Practice Manual

Developed by
Louisiana EarlySteps Central Office
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Chapter 1: The Louisiana Early Intervention System

This chapter introduces the Louisiana Early Intervention System, EarlySteps. Each required component of a statewide early intervention system is described, highlighting the way in which each component is implemented.

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The general purposes of Part C as stated in federal law, are:

- to ensure that a variety of interagency coordination structures are in place at the state and federal levels to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers and their families;
- to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources (including, but not limited to, public and private insurance coverage);
- to enhance the state's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and
- to enhance the capacity of the state and local agencies and other service providers to identify, evaluate, and meet the needs of historically underrepresented populations-- particularly minority, low-income, inner-city, and rural populations.

The purpose of this chapter of the Practice Manual is to ensure that service providers understand the administrative structure of the Part C system, known as EarlySteps.

All applicable federal regulations for Part C are found at 34 CFR 303. All providers participating in EarlySteps are required to practice in accordance with these rules.

State Lead Agency

The Governor designates the lead agency. In Louisiana, the Department of Health and Hospitals (DHH) is the lead agency responsible for ensuring compliance with the Individuals with Disabilities Education Act (IDEA), Part C (20 U.S. C. 1476 and 34 CFR 303). As lead agency, DHH is responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers and their families (as required by the United States Department of Education) is established and maintained in the state.

The minimum components include the following:

1) A comprehensive system of personnel development
2) Development and implementation of personnel standards
3) Development and implementation of procedural safeguards
4) General administration, supervision, and monitoring of the early intervention system
5) Procedures for resolving complaints
6) Policies and procedures related to financial matters, including:
    a. the identification and coordination of all resources in the state available for early intervention services

b. the timely reimbursement of funds provided by the United States Department of Education for early intervention services
c. the assignment of financial responsibility among the participating agencies

7) Interagency agreements for resolution of disputes
8) Policies for contracting (or otherwise arranging) for services
9) Data collection on the numbers of infants and toddlers with disabilities and their families who reside in the state
10) The definition for developmental delay utilized by the state
11) A central directory of information relating to early intervention services, resources, experts, and research and demonstration projects available in the state
12) Timetables for serving eligible infants and toddlers and their families
13) A public awareness program
14) A comprehensive child find system
15) Evaluation and assessment procedures
16) Development, review, and evaluation of the Individualized Family Service Plan (IFSP) and service coordination, including policies to ensure that services are provided in natural environments to the maximum extent appropriate.

State Interagency Coordinating Council

Part C of IDEA requires that each state have a State Interagency Coordinating Council or "SICC" to serve in an assistance and advisory capacity to the lead agency. The Governor appoints individuals to serve on the State Interagency Coordinating Council (SICC) in compliance with the membership requirements described in the law.

To comply with Louisiana's Open Meetings Law requiring that all meetings be announced in advance, SICC meeting dates are publicly announced. Interpreters for the deaf and other necessary services for both SICC members and participants are provided, as necessary. If individual accommodations are needed, persons are asked to call the SICC Executive Director to request them in advance of the SICC meeting. Part C funds are used to pay for these services as well as for all meeting costs and supports for participating members.

The Louisiana SICC is staffed with an executive director who is responsible for the administrative functions that support the SICC. This position is housed in the Governor's Office of Disability Affairs. The address of the SICC is:
LA SICC
c/o Janie Martin
Office of the Governor
PO Box 1509

Baton Rouge, LA 70821
Telephone: 225-219-7560
FAX: 225-219-7561
Email: Janie.Martin@gov.state.la.us

Functions of the SICC

The functions of the SICC are to:

1) Advise and assist DHH in the development and implementation of policies that constitute the statewide system;
2) Assist DHH in achieving full participation, coordination, and cooperation of all appropriate public agencies;
3) Assist DHH in the implementation of the statewide system by establishing a process that includes seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery, and taking steps to ensure that those policy problems identified are resolved;
4) Assist DHH, to the extent appropriate, in the resolution of disputes; and,
5) Strengthen service integration for both infants and toddlers with disabilities and at-risk infants and their families, regardless of eligibility status.

The SICC advises and assists the lead agency in the:

- Provision of appropriate services for children ages 0-3 inclusive, including transitional services to preschool and other appropriate services;
- Identification of sources of money and other supports for services for early intervention services;
- Assignment of fiscal responsibility to other appropriate agencies;
- Promotion of interagency agreements under 34 CFR §303.523.
- The preparation of applications and amendments to applications under Part C; and,
- Transition of toddlers with disabilities to appropriate services under Part B of IDEA to the extent that those services are appropriate.

Regional Interagency Coordinating Councils

The Regional Interagency Coordinating Council (RICC) is an essential component of the Part C early intervention system at the local level. The group's membership includes family members of children with disabilities, as well as service providers, community leaders, and program managers. While RICCs are not required by federal regulations, the SICC and DHH support the development of regional councils as a way to expand the collaborative and coordinated efforts of the Part C system and to develop local leadership.

RICC activities provide a vehicle to ensure that in each parish:

- Eligible children and families are located and identified as early in the child's life as possible;
- Families are made aware of all of the early intervention services and providers available in their community;
- Eligibility for the Part C system is determined in a timely manner;
- The IFSP is developed in partnership with parents within 45 days of referral;
- All enrolled service providers within the local service area are known, and that any shortages of personnel are identified; and,
- A System Point of Entry (SPOE), the intake agency for the Part C system, is accessible to families in their geographic area and appropriate linkages are made between the SPOE and referral sources.

RICCs may implement a number of activities in the following areas that support the early intervention system in the following areas:

- Public Awareness and Child Find
- Resource development and provider recruitment
- Information concerning procedural safeguards and services
- Transition and interagency agreements
- Evaluating the effectiveness of the RICC
- Provider capacity

An existing council, formed for other coordination efforts, may assume the EarlySteps RICC activities. The focus and specific activities of each RICC will be different given the varying needs of a local parish, its demographics, and the history of local coordination.

System Point of Entry

The System Point of Entry (SPOE), under contract with DHH, is the local entity responsible for ensuring that all referrals of children under the age of three and their families receive a timely response. The personnel at each SPOE ensure that the various intake functions are conducted with families in a prompt, professional, and family-centered manner. All referrals are electronically stored and routine updates to this information are made based upon the information obtained and the decisions made with respect to eligibility, service planning, and service delivery through the development of an IFSP.

SPOEs are staffed with Intake Coordinators; these staff members are service providers who specialize in intake, eligibility and initial IFSP procedures.

SPOEs are selected through a public Request for Proposals (RFPs). This is the mechanism used by the state to ensure that all entities that want to submit a

proposal have the opportunity to do so. A review committee evaluates each proposal and makes recommendations to DHH for the award of a contract.

System Point of Entry Responsibilities

The SPOE is responsible for ensuring that all of the opportunities available under Part C of IDEA are made available to families. Intake Coordinators provide families with accurate information so that they make decisions based on the full knowledge of choices or options available to them, and fully understand their rights, opportunities, and responsibilities under federal and state laws.

The functions of the SPOE include, but are not limited to:

1. Receiving ***referrals*** (oral or written) and establishing the initial Early Intervention hardcopy and electronic record with the Central Finance Office (CFO).

2. Conducting and completing the ***intake process***
    a) Obtain informed written parental consent to proceed (**Notice of Action and Consent to Proceed: Initial Eligibility Determination and IFSP Development**);
    b) Initiate requests for information with informed, written parental consent (**EarlySteps Consent to Release & Share Information**); assist in the completion of the enrollment form including application for Medicaid (**Louisiana Department of Health & Hospitals Application for Services Children 0-3 with Special Needs)**
    c) Complete other necessary intake forms with family (**Health History; Family Assessment of Concerns, Priorities, and Resources**)
    d) Conduct needed screening using the Ages and Stages Questionnaire;
    e) Provide the family with information regarding procedural safeguards in the family's native language either in writing or other mode of communication, as appropriate (**Parent' Rights**); and
    f) Communicate with the referral source regarding receipt of referral (**Referral Source Acknowledgement Letter**).
3. Developing and maintaining the ***Early Intervention (EI) Record*** for each child referred
    a. The SPOE develops and maintains the formal EI Record for each child referred, regardless of the outcome (eligible or not, accept or decline services) of the referral. The SPOE also maintains an electronic version containing a subset of data that is contained in the EI record.
    b. The SPOE maintains documentation of ongoing services that includes meeting notifications, notices of action, IFSP reviews, annual evaluations and new IFSPs, key correspondence (letters/emails to parents or providers, documentation of phone conversations regarding requests to

change providers, change dates of meetings, etc,) and consents to release information in each enrolled child's early intervention record.

4. Ensuring that ***Eligibility Determination*** is completed according to regulations
    a. Arrange or collect relevant assessments and previous evaluations necessary to determine eligibility;
    b. Assure that an Eligibility Determination Team reviews the materials assembled for eligibility determination (**EarlySteps Team Meeting Announcement; EarlySteps Eligibility Consultant Statement, Eligibility Determination Form**);
    c. Advise the parent/legal guardian of their due process rights and procedural safeguards related to eligibility determination.

5. Collecting required information necessary to plan and complete an IFSP:
    a. Assist family to select ongoing service coordinator (FSC) (**Provider Selection Form)** Obtain relevant releases and authorizations for activities necessary to develop the IFSP
    b. Create authorizations for essential and necessary developmental assessments (**Request for Authorization**);
    c. Collect relevant reports and input in preparation for the IFSP meeting; and,
    d. Send available information (with parental consent) to IFSP team members participating in IFSP development.

6. Facilitating the IFSP Team Meeting and completing the Initial IFSP
    a. Ensure that the variety of planning activities prior to the IFSP team meeting are conducted with each family of an eligible child;
    b. Ensure that each family understands the IFSP process, is familiar with the IFSP format, and is well prepared to act as an equal participant to the IFSP team for the scheduled meeting;
    c. Ensure that an initial IFSP is developed for each eligible child within 45 days of referral (**EarlySteps IFSP**);
    d. Assist family in locating available provider(s) for identified IFSP services through the review of the local service matrix (**Provider Selection Form, Request for Authorizations);**
    e. Develop authorization(s) for services based upon IFSP;
    f. Establish positive, ongoing linkages with the FSC and the family.

7. Supporting administrative functions related to the CFO including ongoing data entry to ensure re-authorization(s) for IFSP services and management of the electronic and hardcopy child records maintained at the SPOE.

Central Finance Office

Louisiana operates a Central Finance Office (CFO). This entity has three functions:

a. enrollment of early intervention providers
b. processing claims for services rendered and recovery of funding from appropriate revenue sources; and,
c. implementation and ongoing development of the child and financing software/data system.

Interagency Agreements

Part C legislation was the first in the country to mandate interagency coordination at the federal, state, and local levels across a wide range of resources, programs, and services funded with federal, state, or local funds. It requires a variety of entities within the state to join forces in coordinating their resources, participating in the identification and location of eligible children, and ensuring that the state's resources are used to their maximum effectiveness. The interagency requirements of Part C are echoed in other federally sponsored programs, including the regulations for Title XIX (Medicaid), Title V (MCH), and Head Start.

Central Directory

Louisiana has developed a central directory of information that includes:

1. Public and private early intervention services, resources, and experts available in the state, and
2. Research and demonstration projects being conducted in the state, in addition to professional and other groups that provide assistance to children eligible under this part.

The EarlySteps website serves as the central directory. The web address is:

www.oph.dhh.louisiana.gov

EarlySteps maintains a toll-free number for referrals. This number links the caller with the appropriate System Point of Entry (SPOE): 1-866-earlysteps (1-866-327-5978). EarlySteps also has an electronic directory of early intervention providers enrolled with the CFO. The web-based Service Matrix functions as an adjunct central directory of Part C early intervention providers.

Public Awareness

Louisiana has a public awareness campaign that focuses on the early identification of children who are eligible for EarlySteps.

Federal regulations require that the Part C system shall provide a continuous, ongoing public awareness program that is easily accessible throughout all areas of

the state.
OPH disseminates a variety of materials to primary referral sources including:

- all school districts,
- all health units,
- Louisiana Planning Council for Developmental Disabilities,
- physicians,
- hospitals,
- child-care providers,
- state and local family services offices,
- professional organizations,
- private providers, and
- others interested in services to this population

Additional public awareness activities include public service announcements (television and radio) and presentations at appropriate state and local conferences and meetings.

Comprehensive System of Personnel Development
In accordance with federal regulations, Louisiana has established a comprehensive system of personnel development, or CSPD. The Louisiana CSPD provides for preservice and inservice training conducted on an interdisciplinary basis. The system also provides for training a variety of personnel needed to meet the requirements of Part C such as primary referral sources and paraprofessionals. DHH ensures that the training for the Part C system relates specifically to:

a. Understanding the basic components of early intervention services available in the state;
b. Meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under this part;
c. Assisting families in enhancing the development of their children and in participating fully in the development and implementation of IFSPs;
d. Training and use of paraprofessionals;
e. Training of personnel to work in both rural and inner-city areas; and
f. Training primary referral sources on the basic components of early intervention services available in the state.

Personnel Standards
All early intervention service providers must meet the highest entry standards in their respective state laws or rules. The personnel standards are identified in the federal application for funding and are used by the CFO when processing provider enrollment applications.

All EarlySteps providers are required to participate in training designed to provide a common base of information to all participants in the following topical areas:

- Orientation to EarlySteps
- Evaluation and Assessment in EarlySteps
- IFSP Outcomes in the Natural Environment

There is also additional specialized training for SPOE personnel and FSCs.

Beginning July 1, 2005, all CFO enrolled providers must successfully complete ongoing training requirements on a yearly basis in order to remain an active provider. In addition, new providers are required to successfully complete the Orientation module before enrolling with the CFO.

Provider Relations

DHH is responsible for ensuring that that there are policies addressing provider relations and reimbursement. To become an EarlySteps provider, practitioners must complete a set of paperwork called the CFO Enrollment Packet. The Provider Agreement details the obligations for both payees and individual practitioners based upon federal and state regulations and policies. Six provider types—audiologists, occupational therapists, physical therapists, family support coordinators (service coordinators), speech pathologists, and psychologists—are also enrolled with Medicaid as an EarlySteps Medicaid provider. Early Intervention Providers must comply with both Part C and Medicaid regulations.

Just as DHH has established provisions for provider recognition and enrollment, they must also establish policies for terminating practitioner agreements. Practitioners will be given a time-limited opportunity to correct compliance issues, contract issues, or complaints. Failure to correct these issues may result in disenrollment from EarlySteps and/or recoupment of funds. If, at any time, it is found that the actions of any provider are harmful or dangerous to very young children and their families, enrollment of that person as a provider in EarlySteps would be terminated immediately.

Continuous Quality Improvement (CQI) (Supervision)

DHH, as the lead agency, must ensure that all participants in the EarlySteps service delivery system are meeting performance expectations and that they have the appropriate supports (e.g., training and technical assistance) to be successful. DHH is responsible for all quality assurance (supervision and monitoring) related to Part C, whether or not the program or activity/service is funded under Part C. The purpose of CQI is to assess the effectiveness of the system, identify areas that need improvement, implement strategies for improvement and to reassess effectiveness. The ongoing cycle leads to continuous improvement of services for children and families.

Ensuring Quality Services--Monitoring
The lead agency has responsibility to ensure that each family's rights are protected and that the services provided meet the standards and expectations set forth by the state. The state must routinely monitor the service system, which includes all components of the system including the lead agency, the SICC, the SPOEs, and the provider community. This obligation must be conducted according to policies and procedures established by the state to ensure that the federal requirements have been met.

DHH as lead agency has developed a system of monitoring that ensures compliance with all regulations and policies. Quality Assurance Specialists are employees of DHH and are responsible for monitoring SPOEs, FSCs and early intervention providers. Monitoring is accomplished through a variety of methods. Routine desk reviews of data from the IFSP data system" flags" compliance to timelines and other requirements reflected in the data system. Random record reviews, focus groups with families and providers, and surveys are also used to evaluate compliance to regulation and quality of services. Focused monitoring for US Department of Education Performance Indicators is incorporated into the overall supervision and monitoring responsibilities of DHH. Entities (SPOEs, FSC agencies, and providers), who are found to have deficiencies in compliance, must submit corrective action plans that include timelines for correction. These plans may be monitored on a monthly, quarterly or bi-yearly basis, depending upon the percentage of noncompliance. Persistent noncompliance will result in disenrollment from the CFO and/or contract termination.

Financial monitoring is also provided by DHH. Billing records are matched with authorization and IFSP data. Irregularities in billing are investigated and remedied through recoupment of funds and/or disenrollment from the CFO.

Data Collection and Reporting
Each Part C system has procedures to compile data pertaining to the statewide system required by the U.S. Department of Education.

The majority of the data collection requirements for the local early intervention system are incorporated into the Central Finance Office (CFO) and System Point of Entry (SPOE) functions. The data is utilized at three levels:

- The first level is for federal reporting, which includes information focusing on the numbers of children served through an IFSP and service delivery including personnel.
- The second level of data utilization focuses on facilitating state and local planning.
- The third level of utilization is dedicated to continuous quality assurance at the state and local levels.

Chapter 2. Parents Rights, Opportunities, and Responsibilities Under EarlySteps

This chapter details the procedural safeguards and rights provided through Part C of the Individuals with Disabilities Education Improvement Act (IDEA). These rights and safeguards must be vigorously enforced throughout the early intervention process.

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Family rights, opportunities, and responsibilities must ensure that:

- Families understand what is happening to and for them;
- Problems can be identified; and,
- Alternatives to resolve problems exist within the system.

The State of Louisiana is responsible for ensuring effective implementation of the procedural safeguards by each early intervention service provider working in the Part C system. These procedural safeguards are a critical component of the early intervention system and protect the rights of participating, eligible children and their families pursuant to state and federal regulations. The lead agency has the responsibility to ensure that:

- Families are adequately informed of their rights; and
- Procedural safeguards are implemented throughout the early intervention process.

Part C procedural safeguards apply at all steps in the process of intake, eligibility determination, IFSP development and IFSP implementation. For some children, Medicaid rights and responsibilities may also apply. Furthermore, EarlySteps has incorporated information on Medicaid rights since it is important to understand how these two systems of rights interact. Part C rights apply to the entire process—intake to transition out of Part C. Medicaid rights apply to those Medicaid covered services that are listed on an IFSP (service coordination, OT, PT, Speech/Language services, audiology, psychology, etc.). Part C procedural safeguards and rights do not apply to Medicaid services that are provided outside the parameters of an IFSP, such as well-baby care, acute illness care, hospitalizations, etc.

Provision of the Parental Rights

Federal regulations require that Parental Rights be provided each time the parent is given a prior written notice of action (see 34 CFR 303.403).

Definition of Consent, Native Language, and Personally Identifiable Information

Consent means that the parent:

- Has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language or by any other mode of communication, as appropriate;
- Understands and agrees in writing to the activity for which consent is sought and understands that the consent describes the activity and lists records if any that will be released and to whom the records will be sent and,
- Understands that consent is voluntary on the part of the parent and may be revoked at any time.

NOTE: If a parent refuses to consent to the eligibility determination or if child is eligible, for early intervention services, AND the Intake Coordinator, FSC or Provider believes this action to be abuse or neglect of that child, a call to the Abuse and Neglect hotline at the Office of Community Services is required. The phone number to call is 1-800-422-4453.

Definitions:
Native language means the language or mode of communication normally used by the parent of an eligible child. Interpreter services must be obtained if the family's native language is not English or if the family uses another mode of communication (e.g., Braille, ASL).

Personally identifiable information means information that includes the following:

- The address of the child;
- A personal identifier, such as the child's or parent's social security number; or,
- The name of the child, the child's parent or other family member; and,
- A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

Opportunity to Examine Records
In accordance with the confidentiality procedures in the Part B regulations (34 CFR §300.560-300.576), the parents of eligible children must be given the opportunity, without unnecessary delay, to examine/inspect/review records relating to evaluations and assessments, eligibility determinations, IFSP development, progress notes, IFSP implementation, complaints pertaining to the services their child receives, and any other area involving records about the child and the child's family.

Parents also have the right to request an explanation of the records or to request to amend the records if they believe the information is inaccurate or misleading. Parents may also request a copy of their child's entire record. They may be charged a fee to cover the cost of photocopying.

Notice of Action
Prior written notice of action must be given to parents within a reasonable timeframe before the public agency or service provider proposes or refuses to initiate or change any of the following for the child or the child's family:

- Identification and Evaluation **(Notice of Action & Consent for Initial Eligibility & IFSP development, Notice of Action for Re-determination of Eligibility or Notice of Action Refused: Eligibility Determination)**
- Placement (Location of service) **(Notice of Action: IFSP Revision)**

- Provision of appropriate early intervention services **(Notice of Action: IFSP Revision)**

The notice must be in sufficient detail to inform the parents about:

- The action being proposed or refused;
- The reasons for taking the action; and,
- All procedural safeguards that are available; and
- How to file a complaint with the state.

"Reasonable timeframe" has been defined by the State of Louisiana to be three (3) calendar days. This means that the Notice of Action must be provided to parents at least 3 days before:

- Eligibility determination **(Notice of Action & Consent for Initial Eligibility & IFSP development, Notice of Action for Re-determination of Eligibility or Notice of Action Refused: Eligibility Determination)**
- IFSP development **(On IFSP form; Notice of Action IFSP Revision)**
- Changing or revising early intervention services **(Notice of Action IFSP Revision)**
- Changing location of early intervention services. **(Notice of Action IFSP Revision)**

This 3-day period cannot be waived by anyone, including the parent.

The notice of action must be written in language understandable to the general public and be provided in the parent's native language unless it is clearly not feasible to do so. If the native language (or other mode of communication of the parent) is not a written language, the public agency or designated service provider shall take steps to ensure that:

- The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
- The parent acknowledges understanding of the notice; and,
- There is written evidence that these requirements have been met.

If the parent is deaf, blind, or does not have a written language, the mode of communication must be the language that the parent typically uses (such as sign language, Braille, or oral communication).

In EarlySteps, there are many occasions where families and providers meet to discuss the child's progress. When decisions are to be made, Notice of Action must be implemented so that the family knows the impact and implications of this particular discussion. Rushing through the process does not give families or providers the time to think about the impact of the decision.

Notice of Action reminds the family that if they disagree with the outcome of the team discussion, they have options to appeal the decision. This is a hallmark of family-centered services.

Parent Consent

Written parental consent must be obtained before:

- Conducting the initial evaluation and assessment of a child; and,
- Initiating the provision of early intervention services.

If the parent does not give consent (or withdraws consent after first providing it) the service coordinator shall make reasonable efforts to ensure that the parent:

- Is fully aware of the nature of the evaluation and assessment or the services that would be available; and,
- Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

Parent Right to Decline Service

Parents can change their minds. They also do not have to accept all services recommend by the IFSP team. However, service coordination is the exception—the IFSP requires that the name of the service coordinator be listed. This means every child has a service coordinator. If a family refuses service coordination, they must understand that this means they are choosing to not participate in the public Part C system.

Parents of eligible children have the right to determine whether they, their child, or other family members will accept or decline any early intervention service. They may also decline services after first accepting them without jeopardizing other early intervention services.

Surrogate Parent (EarlySteps Surrogate Parent)

An EarlySteps Surrogate Parent is appointed by DHH for a child who is suspected of being or determined to be eligible for Part C when:

- The child has no identified parent, guardian, or person acting as a parent;
- The child has parents who, after reasonable efforts, cannot be located by a public agency; or,
- The child is a ward of the state and is living in a facility or group home (and not with a person acting as a parent).

Surrogates represent the parental viewpoint for children who do not have a parent or someone acting as a parent. Surrogates may participate in all Part C activities related to the child that they represent. They are the "developmental decision maker" for the IFSP.

Historically, surrogates have rarely been needed. However, the state must have procedures in place to initiate the use of a surrogate when, and if, the need arises.

DHH uses the following definitions when determining a child's eligibility to be assigned a Part C Surrogate Parent:

- The term "parent" means a parent, guardian, or person acting as a parent. The term does not include the state if the child is a ward of the state; and,
- The term "person acting as a parent of a child" refers to relatives of the child or private individuals allowed to act as a parent of a child by the child's natural parents or guardians.

For example, a grandparent, neighbor, governess, friend, foster parent, or private individual caring for the child with the explicit or implicit approval of the child's natural parent or guardian would qualify as "a person acting as a parent of a child." <u>If such a person represents a child, **no** EarlySteps Surrogate Parent is needed.</u>

Any person may advise a responsible public agency that an infant or toddler with a disability within its jurisdiction may be in need of a person to act as a Part C Surrogate Parent. This information is given to the SPOE for EarlySteps in their parish or region or directly to the EarlySteps Central Office.

When the SPOE becomes aware of a child with a disability living within its jurisdiction that needs an EarlySteps Surrogate Parent, it shall, within ten (10) days, determine whether a Part C Surrogate Parent should be appointed. A request for the appointment of a surrogate shall be made within ten (10) days to the Part C Central Office. The Central Office appoints a person to act as an EarlySteps Surrogate Parent within ten (10) days. The Central Office maintains a registry of trained EarlySteps Surrogate Parents from which they may select individuals for appointment. If a Surrogate Parent dies, resigns, or is removed, a replacement will be appointed within fifteen (15) days, thereof.

In their role as the EarlySteps Surrogate Parent, they represent their assigned child in all decisions relating to the child's early intervention. Such decisions include matters regarding the identification, evaluation, placement (location of services) and provision of early intervention services.

Immunity from Liability

The person appointed to act as an EarlySteps Surrogate Parent is immune from liability for any civil damage arising from any act or omission in representing the child in any decision related to the child's early intervention. This immunity does not apply to intentional conduct, wanton and willful conduct, or gross negligence.

More information concerning EarlySteps Surrogate Parents can be found in the State Application for Part C.

Children under the care and custody of the State

The Part C Surrogate Parent and Office of Community Services (OCS) caseworker must coordinate and work together for the overall benefit of the child. It is imperative that communication occur between the EarlySteps Surrogate Parent and the caseworker regarding activities and events, and that both parties are kept fully informed of all relevant activities and commitments made on behalf of the eligible child.

The activities and obligations of the EarlySteps Surrogate Parent are restricted to the planning and delivery of early intervention services under Part C for the eligible child only. If a child is under the care or supervision of the state, the EarlySteps Surrogate Parent must not be confused with the assigned OCS caseworker responsible under the laws of the state for the obligations of the department as a custodial parent. In these instances, when the child is in the custody of the state, the OCS caseworker cannot serve as the child's Part C Surrogate Parent for the purposes of Part C.

In Louisiana, the child's foster parent acts as a parent for the purposes of Part C. Foster parents may access family training through Part C in order to understand and fulfill their roles and responsibilities appropriately.

System Point of Entry responsibilities for EarlySteps Surrogate Parents

The SPOE, as the responsible public agency, shall designate a staff member who will be responsible for the EarlySteps Surrogate Parent program in their geographic area. This individual must complete and return to DHH a "Determination of Need for Surrogate Appointment" form for each child believed to be in need of an EarlySteps Surrogate Parent.

Mediation and Due Process

Mediation and Due Process are two methods for parents to use when resolving issues about the early intervention services for their children. These methods for resolving conflict are formal processes protected by the IDEA.

What is mediation? Mediation is an attempt to bring a peaceful settlement or compromise between two or more parties through the objective intervention of a neutral party. Individuals trained as mediators facilitate this process.

What is Due Process? Due Process is an administrative hearing where an impartial individual presides. This hearing provides the family of an individual child with the

opportunity to challenge decisions made by EarlySteps. After hearing evidence from both the family and the appropriate EarlySteps representative, the hearing officer renders a binding decision.

Requesting Mediation

Upon receipt of a request for a due process hearing, the parents are offered the opportunity to mediate their dispute. Mediation is voluntary and parties must agree to mediation. Mediation will be provided at no cost to either party. Mediation does not deny or delay a parent's right to a due process hearing or to deny or delay any other rights afforded under Part C.

The parties must mutually agree to the selection of a mediator from the trained mediator list maintained by the Department of Health and Hospitals, Office of Public Health.

- Mediation must be scheduled within 5 days of the selection of the mediator.
- Mediation must be conducted at a time and place mutually agreed upon by the parties.
- Mediation must be completed within 30 days of the agreement to mediate.
- Any agreement reached during mediation must be in writing and delivered to each party.
- No more than three persons can accompany each party unless the parties mutually agree.
- No attorney shall participate or attend on behalf of either party at the mediation session. However, a lay advocate may accompany parents.
- Discussion held during a mediation session is confidential and cannot be used as evidence in a due process hearing or civil action held at a later date.

Parties have the right to seek mediation of their dispute outside the state mediation process and due process system. However, the DHH pays for mediation only if the parties agree to it in connection with a due process request. Should the parties decide to mediate their disputes in the absence of a due process request, none of the state requirements for mediation apply.

Mediator qualifications:

a) Mediators must be impartial and free of any conflict of interest.

b) Mediators shall not be employees of a public or private agency that is involved in the early intervention services for the child and/or family.

c) Mediators must have knowledge of laws and regulations relating to the provision of appropriate early intervention service to infants and toddlers with disabilities.
d) Mediators must have a minimum of 16 hours of training as a mediator.
(To be placed on the department's mediator list, mediators must meet the above requirements and must agree to be compensated at a set rate.)

Effect on Due Process Hearing Timelines
The procedure for assigning a hearing officer and scheduling a due process hearing will occur simultaneously with the mediation process. In the event that the due process hearing is scheduled for a date prior to the date of the completion of the mediation, one or both of the parties will need to request, and obtain, an extension of the due process hearing time-line from the hearing officer (if the desire is to proceed with the mediation.)

Requesting Due Process
Parents or legal guardians may initiate a due process hearing. A request must be sent in writing to the EarlySteps Program Manager, 325 Loyola Avenue, Room 605, New Orleans, LA 70112.

- The EarlySteps Office Coordinator receives, date stamps, and enters the complaint into the due process tracking system.
- Within 48 hours, the EarlySteps Program Manager reviews the request for due process and will instruct the EarlySteps Office Coordinator to send notification of receipt to the party.

<u>Within thirty (30) days of receipt of this statement</u>, a hearing will be held to review the concerns.

Appointment of an Impartial Person
A hearing officer named by DHH will conduct the hearing. An impartial person must be appointed to implement the complaint resolution process in this subpart. The person must have knowledge of the provisions of Part C, the needs of, and services available for eligible children and their families. They must perform the following duties:

1. listen to the presentation of relevant view points about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint, and
2. provide a record of the proceedings, including a written decision.

As used in this section, impartial means that the person appointed to implement the complaint resolution process:

1. is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child or child's family, and
2. does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

Parents Rights in Administrative Proceedings

DHH ensures that the parents of children eligible under this part are afforded the rights in this section in any administrative proceedings carried out under 34 CFR §303.420 that include the following:

1. Be accompanied and advised by counsel and by individuals with special knowledge
2. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
3. Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;
4. Obtain a written or electronic verbatim transcription of the proceedings; and,
5. Obtain written findings of fact and decisions.

Under Medicaid, Medicaid recipients may request a Fair Hearing to resolve issues regarding Medicaid payments or eligibility decisions. This is not the same as Due Process under Part C. Medicaid Fair Hearings are limited in scope and may only address Medicaid. Part C Due Process addresses decision points concerning eligibility for Part C, IFSP development, and IFSP implementation.

Due Process Resolution

Resolution of the hearing involves the following:

- A record of the proceedings is maintained and cross-examination is permitted. Both parties are able to examine records and present information pertaining to the recommended action through testimony or exhibits.
- The hearing will be held at a time and location convenient to the family.
- The individual conducting the hearing will listen to the presentations of the parties involved, examine relevant information and arrive at a resolution.
- All parties involved will receive a copy of the decision in writing.

The final decision will be mailed to the parties within 30 calendar days after receipt of the request for a due process hearing.

DHH, after deleting any personally identifying information, transmits the findings and final decision to the State Interagency Coordinating Council and publishes the decision on the DHH website, thus making the findings available to the public.

Civil Action
Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in the state or federal court of jurisdiction.

Status of a Child During Proceedings
During the pendency of any proceeding involving a complaint under this section (unless the public agency and parents of a child otherwise agree), the child must continue to receive the appropriate early intervention services currently being provided.

If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.

EarlySteps Complaint Process
Department of Health and Hospitals (DHH) maintains procedures for receiving, investigating, and resolving complaints that statutes and/or regulations relating to Part C of IDEA have been violated. This process is administered through EarlySteps under the DHH, Office of Public Health (OPH). DHH ensures that the parents of eligible children receive their procedural safeguards upon referral to the system.

Initiating Formal Complaints
Parents, service providers, advocates, service coordinators, members of the SICC, or employees of public agencies may file an individual complaint. A complaint must be filed in writing and must contain the following information:

- A statement that the State has violated a requirement of Part C of the Act or the regulations thereof
- The facts describing the alleged complaint.
- The name, address, and phone number of the complainant and any applicable identifying information regarding the involved child.

Complaints must be sent to:
EarlySteps Program Manager

325 Loyola Avenue, Room 605
New Orleans, LA 70112

The alleged violation must have occurred not more than one year before the date that the complaint is received by EarlySteps unless a longer period is reasonable because:

- The alleged violation continues for that child or other children; or
- The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by EarlySteps.

Complaint Types

	Type of Complaint	Information Needed	Information Source	Responsible Party
Provision of Service Related Issues				
1.	Explanation of Benefits (EOB)	a. Progress Notes b. Related Data	Provider	Central Office staff QAS
2.	Other Service Related Complaints	a. Progress Notes b. Eligibility Documentation c. IFSP d. IFSP Revisions e. Related Data	Provider SPOE FSC	Central Office staff QAS
Professionalism/Personnel Issues				
1.	Staff/ Provider Complaints	* Collect any information provided and forward to Central Office		
2.	Complaints regarding disputes between providers	Standard complaint letter	Central Office	Central Office

Processing the Complaint

Written complaints are processed using the following procedures:

- The EarlySteps Office Coordinator receives and date stamps the complaint.
- Within 48 hours, the EarlySteps Program Manager reviews the complaint and instructs the EarlySteps Office Coordinator to send acknowledgment of receipt to the party.
- The Office Coordinator forwards the complaint to the Quality Assurance Specialist Complaint Leader.

- The Quality Assurance Specialist Complaint Leader shall determine whether the complaint is Provisional/Service Related or a matter of Professionalism/Personnel Issues.

Professionalism/Personnel Complaints

- The Quality Assurance Specialist Complaint Leader shall analyze complaints regarding Professionalism/Personnel Issues.
- The Quality Assurance Specialist Complaint Leader shall determine whether the complaint involves an EarlySteps staff member or provider, or involves disputes between EarlySteps providers.
- Complaints involving EarlySteps staff members or providers shall be forwarded immediately to the EarlySteps Program Manager and/or Regional Administrator. Should further investigation be warranted, the complaint shall be forwarded to the designated Quality Assurance Specialist.
- Complaints involving disputes between EarlySteps providers shall be forwarded to the EarlySteps Office Coordinator and a resolution/decision letter shall be sent to the complainant.

Provision of Service Related Complaints

- The complaint shall be forwarded to a Quality Assurance Specialist or Central Office representative for preliminary investigation and initial data collection.
- Preliminary Investigations/Initial Data Collection shall be the responsibility of the designated Quality Assurance Specialist or Central Office Staff assigned to the complaint. Complaints shall be screened to determine whether the complaint contains sufficient documentation to make a decision or if further investigation is needed.
- Following a preliminary investigation, if it is determined that there exists sufficient documentation to make a decision, and there exists no cause for an investigation, a resolution/decision letter will be sent to the complainant.
- If it is determined that the complaint requires further investigation, due to insufficient documentation or data, the following procedures must follow:

    - **Notice:** Notice shall be sent to the agency or individual against which the complaint is filed. The notice shall include a statement of the elements of the complaint, a description of the investigation process and, if possible, the details of any

on-site visits, data requests, or phone interviews that are planned. The agency shall be invited to provide any relevant information.

- **Documentation Collection:** Requests for documentation and phone interviews will be the primary methods of data collection in the complaint investigation. The request will include information relevant to the complaint. Additionally, persons who have filed the complaint are given the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
- **On-site visits:** If DHH determines that the investigation requires an on-site visit, separate notice to the agency shall be given. This notice may be given by phone, or may be in writing. The declaration shall include a statement of the records to be made available, staff to be interviewed, and any need for access to school or agency facilities.

According to federal regulations, a decision-- and notification of that decision--must be made with 60 calendar days of the receipt of the complaint. A decision letter will be mailed by certified mail from the EarlySteps Program Manager. The decision letter will include the findings and conclusions and the rationale of the decision.

Resolution of the Complaint

Resolution of a system complaint shall be through the issuance of a decision letter of findings by the Department of Health and Hospitals. The decision letter shall include findings of fact and conclusions, and provide the rationale for the decision. These findings address each allegation in the complaint and all reviews of the investigation results, including any information in an on-site investigation or from a data request. Technical assistance is available to implement any corrective actions ordered.

The basis for resolution may be any one of the following:

- A decision that the party is in compliance.
- A decision that the party is out of compliance, but that voluntary corrective action has been taken (requiring no further corrective action).
- A decision that the party is out of compliance and ordering a specific corrective action to be completed by a certain date.

Remedies for denial of appropriate services
In resolving a complaint in which it finds a failure to provide appropriate services, DHH (pursuant to its general supervisory authority under Part C) must address how the denial of those services will be remedied-- including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.

Appeal Rights
The findings related to the complaint shall constitute the final decision of DHH.

Complaints and Due Process Hearings
If a written complaint is received that is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, DHH must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described above.

If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties:

- The hearing decision is binding; and
- DHH must inform the complainant to that effect.

A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the lead agency.

Investigation Timelines
Upon receipt of the complaint, the Early Steps Central Office shall have sixty (60) calendar days to review all relevant information and issue a letter of findings. However, if it is found that exceptional circumstances exist with respect to the particular complaint, the Quality Assurance Specialist or Central Office designee may grant an extension of this time limit. If such an extension is given, notice shall be provided to the complainant and the agency under investigation, with documentation of that notice to be maintained within the child complaint file.

BEST PRACTICE:
PROVIDING PROCEDURAL SAFEGUARDS INFORMATION TO FAMILIES

While regulations require that a copy of the Parents Rights statement be provided to families at certain points in the process, a simple listing of their rights does not always convey the meaning of these protections. Each of the procedural safeguards has implications for a family's experience with the early intervention system. For this reason, it is recommended that both an oral and written explanation of the procedural safeguards be provided at multiple points in the family's involvement with the Part C system. Repetition is necessary because the information is complex. Families need to hear and discuss their rights several times in order to fully understand them.

At appropriate times during the process parents should be informed (both verbally and in writing) of the following rights:

- The right to a timely, multidisciplinary assessment
- The right, if eligible, to appropriate early intervention services for the child and family
- The right to refuse evaluations, assessments, and services
- The right that notice be provided before a change is implemented or refused in the identification, evaluation, placement or location of the child and family services, or in the provision of early intervention services to the child or family
- The right to confidentiality with respect to personally identifiable information
- The right to review and request the correction of early intervention records
- The right to utilize an advocate or attorney in any and all dealings with the early intervention system
- The right to utilize administrative and judicial processes to resolve complaints

Procedural safeguards are the "rules of the game" that all players must know. Explaining these rights is best done when it is in the flow of conversation and in everyday language. Explaining the basis for the regulation may help parents understand this "legalese".

The following are examples of how to explain procedural safeguards:

- The right to confidentiality of personally identifiable information:

"We really value your privacy. No one will tell others about your family or child unless we have asked you first and you have given us written permission. "

- The right to refuse evaluations, assessments and services:

"We want these services to really work for you. Take a few days and think about what is comfortable for you at this time. Everything does not have to happen all at once. You may want to wait to start some of the services or to do an assessment. Also remember, it is okay to say no."

- The right to review records and request corrections:

"You can look at your child's record at the SPOE at any time. Remember that this record contains information about your child and family that service providers read. If you see anything that you feel is wrong or misleading, you can ask the SPOE to change it."

Intake Coordinators and FSCs should practice explaining procedural safeguards so that explanations come easily and in everyday language.

Chapter 3: Child Find and Referral

This chapter describes the child find activities used in EarlySteps to locate those children who may be eligible for the EarlySteps system of early intervention. Requirements for referral are also detailed.

Topics in this chapter include: Page

Referral Procedures 32

DHH is responsible for ensuring that a comprehensive Child Find system is used to identify, locate and evaluate all children as appropriate. An effective method is developed and implemented to determine which children are receiving needed early intervention services; and a mechanism is in place to identify the potential number of children who may not be receiving needed services.

Child Find materials include information on:

- the purpose and scope of EarlySteps;
- the procedure for making referrals; how to make referrals;
- the method for gaining access to a comprehensive, multidisciplinary evaluation to determine eligibility and other early intervention services; and,
- the family's rights, opportunities, and responsibilities within the state's public system.

Child Find efforts are conducted through the distribution of written materials as well as through oral communication (e.g., radio and television public service announcements, presentations to church or community groups, etc.). Information is shared regarding the requirements of the child find system and where to refer children for eligibility determination.

Referral Procedures

Referral is actually the first "service" that an eligible child and his/her family receive from the Part C System.

A "primary referral source" is the individual or agency that first referred the child to the System Point of Entry (SPOE). The **EarlySteps Referral Form** should be completed in ink and must be legible. The form may be faxed, mailed or called in to the local SPOE.

➔ Primary referral sources are mandated by federal law to refer any child that they suspect may be eligible for EarlySteps no later than two (2) working days of gaining knowledge of the child. Federal law does not require parental consent or knowledge of the referral. Best practice is that the parent is informed of the referral.

➔ Referral sources receive an acknowledgment of the referral as part of the standard practice of the SPOE. There is a sample letter in the appendix to be use for acknowledgement purposes. The acknowledgement letter must be sent to the primary referral source no later than 7 calendar days following date of receipt of referral at the SPOE.

This notification is simply for the purpose of acknowledging the receipt of referral and does not mean contact with the family has occurred. This acknowledgement

includes the child's name but no other personally identifiable information unless the parent has given consent to include it. However, the Intake Coordinator may contact the referral source to obtain additional information (i.e., another telephone number, directions to the home, clarification of reason for referral, etc.) without violating confidentiality regulations. Any further information regarding screening results, test results or eligibility cannot be shared without informed written consent from the parent(s).

At the point of referral, the SPOE will open both the paper and electronic early intervention records and assign an Intake Coordinator within 2 business days of receipt of the referral. The Early Intervention Record contains the original forms and copies of team meeting notifications, copies of correspondence, and case notes generated by the SPOE. Other key documentation generated through the ongoing service coordinator (FSC) is added to the Early Intervention Record as the child continues his enrollment.

➔ **An Intake Coordinator is required to contact the family by telephone or in person within two (2) business days. A face-to-face meeting with the family must occur no later than 10 CALENDAR days from receipt of referral.**

Steps to take if family cannot be contacted by telephone;

1. If the phone number has been disconnected, call the referral source and ask if they have a different number,
2. If there is no answer, leave a message if an answering machine or voice mail is available.
3. Call the referral source; ask if they have suggestions on how to contact the family or if family will be coming back to their office and, if so, the date of that visit. The Intake Coordinator can plan to meet the family at that designated time and place.
4. Document all attempts to contact the family. **After three good faith attempts, send the family a letter via certified mail stating that the child's referral record will be closed if contact is not made within five calendar days. It is best practice to also inform the referral source that EarlySteps was unable to contact the family.**

➔

The letter must provide the family with the steps to take to contact the SPOE should they desire to in the future. The letter must also include information concerning the procedural safeguards for families relevant to referral.

➔ No later than 10 days from the date of referral, a face-to-face meeting with the family must occur. If there is no response to the letter, close the electronic file for this child.

Chapter 4: Intake

This chapter describes the steps in the process to enroll a child in EarlySteps.

The topics included in this chapter: Page

Initial Forms for Intake 36

Nurse Liaison Service 37

Screening 37

- Administration of the ASQ 38
- Procedures for Incorporating ASQ Results 39
- Vision & Hearing Screening 41
- Quarterly Tracking 42

Continued Intake Activities 43

Upon receiving a referral, the System Point of Entry welcomes the family, explains the Part C system of services to them, and starts the process of eligibility determination. The first contact with the newly referred family provides the opportunity to introduce EarlySteps, discuss the referral, and talk about the opportunities and options they have within EarlySteps.

Initial Forms for Intake

The family indicates whether they will proceed with the next steps of the process by reading the **Notice of Action and Consent for the Initial Eligibility Determination and IFSP Development** and signing the form at the bottom (Under the Consent to Proceed section of form). Procedural safeguards (parent rights) must be explained to the parents and a copy provided.

The Intake Coordinator assists the family in the completion of **the Louisiana Department of Health and Hospitals Application for Services Children 0-3 with Special Needs Form** (Intake form**), Health History Form** and **Family Assessment of Concerns, Priorities and Resources Interview**. These documents form the basis of the Early Intervention (EI) Record that will be maintained at the SPOE.

The Louisiana Department of Health and Hospitals Application for Services Children 0-3 with Special Needs Form serves as the application for several service programs;

- EarlySteps—Louisiana's early intervention system as defined by Part C.
- Medicaid (including LaCHIP)—A federal and state health care financing program for low-income children and families.
- Children's Special Health Services (CSHS)—A federal program of medical services for certain health conditions in children, ages birth to 21.
- Office for Citizens with Developmental Disabilities (OCDD)—the Louisiana state agency responsible for services and supports to individuals with developmental disabilities, birth through adulthood.
- Bureau of Community Services and Supports (BCSS) Services Registry (Medicaid Waiver)—State agency responsible for licensure of case management agencies and administration of Medicaid case management services for children, adults and the elderly.

➔ Copies of this form must be sent to the appropriate offices no later than 15 calendar days of receipt of referral.

Dissemination procedures for the **LA DHH Application for Services** Form to the collaborating programs are listed at the end of this chapter.

Intake Coordinators must discuss each program and encourage the parent to apply for all that may be available to them. This is especially true for services provided through the BCSS Registry. The protected date for placement on the Registry is dependent on the parent's choice made during this intake appointment. That date impacts how quickly a child receives Medicaid Waiver services in the future.

Intake procedures with the family include securing parental consent on **Consent to Release and Share Information** that allows communication with previous service providers such as physicians, childcare providers, etc. The **EarlySteps Health Summary** is sent to the child's medical home/primary care physician so that health information is available to the team who will be determining eligibility. The Intake Coordinator may collect this information via a telephone call. However, in this instance, the physician should also sign and return the form to the SPOE.

Nurse Liaison Services

Each SPOE has access to a public health nurse for consulting and technical assistance on health issues. The Office of Public Health Nurse Liaison, who is usually housed at the parish health unit, is available to research medical diagnoses, and the implications on child development, to serve as a consultant on the IFSP team, and to provide the SPOE with strategies on how to obtain pertinent medical information.

All children, regardless of their insurance coverage, should be linked to a medical home in the community. All children enrolled with Medicaid must be linked to a primary care physician who is a Medicaid provider for screening and ongoing medical care. The Health Summary indicates whether or not routine well-child care is in place and if immunizations are current. Physicians may also note any developmental concerns discovered during routine medical care or health screenings. While these data may help to contribute to the determination of eligibility, <u>the delay in receiving this information does not exempt the SPOE from meeting the 45-day timeline.</u>

➔ Intake Coordinators will interview the family about their child's ongoing development since the time of his or her birth. This interview serves as **the Family Assessment of Concerns, Priorities and Resources Interview** and is documented on the form entitled the same.

Screening

The purpose of developmental screening is to determine whether the suspicion of eligibility/delay is warranted before proceeding further to formal assessment activities.

Results of a screening are used together with other information, including, the reason for referral, parent interview, and existing medical or other information, etc., in the eligibility determination process. **Screening is a "snapshot", not a diagnostic step; and may not solely be used to determine eligibility. Screening results are not valid for use in IFSP development.** Developmental screening assists the family and Intake Coordinator in the identification of areas that need focused attention during the eligibility determination period and/or service-planning phase.

➔ **Administration of the ASQ (screening)**

Step 1. Children will present to Early Steps with one of the following situations:

a. **Child is referred because of suspected developmental delay but no developmental screening tool or developmental assessment has been completed:** All children who have not had a comprehensive developmental assessment that addresses all developmental domains (language, cognition, gross motor, fine motor, and personal-social) or an Ages and Stages Questionnaire (ASQ) within the three months prior to referral to Early Steps will be screened with the ASQ by the Intake Coordinator. Move to Step 2 below.

b. **Child is referred with developmental delays that are confirmed with a comprehensive developmental assessment:** If the developmental assessment has been completed in the prior three months and includes assessment of all developmental domains (communication, fine motor, gross motor, personal-social, and cognitive), no further testing is required to proceed to eligibility determination. The developmental assessment must involve either a curriculum-based assessment tool or individual assessments in each developmental domain. A screening test is not an assessment tool. Move to Step 4 below.

c. **Child is referred with an ASQ that has been completed in the previous three months and indicates a need for further assessment, but no further developmental testing has been completed:** If the ASQ results are consistent with the health summary, the intake form, and the parent's concerns, the ASQ does not need to be repeated. The team should proceed to the next steps in the eligibility determination process and IFSP development

(go to Number 4 below).

**If the ASQ results are not consistent with the other information provided, the Intake Coordinator repeats the ASQ.

d. **Child is referred because of a medical condition with a high probability of resulting in a developmental delay or developmental disability:** These children appear to be eligible for Early Steps due to the medical condition. The ASQ will be conducted to determine whether there are current developmental delays. Move to Step 2.

Step 2. Conducting the ASQ:

- The Intake Coordinator will conduct the ASQ in person with the primary caretaker and the child present, preferably in a natural environment for the child (e.g., home or daycare).
- The intake coordinator and/or parent will administer any items that are not clearly present by the caretaker's report. When possible, toys that are familiar to the child should be used for administering ASQ items.
- No initial screenings will be done over the phone or by mail.

➔ **Completing the ASQ requires that the child is present.**
Intake Coordinators may initially meet a parent at a time and place where the child is not present (parent's workplace). The Family Assessment of Concerns, Priorities, and Resources can be completed at this meeting; however, the child must be present for the administration of the ASQ.

Step 3. Sharing ASQ results with the primary caretaker
A discussion will be held with the parent and the intake coordinator to discuss screening results and to determine joint areas of concern based on the intake form, the Health Summary form or other sources of health information, screening results, and parent interview. This discussion should take place immediately following the screening activities when possible and should incorporate all information available including the screening.

➔ **Procedures for incorporating ASQ results**:

a) **Children who were referred because of suspicion of a developmental delay and who pass the ASQ with no concerns:**
   - Share ASQ results with the family, review, health status information **(Health Summary and Health and Birth History**

Form) and any other additional information currently available.

- Obtain parent's consent to contact referral source to clarify the basis of the referral.
- Discuss results with parent, ensuring that the parent understands that at this point the child is not experiencing any delays that warrant further investigation and provide the parent with a Notice of Action Refused **(Eligibility Determination)** and the Parent's Rights.
- Also provide the parent with SPOE contact information to use in the future if any concerns arise again.
- Close case.

b) Children who have a medical condition that indicates eligibility for EarlySteps but who have no current developmental delays:

- Share ASQ results with the family, review, health status information (Health Summary and Health and Birth History Form) and any other additional information currently available.
- If more information is needed to confirm the child's functioning level, a curriculum-based tool that provides cut-offs (such as the Assessment Evaluation and Programming System (AEPS)) may be administered to determine the child's developmental levels.
- If the child currently has no developmental delays as indicated by the assessment, discuss with the family that-- while the child is eligible for Early Steps due to the confirmation of the medical condition-- there may be only short-term consultative services and linkages to other services to address developmental strategies since the child's development is age-appropriate at this time. Services will also include developmental tracking by the SPOE.
- If the family declines to move to IFSP development, document this decision; provide the family with their Parent's Rights and close case.
- If the family decides to move to IFSP development, discuss that the ASQ will be administered quarterly by the SPOE:
  - SPOE will mail ASQ quarterly to the family with the family returning the completed questionnaire to the SPOE for scoring.
  - Results of the quarterly ASQ are shared with the child's FSC.
  - The FSC reviews ASQ results with parents and asks if the parent has any concerns during the quarterly face-to-face

meeting to update the family's needs.

- If screening through quarterly tracking identifies no developmental concerns and the parent voices no concerns, the IFSP continues as written.
- If new developmental concerns arise, an appropriate assessment will be authorized to determine the developmental needs of the child.
- An IFSP meeting is then conducted with the parent, the person who conducted the assessment and the FSC to develop new outcomes based upon the assessment information. Any new early intervention services identified as needed are a result of the team discussion.
- The revised IFSP is then implemented.

c) **Children whose ASQ results indicate a need for further assessment:** The intake coordinator convenes an Eligibility Team Meeting to review all information gathered about the child's developmental functioning. If there is enough information to determine the child eligible for EarlySteps using informed clinical opinion, this step is completed and documented on the Eligibility Determination Form. If there is not enough information to adequately determine eligibility, the Intake Coordinator arranges for a curriculum-based assessment to be conducted. A curriculum –based assessment that yields cut-offs such as the Assessment, Evaluation, and Programming System (AEPS) is recommended for this purpose. Alternately, an assessment in the developmental domain of concern may be conducted.

4. If eligibility criteria are met, a curriculum-based assessment tool is encouraged to aid in IFSP development. The curriculum-based assessment tool may be conducted by a special instructor or by a provider in a developmental domain of concern.

5. After an appropriate assessment is completed, the IFSP team will meet. The disciplines represented on the IFSP team will be determined using all of the information available including results of the curriculum-based assessment, if completed. The IFSP will be completed within the 45-day timeline.

6. When feasible, the curriculum based assessment tool should be repeated prior to the 6-month review of the IFSP to document developmental progress, to identify new areas of concern, and to determine whether all

outcomes have been met.

Vision and Hearing Screens

The validity of individual developmental domain testing, for example, is highly questionable if the child's vision and/or hearing are in doubt. If the parent, the medical home physician, a daycare provider, or any provider of early intervention services has concerns about the child's vision or hearing, a screening is indicated.

All children born in Louisiana hospitals undergo a hearing screen, usually before discharge from the birthing hospital. The results of this screen are provided to parents and the child's medical home. Children who do not pass this hospital screen are referred to a community audiologist for a second screen and, if indicated, a hearing assessment. Intake Coordinators need to obtain the completed results of the newborn hearing testing results to ascertain if further audiological testing is needed.

If no information is available that describes the child's ability to see or hear and the parent expresses concerns, the Intake Coordinator must schedule a vision and/or hearing screen to be conducted BEFORE moving forward in the process. Vision screens by ophthalmologists, optometrists, or pediatricians and hearing screens by audiologists can be paid for through the CFO.

Quarterly Tracking using the ASQ

➔ Children who have IFSPs and who are only receiving FSC services and whose parents agree are tracked developmentally by the SPOE.

Steps for Tracking:

1. Parents give written consent for the SPOE to enroll child in the tracking system.
2. SPOE mails the appropriate ASQ to parents on a quarterly basis with a self- addressed, stamped envelope.
3. Parents complete the ASQ and mail it back to the SPOE.
4. SPOE staff score ASQ and forward results to the appropriate FSC for the child. Clarifying comments may be added as needed.
5. The FSC reviews ASQ results with parents and asks if the parent has any concerns. If screening through quarterly tracking identifies no developmental concerns and the parent voices no concerns, the IFSP continues as written.
6. If new developmental concerns arise, an appropriate assessment will be authorized to determine the developmental needs of the child.

7. An IFSP meeting is then conducted with the parent, the person who conducted the assessment and the FSC to develop new outcomes based upon the assessment information. Any new early intervention service identified as needed are a result of the team discussion and reflected on the IFSP.

It is also recommended that a nutritional screening be performed, particularly with infants and toddlers where this is a family concern or where there is a history of nutritional or feeding problems. The Intake Service Coordinator should verify with the physician whether any prior nutrition screening has been performed and, if so, it is important to obtain the results from this screen. The child may be referred to an EarlySteps enrolled Dietitian (may also be called a Nutritionist) who is skilled in administering a screening or formal test inventory regarding nutritional issues.

Continued Intake Activities

The Intake Coordinator utilizes the information collected through the intake process to assemble existing assessment(s) or testing reports in addition to any other information that helps to describe the child's developmental status or diagnosis (if one exists).

Once the information is assembled, the Intake Coordinator and the family review the information, checking to ensure that there is adequate information for eligibility determination.

Chapter 5: Eligibility Determination (Evaluation) and Assessment

This chapter covers the process to determine if a referred child meets the eligibility criteria for EarlySteps.

Topics in this chapter include: Page

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Part C federal regulations define evaluation and assessment very specifically. Evaluation under Part C is defined as the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under Part C. This is different than the typical definition of evaluation. In Part C, evaluation is not synonymous with the administration of a test protocol.

Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C to identify the child's unique strengths and needs, the concerns, priorities and resources of the family, and the supports and services needed to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Timelines for Evaluation and Assessment

The evaluation for eligibility and initial assessment of the child (including the family assessment) must be completed within 45 calendar days of the initial contact with the Part C system.

Only the family may exceed the 45-day timeline. For example, the family may choose to take more time to consider their options in the Part C system. In addition, a delay in the process may occur due to hospitalization of the child. These situations must be thoroughly documented in the child's Early Intervention Record. Some examples of unacceptable circumstances for exceeding the forty-five day timeline include: waiting for a physician referral for assessment; waiting for an assessment from another provider; or being unable to contact family because they do not have a telephone.

Acceptable reasons for extending the 45-day timeline:

- Child is ill or hospitalized
- Family requests additional time for decision-making.
- Family emergency

These must be clearly documented. The 45-day timeline does not "restart" at Day one. Therefore the timeline will seem shortened; due to the "restarted" activities, the SPOE will have fewer days before reaching the 45-day timeline. (For example, child is referred May 1 and forty-five days later is June 14. The child is hospitalized on day 8 for two weeks. On May 22, the intake activities resume with the 45-day timeline ending on June 14th.)

Initial Evaluation for Eligibility

The Intake Coordinator is responsible for collecting existing information from the family, primary medical care provider(s), and others who have relevant information related to eligibility determination. Requesting pertinent medical reports, conducting interviews, and/or taking information over the telephone that

is later supported by hard-copy documents are valid methods of information collection.

Existing information-- including parent interview, structured observation, medical input and existing assessment information-- should be used before any additional formal assessments (testing) are planned or conducted. Previously conducted assessments or treatment reports are valuable sources of information. This is especially true for infants referred from Neonatal Intensive Care Units (NICU) or other hospital programs. These infants generally have a wealth of diagnostic information that has been generated

Eligibility Team Composition and Selection

In selecting the eligibility determination team, the Intake Coordinator reviews the primary presenting concerns of the family and information from the initial referral. The Intake Coordinator helps the family use the Service Matrix to select an individual to serve as a **consultant** to the eligibility team. The selection of a team member does not mean that this individual will have an ongoing role or relationship with the family or be a continuing service provider through the IFSP process.

A professional who has tested or assessed a child must participate in the Eligibility Team Meeting. This professional is allowed a variety of ways to attend the eligibility meeting:

- in person,
- by report,
- by telephone, or
- by having a designated representative attend.

This is the only individual on the team who has options for how they participate. All other team members must meet face-to-face.

The family signs the **Consent to Release and Share Information** for each of the eligibility team members so that sharing of information is facilitated. The Intake Coordinator, then, sends a copy of the following documents with the Team Meeting Announcement BEFORE the eligibility team meets:

- Referral Form
- Family Assessment of Child's Development
- Health Summary or other health information
- And, any other pertinent information that the Eligibility team should consider

This packet of information must be sent at least 5 days prior to the eligibility meeting.

➔ If information from previously conducted assessments is used as the basis of eligibility, the team needs to compare this information with the other pieces of data that have been gathered. Either the professional who conducted the assessment or a professional serving as the team consultant may need to integrate this information specifically for eligibility determination purposes.

➔ If a Statement of Informed Clinical Opinion is needed from a professional who is unable to attend the eligibility meeting, the Intake Coordinator needs to send that individual the **EarlySteps Eligibility Consultant Statement**. This form documents that the professional's informed clinical opinion was sought and used in determining eligibility.

➔ The Intake Coordinator invites the selected professionals to the Eligibility Team Meeting by either mailing or emailing a **Team Meeting Announcement** to each participant (including the parent). A copy of the Team Meeting Announcement is maintained in the child's early intervention record.

Eligibility Determination Process

The Eligibility team meets to discuss the information gathered, synthesize their impressions and apply the eligibility criteria to their synthesis. The practitioners on the team use their knowledge of typical and atypical child development, knowledge of medical conditions, and clinical experiences to form an opinion about whether or not the child in question meets the eligibility criteria.

Informed clinical opinion cannot be used to bypass the eligibility criteria or to make a child "eligible" based upon environmental risk factors that are present in the absence of a developmental delay.

Eligibility Evaluations (formerly called MDEs) for children enrolled in Medicaid are required to include the following:

1. Review of pertinent records related to the child's current health status and medical history.
2. *Results of a KIDMED screening.*
3. An evaluation of the child's level of functioning in each of the following developmental areas: cognitive, physical including *vision (by a licensed physician) and hearing (by a licensed physician or licensed audiologist),* communication, social or emotional, and adaptive.
4. An assessment of the child's strengths and needs and the identification of the appropriate early intervention services to meet those needs.

➔ The Eligibility Team discussion is recorded on the **Eligibility Determination Form.**

ELIGIBILITY CRITERIA

In Louisiana, children between the ages of birth and 36 months who have been determined, by a multidisciplinary team, as having a diagnosed physical or mental condition associated with developmental disabilities or have a high probability of resulting in a developmental delay or disability, or who have an identified developmental delay in one of the five developmental domains are eligible for EarlySteps.

Diagnosed Physical or Medical Condition

The State of Louisiana has adopted the following conditions to meet the definition of "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay":

1) Genetic Disorders
2) Congenital, neonatal, or postnatal infections that affect the Central Nervous System
3) Sensory Impairments
4) Chronic or degenerative orthopedic and/or neurological conditions
5) Neonatal Grade III or IV Intraventricular Hemorrhage, Posthemorrhagic Hydrocephalus, Periventricular Leukomalacia or other significant Intracranial disorders
6) Technology dependence for on-going medically fragile conditions
7) Exposure to known teratogens or drugs shown to cause birth defects <u>and</u> findings of effects of such exposure
8) Psychiatric disturbances of infancy or childhood
9) Conditions arising from a catastrophic event occurring after the neonatal period

<u>Louisiana's definition of developmental delay is</u>: the child, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is below the expected developmental norms for a child of similar age. The delay must be identified in one or more of the following areas:

a. cognitive development;
b. communication development;
c. adaptive development;
d. physical development, including vision and hearing;
e. social or emotional development.

An adjusted chronological age is used with infants who are born prematurely.

Residency Requirements

In addition to a diagnosed delay, physical or medical condition, the lead agency has also established the following requirements for eligibility for Part C services:

- A child must be a resident of the State of Louisiana (This is also required by Medicaid).
- A child living with a parent, legal guardian, or person "acting as a parent" in the State of Louisiana is considered a resident.
- A child living in Louisiana solely for the purpose of receiving Part C services is not considered a resident.

Results of the Eligibility Determination:

- If the child is determined eligible, the team completes the documentation for eligibility determination and moves forward to IFSP planning and development. The Intake Coordinator meets with the family to start the process of identification of priorities and concerns through the family assessment. Any additional assessment activity necessary to support the development of the initial IFSP is authorized at this point.

- If the team decides that the child is ineligible, the family is informed of this decision and of their right to appeal this decision through due process. Information about other available services is provided.

- If the review of presenting materials was insufficient to determine eligibility, assessments (or tests) must be performed. Families select an individual provider from the Service Matrix to conduct the needed assessment--preferably a curriculum-based assessment. The Intake Coordinator completes the authorization paperwork for this service with the CFO.

  The eligibility team must convene a second time to incorporate the testing results with previously gathered information and render an eligibility decision. If, after additional information gathering, the team decides that the child is determined ineligible, the family's procedural safeguards are reviewed. The family may decide to formally disagree with this determination and appeal it through their procedural safeguards protections (due process).

The Intake Service Coordinator facilitates an examination of the available child information by the team in order to ensure that there is adequate information available to move ahead with the IFSP development. This information guides the team in identifying needs and planning for the development of outcomes in the IFSP. IFSP outcomes lead to individually needed early intervention services, family supports, and other related services and activities. It is important never to presume to know the needs of the child based upon the diagnostic information.

➔ One of the first steps to take after eligibility is established is the selection of the Family Support Coordinator. The family reviews the choices for FSC in the Service Matrix and makes the selection. The selection is recorded on the **Provider Selection Documentation Form.**

IFSP Needs Assessment (Preparation for IFSP Development) and Family Assessment

Federal regulations require that the focus of service delivery is the child in the context of his/her family. The family is the primary client. The intent of early intervention is to build upon the natural routines and supports of families and children within their communities and to support families in their abilities to meet the health and developmental needs of their child. Integrating services into the naturally occurring activities and routines of the family promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.

Family Assessment

The family assessment must be designed to determine the strengths and needs of the family related to the child's growth and development. The family assessment is voluntary on the part of the family. The information from this interview is documented on the **Family Assessment of Concerns, Priorities, and Resources Form.**

Family assessment is a collaborative activity between the family members and service providers that addresses family resources, priorities, and concerns. It is not an assessment that happens to, or is done to, a family. The primary outcome of this voluntary assessment is to identify activities or services that will help the family promote their child's growth and development.

Principles for Identifying Family Concerns, Resources, and Priorities

- Inclusion of family information on the IFSP is voluntary on the part of families. A family's need or concern is only a need or concern if it is perceived to be such by the family.
- Families have a broad array of formal and informal options to choose from in determining how they will identify their resources, priorities, and concerns. Intake Coordinators and FSCs should work with families to identify these supports and incorporate them, accordingly, into the IFSP. It is not the role or purpose of early intervention to replace the typical supports that exist for families,
- Families should have multiple and continuing opportunities to identify their resources, priorities, and concerns.

- Family confidences should be respected and family-shared information should not be discussed casually among early intervention providers. Discussions concerning the IFSP planning, development or implementation process on an individual family basis should be planned, strategic and conducted with the prior informed knowledge of the family.
- Identifying family concerns, priorities, and resources must lead to development of IFSP outcomes, strategies, and activities that help families achieve what they need from early intervention.

EarlySteps has developed a **Family Assessment of Concerns, Priorities, and Resources.** This assessment is an interview that addresses the family's view of their child's development and the family activities and routines that are concerning for the family. The information from this assessment is summarized in Sections 3 and 4 of the IFSP.

➔ The family assessment is completed with the family prior to the initial IFSP development team meeting and prior to each annual evaluation of the IFSP.

If a family first agrees to include this information in the IFSP, and then changes their minds, the information can be removed or modified at their request. Certain provisions of the Family Education Rights and Privacy Act (FERPA) apply to family assessments. The Intake Coordinator or FSC has the responsibility to explain these rights to the family, including the right to amend these records and to have copies of that record.

Assessment for IFSP Planning

The initial assessment activities should occur in settings that are familiar to the child to ensure accuracy of assessment information. Observation of the child in regular routines supports the knowledge of how the child functions within the context of family activities. This process also helps to identify how the family dynamics are affected by the child's functional abilities.

The preferred assessment for EarlySteps is a curriculum-based assessment (CBA) tool that provides information in all areas of development. A CBA is designed to support a planned sequence of programming (curriculum) that is developmentally appropriate for the child. Use of a CBA promotes teaming in that all IFSP team members are working from a common set of information regarding the child's functional skills. A CBA helps prevent the focus on isolated skills that may be targeted in a one-domain assessment. A special instructor or other professional that is trained to administer the tool can use this type of assessment. Commonly used instruments include the Hawaii (HELP) and Assessment Evaluation, Programming System (AEPS).

Ongoing discussions with the family should focus on the philosophy of early intervention and the premise that early intervention services promote the child's ability to participate in the activities of their family.

Ongoing attention and discussion to ensure that the principles of natural environment are incorporated into the delivery of assessment services include activities such as:

- Using the child's regular environment (furniture, schedule, toys) in the course of the assessment;

- Incorporating the child's siblings, care providers and other family/friends into the assessment. Siblings often are the only individuals who can elicit a particular response from their brother or sister; and/or

- Learning and understanding the child's routine and incorporating various assessment activities throughout the day.

Nondiscrimination in evaluation and assessment

All activities conducted as part of determining eligibility and any necessary child and family assessment must be unbiased, non-judgmental, comprehensive, and individualized according to the presenting needs of the child and family and their individual ethnic and cultural beliefs.

A variety of tools and instruments, including informed clinical opinion, are used to determine if a child is eligible for EarlySteps. Any standardized instruments or tests employed to evaluate eligibility or assess children and families must be free from racial/cultural bias.

Native Language

In addition to ensuring that the instruments used in assessments are non-biased and not discriminatory, the use of interpreters to facilitate accurate communication is required when the family's native language or mode of communication is one other than English. Interpreters should be utilized during all key procedural moments (i.e., eligibility determination, assessments, IFSP development and IFSP reviews and annual eligibility determination).

The FSC Role in Evaluation and Assessment

The FSC is responsible to ensure that the IFSP is implemented and that all services listed in the IFSP are delivered according to that plan. FSCs receive monthly

progress reports from the early intervention providers to keep the FSC informed of the progress the child is making toward the IFSP outcomes.

On-going Assessment

The Monthly and Quarterly reports serve as documentation of ongoing assessment by the providers. As providers work with the child and family, they are constantly assessing the progress a child is making toward the clinical goals that they have set. They use this information to adjust intervention techniques and strategies as the work with the child and family continues. This is the type of on-going assessment information that is used to make IFSP revisions, as well. Early intervention providers have a variety of ways to collect data to assess the progress a child is making. Should a provider decide to administer a formal test as a measure of progress, the test is conducted in the ongoing sessions with the child according to the frequency and intensity cited on the IFSP. **It is inappropriate to authorize testing outside of or in addition to the ongoing assessment process.**

At the 6-month review and Annual IFSP, the IFSP teams uses the Quarterly reports and/or Monthly Reports to see if the IFSP outcomes have been achieved or if progress has been made. Revisions to the IFSP may be needed.

Assessment Reporting Guidelines

Reports

1. Content of the report should reflect the purpose of the test or assessment. For example, "the test was conducted to help determine eligibility" or "the assessment was conducted to assist in IFSP planning."

2. It is important to remember, reports must be written with sensitivity because they will be available to family members. This does not mean that issues should be ignored. However, conclusions should be described, qualified, and supported by the information that was obtained.

3. Personal comments are inappropriate.

4. In general, a written report should:
   - Be accurate, clear, objective, and detailed
   - Be free of jargon and terms that are subject to misinterpretation
   - Be readable by families and other professionals
   - Contain content that reflects the function for which it is intended to be used
   - Function as a means to communicate with other team members and professionals, including family members, and should specify the best estimation of a child's abilities at a given point
   - Serve as a record against which later performance can be compared.

<u>How to report data from evaluation and assessment activities</u>

- The report should be *clearly stated* and *match the purpose* of the conducted activities. For example, an eligibility report will look different than an assessment report because different procedures and tools were used.

<u>Communicating Findings</u>

- Discuss information with a family as quickly as possible after the child's needs are suspected or formally identified.
- Use the primary language and communication style of the family, and ensure that terminology is clear and understandable.
- Set aside sufficient time for the family to hear and process the information, ask questions, and receive emotional support if needed.
- Provide the family with an opportunity to decide on the appropriate family members and professional(s) to include in assessment conferences. Scheduling should allow for the participation of these designated members.
- Honor the family's preferences for the amount of information that can be absorbed in one meeting. Additional family-professional feedback sessions

are sometimes necessary to address questions that the family may have about the findings

- Provide complete, unbiased information to a family about their child's strengths and needs. Remember to verbalize hope and encouragement.
- Oral reports should always be followed by written reports.
- Professionals must respect issues of confidentiality and parental access. Because the family is a vital and integral part of the multidisciplinary team, they need to have access to the same information as the other individuals who are conducting and coordinating the evaluation and assessment.

Assessments authorized by EarlySteps should be completed and reports sent to the SPOE or FSC within 15 working days of the authorization date.

Chapter 6: Individualized Family Service Plan Development

The steps and requirements of the IFSP are detailed in this chapter.

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The IFSP represents a commitment to eligible children and families in that:

- their unique, individual needs are considered and addressed;
- an individualized plan of action is developed to meet these needs;
- they participate as equal team members in the initial development and ongoing evolution of the IFSP;
- appropriate levels of early intervention services are provided;
- they have choices about who provides these services;
- early intervention services are provided in settings in which all young children—both with and without delays/disabilities-- participate;
- early intervention services are family-centered and focus on enhancing the family's capacity to respond to their child's developmental needs, emphasizing their everyday routines and activities; and
- their rights and procedural safeguards are protected

Medical Services versus Developmental Services

EarlySteps does not provide therapy in the traditional sense. The purpose of EarlySteps services is to build the family's capacity to enhance their child's development. Children in EarlySteps often have medical concerns that require therapy along with the developmental needs addressed by early intervention services. Early intervention services are not therapy—sometimes a therapist has the expertise and knowledge needed to teach the family or caregivers needed interventions to embed with or into the daily routines and natural learning moments of daily life.

IFSP teams should determine the purpose of needed services. Who recommended it—did it come from a physician? Why did the physician recommend the service? Was the child hospitalized when the recommendation was issued? What does the service entail—sedation, pain, constant medical supervision or monitoring? Does the child have a medical condition that requires follow-up? Is the purpose of the service to keep the child alive?

The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes—does it fit the strategies that the team identified?

Medical services provided through EarlySteps are limited to those services for evaluation or diagnostic purposes <u>only</u>. Ongoing therapies to address modalities such as stretching, prevention of atrophy, or post-surgery rehabilitation are not services paid by EarlySteps. These and ongoing medical services may be listed in Section 9, Other Services of the IFSP.

Interim IFSP

An interim IFSP may be developed and implemented if extraordinary conditions regarding the immediate need for early intervention services as defined by Part C arise. This option is intended for situations where it is important that the provision of early intervention services not be delayed for the 45-day timeline. This does not apply to life threatening situations in which medical services may be needed. The family and team members should make decisions about which services are needed immediately. Those services should begin as soon as possible. These situations should be the exception rather than the rule. Eligibility for EarlySteps must be confirmed prior to the development of an interim IFSP.

The interim IFSP must include the name of the Intake Coordinator who is responsible for the implementation of the interim IFSP and the early intervention service(s) needed immediately by the child and child's family. The use of an interim IFSP does not permit the team to bypass the 45-calendar day requirement between referral and initial IFSP development. The need for and implementation of an interim IFSP does not waive the required timelines for **Notice of Action & Consent to Initial Eligibility Determination & IFSP Development** (3 days for Eligibility Determination and 3 days for IFSP development) and timelines for team meetings (a minimum of 5 calendar days notification of the meeting).

➔ The first page of the IFSP and Section 7 must be completed for an interim IFSP. Section 10 may also be required.

Procedures for IFSP Development, Review, and Evaluation

The planning meeting for the initial IFSP should result in a plan of action to meet the unique needs of an eligible child and his/her family. As soon as possible after eligibility determination, planning meetings between the family and Intake Coordinator begin to identify the following: the FSC; potential members for the IFSP team; agenda items for the IFSP meeting; and the time and location for meeting.

In preparing for the initial IFSP, it is important that the Intake Coordinator take ample time to review the IFSP format and contents with all appropriate family members. As family members develop an understanding of each component of the written IFSP, they will be able to fully participate in its development. This critical activity assists the FSC in conducting subsequent IFSP reviews and evaluation activities.

It is helpful to assist the family in completing portions of the document relevant to planning and participation in the IFSP team meeting itself. Families should use the IFSP in the team meeting discussion in a similar fashion as reports/summaries that other team members might bring to the meeting. When families are

encouraged to bring their written input to the meeting, this prepared information and advance preparation helps to foster their active participation.

If professional jargon is used in reports, it should be explained in everyday language. This provides an educational opportunity for the family that helps them to learn the terminology and also helps to ensure that professionals at the team meeting are speaking consistently and are in agreement.

Establishing the IFSP Team

In identifying the IFSP team, additional members should be chosen on the basis of the child's presenting issues and any additional information or expertise that might be needed to develop an appropriate IFSP. These individuals may be part of the IFSP team even if they are not selected as on-going service providers at the close of the IFSP meeting. The Intake Coordinator assists the family in selecting the individual service providers and others who will participate on the IFSP development team. The Service Matrix is used to identify service providers with special skills, information, or expertise that is important to the family. These selections are documented on the **Provider Selection Documentation Form**.

For some families, extended family and friends may be important IFSP team members. These friends/relatives also learn useful information about the child and his/her developmental needs through their participation in the planning process. Early intervention service providers must recognize and appreciate that families are diverse, and must strive to work actively with family members to ensure their informed participation according to their choice.

The Intake Coordinator activities for this step in the process are:

- Holding discussions about IFSP team membership with the family,
- Obtaining signed **Consent to Release and Share Information** forms,
- developing the proposed meeting agenda,
- scheduling the IFSP meeting with parents,
- making necessary arrangements for the meeting and,
- notifying all team members using the **EarlySteps Team Meeting Announcement**.

The Team Meeting Announcement may be mailed or emailed to each invited participant.

➔ **The FSC that the family has chosen must attend the initial IFSP meeting.**

Written notification of the IFSP meeting must be provided to the family and other participants at least 5 calendar days prior to the meeting date to

ensure that they will be able to attend and fully participate (IFSP Team Meeting Announcement). A copy of the IFSP Meeting Announcement is kept in the child's Early Intervention Record.

The Intake Coordinator is responsible for processing an authorization with the SPOE for each service provider invited to attend the IFSP development meeting so that they will be paid for this service.

Content of the IFSP

The IFSP must be in writing and contain:

1. a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon objective criteria (Section 2);
2. (with the concurrence of the family), a statement of the family's resources, priorities, and concerns (needs) related to enhancing the development of the infant or toddler with a disability (Section 3 & 4);
3. a statement of the major outcomes expected to be achieved for the infant or toddler and family; and the criteria, procedures, and timelines used to determine such (Section 6):
    a. the degree to which progress toward achievement of the outcomes is being made, and
    b. whether modifications or revisions of the outcomes or services are necessary;
4. a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and family including the frequency, intensity, and method of delivering the services (Section 7);
5. a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment (Section 6);
6. the location of services and the payment arrangements, if any (Section 7);
7. other services needed, but not required, by Part C. To the extent appropriate, the IFSP must include (Section 8):
    a. medical and other services that the child needs but that are not required by Part C,
    b. the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
8. the projected dates for initiation of the early intervention services (with the exception of the other services required in number 7 above) as soon as possible after the IFSP meeting (Section 8);
9. the projected dates of duration of the early intervention services (Section 7);

10. the name of the FSC who is responsible (with the family) for the implementation of the IFSP, ongoing monitoring of the IFPS, and coordination with other agencies and persons. In meeting this requirement, the Intake Coordinator from the SPOE who is responsible for coordinating the initial IFSP meeting will assist the family in the selection of the FSC (Section 7);
11. transition from the program at age three (Section 5). This may be a statement of plans for transition at age three:
    a. to preschool services under Part B of IDEA to the extent appropriate, or
    b. to other appropriate services, if available, such as Head Start, Child-Care, Title I Preschool Programs, etc.

    The steps for transition must include:
    a. discussions with, and training of parents regarding future placements and other matters related to the child's transition;
    b. procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting; and
    c. transmission of information about the child to the local education agency to ensure continuity of services including evaluation and assessment information and IFSPs. This requires parental consent.
12. a statement describing assistive technology services or devices, as appropriate, including (Section 7):
    a. identification of the professional who will assist the family with the assistive technology device,
    b. the outcome(s) the assistive device supports or facilitates,
    c. where the device is maintained or located,
    d. a statement of the frequency and intensity of the time the device/service is used, and
    e. method by which the device/service is provided.

    <u>The following definitions apply to this part:</u>
    a. frequency and intensity mean the number of days or sessions that a service will be provided and the length of time the service is provided during each session;
    b. location means the actual place or places where a service will be provided; and,
    c. method means whether the service is provided in a group or an individual basis

IFSP Outcomes

IFSP outcomes are broad statements that describe what the family and team have discussed and want to achieve. <u>Outcomes are not based on services; rather, services are based upon the outcomes.</u> EarlySteps services are outcome driven.

IFSP outcomes focus on any area of child developmental need or family life that is related to their ability to enhance the child's development. Outcomes translate into strategies and activities that will occur during the IFSP implementation period. These strategies and activities emphasize the child and family's daily routines and activities, and are focused within the natural environments that are typical for the child and family.

Families and professionals collaborate to develop outcomes, discuss competing priorities, and look at all alternatives. Professionals have a responsibility to share knowledge and experience with families to assist them in evaluating options and making choices. Ideally, strategies will be chosen which reflect the opinions and desires of both the family and the professionals.

Outcomes must be stated functionally in terms of:

- What does the family want to achieve for their child and the family?
- What is to occur?
- What is expected as a result of these actions or what will be different when this outcome is achieved ("in order to ")?

Everything in the IFSP should be stated in the language or words used by the family as much as possible. While it is not federally required that IFSPs be written in the native language of the family, family members should understand through their own mode of communication the content of the outcome ~~is~~ and ensure that this reflects their intent. For example, the IFSP can be written using two lines where one line is written in the language of the family (Such as Spanish, French, etc) and the second line under the first is written in English. This way the IFSP is understandable to all IFSP team members.

Examples of appropriately written outcomes:

- "Aggie moves from one piece of living room furniture to another on her own."
- "Joey eats dinner with the family each day."
- "Susie points to food at mealtime in order to let her parents know what she wants".
- "Mrs. Flakne knows how to access other services that may help with Aggie's needs after Aggie turns three."

IFSP outcomes address the priorities of the family. Professionals may disagree with the outcomes that the family has chosen or may state that the outcome is

unattainable. It is not appropriate for team members to judge a family's hopes and desires for their child. The Intake Coordinator or FSC should ask exploratory questions that get at what the family wants for their child so that all team members understand. It is the team's responsibility to understand and help identify strategies that lead to the chosen outcome. However, if disagreements or differing views occur, they should be recorded in the IFSP team minutes and kept in the Intake or FSCs clinical file.

Daily Routines and Activities in Typical Settings (Natural Environments)
Early intervention services for an eligible child must be provided in their "natural environment". Natural environment means the methods and approaches used to provide early intervention services that support the daily routines and activities of the family and child, incorporating early intervention supports and services into the natural flow of the child's daily activity and the routines of family life. Everyday routines and activities – things that families naturally do in the course of their day and their care giving with their child - form the basis for methodologies to deliver early intervention services such as teaching parents how to incorporate range of motion while dressing and undressing their child, how to stimulate language while grocery shopping, and how to generalize learning to all aspects of the child's day.

By sharing information and ideas with a child's family and other caregivers, the early intervention service provider ensures a greater degree of generalization and success for the outcomes listed in the IFSP. The intent is not to set up "therapy time" that the caregiver must do. Rather, the intent is to focus the caregiver on all the naturally occurring learning moments that present throughout the day. An uninformed, uninvolved parent or childcare provider can quickly undo all that an individual service provider attempts to achieve during that provider's two or three visits a week. This is not intentional; it is the result of a lack of involvement and meaningful interventions that are easily embedded in the daily routines. Early intervention activities that are compatible and less intrusive to the daily routine are more likely to be implemented.

The federal and state requirements for natural environment require that the IFSP team begin with the settings, routines, and activities of the child and family as the "starting point" for early intervention supports and services. The Family CPR form identifies those routines and family activities that are concerning and that the family would like assistance with. In addition to services provided in the child's home, the team looks to community resources that the child would typically participate in --such as a neighborhood childcare facility, nursery or preschool program, or playground.

Restrictive settings include locations that serve only children with disabilities or where the majority of children have disabilities. These settings may be appropriate when an IFSP team has determined that this service delivery is necessary to achieve the outcomes for a particular child. The question that the team must answer is "can early intervention be satisfactorily achieved in the child's natural environment?" If the answer to this question is "no," there must be information specific to the child that indicates that the early intervention cannot be achieved in the child's natural environment. The IFSP team needs to talk about whether that teaching and learning method is appropriate for the developmental needs of the child and if the setting will, in fact, increase meaningful engagement with the typical environment in which the child participates.

➔ Section 10, **the Justification for Early Intervention Services Delivered Outside of the Child's Natural Environments**, must be completed for each and every service provided to a child that is not in the natural environment.

The only exception to the Natural Environment requirement that <u>does not</u> require a justification is when services are provided to parents only without the child present.

<u>Examples of appropriately written justifications for a service delivered outside of the natural environment</u> are given below. Each justification designates a time period that will achieve moving into the natural environment. NOTE: These are examples only; justifications must be individualized. "Cookie-cutter" or standard justification statements will be found out of compliance when monitored.

"Aggie has not responded to intervention at the child care. Compliance to commands to "sit" and "look" is 1 time per 20 commands. Observation of Aggie at the childcare described a child who wanders endlessly around the room and tantrums when a teacher tries to re-direct her. A Behavioral Consultant would like to work with Aggie in a highly structured setting until Aggie displays compliance to typical directions that are used at the childcare. The team, then, will work with the behavioral consultant to move Aggie back into the childcare setting. The consultant estimates that this may take up to 3-4 weeks."

"Joey is distracted easily by sounds in the environment. Due to his short attention span, once he loses engagement with the special instructor, it takes 3-5 minutes to re-direct him to the task. Joey is not increasing his skill level and has not since services began. Team suggests working with Joey in a sound controlled environment for one month to determine if changing to a quiet environment makes a positive difference in acquisition of skills."

Strategies to Achieve IFSP Outcomes

Once an outcome has been written for the IFSP, it is then necessary to identify the strategies and activities that will be supportive to achieving the outcome. Strategies and activities are built upon the routines of the family, emphasizing their regular settings. Intake Coordinators, FSC, and IFSP team members should talk with the family about elements of their lifestyle, including individuals who are key to them and to their child, and how best to blend early intervention services into their lives (as opposed to rescheduling their lives around early intervention). Strategies and activities should be practical and fit within a family's lifestyle and routine. They must be coordinated across professions and agencies in the implementation of the IFSP. A family typically participates in a variety of activities and services beyond the IFSP. It is important that these services are linked to the IFSP and considered as the outcomes in the IFSP are developed.

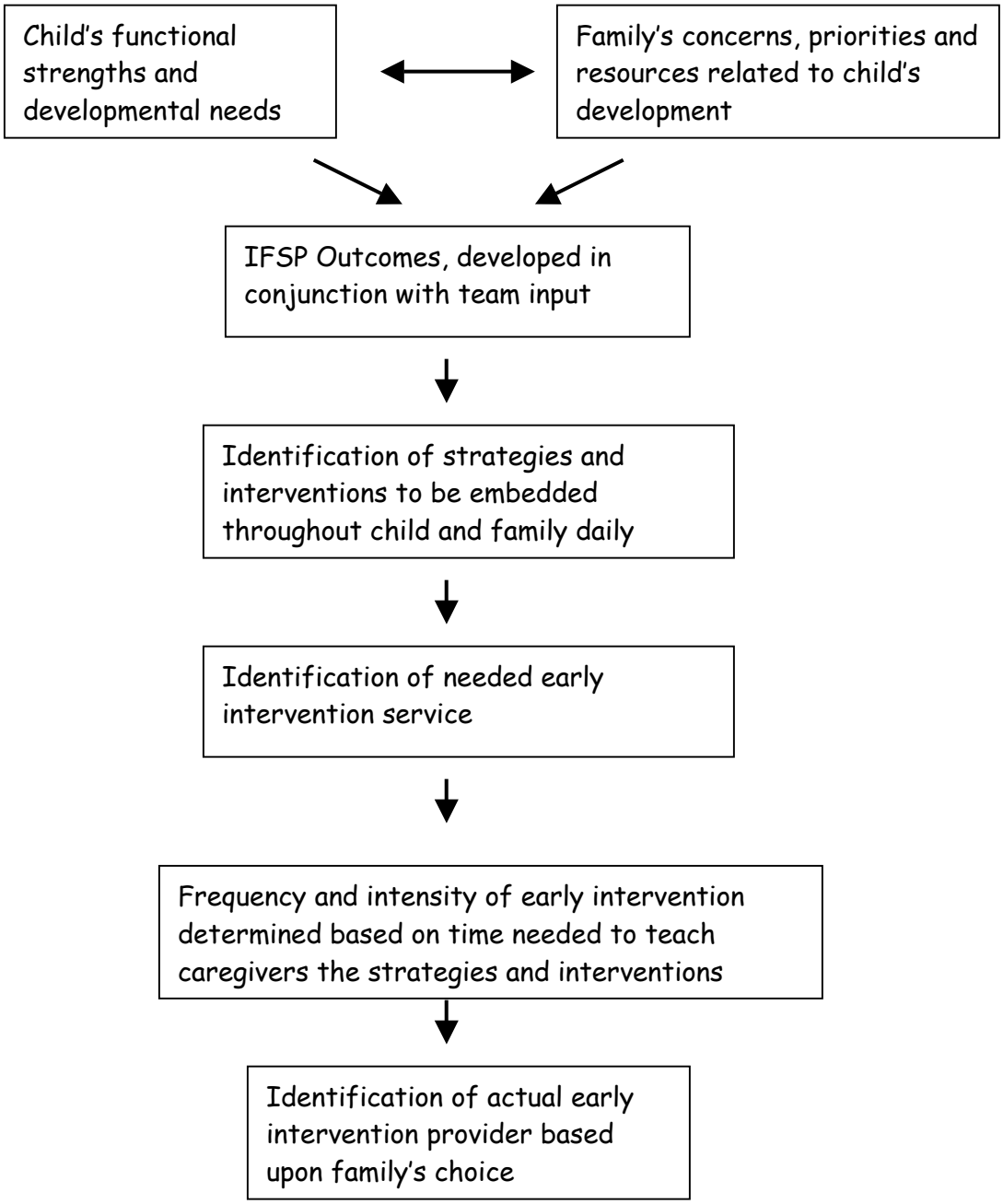
There are two subsections on the IFSP Outcome page that the IFSP team completes to describe how the strategies and interventions are embedded in the family's routine. These two subsections are titled: "What strategies will the family embed in their daily routines and activities to support the outcome?" and "With whom and where in the various places the child and family frequent (Natural environments) can these steps and strategies be practiced?"

Not all outcomes require the support of early intervention services paid by EarlySteps. The family or community may have resources that can be used to meet the needs of child. The FSC is responsible for assisting the family in locating and applying for those services; these should be listed in Section 8 of the IFSP. It is important that EarlySteps be the payor of last resort for early intervention services.

Determining early intervention services (Section 7 of IFSP)

Services provided by EarlySteps are selected based upon the strategies identified to support an outcome. There must be documentation of the child's and/or family's need for the service along with the outcome and strategies. The early intervention system is not provided based upon wants—it is based upon needs. The team discusses the strategies and determines what service is needed to provide the skills and expertise necessary to successfully implement the strategy. Careful consideration should be taken to ensure that there is not a duplication of services and that each identified service is necessary to achieve the outcome.

How EarlySteps Services are Determined



Determining the need for assistive technology (Section 7 of IFSP)
As strategies are discussed for each outcome, the need for assistive technology must be discussed. Assistive technology (AT) devices cover a wide range of devices from very low-tech items, such as built up spoons, to high tech devices, such as augmentative communication systems. AT devices make it possible for a child to better interact and engage with the environment. A separate outcome for assistive technology is unacceptable. Assistive technology services are to support the achievement of the outcome or outcomes identified by the IFSP team. In addition, the AT device or services must be useful at the present time. Therapy equipment that is not typically found outside clinic settings are not assistive devices that help the child interact with their natural environment. This type of equipment is not purchased by EarlySteps. Detailed information concerning assistive technology services and devices are found in the Procedural Clarification Number _1_ , located in Appendix 1.

Guidelines for Assistive Technology

1. **Developmental needs and functioning of the child.** Consideration should be given to the child's developmental age and the appropriateness of the equipment in attaining outcomes that address the development and functioning of the child.
2. **Equipment and device options.** Consideration should be given to whether outcomes can be accomplished through the creative use of *existing resources* (e.g., household items, toys, etc. currently available in the home). It is important to utilize loan programs (such as through Easter Seals or other agencies) or low-technology devices before progressing to high-technology equipment.
3. **Needs of child and family.** Consideration should be given to devices that can fit easily into the family's life style and will have the optimum functional and developmental impact on the child.
4. **Use of equipment.** Consideration should be given to devices that are needed to help achieve a specific functional outcome and are not therapeutically "nice to have." Equipment should be used to achieve a functional goal that will improve a child's development and also have research applicable to infants and toddlers to support its use.
5. **Assessing current needs.** Consideration should be given to recommend the most appropriate device for the child's current level of development. Because technology devices and the needs of children and their families change, devices should be used to enhance the child's *current level of* development and functioning, and address *immediate* needs.
6. **Training.** The strategies or activities section of the IFSP must reflect how children and caregivers will be trained in the use of the assistive technology equipment.

If unsure if something is appropriate ask these questions:

- Will this enable the child to do something he or she cannot do at this time?
- Is this something all children need and use?
- Will it be detrimental to this child's development if he or she does not have this particular device?

Adapted from Kentucky's First Steps Program Policies

Requesting Assistive Technology Devices

The Intake Coordinator or FSC must obtain approval for any AT device that the IFSP team determines is necessary for the child to be able to achieve an IFSP outcome and that costs $500.00 or more.

The following must be submitted to the Central Office for approval:

1. Copy of the IFSP
2. Request for Authorization Form
3. Detailed description of the requested device including model, serial number, HCPCS code, and cost. If available, catalog description or webpage with the device must be sent.

The Central Office will provide the authorization to the SPOE/FSC with an authorization number to be used to bill for the device.

Nontraditional Services

Non-traditional services including the provision of services through non-traditional means (e.g., hippotherapy, aquatic therapy, non-traditional auditory stimulation, etc.) are not funded by EarlySteps.

For EarlySteps to fund a non-traditional service, there must be documentation that the team discussed reasons why the traditional service failed to work, what strategies were explored before discussing non-traditional services and the valid research examined by the team that supports the use of the non-traditional approach with infants and toddlers. Documentation may also include that the child's medical condition is such that traditional therapy services are harmful.

Determining Frequency Intensity and Length of Early Intervention Services

Frequency, intensity and length are based upon the time needed to teach the parent and/or other caregivers how to implement an intervention into their daily routine. **It is not based upon clinical schedules or program protocols.** The IFSP team is the only entity that has the authority to determine what services are to be provided and what the intensity, frequency, and method for delivery are. No one individual, including physicians and other providers may usurp this authority.

Questions the IFSP team should discuss are:

- What appears to be this child's rate of learning?
- What will the parent/caregiver need to know to implement this strategy?
- How long will it take to teach this strategy to the parent?
- What is the least intrusive way to teach this intervention?

IFSP teams make the decisions concerning the period of time that a service is to be provided by indicating a start and end date for each service. IFSP teams should not assume any early intervention service will last a full year—service decisions are reviewed on a regular basis and need to be revised as the child grows and changes. Also, length of service is highly dependent upon the families or caregiver's learning needed skills.

Best Practices Guidelines

- Every child has unique needs. Some may require only one service while others call for multiple services. Make sure the IFSP team addresses the individual needs of each family and child.

- Increasing the types of services should be based on needs of the child and family. Too much therapy can be counterproductive in that it can wear out the child and the family.

- Revising early intervention strategies based on the child's unique needs is more important and effective than changing the frequency of services. Check-in with families to make sure the child is progressing. Children's needs change with time.

- More services per week does not mean the child will improve at a faster pace. To make improvement, children need to practice skills repeatedly in their natural environment.

- Practice interventions **with** the parent/ care provider and child. Involving the parent/care provider increases practice time between visits and empowers the parent.

- Practice time between visits is equally important as the visit itself. Make sure parents understand ways to implement the interventions into their daily routines such as during mealtime, playtime, and bath.

- Children at such a young age can become tired. This can affect their progress in the early intervention program. The IFSP should make

developmentally appropriate recommendations based on the age and attention span of each child.

Prescriptions

Prescriptions for Speech Language services are not needed for an IFSP service.

Physical therapists do not need a prescription to provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP).

Occupational Therapy: Occupational Therapists are required by law to have a prescription for direct services. A prescription for OT is not needed for consultation, indirect services or an evaluation. In EarlySteps, obtaining the prescription for OT is the responsibility of the occupational therapist that will be working with the child and family.

Hearing Aids: A medical clearance is required for the dispensing of hearing aids. It is the responsibility of the FSC to ensure that a medical clearance is obtained.

Eyeglasses: A prescription from an ophthalmologist or optometrist is required prior to the dispensing of eyeglasses. It is the responsibility of the FSC to ensure that this prescription is obtained.

Determining Method of Service Delivery (Section 7 of IFSP)

Infants and toddlers often participate in-group settings such as childcare. The reason for the group setting is not related to the disability or developmental delay. The participation in the group exists because of the need for the parent to work. Individual services can be delivered to such sites.

The decision to provide a service by group instruction as a method of delivery must be a deliberate decision by the IFSP team based upon the child's unique learning needs. Child development research indicates that infants and toddlers learn very little from group interactions and that primary care givers (parents and other very familiar adults) are the best teachers of children this age. Group services should not be provided because of availability, program design, or the administrative ease of the provider. If a need for socialization is the reason for providing group services to an infant or toddler, the parents must have indicated their child's social needs as a concern and there must be an outcome that addresses socialization. The group service must also be one that emphasizes social interaction with adults and peers and be structured differently than a program for language or motor skill enhancement.

Individualized services mean that all choices are made based upon individualized needs.

Early intervention services are often delivered in locations with groups of children because that setting is part of the daily routine of the child and family. While Part C does not cover the payment for family activities such as swim classes, horseback riding, childcare, etc., it does support the consultation, training, and support that is provided in these locations by members of the child and family's IFSP team.

Parents' role in choosing early intervention services
Parents are vital members of the IFSP team. Their concerns and priorities must guide the team discussion. Parents may want services that the team has not determined are necessary to support the IFSP outcome. Parents may disagree with the team decision and pursue due process if necessary to resolve the disagreement. The only early intervention service that parents must accept in EarlySteps is service coordination. Parents have the right to accept (give consent for) only those early intervention services that they want without jeopardizing any other service. (The only exception is service coordination). Parents choose the early intervention providers for each of the services identified in the IFSP. This is their freedom of choice.

When parents elect to participate in EarlySteps, they are choosing to participate within the rules and regulations of EarlySteps. If they choose a service that is outside the scope of the rules and regulations, this service may be listed as an "Other Service " (Section 8) and is not paid for by EarlySteps.

Other Services (Section 8)
This section lists the services that are needed (or that the child is receiving that are related to the child's development but are not Part C early intervention services) which are required to meet the identified outcomes. Certain "other services" should be listed—the child's medical home, any medical specialist caring for the child, the child care that the child attends, Office of Citizens with Developmental Disabilities (OCDD) services, etc.

➔ If the child is referred to OCDD for respite, PCA or cash subsidy, there is a specific packet of information that must be sent to the local OCDD office. This packet includes the **EarlySteps Eligibility Information Form** and accompanying copies of other forms.

Completing the IFSP Process Using the Service Matrix, families select individual service providers within the community. The Intake Coordinator or FSC discusses

with the family any special skills or training of the provider, their availability, and the variety of locations for service delivery. It may be necessary to obtain **Consent to Release and Share Information** forms for these selected providers if they have not been involved with the family previously during the intake process.

With the assistance of the Intake Coordinator or FSC, the family selects provider(s) from the Service Matrix reflecting the agreed-upon services. The Intake Coordinator or FSC should not guide, direct, or unduly influence the family's choice(s). The family should be informed that they may change their provider selection at any point in time by contacting their FSC or the SPOE. Provider selections are documented on the **Provider Selection Documentation Form**.

➔ Once the IFSP is signed, it is considered a legal document. All IFSP team members must have a copy of the IFSP no later than 5 calendar days after the IFSP meeting. Following the conclusion of the IFSP meeting, the only allowable addition to the IFSP document is the name of an actual provider. The use of white out or black marker is not permitted. Once the IFSP is complete, the SPOE receives the original document and is responsible for the data entry activities that ensure that an authorization is created for each service that was agreed upon during the IFSP meeting.

Once all elements of the IFSP are complete, a parent's signature on page 6 of the IFSP indicates their agreement with the IFSP, as developed, and represents their informed, written consent for implementation of the IFSP. The IFSP services must be implemented as written unless a change to the IFSP is the result of a team meeting.

Implementing the IFSP

IFSP services are expected to begin on the date stated on the IFSP or within 10 calendar days of the IFSP meeting.

No Provider Available

If no provider is available for a specific early intervention service, the SPOE indicates that no provider is available (both on the IFSP and in the data system). The FSC is responsible for continually searching for an available provider for this service and documenting those efforts.

No FSC Available When no FSC is available, the SPOE Intake Coordinator serves as an FSC until an FSC is available to serve the family. The SPOE data system records that "No provider available" and the SPOE enters the name of the Intake

Coordinator as the FSC. When SPOE staff serves as the FSC, the SPOE must document ongoing efforts to locate an FSC every two weeks.

All Intake Coordinators who perform interim FSC services must start and maintain an FSC clinical file. This file must be copied and passed to the ongoing FSC who picks up this child.

Service Delivery

Providers are not to begin services before the start date of the service as written on the IFSP. Providers must also provide the service in conformity with the IFSP re: intensity, frequency, method and location.

To achieve compliance with federal regulations, EarlySteps requires that Intake Coordinators and Family Service Coordinators clearly describe the early intervention services agreed to by the IFSP team in a manner that accurately records the service(s) to be delivered on the IFSP. This description must reflect the service delivery approach. Only descriptions that truly reflect the manner in which services are to be delivered are acceptable. Therefore, if a service is to be delivered weekly, it is not acceptable to write any frequency greater than weekly into the IFSP. Frequencies such as monthly, quarterly, and yearly may only be documented when the recommendation for service delivery is truly based on those timelines.

SPOE staff is required to return to the ongoing FSC those IFSPs that do not clearly or completely list service delivery patterns prior to data entry. No data will be entered until the corrected IFSP is received by the SPOE. **This means that no authorizations are created for early intervention providers, including the FSC.**

Timelines for Correcting IFSPs:

➔ **SPOE—incorrect IFSPs must be returned to the FSC within two (2) business days of receipt of the IFSP with the Incorrect IFSP DATA Form.**

Corrected IFSP must be returned to the SPOE no later than three (3) business days following receipt for corrective action by the FSC.

Proof of Delivery of Service

Early Intervention providers receive authorizations from the CFO that are based upon the service detail in Section 7 of the IFSP. This authorization can be used for billing. **Parent or caregiver signatures are required on the authorization form**. The caregiver who is present during the delivery of a service may be the parent, grandparent or other relative, childcare teacher/provider, etc. **The required signature must be by the parent or other adult who is responsible for**

the child while the early intervention service is provided. This signature verifies that the service was provided.

Caregiver signatures are not required for authorizations that are issued by the SPOE for assessments. The proof of service delivery is the assessment report that the SPOE receives.

FSCs are required to obtain parent/caregiver signatures only for the following activities:

- Face-to-face quarterly meetings with the family
- 6-Month IFSP Review
- IFSP Revisions
- Re-determination of Eligibility
- Annual IFSP
- Transition Activities

If the provider bills in paper format, the provider shall remit the authorization/invoice with original provider and caregiver signatures to the CFO. The provider maintains a copy of the authorization/invoice for their files.

If the provider bills electronically, the provider shall maintain the original authorization/invoice with original parent signature in their files.

The Central Finance Provider Agreement obligates providers to deliver services as written on the IFSP. <u>It is not within the right of the provider to alter the delivery pattern of services.</u>

Rescheduling Cancelled or Missed Sessions

The family, due to illness or other family-oriented circumstance, may cancel early intervention services sessions. In these situations, the provider must document in a progress note why the service was not delivered and the offer to reschedule the session. If the family declines the rescheduling of the appointment, there must be documentation to that affect.

When rescheduling, it is preferred that providers reschedule services within the same calendar week. If that is not possible, rescheduled sessions must be delivered within the start and end dates of the authorization for that service.

In situations where rescheduled sessions results in altering the IFSP description of frequency and intensity, progress notes must clearly document that the additional session is the rescheduled session. Otherwise, it will appear that the provider is out of conformity with the IFSP.

Early intervention providers, who inappropriately provide services in excess of the intensity or frequency listed on the IFSP, may be required to repay those funds that were paid for any service that falls outside of the approved service delivery pattern. Continued abuse of this policy may lead to disenrollment of the provider from EarlySteps.

Providers must always double-check the authorizations with the IFSP. Particular attention must be given to the number of units that the frequency and intensity represent. Otherwise, providers risk nonpayment of services. Any discrepancy between the authorization and IFSP must be resolved by the FSC.

Providers risk non-payment:

- by starting services before the receipt of the authorization and/or start date of service;
- by not double-checking the authorization against the IFSP and delivering services that do not match the IFSP; and
- by not calculating the number of units represented by the frequency and intensity on the IFSP.

Chapter 7: IFSP Implementation, 6 Month-Reviews, Annual Re-determination of Eligibility and Annual IFSP Evaluation

Ongoing responsibilities to ensure the provision of appropriate early intervention are presented in this chapter.

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IFSPs are reviewed every six months-- more frequently if conditions warrant-- or if the family requests such a review by the FSC. The purpose of the review is to determine the degree to which progress toward achieving the outcomes is being made and whether revision or modification of the outcomes or services is necessary. There must be child or family specific data that supports the need to revise the IFSP. Meetings or other methods that are acceptable to parents and other participants are used to conduct these reviews. Each IFSP is evaluated at least annually by the FSC.

Procedures for IFSP development, review, and evaluation

The IFSP is a fluid document that must be periodically reviewed by the FSC and family. Because of the developmental changes inherent in very young children, the IFSP must be flexible and reactive to the changes in each child's developmental needs as well as changes in family priorities, concerns, and resources. All team members have an obligation in identifying needed changes and working together to revise the IFSP, as appropriate.

The following activities are achieved through the periodic monitoring of the IFSP:

1) Continued exchange of information between family and other team members leading to the revision of outcome statements and/or the development of new outcomes for the child and family.
2) Discussion and determination of how the team is working together, i.e., how information is being shared among team members, are communications happening appropriately and to the family's satisfaction, etc.
3) Review of the daily routines and activities for this child and family; this discussion should take place <u>prior to, and separate from,</u> any decision regarding changes to specific early intervention services that are recommended for the child and family.
4) Transition planning including a written plan any time that the team is aware of --or anticipates-- any significant upcoming transitions for the child and family (hospitalizations, changes of service provider, birth or death of a family member, moves, etc).

IFSP team members must provide monthly progress summaries to the FSC that are used to guide the IFSP review process.

Quarterly Meetings

FSCs are required to conduct a face-to-face meeting with the family (the child must be seen) once each quarter (once every 3 months). The purpose of this face-to-face meeting is the ongoing assessment of the family's concerns, priorities, and resources. Documentation must describe that IFSP issues were discussed and what future actions are needed.

Families in EarlySteps receive the following reports:

- Monthly Progress Report
- Quarterly Progress Report
- 6-Month Review
- Quarterly Progress Report, and
- Annual IFSP.

Review of the IFSP

A more formal periodic review of the IFSP must occur at least six months after the initial development of the plan. The following activities should be achieved through this review of the IFSP:

- Review of progress reports provided by team members
- Review and discussion of the IFSP outcomes and progress made toward their accomplishment as well as the need for modification to or addition of new outcomes to address family concerns and the child's developmental needs
- Development of a written transition plan for any significant changes for the child and family
- Discussion of how the team communicates with each other about the child's progress and concerns
- Documentation of the team review

The IFSP review is facilitated by the FSC and the family, and includes the input and participation of other IFSP team members. **There must be a simultaneous discussion between team members.** Early Intervention providers are reimbursed for attendance at IFSP review meetings. Early Intervention providers may participate by telephone conference calls; however, they are not reimbursed for their time on the phone call.

If a new provider is needed, the family uses the Service Matrix to select the provider and the FSC obtains the parent's consent (**Consent to Release and Share Information** form). The FSC ensures that an authorization to participate in the team meeting is processed with the SPOE in order to ensure that an authorization is made (**Request for Authorization** form). Meeting notes compiled by the FSC document this review (See required team meeting note format in Chapter 8).

IFSP Changes

The need to revise the IFSP may be requested by the parent or any of the early intervention service providers. Changes should only be considered after there has been enough time for the child and family to adjust to new providers, there has been adequate time for the child to practice and learn the new skills, or whenever the child or family demonstrates a need for changing the IFSP. It is recommended

that a reasonable timeline be reached before IFSP teams consider instituting any changes to the IFSP. (Approximately three months). This allows for adequate data collection to determine if changes are warranted. The IFSP team may need to meet to discuss different strategies to implement rather than adding a new service or increasing the frequency and intensity of the early intervention services listed on the IFSP.

➔ FSCs must respond to the request for an IFSP team meeting to discuss the need for revision within 10 business days of the request. **An IFSP Team Meeting Announcement** must be sent at least 5 calendar days prior to the meeting.

Changes to the IFSP may be made only when child specific data is available to support the decision to make changes. Changes must be a result of data collection that describes that the team discussed the variety of strategies that have been implemented by the early intervention provider and parent/caregiver to date and results from the ongoing assessments by the early intervention providers.

Disallowed IFSP changes:

- Changes by individual team members without team discussion
- Changes based upon past practices
- Changes based upon information shared through a workshop or other means without valid research to support the effectiveness of strategies in supporting the developmental needs of infants and toddlers and documented need of the intervention for this individual child
- Changes without child or family data showing lack of progress

Any time an IFSP review results in a change to a required IFSP component, the FSC must communicate with the appropriate provider and the family. Any change to an outcome, service, or placement (location) on the IFSP must be made as a result of a discussion of the entire IFSP team. This meeting requires an **IFSP Team Announcement.**

Once the team finalizes any changes to the IFSP, the parents must be provided with a **Notice of Action: IFSP Revisions**. This means that the proposed change must not be implemented until after the 3-day Notice of Action timeline.

Any change to an IFSP must be done within each section that requires revision or modification. This may happen at any point in time and some changes may require parents' informed consent. Any change or correction to the IFSP requires that the FSC re-write each section of the IFSP where changes and/or corrections are made. Any section that does not have modifications can be photocopied and included in the new IFSP. This includes the front page; however, the new IFSP date must be

entered in Section 1b. If the IFSP change results in service delivery in a more restrictive environment, Section 10 must be completed.

When changes to the IFSP are made, an **IFSP Revision Form** and **Change in Authorization Form** must be completed. The use of white out or crossing out information on the original IFSP is not permitted. Once all revisions are made to the pertinent sections, the remainder of the document may be photocopied.

For revisions, the required documents that the SPOE must have are:

- IFSP Page 1 (indicating date and type of meeting in Section 1b),
- IFSP Revisions Form,
- Notice of Action: IFSP Revisions (to parents)
- Change in Authorization Form, and
- Photocopied IFSP with any new sections created as a result of the IFSP changes.

The development of an interperiodic or off-schedule IFSP will not result in a new date for the annual IFSP evaluation. This entire document needs to be provided to all IFSP team members, including the family. The original document is filed with the SPOE.

Changing a Provider

Parents select their early intervention providers by using the Service Matrix. Agencies are not allowed to assign early intervention providers without the consent of the parent. The FSC must communicate routinely with each family to ensure that services are being provided and that the family is satisfied.

Changing provider

- FSC assists the family in selecting a new provider based on information from the service matrix
- FSC ensures that a **"Parent Requests Change of Provider"** Form is completed, including parent signature
- FSC ensures that a **Service Provider Selection Form** is completed
- FSC is responsible for making appropriate changes in the IFSP and notifying the SPOE
- FSC calls the previous provider to advise them of the parent's change of providers and that authorizations will be cancelled
- FSC mails copy of "Parent Request Change of Provider" form to both the new provider and previous provider. Originals of both form are mailed to the SPOE and kept in the child's early intervention record
- SPOE cancels the active authorizations for the previous provider and issues new authorizations for the new provider

Changing FSC

The steps for changing FSC are different. Sometimes an FSC leaves the system or is terminated from employment. These are the steps that are taken in those situations:

- The Service Coordination Agency contacts the family and informs them that their FSC is leaving
- The Service Coordination Agency offers the family the choice of selecting an FSC in the same agency or selecting an FSC from a different agency
- *If the family selects an FSC from a different agency, the SPOE will present the family with a selection of other FSC's from the service matrix. Families are not to be assigned a replacement FSC without their consent.*
- The FSC agency sends a "**Parent Requests Change in Provider"** Form to the SPOE
- The SPOE cancels active authorizations for the previous FSC and issues new authorizations for the new FSC

If the family does not want to talk with the FSC Agency about changing an FSC, families contact their local SPOE.

- The SPOE helps the family choose an FSC by using the service matrix
- SPOE ensures that a **"Parent Requests Change of Provider"** Form is completed, including parent signature
- SPOE is responsible for making appropriate changes in the IFSP and data system
- SPOE mails copy of **"Parent Request Change of Provider"** Form to both the new FSC and previous FSC. Original is kept in child's early intervention record.

➔ In both cases described above, the previous FSC agency is responsible for sending copies of pertinent service coordination records to the new FSC. This includes the current IFSP.

Substitute Early Intervention Providers

There may be instances—such as in the event of an illness or vacation—when a substitute service provider may be needed for the child/family. In this case, the family and FSC should jointly develop a plan as to how the IFSP outcomes will continue to be addressed. A substitution of a provider for period of less than two weeks would not normally be considered a substantial change in the plan of care or require a change to the IFSP. A substitute provider may continue to see the child as indicated on the IFSP and may bill on the regular provider's authorization. The

substitute must be enrolled with the CFO and must sign his/her name as the provider substituting for the regular provider.

However, if this substitution is expected to last longer than two weeks, the authorized early intervention provider notifies the family's FSC to discuss implications for the IFSP and options to ensure outcomes can be achieved. This may include a change in service provider (s) during the specified period.

Substitute providers are not to be used as way to cover staff vacancies when a provider has terminated employment.

Annual Re-Determination of Eligibility

➔ Continuing eligibility is determined annually, prior to the annual evaluation of the IFSP. The IFSP team serves as the Eligibility Team. FSCs should begin preparing for the Annual IFSP no more than 60 days prior to the annual IFSP date and no later than 45 days before that date. The timelines for the annual evaluation of the IFSP must be carefully observed to ensure that the current IFSP does not lapse or terminate prior to the development of a new IFSP, should the child remain eligible. Typically, a minimum of 45 days is a manageable period of time for all team members to prepare for this evaluation meeting by reviewing progress notes, evaluating the individual outcomes in the IFSP, and for the family and FSC to discuss the family's concerns, priorities and resources as they have changed over time.

The same thoughtful discussion process outlined in Chapter 6, IFSP development where the Intake Coordinator works with the family to develop the IFSP, discusses the child's level of performance, completes the family assessment of concerns, priorities and resources, and identifies outcomes to be achieved should be completed well in advance of the IFSP meeting date. The difference here is that the FSC implements these activities with the family.

The FSC follows all steps to schedule the IFSP meeting and shall notify all team members of the meeting to determine eligibility (at least 5 days before the meeting). This is a separate meeting from the Annual IFSP.

The FSC is responsible for gathering documentation regarding current functioning (progress reports that provide information from on-going assessment) and updated health information for the IFSP team to use in the eligibility re-determination process. The IFSP team must determine if the child a) continues to have unique developmental needs that are documented; and, b) continues to have a legitimate need for IFSP services. **A Notice of Action: Re-determination of Eligibility must be provided to the family.**

This means that at a minimum, three (3) calendar days must pass before any actions are taken.

Eligibility Determinations Results:

- Child continues to be eligible

FSC schedules the IFSP team meeting with the family and sends an IFSP Team Meeting Notification to all team members (at least 5 days before the meeting). A new IFSP is developed following appropriate process steps.

- Child is no longer eligible

It is reasonable to expect that some children will have achieved their IFSP outcomes and are no longer in need of services. Those children shall be transitioned out of EarlySteps services and referred to other community resources. A **"Notice of Action: Child No Longer Eligible"** Form must be provided to the family. This means that three (3) calendar days must pass before any actions are taken. After the Notice of Action timeline is over, an IFSP team meeting is held to develop a transition plan to exit the child out of EarlySteps. The IFSP Team Meeting Announcement must be sent at least 5 days prior to the meeting.

Once the child exits, the FSC closes the case by submitting the **"EarlySteps**
➔ **Case Closure/Transfer/Transition" Form. This must be completed within seven (7) calendar days of the date of inactivation.**

EarlySteps and Medicaid Requirements for annual eligibility re-determination:

- Inform the family of the steps involved in the multidisciplinary evaluation (MDE) for eligibility re-determination
- Explain the rights and procedural safeguards
- Secure written consent to proceed
- Review all relevant medical records and prior evaluations
- Coordinate necessary evaluations and KIDMED screenings and immunizations
- Identify the family's needs, concerns, priorities, and resources
- If eligible for EarlySteps, develop the IFSP within required limits
- Inform the family of all service choices

The eligibility evaluations for children enrolled in Medicaid are required to include the following:

- Review of pertinent records related to the child's current health status and medical history.
- Results of a KIDMED screening.

- An evaluation of the child's level of functioning in each of the following developmental areas: cognitive, physical including *vision (by a licensed physician) and hearing (by a licensed physician or licensed audiologist),* communication, social or emotional, and adaptive.
- An assessment of the child's strengths and needs and the identification of the appropriate early intervention services to meet those needs.

The **Eligibility Determination Documentation Form** must be signed and dated by the team participants.

Annual IFSP Meeting

Once the eligibility team has reviewed and discussed the information provided about the child, they apply the eligibility criteria. If the child continues to be ➔ eligible for Part C services, the FSC makes arrangements for the Annual IFSP meeting. <u>This meeting must take place no later than 365 days from the initial IFSP.</u>

The annual evaluation of the IFSP includes the requirement that any existing assessment and other information be used to:

1) develop new outcomes that help to identify what early intervention services are needed, and,
2) determine what services will be provided.

A separate authorization for an assessment is needed only when the following situation applies:

- The IFSP team has decided that an in-depth assessment of a developmental domain is needed to determine if there is a developmental delay and need for early intervention services in the area of concern <u>AND this is the initial assessment of this developmental domain.</u> This would also require written **Notice of Action: Assessment** and written parental consent.

A new IFSP is developed for each eligible child, following the IFSP steps described previously in Chapter 6.

Procedural Safeguards: Parent right to decline service

If a family declines early intervention services at any point after providing consent for those services, the FSC must ensure that the family understands the ramifications of their refusal to participate. Families have the right to discontinue any Part C service (except service coordination) without affecting the rest of the services identified on the IFSP. Other members of the IFSP team should be

notified of this service change and should receive a copy of the modification page detailing this information.

Transition Activities

For those children and families experiencing a transition into or within the EarlySteps system, the Intake Coordinator or FSC must identify the specific nature of the transition with the family and then document the transition issues with the other team members. The IFSP team must discuss how services will be provided (or what modifications are needed) to facilitate a smooth transition and to ensure that there will be no unnecessary disruption in services for the eligible child and family.

In addition to the actual transition that all newly referred and eligible children and families experience into EarlySteps, some other examples of early transitions include significant family changes (impending birth of a new child, family relocation or job change, unemployment, divorce or marriage, etc.). As a family enters into EarlySteps, they will be encouraged to talk about any questions or concerns they have about receiving services.

The FSC and the family need to talk together to identify the needs of the child and family in order for a successful transition to occur. Transition planning and preparation will require a longer period of time if the child is exiting from the EarlySteps system.

It is important that all options, including a referral to the local school for Part B special education services, be considered and discussed with the family. A transition plan must be developed that identifies other appropriate options for the child and family including private preschool, Head Start, OCDD, child care, or other community early childhood programs.

Special consideration should be given to transition planning when children will no longer be receiving a service or when a child has died. In the first situation, there should be sufficient time for the provider and family to disengage in a positive and supportive manner. In the latter situation, the FSC should continue to provide support and referral to the family to appropriate community agencies as needed during the grief period. Referrals to a social worker, psychologist, or support group may be needed for the family.

<u>Transition at Age 2 years, 6 months:</u>

- FSCs are required to notify the local school district that a Part C child is transitioning out of Part C no earlier than 10 months prior to the child's third birthday and no later than 3 months prior to the third birthday (child's

age of 2.2 through 2.9). No parental consent is required for this disclosure of directory information to the local educational agency. This early notification provides adequate time for the school to determine eligibility for Preschool Special Education and develop an IEP before the child turns three.

- At least six months prior to the child's third birth date (age 2 years, 6 months), the Part C FSC will convene an IFSP meeting to discuss the transition process with the parents and other team members and to develop a transition plan. At this time, the team will document the steps to be taken to transition to the public school and/or other services, as appropriate.
- Local school district personnel must be invited to attend this IFSP meeting. (A Consent to Release and Share Information is not needed for LEA personnel)
- Other appropriate community resource representatives should attend this IFSP meeting. Parental consent on the **Consent to Release and Share Information** must be obtained for any person invited to the transition meeting who is not currently serving the child.

The FSC, the appropriate future services provider agency representative (LEA, Head Start, Child care provider, etc.), the family, and other team members review the child's future program options and establish a transition plan. The transition plan must include:

a. discussions with, and training of parents regarding future placements and other matters related to the child's transition;
b. procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting; and
c. transmission of information about the child to the local education agency to ensure continuity of services including evaluation and assessment information and IFSPs. This requires parental consent.

If the parent agrees to have their child's eligibility determined for the public school's early childhood special education (ECSE) program, the FSC shall obtain release(s) of information to the public school at this meeting. Any information that will assist the district in determining the child's eligibility and programmatic needs should be considered for release.

The FSC and the family should review the existing documentation and determine, together, which documents-- including the current IFSP--will be most helpful to the receiving agency to facilitate their decision making process and planning for future service needs. This information should include, at a minimum, the following:

- child and parent name, address, and phone number, and the child's birth date;

- current copy of the entire IFSP which includes present levels of functioning, early intervention services, and transition plan;
- all assessments that have occurred in the previous year, and if not contained in the child's record, where the information can be obtained; and,
- any written reports from service providers within the last year.

EarlySteps is not financially responsible for paying for the evaluations (testing) needed by the school to determine Part B eligibility. Local school districts are required to provide special education and related services to Part B eligible children as identified in the IEP as of the child's third birth date.

Children Referred to the SPOE after age 2 years, 6 months

Some children will be referred to the Part C system after reaching the age of 2 years, 6 months. Intake procedures for children referred between the ages of 2 years, 6 months and 3 years are different than the procedures used for all other referrals. The following procedures apply to these situations:

1. Complete EarlySteps initial enrollment activities—contact the family after receipt of the referral, conduct intake interview, <u>notify the school of the child's application</u>, and proceed to eligibility for Part C if parent agrees.

2. Complete eligibility determination activities. Care should be taken to ensure that if any testing is conducted for EarlySteps eligibility purposes, the testing results can be used by the school for Part B eligibility determination in the future. This will minimize duplicative testing. If child is eligible for EarlySteps, proceed to IFSP planning and development. Invite school personnel to participate in the IFSP/Transition Meeting.

3. Engage in IFSP planning and development activities: Families need to understand that EarlySteps services end when the child turns three years of age. For some families, the experience in EarlySteps will be very short. Local educational agencies must be notified that a child will be transitioning out of EarlySteps very shortly. The local school personnel can then participate in the IFSP development. (The IFSP itself will reflect mostly transition services.) Any early intervention service such as special instruction, OT, PT, etc. will end on the child's third birthday. This means that the Intake Coordinator and school personnel must work closely together so that any potential disruptions in services are avoided.

Regardless of the nature or type of transition being experienced or planned for an individual child and family, it is the responsibility of the FSC to inform other team members, to work with the family to identify the essential supports and plans needed to be successful in the new setting or during a period of change, and to

document efforts to maintain the integrity of the IFSP process for the child's early intervention record.

Record Closure

Once the child has transitioned out or is no longer eligible for EarlySteps services due to age, the FSC must file a **Case Closure/Transfer/Transition Form**. All services, including FSC, must end as of the third birthday. However, the SPOE does not cancel the authorizations for this IFSP as billing activity may occur after the inactivation date.

FSCs must ensure that cases are not closed prematurely because of valid authorizations for services that continue until the child ages out of the system or the ending date of the IFSP.

Chapter 8: Early Intervention Records

This chapter describes the development and maintenance of the early intervention record as well as requirements for provider records.

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The System Point of Entry (SPOE) maintains two types of early intervention records: a paper or hard copy file for each individual child and an electronic record. These records are important documentation of the rights and entitlements afforded under Part C of IDEA. The early intervention record is the current and historical story of the child's participation in Part C.

Certain provisions of the Individuals with Disabilities Education Act (IDEA) and the Family Education Rights and Privacy Act (FERPA) protect early intervention records. These laws provide the rules for the methods by which early intervention records are stored, shared, and destroyed. Early intervention records are typically used in legal proceedings such as due process hearings and state or federal court hearings. It is imperative that the early intervention record be accurate.

Early intervention records are exempt from the confidentiality provisions of the Health Information Portability and Accountability Act (HIPAA) since the record is covered by IDEA and FERPA, which are higher standards. However, HIPAA applies to the billing activities of the CFO. More information concerning HIPAA can be found in the Part C CFO Billing Manual.

SPOE Records

The contents of the official early intervention record include:

Forms:	Referral
	Consent to Release & Share Information
	DHH Application for Services
	Health History
	Health Summary
	Family Assessment of Concerns, Priorities and Resources
	Eligibility Determination Documentation
	IFSP
	IFSP Review Pages
	ASQ Summary or other Screening Documentation
	Change of Authorization Forms
	Case Closure/Transfer/Transition Form
	Provider Selection Form
Notices:	Notice of Action for Eligibility Determination and Initial IFSP
	Notice of Action of Ineligibility (if appropriate)
	Notice of Action Refused: Eligibility Determination
	Notice of Action: IFSP Revisions
Consents:	Consent for Eligibility Determination
	Consent for IFSP Assessments

Consent for IFSP Services (on IFSP form)

Correspondence: Team Meeting Notifications
Correspondence to service providers and/or families regarding child or IFSP services, including letters and copies of emails

Assessment Reports: Any assessment report used for eligibility determination or IFSP development

Quarterly Reports
IFSP Review Pages
Service Authorizations

Intake Coordinators Clinical File

Intake Coordinators must maintain accurate documentation of each contact made on behalf of the child. Intake Coordinators maintain a working file as they interact with families and work on the case. This file is often mobile—the Intake Coordinator takes the file with them when they visit the family. While the file is out of the office, the file must be kept locked in the trunk of the Intake Coordinator's car to protect the confidential information in the file. Once the Intake Coordinator completes the casework, the case notes and forms are incorporated into the official Early Intervention Record.

<u>If the SPOE is also temporarily working as the FSC (due to lack of FSC providers), an FSC clinical file is created that is kept separate from the Intake files and Early Intervention Records. This FSC file is then transferred to the FSC once one is available.</u>

FSC Records

FSCs must maintain accurate documentation of each contact made on behalf of the child. FSCs develop a file that contains copies of each child's forms maintained in the early intervention record located at the SPOE. IFSP team meeting minutes and contact notes are also kept in the FSC's file. Other required documentation that the FSC keeps includes the monthly progress reports from each provider and a copy of the quarterly progress report. FSCs must keep copies of all forms as the originals are sent to the SPOE.

Provider Records

All Part C providers maintain a clinical file. This file is the working file of notes, therapy plans, and test protocols used by the providers to carry out the duties of their job. These files are not part of the official Early Intervention Record at the SPOE. <u>However, if any portion of those files is shared with another provider, that information does become part of the official file and must be maintained in the</u>

official record. Clinical treatment plans are not part of the official early intervention record and exist beyond the IFSP. Each provider maintains a plan that defines specific therapeutic approaches to meet the team-identified outcomes.

Early Intervention Record Protections

Early intervention records are confidential. Parents give permission to share information with others by signing a Release of Information. The release of information must:

(1) Specify the information/records that may be disclosed or released;
(2) State the purpose of the disclosure; and
(3) Identify the party or class of parties to whom the disclosure may be made.

If a parent so requests, the agency or institution shall provide him or her with a copy of the records disclosed. (FERPA, 99.30)

Opportunity to examine records

It is required that all participating service providers permit parents to inspect and review any early intervention records relating to their child which are collected, maintained, or used by the SPOE and/or contracted service providers under this part within 45 days of a request to review. The right to inspect and review records under this section includes:

a. The right to a response from the participating service provider to reasonable requests for explanations and interpretations of the records;
b. The right to request that the service provider furnish copies of the records containing the information (if failure to provide those copies would effectively prevent the parent/legal guardian from exercising the right to inspect and review the records); and
c. The right to have a representative of the parent/legal guardian inspect and review the records.

These access opportunities as set forth in federal and state regulations apply to the clinical record maintained by each individual early intervention provider, as well as to the early intervention record maintained and available through the System Point of Entry. If any Early Intervention Record or any documentation includes information on more that one child, the parents of those children shall have the right to inspect and review only the information related to their child. The identifying information on other children/individuals must be blacked out prior to inspection.

Under the provisions of FERPA, the early intervention record must be accessible to the parents. An effective practice is to provide parents copies of the documents

maintained in the early intervention record when those documents are developed. However, the law does not require this unless it is the only way a parent has access to the record.

Agencies may charge a reasonable fee for making photocopies of the early intervention record. The fees must address only the cost of photocopying—not the lengths of time used by an employee to research and retrieve the document(s).

Parents may not agree with the information contained in the early intervention record. Parents may request that the record be changed. The SPOE then decides if that request should be granted. If the SPOE decides that the record will not be changed, the SPOE must inform the parents of their right to a hearing on the issue of the record change. If a parent requests a hearing—and, as a result of the hearing, the SPOE decides that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of the child or family, it shall: (i) Amend the record accordingly; and (ii) Inform the parent of the amendment, in writing.

In contrast-- as a result of the hearing—if the SPOE decides that the information in the education record is <u>not</u> inaccurate, misleading, or otherwise in violation of the privacy rights of the child, it shall inform the parent of the right to place a statement in the record commenting on the contested information in the record or stating why he or she disagrees with the decision of the SPOE, or both.

If the SPOE places a statement in the early intervention record of the child, the SPOE shall:

(1) Retain the statement with the contested part of the record for as long as the record is maintained; and
(2) Reveal the statement whenever it discloses the portion of the record to which the statement relates.

Maintaining the Early Intervention Record

SPOEs must maintain the hard copy early intervention record in a secure location. <u>Records must be stored in a locked, fire-proof cabinet</u>. The list of agency personnel who have access to the files must be displayed near this cabinet. This list should contain a list of positions or titles-- not individual names. Other individuals who, at times, access the early intervention record must sign the Access Log maintained within the record.

FSCs send original forms and other types of documentation to the SPOE for placement in the early intervention record. Copies of forms and documentation may be maintained in the clinician's file that the FSC keeps for her/his use. Families must also receive copies of forms for their personal file.

Use of Email

Correspondence with families and providers may be sent electronically by use of email. A copy of the email must be maintained in the clinician file or if appropriate, in the early intervention record. Forms that may be sent by email include:

- Team meeting announcements (either attach the completed document to the email or incorporate the form's elements in the body of the email message)
- Notices of Action to the family (must have approved state form attached to email message)

Completed forms that require original signatures may be sent electronically but returned with an original signature for filing in the early intervention record. Parents may never sign a blank form.

Record of access; multiple records; location

There are two levels of access related to the Early Intervention Record maintained at the SPOE: general access and specific access. General access refers to admittance to the file cabinet that houses the records. An access roster will be posted on the outside of all filing cabinets where child records are maintained, indicating those SPOE personnel (by title) who may have general access to Early Intervention Records. This roster should include the SPOE personnel-- including the supervisor, relevant support staff, Intake Coordinators, and state employees--– and are for the sole purposes of monitoring, program or fiscal audits, or complaint investigation.

Specific access refers to the individual child information for which someone wants access to the Early Intervention (EI) Record. There must be a signed release by the parent/guardian authorizing this individual to access that specific record. In these instances, the SPOE representative with authorized access will obtain the file from the filing cabinet at the SPOE and is responsible for its return and repositioning once the authorized individual has completed their inquiry. An access log will be maintained in each child's file indicating, signature, date, and purpose, of any and all specific access to the early intervention record made by all persons who are not generally authorized to such access.

If the SPOE utilizes student interns, they may access file information through the supervision arrangement at the local level provided that this individual has file access through either 1) employment or 2) a signed and dated release of information maintained in the child's record.

Each service provider must supply to parents, at their request, a list of the types and locations of early intervention records collected, maintained, or used by the Part C system.

All documentation related to information requests must be maintained in the early intervention record. Routine and ongoing communications, IFSP updates, releases, and other forms of documentation (such as assessment reports) are provided to the SPOE by the FSC on an ongoing basis.

There must be documentation of all record activities--including information alteration, destruction, or purging of the formal Early Intervention Record maintained at the SPOE.

Electronic Early Intervention Record

The SPOE will open and maintain an electronic record for each child referred to the EarlySteps system. This record is comprised of key demographic and service data. Child specific data is entered at the SPOE and is translated into service data at the CFO. Authorizations for services are based upon Section 8 of the IFSP. Again, accuracy is paramount in this record. The Intake Coordinator must inform parents that this electronic record exists and that they have the right to review it.

Destruction of the Early Intervention Record

The Early Intervention Record must be maintained for five (5) years after the child is no longer provided services through EarlySteps. This is true for all records—including children found to be not eligible for EarlySteps.

The SPOE shall inform parents when personally identifiable information collected, maintained, or used in EarlySteps is no longer needed to provide Part C services to the child. The information must be destroyed at the request of the parent, subject to the federal requirement that records be maintained for a minimum of three (3) years from the date the child no longer receives Part C early intervention records and the state requirement that the records be maintained for a minimum of five (5) years after the child is no longer provided services through EarlySteps.

Provider Documentation Guidelines

Effective documentation is critical to the early intervention process. It serves as a blueprint for service provision as well as a means for accountability.

Purpose of Documentation

1. Provide a chronological record of the consumer's condition, which details the complete course of therapeutic intervention.

2. Facilitate communication among professionals and the family.
3. Provide an objective basis to determine the appropriateness, effectiveness, and necessity of therapeutic intervention.
4. Reflect practitioner's rationale as it relates to the treatment plan.

In the role of facilitating communication, documentation must be efficient and effective. To best do this, one must consider the intended audience. Because the primary audience in Part C is the family, it is important to use person-first language, avoid jargon, be respectful, and relate comments back to performance concerns.

A progress note is defined as a document used periodically to specify care coordination, interventions, and progress toward functional outcomes, and to review the individual clinical plan. The American Occupational Therapy Association (AOTA) outlines the following as content:

1. Activities, techniques, and modalities used
2. Consumer's progress
3. Goal continuance
4. Goal modification when indicated by the response to therapy (or by the establishment of new consumer needs)
5. Change in anticipated time to achieve goals
6. Consumer-related conferences and communication
7. Home programs
8. Plan

A simple guideline for ensuring good documentation is known as RUMBA, where R=Relevant, U=Understandable, M=Measurable, B=Behavioral, and A=Achievable. Documentation can be a daunting and challenging task. Providing the right support through a solid documentation format will facilitate best practices and support service providers in fostering best practices, which will promote quality care for infants and toddlers.

Medicaid Documentation Requirements:

- Recipient's complete name
- Date service was provided
- Actual treatment provided on the date of service (detailed)
- Actual time service was delivered
- Copy of IFSP requiring services

The Service Provider Contact Progress Notes

The contact progress note is the way that the provider documents every individual service contact. This is retained in the provider's clinical record for each child and is not sent to the FSC. EarlySteps has created an optional form that providers can use for this purpose.

All providers must maintain progress reports for all children served in the EarlySteps system. All providers should follow Medicaid documentation requirements-- whether or not Medicaid covers the service. This documentation is required for audit purposes by the various funding sources utilized by the Part C system. If contact was scheduled and did not occur, a progress note should be completed noting the missed contact.

The Service Provider Monthly Progress Report

This report (**EarlySteps Monthly Progress Report** form) is completed by the provider and sent to the FSC on a monthly basis. This form summarizes the progress made on IFSP Outcome(s) that the provider is working on with the family and others. The information requested is a broad view of how the child and/or family are progressing towards the outcome—not a detailed report of progress per each short-term objective.

The FSC receives a copy of each monthly progress report by the provider. The FSC reviews these progress reports and works with the family and individual provider(s) should problems arise, or in the event that the IFSP needs an inter-periodic review. The FSC, in his or her clinical file, maintains the original monthly progress report. FSCs should ask the family about progress on "other" services, but they are not required to track or collect formal progress reports about these "other" services.

IFSP Team Minutes

The Louisiana Part C Early Intervention System requires that written minutes of all eligibility and IFSP team meetings be developed and maintained in the child's EI Record, as well as providing a copy of these minutes to each team member for their reference and records. These minutes provide the opportunity to capture discussion and relevant items that are not contained or reflected in the IFSP, but may be important for future consideration or documentation.

Required components of these minutes are :

1) the purpose of the meeting,
2) the name and title of each of the participants,
3) a summary of the discussion items not reflected on the IFSP, and
4) the consensus and final decisions of the team.

The minutes are the appropriate place to document such items as:

- IFSP discussion and development
- Team consensus on each section of the IFSP developed at the meeting that is different from the final recommendations or service commitments
- Areas of disagreement or recommendations that were not reflected in the final IFSP
- Parental participation and lack of agreement to services that were recommended but not consented to by the parent/legal guardian

The major team responsibilities, which should be reflected in the summary and determinations of the minutes, are delineated in the sample provided. The summary and determinations must be of sufficient length to reflect the data required in these two sections.

REQUIRED FORMAT FOR TEAM MEETING MINUTES

Section A:

Child's Name:_____ Date of Meeting: _____

Meeting Start Time:_____ Meeting End Time:_____

Purpose of Meeting: Check one

☐ Initial Referral to Part C ☐Initial Eligibility Determination ☐Assessment for Eligibility Determination ☐Assessment for IFSP Development	<u>IFSP Development:</u> ☐ Initial IFSP ☐ Interim IFSP ☐ Six month review ☐Annual Evaluation/Continuing Eligibility for Part C Services ☐ IFSP Revision(s) ☐ Transition

Section B:

Name of Participants & Title:	
Summary of Discussion	
Team Decision/Consensus	
Follow-Up	Who is responsible/ Timeframe
Areas of Disagreement/Resolution	Who is responsible/ Timeframe

Sample FSC Case Note Format

Child's Name:_____ Date of Birth:_____

Date & Time	**Type of Service Coordination Activity (check one)**	
	☐ Ongoing Family Assessment of Needs ☐ 6-month Review ☐ IFSP Revision ☐ Quarterly Report ☐ Quarterly Face-to-Face with family	☐Transition Activities ☐ Annual Eligibility Re-determination ☐ Annual IFSP Meeting ☐ Case Closure ☐ Initial IFSP meeting
Description of actions taken		
Follow-up actions needed	Action	Timeframe for Completion
FSC signature		

EarlySteps Service Provider Contact/Progress Report (Optional)

Child's name: _____ DOB: _____

Provider: _____

Daily Summary—Progress Towards Outcome(s)

Date/Time				
Units Provided				
Outcome	Progress	Progress	Progress	Progress
Provider Signature				

Additional Comments:

_____

_____

_____

_____

*Codes:
A: Consultation/Facilitation
B: Family Education, Training, & Support
C: Direct Child Service
D: Evaluation/Assessment

X: IFSP Team Meeting

Chapter 9 Service Coordination in EarlySteps

This chapter describes the provision of service coordination.

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Service Coordination is a critical service that all children in EarlySteps receive. Service Coordination, support coordination, care coordination, service integration, and case management are all terms used to describe efforts and activities that ensure that program participants receive the services and supports they need in a coordinated fashion. The coordination of services and supports helps to reduce duplication of services and provides oversight to address service gaps.

Intake Coordinators, who are employees of the SPOE, serve as the professional assigned to work with the family during the intake phase of the system. This type of service coordinator specializes in the steps of intake, information gathering, eligibility determination, and initial IFSP development.

Family Support Coordinators or FSCs provide on-going service coordination for as long as the child is eligible for Part C services. This type of service coordinator specializes in the on-going duties associated with the implementation of early intervention services and the IFSP.

Federal Part C Regulation:

> …"Service coordination means the activities carried out by an individual to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized …under the state's early intervention program".

Each child eligible and the child's family must be provided with one service coordinator who is responsible for—

1. coordinating all services across agency lines, and
2. serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves—

1) Assisting parents of eligible children in gaining access to all services identified in the individualized family service plan;
2) Coordinating the provision of early intervention services and other services (such as medical services for purposes other than diagnostic and evaluation reasons) that the child needs or is being provided;
3) Facilitating the timely delivery of available services; and,
4) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include—

i. Coordinating the performance of evaluations and assessments;
ii. Facilitating and participating in the development, review, and evaluation of individualized family service plans;
iii. Assisting families in identifying available service providers;
iv. Coordinating and monitoring the delivery of available services;
v. Informing families of the availability of advocacy services;
vi. Coordinating with medical and health providers; and,
vii. Facilitating the development of a transition plan to preschool services or other services.

Intake Coordinators

Intake Coordinators are employees of a SPOE and specialize in the intake activities that occur once a referral is received at the SPOE. There are two types of Intake Coordinators:

1. Specialist—a service coordinator that has a Bachelor's Degree and one year of paid experience in a human service field; and,
2. Associate—an assistant service coordinator that has at least a high school diploma or GED, is employed by a SPOE, and who is supervised by an individual who meets the qualifications of a specialist level Intake Coordinator. (Not applicable beginning 7/1/2005)

Specialist level Intake Coordinators may perform all activities required of determining eligibility and developing the IFSP. Associate level Intake Coordinators are limited in the scope of activities that they may perform. An associate may:

- Enter data into SPOE software system
- Independently gather family information (intake)
- Attend IFSP meeting as participant and provide input.

Associate Intake Coordinators may not participate in decision-making at IFSP that results in changes to early intervention services (out of scope of practice).

<u>Supervision of Associate Intake Coordinators</u>

For a minimum of three months, the Associate Intake Coordinator must receive onsite observation and guidance and consultation from the supervising Intake Coordinator at least one time per week. After the 3 month period and at the discretion of the supervising Intake Coordinator and SPOE Director, the Associate Intake coordinator must receive direct and indirect supervision as needed but at least once per month. Indirect supervision includes the review of records and contact notes.

Staff Coverage
SPOE staffing is determined by the estimated number of referrals and completed IFSPs for that SPOE region. SPOEs are required to ensure that service coordination is available twenty-four hours a day, seven days a week. This is accomplished by operating hours and use of electronic messaging technologies. Electronic messaging must be checked at least once a day. Even if the SPOE office is closed, the SPOE continues to be responsible for responding to referrals within two business days.

The maximum caseload for an Intake Coordinator is 50.

Part-time Intake Coordinators
Intake Coordinators may be employed as part time status.

Supervision of Intake Coordinators
SPOEs must maintain and implement a written plan for supervision of all Intake Coordinators. There must be one full-time case management supervisor for every eight (8) Intake Coordinators. The supervisor must maintain on-site office hours at least 50% of the time during normal business hours and be available to Intake Coordinators by telephone or pager at all times when not on site.

The qualifications for a supervisor are:

- Master's degree in Social Work, Psychology, Nursing, Counseling, Rehabilitation Counseling, Education with Special Education Certification, Occupational Therapy, Speech Therapy, Physical Therapy or General Studies with a major concentration in a human services-related field from an accredited institution

And

- Two (2) years of paid full-time post-Master's degree experience in a human service-related field providing direct recipient services or service coordination; one year of this experience must be in providing direct services to the target populations to be served

Or

- Bachelor's degree in Social Work from a Council on Social Work Education Accredited program

Or

- A licensed registered nurse

And

- Three (3) years paid full-time experience after licensure as a registered nurse in public health or human services-related field providing direct service or service coordination; two (2) years of this experience must be in providing direct services to at least one of the target populations;

Or

- Bachelor's degree in a human service-related field including but not limited to Psychology, Education, Counseling, Rehabilitation Counseling or General Studies with a major concentration in a human services-related field from an accredited institution;

And

- Four (4) years of paid full-time Bachelor's degree experience in a human service-related field providing direct services or service coordination. Two (2) years of this experience must be in providing direct services to at least one of the targeted populations to be served.

Teaching experience does not apply to the qualifications as direct service for a service coordination supervisor.

Thirty (30) hours of graduate level course credit in the human service-related field may be substituted for one year of the required experience. All experience must be obtained after completion of the degree or licensure and must be professional level experience.

A supervisor may carry 8% of a caseload for each Intake Coordinator supervised fewer than eight (8). **A supervisor may not use more than 50% of his or her time in managing a caseload**. An individual who meets the supervisory qualifications described above must supervise any supervisor who carries a caseload. The SPOE must submit a written plan for approval by BCSS Case Management Administrator detailing how the same person will perform the functions of supervision and service coordination. This plan may not be implemented until approval is given.

The supervisor, according to the SPOE's written policy on performance evaluation, must evaluate Intake Coordinators at least annually.

Effective supervision includes direct review, assessment, teaching and monitoring of family-centered practices, problem solving, and feedback regarding the performance of service coordination services. Supervisors are responsible for assuring quality services, managing assignments of caseloads, directing staff in meeting outcomes, and arranging for training (as appropriate).

Supervision includes the following:

- Individual, face-to-face sessions to review cases, assess performance, and provide feedback for improving performance. <u>This individual supervision must occur at least one time per week per Intake Coordinator for a minimum of one hour.</u>

- Group meetings with all intake coordination staff to problem-solve, provide feedback, and offer collegial support.

- Joint sessions in which the supervisor accompanies an Intake Coordinator to meet with a family for purposes of teaching, coaching, and giving feedback to the Intake Coordinator regarding performance.

- Case record review. A minimum of 10% of each Intake Coordinator's caseload must be reviewed for completeness, compliance with licensing standards, and quality.

Documentation of Supervision
Each supervisor is required to maintain a file on each Intake Coordinator supervised that contains:

1. Date, time, and content of the supervisory session; and
2. The results of the supervisory case review which addresses completeness and adequacy of records, compliance with standards, and effectiveness of services.

Nurse Consultation
Nurse Consultation is available to the SPOEs through the Office of Public Health Regional Health Unit. Nurse Liaisons, employed by DHH, provide consultation on medical diagnosis, impact of medical diagnosis on development of infants and toddlers, eligibility issues, and general child development.

Billing for Intake Coordination Services
DHH receives a monthly invoice that includes the services rendered by Intake Coordinators and operating costs identified in the contract.

Self-Evaluation of Service Coordination Services
OPH conducts an annual self-evaluation of intake service coordination. This self-evaluation is part of the overall Continuous Quality Improvement (CQI) system for EarlySteps as well as a mechanism for local SPOE offices to identify areas of quality services and areas that need improvement.

The self-evaluation addresses the following:

1. Description of the agency—target population served, number of case managers and caseloads, geographic area served, and other pertinent factors. Administrative issues should be addressed such as:
    - Accuracy of organizational charts
    - Review of SICC minutes

- Review of policy manuals
- Review of personnel records and staffing issues
- Review of complaints
- Review of contracts and invoices
- Review of employee trainings
- Review of financial status
- Review of the data systems
- Review for timeliness of Service Matrix and local resource directories
- Administrative areas of concern, as appropriate

2. Methodology used for self-evaluation, including sample size—case record review, data system reports, focus groups, surveys, and direct observation.
3. Findings and conclusions, including sample forms
4. Recommended strategies for improvement

If findings indicate that improvement is needed in working towards the IFSP outcomes requirements or case record documentation, then the self-evaluation report must also include strategies to implement changes to meet the requirements.

OPH also submits an Annual Performance Report to the US Department of Education, Office of Special Education Programs (OSEP). Performance indicators reflecting service coordination are included in the OPH self-evaluation.

Quality improvement plans are also submitted to BCSS and OSEP for approval. OSEP requires time-limited corrective action plans based upon findings in the self-evaluation.

Family Support Coordinators (FSCs)
FSCs must meet qualifications set forth by the Bureau of Community Supports and Services (BCSS). FSCs must be employed by a licensed case management agency and meet the requirements and standards set forth by the Bureau of Community Supports and Services.

Billing for FSC Services
The EarlySteps Central Finance Office (CFO) pays FSC services on a monthly per child basis. FSCs receive authorizations from the CFO that can then be used to document delivery of service for billing purposes. There must be at least one IFSP related activity provided by an FSC in order to bill for a specific child. A chart with the definitions of billable items is provided below:

Family Service Coordination Billable Activity Definitions

FSC Activity Authorized for Payment	Definition of Activity
Initial IFSP Meeting	Attendance at the initial IFSP meeting facilitated by the Intake Coordinator at the SPOE.
Ongoing Family Needs Assessment (family contact)	Telephone or face-to face meeting with parent to discuss specific IFSP issues: ▪ Continual assessment of the families' CPR ▪ Implementation of early intervention services or other services listed in Section 9 of the IFSP ▪ Revision of any early intervention service listed in Section 8 of IFSP ▪ Questions regarding any section of the IFSP
IFSP Revision	IFSP face-to face meeting with IFSP team to change IFSP services, including: ▪ Adding a service (must be a team decision), ▪ Changes to the intensity, frequency or location of services-- provider may participate by telephone (simultaneous conversation) or written report* **OR** ▪ Telephone call with parent to change a provider only (no other changes to IFSP)
6-Month Review	IFSP review held by telephone conference call (all parties simultaneously connected) or face-to-face to discuss progress toward~~s~~ outcomes and need for revisions to the IFSP *Note: Providers are not reimbursed for telephone conferences. Date of review must be before end of authorization period.
Quarterly Report	FSC report to family summarizing monthly progress reports submitted to FSC from providers
Quarterly Face-to-Face	Face-to face meeting with parent to discuss specific IFSP issues: ▪ Implementation of early intervention services or other services listed in Section 9 of the IFSP ▪ Questions regarding any section of the IFSP ▪ Family's perception of progress child and family are making

FSC Activity Authorized for Payment	Definition of Activity
	▪ Any additional concerns parent may have concerning the IFSP or child's development Note: Early Intervention Providers may be at this meeting; however, parent must be present.
Annual Eligibility Re-determination	Yearly review of original paperwork done at intake and update of Health Summary. Eligibility Determination Meeting must be held (can be face-to-face or by simultaneous conference call). Must be completed prior to the annual IFSP meeting
Annual IFSP Meeting	Yearly evaluation of the IFSP; must be a face-to-face meeting of team with only certain members allowed to participate by telephone conference call or report Must be held no earlier than 30 days before the Annual Date of IFSP and no later than the Annual Date.
Transition Activities	Notification of LEA of child turning 3 years of age Face-to-face meeting of IFSP team to develop transition plan Discussions/training of parents regarding future placements and other matters related to child's transition Discussions about procedures to prepare the child for changes in services including steps to help the child adjust and function in the new setting With parental consent, transfer of information about the child to the LEA With parental consent, transfer of specified information to community programs
Case Closure	Closure of case including any face-to-face meetings with family, development and dissemination of correspondence or copies of early intervention record

Training

Both Intake Coordinators and FSCs must participate in at least forty (40) hours of case management related training annually. The required orientation and training for service coordinators and supervisors must be documented in the employee's personnel records including:

- Dates and hours of specific training
- Trainer's name, title, agency affiliation or qualification
- Agenda

Outside agency training record entries should be supported by attendance certificates which include the same elements as listed above.

Both Intake Coordinators and FSCs must successfully complete the following EarlySteps training. These modules fulfill the BCSS licensure requirement previously described.

Module 1: Orientation to EarlySteps	6 hours
Module 2: Evaluation and Assessment in EarlySteps	12 hours
Module 3: IFSP	12 hours
Service Coordination: Leadership through Supervision	18 hours
Total	48 hours

All training records should have an on-going balance of accrued training.

All training mandated by DHH is required.

Additionally, BCSS licensure requires new staff orientation:
16 hours of orientation within 5 days of employment

8 hours (minimum) of orientation training must cover orientation to the target population, including but not limited to, specific service needs and resources.

Orientation training must include—

- Case Management Provider Policies and Procedures
- Medicaid and other applicable DHH policies and procedures
- Confidentiality
- Case Record Documentation
- Parent's Right under Part C
- Recipients Rights under Medicaid
- Complaint/Violation Reporting
- Recipient abuse and neglect reporting policies and procedures
- Recognizing and defining abuse and neglect
- Emergency and safety procedures
- Data management and record keeping

- Infection control and universal precautions
- Working with the target populations
- Professional Ethics
- Outcome measures

New employees with no documented training must participate in 16 additional hours of training during the first ninety (90) days of employment. EarlySteps Regional Coordinators may assist in the provision of training for new employees who will be carrying an EarlySteps caseload. This training must be related to the target or waiver populations to be served and include specific knowledge, skills, and techniques necessary to provide effective service coordination. This training is to be provided by an individual with demonstrated knowledge of both the training topics and the target or waiver populations. Included in this additional training are:

- Assessment techniques
- Support and service planning
- Support and service planning for people with complex medical needs, including information on bowel management, aspiration, decubiti, and nutrition
- Resource identification
- Interviewing and interpersonal skills
- Data management and record keeping
- Communication skills
- Cultural awareness
- Personal outcome measures

New employees may not be given service coordination responsibility until the orientation is satisfactorily completed. This additional training may be counted as part of the required 40 annual hours.

Supervisor Training

Individuals who supervise Intake Coordinators and FSCs must complete a minimum of 40 hours of training a year. Suggested topics for supervisory training include:

- Professional ethics
- Interviewing, screening applicants, and hiring
- Developing orientation /in-service for staff
- Evaluating staff
- Reflective supervision
- Conflict resolution
- Documentation
- Time management

Authorizing Early Intervention Services

Intake Coordinators and FSCs service authorize services using the IFSP (Section7) or **Request for Authorization Forms**. Early intervention providers are dependent

upon the Intake Coordinator and FSC for service authorizations that can later be used for billing. Since payment is dependent upon authorizations, Intake Coordinators and FSCs must complete service details accurately. This must be done in a timely fashion.

➔ **Intake Coordinators and FSCs must send current IFSPs to the SPOE for data entry no later than 2 working days of the completion of the IFSP or IFSP review.** This ensures that authorizations are issued in a timely manner. FSCs may fax the IFSP to the SPOE for data entry and follow-up with the delivery of the hard copy. The SPOE must date stamp the receipt of the IFSP or IFSP Revision Form. The SPOE maintains the hard copy early intervention record; therefore all originals are sent to the SPOE. FSCs keep copies of all documents forwarded to the SPOE in their clinical record. **Parents and other IFSP team members must also receive a copy of the IFSP within one week (7 days) of completion of the IFSP meeting.**

Incorrect or Incomplete Authorization Data

➔ Staff at the SPOE is not permitted to enter incorrect or incomplete data. In the case of an incomplete or incorrect form, the forms are returned to the FSC with a completed **Data Correction Form** as the cover sheet indicating the section that needs correcting. **NO AUTHORIZATIONS are entered, pending the receipt of the corrected IFSP or Authorization form.**

IFSP Process

Referred
Day 1 → 45
Days

Referral Received at the SPOE

- Electronically record referral
- Begin development of early intervention hard copy record
- Acknowledge referral in writing
- Intake coordinator makes initial contact with family—schedules appointment, location at family's convenience
- ***If family is not interested, provide contact information and close case.***

Intake

- Meet with family, share information in writing and verbally. Obtain written consent to proceed. Provide Parent's Rights
- Identify with family existing sources of information. Obtain signature for releases of information that will assist with eligibility
- Assist with completing of Enrollment Form, assess interest in CSHS, Medicaid, OCDD, and BCSS Registry, conduct ASQ, and complete other necessary forms
- Prepare for Eligibility Determination Meeting. If there is not information on all developmental domains using existing data sources, plan and authorize needed assessments using Service Matrix.

Eligibility

- Assemble eligibility data sources for team to review. Team determines eligibility
- Complete Eligibility Determination Documentation Form.
- If child is eligible, discuss and authorize any necessary assessments for IFSP development
- If child is not eligible, provide Parent's Rights and close case

Needs Assessment

- Complete assessments that are needed for IFSP development
- Using the Service Matrix, family chooses the FSC
- Intake Coordinator works with family to identify members of the IFSP team.

  Intake coordinator schedules IFSP team meeting and notifies all team members in writing
- Intake Coordinator prepares family for IFSP meeting by introducing forms, identifying concerns, priorities and resources

IFSP Development

- Conduct IFSP meeting
- Obtain written consent for early intervention services identified on IFSP. ***If parent refuses consent, review Parent's Rights***
- Family selects early intervention providers from Service Matrix
- Authorizations are processed for early intervention services, including FSC

  FSC monitors implementation of IFSP, conduct all future reviews and annual evaluation of IFSP

Adapted from Solutions Consulting Group, LLC

Medicaid Case Management Goals, Values and Principles

Goal: To foster independence and self-sufficiency and ensure the recipients' health, safety, and well being in the least restrictive environment. The ultimate goal is achieving and maintaining the recipient's desired personal outcomes. This is accomplished through the coordination of paid and generic community services, and other natural support systems.

Specifically for infants and toddlers, case management is defined as an active, ongoing process of continuously seeking the appropriate services or situations to benefit the development of each infant or toddler being served for the duration of each child's eligibility.

Values and Principles
The underlying values and principles listed here provide the foundation upon which licensed case management services are provided:

The focus on case management services must be on:

- Identifying and utilizing the recipient's strengths to cope with their conditions or disabilities
- Understanding the recipient's defined and prioritized personal outcomes, and
- Assisting the recipient to implement strategies to attain or maintain these personal outcomes

The principle of informed decision-making is central to case management. Decisions and choices are meaningful when three dimensions are present: experience, support and creativity. Personal outcomes are achieved when the following occurs:

- Recipients are given a range of experiences from which to make choices.
- Recipients are provided with ongoing support while learning from experiences.
- Professionals, providers, and guardians are as creative as possible when developing the array of choices.
- The relationship between the case manager and the recipient is primary and essential to service provision.
- Case management must be accessible to the recipient, family, guardian, and others associated with the recipient. Contacts with the recipients receiving case management services must take place in settings and at times most convenient to them during, as well as, outside normal business hours.
- The community must be viewed as a potential resource, not as an obstacle.
- Case management services must be recipient driven.
- The recipient's self-determination must be maximized to the fullest extent possible.
- Case management services must be culturally sensitive.
- Recipients with severe developmental disabilities can learn, grow, and change.
- When serving children, the family unit is included in the process of developing outcomes.

Taken from the Louisiana Case Management Services Provider Manual, 7/1/02

Chapter 10: Tools for Effective Practice

This chapter provides additional information.

Topics in this chapter include:	Page
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Personal Safety Guidelines	117
Professional Conduct	122

Child Abuse and Neglect

Louisiana law requires all early intervention providers to report suspicions of child abuse and/or neglect. This includes intake coordinators and FSCs.

Steps for reporting abuse or neglect:

1. Call the Child Abuse Hotline at 1-800-422-4453
2. Provide all information requested by the Hotline operator
3. Document report in daily progress note; documentation must include time and date of hotline call, reason for suspicion and name of Hotline Operator who took the call.

Personal Safety Guidelines

As some communities report an increase in street crime, gang activity and drug use, there is an increased concern regarding personal safety for the individual practitioners conducting a home/field visit. There are steps to take that will minimize the hazards that may be present in the field. The threat to personal safety on a home visit is not new, and the following recommendations have been derived from guidelines established over the years by public health nurses. The home visit has never been, nor ever will be, a totally controlled situation. The responsibility for personal safety rests with the individual practitioner making safe choices during the home visit. The following guidelines are designed to assist each practitioner in making an informed decision, thereby decreasing any threats to personal safety. Planning ahead and being prepared for difficult situations can decrease your risk.

- Keep an appointment calendar at your agency/home office listing which participants you plan to visit and stick to the order. If you have major changes in your itinerary during the day, call in a revised schedule to your agency or advise a family member if you are an independent provider.
- Arrange your work schedule so new or questionable visits are early in the day. You will be less likely to find loiterers congregating on street corners, and you won't get stuck in a potentially unsafe neighborhood after dark.
- Let your agency/home office know when you leave and when you return. If you plan to go home after your last visit, call your agency/home office when you finish.
- If possible, call ahead to be sure your participant will be home for your visit.
- Know your neighborhoods. Be aware of locations where you can seek help. Go and introduce yourself. Example: fire station, police station, gas station, community buildings, apartment complex office.
- Lock or conceal your purse in the trunk of your car before leaving the office. Take only the items necessary to do your job. Select brochures, etc., that you will need each day and arrange them to fit in a briefcase or tote bag.
- Wear sensible clothes and shoes.
- Avoid wearing expensive jewelry or any accessory that could be dangerous: necklace, scarves, etc.
- Carry a minimal amount of cash. Have change for a pay phone.
- Carry two sets of car keys: one set to use and one set to have in reserve and hidden in your briefcase or tote bag.

- Make sure the cellular phone is fully charged.

Use of a Car

- Keep your car in good repair. Know who to call if it should break down.
- Always have enough gas.
- Carry an emergency flat tire repair kit or spare tire with you.
- Keep a flashlight in your car.
- Always wear your seatbelt.
- Always lock your car. Drive with car doors locked and windows rolled up.
- Carry your keys in your hand when leaving the office and the home visit.

Neighborhood Surveillance

While in your car:

- Pay attention to what's happening around you. Drive around the area and/or block where the client lives observing potential hiding places (e.g., bushes, fences, etc.).
- Avoid groups of people who appear to be loitering, drinking, fighting, etc.
- Pay attention to signs like "No Trespassing", "Beware of Dog"; they may be an indicator of the attitude of the resident toward strangers.
- Signs in windows like "Neighborhood Watch" are indicators that others in the community have an increased awareness of crime in the neighborhood.

Parking and Leaving the Car

- Choose a parking place that is in the open and near a light source that offers the safest walking route to the dwelling.
- It is always better to park on the street than in a driveway or alley.
- Back your car int o driveways.
- Park in the direction you want to go when you leave the home visit.
- Beware of dead-end streets.
- Do not leave anything of value inside your car.
- Always lock your car. Do not open your trunk prior to going inside the client's house. Onlookers may be tempted by the contents.
- Be cautious of animals: dogs, geese, etc., even if they appear to be restrained in some manner. Attract the attention of the homeowner if animals might be loose and/or pose a threat to your safety.
- Watch for rubble and broken glass when you park to avoid chances of getting a flat tire.

Approaching the Residence

- Maintain a self-confident, self-assured posture and attitude.
- Whenever possible, keep to the middle of the sidewalk and avoid dark alleyways or groups of loiterers.

- If a group is blocking the doorway to the participant's dwelling, look for another entrance. If there is not another entrance and the group seems hostile, walk away and reschedule your visit.
- If you are verbally confronted, maintain a professional manner. Repeat your response directly and don't attempt to answer verbal challenges.
- Pause at the door before knocking and listen. If you hear loud quarreling, sounds of fighting, or some other disturbance, leave immediately.
- Knock at the door, identify yourself, and use the participant's family name.
- Do not enter a home unless there is an adult present. If a child answers the door, tell the child to get his/her mother. If their mother, or another adult caregiver is not in the home, you will then have to decide if Child Protective Services needs to be called.
- TRUST YOUR INSTINCTS. Do not enter homes when you suspect that an unsafe situation exists. Leave immediately if you ever feel yourself to be in danger. Always remember you are a guest in the participant's home.

Home Visiting

- Plan your visits in advance. If possible, make sure that the participant is expecting you and understands the general purpose of your visit. Carry any supplies with you that you plan to use on the home visit.
- Check the visits you scheduled to be sure you have the address, phone number, driving directions, and correct time of appointment.
- The participant is under no obligation to answer the door and let you in if you arrive unannounced.
- If you arrive and it appears that it is not a convenient time for your home visit, offer to reschedule the visit for another time.
- If other family members are present, you may ask if they want to go into another part of the house for your visit.
- If using an elevator, always send it to the basement before getting on so you don't end up with a stranger in a deserted basement. Stand next to the control panel and push all floors if you feel you need more chances to escape.
- Trust your instincts about people waiting to get on the elevator with you, or person already on the elevator. Wait for another elevator if necessary. If someone suspicious gets on with you, get off as soon as possible.

While in the Home

- Be alert to signs of violence or any sexual advances towards you, however subtle, from either a client or other persons in the home.
- Be courteous and professional when introducing yourself to the client. Tell them your name, the agency/home office you represent, and why you are there. Give them your business card and show, if necessary, official identification.
- Ask permission to be seated. Try to sit in a hard chair if possible to avoid wet stuffed chairs and insect infestations. Try to sit with your back towards a wall and close to a door.

- Ask permission to hold or handle a child before doing so; explain what you are doing so that the family member understands.
- Use the same principle inside the dwelling that you used outside. Don't assume a house animal won't bite.
- Be aware of other people in the dwelling and traffic in and out of the house. If weapons are visible (guns and knives), you may choose to leave and conduct the visit at another place or time.
- Before going to another room in the house or using a phone or sink, always ask permission. Remember you are a guest in their home. If it is a dark area of the house, have the client go first and turn on the lights.
- During the home visit, apply interviewing, intervention, and counseling techniques. Set goals and objectives for the visit and decide when, if necessary, it would be appropriate to make a return visit.

Leaving the Residence

- When you have completed the home visit, thank the participant for allowing you to come into her or his home and visit.
- Be aware of what is going on around you outside the dwelling and if things have changed. Do the activities affect you and your safety?
- Have your keys in your hand.
- Check inside and under your car before you get in.
- If someone is leaning up against your car or tampering with your car, return to the home and call for help.
- Get into your car quickly and lock the doors.
- Watch for small animals and children playing around or under your car before driving away.
- Watch for cars following when you leave. NEVER stop if someone tries to stop you or indicates you should pull over. Proceed to a well-lighted business or the nearest police or fire station for assistance.

<u>If You Are In An Uncomfortable Situation</u>

- Do not show fear.
- Try not to show any facial expression.
- Control your breathing.
- Speak slowly and lower the pitch of your voice.
- Maintain eye contact, but do not try to stare anyone down.
- Don't challenge, but be assertive, especially if crude comments are made.
- Check your watch; say you need to call your office because they are waiting for you to check in.
- Do not tolerate nonsense or crazy behavior, rudeness, or name -calling.
- Repeat why you are there.
- Stand up and leave.
- If you are in trouble, attract help any way you can. Scream or blow your car horn.
- Call 9-1-1 or police and tell them the type of incident, time of occurrence and location.

Conclusion

Rehearse ahead of time what you would do or say in an unsafe situation. You do not have to go alone into a neighborhood or home with which you are not familiar or comfortable. You and your team members are the best resource for one another.

Professional Conduct

Listed below are standards for professional conduct expected for all EarlySteps representatives. All providers, including service coordinators, are expected to maintain the utmost professional behavior while representing the EarlySteps system.

While Delivering Early Intervention Services…

a. Providers are expected to meet and maintain all licensing, credentialing, criminal background checks, and ethical codes as established by individual licensing agencies as well as through EarlySteps.

b. Behaviors and attitudes must portray the values of EarlySteps. Early intervention services shall be family-centered, inclusive, and culturally competent.

c. Providers must maintain professional relationships and boundaries with families served in EarlySteps.

d. Providers should notify parents/caregivers in advance of missed or late sessions. If advanced notice is not possible due to unforeseen circumstances, immediate notification is required.

e. Providers, including Family Support Coordinators, may not bring children/minors or other individuals not directly involved in the provision of care to the child to early intervention services or the residence of the child or family. This is a violation of confidentiality. Parents must not be asked to waive this policy.

f. No provider in the system may solicit business from parents or caregivers. Providers shall not solicit business for their agency, other providers, their spouse or immediate family.

g. Providers may not sell or market products while representing EarlySteps.

h. Providers shall not lobby to families within the system while representing EarlySteps.

Appendix 1

Procedural Clarifications

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Early Steps Procedures Clarification No. 1
Assistive Technology Devices and Services

Effective Date: March 1, 2005

Purpose:

- To clarify appropriate steps to follow for the acquisition of assistive technology devices
- To clarify what are appropriate assistive technology devices under Part C

Definition of Assistive Technology (34 CFR 300.12):
Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

The device must be useful to the child and age appropriate at the present time.

Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

Assistive technology services include:

a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
e) training or technical assistance for a child with disabilities or if appropriate, that child's family; and,
f) training or technical assistance for professionals, including individuals providing early intervention services, or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities.

The individual child must use assistive technology devices, provided through Early Steps (Part C), for at least ninety(90)days prior to transitioning out of Early Steps. Central office must approve any device prior to purchase if the child is transitioning out of Early Steps in less than ninety(90)days.

EarlySteps is not responsible for providing assistive technology devices that are to be used once the child turns three or is enrolled in early childhood special education.

Eligible Providers of Assistive Devices and/or Services:
Audiologist Speech Pathologist

Physical Therapist
Optometrist
Certified Durable Medical Equipment Provider
orthotist/prosthetist
Physician
Occupational Therapist
Certified

Change in policy

1. Medicaid covered assistive technology devices will be purchased according to Medicaid approved rates.
2. EarlySteps Central Office must approve devices not covered by Medicaid for purchase. Medicaid reimbursement rates are used for D.M.E. or assistive technology devices purchased by Early Steps. Items not covered by Medicaid will be paid based upon the rates of reimbursement that DHH/OPH/ Part C establishes for those specific items.
3. Any item costing $500.00 or more must been approved by EarlySteps Central Office.

Assistive Technology services are billed by the provider and reimbursed according to the maximum rate that DHH has established for the provider specialty (type) rendering the service.

NOTE: When $500 or more per item of Part C federal or state funds are used toward the purchase of equipment and/or assistive technology devices, the equipment and/or devices are considered to be public property. Parents must be informed of this.

Examples of Assistive Technology that Early Steps will purchase:

A. Devices for self-help--
- Adapted feeding utensils—maroon spoons, adapted bowls, plates and cups
- Prosthesis for limbs

B. Devices for seating and positioning—
- feeder seats, floor sitters, corner chairs, Rifton chairs and insertions, attachments and adaptations to correctly position or support an infant or toddler in a seated position, side layers and standers with accompanying supports and trays;
- bath chairs (for infants over 8 months)
- boppy pillows (for infants over 6 months)

C. Devices for mobility—for the child to move within his/her environment
- Walkers, adapted walkers
- Scooterboards
- Adapted crawlers
- Adapted /therapeutic strollers and car seats (limited to one per enrollment in EarlySteps)
- Leg braces, splints, AFO's, orthotics (limited to one per year)
- Wheelchairs (limited to one per enrollment in EarlySteps)

Note: Car seats, adapted or not, that are needed for transporting a child to routine activities such as grocery shopping, attending church, etc. or to medical follow-up appointments are not provided by Part C.

D. Devices for age-appropriate communication skills—

- Communication boards
- Augmentative and alternate communication aids (designed to be age appropriate) such as Big Mac, Cheap Talk, One-Step Communicator, Hip-Talk, Tech/TALK
- PCS Cards for use with Picture Exchange Communication System (PECs)

E. Devices for play and cognitive skill development—
- Adapted toys
- Switches, environmental control units and battery interrupters

F. Devices for vision or hearing (child must have a diagnosed visual and/or hearing impairment)
- Ocular aids and magnifiers
- Eyeglassess
- Assistive listening devices—hearing aids, auditory trainers, or other forms of amplification

Disallowed Items: The equipment listed below is not purchased by EarlySteps. These items may be listed under the "Other Services" section of the IFSP; EarlySteps is not responsible for purchasing these items.

1. Medical equipment

Apnea monitors	Syringes
Catheters	Heart monitors
Electrical stimulation devices	Respirators
Feeding pumps	Nebulizers
Ventilators	Helmets

2. Toys that are not adapted or designed to increase, maintain, or improve functional capabilities of children with disabilities

dolls	puzzles	building blocks
balls	mouthing toys	echo mikes
shape sorters	riding toys	stuffed animals
mobiles		

3. Generic items typically needed and used by all children

car seats	high chairs	youth beds	play tables
bath seats (for infants under 8 months)			infant swings
potty chairs	pacifiers	toothbrushes	teethers
straws	massagers/vibrators		music tapes/CDs
CD players	swimming pools and pool toys		strollers
boppy pillows (for child under 6 months)			

4. Standard equipment used by service providers in the provision of early intervention services (regardless of service location/setting)

tables/chairs	desks	therapy kits
therapy benches	mats	therapy balls
vestibular swings	gait ladders	horn kits
massagers/vibrators	brushes	trampolines
exercise equipment such as treadmills		
specialized equipment used by the therapist that the child can not operate independently		

5. Miscellaneous items

computers and computer software	prescription nutritional supplements
specialized foods	batteries, hearing aid or other

Steps to Acquire Appropriate Assistive Technology Devices

1. Complete Section 7, page 6a of the IFSP.
   a) **IFSP Outcome Number**—The AT device must be associated with at least one IFSP outcome
   b) **Name of device**—List the name of the specific device to be provided
   c) **Professional who will help family with device (Provider)**—List the provider who is responsible for recommending the device and who will work with the family to appropriately use the device
   d) **Where is the device used?**—List the specific location that the device is used (home, child care, etc.)
   e) **When is the device to be used?**—Identify the daily routine that device will be used to support
   f) **Start Date**—Indicate date that the device goes into use by the child
   g) **End Date**—Project the date that the device will no longer be used by the child. Do not extend the end date past the annual date of the IFSP.
   h) **HCPCS Code**—Indicate the HCPCS code for the device. This is found on the provider matrix website: www.eikids.com/la/matrix/default.asp The HCPCS codes are under the Help tab.
   i) **Price**—Indicate the price of the device.
   j) **Total Cost**—Indicate the total cost of all assistive devices listed on the IFSP

2. If the child is enrolled in Medicaid and the Medicaid Durable Medical Equipment (DME) program covers the assistive device, then the provider must bill Medicaid for the device using their Medicaid provider number. This is the only circumstance where the provider does not bill the CFO.

3. All other situations—where the assistive device is not covered through the Medicaid DME program and/or the child is not eligible for Medicaid, the assistive device is billed through the CFO.

4. If the AT provider has not enrolled with the CFO, contact the proposed provider and direct them to the Provider Enrollment webpage for enrollment. All assistive technology providers must be enrolled with the CFO in order to be reimbursed.

5. The SPOE will enter information from Section 8 into the CFO software. Authorizations for the AT device are issued through the CFO.
   (a) Items costing less than $500, enter the letter A
   (b) Items costing$500.00 or more, the SPOE or FSC must send a copy of the IFSP and Request for Authorization Form to the Central Office. The Central Office will provide the authorization to the SPOE/FSC with an authorization number to use for billing the device.

Disposition of AT Devices and Equipment

Equipment, materials, and supplies purchased with Part C funds are restricted in use to infants and toddlers with disabilities eligible for Part C services. These specific purchases are addressed in the Education Department General Accounting Rules or EDGAR (34 CFR, Parts 80.32, 80.33)

Equipment

"Equipment", as defined in the federal regulations, means items that are electrical or mechanical in nature or function and have a useful life of at least a year and cost more than $500 per unit. This definition includes the following items: equipment/assistive technology devices, kits, sets, etc. costing $500 or more per unit and which have a useful life of more than one year.

NOTE: When $500 or more of Part C federal or state funds are used toward the purchase of equipment and/or assistive technology devices, the equipment and/or devices are considered to be public property. During the IFSP team meeting, parents must be informed that only assistive technology costing $500 or more is property of the Part C according to federal regulation. The assistive technology device must be inventoried and tracked so that it can be returned to Part C when the child exits the Part C system.

FSCs are required to follow the procedures below for the disposition of assistive technology devices and equipment.

Requirements of the Inventory Control System

The following federal requirements must be followed in the establishment and maintenance of an inventory control system for equipment and/or assistive technology devices costing more than $500.

A. Property records shall be maintained accurately. For each item of equipment, the records shall include:
   1) a description of the equipment, including manufacturer's model number, if any;
   2) an identification number, such as the manufacturer's serial number;
   3) acquisition date and unit acquisition cost;
   4) location, use, and condition of the equipment and the date the information was reported; and,
   5) all pertinent information on the ultimate transfer, replacement, or disposition of the equipment.

B. A physical inventory of equipment shall be taken and the results reconciled with the property records at least once every two (2) years to verify the existence, current utilization, and continued need for the equipment and/or assistive technology device. Any differences between quantities determined by the physical inspection and those shown in the accounting records shall be investigated to determine the causes of the differences.

C. A control system shall be in effect to ensure adequate safeguards to prevent loss, damage, or theft of the equipment. Any loss, damage, or theft of equipment shall be investigated and fully documented.

D. Adequate maintenance procedures shall be implemented to keep the equipment in good condition.

E. Where equipment is to be sold and the federal government is to have a right to part or all of the proceeds, selling procedures shall be established which will provide for competition to the extent practicable and result in the highest possible return.

Disposition of Equipment

If the equipment and/or assistive technology device is not needed by Part C and can continue to be used by the child, the device may be loaned (temporary basis, device remains on the Part C inventory) or transferred (permanent basis; device is removed from the Part C inventory) to the school district in which the child is enrolling for early childhood special education (ECSE/Part B services). If the child is not eligible for ECSE/Part B or is not transitioning to the public school for other reasons, the device may be transferred to another child in the Part C system or to an assistive technology bank for future use. Only when a device no longer has any use for the program or has no fair market value, the device may be disposed by a state agency, following state procedures for disposition of state property.

Part C Assistive Technology Inventory List (for use by SPOEs and FSCs)

Complete table below each time an assistive device costing $500 or more is provided through the IFSP. This record must be kept up-to-date and maintained for 5 years.

Child's Name Date of Birth	Description of Equipment	Model or Serial Number	Acquisition Date	Cost at Purchase	Disposition of Equipment	Physical Location of Device (address)
Name: DOB:					___Loaned to LEA for Part B services ___ Returned to SPOE ___Loaned to another child in EarlySteps ___Remained with child	
Name: DOB:					___Loaned to LEA for Part B services ___ Returned to SPOE ___Loaned to another child in EarlySteps ___Remained with child	
Name: DOB:					___Loaned to LEA for Part B services ___ Returned to SPOE ___Loaned to another child in EarlySteps ___Remained with child	
Name: DOB:					___Loaned to LEA for Part B services ___ Returned to SPOE ___Loaned to another child in EarlySteps ___Remained with child	

Early Steps Procedures Clarification No. 3
Coordination of IFSP Other Services (Section 8)

Effective Date: January 1, 2004

Purpose: To clarify the Family Service Coordinators responsibilities for coordinating the services identified in Section 8 of the IFSP.

CLARIFICATION:

Federal regulations state that each eligible child and the child's family must be provided with one service coordinator who is responsible for—

i. assisting parents of eligible children in gaining access to all services identified in the individualized family service plan;
ii. coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

"Other services" are described by federal regulation as other services needed, but not required by Part C. Section 8 of the Early Steps IFSP is the section that documents these other services.

FSCs are required to take the steps necessary to coordinate the services listed in Section 8. This includes:

- Providing parents with information about the service
- Making referrals
- Sending copies of documents from the Early Intervention Record (with parental consent)
- If needed, scheduling initial appointments for the parent
- Monitoring that the service was provided and that parent is satisfied

Coordination of Section 8 is not as time consuming as coordinating the early intervention services that Early Steps provides. This is due to the fact that no authorizations are required for the services in Section 8. Also, the providers of "other services" are not required to submit monthly progress reports or be notified of upcoming IFSP meetings.

FSCs may occasionally have an IFSP that they are coordinating only Section 8 services. Once the child/family are appropriately linked with the needed other services, and there continues to be no need for Early Steps services, the FSC needs to only monitor these IFSPs through the quarterly face-to-face contact with the family. Therefore, FSC will be authorized for one contact per quarter.

Should the child's needs change prior to the 6-month review, the FSC must convene the IFSP team to revise the IFSP per team discussion.

Early Steps Procedures Clarification No. 4
Delivery of Early Intervention Services in Conformity with the IFSP

Effective Date: July 1, 2003

Purpose:
Early Steps is establishing protocols relating to the delivery of services as documented on the IFSP, including the rescheduling of missed appointments.

CLARIFICATION:
Federal regulations require that the IFSP include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified. Furthermore, federal regulations require that early intervention services be provided in conformity with the IFSP.

To achieve compliance with federal regulations, Early Steps requires that Intake and Family Service Coordinators clearly document the early intervention services agreed to by the IFSP team in a manner that accurately records the service(s) to be delivered. This description must reflect the service delivery approach. Only descriptions that truly reflect the manner in which services are to be delivered are acceptable. Therefore, if a service is to be delivered weekly, it is not acceptable to write any frequency greater than weekly into the IFSP. Frequencies such as monthly, quarterly, per quarter and yearly may only be documented when the recommendation for service delivery is truly based on those timelines.

SPOE staff is required to return to the ongoing FSC those IFSPs that do not clearly or completely reflect service delivery patterns prior to data entry.

The Central Finance Provider Agreement obligates providers to deliver services as written on the IFSP. It is not within the right of the provider to alter the delivery pattern of services.

Rescheduling Cancelled or Missed Sessions
The family, due to illness or other family-oriented circumstance, may cancel early intervention services sessions. In these situations, the provider must document in a progress note why the service was not delivered and the offer to reschedule the session. There must be documentation that the family declined rescheduling the session as applicable.

When rescheduling, it is preferred that providers reschedule services within the same calendar week. If that is not possible, rescheduled sessions must be delivered within the start and end dates of the authorization for that service.

In situations where rescheduled sessions results in altering the IFSP description of frequency and intensity, progress notes must clearly document that the additional session is the

rescheduled session. Otherwise, it will appear that the provider is out of conformity with the IFSP.

Early intervention providers, who inappropriately provide services in excess of the intensity or frequency listed on the IFSP, may be required to repay for those services that fall outside of the approved service delivery pattern. Continued abuse of this policy may lead to disenrollment from Early Steps.

Early Steps Procedures Clarification No. 5
Annual Date of IFSP

Effective Date: July 1, 2003
Purpose: To identify the official annual date of an IFSP

CLARIFICATION:
Federal regulations require that each IFSP be evaluated and as appropriate, revised on an annual basis. This evaluation and revision must be conducted in an IFSP team meeting.

The annual date of the IFSP is established based upon the initial IFSP meeting. Subsequent IFSP meetings do not change the annual date.

Federal regulations also require that a review of the IFSP be conducted at least every 6 months or more frequently if conditions warrant. A review must be held if the family requests a review. Some children in the EarlySteps system have frequent reviews while others only need the minimum number of reviews as required by regulation. An IFSP review does not change the annual date of the IFSP.

Early Steps Procedures Clarification No. 6
Licensure by the Department of Social Services

Effective Date: July 1, 2003
Purpose: To clarify the Louisiana Department of Social Services (DSS) licensure requirements for certain early intervention providers

CLARIFICATION:
The EarlySteps Provider Agreement states that the provider agrees to:

"Continually meet and maintain all applicable and necessary standards and regulations for licensing, credentialing, program licensure and funding requirements for services provided."

Early intervention providers who are part of a Mental Retardation and Developmental Disabilities Services System are required by Louisiana law to be licensed by the Department of Social Services as specified in RS 28:400-401, 421, and 424. There are 19 agencies listed by DSS as having current Infant Intervention Facility Licenses.

"…Any public or private provider now engaged in the provision of residential living options or mental retardation and developmental disabilities services or both or hereafter desiring to be engaged in the same shall apply to the department for a license authorizing them to engage in such residential living options or mental retardation and developmental disabilities services or both. The license shall indicate the types of residential living options or mental retardation and developmental disabilities services or both that the public or private provider is authorized to provide. Providers who are already licensed are not required by this Section to reapply until the current license expires, except when applying for new residential living options or mental retardation and developmental disabilities services or both. (Acts 1982, No. 538, §1, eff. Aug. 1, 1983. Acts 1983, No. 659, §1, eff. Aug. 1, 1983.)

Further, "…"Mental Retardation and Developmental Disabilities Services System" means the combination of private and public mental retardation and developmental disabilities services and residential living options and the process by which a mentally retarded or developmentally disabled individual is admitted, transferred, or discharged within this system that is administered by the office through the regional service centers."

Entities that are covered by this statute offer an array of services to individuals with mental retardation and developmental disabilities. Mental retardation and developmental disabilities services shall include, but not be limited to:

(1) Information and referral services.
(2) Case management services.
(3) Diagnosis and evaluation services.
(4) Generic plan development services.
(5) Family support services.
(6) Health services.
(7) Educational services.
(8) Therapies and habilitation services.
(9) Vocational services.
(10) Transportation services.
(11) Recreation and leisure services.
(12) Special Olympics services.
(13) Respite services.
(14) Infant intervention services.
(15) Adult day services.
(16) Vocational rehabilitation services (Provided in accordance with cooperative agreements with the Division of Vocational Rehabilitation).
(17) Research services.
(18) Staff development services.

Residential living options shall include, but not be limited to:
(1) In-home.
(2) Substitute family care.
(3) Supervised apartments.
(4) Community homes including group homes
Residential facilities.
RS 28:401

EarlySteps requires that those early intervention providers who fall under the jurisdiction of these statutes submit a copy of the current DSS license as part of the enrollment packet for the Central Finance Office (CFO). Independent providers and agency providers who are not "Mental Retardation and Developmental Disabilities Service Systems" are not required to be obtain the DSS Licensure.

Mental Retardation and Developmental Disabilities Service Systems providers may have multiple licenses from DSS. Most commonly, these entities are licensed for both Infant Intervention and Class "A" Child Care.

Note:
This information was reviewed and approved by the Department of Social Services, Bureau of Licensing. EarlySteps gratefully appreciates the collaboration of this agency.

Comparison of DSS Licensure and EarlySteps Provider Requirements

DSS Requirement	EarlySteps
Administrative Records, including policies, employee records, governing board composition and duties, etc.	Assure that all necessary administrative policies and functions are in place
Documentation of authority to operate under state law	All applicable licenses and proof of personnel qualifications must be submitted for enrollment
Confidentiality of client records; maintenance of records	Must be in compliance with the Family Education Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act
Written record for each client which includes: • Name, sex, race, birthdate of client; address of current school, day provider, as appropriate • Other identification data including court status and/or legal status • Names, addresses and phone numbers of other persons involved with the client's case or plan, including physician • Limited health records, including description of life threatening or serious medical condition and current treatments for such condition and allergies	Information required by DSS is contained in the Early Intervention Record maintained at the System Point of Entry (SPOE). All providers listed on the IFSP team are required to receive copies of the following for their clinical files: • Eligibility Determination Documentation • IFSP • Release of Records, as applicable Additionally, the provider may have the following documentation as part of their clinical file: • Social History • Health Summary • Natural Environments Worksheet
Program and services policies that include written program description with eligibility, transportation inspections, licensing, and insurance, personnel recruitment, hiring, training, and supervision plans.	Not required for enrollment with EarlySteps
Training: 40 hours of training for each direct service worker per year	All enrolled providers must complete three modules within two years of enrollment with the CFO: Orientation (6 hours), Evaluation and Assessment (12 hours), and IFSP (12 hours). Intake Coordinators and Family Service Coordinators must also complete a module on Service Coordination (18 hours).
Target population is children with developmental delay ages birth to six (6) with: • A severe physical handicap in sensory or motor functioning • Is functioning in the lower one/third of the normal developmental distribution in one or more developmental domains • Has a diagnosed condition which could	Target population is children with disabilities or developmental delays birth to age three and their families.

result in a serious handicapping condition • Has inability to interact with the physical or social environment	
Must be assessed in motor, communication, self-care, social and cognition annually	Ongoing assessment is part of the early interventions provided through the IFSP. Progress must be reviewed at least once every six months. A new IFSP is required annually that includes up-to-date information on all developmental domains.
Must have an individual habilitation plan developed within 30 days of admission	Must have an Individualized Family Service Plan developed within 45 days of referral to the System Point of Entry.
Additional requirements include: Termination of service Staffing provisions Inservice Training Center design and equipage Indoor and Outdoor space Furnishings and equipment Heating Safety Sanitation Maintenance Food and Nutrition	Must provide all early intervention services in compliance with the rules and regulations of the Individuals with Disabilities Education Act (IDEA), Part C.

Early Steps Procedures Clarification No. 7
Changes in Billing Practices for Assistant-level Providers

Effective Date: March 1, 2005

Purpose: To clarify changes to the billing procedures for EarlySteps assistant-level early intervention providers including:

- Certified Occupational Therapy Assistants (COTA)
- Physical Therapy Assistants (PTA)
- Speech Language Assistants (SPA)
- Special Instruction Assistants (SIA)

CLARIFICATION:

Effective March 1, 2005, the enrollment policies and payment of early intervention services provided by assistant or paraprofessional level providers are as follows:

1. Assistant or paraprofessional level personnel who meet the Louisiana Part C personnel standards may enroll with the EarlySteps Central Finance Office (CFO).
2. Each enrolled assistant level personnel must have a fully qualified supervisor (as described by the discipline's Practice Act or Louisiana Part C State Personnel Standards) who is enrolled with the EarlySteps CFO.
3. The Service Matrix page for each assistant level person will include information for parents that the assistant requires supervision as described by the supervisor's licensing regulations.
4. No authorization will be issued without a supervisor linked to the assistant chosen by the family.

Early Steps Procedures Clarification No. 8
Transferring Between SPOES

Effective Date: July 1, 2004
Purpose: To outline responsibilities and tasks for transferring between SPOES

CLARIFICATION:
When a family moves from one SPOE region to another SPOE region, the transfer of records and services must occur. The goal is for needed early intervention services to continue without undue disruption. To assist with this process, the following steps should be followed:

FSC:

A. Complete "Change of Information and Inactivation" form
   1) Complete "Status Change" section with "moved to another SPOE"
   2) Indicate effective date
   3) Complete "Current Enrollment Information" section
   4) In the "Add – Change" section, complete the child's new address, parish, and phone number.
B. Notify all current providers of the fact that the family is moving and the effective date. Explain to current providers that their authorizations will be cancelled & that they should not provide any services until the new SPOE has opened the child's case & input new authorizations. (Document these contacts in the FSC case record.)
C. Fax completed form to the current (sending or old) SPOE.

"Best practice": The FSC should share the Service Matrix listing of FSCs and early intervention providers in the new area with the family before the move. This may eliminate lag time in the child receiving services.

Sending (current or old) SPOE:

A. Enter the information provided on the "Change of Information and Inactivation" form into the data system and file original form in child's hard copy record.
B. Copy record and mail copy to the "new" or receiving SPOE.
C. Close electronic record according to effective date on form.
D. Keep original hard copy of record at "old" SPOE and store in closed files.

Receiving or "New" SPOE:

A. Upon receipt of child's case file, schedule meeting with family and open both the hard copy and electronic files. Referrals, intake, and eligibility date should be the original dates listed in the hard copy file. The IFSP date must be at least one day later than the intake date.
B. At initial meeting with family, bring a list of available providers (including FSCs) in the area so that the parent can choose new a FSC.

C. The new FSC schedules a follow-up IFSP meeting and invites the new providers. The team reviews the IFSP and makes any needed changes.
D. The new FSC completes the necessary paperwork and sends it to the SPOE.
E. The new SPOE inputs the authorizations and files paperwork.

Note: Suzanne Vincent, Region 2 EarlySteps Regional Coordinator, was primary author of this clarification.

Early Steps Procedures Clarification No. 9
Personnel Qualifications for Special Instruction

Effective Date: July 1, 2004

Purpose: To clarify personnel qualifications for individuals seeking to enroll with the Central Finance Office (CFO) as providers of Special Instruction

CLARIFICATION:

Due to the rapid growth of the EarlySteps system and availability of providers to address children needing special instruction, the following emergency exception to the Personnel Standards is activated:

Until July 1, 2005, individuals who hold a Bachelor's Degree and who hold at least one current, valid Certification by the Louisiana State Department of Education in the following areas may be enrolled with the Central Finance Office (CFO) and provide special instruction services:

- Noncategorical Preschool
- Early Intervention
- Visually Impaired with additional coursework in Early Intervention
- Hearing Impaired with additional coursework in Early Intervention
- Adapted Physical Education with add-on Early Intervention
- Pre-K through 3 with add-on Early Intervention
- Nursery certification

The SICC Personnel Prep Committee will consider this emergency exception and the final recommendation will be forwarded to the lead agency for consideration as a state plan change.

Early Steps Procedures Clarification No. 10

Family Service Coordination Billable Activity Definitions

Effective Date: February 1, 2005

Purpose: To clarify billable activities and required documentation for payment

CLARIFICATION:

According to federal definition, service coordination means…

"…the activities carried out by an individual to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the state's early intervention program.

Each child eligible and the child's family must be provided with one service coordinator who is responsible for—

i. coordinating all services across agency lines, and
ii. serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves—

iii. assisting parents of eligible children in gaining access to all services identified in the individualized family service plan;
iv. coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
v. facilitating the timely delivery of available services; and,
vi. continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include—

viii. coordinating the performance of evaluations and assessments;
ix. facilitating and participating in the development, review, and evaluation of individualized family service plans;
x. assisting families in identifying available service providers;
xi. coordinating and monitoring the delivery of available services;
xii. informing families of the availability of advocacy services;
xiii. coordinating with medical and health providers; and,
xiv. facilitating the development of a transition plan to preschool services or other services.

Beginning [date], FSC services will be paid based upon specifically defined billable activities. In order to receive payment, all steps of the activity must be completed in a timely manner and the CFO FSC Checklist submitted to the CFO with the invoice.

To provide clearer information to families about the services that they should expect to receive from the FSC, the IFSP will include a section that describes the expected FSC activities that should occur during the ensuing 6 months. The activities will correspond with the explanation of benefits so that families can ensure that they received all FSC services that were identified in the IFSP.

The definition of service coordination allows for several different types of services. There certain activities that must occur for each child due to requirements within the Part C law and state licensing rules. The required minimum service coordination activities include:

- Quarterly face-to-face meeting with the family
- The 6-month Review,
- Annual Re-determination of Eligibility
- Annual IFSP
- Transition to Preschool

These specific activities must be completed by the date due (timeline) in addition to the completion of all steps in the activity. 6-Month Reviews, Quarterly Face-to-Face meetings, Annual IFSPs and Transition Activities that are not conducted within the specified timeline will not be paid.

Definitions of Billable FSC Activities

FSC Activity Authorized for Payment	Definition of Activity	Action steps included in Activity (documentation must support all dates and steps)
Ongoing Family Needs Assessment (family contact)	Telephone or face-to face meeting with parent to discuss specific IFSP issues: ▪ Implementation of early intervention services or other services listed in Section 9 of the IFSP ▪ Revision of any early intervention service listed in Section 8 of IFSP ▪ Questions regarding any section of the IFSP ▪ Continual assessment of the families' CPR	Dated case note that specifically describes: ▪ the issue discussed (IFSP service or IFSP section) ▪ service to be revised and why ▪ topics covered as CPR assessment **AND** Date of call **Or** Date and location of meeting if appropriate.
IFSP Revision	IFSP face-to face meeting with IFSP team to change IFSP services, including: ▪ Adding a service (must be a team decision), ▪ Changes to the intensity, frequency or location of services (provider may participate by telephone (simultaneous conversation) or written report*)	Documentation includes: ▪ Notification of appropriate IFSP team members ▪ Notice of Action provided to the family ▪ Team review of progress reports, quarterly reports, early intervention providers data ▪ Completed IFSP Revision Form ▪ Completed Change of Authorization Form (as needed) ▪ Date copies of IFSP Revision sent

FSC Activity Authorized for Payment	Definition of Activity	Action steps included in Activity (documentation must support all dates and steps)
	OR ▪ Telephone call with parent to change a provider only (no other changes to IFSP)	to all team members ▪ IFSP Team Minutes Dated case note documenting call and Completed Parent Request to Change Provider Form
6-Month Review	IFSP review held by telephone conference call (all parties simultaneously connected) or face-to-face to discuss progress towards outcomes and need for revisions to the IFSP *Note: Providers are not reimbursed for telephone conferences. Date of review must be before end of authorization period.	▪ Notification of appropriate IFSP team members ▪ Notice of Action provided to the family ▪ Team review of progress reports, quarterly reports, early intervention providers data ▪ Completed IFSP 6 Month Review Form ▪ Completed Authorization Change Form ▪ Date 6 month review form copies sent to all team members ▪ Team Meeting Minutes
Quarterly Report	FSC report to family summarizing monthly progress reports submitted to FSC from providers	▪ Copy of Completed Quarterly Report ▪ Dated progress notes of efforts to obtain monthly progress reports from early intervention providers ▪ Date sent to all team members
Quarterly Face-to-Face	Face-to face meeting with parent to discuss specific IFSP issues: ▪ Implementation of early intervention services or other services listed in Section 9 of the IFSP ▪ Questions regarding any section of the IFSP ▪ Family's perception of progress child and family are making ▪ Any additional concerns parent may have concerning the IFSP or child's development	Dated case note that specifically describes: ▪ the issue discussed (IFSP service or IFSP section) ▪ topics discussed ▪ **AND** Location of meeting if appropriate.

FSC Activity Authorized for Payment	Definition of Activity	Action steps included in Activity (documentation must support all dates and steps)
	Note: Early Intervention Providers may be at this meeting; however, parent must be present.	
Annual Eligibility Re-determination	Yearly review of original paperwork done at intake and update of Health Summary. Eligibility Determination Meeting must be held (can be face-to-face or by simultaneous conference call). Must be completed prior to the annual IFSP meeting	▪ Notification of appropriate IFSP team members ▪ Notice of Action provided to the family ▪ Team review of progress reports, quarterly reports, early intervention providers data ▪ Completed new Health Summary or documentation of review of relevant health records ▪ Completed Eligibility Documentation ▪ Team Meeting Minutes
Annual IFSP Meeting	Yearly evaluation of the IFSP; must be a face-to-face meeting of team with only certain members allowed to participate by telephone conference call or report Must be held no earlier than 30 days before the Annual Date of IFSP and no later than the Annual Date.	▪ Notification of appropriate IFSP team members ▪ Notice of Action provided to the family ▪ Team review of progress reports, quarterly reports, early intervention providers data ▪ Completed IFSP ▪ Date copy of IFSP sent to all team members ▪ Team Meeting Minutes
Transition Activities	Notification of LEA of child turning 3 years of age Face-to-face meeting of IFSP team to develop transition plan Discussions/training of parents regarding future placements and other matters related to child's	Dated copy of Transition Letter sent to LEA (must be no earlier than child's age of 2.2 and no later than child's age of 2.6) ▪ Notification of appropriate IFSP team members ▪ Notice of Action provided to the family ▪ Team discussion of possible future services and settings

FSC Activity Authorized for Payment	Definition of Activity	Action steps included in Activity (documentation must support all dates and steps)
	transition Discussions about procedures to prepare the child for changes in services including steps to help the child adjust and function in the new setting With parental consent, transfer of information about the child to the LEA With parental consent, transfer of specified information to community programs	Completed IFSP ▪ Documentation of discussion or training provided to parents about future services ▪ Documentation of steps to prepare the child for the transition ▪ Team Meeting Minutes ▪ Signed and dated Releases of Information (as needed) ▪ Date information sent to receiving program per parent's written consent
Case Closure	Closure of case including any face-to-face meetings with family, development and dissemination of correspondence or copies of early intervention record	▪ Completed Status Change Form ▪ Copies of any needed correspondence ▪ Date copies of early intervention record sent per parent's written consent

Early Steps Procedures Clarification No. 13
Proof of Service Delivery in Conformity with the IFSP

Effective Date: February 1, 2005

Purpose:
Early Steps is establishing protocols relating to the documentation that early intervention services were provided in accordance to the IFSP.

CLARIFICATION:
Federal regulations require that the IFSP include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified. Furthermore, federal regulations require that early intervention services be provided in accordance with the IFSP.

To achieve compliance with federal regulations, Early Steps requires that Intake and Family Service Coordinators clearly document the early intervention services agreed to by the IFSP team in a manner that accurately records the service(s) to be delivered. Early intervention providers receive authorizations that match the IFSP. Early intervention providers are required to document that each authorized service was provided.

Early Intervention providers receive authorizations from the CFO that are based upon the service detail in Section 7 of the IFSP. This authorization can be used for billing. Early intervention providers are required to obtain the caregiver's signature on the authorization form. Caregivers include parents, childcare teacher or provider, grandparent, etc. It is the person present with the child at the time services were provided. This signature verifies that the parent is aware of the specific service that is to be provided and that the service was provided.

Caregiver signatures are not required for authorizations that are issued by the SPOE for assessments. The proof of service delivery is the assessment report that the SPOE receives.

If the provider bills in paper format, the provider shall remit the authorization/invoice with original provider and caregiver signatures to the CFO. The provider maintains a copy of the authorization/invoice for their files.

If the provider bills electronically, the provider shall maintain the original authorization/invoice with original caregiver signature in their files.

Early Steps Procedures Clarification No. 14
Training Attendees

Effective Date: February 1, 2005

Purpose:
To clarify attendance requirements for EarlySteps trainings.

CLARIFICATION:
All EarlySteps enrolled providers must complete mandatory EarlySteps trainings. The Orientation Module is available on the website @ www.oph.dhh.state.la.us/earlysteps/ .

Required Training	Who must Complete
Orientation	All EarlySteps enrolled providers
Evaluation & Assessment	All providers except:
	Durable Medical Equipment Providers
	Transportation Providers
	Interpreters
	Physicians
Individualized Family Service Plan	All providers except:
	Durable Medical Equipment Providers
	Transportation Providers
	Interpreters
	Physicians
Service Coordination	Family Service & Intake Coordinators
System Point of Entry Software	System Point of Entry personnel only

Parents are welcome to attend but are not required.

Appendix 2

EarlySteps Parent's Rights
Medicaid Rights

PARENT'S RIGHTS

Our goal in Louisiana's EarlySteps system is the same as yours: to help families make sure their infants and toddlers receive services now to help them in the future. Every family with a child age birth to three years with a disability or a developmental delay may be eligible for services provided by the Early Steps Early Intervention System. All families served by Early Steps are guaranteed these rights by federal law and regulations under Part C of the Individuals with Disabilities Education Act.

Prior Notice

Parents must receive written notice before the public agency or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of a child or the provision of early intervention services to the child and the child's family. This notice must inform the parent of the action(s) being proposed or refused and the reason(s) for the action(s).

A copy of the Parent's Rights Statement must be provided with the notice.
The notice must be written in a way that is understandable to the general public. If English is not the native language of the family, the family has the right to receive information in their native language, unless it is clearly impossible to do so. Native language means the language or mode of communication normally used by the parent. If a family uses another method of communication, such as sign language or Braille, then they have the right to receive information in that way.

If the native language or other mode of communication used by the parent is not a written language, the prior notice will be translated orally into the native language or provided by other means (such as by an interpreter for the deaf) if other mode of communication is the native language of the parent. The notice will be provided in the native language so that the parent understands the notice. The provision of the notice in the native language is documented.

Evaluation

The law provides that all eligible children will receive early intervention services without regard to race, culture, religion, disability, or ability to pay. Eligibility is decided by an evaluation of the child (within 45 days of referral). Information from at least two or more qualified professionals gathered about your child's medical history, development, and current abilities is examined. This is the multidisciplinary evaluation to determine eligibility. If there is a need for more information, you will be informed about this. This additional information gathering does not change the 45- day timeline. If you do not consent in writing to this evaluation to determine eligibility, your child and family will not receive the evaluation, assessment and early intervention services provided by EarlySteps.

If the child is eligible for services, the child and family also have the right to ongoing assessments of the child's strengths, skill levels, progress, and needs.

Individualized Family Service Plan (IFSP)
Within 45 days of the referral, each eligible child and family must have a written Individualized Family Service Plan (IFSP) for providing early intervention services that includes the family's concerns, priorities, and resources for their child. The IFSP is written for a year and is reviewed at least every six months. It includes the major outcomes for the child and family, how progress will be measured, what and where services will be provided, when they will begin and for how long, methods of payment, and transition at various times throughout the process and upon the child's third birthday.

Consent
Written parental consent must be obtained before conducting an initial assessment or beginning any early intervention services. Parents may choose to not give consent for any particular service without jeopardizing any other services, and they may refuse a service at any time, even after accepting it, without affecting other intervention services.

Privacy
The law provides for the protection of privacy at all times. Your written consent must be obtained before personally identifiable information is disclosed to anyone other than officials of participating agencies collecting or using the information under Part C, unless another exception under the Family Rights and Privacy Act (FERPA), 34 CFR Part 99, applies.

Consent means that you have been fully informed of all the information about the activity for which consent is sought in your native language or other mode of communication. Consent also means that you understand and agree in writing to the activity for which consent is sought and the consent form describes that activity. The form must also list the specific records that will be released and to whom. Your written consent is voluntary and can be revoked at any time.

Directory information (child's name, parent's name, address and phone number) released from records to participating agencies without parental consent may be done as authorized by the Family Educational Rights and Privacy Act (FERPA), Section 99.31. This release of directory information includes the release to the Community Outreach Specialists, individuals who work under contract with the lead agency to provide supports and services to parents whose children are enrolled in EarlySteps.

The lead agency is required to tell parents the policies and procedures that ensure personally identifiable information is kept confidential. This is called Notice to Parents. This information is provided in the native languages of the various population groups in the state. Information describing the children on whom personally identifiable information is maintained, types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered) and the uses of the information is provided in the Notice to Parents. Additional information in

the notice is a summary of the policies and procedures that participating agencies must follow regarding the storage, disclosure to third parties, retention, and destruction of personally identifiable information. Parents are also told of their rights regarding this information including the rights under the Family Educational Rights and Privacy Act of 1974 and implementing regulations in 34 CFR Part 99.

Before any major identification, location or evaluation activity, the Notice to Parents is published or announced in newspapers or other media with circulation adequate to notify parents throughout the State.

Review Records

Parents must be allowed to examine, inspect, and review records relating to their child and family, in accordance with the confidentiality procedures in the Federal regulations for Part B of the Individuals with Disabilities Education Act (34 CFR 300.560 through 300.576). Parents have the right to a response from the participating public agency/service provider to reasonable requests for explanations and interpretations of the records. The agency has to comply with the request without unnecessary delay and before any meeting regarding an IFSP or any hearing, and in no case more than 45 days after the request has been made.

Parents also have the right to request that the public agency/service provider furnish copies of the records containing the information (if failure to provide those copies would effectively prevent the parent/legal guardian from exercising the right to inspect and review the records); and the right to have a representative of the parent/legal guardian inspect and review the records.

The System Point of Entry (SPOE) must keep a record of the individuals that have access to the child's early intervention record. This record of who has reviewed the record includes the name of the individual, the date the record was reviewed, and the purpose for the review. This record of access is maintained in the child's early intervention record.

If the early intervention record includes information on more than one child, the parents of those other children have the right to inspect and review only that information relating to their child or to be told of that specific information.

Public agencies must provide parents a list of the types and locations of the early intervention record collected, maintained, or used by the agency if the parent requests such information.

Parents may ask that records be amended. The System Point of Entry (SPOE) must decide whether to amend the information as the parent requested within a reasonable period of time of the receipt of the request; and, if the SPOE refuses, the SPOE must inform the parent of the refusal and advise the parent of the right to a hearing under the provisions of Part B of the Individuals with Disabilities Education Act (34 CFR 300.568).

If, as a result of such a hearing, the information is found to be inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE will change the information and so inform the parent in writing. However, if, as a result of the hearing, the information is not found to be inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the public agency will inform the parent of the right to place a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency in the child's record.

If the SPOE places a statement in the early intervention records of the child, the SPOE shall:

(1) Maintain the statement with the contested part of the record for as long as the record is maintained; and
(2) Disclose the statement whenever it discloses the portion of the record to which the statement relates.

Safeguards for Confidentiality

Each agency and individual service provider protects the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages. Each agency and individual service provider designates one person to ensure that confidentiality of personally identifiable information is maintained. Each agency and individual service provider maintains a listing of the names and positions of those employees within the agencies who have access to personally identifiable information. This list is available for public review. All intake coordinators, family support coordinators, and early intervention providers are trained in the application of all confidentiality policies and procedures.

Individual Child Complaint Resolution (Due Process)

A request for a due process hearing may arise from the proposal or refusal of a service provider to initiate or change the identification, evaluation, placement, or provision of early intervention services. To initiate a due process hearing, a written request for a due process hearing with a statement of your concerns must be submitted to the EarlySteps Program Manager.

Both parties involved in the dispute will be offered the opportunity to use mediation to resolve your concerns before going to a due process hearing. This is voluntary and does not take away the parent's right to a due process hearing or delay a due process hearing. Mediation services are at no cost to either party. Both parties who will be participating in the mediation agree to select a qualified and impartial mediator, trained in effective mediation techniques, from a list maintained by the Department of Health and Hospitals. The list of trained mediators includes qualified individuals who are knowledgeable in laws and regulations relating to the provision of special education and related services. The mediator must be impartial which means that the mediator is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child and does not have a personal or professional interest that would conflict with his or her objectivity in implementing mediation.

The mediation session will be scheduled at a location and time mutually agreed upon by the parties. No more than three people can accompany each party to the session unless both parties mutually agree to allow more. Attorneys are not allowed to participate or attend the mediation session. A lay advocate may accompany parents.

All discussions held during the mediation are confidential and cannot be used later as evidence in a due process hearing or civil action. Parties may be required to sign a pledge of confidentiality before the mediation process begins. Mediation must be scheduled within 5 days of the selection of a mediator and completed within 30 days of the decision to mediate. The agreements reached through mediation must be presented in a written mediation agreement to both parties. A due process hearing will be held to review your concerns. The due process hearing will be held at a time and place that is reasonably convenient to you. Whether or not mediation is used, the due process hearing decision will be reached within 30 calendar days of your request, unless the dispute is resolved in mediation.

The hearing will be conducted by a hearing officer named by the Early Steps Office on behalf of the Secretary of Department of Health and Hospitals. This hearing officer shall be knowledgeable of the needs of and services for infants and toddlers and the provisions of Part C of the Individuals with Disabilities Education Act. The hearing officer shall not be an employee of any state agency or service providers responsible for providing early intervention services to your child or the care of your child. There shall not be any personal or professional conflict of interest that would affect the hearing officer's objectivity in making a decision. A person who is a hearing officer is not an employee of an agency solely because the person is paid for their work in implementing the complaint resolution process. This is true for individuals serving as mediators, too.

- At the hearing you may be accompanied and advised by counsel and by individuals with special knowledge or training in early intervention services for children with disabilities.
- At the hearing you may present evidence and confront, cross-examine, and compel the attendance of witnesses.
- At the hearing you may prohibit the introduction of evidence that has not been disclosed to you at least five days prior to the hearing.
- A record of the proceedings will be maintained. You have the right to an electronic verbatim transcription of the proceedings. You may obtain a written word-for-word transcription of the proceedings.
- The hearing officer will listen to the presentation of the parties involved, examine relevant information, and reach a timely resolution.
- You will receive findings of fact and decisions in writing.

If either party disagrees with the findings and final decision, they have the right to bring civil action. This action may be brought in a state or federal district court.

During these proceedings, unless otherwise agreed to by you and the agency, your child will continue to receive the early intervention services that were being provided at the time

you made the request for the due process hearing. If the complaint involves an application for initial services, your child must receive those early intervention services that are not in dispute.

Surrogate Parent Services

If a child is a ward of the state or does not have a parent that can be identified or found, a person will be assigned to act as an Surrogate Parent.

A Surrogate Parent may represent the child in all matters related to the evaluation and assessment of the child, the development and implementation of the IFSP, including annual IFSP evaluations and periodic reviews, the ongoing provision of early intervention services to the child, and any other rights established under Part C of the Individuals with Disabilities Education Act.

Anyone can inform an intake coordinator or a family support coordinator that a surrogate parent is needed. The intake or family support coordinator completes a form called "EarlySteps Determination of Need for a Surrogate". This forms documents that there is:

a) no identified parent, guardian, or person acting as parent;
b) the child has parents who, after reasonable efforts, cannot be located by the intake or family support coordinator; or,
c) the child is a ward of the state and is living in a facility or group home (and not with a person acting as a parent).

When the system point of entry (SPOE) responsible for providing Part C services to infants and toddlers with disabilities is informed of an infant or toddler with disabilities living within its jurisdiction, it shall, within ten (10) days, determine whether a surrogate parent should be appointed. A request for the appointment of a surrogate shall be made within ten (10) days to the Office of Public Health, Children's Special Health Services. Submitting the "EarlySteps Determination of Need for a Surrogate" form to the EarlySteps central office makes this request. The Children's Special Health Services, on behalf of the Office of Public Health, shall, within ten (10) days, appoint a person to act as a surrogate parent. The Children's Special Health Services maintains a registry of trained surrogate parents from which they will select individuals for appointment. If a surrogate parent dies, resigns, or is removed, within 15 days thereof, a replacement will be appointed.

Individuals selected as a surrogate must: 1) be at least 18 years of age, 2) not be an employee of any State agency or a person or an employee of a person providing early intervention services to the child or to any family member of the child; 3) be free from any interest that may conflict with the interests of the child represented; and, 4) have knowledge and skills that ensure adequate representation of the child.

Surrogate parents are trained to fulfill their role as a surrogate for EarlySteps.

People who serve as surrogate parents have no interests that conflict with the interests of the child he or she represents and has knowledge and skills that ensure adequate representation of the child. People who serve as surrogate parents are not employees of

any State agency. Surrogate parents are not individuals who are or work for agencies that provide early intervention services to the child or the child's family. A person who is a surrogate parent is not an employee of an agency solely because the person is paid for their work as a surrogate parent.

Early Steps System Complaints

If any person or organization believes a responsible public agency has violated any state or federal regulation implementing Part C of the IDEA, a signed, written statement or complaint may be filed. The complaint is filed with the Louisiana Department of Health and Hospitals. The complaint must include a statement that the agency has violated the rules of Part C and the facts on which the complaint is based. The alleged violation must have occurred not more than one year before the receipt of the complaint by DHH unless—the alleged violation continues for that child or other children or the person or organization making the complaint is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which DHH received the complaint.

Within 60 days, DHH will investigate the complaint and issue a letter of findings, conclusions, and reasons for the conclusions to all parties involved in the complaint. The findings shall address each allegation in the complaint and a review of the investigation results, including any information in an on-site investigation or from a data request.

The process of investigating the complaint shall include: assignment of the complaint to staff, providing notice of the complaint, information collection, and on-site visits when appropriate. The complainant has the opportunity to provide additional information about the allegations. If exceptional circumstances exist with respect to the particular complaint, an extension of the time limit may be granted. If such an extension is given, the complainant and agency under investigation will be notified.

Resolution of a complaint shall be through the issuance of a decision letter of findings by the Secretary of the Department of Health and Hospitals. DHH uses procedures for the effective implementation of the final decision, if needed, that include technical assistance activities, negotiations, and corrective actions to achieve compliance.

If a written complaint is received that is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, DHH must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the sixty (60) calendar day timeline using the complaint procedures described previously.

If an issue is raised in a complaint filed has previously been decided in a due process hearing involving the same parties, the hearing decision is binding. The complainant is informed of this.

A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the lead agency.

In resolving a complaint in which it finds a failure to provide appropriate services, DHH must address how to remediate the denial of those services, including as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.

Appeal Rights: The findings of the Secretary related to the complaint shall constitute a final decision of DHH. This is communicated to the complainant.

The Department of Health and Hospitals does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, services, or employment practices. Early Steps is supported by federal and state funds.

To Find Out More About Your Rights
Contact your local System Point of Entry at:
Or, contact the State Early Steps Office at: 504/599-1072

Medicaid Rights

Note: The Medicaid program provides protections (rights) to each individual eligible and receiving Medicaid covered services. Medicaid rights apply only to the Medicaid covered services identified on a child's IFSP and do not supersede the IDEA, Part C regulations, rights and safeguards.

Parent's Rights and Responsibilities under Medicaid

I declare that everyone who is applying for health insurance is a US citizen or is in this country legally.

The information I give is true and correct to the best of my knowledge. I realize if I knowingly give information that isn't true OR if I knowingly withhold information and my child gets health benefits for which they are not eligible, I can be lawfully punished for fraud. I may have to repay Medicaid for any medical bills that are paid incorrectly.

I understand that the information I give about our situation will be checked. I agree to help Medicaid do that and to let Medicaid get needed information from government agencies, employers, medical providers, and other sources.

I know that our Social Security numbers will only be used to get information from other government agencies to prove eligibility.

I understand by accepting Medicaid, LaCHIP, I give the Department of Health and Hospitals the right to any medical support or payments from third parties who would be legally responsible for any medical services paid by Medicaid for my child. I agree to release any medical information needed by the Medicaid Program or others for the purpose of paying or receiving payment of medical bills. I understand that this is required to get coverage and I agree to help in obtaining medical support and payments from anyone who is legally responsible.

I understand that Medicaid will **only** make a referral to Child Support Enforcement for medical support upon my request.

I agree to tell Medicaid within 10 days of the following changes:
1) If anyone receiving health coverage moves out of state; 2) Changes where we live or get our mail; and 3) Changes in other health insurance coverage.

I can ask for a Fair Hearing if I think the decision made on my case is unfair, incorrect or being made too late.

Medicaid can't discriminate because of race, color, sex, age, disability, religion, nationality or political belief. If I think they have, I can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1+800+368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 1349 Baton Rouge, LA 70821-1349.

Information about WIC, KIDMED and other Medicaid services will be sent to me if we are eligible for Medicaid.

Note: Fair Hearings are allowed under Medicaid to address the eligibility for Medicaid. This hearing does not affect Part C eligibility or IFSP development and implementation. A child may be found ineligible for Medicaid and continue to be eligible for Part C services. IFSP early intervention services would be paid by the next appropriate payor if Medicaid is not the right payor.

Appendix 3
EarlySteps Forms

Referral

Referral Form
Acknowledgement Letter (SPOE Use only)
Access Log (SPOE Use and FSC Use)

Intake

All forms initially SPOE Use Only; those marked with an ** are updated periodically by FSC

1) Notice of Action & Consent to Proceed for Initial Eligibility Determination & IFSP Development
2) Notice of Action: Eligibility Refused
3) DHH Application for Services 0-3 with Special Needs**
4) Dissemination Instructions for DHH Application
5) Assessment Guidelines/Format
6) Health Summary (mailed to medical home)
7) Health History**
8) Consent to Release & Share Information**
9) Provider Selection Form
10) Family Assessment of Concern, Priorities & Resources**
11) Team Meeting Announcement
12) SPOE Checklist

Eligibility—All forms are used by SPOE and FSC

Request for Authorization
Eligibility Consultant Statement
Eligibility Determination Documentation
Eligibility Information for OCDD or BCSS Referrals

IFSP—SPOE use IFSP only; all other forms are used by FSC

1) IFSP
2) IFSP 6-Month Review
3) IFSP Revision
4) IFSP Authorization Change Form
5) Notice of Action: Re-determination of Eligibility
6) Notice of Action: IFSP Revisions
7) Request for Authorization
8) FSC Quarterly Report
9) Team Meeting Announcement
10) Parent Request Change of Provider
11) Provider Selection Form
12) Provider Monthly Report

Transition—SPOE and FSC use

Case Closure/Transfer/Transition Form
Transition Notification to LEA

Other Forms—SPOE and FSC use as needed for individual situations

Consent to Bill Insurance
Consent for Specialized Assessment
Data Correction Form
Change of Information Form
Parent Request to Change Provider Form
Surrogate Parent Determination Form
Provider Change of Information Form
FSC Billing Form

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REFERRAL FORM

SPOE Only
Date Received: _____
Date Intake Coor Assigned:_____
Date Entered:_____
Date Acknowledgement Sent:_____

Child Information

* Name: _____ *Date of Birth: _____
Last/First/Middle MM/DD/YYYY

*Address: _____
Apartment/Street/ PO Box City/Town Zip

Family Information

*Parent's name:_____ *Relationship:☐ mother ☐ father
☐ other: _____

*Address: _____
Apartment/Street/ PO Box City/Town Zip

*Home telephone: ____-____-_____ Work telephone: ____-____-_____
(###-###-####) (###-###-####)

***Reason for Referral: Check one; please provide additional comments as noted.**

☐ Suspected developmental delay in at least one area of development
☐ physical, including vision or hearing ☐ cognitive ☐ adaptive (self-help) ☐ communication ☐ social-emotional

☐ Suspected medical condition associated with developmental disability or developmental delay
Diagnosis (if known):_____

REFERRAL SOURCE INFORMATION

Name: _____

Address: _____
Apartment/Street/ PO Box

_____
City/Town

Work telephone: ____-____-_____ FAX number: ____-____-_____
(###-###-####) (###-###-####)

***What is your role? Circle one:**
Parent; Relative; Friend; NICU; MCH Clinic-KIDMED; Physician; Central Directory, Daycare; Hospital ; State agency: OCS , OFS, Mental Health, OCDD; Early Intervention Program; Education Agency (LEA); Early /Head Start; Family Support Agency; Hospital Diagnostic Program; Regional Council; Community Mental Health Agency; Psychiatrist; Public Health Nurse; Community Social Service Agency; State Operated Facility; WIC

***How did you find out about EarlySteps? Circle one:**
State agency: OCS, OFS, Mental Health, OCDD; Early Intervention Program; Education Agency (LEA); Early /Head Start; Family Support Agency; Regional Council; Community Mental Health Agency; Parent; Psychiatrist; Public Health Nurse; Community Social Service Agency; State Operated Facility; WIC; Relative; Friend; NICU; MCH Clinic-KIDMED; Physician; Advertising: TV, Radio, Print, Billboard, Central Directory, Daycare; Hospital; Hospital Diagnostic Program

Please mail or FAX to: [SPOE ADDRESS and FAX]

Template for Acknowledging Referrals

DATE

REFERRAL SOURCE NAME
Address

Dear _____

Thank you for referring_(child's name)__ to the Louisiana Part C Early Intervention System. We appreciate your interest in the well being of young children.

We have started the intake process with the family, following the procedures for the Part C system. This includes, with the family's consent, determining eligibility. If __(child's name)__ is found eligible and the family agrees, we will then develop an Individualized Family Service Plan (IFSP). These activities must be completed within 45 days of the receipt of the referral.

We gladly share information from the early intervention record if the parent gives written permission to do so. If you would like to have periodic updates or be a part of this child's team, please contact the family so that they may consider your request. We are unable to provide additional personally identifiable information without the permission of the parent.

Again, thank you for the referral.

Sincerely,

SPOE

EarlySteps Early Intervention
Record Access Log

Child's Name:_____ _DOB: _____

Date	Name	Title/Agency	Purpose of Review

This must be present in each child's file.

Intake Forms

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NOTICE OF ACTION AND CONSENT FOR INITIAL ELIGIBILITY DETERMINATION & IFSP DEVELOPMENT

Date Notice Provided to Family:_____

Notice of Action: The EarlySteps system of early intervention proposes to evaluate information about my child to determine if my child is eligible for EarlySteps. An assessment of my child may be conducted if needed to gather information about my child's current functioning and needs. If my child meets the eligibility criteria for EarlySteps, an Individualized Family Service Plan will be developed that specifies the developmental outcomes desired for my child and family and the early intervention services necessary to achieve those outcomes. I understand that EarlySteps can take no action for 3 days and that I can refuse or contest any action taken by EarlySteps.

Along with this Notice of Action, I received a brochure, which describes the rights, opportunities, and responsibilities available to me (Parents Rights). I understand that the early intervention providers will follow procedures to assure that my rights and those of my child are guaranteed. The Parents Rights includes information regarding:

(1) Evaluation for Eligibility Determination, and Assessment Service(s) for eligibility determination and/or IFSP development,
(2) Six Month Review and Annual Evaluation of the IFSP,
(3) Confidentiality of Information,
(4) Procedures for filing complaints; and
(5) Mediation and Due Process Hearings.

My rights, opportunities and responsibilities were explained to me, both verbally and in writing.

Consent to Proceed: I, therefore, grant permission for EarlySteps, Louisiana's Early Intervention System to proceed with the eligibility evaluation to determine eligibility. I understand that assessments of my child's developmental skills may be conducted to assist with eligibility or with the development of the IFSP. If my child is eligible, I understand that an IFSP will be developed. I understand that, as my child's parent/legal guardian, that I am an active and equal member of the early intervention team for the purposes of determining my child's eligibility for Early Steps and subsequent IFSP development if appropriate. I understand that I can revoke this consent at anytime.

Child's Name:_____

_____ _____
Parent/Legal Guardian /Educational Surrogate Date

_____ _____
Intake/Family Service Coordinator Date

For SPOE use only

Notice of Action for Eligibility

Notice of Action

Written prior notice must be given to the parents of a child eligible under Early Steps (Part C) in a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child or the child's family.

IMPLEMENTATION IN EARLY STEPS SYSTEM

1. Check if the action is being proposed or refused

2. Write the child's name in the blank marked "child's name".

3. Enclose a copy of the Parent's Rights Brochure and mail to the family. Also Insert a copy in the in the early intervention record for this child.

SPOE use only

Notice of Action: Eligibility Refused

Date Notice Provided to Family:_____

A Notice of Action must be given to you before certain actions are taken. The following is to inform you of the action refused on behalf of your child,
_____.
Child's name

Reason for the Action:
We administered an Ages and Stages Questionnaire (ASQ) which is a screening instrument. We also completed a Family Assessment of the Child's Development and gathered health status information from your child's medical home. The ASQ results indicated that there are no developmental concerns for your child.

This information, paired with the other sources of information, indicates there are no developmental concerns that warrant further investigation (testing). Therefore, EarlySteps is refusing to evaluate your child for eligibility.

This notice invokes specific rights for parents. Please refer to your Parent's Rights Statement. If you need assistance in understanding the provisions of the Parent's Rights Statement, you may contact the Early Steps office at 1-800-730-8030.

If you have any questions or object to this action, please contact me within 3 days.

Name of Intake Service Coordinator:

_____
Name Phone number

For SPOE use only

Date Filed by SPOE: _____

FOR SPOE/FSC USE ONLY:
Date Sent to Medicaid: _____
Date Sent to OCDD: _____
Date Sent to OCDD/BCSS/ MRDD for Registry: _____
Date Sent to CSHS: _____

LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS
APPLICATION FOR SERVICES CHILDREN 0-3 WITH SPECIAL NEEDS

* Indicates information is entered and stored electronically at the System Point of Entry ✓ Indicates Required for EarlySteps

Part 1. Enrollment Application

*CHILD'S PARISH OF RESIDENCE	Intake/Request/APPLICATION Date	TIME OF REQUEST/APPLICATION

✓SECTION A. *CHILD INFORMATION

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY NUMBER

MAILING ADDRESS	CITY/STATE/ ZIP CODE	TELEPHONE NUMBER	MOTHER'S MAIDEN NAME
		( )	

CHILD'S NATIVE LANGUAGE: ☐ ENGLISH ☐ SPANISH ☐ VIETNAMESE ☐ OTHER:_____

✓SECTION B. ENROLLMENT REQUESTS THIS IS A REQUIRED SECTION

Medicaid/La Chip Status	☐ Applying Now	☐ Already Receiving Coverage: **Number:** _____	☐ Not Interested
Office for Citizens with Developmental Disabilities (OCDD) services	☐ Applying Now	☐ Already Receiving Coverage	☐ Not Interested
Children's Special Health Services (CSHS)	☐ Applying Now	☐ Already Receiving Coverage	☐ Not Interested
BCSS/MRDD Request for Services Registry	☐ Requesting Services Now	☐ Not interested at this time. I understand that by marking this box, the Intake/Request/Application Date will not be my child's **Protected Date for the MR/DD RFSR.** SIGNED: DATE:	

✓SECTION C. *PARENT/LEGAL GUARDIAN INFORMATION

1. Name: _____

Address: _____
Street City State Zip Code

Home Telephone: _(_____)_____ Work Telephone: _(_____)_____Other Telephone: _(_____)_____

2. Name: _____

Address: _____
Street City State Zip Code

Home Telephone: _(_____)_____ Work Telephone: _(_____)_____ Other Telephone: _(_____)_____

Native language spoken at home:_____ Interpreter needed? Y/N

SECTION D. Information about the child's parents, brothers, or sisters under age 19 who live in the home.

①You **DO NOT** have to give a Social Security number if you **ARE NOT** applying for Medicaid.

② Race information DOES NOT have to be given for Medicaid application.

*****Part C requires Race information only for the child enrolling in Part C services***. *Use the following codes: 1=White; 2=African-American; 3=American Indian/Alaskan; 4=Asian; 5=Hispanic/Latino; 6=HI/Pacific Islander; 7=Hispanic/Latino & Other; 8=Multi-Race Not Hispanic; 9=Unknown.*

Name - First, Middle Initial, Last	Applying for coverage? Y/N	Social Security Number①	Date of birth			Sex M/F	U.S. Citizen Y/N	Race □	Relation to child (brother, sister, mother, father.)
			Month	Day	Year				

SECTION E. Income This section is required for all applicants.

√*Who is the head of household?_____

Does anyone in your household work or is self-employed? YES NO If YES, complete the following. Give us gross income before deductions, not take home pay. (Required for Medicaid application)

Name of the person working	Name, address, phone # of the company or person you work for	Amount paid per hour	Number of hours worked/week	How often do you get paid?	Monthly Income
		$			$
		$			$

Does anyone in your household get any other money such as the kinds listed below? □ YES □ NO If YES, complete the following.

Source of money	Who does the money come from? Name and address.	Who gets this money?	How much?	How often?
Social Security/ SSI			$	
Child Support/Alimony			$	
Money from friends or relatives			$	
Other sources of money			$	

What is the Total Household Gross (before deductions) MONTHLY Income? $_____

Is this month's income the same as the previous three months? YES NO

Are you currently paying child care to be able to go to work? YES NO If YES, how much a month? $_____

Do you pay for care of an incapacitated adult? YES NO If YES, how much a month $_____

Does anyone living in the household pay child support or alimony? YES NO If YES, how much a month $_____

Do you have extraordinary expenses? YES NO

Is your child blind or disabled? YES NO

SECTION F. Medical Insurance This section is required for all applicants.

PRIMARY INSURANCE COMPANY:

Name: _____ Telephone: _(_____)_____

Address: _____

Street City State Zip Code

Policy/Group #: _____ Member/ID #: _____ Start date: _____ End date: _____

POLICY HOLDER INFORMATION:

Name: _____ Telephone: _(_____)_____

Address: _____

Street City State Zip Code

COVERAGE INFORMATION:

A. Secondary Insurance Coverage? ☐ YES ☐ NO

B. Therapy Services Covered: ☐ OT ☐ PT ☐ Speech

C. Co- Payments? ☐ YES ☐ NO

D. Deductibles? ☐ YES ☐ NO

E. Maximum Out of Pocket Expense $

F. Is there a pre-existing clause? ☐ YES ☐ NO

G. Lifetime maximum? ☐ YES ☐ NO

I. Conditions /Exclusions: _____

_____

SECTION G. Rights and Responsibilities under Medicaid

- I declare that everyone who is applying for health insurance is a U.S. citizen or is in this country legally. The information I give on this form is true and correct to the best of my knowledge. I realize if I knowingly give information that isn't true OR if I knowingly withhold information and my child(ren) get health benefits for which they are not eligible, I can be lawfully punished for fraud and I may have to re-pay Medicaid for any medical bills which are paid incorrectly.
- I understand that the information I give about our situation will be checked. I agree to help do that and to let Medicaid get needed information from government agencies, employers, medical providers and other sources.
- I know that our Social Security numbers will only be used to get information from other government agencies to prove eligibility.
- I understand by accepting Medicaid/La CHIP, I give the Department of Health and Hospitals the right to any medical support or payments from third parties who would be legally responsible for any medical services paid by Medicaid for my child(ren). I agree to release any medical information needed by the Medicaid Program or others for the purpose of paying or receiving payment of medical bills. I understand that this is required to get coverage and I agree to help in obtaining medical support and payments from anyone who is legally responsible.
- I understand that Medicaid will **only** make a referral to Child Support Enforcement for medical support upon my request.
- I agree to tell Medicaid within 10 days of the following changes: 1) If anyone receiving health coverage moves out of state; 2) Changes where we live or get our mail; and 3) Changes in other health insurance coverage.
- I can ask for a Fair Hearing if I think the decision made on my case is unfair, incorrect or being made too late.
- Medicaid can't discriminate because of race, color, sex, age, disability, religion, nationality or political belief. If I think they have, I can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1+800+368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 1349 Baton Rouge, LA 70821-1349.
- Information about WIC, KIDMED and other Medicaid services will be sent to me if we are eligible for Medicaid.

The required signature below documents the completion of this entire form by the parent or authorized representative, regardless of which programs the child/family is applying for enrollment.

_____ _____

Signature of Parent or Authorized Representative Date

Intake Coordinator/Interviewer _____Telephone: _____

Medicaid/La Chip: A copy of the LA DHH Application for Services Form is sent to the Parish Medicaid office with a cover letter stating that this family is interested in applying to Medicaid. **This must be mailed no later than 15 calendar days of receipt of referral.**

Office for Citizens with Developmental Disabilities (OCDD) Services, including the Capital Area Human Services District, Metropolitan Human Services Authority and Jefferson Parish Human Services Authority:

- The **DATE OF APPLICATION** as listed on the following EarlySteps forms is very important:
  1. " EarlySteps of Louisiana Eligibility Notification for OCDD and BCSS Referrals "
  2. "The Louisiana Department of Health and Hospitals Application for Services Children 0-3 with Special Needs" (under Intake/Application Date) is the child's **PROTECTED DATE** for future services* through the Office for Citizens with Developmental Disabilities, Capital Area Human Services District, Metropolitan Human Services Authority, or Jefferson Parish Human Services Authority (OCDD/CAHSD/MHSA/JPHSA) and for the Bureau of Community Supports and Services Mentally Retarded/Developmentally Disabled Request for Services Registry (BCSS MR/DD RFSR) provided they meet the criteria for a developmental disability after the age of 2 years, 6 months (2 ½)."

- If the child was determined eligible through the ChildNet system prior to July 1, 2003, the date of application for ChildNet will be the protected date for future OCDD/CAHSD/MHSA/JPHSA services and BCSS MR/DD RFSR provided they meet the criteria for a developmental disability after the age of 2 ½.

- Any referrals OCDD/CAHSD/MHSA/JPHSA gets from the EarlySteps Family Support Coordinator **(**FSC), which is where most referrals will come from, or the EarlySteps Systems Point of Entry (SPOE) Intake Coordinator for children who are eligible for and receiving specific Part C services through EarlySteps prior to the age of 2 ½ must include the following documentation:
  1. EarlySteps of Louisiana Individualized Family Service Plan
     a. *with "Section 7: Other Services" listing OCDD <u>and</u> the specific service OCDD will provide
  2. The Louisiana Department of Health and Hospitals Application for Services Children 0-3 with Special Needs (*listed as "Enrollment Form" on EarlySteps' website)*
  3. EarlySteps of Louisiana Reciprocal Consent to Release and Share Information
  4. EarlySteps of Louisana Eligibility Determination Documentation
  5. EarlySteps of Louisiana Eligibility Notification

- Any referrals OCDD/CAHSD/MHSA/JPHSA gets from the FSC or the SPOE Intake Coordinator for children who <u>ARE</u> eligible for but are <u>NOT</u> receiving specific Part C services through EarlySteps prior to the age of 2 ½ must include the following documentation:

  - The Louisiana Department of Health and Hospitals Application for Services Children 0-3 with Special Needs (*listed as "Enrollment Form" on EarlySteps' website)*
  - EarlySteps of Louisiana Reciprocal Consent to Release and Share Information
  - EarlySteps of Louisiana Eligibility Determination Documentation
  - EarlySteps of Louisiana Eligibility Notification

In these cases the OCDD/CAHSD/MHSA/JPHSA Support Coordinator or appropriate staff will do a Plan of Support for the child detailing the service the family is requesting. The OCDD/CAHSD/MHSA/JPHSA Office will send a copy of the OCDD/CAHSD/JPHSA Plan of Support to the appropriate EarlySteps FSC and SPOE Intake Coordinator.

*** The only exception to this is Cash Subsidy, where the protected date is the postmark date on the envelope.**

- If a family, a private FSC, or a SPOE Intake Coordinator refers a child to OCDD/CAHSD/MHSA/JPHSA *prior* to the age of 2 ½, who is eligible for participation in EarlySteps and has a completed IFSP without requesting specific OCDD/CAHSD/JPHSA services, refer the family to the appropriate SPOE; the private FSC to the appropriate SPOE; and clarify for the referring SPOE that families of children under 2 ½ must be requesting a specific service from OCDD/CAHSD/MHSA/JPHSA and the request must be in accord with the IFSP team's determination of needs.

- If a family brings a child who is 2 1/2 directly to OCDD/CHASD/MHSA/JPHSA *and* the family is requesting a place on the BCSS MR/DD RFSR, **OCDD should begin the process.** The OCDD Regional Office/CAHSD/MHSA/JPHSA must still refer the family to the appropriate SPOE.

- Children 2 years, 6 months s and older who have never received services through OCDD/CAHSD/MHSA/JPHSA, but have been determined eligible for participation in EarlySteps may be referred directly to OCDD/CAHSD/MHSA/JPHSA by the SPOE Intake Coordinator or the FSC to see if they meet the criteria for participation in OCDD/CAHSD/MHSA/JPHSA services and/or BCSS MR/DD RFSR. Our goal is for every child to have a determination from OCDD/CAHSD/MHSA/JPHSA by the age of 3.

- It is the responsibility of the FSC to send out a **Request for the Determination Process for System Entry to OCDD/CAHSD/MHSA/JPHSA** when the child reaches the age of 2 1/2 if the IFSP team determines the child may need further services.

Any family who requests a **Determination Process for System Entry** has the right to have one regardless of the IFSP team decision, and the FSC must refer the family to the proper OCDD/CAHSD/MHSA/JPHSA office.

Children's Special Health Services (CSHS):

EarlySteps Process for Referrals to Children's Special Health Services

Joint Application for Services (Louisiana Department of Health & Hospitals Application for Services Children 0 – 3 with Special Needs)

In order to support families in accessing other related systems of services, EarlySteps has created a joint application process with the Office for Citizens with Developmental Disabilities (OCDD), Medicaid and CSHS. For families of infants and toddlers in the EarlySteps system that are presumed eligible for CSHS and interested in applying for CSHS services, the EarlySteps application shall also serve as a referral and application to CSHS.

EarlySteps Referral Process to CSHS

During the application process or annual re-determination for children in EarlySteps, the System Point of Entry (SPOE) Intake Coordinator or Family Service Coordinator (FSC) must inform the families of children with a special health care need about the CSHS program.

SPOE/FSC Procedures for CSHS Referral

f a family of a child in the EarlySteps system is interested in being referred to CSHS and is presumed to meet CSHS medical eligibility requirements, the SPOE Intake Coordinator or FSC shall forward the following information to the CSHS Regional Office of residence:

1. "The Louisiana Department of Health and Hospitals Application for Services Children 0 – 3 with Special Needs"
2. EarlySteps Health Summary (if available) or EarlySteps Health and

Birth History Form. *One of these must accompany the Early Steps Application.*

3. Eligibility Determination Documentation

Note: For medical eligibility questions, call the Regional CSHS office.

Notification of CSHS Eligibility

CSHS staff will notify the SPOE and FSC (if appropriate) about the status of the child's eligibility for CSHS services. If child is not eligible for services, CSHS staff will indicate the reason the child is not eligible for services.

BCSS/MRDD Request for Services Registry: Use OCDD Process listed above

Louisiana Part C Early Intervention System Assessment Report Format

Section 1. Identifying Information:

Name of Child

Date of Birth

Chronological Age & Adjusted Age if applicable

Name of person conducting assessment:

Location where assessment was conducted:

Date when assessment was conducted:

Section 2. Reason for Referral to Part C

Purpose of Assessment: (Check one) ☐ eligibility determination ☐ IFSP development

Section 3. Background Information

Section 4. Questions to be answered through this assessment:

1.

2.

3.

4.

5.

Section 5. Child's strengths and developmental status in all domains (narrative)

Section 6. Information regarding function in the child's daily routines

Section 7. Summary and Recommendations (do not include specific services with frequency, intensity and method in the report)

Test /Assessment Report Instructions

1.Identifying information: Name, date of birth, date, chronological age/adjusted age , place of evaluation, evaluator(s).

2.Reason for referral: Record who made the referral to EarlySteps, the reason for the referral, and the areas of concern.

3.Background information: a. Developmental information – significant developmental information as reported by the family or referral source. **b. Health status based on review of pertinent records and medical history** – summarize pertinent records related to the child's health status and medical history. If records were not available, please note this. **c. Other tests and services** – note the type and dates of tests and services, which have been provided to the child. Report the services that have been provided to the family if they are related to enhancing the development of the child.

4. Questions to be addressed in the assessment: List the questions to be addressed during the test or assessment activity. **Example:** This (test or assessment) is being conducted to answer the following questions:

- Does _____ have a disability or developmental delay?
- What are _____'s current levels of development and daily routines?
- What are _____'s individual strengths and needs?
- What are the possible strategies for _____'s success in daily routines?
- What skills are _____ready to work on?

5.Discuss individual child strengths and developmental status

- In family friendly language, list the tool(s), if any, that were used and purpose of the tool
- Include information from informal assessments (checklists, criterion-referenced tools, etc.), clinical observation, and family members.
- Record observations and information from all members including the family and report what the child can do or what he is beginning to do.
- If the purpose of the report is to assist with eligibility determination, the information in this section should help identify if the child is a child with a disability or developmental delay and if he/she is eligible for Part C services. Typically, the section will contain scores. However, <u>remember that scores should not stand-alone. Descriptive information should accompany scores.</u>
- If the purpose of the report is assessment for IFSP planning/intervention planning, this section should contain information that will assist the IFSP team in developing outcomes. For example, the information should describe what the child is beginning to do, areas of need, and what strategies might be appropriate to target areas of need.

6.Information regarding daily routines, if obtained: This area may include additional information on the child's daily routines that was provided by the family during the intake activities or family assessment. This information should NOT be a duplication of information in the adaptive areas of the report.

7.Summary and recommendations: This section should summarize the information within the context of the report and discuss the child's strengths and needs. The report should indicate if early intervention services are needed. <u>Specific recommendations related to frequency and intensity of services are not appropriate at this time and should not appear in this report.</u> If the purpose of the activity was assessment for IFSP planning, the professional should provide strategies or activities that could be incorporated into the IFSP to support the process of developing child/family outcomes.

HEALTH SUMMARY

Please complete this form as this child's primary medical provider. Your participation is encouraged in order to ensure that appropriate medical information is available to assist in eligibility determination and service planning. If you have questions, please contact the Intake Coordinator named on the cover letter. Your signature below indicates the accuracy of the information provided. Thank you!

☐ Initial Health Summary ☐ Health Summary Update

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

MEDICAL INFORMATION (For Initial Health Summary Only)

Reason(s) for Referral: _____

Birth Weight: _____ _____ Gestational Age: _____Length of Hospital Stay: _____
grams lbs/oz

Complications, procedures: _____

Subsequent Hospitalizations/Surgeries: _____

CURRENT HEALTH STATUS (* Indicates data entered and stored electronically at the System Point of Entry)

Present concerns/diagnoses*/illnesses (Please indicate ICD 9 codes next to diagnoses):_____

Current Medications: _____

Medical Precautions/allergies: _____

Immunizations are up to date: __YES __NO Date you last saw this child: _____

Physical Status: _____

Vision: I (check one) ____ **have concerns** _ ____ **do not have concerns** about this child's vision. **Date screened:** _____ **Results:**_____
Comments: _____

Hearing: I (check one)_____ **have concerns** _____**do not have concerns** about this child's hearing. **Date screened:** _____ **Results:**_____
Comments:_____

Child's Name:_____

DEVELOPMENTAL STATUS: Please comment on each of these areas. If you have used a formal screening tool to assess these areas, please indicate below.

Adaptive skills:
Within normal limits for age: yes / no (circle one)
Atypical for age (Please explain):
Comments: _____
_____

Cognitive skills:
Within normal for age: yes / no (circle one)
Atypical for age (Please explain):
Comments: _____
_____

Motor skills:
Within normal for age: yes / no (circle one)
Atypical for age (Please explain):
Comments: _____
_____

Social and emotional skills:
Within normal for age: yes / no (circle one)
Atypical for age (Please explain):
Comments: _____
_____

Communication skills:
Within normal for age: yes / no (circle one)
Atypical for age (Please explain):
Comments: _____

Developmental screening test(s) completed:
Test(s) used:_____ Date:_____ Result:_____

Please attach any developmental screenings, assessments, subspecialty consults, or allied health assessments that may be helpful in determining this child's eligibility and/or early intervention needs.

Signature: _____ Date: _____ Name: _____
Primary Care Provider or Designated Representative
Address: _____Telephone: _____ FAX: _____Page 2 of 2

Child's Health Information: EarlySteps is required to consider health information as part of the eligibility process. This helps the EarlySteps team to develop the whole developmental profile of your child.

Child's Name:_____ Date of Birth:_____

1.. Primary Care Physician Name		Date Last Seen
Address:		Telephone (____) _____-_____ FAX (____) _____-_____
2. Specialty Physician Name:	Specialty:	Date Last Seen
Address:		Telephone (____) _____-_____ FAX (____) _____-_____
3. Specialty Physician Name:	Specialty:	Date Last Seen:
Address:		Telephone (____) _____-_____ FAX (____) _____-_____

B. Are any of the following present?

- ☐ Parent, physician or provider has a concern about child's hearing
- ☐ Family history of permanent child hearing loss
- ☐ In-utero infections associated with hearing loss were present: bacterial meningitis, CMV, HERPES, Rubella, Syphilis, Toxoplasmosis (TORCH infection)
- ☐ Presence of a neurodegenerative syndrome
- ☐ Head Trauma
- ☐ Recurrent or persistent ear infections
- ☐ Syndrome known to include hearing loss or ear canal dysfunction (e.g., Down Syndrome)
- ☐ Infections after birth associated with sensorineural hearing loss including bacterial meningitis
- ☐ Medical conditions during the first month of life, including hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation
- ☐ Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Ushers Syndrome
- ☐ Child is referred for speech or language delay or articulation issues

If any of the above is checked, child should be screened for hearing loss if a current (within three months) hearing screen is not available.

C. Are any of the following present?

- ☐ Parent, physician, or provider has concerns about child's vision
- ☐ Child presents with global developmental delay
- ☐ Child has a history of eye disease or dysfunction: cataracts, congenital glaucoma, nystagmus and has not been tested previously
- ☐ Child has a history of a TORCH infection in utero (see above)

If any of the above is checked, child should be screened for vision loss if a current (within three months) vision screen is not available.

D. Does your child currently use any adaptive equipment? (√ accordingly and complete)

	Wheelchair: Who provides/pays?		Walker: Who provides/pays?
	Splints/AFOs/Braces: Who provides/pays?		Eye Glasses: Who provides/pays?
	Adaptive Seating: Who provides/pays?		Hearing Aids: Who provides/pays?
	Adaptive Bathing: Who provides/pays?		Assistive Communication Device(s):Who provides/pays?
	Feeding Aids: Who provides/pays?		Other:
	Other:		Other:

E. Does your child use any of the following equipment? (Check as appropriate)

	Apnea Monitor		Feeding Tube		Other:
	Oxygen		Ventilator (dependent)		Other:

F.Does your child use any medications (specify type, route and purpose)?

Medication	Route (tube, mouth)	Purpose

G. Is your child on a special diet? Yes_____ No_____ If yes, Type_____

H. Does your child have any known allergies?
Yes_____ (specify _____) No_____

Notes:

2. Pregnancy, Birth and General Health History

Is there anything important about your pregnancy with your child, or his/her birth or early health history that will be helpful to us in determining your child's eligibility or in planning services together?

Date of Interview: _____

Information provided by: _____

Signature:_____

This form meets all applicable regulations for the Family Educational Rights and Privacy Act (FERPA) and the Health Information Privacy and Portability Act (HIPPA).

CONSENT TO RELEASE AND SHARE INFORMATION

I/We, _____,
Parent/Legal Guardian Name(s)

give my/our informed consent for: Early Steps, Louisiana's Early Intervention Services System to communicate and share information, in writing and conversation with:

_____
Individual Provider Name

_____
Agency (if applicable)

_____
Street Address/Post Office

_____
City/Town State Zip Code

Regarding:

_____
Child's Legal Name Date of Birth

_____
Street Address/Post Office

_____
City/Town State Zip Code

_____
Telephone

For the purpose of: (as checked)

_____ Access to the early intervention record (including obtaining copies required to determine eligibility), participate in service planning, and/or provide early intervention services as defined in the Individualized Family Service Plan (IFSP).
_____ Obtaining written specialty reports, including assessments
_____ Obtaining a copy of the Individualized Family Service Plan (IFSP)
_____ Obtaining progress reports
_____ Obtaining correspondence and other communications regarding eligibility and/or the provision of early intervention services
_____ Eligibility determination by OCDD
_____ Eligibility determination by the local education agency (LEA)
_____ Contact by the Community Outreach Specialist to discuss involvement in EarlySteps system activities
_____ Inclusion in mailings by the Community Outreach Specialist
_____ Participate in Transition Meeting
_____ Other: _____

I have read and understand the conditions of this release. This consent is valid for one year (12 months) unless I revoke it before the end of the year.

_____ _____
Signature (Parent/Legal Guardian/Educational Surrogate) Date

EARLY STEPS OF LOUISIANA
CONSENT TO RELEASE AND SHARE INFORMATION

PLEASE READ THIS CAREFULLY BEFORE SIGNING.
IF YOU HAVE QUESTIONS, PLEASE ASK YOUR INTAKE OR FAMILY SERVICE COORDINATOR.

The purpose of this release is to collect information necessary to determine my child's eligibility for the program listed above, and to plan and provide essential and necessary services as determined through the IFSP process. I hereby authorize the provider named on the reverse side of this form to release to the staff of Early Steps, Louisiana's Early Intervention System, upon presentation of this form, any records or information pertinent to the development and implementation of a plan for service to meet the developmental needs for the child named on this release.

I also give consent for the release of information by the Early Steps system to other individuals where an informed, written consent has been obtained from me; and to ensure ongoing service delivery in accordance with the IFSP through routine communications including report distribution, participation in IFSP meetings, and planning and review activities.

I understand that this consent includes the sharing of information as authorized above in written, verbal and/or video format. This consent is effective for a period up to twelve (12) months from the date of my signature on this release. As the parent/legal guardian or Early Steps Surrogate Parent, I understand that I may revise or revoke this release of information/consent to communicate at any point in time through the Intake/Family Service Coordinator indicated on the current IFSP.

The information collected as a result of this consent shall be maintained in my child's record, which will be located at the System Point of Entry for Early Steps, Louisiana's Early Intervention System. This record is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) and, as such, is available for my review and may be reproduced or corrected upon my request. All personal information collected will be treated as confidential.

Provider Selection Form
(Freedom of Choice)

The (check one) □ Intake Coordinator or □ Family Support Coordinator (FSC) showed me the EarlySteps Service Matrix (check format shown: □ Electronic or □ Hard Copy) and I selected the following early intervention providers for: (check appropriate activity)

- □ an assessment to determine eligibility OR
- □ an eligibility team meeting OR
- □ an IFSP development meeting OR
- □ the provision of early intervention services.

Name	**Specialty**

_____

Parent Signature Date

Note: If chosen provider is not available, document by the provider's name the date provider declined the referral and initial it.

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Family Assessment of Concerns, Priorities and Resources

EarlySteps is designed to help families increase their abilities to enhance their child's growth and development. To do this, we need to find out what activities your family participates in and which of the activities are most problematic or concerning to you. EarlySteps uses this information to better understand your child's needs and what is most important to your family. This assessment of your concerns, priorities and resources is voluntary—that is, you can decide not to share this information with EarlySteps. We will continue to work with you and your child to determine eligibility.

Assessment of Family Concerns, Priorities, and Resources to enhance development of their child
Date completed: _____
Check appropriate box ☐ Family assessment completed with family concurrence.
☐ Family declined family assessment of concerns, priorities and resources (Parent signature)_____

This assessment is divided into four sections:

1. Family View of Child's Development—You will be asked to tell the Intake Coordinator or Family Support Coordinator what you think about your child's growth and development. While it is important to think about the whole child, you will be asked to talk about specific areas of your child's development. EarlySteps often calls these areas developmental domains
2. Family Activities—this section addresses those activities that your family frequently does. You will be asked to think about those activities that are most important to you and if you have any concerns with how your child participates in that activity. You may want to talk about activities that you would like to do but feel you can't because it's too hard or you fear that the activity would not be successful for your child.
3. Daily Living Routines—all children and families have similar routines of daily life. Daily life routines are things like sleeping or napping, eating, dressing, etc. You will be asked to think about the routines of your child's day—the routines may occur at home or in other settings like childcare, grandma's house, etc. We would like you to tell us if any of those routines are concerning to you.
4. Family Resources—EarlySteps is a partnership with families. Your family has resources that can be used to help with the interventions or strategies we decide to use with your child. Resources include people (like relatives, sisters and brothers, friends, church members, etc.), skills you or other family members have, or other things you feel help you.

The Intake Coordinator or Family Service Coordinator will ask you questions in each of the areas listed above. She will take notes on this form. The form has checkboxes to help fill it out quickly—the important part of the form are the boxes where your answer are written, Afterwards, the document will be shared with you so that you can be sure that your statements and thoughts were accurately captured. You will receive a copy of this completed document. Both you and the rest of the EarlySteps team will refer to the information on this document as they work with you during the eligibility determination. If your child is found eligible for EarlySteps, this information will be used as you and other members of the team develop the Individualized Family Service Plan. The FSC working with you will update this form on a regular basis so that the IFSP team has information about the changing needs of your child and family.

1. Family's View of Child's Development This section assists the Early Steps team to learn more about the child's development and your concerns about your child's growth and development. The information will help with the eligibility determination and, if your child is eligible for EarlySteps, the information will help establish priorities to address in the Individualized Family Service Plan.

What concern(s) does the family have about their child's development? (Discuss all developmental domains):

Physical:	1. Tell me about your child's ability to move:	Do you have a concern about this?
	2. Tell me about your child's growth:	Do you have a concern about this?
	3. Tell me about your child's ability to see:	Do you have a concern about this?
	4. Tell me about your child's ability to hear:	Do you have a concern about this?
Communication	Tell me how your child lets you know what he/she wants or needs:	Do you have a concern about this?

Social/Emotional	Tell me about how your child expresses happiness, sadness, frustration, and how he/she calms, etc.:	Do you have a concern about this?
Adaptive	Tell me how your child takes care of himself—feeding, sleeping, dressing self, etc.:	Do you have a concern about this?
Cognitive	Tell me how your child solves problems like getting a toy he/she wants:	Do you have a concern about this?

Is there anything you think we should know about your child's growth or development that we haven't talked about?

Part 2: Family Routines and Activities EarlySteps is designed to support you and your child with the routines and naturally occurring activities of daily life. The important routines and activities are the targets of any service you and your family receives in EarlySteps. All families have activities that they do on a frequent basis. Think about those activities that your family does and if any of them standout. Do you have any concerns with some of the activities that you do or are there barriers present that keep you from participating in the activity?

Activity	**What's happening now?**	**Area of development impacted by activity (check as needed)**
□ attending religious events □ visiting relatives or friends □ going to the library □ gardening or fitness activities □ attending siblings activities □ shopping □ family meals □ meal prep and clean up □ recreation (playing games, watching TV, listening to music, etc) □ other:	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	_____Physical _____Cognitive _____Communication _____Social or Emotional _____Adaptive
Activity	**What's happening now?**	**Area of development impacted by activity**
□ attending religious events □ visiting relatives or friends □ going to the library □ gardening or fitness activities □ attending siblings activities □ shopping □ family meals □ meal prep and clean up □ recreation (playing games, watching TV, listening to music, etc) □ other:	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	_____Physical _____Cognitive _____Communication _____Social or Emotional _____Adaptive

Activity	What's happening now?	Area of development impacted by activity
□ attending religious events □ visiting relatives or friends □ going to the library □ gardening or fitness activities □ attending siblings activities □ shopping □ family meals □ meal prep and clean up □ recreation (playing games, watching TV, listening to music, etc) □ other:	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	____Physical ____Cognitive ____Communication ____Social or Emotional ____Adaptive
Activity	**What's happening now?**	**Area of development impacted by activity**
□ attending religious events □ visiting relatives or friends □ going to the library □ gardening or fitness activities □ attending siblings activities □ shopping □ family meals □ meal prep and clean up □ recreation (playing games, watching TV, listening to music, etc) □ other:	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	____Physical ____Cognitive ____Communication ____Social or Emotional ____Adaptive

Part 3: Daily Living Routines Think about those routines that your child does everyday and if any of them standout. Do you have any concerns with some of the routines that you do or are there barriers present that keep your child from being successful?

Type of Routine	**What's your child doing during the routine?**	**Area of Development impacted by the activity**
Daily living Activities ☐ bathing ☐ dressing ☐ eating ☐ potty training ☐ playing indoors ☐ playing outdoors ☐ sleeping/napping	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	_____ Physical _____Cognitive _____Communication _____Social or Emotional _____Adaptive
Type of Routine	**What's your child doing during the routine?**	**Area of Development impacted by the activity**
Daily living Activities ☐ bathing ☐ dressing ☐ eating ☐ potty training ☐ playing indoors ☐ playing outdoors ☐ sleeping/napping	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	_____ Physical _____Cognitive _____Communication _____Social or Emotional _____Adaptive

Type of Routine	**What's your child doing during the routine?**	**Area of development impacted by the activity**
Daily living Activities ☐ bathing ☐ dressing ☐ eating ☐ potty training ☐ playing indoors ☐ playing outdoors ☐ sleeping/napping	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	_____ Physical _____Cognitive _____Communication _____Social or Emotional _____Adaptive
Type of Routine	**What's your child doing during this routine?**	**Area of development impacted by the activity**
Daily living Activities ☐ bathing ☐ dressing ☐ eating ☐ potty training ☐ playing indoors ☐ playing outdoors ☐ sleeping/napping	What is your child doing now during this activity? What can your child do by him or herself during this activity? How does your child get along with others during this activity?	_____ Physical _____Cognitive _____Communication _____Social or Emotional _____Adaptive

Part 4: Family Resources All families have resources (people, skills, things) that help to support them. Sometimes others easily see the resources and sometimes the resource may be hidden within a person. Tell us about the resources you have to help you with your child.

Our family's priorities to address are:

This is the end of the Family Assessment of Concerns, Resources and Priorities. Thank you for your information and time.

Information provided by: _____ Signature:_____

Date: _____

April 2005

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For SPOE use only

EARLYSTEPS TEAM MEETING ANNOUNCEMENT

Date:_____

Dear _____,
Parent's name

This is to confirm that a meeting has been scheduled for _____ at:
Child's name

Date: _____

Time: _____

Location: _____

The purpose of this meeting is (check one only):

____ to determine eligibility for EarlySteps services.

____ to develop the initial IFSP.

____ to plan transition to other services at age 3.

The following individuals have been invited to attend this meeting: (individuals are listed by name with discipline).

_____

_____

_____

We hope that you will share your observations, questions, concerns and priorities for your child and family during the meeting. You may also invite any additional individuals whom you would like to participate. If this time is not convenient or you need to reschedule for any reason, please contact me at_____.
(phone number) (address)

Sincerely,
Intake Service Coordinator
CC: All individuals listed above

April 2005

SPOE Checklist

Directions: Insert Date Activity was completed.

Intake Coordinator Name: _____SPOE:_____

Child's Name: _____Date of Birth:_____

Last First MM/DD/YYYY

Activity	Date Completed	Date Data Entered in SPOE Software	Steps for Activity Completion
Referral Form Received			Opened electronic records and hard copy; Data Entered
Initial Family Contact			Telephone or face-to-meeting
Acknowledgement to Referral			Letter mailed within 7 days of receipt of referral
Intake			Obtained Consent to Proceed for Eligibility & IFSP Development
			Administered ASQ (Data entry to be implemented at a later date)
			If needed, provided Notice of Action Refused: Eligibility Determination
			Completed LA DHH Application for Services; Data Entered
			Obtained signed Releases of Information
			Completed Birth & Health History Mailed Health Summary to child's medical home; Data Entered
			Completed Family Assessment of CPR
Eligibility			Service Matrix Form completed
			Authorizations for team meeting entered
			Eligibility Team Meeting Announcement sent
			Eligibility Consultant Statement completed
			Eligibility Determination Documentation Completed; Data Entered
IFSP Development			Service Matrix Form completed
			Authorizations for team or for assessments entered
			IFSP Team Meeting Announcement sent
			Completed IFSP; Data Entered
			Authorizations entered
			IFSP mailed to all team members
IFSP Revision			Receipt & processing of completed paperwork for early intervention record: Notification of appropriate IFSP team members Notice of Action provided to the family
			Completed IFSP Revision Form; Data Entered
			Completed Change of Authorization Form (as needed)
			IFSP Team Minutes

April 2005

Activity	Date Completed	Date Data Entered in SPOE Software	Steps for Activity Completion
			For change of provider only, receipt and processing of Completed Parent Request to Change Provider Form
6-month Review			Receipt and processing of paperwork from FSC
			Notice of Action provided to the family
			Completed IFSP 6 Month Review Form, copy filed; Data Entered
			Completed Authorization Change Form; copy filed
			If needed, Authorizations entered
			Team Meeting Minutes (written, disseminated and filed)
Quarterly Report			Receipt and filing of Quarterly Report
Annual Re-determination of Eligibility			Receipt of completed paperwork from FSC; filed in early intervention record
			Notification of Eligibility Meeting to appropriate IFSP team members
			Notice of Action provided to the family
			Completed Eligibility Documentation; Data Entered
			Team Meeting Minutes
Annual IFSP			Receipt of completed paperwork from FSC; filed in early intervention record
			Service Matrix Form completed, if needed
			Authorizations for team or for assessments entered
			IFSP Team Meeting Announcement
			Completed IFSP; Data Entered
			Authorizations entered
Transition			Receipt of completed paperwork from FSC; filed in early intervention record
			Transition Letter sent to LEA (must be no earlier than child's age of 2.2 and no later than child's age of 2.6)
			Notification of appropriate IFSP team members
			Notice of Action provided to the family
			Team Meeting Minutes (written, disseminated, and filed)
			Signed and dated Releases of Information (as needed)
			OCDD/BCSSSR Letter of Notification
			Date information sent to receiving program per parent's written consent
Case Closure			Completed Case Closure Form; Data Entered
			Copies of any needed correspondence

Activity	Date Completed	Date Data Entered in SPOE Software	Steps for Activity Completion
			Date copies of early intervention record sent per parent's written consent
Miscellaneous forms			Receipt of completed paperwork from FSC; filed in early intervention record

Eligibility

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Request for Authorization

Note: This request form is used only by Intake and Family Service Coordinators

Section 1.

Date:_____ Parish_____

Child's Name:_____ D.O.B. _____

Section 2. Provider Information:

Billing Entity (Please Complete) Service Provider

Name: _____ Address: _____ _____ City:_____ State:_____ Zip:_____ Tel: _____	Name: _____ Address: _____ _____ City:_____ State:_____ Zip:_____ Tel: _____
Specialty	*Location*

Section 3. Authorization Information

Start Date of Service_____ Estimated Length of Request __30 Days __ 60 Days

Number of Minutes needed: (Not to exceed 150 minutes) _____

☐ IFSP Team Meeting ☐ Eligibility Team Meeting

☐ Transition Team Meeting ☐ Assessment

Requested by:_____ Date: _____

Data Entry by:_____ Date: _____

EarlySteps Eligibility Consultant Statement

Section 1. Identifying Information

Name of Child_____ Date of Birth_____

Chronological Age & Adjusted Age if applicable:_____

Name and title of person providing input:
_____

Section 2. Statement of Informed Clinical Opinion

I have reviewed the intake packet sent to me by the Intake Coordinator. Based upon the information and my knowledge of child development, this child has a

☐ Developmental delay in the developmental domain of _____

OR

☐ Medical condition that results in a developmental delay or developmental disability

(diagnosis)_____ IC9 Code:_____

OR

☐ This child does not have a developmental delay or medical condition that results in a developmental delay or developmental disability.

Additional comments or observations:

Signed: _____ Date:_____

ELIGIBILITY DETERMINATION

Check one:
Initial Eligibility ☐
Annual Eligibility ☐

SPOE:_____ Date: _____

*Intake Coordinator/Family Service Coordinator: _____

*Child's Name: _____*Date of Birth:_____ Age/Adjusted Age:_____

* Parent/Guardian Name: _____ *Date of Referral: _____

Section A. Statement of Eligibility **Eligibility determination activities pursuant to 34 CFR 303.300 and 303.322 were conducted for this child and resulted in the findings as stated below.**

1. Child is determined eligible based upon: (check appropriate methodology used)

☐ Informed Clinical Opinion (attach page 2A) **OR** ☐ Formal Testing or Assessment (attach page 2B)

Check eligibility criteria met:

_____*Documentation of diagnosed medical condition that results in a developmental delay or developmental disability

Diagnosis: _____ *Primary ICD-9 Code:_____

*Secondary ICD-9 Code:_____

OR

_____*Documentation of developmental delay in the domain(s) of : _____

*Primary ICD-9 Code:_____

OR

2. Child is determined **NOT** eligible.

Referral(s) made to:_____ Date: _____

Procedural Safeguards (Parents Rights) were reviewed: ___yes ___no, if no, why not:_____

Eligibility Team

Name	Title	Method of Participation
		☐ Attended meeting ☐ Report ☐ Telephone ☐ Representative attended
		☐ Attended meeting ☐ Report ☐ Telephone ☐ Representative attended
		☐ Attended meeting ☐ Report ☐ Telephone ☐ Representative attended

ATTACH APPROPRIATE DOCUMENTATION TO THIS PAGE

Use this page to record the eligibility team's discussion and application of eligibility criteria.

1. What was the reason for referral?	Does this meet or support the eligibility criteria? ☐ Yes-- If so, how: ☐ No
2. What is the family's statement of concerns about their child's development?	Does this meet or support the eligibility criteria? ☐ Yes-- If so, how: ☐ No
3. Screening Information Vision: ☐ no concerns ☐ needs further assessment Hearing: ☐ no concerns ☐ needs further assessment Development (ASQ results) Communication: ☐ no need for further assessment ☐ needs further assessment Gross Motor ☐ no need for further assessment ☐ needs further assessment Fine Motor ☐ no need for further assessment ☐ needs further assessment Problem-Solving ☐ no need for further assessment ☐ needs further assessment Personal-social ☐ no need for further assessment ☐ needs further assessment	Does this meet or support the eligibility criteria? ☐ Yes-- If so, how: ☐ No
4. Pertinent Health/Medical information a. Child has a medical home: ☐ yes ☐ no b. Immunizations are current: ☐ yes ☐ no c. Child receives regular well-child health services: ☐ yes ☐ no --Is this through a medical home? ☐ yes ☐ no --Has medical home noted concerns with Hearing: ☐ yes ☐ no Vision: ☐ yes ☐ no Development: ☐ yes ☐ no Are there health or medical issues, which impact this child that are associated with developmental delay or developmental disabilities? _____ _____	Does this meet or support the eligibility criteria? ☐ Yes-- If so, how: _____ _____ _____ _____ _____ _____ ☐ No
5. Other existing information:	

Attach any supporting documents that the team feels is helpful. Attach completed form to cover page, entitled: Eligibility Determination

Team Statement of Formal Testing or Assessment Information

Use this page to record the team's discussion and application of eligibility criteria.

Domain	Statement of Child's level of performance, including age equivalency if needed for clarity and understanding of level of performance. Statements should identify skills and abilities.
Thinking and learning (cognition) Date: Instrument(s) Used:	Clinician's Name:
Moving, seeing, hearing (physical development) Date: Instrument(s) Used:	Clinician's Name:
Understanding and communicating (communication) Date: Instrument (s) Used:	Clinician's Name:
Getting along with others (social/emotional/behavior) Date: Instrument (s) Used:	Clinician's Name:
Doing things for him/herself (adaptive development) Date: Instrument Used:	Clinician's Name:

Verification of Assessment Procedures: Check appropriate response

Conducted in the family's native language or mode of communication? ☐ Yes ☐ No: explain _____

Conducted in the child's native language or mode of communication? ☐ Yes ☐ No: explain_____

Attach any supporting documents that the team feels is helpful. Attach completed form to cover page, entitled: Eligibility Determination

IFSP

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INDIVIDUALIZED FAMILY SERVICE PLAN

Section 1. Child Information

***Child's name:**_____ ***Nickname:** _____ ***Gender:** (circle one) M F

***Home Address:**_____ ***Mailing Address:**_____

***City/Town:** _____**LA** ***Zip Code:**_____ ***Parish:**_____

***Date of Birth:** ***Current Age/Adjusted Age:** **Today's Date:**

Section 1A. General Contact Information

***Parent/Guardian:**_____

***Relationship to Child:** _____

***Address:**

_____

_____

***Telephone:**

Home_(____)_____ **Work_(____)_____**

Cell_(___)_____ **Best time to call:_____**

***Native Language Used:**_____

***Other contact person**

***Name:**_____

***Relationship:** _____

Section 1B. IFSP History and Family Support Coordinator (FSC)

FSC: _____
name

Telephone: _____

IFSP History

Date of Initial IFSP meeting: _____

Projected Date of Annual IFSP: _____

Type of IFSP and Date:

- ☐ **Interim** _____
- ☐ **6 month Review** _____
- ☐ **Initial** _____
- ☐ **Transition** _____
- ☐ **Annual** _____
- ☐ **Review/Revision** _____

Notice of Action—IFSP Development: The IFSP is the documentation of a team discussion. The IFSP reflects the strategies and services needed to support the achievement of the outcomes identified by the team. We are proposing to implement this plan of early intervention services that have been individualized to meet the needs of child and family listed above. The family has received a copy of the Parent's Rights.

*Indicates information to be entered and stored electronically at the System Point of Entry

Early Steps of Louisiana IFSP

Child's name:_____ Date of Birth:_____ Date of IFSP: _____

Last/first/middle mm/dd/vvvv mm/dd/vvvv

Section 2: Present Level of Functioning/Development.

Moving:
Thinking/Learning:
Understanding and communicating:
Getting along with others:
Doing things for him or herself:
Current health status:
Vision recently checked; results:
Hearing recently checked; results:

Child's name:_____ Date of Birth:_____ Date of IFSP: _____
last/first/middle mm/dd/yyyy mm/dd/yyyy

Section 3. Summary of Family Concerns, Priorities, and Resources to enhance the development of their child

Date completed: _____

Check appropriate box: ☐ Family assessment completed with family concurrence.

☐ Family declined family assessment of concerns, priorities and resources (Parent signature)_____

We have concerns about the routines and activities listed below. Please review the Family Assessment of CPR for details.

Section 4. Priorities of the Family (should be selected from items checked in Section 3 and reflected as an outcome in Section 6)

Strengths, resources that our family has to help meet our child's needs:

Child's name:_____Date of Birth:_____ Date of IFSP:_____
last/first/ middle mm/dd/yyyy mm/dd/yyyy

Section 5 Transition Planning Checklist

✓ item	Transition into and within EarlySteps	Specific transition issues	Responsible individual
	Transition from hospital or neonatal intensive care unit to home and into early intervention services to ensure no disruption of necessary services		
	Family related changes that may affect the IFSP service delivery (i.e., employment, birth or adoption of sibling, medical needs of other family members)		
	Child related changes that may affect the IFSP service delivery (i.e., hospitalization, surgery, placement in a child care setting, addition of new equipment or technology, medication changes)		
	Introduction of new or a change in: Service provider Service location		
	Termination of existing IFSP service		
	Explore community program options for our: Child Family		
	Child and family exiting from Part C system due to: Loss of eligibility Family does not agree to participate Child and family achieved all outcomes		
Transition from Part C: Required elements to be completed no earlier than 6 months prior to the child's third birthday and no later than 90 days prior to the child's third birthday. Elements checked are required at each IFSP meeting.			
✓	Discussions with, and training of parents regarding future placements and other matters related to the child's transition		
✓	Discussions about procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting		
	With parental consent, send information about the child to the local educational agency to ensure continuity of services including assessment of information and current IFSP		
	With parental consent, send specified information to community programs to facilitate service delivery or transition from the Part C early intervention system.		

Child's name:_____ Date of Birth:_____ Date of IFSP:_____
last / first/ middle mm/dd/yyyy mm/dd/yyyy

Section 6. Family and child centered outcome (s) (Desired outcome #_____) This page should be duplicated as needed; bolded items are required by state and federal rules.

Outcome:	What's happening now?

What do we want this child and/or family to accomplish in the next 6-12 months? (timeline) (3 & 6 month required; 9 & 12 optional)

In the next:

- ☐ 3 months, we want to see: _____
- ☐ 6 months, we want to see: _____
- ☐ 9 months, we want to see: _____
- ☐ 12 months, we want to see: _____

What strategies will the family use in their daily routines and activities to support the outcome?

With whom and where can these strategies be practiced?

Procedure for measuring progress towards this outcome:

Criteria for measuring progress: Our team will be satisfied that we are finished with this outcome when:

Child's name:_____ Date of Birth:_____ Date of IFSP: _____

Last/ first /middle mm/dd/yyyy mm/dd/yyyy

Section 7 *Early Intervention Resources, Supports and Services *This entire page is part of the electronic record. NOTE: Attach Page 6A if providing Assistive Technology Devices or Services and Transportation Services

Column A	B	C	D	E	F	G	H		I	J Provider's Name/Payee Type
Early Intervention Service	Outcome Number	Location Code	Frequency	Intensity	Start Date	End Date	Method	Check □ Ind □ Group	Funding Source	□ Indpt □ Agency
								□ Ind □ Group		□ Indpt □ Agency
								□ Ind □ Group		□ Indpt □ Agency
								□ Ind □ Group		□ Indpt □ Agency
								□ Ind □ Group		□ Indpt □ Agency
								□ Ind □ Group		□ Indpt □ Agency
								□ Ind □ Group		□ Indpt □ Agency

K. Consider all services identified on this IFSP. What is the Primary Setting for this IFSP (circle)?

a. special purpose facility **b.** community setting **c.** home **d.** hospital **e.** residential facility **f.** service provider setting **g.** other setting

The contents of this completed IFSP have been fully explained to me/us. I /we give informed, written consent to implement the services described in the section of the IFSP. I/we have received a written copy of our Parents Rights within the Early Steps Early Intervention System.

_____

Parent/Guardian/ Foster Parent or Surrogate Signature Date

**LEGEND:

Column C, Location Code: 1 = home and/or community setting 5 = special purpose center with inclusive child care 6 = special purpose center or clinic

Column H, Method Code: 1= Early Intervention Service 2= Family Education Training Support 3 = Assessment

Column I, Funding Codes: A: CFO B: Private Insurance C: MFP funds D: Other State Funds

Child's name:_____ Date of Birth:_____Date of IFSP_____
Last /first /middle mm/dd/yyyy mm/dd/yyyy

Section 7 Continued (complete this page if needed). *Assistive Technology Device * Indicates information entered and stored electronically

IFSP Outcome #	*Name of Device	Vendor Providing Device	*Where is device used?	*When is device used?	*Start Date	*End Date	*HCPCS Code	*Price/Cost
							Total cost for all assistive devices listed:	

Section 7 Continued: *Transportation

IFSP Outcome #	*Start Date	*End Date	*Provider	*Frequency	*Maximum miles per trip; expressed as round trip

Child's name:_____ Date of Birth:_____ Date of IFSP_____

Last/first/middle mm/dd/yyyy mm/dd/yyyy

Section 8. Other Services (required section)

Service	Family or Child Service (circle)	Responsible Person Contact Information	Funding Source or steps to secure service
Primary Medical Home or Physician	Family child		
	Family child		
	Family child		
	Family child		
	Family child		
	Family child		

Section 9 IFSP Development Team and Contributors

Printed Name	Position/Role	Agency (if applicable)	Telephone	Signature or Method of Participation

Child's name:_____ Date of Birth:_____ Date of IFSP:_____

Last/first/middle mm/dd/yyyy mm/dd/yyyy

Section 1O: Justification for Early Intervention Services Delivered outside of Child's Natural Environments

Complete as needed. The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when the early intervention (outcomes) cannot be achieved satisfactorily for the infant or toddler in a natural environment. **Each service provided outside of the natural environment must have a justification; attach an individual justification needed to document each service.**

Outcome #: _____ **Early Intervention Service:** _____

Explain how and why the IFSP team determined that the outcomes could not be achieved in the child's natural environment.	How will services provided in this location be generalized to support the child's ability to function in his or her natural environment?	Develop a plan with timelines and identify the supports necessary to allow the child's outcomes to be satisfactorily achieved in the child's natural environments.

Comments:

IFSP 6-month Review

Child's name:_____ Date of Birth: _____ Parish of Residence:_____
Last/First/MI mm/dd/yyyy

IFSP Review Date:_____ **FSC:**_____**Telephone:** _____
Mm/dd/yyyy

Outcome (write this out in words)	What is child or family doing now that they weren't doing 6 months ago?	How do we rate this progress?	What action do we need to do now?**
		__ Outcome achieved __ Outcome partially obtained __Need to keep working on this Comment:	___Celebrate the progress! ___Keep doing what we are doing ___ Revise the early intervention services but keep same outcome □ Any increase in early intervention services are based upon lack of progress or regression ___ Revise both the outcome and the services
		__Outcome achieved __ Outcome partially obtained __Need to keep working on this Comment:	___Celebrate the progress! ___Keep doing what we are doing ___ Revise the early intervention services but keep same outcome □ Any increase in early intervention services are based upon lack of progress or regression ___ Revise both the outcome and the services
		__Outcome achieved __ Outcome partially obtained __Need to keep working on this Comment:	___Celebrate the progress! ___Keep doing what we are doing ___ Revise the early intervention services but keep same outcome □ Any increase in early intervention services are based upon lack of progress or regression ___ Revise both the outcome and the services

Note: FSC services must be added at the 6-month review; proceed to next page of form.

6-Month Review: IFSP Revisions

Child's Name: _____DOB: _____Date of Meeting:_____

Directions: Complete all sections of this form. Documentation must clearly describe that the parent was provided a written Notice of Action: IFSP Revisions and that a simultaneous team discussion identified the need for change.

1. Concern and rationale for change:

2. If changes involve increasing adding a service or increasing the frequency and/or intensity of early intervention services, there is objective documentation of lack of progress or regression and identification of all strategies used to address lack of progress or regression. Data/Documentation used to support decisions:

Parent: I participated in the team meeting concerning this change in early intervention services. I give consent to implement the service revisions as described in this document. I have received a written copy of Parents Rights in EarlySteps. _____

Signature Date

FSC: _____

Signature Agency

Early Intervention Provider(s) Signature: _____

_____

_____

Check appropriate action below. Follow any additional steps as indicated by the item checked.

____ Adding an early intervention service; FSC services must be added at a 6-month review. This action requires that an Authorization Change Form be completed and submitted to the SPOE; parents must receive a Notice of Action: IFSP Revisions. Proceed to next page of form.

____ Change in frequency of service is needed. This action requires that an Authorization Change Form be completed and submitted to the SPOE; parents must receive a Notice of Action: IFSP Revisions.

____ Change in intensity of service (length of time for each session) is needed. This action requires that an Authorization Change Form be completed and submitted to the SPOE; parents must receive a Notice of Action: IFSP Revisions.

____ Change in location of service is required. This change requires an Authorization Change Form be completed. An IFSP natural environments justification must be completed and submitted to the SPOE along with the Authorization Change Form; parents must receive a Notice of Action: IFSP Revisions.

____ Team determined that there is no need for change to the IFSP or early intervention services. No additional paperwork is required.

6-Month Review: IFSP Revisions

Child's Name: _____ DOB: _____Date of Meeting:_____

Complete the table below to indicate the changes needed to authorizations. The current authorization will be cancelled and a new authorization with the changed information will be issued. Early Intervention Service Revisions—

Legend	Early Intervention Service	Outcome Number	Location Code	Frequency	Intensity	Start Date	End Date	Method		Fund	Provider's Name/Payee Type
Current Service								☐ ☐	Ind Group		☐ Independent ☐ Agency
+	**FSC**							☐ ☐	Ind Group		☐ Independent ☐ Agency
								☐ ☐	Ind Group		☐ Independent ☐ Agency
								☐ ☐	Ind Group		☐ Independent ☐ Agency

Legend: Current Service Detail to Modify + = Addition of a service - = Termination/Elimination of Service

Location Code: 1 =home or community setting 5=special purpose center or clinic 6 =special purpose center with inclusive child care
Method Code: 1= Early Intervention Service 2= Family Education Training Support 3 = Assessment
Fund Code: A= CFO B= Private Insurance C=MFP D=Other State Funds

Submitted by:_____ Telephone: _____

IFSP REVISION (not associated with a 6 month review)

Child's name: _____ Date of Birth:_____

FSC: _____ Date of Meeting: _____

Directions: Complete all sections of this form if the team discussion occurs before a 6-Month Review or Annual IFSP. Documentation must clearly describe that the parent was provided a written Notice of Action and that a simultaneous team discussion identified the need for change.

1. Concern and rationale for change:

2. If changes involve increasing adding a service or increasing the frequency and/or intensity of early intervention services, there is objective documentation of lack of progress or regression and identification of all strategies used to address lack of progress or regression. Data/Documentation used to support decisions:

Signatures of Team Members who discussed the need for change:

Parent: I participated in the team meeting concerning this change in early intervention services. I give consent to implement the service revisions as described in this document. I have received a written copy of Parents Rights in EarlySteps. _____

Parent Signature

Date

FSC: _____

Signature

Agency

Early Intervention Provider(s) Signature: _____

Check appropriate action below. Follow any additional steps as indicated by the item checked.

____ Change in frequency of service is needed. This action requires that an Authorization Change Form be completed and submitted to the SPOE; parents must receive a Notice of Action: IFSP Revisions.

____ Change in intensity of service (length of time for each session) is needed. This action requires that an Authorization Change Form be completed and submitted to the SPOE; parents must receive a Notice of Action: IFSP Revisions.

____ Change in location of service is required. This change requires an Authorization Change Form be completed. An IFSP natural environments justification must be completed and submitted to the SPOE along with the Authorization Change Form; parents must receive a Notice of Action: IFSP Revisions.

____ Team determined that there is no need for change to the IFSP or early intervention services.

IFSP Revision: IFSP Authorization Change Form

Child's name:_____ **Date of Birth:**_____ **IFSP Review Date:**_____
last/first/m iddle mm/dd/yyyy mm/dd/yyyy

Parish of Residence:_____ **Effective Date of Change:**_____
mm/dd/yyyy

FSC: _____ **Telephone number:** _____

Complete the table below to indicate the changes needed to authorizations. The current authorization will be cancelled and a new authorization with the changed information will be issued.

Early Intervention Service Revisions—BILLING PURPOSES ONLY

Legend	Early Intervention Service	Outcome Number	Location Code	Frequency	Intensity	Start Date	End Date	Method		Fund	Provider's Name/Payee Type	
Current Service								☐ ☐	Ind Group		☐ ☐	Independent Agency
+	**FSC**							☐ ☐	Ind Group		☐ ☐	Independent Agency
								☐ ☐	Ind Group		☐ ☐	Independent Agency
								☐ ☐	Ind Group		☐ ☐	Independent Agency

Legend: Current Service Detail to Modify + = Addition of a service - = Termination/Elimination of Service
Location Code: 1 =home or community setting 5=special purpose center or clinic 6=special purpose center with inclusive child care
Method Code: 1= Early Intervention Service 2= Family Education Training Support 3 = Assessment
Fund Code: A= CFO B= Private Insurance C=MFP D=Other State Funds

Submitted by _____Telephone: _____

FSC use only

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NOTICE OF ACTION: Re-Determination of Eligibility

Date Notice Provided to Family: _____

Notice of Action: The EarlySteps system ☐ proposes or ☐ refuses to determine my child's continuing eligibility (Re-determination of eligibility).

Reason: (check one that applies)
☐ Child appears to continue to have developmental delays or a developmental disability.

☐ Child is functioning at age appropriate developmental levels and no longer needs early intervention as evidenced by ongoing assessment information.

I understand that I have certain rights, opportunities and responsibilities that apply to my family's participation in Early Steps, Louisiana's Early Intervention Service System.
My rights, opportunities and responsibilities were explained to me, both verbally and in writing. I received my Parents Rights, which describes the rights, opportunities, and responsibilities available to me. I understand that the early intervention providers will follow procedures to assure that my rights and those of my child are guaranteed. This document includes information regarding:

(1) Evaluation for Eligibility Determination, and Assessment Service(s) for eligibility determination and/or IFSP development,
(2) Six Month Review and Annual Evaluation of the IFSP,
(3) Confidentiality of Information,
(4) Procedures for filing complaints; and
(5) Mediation and Due Process Hearings.

I understand that the proposed actions checked above are a result of a team meeting. I also understand that EarlySteps must wait at least three (3) calendar days before taking any of the above listed actions. If I do not agree with the proposed changes, I can contact the FSC listed below who will assist me in requesting a due process hearing to challenge the team's decisions.

Child's Name:_____

_____

Family Support Coordinator (FSC) Date

Telephone:_____

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NOTICE OF ACTION: IFSP REVISIONS

Date Notice Provided to Family: _____

Notice of Action: EarlySteps ☐ proposes or ☐ refuses to:

☐ Revise my child's IFSP:

- ☐ **Increase** the intensity or frequency of early intervention services
  Reason:
  - ☐ Child is not making satisfactory progress as evidenced by ongoing assessment
- ☐ **Decrease** the intensity or frequency of early intervention services
  Reason:
  - ☐ Child has made obtained outcome
  - ☐ Child has made enough progress to decrease intensity and/or frequency to a lower level
  - ☐ Child is not responding to the frequency or intensity due to over stimulation, fatigue, etc.
  - ☐ Parent requests a decrease in amount of service

☐ Change the method of service delivery of early intervention services due to child's need for group or individual (circle appropriate change) teaching (instruction)

☐ Terminate (end) an early intervention service
Reason:

- ☐ Child's or family's achievement of the outcome
- ☐ Specific early intervention service is no longer needed (Specify service: _____)

I understand that I have certain rights, opportunities and responsibilities that apply to my family's participation in Early Steps, Louisiana's Early Intervention Service System. My rights, opportunities and responsibilities were explained to me, both verbally and in writing. I received booklet (Parents Rights), which describes the rights, opportunities, and responsibilities available to me. I understand that the early intervention providers will follow procedures to assure that my rights and those of my child are guaranteed.

I also understand that EarlySteps must wait at least three (3) calendar days before taking any of the above listed actions. If I do not agree with the proposed changes, I can contact the FSC listed below who will assist me in requesting a due process hearing to challenge the team's decisions.

Child's Name: _____

_____ _____

Family Support Coordinator (FSC) Date

Telephone:_____

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Request for Authorization

Note: This request form is used only by Intake and Family Service Coordinators

Section 1.

Date:_____ Parish_____

Child's Name:_____ D.O.B. _____

Section 2. Provider Information:

Billing Entity (Please Complete) Service Provider

Name: _____ Address:_____ _____ City:_____ State:_____ Zip:_____ Tel: _____	Name: _____ Address:_____ _____ City:_____State:_____ Zip:_____ Tel: _____
Specialty	*Location*

Section 3. Authorization Information

Start Date of Service_____

Estimated Length of Request __30 Days __ 60 Days

Number of Minutes needed: Not to exceed 150 minutes _____

☐ IFSP Team Meeting ☐Eligibility Team Meeting

☐ Transition Team Meeting ☐ Assessment

Requested by:_____ Date: _____

Data Entry by:_____ Date: _____

EarlySteps Eligibility Information for OCDD or BCSS Referrals

Date:_____

Child's Name:_____ Parent's Name:_____

This is to confirm that your child _____ is requesting services from the Office of Citizens with Developmental Disabilities (OCDD) and/or The Bureau of Community Supports and Services (BCSS):

☐ **Eligible for EarlySteps,** Part C of the Individuals with Disabilities Education Act Early Intervention System

Date of Intake: _____

Date of Eligibility Determination:_____

*Diagnosis:*_____ *Primary ICD-9 Code:*_____

or

Documentation of developmental delay in the domain(s) of _____

_____

Primary ICD-9 Code:_____ Secondary ICD-9 Code:_____

☐ **Ineligible for EarlySteps,** Part C of the Individuals with Disabilities Education Act Early Intervention System

Date of Eligibility Determination:_____

This eligibility determination was conducted in accordance with the regulations of Part C of the IDEA. There are specific rights that are associated with the determination of eligibility that are listed in the Parents Rights document that you have received. Please refer to the Parents Rights section on Due Process if you do not agree with your child's eligibility determination.

Enclosed are copies of the following documents for the OCDD or BCSS records:

- Enrollment Application (DHH Application for Services)
- Consent to Proceed
- Reciprocal Release of Information
- Family Assessment of Child's Development
- Eligibility Determination Documentation; and if your child is eligible,
- IFSP

Intake or Family Service Coordinator: _____

Telephone Number:_____

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FAMILY SERVICE COORDINATOR QUARTERLY PROGRESS REPORT

FORM AND INSTRUCTIONS

Complete form according to the following schedule:

Due Date to SPOE	Report Period
October 15	July 1-September 30
January 15	October 1-December 31
April 15	January 1-March 30
July 15	April 1-June 30

Each outcome must be reported on separately with all services supporting that outcome addressed.

Disposition of Form:
Original FSC Quarterly Summary—send to SPOE for inclusion in child's early intervention record
Copy 1—send to family
Copy 2—maintain in FSC clinical file
Additional copies may be sent to IFSP team members or other parties (such as primary care physician). Written parental consent is required for sharing with anyone other than IFSP team members.

EARLY STEPS OF LOUISIANA QUARTERLY PROGRESS REPORTS

Child's Name:	DOB:	Date:
Address:	Family Service Coordinator (FSC):	
Parent/Guardian:	FSC phone number:	

Quarterly Progress Towards Outcome(s):

Outcome #	Progress Summary: what is the child doing differently now than before?	Eval Scale*	Name of Provider and Service Type

Family Changes that impact development	
Other Significant Changes	

*Evaluation Scale: 1=Situation changed; outcome not needed, 2=Situation unchanged; still need outcome, 3=Outcome partially attained, 4=Outcome Accomplished

Family Service Coordinator Signature DATE

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For FSC use only

EarlySteps Team Meeting Announcement

Date:_____

Dear _____,
Parent's name

This is to confirm that a meeting has been scheduled for _____ at:
Child's name

Date: _____

Time: _____

Location: _____

The purpose of this meeting is:

____ to discuss continuing eligibility for Part C services.
____ to review/revise the IFSP.
____ to hold the annual IFSP meeting.
____ to hold a transition meeting.

The following individuals have been invited to attend this meeting: (individuals are listed by name with discipline).

_____

_____

_____

We hope that you will share your observations, questions, concerns and priorities for your child and family during the meeting. You may also invite any additional individuals whom you would like to participate. If this time is not convenient or you need to reschedule for any reason, please contact me at_____.
(phone number) (address)

Sincerely,

Family Service Coordinator

CC: All individuals listed above

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Parent Request to Change Provider

Child's name: _____Date of Birth:_____

I want to select a different early intervention provider to work with my family and child. I understand that this is a choice that I have the right to make and can change providers whenever I feel it's necessary without jeopardizing the early intervention services that my child and family are receiving.

I would like to select a different (check one):

_____ Family Support Coordinator (FSC) from the same agency as the current FSC
Name of new FSC: _____

_____ Family Support Coordinator (FSC) from a different service coordination agency
Name of new FSC: _____

_____Early Intervention Provider: (Check one)
Name of new Provider:_____

Type of provider (check one)

- ☐ **Audiology Provider**
- ☐ **Interpreter services (bilingual) Provider**
- ☐ **Medical Services Provider**
- ☐ **Nutrition Services Provider**
- ☐ **Physical Therapy Provider**
- ☐ **Social Work/Counseling Services Provider**
- ☐ **Speech Language Pathology Provider**
- ☐ **Transportation Provider**
- ☐ **Health Services Provider**
- ☐ **Interpreter services (sign) Provider**
- ☐ **Nursing Services Provider**
- ☐ **Occupational Therapy Provider**
- ☐ **Psychology Services Provider**
- ☐ **Special Instruction Provider**
- ☐ **Vision Services Provider**

Effective Date for Change:_____

Signature of Parent:_____

Date: _____

For SPOE Use Only:
Date Copy Sent to Both Providers:_____
Date Original Filed in Early Intervention Record:_____

Provider Selection Form
(Freedom of Choice)

The (check one) □ Intake Coordinator or □ Family Support Coordinator (FSC) showed me the EarlySteps Service Matrix (check format shown: □ Electronic or □ Hard Copy) and I selected the following early intervention providers for: (check appropriate activity)

- □ an assessment to determine eligibility OR
- □ an eligibility team meeting OR
- □ an IFSP development meeting OR
- □ the provision of early intervention services.

Name	**Specialty**

_____

Parent Signature Date

Monthly Progress Report

Directions: Complete this form with the parent/caregiver and send the original to the Family Service Coordinator designated for the child. Keep a copy for your records and send a copy to the parent/caregiver. This form is due to the Family Support Coordinator by the tenth day of the following month.

Provider name: _____ Child's Name: _____

Provider billing address: _____ Telephone: _____

Month reporting on: _____ How often were early intervention services provided this month?_____

What is the child or family doing now that he/she/they wasn't doing before? (Note outcome and describe progress, new skills, etc. without using technical terms or medical terminology).

Outcome	Comments

Please rate progress toward achieving the IFSP outcomes you are addressing with your early intervention service:

- ☐ No progress, the IFSP team needs to meet and discuss strategies
- ☐ Slight progress
- ☐ Making expected progress
- ☐ Doing great, will continue these services as described on the IFSP
- ☐ Outcome Achieved! The IFSP team needs to meet to discuss eliminating these services or revising the IFSP outcomes to reflect new skills and changing needs.

Provider Signature:	Date
FSC serving child:	Telephone:

Case Closure/Transfer/Transition Form

Complete this form when a child exits EarlySteps system of services before age 3 (case closure), moves to another SPOE region (transfer) or who exits at age 3 (transition).

Do not use this form to indicate that a child is terminating a service or changing providers.

Section 1: Child Information

Child's name:_____ Date of Birth:_____
Last/first mm/dd/yyyy

Home Address: _____

City/Town: _____ Zip Code:_____ Parish: _____

Case Closure: (Check one) **Inactivation Date:** _____
Mm/dd/yyyy

- ☐ Parents declined referral
- ☐ Could not contact
- ☐ Determined not Eligible
- ☐ Moved out of State
- ☐ Completion of IFSP before age 3
- ☐ Parents declined services
- ☐ Deceased
- ☐ Did not complete Eligibility
- ☐ Moved to another region

Transfer to SPOE: (Check one) **Inactivation Date:** _____

Mm/dd/yyyy

☐1	☐2	☐3	☐4	☐5	☐6
☐7	☐8	☐9	☐10	☐11	☐12
☐13	☐14	☐15	☐16	☐17	☐18
☐19					

Transition: (Check one) **Inactivation Date:** _____

Mm/dd/yyyy

- ☐ Moved out of state
- ☐ Withdrawal by parent
- ☐ Eligible for IDEA, Part B services
- ☐ Eligible for IDEA, Part B services and Head Start
- ☐ Eligible for IDEA, Part B services and other community preschool program
- ☐ Not Eligible for IDEA, Part B services, no referrals
- ☐ Not Eligible for IDEA, Part B services, with referrals
- ☐ IDEA Eligibility for Part B services not determined

Completed by: _____

Date Received by the SPOE:_____**Date Entered:** _____

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EARLY INTERVENTION SERVICES TRANSITION NOTIFICATION

Child's name:_____

DOB: _____

Parents name:_____

Address:_____

_____

Telephone:

Date:_____

Dear _____,
Parent's name

Your child will soon be turning three. Part C regulations require that we begin planning for the transition out of the Early Steps Early Intervention System at the child's age of 2 year, 6 months. At age three your child may be eligible for services from the local school board (LEA preschool special education) and/or services from the Office for Citizens with Developmental Disabilities (OCDD). Both agencies must begin their specific activities for determining if your child is eligible for services at age three. A delay by the local school in conducting needed assessments and developmental evaluations (testing) may negatively effect your child's current placement on the BCSS Waiver Services Registry and placement for OCDD services.

No earlier than six (6) months prior to the child's third birthday and at least ninety (90) days prior to the child's third birthday, your Early Steps family service coordinator will convene an IFSP meeting to discuss the transition process with you and other team members in order to develop a transition plan. At this time, the team documents the steps to be taken to transition to the public school system and/or other services, such as OCDD. Local school district personnel must be invited to this IFSP meeting.

If you agree to eligibility determination for special education and related services that begin at age three and/or eligibility determination for OCDD services, the Early Steps family service coordinator shall obtain release(s) of information to the public school system and the Regional OCDD office at this meeting. With your consent, the following packet of information will be sent to the school and/or OCDD:

1. Copy of the IFSP (most recent)
2. Copy of the Annual Eligibility Documentation (most recent)
3. Copy of the FSC Quarterly Report (most recent)
4. Copies of Reciprocal Releases of Information
5. Determination Letter of Eligibility

A Consent to Release and Share Information form is provided so that we may send documents to the school and/or OCDD. I will need this signed form returned to me before I can release any information to those agencies. Please feel free to contact me if you have any questions about the transition process. You can reach me at: [insert phone number].

Sincerely,

Family Service Coordinator
Cc: LEA
Regional OCDD office

Other Forms (used as needed by Intake and Family Support Coordinators)

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Consent To Bill Insurance

Instructions

Early Steps must have written parental consent to access private insurance as a payment source for early intervention services.

This form must be signed and dated. Original is placed in child's file located at the System Point of Entry; copies are sent to the parent/family and Family Service Coordinator.

I give permission to Early Steps of Louisiana to use my private insurance as payment for the following early intervention services on my child's IFSP:

__ occupational therapy __physical therapy __speech /language therapy

__assistive technology __counseling __ medical services

__nursing services __health services __psychological services

__nutrition services __vision services __audiological services

__special instruction __social work

I understand that consent to use insurance is voluntary and that Early Steps enrolled agencies may not compel me to file a claim when this action would cause a financial loss. Financial loss includes: a decrease in the available lifetime coverage or any other benefit under the insurance policy, an increase in premiums or the discontinuation of the policy or the out-of-pocket expensed such as the payment of a deductible or co-payment.

Parent Signature _____

Date:_____

Consent for Specialized Assessment

Instructions

Early Steps must have written parental consent to conduct an assessment for which there has been no previously obtained consent. This form must be signed and dated. Original is placed in child's file located at the System Point of Entry; copies are sent to the parent/family and Family Service Coordinator.

I give permission to Early Steps of Louisiana to conduct an assessment in the developmental domain of: (Check all that apply)

__ motor (gross and fine)
__ communication
__ social-emotional
__ cognitive
__ adaptive (self-help skills)

I understand that consent for this assessment is voluntary and can be revoked by me at any time. I have been provided my Parent's Rights under EarlySteps.

Parent Signature _____

Date:_____

Date Originally Received at SPOE: _____
Date Sent to FSC: _____
Date Returned to SPOE: _____

Early Steps Data Correction Form

TO: _____ FAX:_____

From: _____ FAX:_____

The attached form cannot be entered into the SPOE data system as is. Please note issue listed below and return corrected form to the SPOE. The SPOE must receive the corrected form within 3 days. Attach this page with the corrected form.
Checked items must be corrected.

IFSP

Page 1:

☐IFSP meeting date ☐ FSC name
☐FSC telephone ☐IFSP History dates:

Page 6:

Column
☐A ☐B ☐C ☐D ☐E
☐F ☐G ☐H ☐I ☐J
☐Section K
☐Parent Signature:

Page 6a AT:

Outcome number

☐Name of device ☐Provider ☐Location of device
☐ When used ☐Start Date ☐End Date
☐HCPCS Code ☐Price

Transportation:
☐ Outcome number ☐ Start Date ☐ End Date ☐ Provider ☐ Frequency ☐ Miles

---

6 Month Review

Column ☐A ☐B ☐C
☐D ☐E ☐F
☐G ☐H ☐I
☐J
☐Section K
☐Parent Signature:

IFSP Revisions

Column
☐A ☐B
☐C ☐D
☐E ☐F
☐G ☐H
☐I ☐J
☐ Section K
☐ Parent Signature:

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Change of Information Form

Note: This form is used to indicate changes in address, names due to change in marital status, phone numbers, etc. This form is not to be used to make changes to early intervention services on an IFSP.

Completed By:	**Effective Date: / /**

Current Enrollment Information

Child's Name: _____

DOB:_____/_____/_____

Last First MI

Parent's Name:_____

☐ **CHANGE**

☐ Child's Name:_____
Last First MI

☐ Address: _____
Street City State Zip Code

☐ Address: _____
Parish School District

☐ Phone Number: _____
Person/Location (Area Code) Phone Number

☐ Household Member/Information: _____
Person (Describe Change)

☐ Diagnosis: _____

☐ Other: _____

How did you learn of this change: (Check one)

- ☐ Telephone conversation with parent
- ☐ Face-to-face meeting with parent
- ☐ Telephone conversation with provider
- ☐ Face-to-face meeting with provider

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Provider Change of Information

Note: This form is used to indicate changes in tax identification number, address, names due to change in marital status, phone numbers, etc. This form is not to be used to make changes to early intervention services on an IFSP.

Completed By: | **Effective Date: / /**

Current Information

Provider's Name: _____ Telephone: _____

Provider's Address: _____

Provider's Tax ID: _____ Payee Status: check one ☐ independent ☐ agency

CHANGE: Check all that apply

☐ Proivder's Name: _____ ☐ Address: _____
Street City State Zip Code

☐ Phone Number: _____ ☐ Tax Identification Number: _____

☐ Payee Status: ☐ independent ☐ agency ☐ Other: _____

B. Complete the table below to indicate the changes needed to authorizations. The current authorization will be cancelled and a new authorization with the changed information will be issued.

Legend	Column A	B	C	D	E	F	G	H	I	J Provider's Name/Payee Type
	Early Intervention Service	Outcome Number	Location Code	Frequency	Inten-sity	Start Date	End Date	Method Check ☐ Ind ☐ Group	Fund	☐ Indpt ☐ Agency
Current Service Detail								☐ Ind ☐ Group		☐ Indpt ☐ Agency
								☐ Ind ☐ Group		☐ Indpt ☐ Agency
								☐ Ind ☐ Group		☐ Indpt ☐ Agency

Legend: Current Service Detail to Modify + = Addition of a service - = Termination/Elimination of Service
Location Code: 1 =home or community setting 2 =special purpose center with inclusive child care 3=special purpose center or clinic
Method Code: 1= Early Intervention Service 2= Family Education Training Support 3 = Assessment
Fund Code: A= CFO B= Private Insurance C=MFP D=Other State Funds

FSC CFO Billing Checklist

Directions: Insert Date Activity was completed. Submit original to CFO with Invoice; keep a copy in each child's file.

FSC Name: _____FSC Agency:_____

Child's Name: _____Date of Birth:_____ Authorization Number:_____
Last First MM/DD/YYYY

FSC Billable Activity	Date Completed	Steps for Activity Completion
Ongoing family needs assessment **No signature required**		Telephone or face-to-meeting to review the Family Assessment of Concerns, Resources and Priorities
IFSP Revision		Notification of appropriate IFSP team members sent
		Notice of Action provided to the family
		Team review of progress reports, quarterly reports, early intervention providers data completed
		Completed IFSP Revision Form
Parent/caregiver signature		Completed Change of Authorization Form (as needed) sent to SPOE; copy filed
		Date copies of IFSP Revision sent to all team members
		IFSP Team Minutes (written, disseminated and filed) **OR**
		Dated case note documenting call if changing provider only **AND**
		Completed Parent Request to Change Provider Form sent to SPOE; copy filed
6-month Review		Notification of appropriate IFSP team members
		Notice of Action provided to the family
		Team review of progress reports, quarterly reports, early intervention providers data completed
Parent/caregiver signature		Completed IFSP 6 Month Review Form; sent to SPOE, copy filed
		Completed Authorization Change Form; sent to SPOE, copy filed
		Date 6 month review form copies sent to all team members
		Team Meeting Minutes (written, disseminated and filed)
Quarterly Face-To-Face & Quarterly Report		Date of meeting
		Date completed Quarterly Report sent to SPOE, parents and IFSP team members
		Dated case notes of efforts to obtain monthly progress reports from early intervention providers
Parent/caregiver signature		Date sent to all team members
Annual Re-determination of Eligibility		Notification of Eligibility Meeting to appropriate IFSP team members sent
		Notice of Action provided to the family

FSC Billable Activity	Date Completed	Steps for Activity Completion
		Team review of progress reports, quarterly reports, early intervention providers data completed
Parent/caregiver signature		Completed Eligibility Documentation; sent to SPOE, copy filed
		Team Meeting Minutes (written, disseminated and filed)
Annual IFSP		Notification of appropriate IFSP team members
		Notice of Action provided to the family
		Team review of progress reports, quarterly reports, early intervention providers data completed
Parent/caregiver signature		Completed IFSP sent to SPOE
		Date copy of IFSP sent to all team members
		Team Meeting Minutes (written, disseminated and filed)
Transition		Transition Letter sent to LEA (must be no earlier than child's age of 2.2 and no later than child's age of 2.6)
		Notification of appropriate IFSP team members
		Notice of Action provided to the family
		Team discussion of possible future services and settings
Parent/caregiver signature		Documentation of discussion or training provided to parents about future services
		Documentation of steps to prepare the child for the transition
		Team Meeting Minutes (written, disseminated, and filed)
		Signed and dated Releases of Information (as needed)
		Date information sent to receiving program per parent's written consent
Case Closure		Completed Status Change Form
		Copies of any needed correspondence
No signature required		Date copies of early intervention record sent per parent's written consent
Initial IFSP Meeting **No signature required**		Copy of IFSP team meeting minutes with date and time

Note:

Form Completed by: _____

Date Completed: _____

Appendix Four

EarlySteps Quick Facts

Note: The standard formatting and graphics have been removed in order to reduce the number of pages.

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AUDIOLOGY SERVICES

Audiology Services in EarlySteps are defined as those services designed to meet the developmental needs of children aged birth to thirty-six months who have a diagnosed physical or mental condition associated with developmental disabilities or who have a high probability of resulting in a developmental delay or disability, or who have an identified developmental delay in at least one of the five developmental domains. The five developmental domains are cognition, communication, adaptive development, physical development (including hearing and vision), or social/emotional development. Additionally, audiology services are designed to enhance the family's capacity to respond to their child's developmental needs.

What is the general role of audiologists in EarlySteps?

- Consulting with families, service providers, and community agencies to assure effective provision of services
- Training parents, service providers, and caregivers regarding the child's hearing status and recommended interventions
- Participating in the multidisciplinary team assessment of a child and his/her family and in the development of integrated goals and outcomes

What do audiology services in EarlySteps include?

- Identifying complete information about the child's hearing, including type and degree of hearing loss, to the extent possible for the child's age
- Communicating to family members hearing test results, so that they understand the child's hearing function and implications of these findings for speech/language development and educational needs
- Making appropriate recommendations for audiological management of the child based on the test results. This may include referral for medical assessment, referral for advanced testing (such as Auditory Brainstem Response testing) or recommendations for amplification, if appropriate
- Selecting, fitting, and dispensing assistive technology devices (ATD). Maintaining follow-up for proper fitting earmolds, and making adjustments in amplification as needed
- Teaching family and caregivers how to use and care for ATD's
- Providing information to parents about communications options available for children who are deaf or hard of hearing, when appropriate
- Working with other early intervention professionals to assure understanding of the hearing loss, ATD's and educational implications

How do IFSP teams decide if an audiology service is medical or developmental?

IFSP teams should first determine the purpose of the audiology service: who recommended the service and why was the service recommended? If the service is purely medical, such as a sedated Auditory Brainstem Response test (ABR), it is not the responsibility of EarlySteps to provide the service. The IFSP team must have determined and documented that the service or device would be required to enable the child to benefit from the other early intervention services.

If a child has had a complete audiological evaluation prior to referral to EarlySteps, the Intake Coordinator at the SPOE should seek parental permission to obtain all of those records prior to developing an IFSP. Based on these records, a determination may be made about the need for further audiological testing.

What are some examples of appropriate audiology services in Early Steps?

- Consulting with the IFSP team to explain hearing test results, implications and recommendations for the IFSP
- Providing an ABR if other test measures have been exhausted
- Providing assistive technology devices, such as hearing aids/FM systems, if deemed appropriate and recommended by the IFSP team
- Diagnosing the hearing status and fitting the appropriate ATD and training family members how to use the ATD
- Consulting or training childcare workers, IFSP team members about hearing loss, implications for child development, or how to maximize use of the ATD

Who can provide audiology services?

- Louisiana licensed audiologists may provide services. It is preferable that the audiologist be experienced with pediatric audiology services.

What EarlyStep services can audiologists perform?

- Attending IFSP meetings when invited to serve as a member of the IFSP team, but audiologists need not be present for audiology services to be included on the IFSP, when appropriate
- Providing information to the IFSP team, but there is no reimbursement for that service
- Providing assessment, evaluation and assistive devices

How are audiologists reimbursed for assistive technology devices?

Assistive technology services are billed by the provider and reimbursed according to the maximum rate that DHH has established for the provider specialty (type) rendering the service. If the child is enrolled in Medicaid, and the Medicaid Durable Medical Equipment (DME) program covers the assistive device, then the provider must bill Medicaid for the device using their Medicaid provider number. **This is the only circumstance where the provider does not bill the Central Finance Office (CFO).**

When the assistive device is not covered through the Medicaid DME program and/or the child is not Medicaid eligible, the assistive device is billed through the CFO. Medicaid covered assistive technology devices are purchased according to Medicaid approved rates. The EarlySteps Central Office located in the Office of Public Health (OPH) must approve devices not covered by Medicaid for purchase and they will be paid based on the same reimbursement rates that DHH/OPH/EarlySteps establishes for those items.

NOTE: The central office must pre-approve items costing more than $1000. When $1,000 or more per item of Part C federal or state funds are used toward the purchase of equipment and/or ATD, the equipment/devices are considered to be public property. Parents are informed of this requirement.

Is a physician order required for audiology services in Early Steps?

The practice act for audiologists in Louisiana does not require a physician order, but Medicaid and many insurance companies require a physician clearance prior to fitting an ATD.

What about audiology services in the natural environment?

Part C regulations state that services are to be provided in the natural environments including the home and community settings that are natural and normal for the child's age peers who have no disability. In some cases audiology services can be done in the natural setting and in other cases, testing may need to be done in a facility with a sound treated room. Reimbursement rates will be based on the setting in which the service occurred, as outlined above.

Developmental & Medical Services in Part C

Part C early intervention services are defined as those services that are designed to meet the developmental needs of an infant or toddler with a disability in one or more of five developmental domains. Part C is not a medical insurance program. It is a system of comprehensive services that are to enhance development, reduce educational costs to society, and enhance families' capacity to meet the needs of their infants and toddlers with disabilities.

Does Part C provide medical services?

Part C has three services that most people think of as medical services: medical services, health services, and nursing services. However, Part C definitions of these services limit how these services are used within the Part C early intervention system. The definitions are listed below:

Medical services are defined as … "those services that are only for diagnostic or evaluation (eligibility) purposes provided by a licensed physician to determine a child's developmental status and need for early intervention services."

Health Services are defined as … "services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. The term includes:
a) services such as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and
b) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

Nursing Services include:
a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
b) provision of nursing care to prevent health problems, to restore or improve functioning, and to promote optimal health and development; and,
c) administration of medications, treatments and regimens prescribed by a licensed physician.

How do IFSP teams decide if a service is medical or developmental?

IFSP teams should first determine what is the purpose of the service. Who recommended it—did it come from a physician? Why did the physician recommend the service? Was the child hospitalized when the recommendation was issued? What does the service entail—sedation, pain, constant medical supervision or monitoring? Does the child have a medical condition that requires follow-up? Is the purpose of the service to keep the child alive?

The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes—does it fit the strategies that the team identified?

Are medical services listed on the IFSP?

Yes, medical services that are not the responsibility of Part C to provide are listed in the "Other Services " section of the IFSP. These typically include 24 hour nursing, medical testing, medical follow-up, and routine medical care.

Does Part C, as part of rehabilitation, provide therapies after surgery?

No, the purpose of Part C services is to promote overall functioning in everyday settings. Short-term therapy needed after surgery is a medical service. The service would not be needed had the child not required surgery.

What medical services does Part C not provide?

Those services that are:
a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);

b) purely medical in nature (such as hospitalization for management of congenital heart ailments, nursing care for ongoing medical conditions, or the prescribing of drugs for any purpose);
c) devices necessary to control or treat a medical condition (catheters, syringes, feeding tubes, apnea monitors, etc.); or,
d) medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

Are home health services the same as Part C services?
Home health services are governed by Medicaid and state rules. These services are prescribed by a physician for the treatment of medical conditions and are provided through a medical plan of care. Home health agencies must be licensed by the state and meet rigorous standards.

While home health services are provided in the patient's home, Part C and Home Health are not synonymous. Part C services are designed by the IFSP team, which may or may not include a physician as an active member. The team determines what is the necessary early intervention service needed to achieve the IFSP outcomes. Physician's orders or prescriptions are not necessary to implement the IFSP. The required reviews of the IFSP are governed by the needs of the child and federal regulation and are different than the regularly scheduled home health plans of care reviews.

Home health providers who meet the Part C personnel standards may enroll as Part C early intervention service providers. They are then providing Part C services, not home health services.

Does Part C pay for Neonatal Intensive Care Follow-up Evaluations?
Most Neonatal Intensive Care units (NICU) conduct regularly scheduled developmental evaluations to track the developmental status of the child. The reasons are usually two-fold—one, to track developmental needs and recommend medical services that the child may require and two, to track developmental status for a variety of research efforts.

Part C only pays for those assessments that are identified as necessary for eligibility determinations and for IFSP planning. Once a child is receiving Part C services, the ongoing early intervention provider is expected to implement ongoing assessment techniques so that they can report progress. This ongoing assessment may be a formal instrument that the provider uses or can be informal checklists, observations, and etc. It would be very rare that a Part C IFSP team would decide that the routine NICU follow-up evaluation is necessary for Part C purposes.

Are prescriptions required for early intervention services?
Prescriptions for Speech Language services are not needed for an IFSP service. The Louisiana Practice Act for Physical Therapy has changed (Act 1269, effective 7/1/03). Physical therapists no longer need a prescription to provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP). Occupational Therapists are required by law to have a prescription for direct services. A prescription for OT is not needed for consultation, indirect services or an evaluation.

In Part C, obtaining the prescription for OT is the responsibility of the occupational therapist that will be working with the child and family.

09/03

ELIGIBILITY CRITERIA

Who is eligible for early intervention services?

In Louisiana, those children who are between birth and 36 months who have a diagnosed physical or mental condition associated with developmental disabilities or have a high probability of resulting in a developmental delay or disability, or who have an identified developmental delay in, at least, one of the five developmental domains may be eligible for early intervention services.

What medical conditions are defined as meeting Louisiana's definition of "diagnosed physical or mental condition?

1. Genetic Disorders
2. Congenital, neonatal, or postnatal infections that affect the central nervous system
3. Sensory Impairments
4. Chronic or degenerative orthopedic and/or neurological conditions
5. Neonatal Grad III or IV Intraventricular Hemorrhage, Posthemorragic Hydrocephalus, Periventricular Leukomalacia or other significant intracranial disorders
6. Technology dependence for on-going medically fragile condition
7. Exposure to known teratogens or drugs shown to cause birth defects **and** findings of effects of such exposure.
8. Psychiatric disturbances of infancy and childhood
9. Conditions arising from a catastrophic event occurring after the neonatal period

What is Louisiana's definition of developmental delay?

Louisiana's definition of developmental delay is as follows: the child—as indicated by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion—is shown to be below the expected developmental norms for a child of similar age. The delay must be identified in one or more of the following areas:

1. Cognitive development
2. Communication development
3. Adaptive development
4. Physical development, including vision and hearing
5. Social or emotional development

Are there any other requirements that a family must meet in order to receive services?

In addition to a diagnosed physical or mental condition or a developmental delay, a family must be a resident of the State of Louisiana.

How does Louisiana define "resident" for purposes of eligibility?

A child living with a parent, legal guardian, or person "acting as a parent" in the State of Louisiana is considered to be a resident of the state. However, a family who lives in Louisiana **solely** for the purpose of receiving early intervention services is **not** viewed as a resident.

Once a child has been determined eligible, is eligibility continuous until the child's third birthday?

Continuing eligibility is determined annually in conjunction with the annual evaluation of the child's IFSP.

Why re-determine eligibility every year?

Some children will achieve their IFSP outcomes and no longer be in need of services. Others will no longer meet the eligibility criteria. These children will be transitioned out of Early Steps and referred to other community resources.

Who determines eligibility?
A team determines eligibility in Early Steps. Although best practice dictates that the team should be comprised of members from various disciplines, the eligibility team consists (at a minimum) of the family and the Intake or Family Service Coordinator who are required to meet face to face. Other eligibility team members include whomever the family invites to participate as well as any provider who has conducted a test or assessment of the child. People who were involved with the testing or assessment of the child may participate in eligibility determination by other means.

How is the eligibility team selected?
In selecting the eligibility team, the Intake Coordinator (or the FSC if it is an annual review of the IFSP) reviews the primary concerns of the family. The information from the initial referral is also reviewed. The Intake Coordinator (or FSC) then assists the family in using the Service Matrix to select individual providers for team membership and the family signs a release for each of the team members to all for the sharing of information essential to the eligibility determination process. Once the family has chosen the eligibility team members, the Intake Coordinator processes any necessary authorizations through the System Point of Entry for the services rendered by those providers.

What are the methods by which a provider may participate in Early Steps eligibility team meetings?
Individuals who have been involved in testing or assessing a child for Early Steps may participate in the eligibility determination process in person, by telephone, by report or by a representative. However, only those qualified providers who, actually, attend the meetings may bill for the eligibility team meeting. In order for a representative to bill for an eligibility team meeting, the representative must be enrolled in the Early Steps CFO.

What information is necessary to determine eligibility?
Ideally, the team should have pertinent information about the health status of the child (including hearing and vision) as well as information on the developmental domains of cognition (thinking/learning), physical (including vision and hearing), adaptive, communication, and social-emotional. This information must indicate either a medical condition or developmental delay or state that the child is functioning at an age appropriate skill level. Because the eligibility team must be multidisciplinary, information utilized by the team must be from two different sources.

What happens if the eligibility team determines that there is not sufficient information available to determine eligibility?
In the event that the team feels that there is not sufficient existing information to make an appropriate decision regarding eligibility, supplemental assessments may be authorized to provide addition information to the team for eligibility determination.

What is the process once a child is determined to be eligible?
Once eligibility has been determined, the team should complete all appropriate documentation and proceed to assist the family to identify concerns and priorities and work toward the development of the IFSP.

What is the process if a child is determined to be ineligible?
In this case, the family's procedural safeguards are reviewed. The family may elect to formally disagree with this decision and request due process to challenge the eligibility determination.

LOCAL EDUCATION AGENCIES (LEA) Participation in Part C

Interagency Agreement

The Department of Health and Hospitals (DHH) and the Department of Education (DOE) signed an interagency agreement September 29, 2003 to establish and confirm the agreed upon obligations, responsibilities and timelines essential to ensure a coordinated system of early intervention services as required by Part C of the Individuals with Disabilities Education Act (IDEA). The goals of the agreement are to:

- Ensure that there is no unnecessary interruption to location and identification of potentially eligible children;
- Ensure that there is no unnecessary interruption to the development and implementation of Individualized Family Service Plans (IFSPs) for eligible children and their families;
- Ensure that all stakeholders have timely, accurate and meaningful information regarding the Part C system;
- Ensure that there is a continued communication with the Department of Education and that all communications reflect the commitment and agreement of the two departments;
- Ensure that all appropriate and available resources are identified and utilized in the Part C system; and,
- Ensure that there is a mechanism for the swift identification and resolution of problems and issues.

What Early Steps Services Can an LEA Provide?

LEA providers have the same roles as other Part C providers in Early Steps:

- Referring children who may be eligible for Part C to the appropriate Early Steps System Point of Entry (SPOE);
- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services; and,
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

LEA providers can provide any of the 16 Part C services as long as:

- LEA personnel meet Early Steps personnel standards, and
- LEA personnel enroll with the Early Steps Central Finance Office (CFO) as a provider.

LEAs may apply to serve as a System Point of Entry (SPOE) when DHH issues a Request for Proposals and a contract is awarded to do SPOE activities.

What are the restrictions for LEAs in Early Steps?

- LEAs cannot be both a SPOE and direct services provider, except for assessment and evaluation and team meetings.
- LEAs cannot provide Family Service Coordination (FSC) and direct services
- If an LEA wants to provide FSC services, they must meet all DHH licensing requirements for Case Management Agencies.
- LEAs cannot bill for personnel attending Transition Meetings because that is tl 09/03 responsibility under Part B of IDEA.

Funding of Early Steps Services Provided by LEAs

- LEAs receive MFP funds for providing Special Instruction for children from birth to age 3 years. LEAs cannot bill or request funds from DHH for Special Instruction, as direct services, team meetings or evaluation and/or assessment.
- LEAs providing Special Instruction must enroll with the Early Steps CFO and receive a service authorization for Special Instruction and must report to the CFO all Special Instruction provided on the service authorization.
- LEAs who provide any of the other 16 Part C services and/or evaluation, assessment and team meetings and want to obtain reimbursement from Early Steps, must enroll with the CFO. Before services are provided, LEAs will receive an authorization from the CFO. Payment will be made to the LEA upon receipt of the completed service invoice.
- It is critical for LEAs who enroll with the CFO to continuously update their availability and status on the Service Matrix. Family Service Coordinators will not be able to make referrals to LEAs for services if the Service Matrix information is not kept current.

Early Steps Data

- Early Steps will maintain all data for Part C reporting to the US Department of Education.
- LEAs should contact the Louisiana Department of Education for required data for LANSERS.
- DHH will provide data to LEAs periodically regarding the number of children enrolled in Part C in each parish, the ages of those children and the number of children potentially eligible for Part B services.

Transition from Early Steps (Part C) to Part B

- DHH will notify LEAs of individual children transitioning from Part C no later than 6 months prior to the child's third birthday or earlier if the school district provides FAPE prior to age 3. If a child is initially referred to Part C after the age of 2 years, 6 months, the school will be notified as part of the Part C intake process.
- DHH will ensure that between the ages of 2 years, 6 months and 2 years, 9 months, the Early Steps Family Service Coordinator (FSC) convenes a meeting to discuss the transition process with the parents and other team members in order to develop a transition plan. LEA personnel will be invited to participate in this meeting. If the parents agree to eligibility determination for Part B, the Early Steps FSC shall obtain permission to release information to the LEA at this meeting so that pertinent information contained in the child's early intervention record can be provided to the LEA.

Child Find

- According to IDEA, LEAs are still responsible for identifying children who may be eligible for services from birth to age 21 years.
- DHH and DOE will continue to work cooperatively in Child Find efforts state wide. LEAs and local Early Steps personnel should collaborate on Child Find efforts in each parish and community.
- LEAs are required to refer infants and toddlers who may be eligible to Early Steps within 2 days of learning of this child.
- DHH will provide appropriate data about Child Find to LEAs for Part B reporting.

Resolution of Problems

- LEAs should discuss or refer any issues or problems related to Part C with their Regional Early Steps Coordinator at OPH.

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The IFSP

What is an IFSP?
IFSP stands for an Individualized Family Service Plan. Part C regulations define the IFSP as: " a written plan for providing early intervention services to a child eligible under this part (Part C) and the child's family."

The written plan is the documentation of a team discussion and synthesis of information about the child and family. Early intervention services are those services that are designed to meet the developmental needs of an infant or toddler with a disability in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development. Louisiana Part C uses a standard form that contains all required elements.

Who develops the initial IFSP?
The initial IFSP team includes:

- The parent or parents of the child
- Other family members as requested by the parent
- An advocate or person outside the family, if the parent requests that person to participate
- The Intake Coordinator who has been working with the family since the evaluation
- The Family Service Coordinator who is responsible to implement the IFSP
- A person (s) directly involved in conducting the evaluation (eligibility) and assessments of the child*
- As appropriate, early intervention service providers

*People who are directly involved in conducting the evaluation (eligibility determination) and assessments may attend the meeting through a telephone conference call, report, or representative. All other attendees must meet face-to-face.

How are team members notified of the meeting?
The intake or family service coordinator must send all team members a notice of the meeting at least 5 days in advance of the meeting. There is a specific form for this notification (IFSP Meeting Notification). In addition, families receive a Notice of Action about the purpose of the meeting. This Notice of Action triggers procedural safeguards and rights for the child and family.

How are early intervention services determined?
The IFSP team discusses the information about the child's abilities, the family's concerns, and the family's priorities. Once outcomes are developed, the team then talks about strategies that might be used to achieve those outcomes and the variety of resources available to them. The final determinations of which early intervention services will be provided are a result of this discussion. The IFSP team also must determine the intensity and frequency of the early intervention services selected. The IFSP is not complete without this information.

How are providers for early intervention services selected?
After the initial IFSP is developed, the Intake Coordinator assists the family with the Service Matrix. The Service Matrix is an on-line directory of Part C providers. The family will chose providers for each early intervention service on the IFSP by reading about the providers and checking availability. The family lets the Intake Coordinator know who has been selected and then the Intake Coordinator helps the family link with those providers. The Family Service Coordinator assists the family with the provider selection process when necessary for the implementation of the IFSP (any review, annually, etc.)

When are IFSPs reviewed?
IFSPs must be reviewed at least every 6 months or more frequently if conditions require it. The purpose of the review is to assess progress toward the achievement of the outcomes and whether modifications or

revisions are needed. This can be a face-to-face meeting or a conference call (however, providers can bill only for face-to-face meetings).

IFSPs must be evaluated on an annual basis to revise the provisions as appropriate.

Who participates in an IFSP 6-month review?
The Family Service Coordinator, the parent/family and early intervention providers as appropriate.

Who participates in the Annual Review?
The only difference between the Initial IFSP team and the Annual IFSP team is that the intake coordinator from the System Point of Entry does not participate. Otherwise, the team composition is the same.

Who can change the IFSP?
Any member of the IFSP team may request a review or meeting. Changes that may affect an outcome (adding or deleting), the provision of an early intervention service (changing the frequency, intensity, and method, adding a service, and/or terminating a service), the location of a service (from a natural environment to a special purpose setting or vice versa) requires a meeting. Only the IFSP team can make these changes. Some of these meetings may be conducted through a simultaneous conference call. Changing a provider or a provider's name does not require a meeting but effective practice indicates that all team members are notified of the change.

Are there a minimum number of services a child must receive?
According to federal law, each eligible child is to have an IFSP and service coordination. The service coordinator is responsible to coordinate and implement the entire IFSP. There could be situations where a child is receiving only "other services"—those services that are not funded through Part C but are necessary for the child and family. The IFSP would then reflect outcomes related to the coordination of those other services and service coordination would be the only Part C early intervention service listed in the early intervention services section of the IFSP.

Who gets copies of the IFSP?
The Intake Coordinator is responsible for ensuring all initial IFSP team members receive a copy of the initial IFSP. The Family Service Coordinator is responsible for ensuring that all IFSP team members receive a copy of the subsequent IFSPs. The original IFSP is sent to the System Point of Entry for filing in the early intervention record.

Who takes the minutes of the IFSP meeting?
The Intake or Family Service Coordinator is responsible for ensuring that minutes of the meeting are recorded and filed in their clinical record for that child. Another team member may volunteer to write the minutes.

Who signs the IFSP?
The parent or guardian responsible for educational decisions must sign the early intervention page of the IFSP. This serves as the consent for the provision of early intervention services. The listing of IFSP meeting participants is a listing of contributors to the plan and does not require signatures.

PROCEDURES FOR CHANGING IFSP PROVIDERS

This fact sheet answers some frequently asked questions about the IFSP process, in particular, the policies regarding making changes to the IFSP. Please keep in mind that the IFSP may be revised at any time, depending on the child and family's needs.

1. What steps are taken if a family wants to change service providers?
   - Family should contact the FSC and request a change in provider
   - FSC will assist family in selecting a new provider based on information from the service matrix
   - FSC ensures that a "Parent Requests Change of Provider" Form is completed, including parent signature
   - FSC is responsible for making appropriate changes in the IFSP and notifying the SPOE
   - FSC mails copy of "Parent Request Change of Provider" form to both the new provider and previous provider. Original is kept in child's early intervention record

2. What steps are taken if a family wants to change their FSC?
   - Families should contact their local SPOE
   - The SPOE will help the family choose an FSC by using the service matrix
   - SPOE ensures that a "Parent Requests Change of Provider" Form is completed, including parent signature
   - SPOE is responsible for making appropriate changes in the IFSP and data system
   - SPOE mails copy of "Parent Request Change of Provider" form to both the new FSC and previous FSC. Original is kept in child's early intervention record

3. Which forms should be completed when changing a provider?
   - Change of Information Form to SPOE
   - Parent Request Change of Provider Form to new and previous providers and original to SPOE

4. If a child's FSC leaves the system or is terminated from employment, what steps will be taken to modify the IFSP?
   - The Service Coordination Agency contacts the family and informs them that their FSC is leaving
   - The Service Coordination Agency offers the family the choice of selecting an FSC in the same agency or selecting an FSC from a different agency
   - *If the family selects an FSC from a different agency, the SPOE will present the family with a selection of other FSC's from the service matrix. Families* ***should not*** *be assigned a replacement FSC without their consent.*

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Natural Environments

The Individuals with Disabilities Education Act, Part C, states that: " To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the home and community settings in which children without disabilities and their families participate." Natural environments are settings that are natural or normal for the child's age peers who have no disability. Simply put, natural environments are the settings where families work, learn, and play.

This requirement of the law represents a philosophical change in the field of early intervention that focuses on the acquisition of developmental skills that can be practiced throughout the day during typical routines of the child and family. It also reflects that inclusion begins very early in the life of a child with disabilities and their family. Additionally, this type of early intervention is consistent with child development. Infants and toddlers learn through repeated practice and use of the skills required to function in their daily life. Learning occurs within the context of the environment. Early intervention that accounts for that context is more useful to the child and family.

Natural environments are settings such as the home, child care centers, community playgrounds, libraries, recreation centers, grocery stores, parks, restaurants, etc—research has identified over 250 typical family routines, settings, and activities that provide rich learning opportunities for infants and toddlers. Clinics, hospitals, therapist's offices, rehabilitation centers and segregated centers are not considered to be natural environments according to the definition.

What does research indicate about providing early intervention in natural environments?

Intervention that is embedded within the routines of the family's typical activities or routines appears to promote positive long-term outcomes for the child and family (Dunst, Herter, & Sheilds, 2000). Hanft and Feinberg (1997) cite studies that concluded "intervention to improve specific motor or communication skills without attention to the generalization in daily life skills is ineffective". Child-initiated instruction, activity-based approaches, and integrated interventions are as effective or more effective than adult-initiated instruction, directive approaches, and pull-out therapy (Sheldon and Rush, 2001). Further, Hanft and Feinberg (1997) found evidence that parent involvement in intervention is a strong predictor of child outcomes. Typically developing children, disadvantaged children, and those with diagnosed conditions increased developmental skill acquisition when early intervention was provided in the home setting (Sheldon and Rush, 2001).

Inclusive settings result in: 1) improved quality of care for all children, 2) more numbers and variety of learning opportunities, and 3) readily available peer models (Sheldon and Rush, 2001).

Will children make better progress in settings with specialized equipment?

Some providers believe that intervention is more meaningful when in a clinic setting that has state-of–art equipment and few distractions. Research does not support that belief. Infants and toddlers with disabilities often have problems generalizing skills in different settings or situations. Using the toys and props that are found in the real life environments provides more opportunities for use and practice.

Traditional services	look like this in natural environments…..
Child receives speech pathology services in a sound proof booth.	An auditory trainer is used at the childcare center with a child who has a hearing impairment. The speech pathologist works with the childcare provider to show her how to use the trainer and how to interact with the child for maximum communication.
The OT works with a toddler to	The OT works with the parent and child to

climb a 3-step climber in the therapy room.
The Special Instructor consults with an OT who recommends that an adaptive high chair be purchased.

climb the steps leading into the house.

The Special Instructor shows the childcare provider how to use a roll of material taped to a highchair tray to keep toys from falling off as the child practices reaching and grabbing.

Is Early Steps promoting that parents be therapists?
Parents do not want to be therapists nor do they want to arrange their lives to incorporate time to conduct "sessions" with their child. Early intervention should be helpful to families—not burdensome. Embedding intervention into the activities that parents do everyday is not intrusive. This type of service delivery supports enhanced relationships between provider and parent. Early intervention providers have the knowledge and skills to show parents and other caregivers what to do to promote the child's development. Examples of this include:

- A special instructor shows the parent how to present a toy so that the baby lifts his head
- An OT observes bath time and consults with the parent on how to position the child
- A speech pathologist observes interactions between caregiver and child to help the caregiver recognize communication cues from the baby
- The special instructor models stimulating language at the grocery store while the parent and child do the weekly shopping
- The PT meets the parents at the playground and demonstrates how to position the child on the swing and merry-go-round

Don't parents prefer services in clinic settings? What about parent choice?
Research does not support the statement that parents prefer clinic settings. Findings show that home-based services are preferred by more parents that clinic services. Care providers want information that helps the child participate in the family and community (Sheldon & Rush, 2001). Parents have choices within the Early Steps system but must make choices that are in compliance with the law. Parents may choose to supplement IFSP services with clinic services at their expense or to not participate in Early Steps.

Can children enrolled in Early Steps be served in a special purpose clinic?
The law states that early intervention services "…occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment". The IFSP team must review the on-going assessment information and identify strategies that may increase progress towards the outcome. Moving to a more restrictive setting should be considered only after other intervention strategies have been tried. The IFSP Section 11 must be completed for each early intervention service that is not provided in the natural environment.

Can a provider who serves only in a clinic setting enroll with the CFO?
Yes, but the provider needs to understand that there will be very few referrals from Early Steps. The majority of children served in Early Steps will be served in natural environments. The US Department of Education has set a performance indicator that 90% of early intervention services are delivered in the natural environment. Louisiana presently serves only 60% in natural environments, therefore not meeting the national performance expectation.

Does it cost more to provide services in natural environments?
More children can be seen daily in a clinic setting and there are no travel costs for the provider. Factors that effect provider cost when delivering services in the natural environment are time for travel and cancellations. OPH recognized the factors that increase costs and set a higher rate of reimbursement for services provided in home and community settings.

Center Type	Definition	IFSP Location Code
Special Purpose Center (Settings where the majority of children served have disabilities)	Service setting where 50% or more of the enrolled children are children with disabilities or developmental delays. Each individual classroom or group within the setting must meet the required ratios.	5
Inclusive Childcare Center (Settings where children with disabilities are included with a higher ratio of typically developing children.)	Service setting where children with disabilities or developmental delays are 49-31% of the enrolled children. Each individual classroom or group within the setting must meet the required ratios.	4
Community Setting (A natural environment where the majority of children served has no disabilities.)	Service setting where children who have no disabilities or developmental delays (ages birth to three) participate. Settings when 70% or more of the enrolled children have no disabilities or developmental delays are considered community settings. Each individual classroom or group within the setting must have at least a ratio of 60% typical children to 40% children with disabilities.	3

References:

Sheldon, ML &Rush, DD (2001). "The ten myths about providing early intervention services in natural environments" in *Infants and Young Children*; 14(1): 1-13.

Dunst, CJ, Herter, S & Shields, H. (2000). *Interest-based Natural Learning Opportunities*. In S.Sandall & M. Ostorsky (eds.), Young Exceptional Children Monograph Series No.2: Natural Environments and Inclusion (pp. 37-48). Longmont CO: Sopris West

Hanft, BE & Feinberg, E (1997). Toward the development of a framework for determining the frequency and intensity of early intervention services. *Infants & Young Children*, 10(1), 27-37.

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Counseling Services

Services in EarlySteps are designed to meet the developmental needs of an infant or toddler with a "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay" ***or*** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. In addition, services are designed to enhance the family's capacity to respond to their child's developmental needs.

General role of counselors in EarlySteps:
- Consulting with parents to assist with their understanding of the child's special needs and enhancing the child's development;
- Training parents and other caregivers regarding understanding the child's special needs and enhancing the child's development;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

What do counseling services in EarlySteps include?
Counseling services are defined as services provided to assist the family of the child in understanding the special needs of the child and enhancing the child's development. Psychologists and social workers may provide counseling under their disciplines as defined by Part C. This Quick Facts addresses counseling provided by Licensed Counselors only.

Who can provide EarlySteps Counseling Services?
Individuals who hold a Master's Degree in either Counseling or Marriage and Family Counseling **and** are licensed by the state of Louisiana as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapy (LMFT) may enroll in EarlySteps. Individuals who are counselors in a school setting may enroll if they have a Master's in School Counseling, hold a Louisiana Board of Education certification as a counselor in a school setting or Professional Counselor in a School Setting and are employed by a local education agency.

Examples **of appropriate counseling services in Early Steps:**
- Consulting with parents and other service providers concerning the child's special needs
- Family counseling to help the family respond appropriately to the child's developmental needs
- Counseling with parents to address attachment issues or acceptance of a child with a disability
- Assessing the family's understanding of their child's special needs

What Early Steps services can a counselor enroll to perform?
- Attend IFSP team meetings when invited
- Ongoing counseling services as listed on the IFSP

What counseling services does Early Steps *not* provide?
Family counseling that does not assist the family in understanding the special needs of the child or enhance the family's capacity to repond to their child's developmental needs is not provided by EarlySteps. Counseling to address family separation, divorce, or custody is not provided by EarlySteps nor is long-term family counseling to address multiple issues.

Should *non*-EarlySteps counseling services be listed on the IFSP?
Yes. Counseling services that affect family functioning that are not provided by EarlySteps should be listed in the "Other Services" section of the IFSP.

Should a counselor attend the IFSP meeting?
- Counselors may attend IFSP meetings when invited to serve on the IFSP team.

- Counselors may also attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- A cousnelor does not have to be present at an IFSP meeting for counseling services to be included on the IFSP.

Must counseling services be provided in the natural environment?

Part C regulations state that services are to be provided in the natural environments, including the home and community settings that are natural and normal for the child's age peers who have no disability. Early intervention services that are provided to the parent only (child is not present) may be provided in settings outside of the natural environment. However, if the counseling service includes the child, the service must be provided in the natural environment. If the child is present and counseling services cannot be provided in the natural environment, a justification must be provided in the IFSP. Reimbursement rates will be based on the setting in which the service occurred, as outlined above.

Nursing Services

Nursing Services in Early Steps are defined as those services designed to meet the developmental needs of an infant or toddler with a "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay" ***or*** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. In addition, services are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

General role of nurses in Early Steps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

What does nursing services in Early Steps include?

Nursing services in Early Steps are designed to meet the unique ***developmental needs*** of the child and ***must not be purely medical in nature***. Nursing services include:

- The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and
- Provision of health services "necessary to enable a child to benefit from the other early intervention services," ***during the time that the child is receiving other Early Steps services.*** The term includes services such as administration of medications, treatments and regimens prescribed by a licensed physican, clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.

How do IFSP teams decide if a nursing service is medical or developmental?

IFSP teams should first determine what is the purpose of the service. If the service is purely medical, it is not an Early Steps nursing service ***unless*** the service is necessary to enable a child to benefit from the other early intervention services ***during*** the time that the child is receiving other Early Steps services. The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes? Does it fit the strategies that the team identified? **Early Steps nursing services are typically short in duration and directed at teaching a caregiver how to provide optimal care.**

Examples **of appropriate nursing services in Early Steps:**

- Assessing the dressing and other self-help skills of a child with spina bifida to assist in the development of the IFSP.
- Training child care providers on feeding a child with a cleft palate.
- Providing consultation with a child care facility to address accessibility for a child with cerebral palsy using a walker.
- Providing health services, such as suctioning, during an Early Steps intervention program to permit participation.
- Training the mother of a very low birth weight infant born prematurely on feeding strategies.
- Training a child care provider on oxygen management for an infant with bronchopulmonary dysplasia so that the child can partipicate in Early Steps services.
- Participating on an IFSP team to explain child's medical or mental health condition to assist with IFSP development.

What Early Steps services can nurses enroll to perform?

- ❖ Attend IFSP team meetings (only RNs can serve on an IFSP team)
- ❖ Provide health assessment/evaluation (RN only)
- ❖ Provide ongoing services as listed on the IFSP

What nursing services does Early Steps *not* provide?

Early Steps does not provide nursing services for ongoing medical conditions.

Examples:

- Short or long-term health care for a child after a surgery
- Ongoing health assessments of a child after discharge from a NICU
- Health care of a child with a fragile medical condition
- Weight monitoring
- Extended hours nursing
- Home Health Nursing Services

Should *non*-Early Steps nursing care be listed on the IFSP?

Yes. Nursing services that are not the responsibility of Early Steps to provide are listed in the "Other Services" section of the IFSP. These typically include nursing care as ordered by a physician to meet the medical needs of the child.

Should nurses attend the IFSP meeting?

- RNs may attend IFSP meetings when invited to serve on the IFSP team. It is not appropriate for an LPN to attend as an IFSP team member. An LPN may attend the IFSP team meeting with the RN supervisor. Only one nurse will be reimbursed for an IFSP team meeting.
- RNs and LPNs may attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no Early Steps reimbursement for this service.
- Nurses do not have to be present at an IFSP meeting for nursing services to be included on the IFSP.

What does "direct supervision" mean for nurses in Early Steps?

- RNs and LPNs must practice within the scope of practice of the Louisiana State Board of Nursing and Louisiana State Board of Practical Nurse Examiners.
- RNs must evaluate and assess all Early Steps outcomes and strategies related to nursing services and may delegate appropriate services to an LPN. RNs must provide regular and ongoing supervision of LPNs for any Early Steps services.
- Websites for the Practice Acts are listed below:
  - Registered Nurse: http://www.lsbn.state.la.us/
  - Licensed Practical Nurse: http://www.lsbpne.com/

Nutrition Services

Nutrition Services in Early Steps are defined as those services designed to meet the developmental needs of an infant or toddler with a "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay" ***or*** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. In addition, services are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

General role of nutritionists in Early Steps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

What does nutrition services in Early Steps include?

Nutrition services in Early Steps are designed to meet the unique ***developmental needs*** of the child and ***must not be purely medical in nature***. Nutrition services include:

- Conducting individual assessments in:
  - Nutritional history and dietary intake;
  - Anthropometrics, biochemical and clinical variables;
  - Feeding skills and feeding problems; and,
  - Food habits and food preferences
- Developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and
- Making referrals to appropriate community resources to carry out nutritional goals.

How do IFSP teams decide if a nutrition service is medical or developmental?

IFSP teams should first determine what is the purpose of the service. If the service is purely medical, it is not an Early Steps nutrition service. The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes? Does it fit the strategies that the team identified?

Examples **of appropriate nutritionists' services in Early Steps:**

- Conducting a nutritional assessment on a premature infant to provide input to the IFSP team.
- Participating on an IFSP team to explain child's feeding/dietary issues to assist with IFSP development.
- Training child care providers on feeding a child with a cleft palate.
- Consultation with caregivers of a child with failure to thrive on ways to increase calories.
- Training the mother of a very low birth weight infant born prematurely on how to supplement formula to provide more calories.
- Informing and linking parent to community nutritional resources, such as Women, Infants and Children program (WIC), Commodity & Supplemental Food Program and Emergency Food for Families.
- Training Day Care staff on diet protocol for a child on a ketonic diet.

Who can provide nutrition services in Early Steps?

Registered Dietitians who are licensed in Louisiana can provide nutrition services in Early Steps.

What Early Steps services can nutritionists enroll to perform?

- Attend IFSP team meetings
- Provide assessment/evaluation

- Provide ongoing services as listed on the IFSP

What nutrition services does Early Steps *not* provide?
Early Steps does not provide nutritional services for ongoing medical conditions.
Examples:
- Calculation and monitoring of medically prescribed diets
- Weight monitoring
- Monitoring enteral/parenteral feedings

Should *non*-Early Steps nutrition/feeding issues be listed on the IFSP?
Yes. Nutrition services that are not the responsibility of Early Steps to provide are listed in the "Other Services" section of the IFSP. These typically include medically prescribed diets as ordered by a physician to meet the medical needs of the child.

Should nutritionists attend the IFSP meeting?
- Nutritionists may attend IFSP meetings when invited to serve on the IFSP team.
- Nutritionists may attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no Early Steps reimbursement for this service.
- Nutritionists do not have to be present at an IFSP meeting for nutrition services to be included on the IFSP.

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Occupational Therapy Services

Occupational Therapy Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay" ***or*** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. In addition, services are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

General role of occupational therapists in EarlySteps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

What does occupational therapy services in EarlySteps include?

Occupational therapy services in EarlySteps are designed to meet the unique ***developmental needs*** of the child and ***must not be purely medical in nature***. Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community and include:

- Identification, assessment and intervention;
- Adaptation of environment, and selection and design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and,
- Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

Non-traditional occupational therapy includes provision of occupational therapy through non-traditional means (e.g., horseback, aquatic therapy) and must not be funded by EarlySteps simply because the child enjoys it or the parents request it. For EarlySteps to fund a non-traditional delivery of service, there must be documentation that the team discusses why the traditional service delivery did not work and why the non-traditional method is more appropriate. Or, documentation that the child's medical condition is such that traditional therapy is not conducive to the child's status.

How do IFSP teams decide if a occupational therapy service is medical or developmental?

- Medical services, ordered by a physician, attempt to change a physical condition for the better.
- Developmental services strengthen or build upon the body ,as is, to encourage functional skill development.

For example, a child whose hands were severely burned in an accident will need treatment to address contractures stemming from the injury . Post surgical casting and splinting necessary to lessen the contractures are medical treatments, typically provided by a OT. The child may also be eligible for EarlySteps if the eligilbility team determines that the limited use of hands results in a developmental delay (reaching fine motor and adaptive milestones for dressing self, eating with utensils,manipulating small toys, etc.). In addition to the medical treatment, the child may also receive early intervention services from an OT to train the parents on ways to facilitate use of the hands in daily living routines.

Early intervention services through EarlySteps do not replace needed medical treatment. When children are receiving occupational therapy as a medical treatment and as an early intervention service under EarlySteps, the documentation must clearly show that these are not duplicative services. IFSP teams must first determine the purpose for the recommended service. EarlySteps provides early intervention services that increase the family's capacity to enhance their child's development. The team needs to determine how the service relates to the

outcomes identified by the IFSP team. Does the service support the outcome? Can the service be incorporated into the daily routine of the child and family?

Examples **of appropriate occupational therapy services in EarlySteps:**

- Participating on an IFSP team to explain child's developmental issues to assist with IFSP development.
- Training family members how to work with child to learn to climb the steps in the house.
- Training family members how to present a toy so that the baby lifts his head.
- Training child care workers on feeding techniques to enhance oral motor skills in a child with oral-motor dysfunction.
- Observing and consulting with parent on how to position the child during bathtime.
- Consulting with team members on recommendations for adapted seating equipment to assist with proper positioning for feeding.
- Training care givers how to swaddle a premature infant to facilitate sleeping.

Who can provide occupational therapy services in EarlySteps?

- Occupational therapists
- Certified occupational therapy assistants under supervision of a licensed occupational therapist

What EarlySteps services can OTs and COTAs enroll to perform?

- Attend IFSP team meetings (only OTs can serve on IFSP teams)
- Provide assessment/evaluation (OT only)
- Provide ongoing services as listed on the IFSP

What occupational therapy services does EarlySteps *not* provide?

EarlySteps does not provide occupational therapy services for ongoing medical conditions. ***Example***:

- Short term post-surgery therapy
- Casting to correct a medical condition

Should occupational therapists attend the IFSP meeting?

- Occupational therapists may attend IFSP meetings when invited to serve on the IFSP team.
- Occupational therapists may attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- Occupational therapists do not have to be present at an IFSP meeting for occupational therapy services to be included on the IFSP.

Will EarlySteps reimburse occupational therapists for making assistive technology devices?

EarlySteps will pay for assistive technology device(s) to enhance a developmental need for a child. In order for an OT to be reimbursed by EarlySteps for assistive technology device(s): (1) the OT or agency must be enrolled as an EarlySteps Assistive Technology provider, and (2) the assistive technology device(s) must be listed on the IFSP and related to an IFSP outcome.

Example appropriate for EarlySteps reimbursement: Hand splint to assist child in fine motor activities

Example not appropriate for EarlySteps reimbursement: Hand splint to provide post-op positioning

Is a physician's order required for OT services in EarlySteps?

A prescription for OT is not needed for consultation, indirect services or an evaluation. Obtaining the prescription for direct child OT services is the responsibility of the occupational therapist that will be working with the child and family.

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Role of the Physician

Under Part C federal regulation there are two types of early intervention services that licensed physicians may provide in Early Steps: **Medical Services and Health Services.**

- **Medical Services** are defined as "services only for diagnostic or evaluation purposes provided by a licensed physician to determine a child's developmental status and need for early intervention services."
- **Health Services** as those services necessary "to enable a child to benefit from the other early intervention services during the time the child is receiving the other early intervention services". This includes services such as tracheostomy care, intermittent catheterization, tube feedings, etc as well as physician consultation with other service providers concerning special health care needs that need to be addressed during the course of early intervention services.

What does it mean to be a physician provider in Early Steps?
Physicians are encouraged to be active participants in the Early Steps early intervention process for all of their eligible patients, because they have unique insight into the child's medical and developmental needs. Some Early Steps services that a physician provides can be reimbursed, if the physician becomes an Early Steps provider. Vist the Early Steps website noted at the bottom of this page for instructions on how to enroll as an Early Steps provider. This handout reviews those physician services that are reimbursable under Part C of IDEA. Any services performed must be included in the IFSP to be authorized for payment.

What physician services are included in Early Steps?
Physician services in Early Steps are designed to meet the unique ***developmental needs*** of the child and ***must not be purely medical in nature***. Physician services include:

- Participation in IFSP meetings
- Diagnostic or evaluation services by a licensed physician to determine a child's developmental status and need for early intervention services
- *Face to face* consultation with other service providers concerning the special health care needs of eligible children that need to be addressed in the course of providing early intervention services

How do IFSP teams decide if a medical service is medical or developmental?
If the service is purely medical, it is not an Early Steps service ***unless*** the service is necessary to enable a child to benefit from early intervention services. Diagnostic services are only covered if they provide necessary information for early intervention. If the service is developmental it should be related to IFSP strategies and outcomes. Ongoing medical care is not an Early Steps service.

Examples **of appropriate physician services in Early Steps:**

- Attending the IFSP meeting for a child with spina bifida to expain the child's neurologic deficits, urologic needs, and risk of shunt malfunction to aid in choosing the appropriate intervention strategies and outcomes
- Attending an IFSP meeting of a child with Fragile X to explain the developmental consequences of Fragile X
- Attending an IFSP meeting to explain the medical needs of a child with Down Syndrome that may impact his ability to participate in a child care setting, such as congenital heart disease, vision or hearing problems, susceptibility to infections, or feeding problems
- Providing vision and hearing testing and referral as necessary to enable a child to benefit maximally from early intervention services
- Providing a developmental/ psychiatric assessment to aid in planning IFSP strategies and identification of early intervention services
- Providing a medical evaluation when knowledge of the medical diagnosis will aid in determining early intervention needs, such as attention deficit disorder
- Meeting with early interventionists to discuss the management of an infant on an apnea monitor, nebulizer, ventilator, or oxygen regarding medical management during Early Steps intervention activities

What physician services does Early Steps *not* provide?
Early Steps is not a medical insurance program and does not provide medical treatment. Consultation provided by phone is also not reimbursable.

Examples:

- Laboratory testing
- Genetics evaluations, which could be obtained from a DHH genetics clinic
- Routine child health care and medical visits for disease management
- Hospitalizations
- Medical treatments or surgical procedures , even if they enhance developmental potential such as cleft palate surgery, surgery or casting for club foot, ventriculoperitoneal shunt
- Weight monitoring, nutritional surveillance
- Phone call participation in IFSP meetings
- Phone call consultation to Early Steps providers regarding management of medical problems during early intervention

Should *non*-Early Steps medical care be listed on the IFSP?

Yes. Medical services that are not provided by of Early Steps are listed in the "Other Services" section of the IFSP. These may include medical procedures, subspecialty referrals, assistive technology devices that do not enable a child to benefit from early intervention services, nursing services to manage a chronic medical condition, or any medical services not provided by Early Steps.

Should physicians attend the IFSP meeting?

- Physicians should attend IFSP meetings for their patients when possible. Physicians who have enrolled as Early Steps providers can be reimbursed for this time. Phone participation is helpful, but is not reimbursed by Early Steps. IFSP meetings can be held in the physician's office if the family and team are agreeable and this will enable the physician to attend.
- Physicians who cannot attend the IFSP meeting can communicate with the SPOE or the family to obtain a copy of the IFSP for review. This is not reimbursable but can be helpful in ensuring that developmental and family needs are met and that medical considerations have been taken into account.
- Physicians do not have to be present at an IFSP meeting for medical or health services to be included on the IFSP.

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Psychological Services

All services in EarlySteps are designed to meet the developmental needs of an infant or toddler with a "diagnosed physical or mental condition that has a high probability of resulting in a developmental delay" ***or*** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. dditionally, services are designed to enhance the family's capacity to respond to their child's developmental needs.

General role of psychologists in EarlySteps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies regarding behavioral or developmental issues to ensure the effective provision of early intervention services;
- Training parents and other caregivers regarding behavioral management techniques;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP, including interpretation of results of pyshological or developmental tests.

What do psychological services in EarlySteps include?

Psychological services include:

- Administrering psychological and developmental tests, as well as other assessment prociedures;
- Interpreting assessment results;
- Obtaining, intergrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development;
- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.

Who can provide EarlySteps Psychological Services?

Psychologists who hold a doctoral degree in psychology and are licensed by the State Board of Examiners of Psychologists and school psychologists who hold a Master's Degree and a level B certification in School Psychology and who are employed by a local education agency from the Louisiana Department of Education can provide psychological services for Early Steps.

Examples **of appropriate psychological services in Early Steps:**

- Conducting a developmental assessment on a child with a developmental delay.
- Conducting a psychological assessment on a child who has been abused and exhibits developmental regression.
- Consulting with other service providers to provide behavioral management strategies for early intervention services.
- Interpreting psychological testing results.
- Consulting with the IFSP team to explain psychological test results and implications, and make appropriate recommendations for behvioral or developmental management of the child.
- Short-term play therapy for a child suffering the loss of a parent.
- Family counseling to help the family respond appropriately to the child's developmental needs.

What Early Steps services can a psychologist enroll to perform?

- Attend IFSP team meetings when invited
- Provide psychological assessments
- Provide ongoing services as listed on the IFSP

What psychological services does Early Steps *not* provide?

EarlySteps does not provide family training, family counseling or a home visit that does not assi 09/03

family in understanding the special needs of the child or enhance the family's capacity to repond to their child's developmental needs. On-going psychological therapy for the parent related to the parent's diagnosis is not provided through EarlySteps.

Should *non*-EarlySteps psychological services be listed on the IFSP?
Yes. Psychological services that affect family functioning that are not provided by Early Steps, and those that affect the child's ability to benefit from Early Intervention Services that are not provided by an Early Steps provider should be listed in the "Other Services" section of the IFSP.

Should a psychologist attend the IFSP meeting?

- Psychologists may attend IFSP meetings when invited to serve on the IFSP team.
- Psychologists may also attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- A psychologist does not have to be present at an IFSP meeting for psychological services to be included on the IFSP.

Must psychological services be provided in the natural environment?
Part C regulations state that services are to be provided in the natural environments, including the home and community settings that are natural and normal for the child's age peers who have no disability. When psychological services cannot be provided in the natural environment a justification must be provided in the IFSP. Reimbursement rates will be based on the setting in which the service occurred, as outlined above.

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Social Work Services

Note: EarlySteps thanks Anne-Marie Brown, LPC who assisted with the development of this fact sheet.

Social Work Services in EarlySteps are described as psychosocial services designed to meet the developmental needs of infants and toddlers with diagnosed physical or mental conditions that have a high probability of resulting in disabilities or developmental delays in at least one of the five developmental domains—cognitive, communication, adaptive development, physical development(including vision and hearing) or social or emotional development. Social workers also assist the families of these children to enhance the family's capacity to respond to the developmental needs of their child.

What are the general functions of the social worker in EarlySteps?

- Consulting with parents, service coordinators, and other service providers to insure effective provision of services;
- Training parents and other caregivers, such as other relatives and day care providers, in the provision of early intervention services;
- Participating in multidisciplinary team meetings, along with the family and other providers, to determine the eligibility status of the child and to assist in the development of the IFSP.

What roles to social workers fulfill in EarlySteps?

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the child within the family context;
- Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parent;
- Working with those problems in a child and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and,
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services

What are the qualifications of social workers that work in EarlySteps?

Social workers who work in EarlySteps have, at least, a Master's degree in social work from a school accredited by the Council on Social Work Education. In order to function as an independent provider in Early Steps, a social worker shall also possess a current Louisiana license (LCSW). Social workers must acquire 36 months of supervision following the completion of their Master's degree (at least 24 months must be under the direction of a Board Approved Clinical Supervisor) prior to taking the test to become a licensed social worker, he/she may still be allowed to work in EarlySteps as long as they have acquired the designation of Graduate Social Worker (GSW) in accordance with the Social Work Practice Act of 1999. However, note that the GSW must be working under supervision. This does not necessarily mean on-site supervision since many GSWs receive supervision from a Board Approved Clinical Supervisor who may work for another agency. The GSW must, however, meet regularly with the Board Approved Clinical Supervisor as outlined in the Social Work Practice Act. If the GSW is not under the guidance of a Board Approved Clinical Supervisor, he/she must be working under agency supervision. A GSW may not practice independently.

What are some examples of duties that social workers perform in EarlySteps?

- Assessment of a family with a substantiated history of child abuse/neglect.
- Consulting with other IFSP team members concerning parent/child interaction
- Consulting with community agencies to find resources for a family
- Training parents on advocacy skill building
- Training family concerning the benefits of applying to other state/federal programs for assistance such as LaChip, SSI, or OCDD cash subsidy

- Counseling a family who is having adjustment problems following the birth of a baby with a disability

What EarlySteps services can be performed by social workers?

- Attend eligibility team or IFSP team meetings
- Provide assessment/evaluation
- Provide ongoing services as outlined in the IFSP

What is CAPTA ?

In 1974, Congress enacted the Child Abuse Prevention and Treatment Act that provided annual federal grants to states to support improvement in the work of child protective services agencies, as well as enhanced multidisciplinary collaboration in the handling of reported child maltreatment cases. This law has been reauthorized and amended on average, every 4-6 years, the last of which was on June 25, 2003, when President Bush signed the "Keeping Children and Families Safe Act," Public Law 108-36. This bill reauthorized CAPTA through 2008.

What impact does the reauthorization of CAPTA have upon EarlySteps?

According the latest data from the U.S. Department of Health and Human Services, infants and toddlers account for over 27.7% of substantiated child maltreatment victims annually. Thus, Congress mandated state child protection agencies to make a Part C referral in all cases involving substantiated victims of child maltreatment under the age of three.

What is the implication for social workers regarding CAPTA and EarlySteps?

Social workers are trained to recognize and address cases of child maltreatment as well as the special needs of vulnerable populations such as children with special health care needs. Social workers are also trained to recognize the relationship between child maltreatment and substance abuse. Therefore, social workers play a vital role in the provision of comprehensive, family-centered, culturally competent services to families in keeping with both CAPTA and Part C of IDEA.

Special Instruction

Special Instruction is not completely defined by Part C federal regulations. The federal regulations indicate the types of services that are encompassed by special instruction but do not provide a definition of the term "special instruction". Therefore, using the Individuals with Disabilities Education Act definition for special education as a reference, special instruction is an individualized, planned and strategic intervention emphasizing skill development within the context of a child and family's typical routines and daily activities, using naturally occurring learning opportunities. Special Instruction requires matching teaching strategies with the unique developmental needs of the child and outcomes identified in the IFSP.

What does special instruction in Early Steps include?

Federal regulations indicate that the following are the services that a special instructor may provide:

a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
c) providing families with information, skills, and support related to enhancing the skill development of the child; and,
d) working with the child to enhance his or her development.

Who can provide Early Steps Special Instruction?

Individuals who hold at least one of these credentials may enroll as a special instructor:

- Bachelor's Degree in Early Childhood Education, Early Intervention, or Special Education <u>and</u> certification by the Louisiana State Department of Education in:
  - Noncategorical Preschool OR
  - Early Intervention OR
  - Visually Impaired with additional coursework in Early Intervention OR
  - Hearing Impaired with additional coursework in Early Intervention OR
  - Adapted Physical Education (APE) with add-on in Early Intervention OrPre-K through 3 with add-on in Early Intervention
- Master's degree in Early Childhood Special Education or Early Intervention
- Bachelor's or Master's degree in Child Development, Early Childhood Education, or Child Life

Special instruction may also be provided by a Behavioral Consultant that holds a Master's degree in a human service field <u>AND</u> at least one of the following qualifications:

- National or state Certification in Applied Behavior Analysis (BCBA); OR
- A state issued Applied Behavior Analysis Certification; OR
- Licensed Psychologist in Louisiana under the provisions of RS 37:2351 et seq. (prefer experience/training in providing services (including diagnostic and functional assessments), and intervention practices to individuals with special needs and knowledge of behavioral terminology and principles of learning)

Examples of appropriate Early Steps Special Instruction:

- <u>Assessing</u> a child's overall development and progress using a curriculum-based assessment such as the Activity-Based Approach to Early Intervention (AEPS) and sharing the results with an IFSP team.
- <u>Educating and training</u> a child's caregiver(s) in using typical play activities to foster skill acquisition, engaging the child in adaptive play, using toys with switches to foster learning cause and effect and mastery of motor skills.
- <u>Consulting</u> with the childcare teacher to identify, develop, and embed modified developmentally appropriate activities so that a child with developmental delays participates successfully.

- Implementing modified interventions using a developmentally appropriate curriculum and conducting on-going data collection (assessment) on the rate of skill acquisition, fluency, maintenance and generalization of functional skills.
- Providing education and training to caregivers in how to encourage language by imitation, modeling, and prompting.
- Consulting with the childcare provider to rearrange the environment so that a toddler with motor impairments can reach toys independently.
- Educating and training caregivers how to reinforce desired behaviors such as giving eye contact or following a simple command when interacting with a toddler with autism.
- Providing direct instruction to the child using teaching strategies that are validated, normalized and useful across settings.

What Early Steps services can Special Instruction Assistants provide?
The Special Instruction Assistant (SIA) works under the supervision of a Special Instructor and has earned an Associate's degree in early childhood related field or a Child Development Associate Credential. The SIA implements specific intervention planned by the special instructor, prepares materials to be used with the child or family, and collects data regarding skill acquisition. The Special Instruction Assistant does not make independent decisions about modifying an intervention or introducing an intervention strategy. SIA s may accompany the supervising Special Instructor to the IFSP meeting to provide input on the child's current functioning but may not participate in the IFSP team decision-making. Only the Special Instructor who can participate in making team decisions can bill for IFSP team or eligibility meetings.

What does supervision of the Special Instruction Assistant entail? The Special Instruction Assistant must receive at least 4 hours of documented direct and indirect supervision per month from the supervising Special Instructor or Behavioral Consultant. A minimum of 1 hour of direct observation and guidance is required each month.

Can Special Instruction be provided in a group?
Group instruction as a teaching and learning strategy is the reason for choosing group as the method for service delivery when an IFSP team decides to provide Special Instruction Group. When this occurs, the IFSP team has determined that indirect instruction and peer modeling are appropriate teaching strategies for the developmental needs of the child and that group instruction will, in fact, increase meaningful engagement with the environment, increase skill acquisition, and lead to the achievement of the IFSP outcomes.

Individual early intervention services are often delivered in settings with groups of children because that setting is part of the daily routine of the child and family. However, this is different than group special instruction.

Early Intervention Provider Services

There are 16 types of services in Early Steps:

Audiology	Health Services	Transportation
Service Coordination	Speech-Language Pathology	Nursing Services
Nutrition Services	Assistive Technology	Occupational Therapy
Vision Services	Family Training	Physical Therapy
Social Work Services	Psychology Services	Special Instruction
Medical Services (diagnostic or evaluation only)		

Providers must meet the personnel standards determined by Early Steps. Personnel standard qualifications are available on the Early Steps website.

How do families select providers?

- Families select providers from the Early Steps Service Matrix: http://www.eikids.com/la/matrix/default.asp. *Families can review provider information (availability, specialization, hours of service, location for service delivery, etc.) when selecting a service provider.*

What are provider roles?

- Consulting with parents, service coordinators, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services.
- Training parents and others regarding the provision of those services.
- Participating in the multidisciplinary team's assessment of a child and a child's family and in the development of strategies and outcomes for the IFSP.

What services can providers enroll to perform?

- Attend IFSP team meetings.
- Provide assessment/evaluation (testing).
- Provide ongoing services as listed on the IFSP.

What are provider responsibilities?

- Provide services as listed on the IFSP.
- Complete and submit a monthly report to the Family Service Coordinator (FSC), using Early Steps report format. A sample format is located on the Early Steps website.
- Maintain clinical file with documentation of service.
- When a child is suspected to have a disability or developmental delay, federal law requires primary referral sources to contact the Early Steps System Point of Entry (SPOE) within 48 hours. A list of the SPOEs is on the Early Steps website.

How are Early Steps services authorized?

- The Central Finance Office (CFO) mails authorizations to providers based on services listed on the IFSP. The IFSP team determined which services to provide to achieve the individual child and family's outcomes.
- An authorization may be issued for a one time service, such as attending an IFSP meeting or for testing purposes for IFSP planning or eligibility.
- Providers for Early Steps services must never bill any other funding source except the CFO.

Is a physician order required for Early Steps services?

- Prescriptions for Speech Language services are not needed for an IFSP service.
- The Louisiana Practice Act for Physical Therapy has changed (Act 1269, effective 7/1/03). Physical Therapists no longer need a prescription for provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP).

- Occupational Therapists are required by law to have a prescription for direct services. A prescription for OT is not needed for consultation, indirect services or evaluation. In Early Steps, obtaining the prescription for OT is the responsibility of the occupational therapist that will be working with the child and family.
- Websites for the Practice Acts are listed below:
  Physical Therapy: http://www.laptboard.org/PracticeActRulesReg.htm
  Occupational Therapy: http://www.lsbme.org/laws_and_rules.htm
  Speech-Language Pathology and Audiology: http://www.lbespa.org/licensing.htm
  Registered Nurse: http://www.lsbn.state.la.us/
  Licensed Practical Nurse: http://www.lsbpne.com/

What is the method of reimbursement?

- Early Steps services are paid through the CFO.
- Services must be listed on the IFSP to be paid through Early Steps.
- Changes in services must be made on the IFSP (frequency, intensity, etc) in order for services to be paid.
- Providers are paid according to the setting where the service was delivered, with higher rates given for services in the child's natural environment.
- Families make the choice of whether or not to use insurance for Early Steps services. However, a provider must never bill insurance for an Early Steps service.
- In order to receive payment for participating in an IFSP meeting, the Early Steps provider must attend the meeting. Reimbursement rates for meetings are the same rate as for services.
- For more information, visit the CFO website: http://www.eikids.com/la/matrix/contact/index.asp

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Physical Therapy Services

Early intervention services are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs. One of those early intervention services is Physical Therapy (PT) Services.

What is the general role of early intervention providers in EarlySteps?

- Consulting with parents, service coordinators, other service providers, and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and their family, and in the development of integrated goals and outcomes for the IFSP.

What does physical therapy services in EarlySteps include?

Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor develoopment, cardiopulmonary status, and effective environmental adaption. These services are designed to improve the child's functional ability to perform tasks at home, school, and community and include:

- Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction; and
- Obtaining, interpreting, integrating, and providing information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems;
- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

How do IFSP teams decide if a physical therapy service is medical or developmental?

- Medical services, ordered by a physician, attempt to change a physical condition for the better.
- Developmental services strengthen or build upon the body ,as is, to encourage functional skill development.

For example, a child born with club feet will need treatment to change the direction of the feet and lower limbs. The casting and splinting necessary for this condition are medical treatments, typically provided by a PT. The child may also be eligible for EarlySteps if the eligilbility team determines that the limited use of the lower limbs results in a developmental delay (reaching milestones for crawling, standing, etc.). In addition to the medical treatment, the child may also receive early intervention services such as a PT to train the parents on ways to facilitate crawling.

Early intervention services through EarlySteps does not replace needed medical treatment. When children are receiving physical therapy as a medical treatment and as an early intervention service under EarlySteps, the documentation must clearly show that these are not duplicative services.

Examples **of appropriate physical therapy services in EarlySteps:**

- Participating on an IFSP team to explain child's developmental issues to assist with IFSP development.
- Training family members on how to work with their child with muscular dystrophy to learn to climb the steps in the house.
- Training family members of a child with spina bifida on how to use adaptive equipment in gait tra 09/03
- Training grandparents on how to assist their grandchild with cerebral palsy to learn to ride a tricycle at the park.
- Consulting withchild care workers on how to incorporate playground activities for a child using a lower extremity prosthesis.
- Training child care workers on activities that promote balance for a child with cerebral palsy.
- Consulting with team members on recommendations for adaptive gait equipment for a child with diplegia.

Who can provide physical therapy services in EarlySteps?

- Licensed physical therapists
- Physical therapy assistants under supervision of a licensed physical therapist

What EarlySteps services can PTs and PTAs enroll to perform?

- Attend IFSP team meetings (only PTs can serve on IFSP teams)
- Provide assessment/evaluation (PT only)
- Provide ongoing services as listed on the IFSP

Should physical therapists attend the IFSP meeting?

- Physical therapists may attend IFSP meetings when invited to serve on the IFSP team.
- Physical therapists may attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- Physical therapists do not have to be present at an IFSP meeting for physical therapy services to be included on the IFSP.

Will EarlySteps reimburse physical therapists for making assistive technology devices?

EarlySteps will pay for assistive technology device(s) to enhance a developmental need for a child. However, EarlySteps will not reimburse assistive technology devices that are solely to correct a medical condition. In order for a PT to be reimbursed by EarlySteps for assistive technology device(s): (1) the PT or agency must be enrolled as an EarlySteps Assistive Technology provider, and (2) the assistive technology device(s) must be listed on the IFSP and related to an IFSP outcome.

<u>Examples appropriate for EarlySteps reimbursement:</u> feeder seats, floor sitters, corner chairs, adaptations to correctly positioning or to support an infant or toddler in a seated position, side layers and standers with accompanying supports and trays; adapted crawlers, leg braces, splints, etc.

<u>Examples not appropriate for EarlySteps reimbursement:</u>

- Resting leg splints for a child with spina bifida
- Customized DAFOs for a child with club feet
- Tri-standers for a child with need to increase trunk muscles for bowel and bladder control

Is a physician order required for PT services in EarlySteps?

The Louisiana Practive Act for Physical Therapy has changed (Act 1269, effective 7/1/03). Physical therapists no longer need a prescription to provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP).

Transportation

Federal regulations for Part C of the Individuals with Disabilities Education Act (IDEA) define transportation as one of the sixteen early intervention services. The definition is: "Transportation and related costs includes the cost of travel (e.g. mileage, or travel by taxi, common carrier, or other means) and related costs (e.g.) tolls and parking expenses) that are necessary to enable a child eligible for the program and the child's family to receive early intervention services."

Early intervention services are typically provided in the places where infants and toddlers and their families live, work, and play. This means that transporting a child to early intervention services does not happen often. EarlySteps pays for transportation when the child must be transported in order to receive early intervention services at a special purpose clinic or other setting. In these cases, there is no other way for early intervention to be provided without transporting the child.

EarlySteps pays for transportation such as:

- Transporting the child to a sound-proof environment for audiological testing (for eligibility purposes)
- Transporting the child to a specialized setting for a specific early intervention methodology that the IFSP team has determined necessary for the child (decision based upon individual child needs and specific data regarding progress towards IFSP outcomes).

EarlySteps does not pay for transportation such as:

- Transporting the child to child care, even if early intervention services are provided in the child care setting
- Transporting the child to medical appointments
- Transporting the child to a hospital for medical appointments or emergency services

Parents may be reimbursed for transportation costs when this service is authorized through the IFSP process. Parents enroll with the CFO in order to receive reimbursement. The enrollment process is streamlined for parents and they do not appear on the Service Matrix as a provider.

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