

Decision tree to provide face to face service visits

- 1- Review Face 2 face informed consent with family to ensure agreement with family responsibilities of the informed consent
- 2- If family wants face to face, determine which staff on the IFSP team are comfortable with face to face.
 - a. For those comfortable, see 4a
 - b. For those not comfortable, see 4b.
 - c. If no team member is comfortable, discuss with Up to 3 supervisor/administration to determine alternative options.
- 3- If Family agrees to consent, but wants to limit the number of people in their home, lets pick priorities.
 - a. For example, they don't not want everyone on the team to come to their home every month. Then determine with family what the main concern is. Focus on that for the next month or two. Then shift to next concern
- 4- Are all or some of IFSP Up to 3 staff comfortable with face to face visits?
 - a. If yes, determine setting for services and implement IFSP accordingly
 - i. Home
 - ii. Yard/park
 - iii. Center
 - b. For those not comfortable
 - i. Is there another staff of the same profession who is comfortable w/face to face
 1. If yes, switch child to them
 - ii. If not, and other staff could go and facilitate outcomes after consult or with a zoom consult during the visit with other staff (example Emma go to home with zoom and Kait join via zoom)
- 5- If Families do not want face to face right now and don't want virtual,
 - a. What are family priorities? Send written material? Youtube videos? Pediatric services, CommD,

Caseloads – If switching, (Samantha covers for Kirany, Kirany would take the next intake

Let the entire team know which team member was switched

If team discussion and someone on the team can address the services, team can make those decisions.

If other professional not on the team needs to be involved, Marla and Sue will talk with other professional

Without a specific situation, my brain goes back to basics. When we are addressing routine-based outcomes, the service and strategies would relate to that routine. A pre-visit consultation between the slp and whoever is providing the service could include strategies applicable to the routine. Those specific strategies (and handouts, links, etc if applicable) would be shared and listed on the visit note regardless of what the visit is called and who provides it, just as you said.

We would remove the slp service at an IFSP amendment and document in IFPS notes and visit notes that “due to covid, parent declining virtual services, and no slp who is NOT at high risk, the PT will address communication aspects while providing motor services.”

The service would be an OT/PT visit and the provider would make it clear in their visit note the communication strategies they shared.

We wouldn't call this a consultation visit because Consultation refers to a service visit by a service provider who is NOT listed as a provider on the child's IFSP.