

The Department is issuing the following guidance to clarify that the use of a standardized approach to individualized family service plan (IFSP) development is not consistent with federal and State Early Intervention Program (EIP) requirements. Therefore, applying a uniform visit frequency and/or length of session (i.e., two basic visits per week, or a standard number of hours per week of individualized intervention) to IFSPs is not a permissible practice under the EIP.

While the Department's [clinical practice guidelines](#) provide a framework, the type, intensity, frequency, and duration of Early Intervention services for all eligible children are determined through the IFSP process. EIP regulations at 10 NYCRR 69-4.11(a)(10)(v) and Public Health Law § 2545(2)(d) require components of the IFSP, including service levels, to meet the unique strengths and needs of the child and family. In accordance with Early Intervention Program regulations, service decisions are made by the IFSP team, which includes the parent(s), Early Intervention Official/Designee (EIO/D), and service providers.

As the IFSP is developed, the IFSP team considers many factors to determine the appropriate number of hours of behavioral intervention, as well as any other types of intervention that may be necessary. Factors in this determination include a range of child and family characteristics, such as the extent of the child's developmental delay, impact on daily routines, rate of progress, health considerations, the child's tolerance for the intervention, and the availability of family participation. When agreed upon by the IFSP team, services can be adjusted as necessary during the six-month IFSP period. If disagreements arise about the services to be included in the IFSP, parents have the right to due process procedures, including mediation and/or an impartial hearing.

Although Early Intervention providers who furnish evaluations are permitted to make recommendations about the type of services that may be needed by the child and family based on the results of the evaluation, EIP regulation 10 NYCRR 69-4.8(e)(4) requires evaluators to avoid making recommendations regarding the frequency, duration, and intensity of specific services until such time as the family's total priorities, resources, and concerns have been assessed, and the total plan for services under the IFSP is under discussion with the IFSP team. The multidisciplinary evaluation team is responsible for making clinically appropriate service recommendations based on their evaluation and assessment of the child's developmental strengths and needs in the IFSP decision-making process. Municipal staff, service coordinators, and service providers must refrain from making recommendations about the frequency, duration, and intensity of services to families prior to IFSP meetings.

To review best practices in service recommendations that should guide IFSP team discussions, please consult the EIP guidance document, *Individualized Family Services Plans at https://www.health.ny.gov/community/infants_children/early_intervention/docs/ifsp_guidance.pdf*.

In summary, a standardized approach to service frequency and/or length is not permissible in the EIP. Rather, every IFSP must be *individualized* to meet the unique needs of the child and family, in accordance with federal and State requirements.