

IX. IFSP Review**Review Date** 8-23-24

At parent Special Instruction was added weekly to the IFSP

REVIEW CYCLE ☐ Semi-Annual ☐ Annual ☒ Other add SI weeklyTarget Date for Next Review 11-20-24

Date Universal Screening Completed:

Prior Written Notice**Reason for Prior Written Notice:** Prior written notice must be provided to parents ten (10) days before the North Carolina Infant-Toddler Program (NC ITP) proposes, or refuses, to initiate or change the provision of early intervention services for your child and family. You may agree to have the proposed action(s) occur sooner and not wait the ten (10) days.**Action Proposed:** To initiate or change the services listed on the IFSP for which consent is provided, according to the Service Delivery Plan.**Reasons for Taking the Action:** After discussing all evaluation/assessment information, including family observation, concerns, priorities and resources, the IFSP team, including the family, agreed on the early intervention services and other supports to be provided to achieve the established outcomes.**Notice of Rights and Procedural Safeguards**Ba I have received a copy of **NC Infant-Toddler Program Child and Family Rights** along with this prior written notice. This information includes all the procedural safeguards that are available, including a description of complaint procedures and the timelines for those procedures. These rights have been explained to me and I understand them.**Parental Consent for Provision of Early Intervention Services**

I participated in the development of this IFSP. I understand my consent is voluntary and may be revoked in writing at any time. I understand that I may decline a service or services without jeopardizing any other early intervention service(s). I understand that my child will not receive the NC ITP services identified on the IFSP unless I give my written consent.

Check one of the following:☒ I consent for the NC Infant-Toddler Program and service providers to provide the NC ITP services and activities identified on this IFSP.☐ I decline for my child or family to receive: (specify)

— AND —

I consent for the NC ITP and service providers to provide all other NC ITP services and to carry out all other activities listed on this IFSP, EXCLUDING the service or services I have specified here.

Consent to Bill InsuranceBa (initial) I have received a copy of the **NC ITP System of Payment Notification**. The notifications related to billing private and public insurance benefits have been explained to me and I understand them.Ba (initial) The insurance information on record for my child is current and accurate.Ba (initial if applicable) I understand that if my child is covered by private insurance and Medicaid, private insurance must be billed first under Medicaid policy, before Medicaid benefits can be accessed**Check one of the following:**☒ I consent for the NC ITP and authorized service providers to bill the private insurance and / or Medicaid on record for my child for all of the early intervention services as identified on this IFSP including increases in the frequency, length, duration, or intensity. I authorize the release of medical or clinical information necessary to process the insurance claim. — OR —☐ I consent for the NC ITP and authorized service providers to bill the private insurance and/or Medicaid, on record for my child, for any new early intervention service or for any increase in the frequency, length, duration, or intensity for services identified during this IFSP review meeting, **except** for the following (please specify)**Family Outcomes Summary Review**☐ At the semi-annual review, the Family Outcomes Survey was discussed. I was given the opportunity to complete the survey.8/28/2024

Parent/Guardian Signature and Date

Jamie Nance BS, PFC, Triple P Certified Practitioner 8/23/2024

EI Service Coordinator Signature/ and Date

Parent/Guardian Signature and Date

Agency Representative or Designee Signature/Agency and Date

Other Signature and Date

Other Signature and Date