



EARLY INTERVENTION SESSION – EXAMPLE PLAN OF CARE
SHINE SERVICES
Serving Hearing Impaired Newborns Effectively

The SHINE Plan of Care needs to be received by the service coordinator prior to the time the IFSP is developed. A Plan of Care needs to be put in the Early Steps file and updated for SHINE service consultation.

CHILD'S NAME: _____ AKA: _____
 DOB: _____ SEX: _____ MEDICAID #: _____
 RELATED DIAGNOSIS: 389.9 / Unspecified hearing loss
ICD-9 CODE DESCRIPTION
[Children with Multiple Disabilities that have hearing loss who receive SHINE services require a hearing ICD-9 code]
 CURRENT EVALUATION/ASSESSMENT DATE: _____ LATEST FSP DATE: _____
 AUTHORIZING SERVICES FROM: _____ TO: _____

PROCEDURE CODE: W1985 **SERVICE:** EI Home Session – professional (EIHf)

[Therapists may provide these services only as appropriate under their scope of practice and tailored to the specialty services appropriate to their profession as required to meet each child's individual needs. Therapists will bill for their professional services not as an EI Session service.]

PROVIDER (AGENCY): _____ **(INDIVIDUAL):** _____

DOMAIN: COMMUNICATION SKILLS/LANGUAGE DEVELOPMENT

OVERALL OUTCOME (from FSP): Parents and caregivers of _____ will receive basic knowledge and training to enable this child to achieve one month of language development for every month of early intervention. For the best outcome, all caregivers will use techniques (consistent effective interaction and allowing the child access to communication around him/her) that will result in the optimal language and social development of this child.

[A child's access to communication includes: (a) recognizing communication is occurring between one or more people, (b) being aware of or perceiving that there is meaning in communication, (c) perceiving meaningful voices, gestures, movements, or sound across distance, (d) perceiving and being able to monitor own speech through hearing ability, if possible, (e) attempting to initiate communication via vocalizations or movements and having these attempts recognized by caregivers, (f) engaging in meaningful communication by means of age-appropriate turn-taking to express wants, needs, queries, comments, or emotions]

LONGTERM OUTCOME/GOAL 1: The family/caregiver(s) will be able to describe their child's hearing ability and the implications of limited communication access on child development and family communication.

ACTIONS / SERVICE PLAN / STRATEGIES involving the SHINE Initial Service Provider:

1. Share information with the family and caregivers describing the child's hearing impairment (audiogram), the need for ongoing audiological management and the potential impact on development via use of SKI*HI curriculum, Parent Resource Guide from Children's Medical Services, and additional video or text materials. Repeat as needed as more information is gained through the audiology diagnostic process. At completion of this goal, the parents and caregivers will be able to describe the child's hearing impairment and the potential affects on development.

LONGTERM OUTCOME /GOAL 3: The family/caregivers will increase their knowledge of auditory development and amplification use, as appropriate.
ACTIONS / SERVICE PLAN / STRATEGIES involving the SHINE Initial Service Provider:

1. Describe, model, and assist the family in observing auditory behavior with and without amplification under a variety of distances and settings by use of the SKI*HI auditory development information and the Early Listening Function (ELF) instrument (www.hear2learn.org). Repeat as needed as the hearing instruments are fit/adjusted. Discuss developing the hierarchy of auditory skills (for an example of the hierarchy, refer to the Functional Auditory Performance Indicators (www.cde.state.co.us/cdesped/download/pdf/FAPI_3-1-04g.pdf). At completion of this goal, parents will be able to independently use the Early Listening Function instrument to estimate the child's audibility of speech in everyday routines, activities and places and will be able to use this information to functionally describe the child's hearing impairment.
2. If parents desire their child to use amplification, assist the family and caregivers in implementing daily/routine monitoring of amplification function using the Hearing Aid Listening Kit provided by Children's Medical Services. [*Routine usage of amplification and regular monitoring is critical to consistent hearing, which is the foundation of learning verbal speech and auditory skills.*]
3. Provide strategies, support, modeling and suggestions on how to keep the hearing aids in place on the child, consistently during waking hours, throughout the day using information from the SKI*HI curriculum and internet resources (<http://www.listen-up.org/haid/aids-out.htm>). Hearing aid retention strategies and techniques will reflect the developmental age of the child. At completion of this goal, parents and caregivers will have an understanding and be able to describe strategies for keep hearing aids on infants and toddlers.

LONGTERM OUTCOME /GOAL 3: The family/caregivers will increase their knowledge and comfort with techniques and strategies to provide communication access to the child with hearing loss.
ACTIONS / SERVICE PLAN / STRATEGIES involving the SHINE Initial Service Provider:

1. Coach the family and caregivers on effective parent-child interaction strategies that, when used consistently, will result in optimum communication access using information from the SKI*HI curriculum and internet resources (<http://clercenter2.gallaudet.edu/KidsWorldDeafNet/e-docs/visual-conversations/index.html>) This information will be provided over time and will apply to different everyday routines, activities, and places. At completion of this goal, parents and caregivers will be able to demonstrate the use of strategies in everyday situations and they will be able to describe these strategies to other caregivers.
2. Through observation, discussion, and coaching, assist the parents and caregivers in the integration of effective parent-child communication strategies into their daily family and/or child-care activities. Upon completion of this goal, parents and caregivers will be able to demonstrate effective parent-child communication during daily activities.
3. Provide specific information to the parents describing the elements of the SHINE communication development monitoring process at each IFSP review. The family will become familiarized with the communication monitoring checklists. How to complete the checklists will be discussed so that accurate information will be obtained in order to determine if the expected 6 months progress in communication development has been demonstrated. Further information will be provided to the parents on what can be expected as a result of the communication monitoring process and how this information will relate to the development of their child. Upon completion of this goal, the parents will be able to describe what the SHINE communication monitoring process is, why it is performed, how often it will occur, and what the findings may imply regarding the communication access of their child. [*The ultimate purpose of monitoring the child's communication development is to determine if the expected 6 months progress in communication development has been demonstrated. If not the need for adjustments can be discussed (i.e., adjust intensity of communication used in child's natural environment, add communication features, or explore reason for delays via developmental evaluation).*] [*Use research from Colorado as appropriate to get across importance of communication monitoring*] (<http://www.colorado.edu/slhs/mdnc/efficacy.html>)

LONGTERM OUTCOME /GOAL 4: The family/caregivers will increase their knowledge of different communication features and options available to provide their child with full communication access in all typical daily situations.

ACTIONS / SERVICE PLAN / STRATEGIES involving the SHINE Initial Service Provider:

1. Using SKI*HI and SHINE component materials, the family/caregiver will become informed on what the different features of communication are [*communication features: speech, hearing, English, gestures, fingerspelling, speech reading, conceptual sign, cued speech, vibrotactile, augmentative communication*] and how the different features of communication can be combined into different communication options. [*communication options: American Sign Language, Total Communication, Cued Speech, Auditory-Oral, Auditory-Verbal*]. Using SKI*HI and SHINE component materials (i.e. video and book resources), provide materials of interest on loan to the family to supplement their knowledge base of communication options. At the completion of this goal, parents will be able to describe the communication features and how they relate to communication options; especially the option they have selected for their child.
2. Using the SKI*HI curriculum, video materials, and results obtained from the ELF instrument, coach the parents and caregivers on how to achieve full access to communication in the daily environment through the use of different communication features/options. At the completion of this goal, the parents will be able to describe what it means to provide full access to communication in the child's everyday routines, activities, and places. This information will be used to complete a communication plan that will be reviewed at the time of the results of communication monitoring are discussed with the parents so that adjustments in communication intensity, frequency, or features can be adjusted to improve effectiveness of communication access.

FREQUENCY / INTENSITY / DURATION / LOCATION / FUNDING:

Frequency: Weekly Early Intervention Home Visits **Intensity:** 1 hour **Duration:** Approximately 4 weeks or up to 6 months [(a) *Expected minimum of SHINE initial service provision is one month, with maximum no longer than 6 months, depending on family readiness for the information and their need for intensity of service, (b) services once per week are expected with twice per week services being provided if parents and other caregivers need ongoing services and support at separate locations/times. Families who have recently received the diagnosis of their child's hearing loss cannot be expected to adjust to the diagnosis immediately and will vary in their ability to process this information over time.*] SHINE consultation to the family and IFSP team members so that the communication development monitoring process will be completed and detailed discussion about child progress will occur.

Location: Child's natural environment (e.g., home, child care setting)

Funding Source (indicate): Private Insurance Medicaid Part C Early Intervention

MEDICAL NECESSITY OF SERVICE: The above service is medically necessary for this child based on the diagnosis of hearing impairment and professional evaluations. As described in Florida Statute 383.145, the purpose of identifying newborns with hearing loss is to prevent or minimize the effects of hearing loss on language development, academic performance, and cognitive development through appropriate early interventions. Upon diagnosis of the hearing impairment, early intervention services are initiated in order to prevent significant disability and the need for increased intensity of services in the future. Children with hearing loss who do not receive appropriate early intervention typically develop significant delays, whereas children who receive appropriate early intervention have been demonstrated to function within one standard deviation of normal language development.

These Early Intervention Session(s) are being provided in addition to the following: OT PT ST

Other services: _____ Comments: _____

I have completed the following Plan of Care:

Name/Credentials: _____

Address: _____

Signature: _____ Date of Signature: _____