

200.664 Individualized family services plans.

- (1) Upon identification of an eligible infant or toddler with disabilities, representatives of the entity serving as point of entry shall cause a multidisciplinary team, as defined in KRS 200.654, to be created for the child and family.
- (2) The multidisciplinary team shall develop an individualized family service plan, as defined in KRS 200.654, for the child and family.
- (3) The individualized family services plan shall include:
 - (a) A comprehensive multidisciplinary evaluation of the present level of development of and services needed by the child and an assessment of and plan to address the resources, priorities, and concerns of the family;
 - (b) An explanation of the multidisciplinary evaluation and all service options to be made available in the family's cultural language, in their primary mode of communication, or through a speech or language interpreter, whichever is necessary to facilitate comprehension.
- (4) The plan shall be developed within forty-five (45) days of the referral date of the child and family to the point of entry. If the completion of the initial evaluation and assessment is delayed and will not be completed within the forty-five (45) day time period due to the request of the child's parent, illness of the child, or other reasonable circumstances beyond the control of the multidisciplinary team, the point of entry shall document the reason for the delay and shall develop and implement an interim individualized family service plan.
- (5) The informed written consent of the parent or guardian is required prior to the implementation of the plan. The parent may reject some services contained in the plan, however, no services to which the parent consents shall be withheld if the parent does not consent to all services in the plan.
- (6) The parent or guardian shall sign an agreement to accept responsibility for being an active participant in the child's plan and for learning skills from providers so that the intensity and frequency of services may decline as the child reaches appropriate developmental levels and the family is able to do more for the child.
- (7) The plan shall be reviewed by members of the child's current multidisciplinary team or other appropriate entities at no more than six (6) month intervals or more frequently if deemed appropriate based on the needs of the infant or toddler and the family. The child shall be evaluated at least annually to determine continuing program eligibility and the effectiveness of services provided to the child.

Effective: June 24, 2003

History: Amended 2003 Ky. Acts ch. 69, sec. 6, effective June 24, 2003. -- Created 1994 Ky. Acts ch. 313, sec. 8, effective July 15, 1994.