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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00989M (02/2017) | **STATE OF WISCONSIN** | | |
| **JUSTIFICATION FOR SERVICES PROVIDED IN  LOCATIONS OTHER THAN NATURAL ENVIRONMENTS** | | | |
| Child’s Name | | Date of Report | |
| Enter date | | Enter date | |
| Services can be provided in settings other than a natural environment that are most appropriate, as determined by the Individualized Family Service Plan (IFSP) team, including the parent, only when early intervention services cannot be achieved satisfactorily in a natural environment. | | | |
| List services and activities provided in a setting other than the child’s natural environment: | | | |
| Click here to enter text. | | | |
| Team recommendation based upon the IFSP outcome (explain why this service(s) will not be provided in the natural environment): | | | |
| Click here to enter text. | | | |
| How will the outcome be met in this setting? | | | |
| Click here to enter text. | | | |
| What activities will be provided to include this outcome in the child’s home and community environments? | | | |
| Click here to enter text. | | | |
| What is the plan to transition services back to the child’s home and community environments (with time frame)? | | | |
| Who will do what? | | | When? |
| Click here to enter text. | | | Click here to enter text. |