

**March 2025**

**RCPA Early Intervention Position Paper  
Promoting Equity in IFSP Development, Implementation, and Missed Visit Policies**

**Introduction**

Inconsistency in Individualized Family Service Plan (IFSP) development and implementation policies and practices across counties causes inequities in early intervention service delivery for children and families in Pennsylvania.

**The Role of the IFSP**

The IFSP is a document developed when a child is found eligible for Early Intervention services. It is created by the multidisciplinary evaluation team which includes the family/caregivers, qualified clinical evaluators, and the service coordinator. The IFSP documents the evaluation summary, the concerns and outcomes (goals) identified by the family/caregiver, and the services necessary to meet those outcomes. It serves as the guide for provision of services to the child and family.

When the IFSP is finalized, the service page is completed and includes the number of authorized units, timeframes for delivery, and costs associated with the plan. All members of the team agree to and sign the completed plan. The IFSP becomes the legal contract for provision of services and all services listed are expected to be delivered. The frequency, disciplines, and level of services documented on the IFSP are identified as services approved to meet the needs of the child and family.

**Variability in Implementation of IFSPs Across Counties**

County variability in IFSP development and implementation remains a persistent and troubling issue. This variability results in inequities in services for families, as little standardization exists in IFSP development and service delivery. In a statewide Early Intervention Program, regardless of where a family lives or moves within the state, their Early Intervention services and service delivery should remain consistent, enabling transition of services between counties to be seamless throughout different areas of the Commonwealth. In reality, services delivered in one area may be remarkably different from those delivered in a neighboring county.

One example of inequity that families may face is related to the documentation of service frequency and the varying interpretations of this documentation by different counties. When an IFSP specifies service frequency over a quarterly period, such as 13 times in 90 days, it allows interventionists and families to work together to determine how to best meet the family's needs within their established routines. However, not all counties use this flexible approach. In some cases, a plan might specify a service frequency of once every 7 days, and if county administration enforces strict adherence to this schedule, an interventionist may find it challenging to schedule visits effectively. This rigid interpretation can lead to missed visits and difficulties in rescheduling, ultimately impacting the full implementation of the IFSP.

**Examples of Inconsistency in IFSP Creation, Implementation, and the Impact on Service Delivery**

Inconsistencies in IFSP creation and implementation across counties are apparent and have a marked impact on service delivery. Many counties mandate that IFSPs are written and services are delivered in proscriptive ways. This limits the team's ability to create an *individualized* plan that meets the specific needs of the child and family.

## EXAMPLES OF INCONSISTENCY IN SERVICE RECOMMENDATION

INCONSISTENCY	EXAMPLES
<p>IFSP service recommendations are arbitrary in nature.</p>	<ul style="list-style-type: none"> <li>• All eligible children receive 45-minute sessions</li> <li>• All services are provided at a frequency of every other week.</li> <li>• Only one service is authorized at a time. In order to add a service, another must be discontinued.</li> <li>• Services are authorized weekly for only 8 weeks. After 8 weeks, the frequency automatically decreases to every other week, regardless of the team recommendations or progress made.</li> <li>• New services cannot be added to a family's plan without first recommending a 90-day consult with 3 trial sessions approved to be completed in 90 days (3x90).</li> </ul>

The impact of such arbitrary restrictions is great. Families do not receive the services that their child needs and to which they are entitled, and clinical recommendations from interventionists are ignored or delayed.

Critical service delivery time is lost when every service requires a consult before beginning. In some situations, needed services are never added to the IFSP due to the timing of the consult, as service coordinators are reluctant to add services if the child is "too close to transition." For example, in some counties, any recommended service change or addition of a new service within 90 days of the child's third birthday is not included in the IFSP. Instead, it becomes an "Individualized Education Plan (IEP) recommendation" if the child qualifies for EI Part B. This can lead to lengthy delays in necessary services which negatively impact outcome achievement.

In the absence of standardized guidance from the Office of Child Development and Early Learning (OCDEL) to counties regarding an appropriate timeline for rescheduled visits, wide variability exists in current policies and practices. In many counties, rescheduled visits are prohibited or are permitted within an extremely narrow window of time.

## EXAMPLES OF INCONSISTENCY IN IMPLEMENTATION POLICY

INCONSISTENCY	EXAMPLES
<p>IFSP service implementation policies include arbitrary restrictions.</p>	<ul style="list-style-type: none"> <li>• Timeframe for reschedule of missed visits must occur within an arbitrary window; i.e., the calendar week / 7 days / 30 days / the IFSP quarter.</li> <li>• Missed visits can only be rescheduled if a provider cancels the visit. A cancellation by family is not permitted to be rescheduled.</li> <li>• Family cancellations are only permitted to be rescheduled if it is due to illness.</li> <li>• Reschedule of missed visits is prohibited under any circumstance.</li> </ul>

The impact of these arbitrary restrictions on families and service delivery is that the IFSP contract is effectively breached. Families do not receive the services to which they are entitled under their IFSP, leading to stalled or hindered progress in achieving desired outcomes.

### **Inequity Embedded in Current IFSP Implementation and Rigid Reschedule Policies**

The practices outlined above suggest that counties may attempt to manage budgets by limiting service recommendations. While this may be a response to insufficient state allocations for EI services, it creates

significant inequities for families, particularly those already marginalized and with fewer available resources.

If a family raises concerns about missed or owed sessions with the county administrator or the Bureau of Early Intervention Services and Family Supports (BEIS-FS), they are likely to receive the services outlined in their IFSP, regardless of the reasons for the cancellations. This highlights an equity issue: all families should have access to the services in their IFSP, not just those who understand the system, have the resources and confidence to advocate for themselves, and possess the logistical capacity and language and literacy skills to navigate administrative processes.

Research reflects that nationally, Early Intervention programs serve only a fraction of eligible children, and that families of color and those living in poverty are under-represented in both initial and sustained enrollment in services [1](#), [2](#), [3](#). While Pennsylvania data are in the upper quadrant of the national data [4](#), practices like those outlined above cast a shadow over the continuity and equity of Early Intervention in our state.

### **Partnering With Families**

Not all families have the same capacity to advocate for their child and the services that they need. The emotional toll of navigating services can affect their ability to advocate effectively. Differences in experience and confidence, as well as factors like work, health, or other responsibilities, can also limit a family's ability to do so.

Cultural differences or language barriers can impede a family's ability to communicate their child's needs and fully understand their rights and available services. Concerns about potential repercussions, such as reduced services or strained relationships with providers and service coordinators, can also discourage families from being advocates.

### **Coaching Model Inconsistencies**

The coaching model is a strategy adopted by Pennsylvania to equip and engage families in the Early Intervention process. It leverages the knowledge, experience, and expertise of early interventionists as coaches to train and guide families as they complete daily routines with their children. The interventionists skillfully guide caregivers to understand and practice how to best care for their child while taking an indirect approach in the session. Consistent, guided caregiver practice allows for greater understanding, independence, and success.

Inconsistencies across counties and service coordinators in understanding the coaching model and policies surrounding it are widespread. In some Pennsylvania counties, the coaching model is used as a justification to reduce therapy frequency at initial plan development. This is a gross misunderstanding of the purpose of the coaching model and limits the opportunity for family coaching, guided practice, and ultimately, outcome achievement. The literature does not support a limited frequency of services when using coaching strategies.

In some counties where rescheduled visits are not permitted, the rationale is offered that they are not necessary, as caregivers should already have strategies to practice due to use of the coaching model. This philosophy limits the child/family's opportunity for practice, growth, learning, and advancement.

### **Impact of Variability for Families**

At each initial evaluation, the multidisciplinary team determines the services necessary for the child and jointly creates the IFSP. Counties that employ strict cancellation and missed visit policies and restrict make-up sessions prohibit the full execution of the IFSP.

Consistency with therapy sessions allows for greater rapport building, trust, practice opportunities, and learning – core elements for successful service delivery and outcome achievement. Gaps in care prolong

the process and extend the episode of care due to missed learning opportunities. It creates inefficient care and limits the number of children that are ultimately served.

Early Intervention visits are frequently held at the same day/time each week and thus, the situational factors (routine, location, fatigue) associated with the visit are often similar. Make-up visits allow for:

- Practice in a different environment, routine, location, or time of day. This can allow for greater generalization of skills by practicing in a different set of circumstances.
- Coaching the child/caregiver dyad at a different time or location may give the interventionist greater insight/information on behaviors or strategies to employ.
- Practice and skill development with an alternate caregiver. A make-up session held outside of the regularly scheduled time may allow the opportunity to educate and coach an alternate caregiver or family member.
- Caregivers to receive additional feedback or reinforcement on developing skills or skills recently learned.
- Full implementation of the IFSP contract.

Many counties allow for rescheduled visits only within the calendar week within which they occur. This creates an inequitable situation for families seen at different times during the week. For children with appointments early in the week, there is greater opportunity to reschedule than for children seen in the later part of the week.

Flexible rescheduling policies promote known best practices for public health by limiting the spread of germs and disease. They facilitate canceling visits when the child, family member, or provider are unwell and reschedule to a time when all can be optimally engaged and productive.

Overly strict rescheduling policies disincentivize honesty from families and promote inefficiency. For example, if a county allows for rescheduled visits for illness but not for vacation plans, the family may wait until that last minute to cancel, limiting the interventionist's ability to plan ahead and minimize unproductive time.

The life of a family with a child with special health or developmental needs is unpredictable at times. Allowing for provider and family discretion when scheduling and rescheduling sessions allows for maximal benefit from Early Intervention services.

## **Family Choice**

It is essential that families have choice on how and when to utilize the visits outlined in their Individualized Family Service Plan (IFSP). Flexibility allows families to tailor services to their unique circumstances, preferences, and needs. It empowers them to engage in the process actively, ensuring that interventions are effective and resonate with their daily lives. By allowing greater choice, service providers can foster collaborative relationships with families. This ultimately leads to better outcomes for children and their families.

Families should be encouraged to use the services provided to their maximum benefit. Families of infants and toddlers have challenging scheduling needs based on the child's health, parent/caregiver work schedules, and family routines. When the frequency of IFSP services is written in small segments such as one time per 7 days, it limits the family's ability to schedule visits around work, health issues, or other family obligations, and authorized units can be "lost." Frequencies that are written with broader duration, such as thirteen times per ninety days, allow for more flexibility for families to schedule.

Using a broader frequency time frame in the IFSP allows the family and interventionists to tailor sessions based on the support needed and child's developmental needs. For instance, a child that is working on sucking, swallowing, and breathing may need more intense support for a week or two when switching to

oral feeds from tube feeding. Allowing discretion in visit use allows for an individualized approach to service delivery.

Families are often unaware of the Early Intervention cancellation and rescheduling policies within their counties, as policies may not consistently be provided as part of the intake materials at the initial IFSP. Transparent communication regarding policies should be the standard, so that families are aware of the options available when the need arises to reschedule or cancel a visit.

Accepting and accommodating diverse cultures, family dynamics, and medical complexities are crucial for effective service delivery. Each family situation is unique, and flexibility with scheduling is often required. Families might need to travel internationally for family visits or visa renewals, custody arrangements may require periodic changes to a child's schedule or home, and medical conditions might necessitate hospitalizations or frequent appointments. The Early Intervention Program, and its policies, must be equipped to handle these scheduling inconsistencies.

## Recommendations

The IFSP serves as a legally binding agreement that outlines the services required and mutually agreed upon by the family, evaluator, and service coordinator. However, each county within the Commonwealth interprets the guidelines regarding service frequency, duration, missed visits, and cancellations differently. These varying interpretations contribute to inequities in service delivery based on a child's county of residence.

To ensure that all eligible children in Pennsylvania receive fair, equitable, and individualized services, it is essential to address and eliminate existing barriers and restrictions. It is recommended that OCDEL and BEIS-FS provide comprehensive guidance to counties and advisors, to standardize the way frequency and duration of IFSP services are documented and implemented.

- **Allow for flexible use of authorized visits.** The total number of service units authorized for each child, based on evaluation results, should be utilized with flexibility. IFSPs should be written in a consistent format that allows flexibility, such as 13 visits/90 days; 7/90; or 1/90.
- **Promote family-centered scheduling.** Service delivery should adapt to the family's availability, scheduling preferences, and the child's evolving needs. A rigid approach to service utilization and make-up sessions undermines the ability to provide equitable and personalized care. Families should have the flexibility to schedule IFSP sessions at their convenience, within the framework of the authorized plan.
- **Mandate that all missed visits are eligible for rescheduling.** To promote continuity of care and support caregiver and child progress in alignment with the IFSP, all missed sessions should be eligible for rescheduling, regardless of the reason the session is missed.
- **Update current data platform** for tracking authorized units in HCSIS, to ensure that changes in service frequency or duration maintain the ability to make up missed visits prior to the frequency change.
- **Eliminate the practice of arbitrary scheduling restrictions.** Allow for full implementation of the IFSP contract.
- **Standardize policies and practices across counties and joiners.** Educate administrators and advisors; create common materials for distribution.

## Concluding Remarks

Inconsistencies in the development and implementation of IFSPs across Pennsylvania counties create significant inequities in Early Intervention service delivery. These disparities undermine the core principles of the Early Intervention program, which aims to provide tailored, effective support to families with children who have developmental needs. The variability in documentation, scheduling, and service frequency often results in families facing obstacles that hinder their access to necessary services.

To address these challenges, it is imperative that OCDEL and the BEIS-FS take decisive action to standardize policies and practices across counties. By promoting flexible use of authorized visits, encouraging family-centered scheduling, and allowing for rescheduling for missed sessions, the state can foster a more equitable and supportive environment for all families.

Implementing these recommendations will not only enhance the effectiveness of Early Intervention services, but will also empower families to engage actively in the process, ensuring that interventions meet their unique needs. A commitment to fairness and consistency will ultimately lead to better outcomes for children and families across Pennsylvania, promoting their growth and development in a truly inclusive manner. By prioritizing collaboration and transparency, we can build a stronger, more equitable Early Intervention system that meets the diverse needs of all families.

Fair policies and practices that support consistent service delivery for all families must be the standard. Consistent practices across counties will ensure that all Pennsylvania families receive the level of care and support their children need to thrive.

## References

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