are the process of meeting face-to-face with the family to explain the EI Program and to complete all initial steps required prior  to beginning the necessary evaluations and/or assessments; |  |  |  |  |
| A.1.1.3.2 Assist parents of infants and toddlers with disabilities in obtaining access to needed EI services and other services identified in the Individualized Family Service Plan (IFSP), including making referrals to EI Providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families; |  |  |  |  |
| A.1.1.3.3 Coordinate the provision of EI services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluation purposes) that the child is in need of or is currently being provided; |  |  |  |  |
| A.1.1.3.4 Coordinate evaluations to determine if the child is eligible for EI services, assessments to identify the child’s unique strengths and needs, and any EI service appropriate to meet those needs. Evaluations and/or assessments of five developmental domains are required to determine the child’s level of functioning and/or unique strengths and needs in each domain prior to writing the initial IFSP; |  |  |  |  |
| A.1.1.3.5 Facilitate and participate in the development, review, and evaluation of an IFSP, including facilitating the development of the initial IFSP within 45 days after the initial date of referral and distributing copies of the IFSP to the family, EI Providers and other entities identified in the IFSP as soon as possible and no than 15-business days after the IFSP meeting; |  |  |  |  |
| A.1.1.3.6 Conduct referral and other activities to assist the family in identifying available EI Providers; |  |  |  |  |
| A.1.1.3.7 Coordinate, facilitate, and monitor the delivery of EI services to ensure that the services are provided in a timely manner; |  |  |  |  |
| A.1.1.3.8 Conduct follow-up activities to determine that appropriate Part C services are being provided. Communicate monthly with the family using a variety of face-to-face, telephone, written correspondence, and other methods, including IFSP team meetings, to ensure that the family is well informed and functioning as an active participant in the implementation of the IFSP and to monitor the provision of needed evaluations and/or assessments and services; |  |  |  |  |
| A.1.1.3.9 Inform families of their Part C rights, procedural safeguards and available advocacy services; |  |  |  |  |
| A.1.1.3.10 Coordinate the funding sources for EI services required under this part, and |  |  |  |  |
| A.1.1.3.11 Facilitate the development of a transition plan to preschool, school, or, if appropriate, other services. |  |  |  |  |
| A.1.1.4 The CFC office shall establish/ maintain Local Interagency Council(s) (LIC), as defined in the chart found in Appendix I. LICs are components of the statewide infrastructure of the EI Services System and emphasize planning at the local level to identify and coordinate all resources and services available within each CFC local service area. Each CFC will be responsible for the coordination of their LIC(s).  Members of each LIC shall include, but are not limited to, the following: parents; representatives from coordination and advocacy service providers; local education agencies (LEA); other local public and private service providers; representatives from State agencies at the local level; and others deemed necessary by the LIC. |  |  |  |  |
| A.1.1.4.1 The LIC will assist the CFC with:   * + Development of collaborative agreements between local service providers, diagnostic and other agencies providing additional services to the child and family;   + Agreements related to transition and integration of eligible children and families into the community;   + Local needs assessments, planning, and evaluation efforts;   + Identifying and resolving local access issues;   + Provider recruitment; and   + Development of an annual report to the IICEI regarding Child Find and public awareness via an annual report |  |  |  |  |
| A.1.1.5 The CFC office shall provide Parent Liaison activities that include development and provision of direct support services to families and provision of consultation/resources to IFSP team members, and other EI Providers regarding family perspectives on practices and policies for services and system development. CFC offices must have a credentialed Parent Liaison(s) to ensure that Parent Liaison activities are provided. |  |  |  |  |
| A.1.1.6 The CFC office shall provide Social Emotional (SE) components that include, at a minimum, a SE Consultant, relationship-based training in EI, reflective consultation for the CFC Manager, integrated assessment and intervention planning, case consultation, and involvement in the SE Consultant Network. CFC offices must have a SE Consultant(s) to support these services. |  |  |  |  |
| A.1.1.7 Each CFC office will contract Developmental Pediatric Consultation services to ensure quality assurance activities such as periodic (as needed) participation in IFSP meetings, consultation on requests for IFSP service changes, technical assistance and training to EI Providers to address local and system needs, Service Coordinator training tailored to needs identified pursuant to reviews and assist CFC office with Child Find with the medical community. |  |  |  |  |
| Other quality assurance activities include: | | | | |
| A.1.1.7.1 Per request of the CFC or through periodic involvement, review of medical records, which may provide an explanation for a child’s problems and thus avoid unnecessary medical diagnostic evaluations. |  |  |  |  |
| A.1.1.7.2 Review evaluations and/or assessments and listen to the Service Coordinator’s discussions of their observations of the child to assist in identifying signs of PDD, Autism, Verbal and Motor Apraxia, Sensory Regulatory Disorder or other diagnoses that have not been previously addressed in either evaluation/ assessment or treatment activities. |  |  |  |  |
| A.1.1.7.3 Discuss the specific medical diagnosis with the Service Coordinator and the impact that a disease or syndrome may have on a child and family. Make suggestions for a better approach to the family. |  |  |  |  |
| A.1.1.7.4 Assist with post‐IFSP development for consistency with principles and best practices and the expressed EI philosophy, principles, best practices, and procedures. |  |  |  |  |
| A.1.1.8 The CFC office shall comply with public and private insurance and family participation fee policies and procedures as set by IDHS. |  |  |  |  |
| A.1.1.9 The CFC office shall participate in public awareness and Child Find activities by disseminating information to primary referral sources and working with LICs. |  |  |  |  |
| A.1.1.10 The CFC office shall maintain a directory of non-EI financial resources and support services for use with the family. The CFC shall assist the family in accessing non-EI financial resources and support services by making appropriate referrals while the child is enrolled with the EI Program and at transition. Children found ineligible should be offered referrals for non |  |  |  |  |
| A.1.1.11 The CFC office shall facilitate IFSP team discussions for every child to determine his/her status relative to each of the United States Department of Education, Office of Special Education Programs (OSEP) identified child outcomes and document the ratings in the statewide data system. |  |  |  |  |
| A.1.1.12 The CFC office shall monitor Part C funds to ensure that funds are utilized as the "payor of last resort" to the extent allowed by law. This includes assistance in accessing resource supports, including but not limited to the Division of Specialized Care for Children (Title V), and with the parent’s or guardian’s informed consent, Medicaid (Title XIX), the State’s Children’s Health Insurance Program (Title XXI), and private insurance. |  |  |  |  |
| A.1.1.13 The CFC office shall enroll, if it wishes, as an "All Kids agent" in order to complete the All Kids application as authorized under Section 22 of the Children's Health Insurance Program Act. |  |  |  |  |
| A.1.1.14 The CFC office shall develop, maintain, and process the permanent EI case record in accordance with policies set forth by IDHS. |  |  |  |  |
| A.1.1.15 The CFC office shall maintain administrative and programmatic contact with all EI Providers in the service area. |  |  |  |  |
| A.1.1.16 The CFC office shall participate in routine monitoring and technical assistance activities as required by IDHS, including on-site monitoring, data collection and reporting obligations, record reviews, financial audits, complaint investigations, and consumer satisfaction surveys. |  |  |  |  |
| A.1.1.17 The CFC office shall designate a CFC Manager who is employed by the CFC. The CFC Manager will be responsible for hiring all Service Coordinators. All Service Coordination activities will be the responsibility of the CFC and cannot be subcontracted to another entity. |  |  |  |  |
| A.1.1.18 The CFC office shall have a toll-free number and Internet access. |  |  |  |  |
| A.1.1.19 The CFC office shall purchase/maintain required equipment based upon IDHS specifications. |  |  |  |  |
| A.1.1.20 The CFC office shall provide an annual budget in the format and timeline required by IDHS. |  |  |  |  |
| A.1.1.21 The CFC office shall be in compliance with the Child and Family Connections Procedure Manual (including CFC support services, recordkeeping, disputes, referrals to CFCs, intake, eligibility determination, public and private insurance use determination, family participation fees, IFSP creation and implementation, transition, and transfer and case closure) that may be found at http://www.dhs.state.il.us/page.aspx?item=32263 |  |  |  |  |
| A.1.1.22 The CFC office shall participate in training sessions, as required by IDHS. |  |  |  |  |
| A.1.1.23 The CFC office shall comply with the *Health Insurance Portability and Accountability Act* (HIPAA), specifically the Security Rule and the HIPAA Transactions and Code Sets Rule, and the regulations promulgated thereunder. |  |  |  |  |
| A.1.1.24 The CFC office shall comply with the confidentiality of Early Intervention Records pursuant to the *Individuals with Disabilities Education Act*, Section 617(c) and 642, as amended, 20 U.S.C. 1400 et seq., and Part C regulations in 34 CFR 303.401-303.417, all in accordance with the *Family Educational Rights and Privacy Act* (FERPA), 20 U.S.C. 1232g and 34 CFR Part 99. |  |  |  |  |
| A.1.2. The CFC office shall agree to act in accordance with all state and federal statutes, guidelines, procedures, rules, regulations, and executive orders applicable to the provision of services, as set forth, but not limited to, items listed in Section A.1.2 of the NOFO. |  |  |  |  |
| A.1.3. The CFC office will submit biannual child find screening calendars of upcoming screening events in the local service area. |  |  |  |  |
| A.1.4. The CFC office shall assist and coordinate with the implementation of State Systemic Improvement Plan (SSIP) strategies and targeted objectives. |  |  |  |  |
| A.1.5. The CFC office shall engage in community cross-sector initiatives including Illinois Department of Children and Family Services, IDHS Family and Community Resource Centers and other state-led early childhood service team members as outlined within IDHS initiatives. |  |  |  |  |