

To request IFSP Supports and Services that will exceed 16 hours per month of ongoing services (ongoing does not include FSC, E & A, or TTA consultation hours), **submit this form Parts 1 & 2, a copy of the current IFSP and additional Child/Family Outcome pages or proposed changes to existing outcomes and strategies to support the request for additional hours** to the FIT Program via secure fax: 866-829-8838 or upload to FIT FTP site. Please notify your FIT Regional Coordinator of submission of materials. The FIT Program will respond within 10 business days of receipt of all materials (FTP or fax receipt date).

Approval by the FIT Program is required prior to initiating or increasing services over 16 hours.

Exceptions to this process are for children enrolled in the following classroom-based toddler programs: NMSD, NMSBVI, or PEI.

Part 1

IFSP Team Members: please review the family’s IFSP and demonstrate the need for services to exceed 16 hours per month by addressing how the IFSP Supports and Services align with DEC Recommended Practices and Early Intervention Key Principles below. A TTA meeting is strongly recommended for team discussion and completion of this form.

FIT Provider Agency: _____ Region: Metro NW NE SW SE

Child's First Name:	M Initial:	Last Name:
Child's Date of Birth:		
FSC Name (print)	Phone: ()	Email:

Strengths-based Approach

DEC Recommended Practice F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs. EI Key Principle 5. IFSP Outcomes must be functional and based on children’s and families’ needs and family-identified priorities.

Do IFSP Child/Family Outcomes and Strategies reflect family concerns/priorities, resources, and strengths described in the “Your Family” section of the IFSP? YES NO. Please explain the inclusion of any outcomes that are not aligned with family concerns/priorities, resources and strengths.

Natural Environments

DEC Recommended Practice E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child’s access to and participation in learning experiences. EI Key Principle 1. Infants and Toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

Describe how EI providers will embed strategies within and across familiar routines, activities, and environments to provide contextually relevant learning opportunities for the child and family. (Any services occurring in settings other than the natural environment must be explained on the IFSP Supports & Services page.)

Family Guided Services

DEC Recommended Practice F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. EI Key Principle 2. All families, with the necessary supports and resources, can enhance their children's learning and development.

Describe how IFSP team members will promote the capacity of family members and other caregivers to support the child's learning between visits and during daily routines.

Transdisciplinary Team Approach

EI Key Principle 6. The family's priorities, needs and interests are addressed most appropriately by a primary provider (IFSP "Lead") who represents and receives team and community support.

Identify the designated Transdisciplinary Team "Lead" as indicated on the Supports & Services page of the IFSP. Describe, with examples, how IFSP team members will use a consultative approach (TTA) to support the integration of outcomes/strategies.

Date : _____ IFSP Team Members participating in review:

if

Print name/role	Signature	Time IN	Time OUT	by phone	
1.					
2.					
3.					
4.					
5.					
6.					

If using this form as a group contact log for TTA you must complete time in/time out and method (if by phone) above and Location: _____

IFSP Supports & Services Prior Authorization

Part 2

Submit this Prior Authorization Form Parts 1 & 2 and a copy of the current IFSP to the FIT Program by secure fax 866-829-8838 or upload to FTP site prior to initiating or increasing services over 16 hours. Please notify your FIT Regional Coordinator of submission of materials. The FIT Program will respond within 10 business days of receipt of all materials (FTP or fax receipt date). A designated agency reviewer is required to review/sign below:

Agency Reviewer Name/Title

Signature

Date

Please list below each proposed new IFSP service and complete the corresponding columns. For increases in frequency only of a service on the IFSP, please list the service and record only the proposed frequency/period/intensity requested. It is not necessary to list current services for which no changes are requested.

Total FIT hours per month (before proposed increases): _____ Total FIT hours per month proposed: _____

IFSP Supports and Services	Outcome #s addressed	Service type Ongoing	Setting Home / CBS / DDP / IPL	Method Group / Individual	Frequency (example 1x, 2x)	Period Week / Month	Intensity (# of minutes)	Provider Name/Agency	Projected Start Date	Projected End Date	Funding Source (Medicaid/DOH/Other)	FIT USE ONLY	
												# Hours Approved	# Hours Denied
								/					
								/					
								/					
								/					
								/					

Reason for Denial or Partial Approval:

Reason for Denial or Partial Approval (continued)

FIT Program Reviewer's Signature:

Review Date:

Total FIT hours per month approved: _____