earlySteps

louisiana's early intervention system

EarlySteps

# Practice Manual

October, 2023

## EarlySteps Practice Manual 2023:

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## Chapter 1: EarlySteps, Louisiana's Early Intervention System

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

Topics in this chapter include:



## Louisiana's State-Identified Measureable Result for Infants and Toddlers with Disabilities and Their Families:

*The EarlySteps System will improve child outcomes through supports that are focused on family Concerns, Priorities and Resources and provided through a team-based approach.*

**Chapter 1 updates:**
**--**References for State and Federal Requirements
--Department and Personnel Names, Phone Numbers, Contact information
--Who Do You Call? Updated
--SICC Duties updated from 2011 IDEA, Part C Regulations
--Removed references to the regional quality assurance specialists
--References to DEC Recommended Practices for the *Leadership* topic area

# Mission and Philosophy
# For Louisiana's Early Intervention System
# IDEA, Part C - Public Law 108-446

## Mission of EarlySteps

To design and oversee the implementation of a family-centered, community-based, comprehensive, interagency service delivery system for infants and toddlers (birth through two) who are eligible for Part C services, and their families. This system will be monitored and evaluated to ensure that families are supported, and that the potential of each child is maximized.

## Philosophy

1. All children in Louisiana who are eligible for Part C services and their families have the right to comprehensive early intervention services. THEREFORE, these services will be provided regardless of such factors as sex, race, color, creed, place of residence, cultural diversity, language differences, or the family's ability to pay.

2. The family is the constant in the child's life while the service systems and the personnel in those systems fluctuate. THEREFORE, the service system will be family-centered, and designed to meet the needs of the family rather than requiring that families accommodate the system.

3. The structure and definition of families vary widely, as do the existing natural support systems of individual families. THEREFORE, the system will define family in a broad manner, to include the individuals considered as family and their supports.

4. Children and families vary according to specific strengths and needs. THEREFORE, the service system will be comprehensive and flexible. In addition to providing those services listed in federal and state statutes, the system will strive to assist families in meeting needs in other areas such as respite and child care.

5. Families and children will have access to coordinated resources. THEREFORE, the service system will coordinate services among all agencies, provide families with clearly defined points of entry to such services, and support and enable the family in locating and obtaining appropriate services through effective service coordination.

6. All children have a right to be part of a family, and families have the right to remain intact. THEREFORE, the service system will be committed to supporting families in their efforts to maintain children with special needs in the home. The service system will serve children in the context of the family, and efforts will be directed toward maintaining family unity.

7. Children and families have the right to develop to their potential within natural settings. THEREFORE, the system will provide early intervention services in natural environments, and encourage maximum participation and integration in community life.

8. The needs of children and families are dynamic. THEREFORE, the system will allow for ease of entry and ease of exit when services are no longer necessary. Additionally, the system will provide a mechanism for re-entry should services once again become needed.

9. Children and families have a right to quality programs. THEREFORE, the system will ensure that services are provided by appropriately trained and qualified personnel.

10. Families have a right to privacy and other procedural safeguards. THEREFORE, the system will be designed in such a manner as to protect these rights.

11. Families have a right to determine what is best for their individual situation and to fully and equally participate in the planning and implementation of intervention. THEREFORE, the system will provide necessary resources to the family to enable the family to become, or continue to be, the primary advocate and planner for the child. However, these roles will not be thrust upon families who are unable or unwilling to assume them. In all cases, the family will play an integral part in the assessment and the development of the individual family services plan.

12. Regional Councils are critical to the identification of community needs and coordination of local resources. THEREFORE, Regional Councils will participate in planning the statewide service system, including the development of state policy. Additionally, Regional Councils will develop implementation plans and local policy based on community needs.

13. The field of early intervention services for children and families is dynamic in development and refinement. THEREFORE, support of research, development, demonstration and dissemination will be features of the system.

The mission and philosophy statements are the result of an integrated planning meeting conducted on June, 1989 and revised, December, 2002 and reviewed June, 2008. Participants included State Interagency Coordinating Council (SICC) members, SICC Committee members, Regional Council members and Lead Agency staff. These were adopted by the SICC and supported by the Regional Councils and Lead Agency as accurately reflecting the underlying values of Louisiana's Infant and Toddler Program.

**EarlySteps, Louisiana's Early Intervention system, operates through the following Federal, State, and Program Requirements:**

- Federal law the Individuals with Disabilities Education Improvement Act (IDEA), Part C, as found in PL 108-446 of 2004.
- The Part C Federal Regulations: 34 CFR Part 303, September 2011
- The State statute, which is applicable, is Act 417 of the 2013 Louisiana Legislature
- State Regulations: Louisiana Administrative Code Title 48, Part IX Developmental Disabilities Services Chapter 3, Infant Intervention Services
- EarlySteps Program Policies, approved 2014
- The EarlySteps Practice Manual updated 2022
- The Division of Early Childhood (DEC) Recommended Practices, 2014.

## Introduction and Purpose

EarlySteps, Louisiana's Early Intervention system operates under the Federal law, the Individuals with Disabilities Education Improvement Act (IDEA), Part C, as found in PL 108-446 of 2004. The State statute, which is applicable, is *Act 417 of the 2013 Louisiana Legislature.* The system is referred to as EarlySteps, early intervention and "Part C."

The purpose of this chapter of the Practice Manual is to ensure that early interventionists, families, and staff understand early intervention, in general, and the administrative structure of the Part C system, known as EarlySteps. The overview of the EarlySteps system intends to address DEC Recommended Practice L1: *Creating a culture and a climate in which early interventionists feel a sense of belonging and want to support the organization's mission and goals*.

## What is Early Intervention?

According to IDEA, Part C, early intervention is a comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families. The law outlines the requirements of the system and each state develops its own procedures to implement the requirements. As a result, early intervention programs vary from state to state, both in how they operate and in which children are found eligible.

The general purposes of Part C, as stated in the federal law and state statute, are:

- To enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first three years of life;
- To reduce the educational costs to our society by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
- To maximize the potential for individuals with disabilities to live independently in society;
- To enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities
- To enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care.
- 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 system 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;
- To enhance the state's capacity to provide quality early intervention services and expand and improve existing early intervention services;
- 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.

Early intervention, broadly defined, is a term used to describe the identification and evaluation of young children with developmental delays and disabilities and the range of intervention services and supports provided to their families and caregivers, as early as possible. After a child's eligibility is determined, families, caregivers and a team of early interventionists work together to develop an Individualized Family Service Plan (IFSP) based on the concerns, priorities and resources of the families. The IFSP includes functional outcomes as identified by the team with measurable results; evidence-based intervention strategies; the frequency and intensity of services and supports needed by the families and caregivers to achieve the outcomes and the early interventionists chosen by the families to provide ongoing support. Examples of early intervention services are:

- Assistive technology
- Audiology
- Health Services (family education, assistance with other EarlySteps services only)
- Medical Services (evaluation only)
- Nutrition Services

- Occupational Therapy Services
- Physical Therapy Services
- Psychological Services
- Service Coordination
- Social Work Services
- Special Instruction
- Speech Language Pathology
- Translation/Interpreter Services (foreign language and sign language)
- Transportation (to and from an EarlySteps service only)
- Vision Services

In addition, the foundational concepts for early intervention are based on:

- Family-centered and relationship-based practices,
- A focus on providing caregiver supports in natural environments,
- Child learning based on typical child development,
- Adult learning principles, and
- Quality team practices (Pletcher and Younggren, 2013)

The primary goal of early intervention is to support the capacity of families and caregivers to help their children grow and learn by providing multiple learning opportunities in everyday routines and activities, not just "therapy visits" with the early intervention team. Although the method of providing these supports and services to build capacity are individualized, all interventions are based on these explicit principles, validated practices and the best available research in early intervention. In Louisiana, early intervention providers use a team-based service delivery model and a coaching approach to support families and caregivers. Utilizing this approach, the team provides individualized supports and services based on the identified family strengths, cultural and ethnic values and beliefs, unique needs and learning styles and changing priorities and concerns and/or life circumstances. Together, the families, caregivers and early intervention team exchange ideas, information, knowledge and expertise to build team capacity and jointly solve problems, plan for and implement evidence-based intervention strategies to address identified IFSP outcomes and access community resources to increase children's participation, social interaction and independence. During home and community visits, the early intervention team explains each step of the intervention strategies, models the strategies, provides opportunities for the families and caregivers to ask questions, practice the strategies, collect and review data and receive immediate feedback from the team. Using this coaching approach, the team builds the confidence and competence of families and caregivers to embed learning opportunities and use intervention strategies and validated practices to address the families' concerns and priorities. In addition to supporting families and caregivers in early intervention, team members support one another, recognizing and respecting each other's knowledge, roles and responsibilities and understand the shared responsibility for helping families and caregivers achieve all outcomes on the IFSP.

The coaching approach in early intervention may be very different from a more traditional medical or clinic-based model of providing services and support to young children. Using a medical or clinic-based model, children receive direct "therapy" from a professional in an office or clinic to work on specific skills with limited to no participation from families or caregivers. The goals and objectives of "therapy" may not be based on the concerns, priorities and resources of the families and "therapy" activities in the office or clinic may not be based on the interests of the children or what they are naturally motivated to learn and do, but developed by the professional providing the "therapy." In early intervention, natural learning opportunities occurring in everyday routines and activities of families and caregivers are valued as the most important contexts for children's learning and development. The focus of the intervention is to support families meeting their child's needs in these environments and routines.

The next sections outline the structure and components for implementing early intervention in Louisiana:

## State Lead Agency

The Governor designates the lead agency in each state. In Louisiana, the Department of Health (LDH), Office for Citizens with Developmental Disabilities (OCDD) is the lead agency responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers and their families is established and maintained in the state. [IDEA, 2004, Section 637]

The minimum components of the state's Early Intervention system include the following [IDEA, Section 635]:

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) Policies to address the needs of infants and toddlers, who live on a reservation, are homeless, or are wards of the state;
11) A state policy that ensures appropriate early intervention services are based upon scientifically-based research, to the extent possible;
12) The definition for developmental delay utilized by the state;
13) Services must include an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills;
14) A central directory of information relating to early intervention services, resources, experts, and research and demonstration projects available in the state;
15) Timetables for serving eligible infants and toddlers and their families;
16) A public awareness program;
17) A comprehensive child find system;
18) A timely, comprehensive, multidisciplinary evaluation upon entry into the system;
19) Ongoing assessment procedures;
20) Development, review, and evaluation of the Individualized Family Service Plan (IFSP) and Support Coordination, including policies to ensure that services are provided in natural environments to the maximum extent appropriate;
21) The provision of services in natural environments, to the extent possible;
22) Procedural safeguards for the family with respect to this system.

Program administration at the lead agency is provided by the following persons:

**EarlySteps Program Manager**

The EarlySteps Program Manager is responsible for the overall program in OCDD including program development and implementation oversight of federal requirements, reporting to the State Interagency Coordinating Council (SICC), developing and oversight of funding and budget. The program manager supervises the EarlySteps central office staff and provides supervision to the regional coordinators**.**

Program Manager/Part C Coordinator
Louisiana Department of Health
Office for Citizens with Developmental Disabilities
628 N. 4th Street
P. O. Box 3117
Baton Rouge, Louisiana 70821-3117
Phone 1.225.342.0095
Toll Free 1.866.783.5553
Fax 1.225.342.8823

**EarlySteps Assistant Program Manager**

The EarlySteps Assistant Program Manager functions as the Assistant to the Program Manger in the administration of the program and represents EarlySteps in the absence of the Program Manager. The Assistant Program Manager provides oversight for Continuous Quality Improvement and Professional Development functions in EarlySteps.

**Toni Ledet**
Program Manager
Toni.Ledet@la.gov
Louisiana Department of Health
Office for Citizens with Developmental Disabilities
628 N. 4th Street
P. O. Box 3117
Baton Rouge, Louisiana 70821-3117
Phone: 225-342.0095
Toll Free 1.866.783.5553
Fax 1.225.342.8823

**EarlySteps Quality Assurance Coordinator**

The EarlySteps Coordinator is responsible for program operations associated with ongoing improvement and oversight of the general supervision system including ongoing quality enhancement, contract development and monitoring, and data review and corrective action. She also coordinates the activities of the Community Outreach Specialists with the State Parent Liaison.

**Valarie Laday**
Valarie.Laday@la.gov
Louisiana Department of Health
Office for Citizens with Developmental Disabilities
628 N. 4th Street
P. O. Box 3117
Baton Rouge, Louisiana 70821-3117
Phone: 225.342.0095
Toll Free 1.866.783.5553
Fax 1.225.342.8823

**Provider Relations Specialist**

The EarlySteps Provider Relations Specialist coordinates provider relations, including recruitment, retention, and verification of qualifications. The provider relations specialist is the primary liaison between EarlySteps and the Central Finance Office regarding enrollment and billing, claims payment. The provider relations specialist coordinates regional provider needs with the regional coordinators.

**April Hearron**
April.Hearron@la.gov
Louisiana Department of Health
Office for Citizens with Developmental Disabilities
Phone:
FAX :

**State Parent Liaison**

The EarlySteps state Parent Liaison is responsible for coordinating the functions of the 9 Community Outreach Specialists (COSs) representing each region. The COSs are liaisons to families referred to or receiving support in EarlySteps. The statewide Parent Liaison provides training and orientation to new COSs and coordinates their activities with central office staff.

**Tedra Landreaux**
State Parent Liaison
Tedra.Landreaux@la.gov
302 Dulles Drive
Lafayette, LA 70506
Phone:337.262.1891
Fax:337.262.5233

To find out who to contact with questions or to obtain information, refer to the "Who do you call?" section at the end of this chapter.

## Interagency Agreements

IDEA, Part C requires the administration of the program is coordinated by a lead agency with a single line of responsibility with additional responsibilities of identification and coordination of all available Federal, State, local, and private resources. It requires agencies to coordinate resources, participate in the identification and location of eligible children, and ensure that the state's resources are used to their maximum effectiveness. The lead agency has the responsibility to perform these functions through the development of interagency agreements with, but not limited to, Title XIX (Medicaid), Title V (Maternal Child Health), Head Start, Louisiana Department of Child and Family Services (DCFS), and Louisiana Department of Education (DOE).

## 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 assist families of children eligible under this part.

The EarlySteps website serves as the central directory. The web address is http://www.earlysteps.dhh.louisiana.gov EarlySteps also has an electronic directory of early intervention providers enrolled with the Central Finance Office (CFO). The web-based *Service Matrix*, at http://www.laeikids.com functions as central directory of Part C early intervention providers.

## Public Awareness and the Child Find System

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. This system component focuses on the early identification of children who may be eligible for EarlySteps and includes the preparation and dissemination of materials for parents on the availability of services through Part C and of services under 20 U.S.C. 1419. Louisiana implements its public awareness responsibility by disseminating information to primary referral sources including:

- All school districts,
- All health units and WIC programs,
- Louisiana Developmental Disabilities Council,
- Physicians,
- Hospitals,
- Child care providers,
- State and local community services offices, including programs administered by the Department of Children and Family Services (DCFS) including foster care and the Child Abuse Prevention and Treatment agency,
- Domestic Violence Programs and Shelters,
- Early Hearing Detection and Intervention (EHDI) system in the LDH Office of Public Health,
- Early and Periodic Screening, Diagnosis, and Treatment Programs (EPSDT), Children's Health Insurance Program (LAChip) and Healthy Louisiana Managed Care Plans in the LDH Medicaid office
- Professional organizations,

- Private providers,
- Maternal, Infant, and Early Childhood Home Visiting Programs: Nurse Family Partnership and Parents as Teachers in the LDH Office of Public Health,
- Head Start and Early Head Start programs,
- SSI, and
- Other programs and agencies that provide services to children and families.

Additional public awareness activities may include public service announcements and presentations at appropriate state and local conferences and meetings.

The comprehensive child find system includes procedures for referrals, including timelines, provisions for participation by primary referral sources, and procedures to identify, locate and evaluate all eligible infants and toddlers. Child Find efforts include those that support identification of

- Native American infants and toddlers residing in a reservation in Louisiana, coordination with tribes and tribal organizations and consortia,
- Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State.

Referrals to EarlySteps are managed through regional system point of entry offices (SPOEs). A list can be found on the EarlySteps web site.

## State Interagency Coordinating Council (SICC)

The State Interagency Coordinating Council (SICC) is also authorized and required by IDEA, Part C, Section 641.

### Mission

The mission of the SICC is to work in collaboration with the Louisiana Department of Health, Office for Citizens with Developmental Disabilities, in an advisory capacity, to design and oversee the implementation of a family-centered, community-based, comprehensive, interagency service delivery system for infants and toddlers who are eligible for Part C services, and their families.

### Goal

The goal of the SICC is to foster and strengthen interagency collaboration and coordination between participating state agencies, public and private early intervention service providers, and families by increasing opportunities for interagency collaboration and coordination, networking, information sharing, and public input. The successful implementation of EarlySteps depends upon a strong commitment of the SICC members.

### Purpose

The purpose of Louisiana's SICC is to advise and assist the Lead Agency in the performance of its responsibilities, particularly in regard to:

(a) Identification of the sources of fiscal and other support for early intervention services;
(b) Assignment of financial responsibility to the appropriate agency; and,
(c) Promotion of interagency agreements.

The SICC also advises and assists the Lead Agency in the preparation of applications and application amendments, the transition of infants and toddlers to preschool or other appropriate services, and the preparation and submission of an annual report to the Governor and to appropriate federal authorities on the Status of EarlySteps.

### Membership

The Governor is responsible for making all appointments to the SICC and for ensuring that its membership represents the population of the State. SICC Members serve at the pleasure of the Governor. The statutory requirements for membership allow Louisiana to bring together consumer, clinical, political, and administrative communities, which facilitate the building of bridges between agencies, service providers, and families.

The duties of the SICC are:

1. To advise and assist the lead agency and the Louisiana Department of Education regarding the provisions of appropriate services for children ages birth to five
2. To advise appropriate agencies in Louisiana with respect to the integration of services for infants and toddlers with disabilities, regardless of eligibility for at-risk infants and toddlers
3. Coordinate and collaborate with the Early Childhood Advisory Council and other State interagency early learning initiatives as appropriate.

The SICC is composed of:

- Parents - at least 20% parents (including minority parents) of children with disabilities age 12 years or younger with knowledge of or experience with early intervention. At least one parent is the parent of an infant, toddler, or child with a disability age 6 or younger;
- Service Providers - at least 20% public or private providers of early intervention services;
- State Legislature - at least one member from the state legislature;
- Personnel Preparation - at least one member representing personnel preparation;
- State Agency Representatives - at least one representative from each of the state agencies involved in the provision of, or payment for, early intervention services;
- State Education Agency for Preschool Services - at least one member from the state education agency responsible for preschool services to children with disabilities;
- State Medicaid Program - at least one member from the agency responsible for the state Medicaid and CHIP program;
- Head Start or Early Head Start Agency - at least one member representing a Head Start/Early Head Start agency or program in the state;
- State Child Care Agency - at least one member representing the agency responsible for child care;
- State Agency for Health Insurance - at least one member representing the agency responsible for the state regulation of health insurance;
- State Agency for the Education of Homeless Children - at least one member representing the Education of Homeless Children and Youth;
- State Agency for Foster Care - at least one member from the state welfare agency responsible for foster care;
- State Agency for Children's Mental health - at least one member from the state agency responsible for children's mental health; and,
- Other Members - other members selected by the Governor.

The activities of the SICC are coordinated by its Executive Director:

Executive Director
Office of the Governor
Office of Community Programs
Louisiana Interagency Coordinating Council (SICC)
1201 N. Third Street Ste. G-219
Baton Rouge, LA. 70802
Phone: (225) 219-7560
Fax: (225) 219-7561

## Quarterly Meetings

The SICC meets quarterly on the second Thursday of the months of January, April, July, and October. All meetings are open to the public and are held in accordance with the Louisiana Open Meeting Laws. Participating in the SICC includes committee meetings as well as attending the quarterly meetings. These meetings are often held in Baton Rouge.

SICC members are reimbursed for reasonable and necessary expenses for attending Council meetings and performing Council duties. Parent members may receive an additional childcare stipend for attending SICC meetings.

## Public Comments

The SICC welcomes public comments from individuals, programs, agencies, and others, about topics related to the early intervention system. Public comments may be submitted to the Executive Director in writing at any time or during the public comment period of the meeting.

All comments are addressed in the order they were received, during the SICC meeting public comment period. The individual making the comment will be recognized by the chair. Comments requiring action are referred to the SICC Executive Committee, which will review the comments and refer the comments to the appropriate committee, task force, or agency for action for a response to the individual making the comment. Complaints are referred to the appropriate agency's complaint management process. Comments will be recorded in the meeting minutes.

SICC members may ask questions during the SICC meetings when recognized by the chair, members of the public in attendance may ask questions during the meeting that are related to the item of business when recognized. All other comments and/or questions are submitted orally or in writing during the public comment period.

## Committees

The SICC does the majority of its work through its committees or workgroups. The role of the SICC Committees is to provide advice and assistance to the Lead Agency regarding the development and implementation of Louisiana's Early Intervention System by making recommendations that are endorsed and approved by the SICC and submitted to the Lead Agency for their consideration. Committees are formed as needed to address the needs identified by the SICC.

Committee membership (voting members) consists of representatives from each of the following stakeholder groups: SICC Member; OCDD Staff; Family/Parent; State Agency Representative; Regional Coordinator; Community Outreach Specialist; Independent and Agency Providers; Family Support Coordinator; System Point of Entry staff; Local Education Agency; University/Institute of Higher Education; Early Head Start/Head Start; Early Childhood/Regular Education; and other members as determined by the Committee Chairperson or Vice-Chairperson. Interested individuals must complete an application for membership participation on a Committee. The Executive Committee makes all committee appointments.

The Standing Committees are:

- **Nominating Committee** – the Nominating Committee is appointed to select and present a slate of potential officers for their consideration at the council's election year.
- **Executive Committee** - The Executive Committee provides leadership for the SICC and lead agency. Specific activities include: recommending committee chairpersons and members; appointing ad hoc committees as needed; developing SICC quarterly meeting agendas, reviewing and responding to public comments; and handling special requests/concerns as related to EarlySteps; and assisting the Executive Director and Lead Agency in the implementation of the strategic plan.

State Systemic Improvement Plan Workgroups:

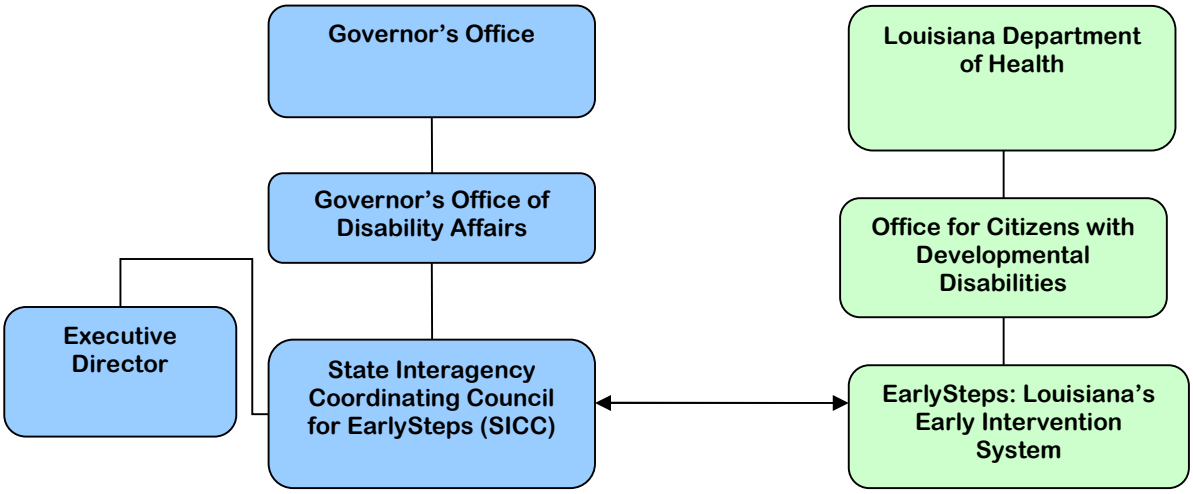
Tasks forces and workgroups are convened as needs are identified. Examples include:

- Fiscal Management Committee was formed to assist the lead agency in developing fiscal management strategies to support the financial sustainability of EarlySteps
- State Systemic Improvement Plan (SSIP) workgroups. These workgroups were formed through the SSIP planning process and as recommended by the Executive Committee to address the work of the SSIP.
    - **Early Childhood Outcomes**—this workgroup plan is to improve the process by which early childhood outcomes are measured so that EarlySteps can better demonstrate effectiveness in improving child outcomes.
    - **Professional Development**—this workgroup plan is to recommend and assist with an evidence-based professional development system for EarlySteps.
    - **Resource Availability**—this workgroup plan is to address strategies to improve the availability of resources throughout the state that support young children with disabilities and their families.
    - **Family Assessment**—this workgroup plan is to improve the process by which the family assessment process is implemented in EarlySteps resulting in functional IFSP outcomes reflecting family resources, priorities and concerns.

- **Service Delivery Supports Family Priorities**—this workgroup plan is to address IFSP outcomes using intervention strategies where both the child and family are actively engaged, focused on familiar everyday routines and activities.
- **Team-based Practice Supports**—this workgroup is recommending processes to address teaming where early interventionists and families collaborate with each other to address the family CPRs.
- **Evaluation and Assessment**—this workgroup is researching and recommending processes to address the eligibility and assessment procedures in EarlySteps focused on improving child outcomes when families are supported through an assessment process that reflects both the child and families' strengths and needs throughout their time in EarlySteps.

**Organizational Structure**

The Louisiana SICC is an independent agency that operates within the Office of the Governor, Office of Disability Affairs and is staffed by an Executive Director. The Executive Director serves as the Executive Officer of the SICC and coordinates all activities of the SICC as described in the Louisiana Administrative Code 48: IX, Chapter 3 and IDEA, Part C, Section 641 and the 2011 regulations section 303.600.




**Dissemination of Information**

The SICC develops and maintains a statewide email distribution list for dissemination of information related to the SICC and EarlySteps to targeted audiences. To be added to this email list, contact the SICC Executive Director.

## Regional Interagency Coordinating Councils (RICC) and Regional Operations

The Regional Interagency Coordinating Council (RICC) is an essential component of the EarlySteps 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 agency representatives. While RICCs are not required by federal regulations, the SICC and LDH support the operations of the regional councils as a way to expand the collaborative and coordinated efforts of the Part C system, to support communication throughout EarlySteps, to develop local leadership, and involve a broad stakeholder community. EarlySteps regional coordinators are responsible for managing the RICC.

RICC activities ensure that in each region:

- 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 calendar 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 across the SPOE, support coordination, 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 in the region
- Professional development needs
- Resolving system issues and leading local system improvement activities
- Developing/improving system procedures to meet regional needs
- Communication for feedback on system improvement activities.

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.

## Regional Coordinators

Each LDH region has a Regional Coordinator whose responsibility is to coordinate the early intervention system in their respective regions. Contact information for the regional coordinators can be found on the website.

Roles and responsibilities of the Regional Coordinator are as follows:

- Provider recruitment and enrollment
- Meet with all new providers to explain the system, coordinate enrollment and provide orientation,
- Provide technical assistance to all entities in the system (SPOE personnel, service providers, family support coordinators) on policies and procedures,
- Assist Central Office with training local providers on policies and procedures,
- Coordinating Regional Interagency Coordinating Council (RICC) meetings
- Review implementation activities for compliance,
- Investigate and respond to complaints,
- Network with various community agencies to identify children in need of services,
- Identify and coordinate local improvement activities based on identified regional needs,
- Provide a mechanism for communication to the state level.

## Regional Community Outreach Specialists

The Community Outreach Specialist (COS) is responsible for coordinating family activities in their respective regions and supporting parent involvement and participation in all levels of the system. COSs are parents or family members of a child/family member with a disability. Their activities are coordinated through the EarlySteps state Parent Liaison. Some of the roles and responsibilities are as follows:

- Identify and mentor parents for participation in the system as a parent representative,
- Identify any barriers to participation for parents in the system and recommend improvement strategies,
- Collaborate on a regional level with Families Helping Families and Louisiana's Parent Training and Information Center on activities which support families with a family member with a disability,
- Inform the public about EarlySteps and the services available,
- Establish and maintain ongoing relationships with community agencies and resources,
- Participate at the RICC,
- Conduct focus or support groups for families
- Conduct new parent orientation in EarlySteps including parent rights as identified in Practice Manual, Chapter 2,
- Conduct outreach activities as part of the EarlySteps child find activities,
- Coordinator and/or conduct annual families surveys.

The list of Community Outreach Specialists for each region can be found on the website: http://www.earlysteps.dhh.louisiana.gov

The collaborations with the SICC, the RICCs, and the SICC workgroups are intended to reflect the DEC recommended practice L6*: leaders establish partnerships across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports*.

## Central Finance Office (CFO)

Louisiana operates a Central Finance Office (CFO) through a contract. This entity performs these functions to support the system infrastructure:

- Enrollment and termination of early intervention providers,
- Online claims processing for services rendered and recovery of funding from appropriate revenue sources,
- Issuing service authorizations,
- Submitting data exchange with the Medicaid fiscal intermediary for eligibility verification and service authorizations,
- Implementing the cost participation system, mailing explanation of benefits and family service invoices,
- Coordination of data for EarlySteps records and reporting requirements,
- Hosting the online central directory for early intervention services in Louisiana, and
- Hosting and maintaining the Louisiana' data systems called EIDS (includes LAEIKIDS and EarlySteps Online).

## System Point of Entry (SPOE) Organization and Functions

There is one System Point of Entry in each of Louisiana's ten regions. The regional SPOE serves as the entry point for children referred to EarlySteps. The SPOEs are responsible for initial Support Coordination and coordination of the eligibility determination process through the completion of the initial Individualized Family Service Plan (IFSP) for each eligible child and their family. The SPOE is responsible for the maintenance of the electronic record in the Early Intervention Data System (EIDS) and the hard copy file. The following program components are included:

- Operate a referral, orientation, and intake process,
- Conduct the eligibility determination process,
- Assess family concerns, priorities, and resources and develop the initial service plan called the IFSP,
- Provide administrative functions related to issuing service authorizations and data entry for the CFO,
- Establish and Maintain record keeping system according to the Federal and State requirements.

SPOEs are staffed with Intake Coordinators, data managers, onsite program managers, and an Early Intervention Consultant; these staff members are early interventionists who specialize in intake, eligibility and initial IFSP procedures, and referrals for families whose children may not be eligible for EarlySteps.

SPOEs are contract agencies selected through a public Request for Proposals (RFPs) process. This is the mechanism used by the state to ensure that any interested agency may respond to an RFP for consideration of a contract award according to state law. A review committee evaluates each proposal and makes recommendations to LDH/OCDD for the award of a contract. A list of the SPOE agencies by region is located on the EarlySteps website at http://www.earlysteps.dhh.louisiana.gov. The intake and eligibility determination requirements of the SPOE are identified in Chapters 3-5.

The SPOE has administrative functions related to the CFO operations, including ongoing data entry to ensure timely issuance of services authorizations for IFSP services and management of the electronic and hardcopy of the child's records.

SPOE Intake Coordinators provide families with 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 roles and responsibilities of the intake coordinator are as follows:

- Receiving referrals (oral or written) and establishing the Early Intervention record and electronic record with the CFO,
- Conducting and completing the intake process,
- Developing and maintaining the early intervention record for each child referred,
- Ensuring that eligibility determination is completed according to regulations,
- Collecting required information necessary to plan and complete an IFSP within 45 days of referral,
- Facilitating the IFSP Team Meeting and completing the Initial IFSP, including selection of services and service providers,
- 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.

## Other Key Roles in EarlySteps

### Family Support Coordination Agency

The Family Support Coordinator (FSC) is hired through an independent case management agency that is licensed through LDH Health Standards. The FSC's role is to assist an eligible child and their family in receiving rights, procedural safeguards, and services authorized in EarlySteps. Every family participating in EarlySteps will have an FSC. Families select the FSC agency they work with through reviewing information about the agency from the service matrix and information reviewed with them by the SPOE beginning in the intake process. Please refer to Practice Manual Chapter 9 for more information on support coordination and the responsibilities of the FSC.

### Service Provider

EarlySteps services are provided by independent or agency service providers. Their primary role is to support child and family needs as identified by and according to the IFSP.

EarlySteps has three options for service provider enrollment: employee of an agency, an independent provider, or both. Please refer to Chapter 10 for more information on service providers and their roles and responsibilities.

### The following services are provided by EarlySteps:

- Audiology
- Speech-Language (including sign language and cued language services) Therapy
- Occupational Therapy
- Physical Therapy
- Special Instruction
- Assistive Technology services and devices
- Family Support Coordination or Service Coordination
- Medical Services
- Health Services
- Nursing Services
- Vision Services, vision specialist including Ophthalmologists and Optometrists
- Social Work Services
- Psychological Services
- Family Training, Counseling and Home Visits
- Nutrition Services
- Transportation
- Foreign language or Interpreters for the deaf/hard of hearing
- Other Services that may be required to meet the needs of an eligible child.

## Personnel Standards

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

See Practice Manual Chapter 13 for required personnel standards.

## 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 pre-service and in-service training conducted on an interdisciplinary basis. The system also provides a framework for professional development to support early interventionists throughout EarlySteps. LDH ensures that the training for the Part C system relates specifically to:

- Understanding the basic components of early intervention services available in the state;
- Social/emotional, health, developmental, and educational needs of eligible children;
- Assisting families in enhancing the development of their children and in participating fully in the development and implementation of IFSPs;
- Training of early intervention providers;
- Technical assistance to primary referral sources on the basic components of early intervention services available in the State;
- Transition from EarlySteps to other appropriate program(s);
- Training personnel to work in rural or inner city areas;
- Strategies for recruitment and retention of service providers;
- Training personnel who provide services using the State's Early Learning Personnel Development Standards developed according to Early Childhood Education and Care standards s implemented by the Louisiana Department of Education.
- Ongoing professional development focused on improved practices using a continuous quality improvement process

## Training Requirements

EarlySteps providers are required to participate in training designed to provide a core level of knowledge in the following areas:

- *EarlySteps: A New Look* (Introduction to EarlySteps)
- *Spectrum of Child Development*
- *Making Informed Decisions*
- *Team Process*
- *Family-Centered Practices*
- *Individual Family Services Plan*
- *Procedural Safeguards for Families*
- *Documentation in EarlySteps*

The modules are available on the EarlySteps website and must be completed prior to enrollment.
Please refer to the EarlySteps website for additional information about web-based training and other training opportunities. The state offers additional training as necessary to promote recruitment and retention of early intervention service providers and to support the quality of Early Intervention Services.

Early interventionists must attend all EarlySteps trainings, as required.

## Continuous Quality Improvement

As stated in the introduction, the general purpose of Part C of IDEA is to improve outcomes for infants and toddlers with disabilities and their families. To determine if child outcomes are being met, EarlySteps uses a continuous quality improvement model to provide the highest quality services. This model is based on a continuous quality improvement (CQI) process model, which includes these components:

- Use of goals and outcomes,
- Use of outcome indicators to monitor,

- Gathering baseline data to establish current conditions,
- Setting specific targets to reach with timelines,
- Regular data collection to assess progress in meeting targets and consistency of practice implementation,
- Analysis and reporting results, and
- Identifying and recommending improvement activities
- Developing practice components that define how EarlySteps supports and services align with the Division of Early Childhood Recommended Practices through Practice Profiles.

Louisiana utilizes its State Performance Plan (SPP) as its plan to improve quality. The plan includes Performance Indicators set by the US Department of Education to endorse compliance with program requirements and to demonstrate improved child and family outcomes. Baseline data were collected to assess Louisiana's performance in setting and meeting annual targets for the indicators with improvement activities and timelines for implementation. The improvement strategies are used to implement the program at the central office and SICC, regional office/SPOE, agency and individual provider levels.

The "checks" in the EarlySteps quality system are all of the procedures used to assess quality and determine improvement in the program to compare results to the targets, including the Early Intervention Data System (EIDS), focused and cyclical monitoring conducted by data review and/or onsite, monitoring in response to a complaint, agency self-assessments, family surveys and child outcomes measurement.

This part of the process follows the results of the "checks" and includes training, technical assistance, identifying changes needed through Corrective Action Plans, identification of quality findings with provisions for replication, and sanctions and fund recoupment for poor performance.

Following the data collection and analysis process, EarlySteps reports on its performance annually to the SICC and its stakeholders and to the Department of Education and the Governor in the Annual Performance Report. If targets are not met, improvement strategies are revised and the process continues on such that improvement occurs.

LDH ensures that the EarlySteps service delivery system is meeting performance expectations with appropriate supports (e.g., funding, training and technical assistance). LDH is responsible for all quality improvement activities. This system is also referred to as the "general supervision" system and is one of the required components of IDEA, Part C. Each chapter in the practice manual outlines the relevant components of general supervision and continuous quality improvement for the chapter topic. More information about the SPP follows below.

## Technical Assistance

The Regional Coordinators provide technical assistance to all early interventionists: service providers, SPOEs, and FSC agencies. The Regional Coordinators review IFSPs and eligibility determination processes on a regular basis to ensure the appropriate delivery of services per the DEC Recommended Practices and review other aspects of the system to ensure quality and compliance.

The Regional Coordinators conduct targeted Technical Assistance reviews on various components of the system. Some of the reviews are conducted on an ongoing basis, some are conducted on a quarterly basis, and some are conducted on an as needed basis. Training is facilitated by the regional coordinators to new providers as part on the enrollment process and when identified as a need by an agency or provider.

## Monitoring

As stated above, Monitoring is one of the "check" procedures in the EarlySteps CQI process. This activity is the responsibility of the lead agency to assure that general supervision of the statewide program occurs and that deficiencies are corrected in a timely manner. LDH has developed a system of monitoring that ensures implementation consistency and compliance with all regulations and policies. 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. Random record reviews, focus groups with families and providers, and surveys are also used to evaluate compliance with regulations and quality of services. Focused monitoring for US Department of Education Performance Indicators is incorporated into the overall supervision and monitoring responsibilities of LDH. Entities (SPOEs, FSC agencies, and providers), who are

found to have deficiencies in compliance are issued findings, submit corrective action plans that include timelines for correction. These plans are monitored on a monthly, quarterly or bi-yearly basis, depending upon needs identified and the corrective action requirements. Reviews are then conducted to ensure that requirements are met. Findings of non-compliance must be corrected within a year. Persistent noncompliance will result in disenrollment from the system.

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

Determinations based upon performance are issued to SPOE's and FSC agencies annually. Local performance results are posted to the website annually as well.

### Data Collection and Reporting

Each state Part C system has procedures to collect and report 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 multiple levels, including, for example:

- Federal reporting includes information focusing on the numbers of children served through an IFSP, the primary setting in which most of the services on an IFSP are delivered, exit data, types of services, and state performance plan indicators.
- Facilitating state and local planning. The SPP and APR are developed and reviewed with the SICC, RICCs and other stakeholders. Identified issues might trigger state or local improvement activities.

## State Performance Plan (SPP) and Annual Performance Report (APR)

As previously mentioned, each State must develop an SPP and submit an annual performance report (APR) to US Department of Education in February and April of each year. In the APR, the State reports on the required performance indicators and includes any proposed changes to the previous year's plan. The State holds meetings statewide to receive input from stakeholders. Comments and/or suggestions from stakeholders may be incorporated in the APR. Louisiana's State Performance Plan and Annual Performance Reports are posted on the web at http://www.earlysteps.dhh.louisiana.gov. The USDOE reviews the state's performance and issues a determination of its review in June each year. In addition, the federal performance indicators from the SPP and the performance targets are detailed in the appropriate chapters which follow. Following receipt of its determination, the State then issues regional determinations regarding performance to SPOE's and FSC agencies.

In 2020, Louisiana began the new SPP cycle process by resetting targets for performance indicators and the development and update of State Systemic Improvement Plan (SSIP). The SSIP is part of the APR found at the above link. One of the components of the SSIP is the state's state-identified measureable result or SiMR. The SiMR describes how Louisiana intends to achieve improvement in results through the SSIP using the DEC Recommended Practices as the state's evidence-based practices.

Louisiana's SiMR is: *The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*

Meet aRPy—the DEC Recommended Practices Guide.

Topic Practice addressed in this Chapter:

**Leadership 1**: Leaders create a culture and a climate in which practitioners feel a sense Of belonging and want to support the organization's Mission and Goals

## References and Resources


Individuals with Disabilities Education Act, Part C, PL108-446, 2004

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Sandall, S.R., Hemmeter M.L., Smith, B.J., & McLean, M.E. (2005). *DEC Recommended Practices: A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education.* Missoula, MT: Division for Early Childhood (DEC), Council for Exceptional Children.

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## Who Do You Call in EarlySteps?

Issues with Service Coordinator: Contact the FSC, then the Agency FSC Supervisor, then the FSC Agency Director.
Issues with a provider: Contact the provider and the provider's agency (if applicable), then contact the Regional Coordinator. Regional Coordinator will complete the complaint process if necessary.
Issues with Regional Coordinator: Contact the Regional Coordinator and then contact the Program Manager

| Issue | Contact | How to find | In Practice Manual |
|---|---|---|---|
| EarlySteps Website | | http://www.earlysteps.dhh.louisiana.gov | Chapter 1 |
| CFO Websites | 1-888-305-4985<br>Fax: 913-888-6683 | LAEIkids: https://www.laeikids.com.<br>EarlySteps Online: https://www.earlystepsonline.com/ | Chapter 1 |
| Service Authorization | Family Support Coordinator | http://www.eikids.com | Chapters 9/10 |
| Complaint | Local Governing Entities in regional human service districts/authorities Complaint Contact | Website:<br>http://www.dhh.louisiana.gov/offices/page.asp?ID=77&Detail=3259 | Chapters 1/2<br>Family Rights Handbook |
| | Regional Coordinator | http://www.earlysteps.dhh.louisiana.gov, click on Regional Coordinators and contact the coordinator for the appropriate region. | |
| Parent-to-Parent Contact | Regional Community Outreach Specialist (COS) | http://www.earlysteps.dhh.louisiana.gov, click on Community Outreach Specialists | Chapters 1/12 |
| | Regional Coordinator | http://www.earlysteps.dhh.louisiana.gov, click on Regional Coordinators | |
| | Families Helping Families | https://laddc.org/initiatives/community-living-and-self-determination/community-supports/current-initiatives/families-helping-families/ | |
| Parent Support Group | Regional Community Outreach Specialist (COS) | http://www.earlysteps.dhh.louisiana.gov, click on Community Outreach Specialists | |
| | Regional Coordinator | http://www.earlysteps.dhh.louisiana.gov, click on Regional Coordinators | |
| | Families Helping Families | http://fhfjefferson.org/about-us/families-helping-families-network | |
| Billing/Payment: Medicaid | | Billing/Payment-Medicaid—contact your regional Medicaid Specialist found at www.lamedicaid.com | Chapters 9/10 |
| Billing/Payment: Non-Medicaid/Part C | | Billing/Payment –Non-Medicaid/Part C<br>Contact your regional coordinator or the EarlySteps provider specialist | Chapters 9/10<br><br>Provider Billing Guide |
| Provider Enrollment | Regional Coordinator | http://www.earlysteps.dhh.louisiana.gov, click on Regional Coordinators and click on Information for EarlyStep Providers | Chapters 10/13 |
| Training | Regional Coordinator | http://www.earlysteps.dhh.louisiana.gov, click on Regional Coordinators | Chapter 10 |
| Service Delivery | Family Support Coordinator (FSC) | http://www.earlysteps.dhh.louisiana.gov | Chapter 10 |
| Find FSC | | http://www.eikids.com/la/matrix/<br>Parish name, then Family Support Coordinator (FSC) or FSC's name | Chapter 9 |
| Find Service Provider | | http://www.eikids.com/la/matrix/<br>Parish name, then type of provider or provider's name or contact | Chapter 10 |

| Issue | Contact | How to find | In Practice Manual |
|---|---|---|---|
| | | your child's FSC | |
| General Information for Service Providers | Regional Coordinator | Contact your regional Coordinator<br>http://www.earlysteps.dhh.louisiana.gov, click on Regional Coordinators | Chapters 10-13 |
| Make a Referral to EarlySteps | 1-866-327-5978 | http://www.earlysteps.dhh.louisiana.gov, | Chapter 3 |
| Regional Coordinator | Website has list | http://www.earlysteps.dhh.louisiana.gov, Central office information on this page.<br>Click on Regional Coordinators | |
| When is someone coming out to see my child? | FSC<br>System Point of Entry | http://www.earlysteps.dhh.louisiana.gov, click on EarlySteps SPOE or Make a Referral | Chapter 3 |
| | Or Contact Regional Coordinator | http://www.earlysteps.dhh.louisiana.gov, Central office information on this page.<br>Click on Regional Coordinators | |
| How do I change providers? | Contact your Family Support Coordinator | http://www.eikids.com/la/matrix/<br>Call your child's FSC or search matrix by<br>Parish name, then Family Support Coordinator or FSC's name | Chapters 9/10 |
| I am moving or have a new phone number. Whom do I tell? | Contact your Family Support Coordinator | http://www.eikids.com/la/matrix/<br><br>Parish name, then Family Support Coordinator or FSC's name | Chapters 2/10 |
| My FSC won't call me back? | Contact the FSC, then the Agency FSC Supervisor, then the FSC Agency Director. If not resolved contact the Regional Coordinator. | http://www.earlysteps.dhh.louisiana.gov, Central office information on this page.<br>Click on Regional Coordinators | |
| There is an Autism concern who do I see now? | Contact your FSC in order for a screening to be scheduled. | http://www.eikids.com/la/matrix/<br>Parish name, then Family Support Coordinator or FSC's name | |
| What do I need to do with the papers I received from OCDD? | Contact the LGE for your region or your FSC | http://www.earlysteps.dhh.louisiana.gov, Central office information on this page. | |
| | | http://www.eikids.com/la/matrix/<br>Parish name, then Family Support Coordinator or FSC's name<br>List of regional district/authority offices<br>http://ldh.la.gov/index.cfm/page/134 | |
| Can you help me fill out my SSI papers, find housing, etc? | Yes, your FSC can assist you with this or offer other resources for you to contact | http://www.eikids.com/la/matrix/<br>Parish name, then Family Support Coordinator or FSC's name | |
| I have questions about my explanation of benefits | Contact your FSC | http://www.eikids.com/la/matrix/<br>Parish name, then Family Support Coordinator or FSC's name | |
| I have a complaint | Contact your FSC or Regional Coordinator | http://www.eikids.com/la/matrix/<br>Parish name, then Family Support Coordinator or FSC's name<br>http://www.earlysteps.dhh.louisiana.gov, Central office information on this page.<br>Click on Regional Coordinators | |

## EarlySteps Practice Manual:
## Chapter 2: Parents' Rights, Opportunities, and Responsibilities

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.

Topics in this chapter include:



## Louisiana's State-Identified Measureable Result for Infants and Toddlers with Disabilities and Their Families:

*The EarlySteps System will improve child outcomes through supports that are focused on family Concerns, Priorities and Resources and provided through a team-based approach.*

## Chapter 2: Family Rights—October 2023 Updates

| | Revisions/Updates: |
|---|---|
| **Chapter 2 Parents Rights and Family Rights Handbook.** | --Citations for laws, regulations and policies provided throughout.<br>--Regulations : Procedural Safeguards Language<br>--definition of procedural safeguards<br>--added prior notice and consent for developmental screening<br>--Complaint table with type of complaints and sample resolutions<br>--Due Process Contact Info to Division of Administrative Law<br>--added system of payments policy updates for FCP and use of Medicaid<br>--added summary section of all rights at end of chapter<br>--added FERPA changes to allow release of information without parent consent under certain circumstances<br>--included references to the DEC Recommended Practices which guide EarlySteps work with children and families by highlighting practices that have been shown to result in better outcomes for young children with disabilities, their families and the personnel who serve them.<br>--added "Plain Language" points to interpret some of the language<br>--General Supervision Requirements-Performance Expectations |

## The Rights of a Family in EarlySteps – Louisiana's IDEA, Part C System

Through the Individuals with Disabilities Education Improvement Act (IDEA), families are given guarantees and rights designed to protect their interests and those of their child. These rights are called *Procedural Safeguards.*

**"Procedural safeguards are the checks and balances of the system hat ensure quality and equity and provide the protection of an impartial system for complaint resolution. The primary safeguard provided for is the clear acknowledgement of the family's role as a primary decision-maker in developing the Individualized Family Services Plan (IFSP)" (Hurth and Goff, 2002).**

The purpose of this chapter is to outline the safeguards that support this role for families. In addition to this chapter, the Family Rights Handbook is the document provided to families which explains their rights in the IDEA, Part C system.

When a child is referred to EarlySteps, the family is entitled to certain rights designed to protect the child and family during their participation in the system. All families referred or served by EarlySteps are guaranteed these rights. These rights are required by the following laws and regulations and guidance:

*Laws: Individuals with Disabilities Education Improvement Act (IDEA, Part B & C, Revised 2004);*

*Family Educational Rights and Privacy Act (FERPA)*

*Regulations: IDEA Code of Federal Regulations: 34 CFR Part 303, September 28, 2011, 34 CFR Part 610-62, and FERPA 34 CFR Part 99*

*Louisiana State Law: Act 417 of the 2013 Legislature*

*Louisiana Policy: EarlySteps Policy, Revised 2014*

*Louisiana Medicaid Policy: Medicaid Eligibility Manual*

*EarlySteps Practice Manual: Chapter 2, Revised June, 2022*

*OCDD Complaint Policy and Process*

The language in these laws and policies is formal and "official." Plain language points are added throughout this chapter for clarification of terminology and look like this:

- ***Plain Language***

References to the DEC Recommended Practices which illustrate how EarlySteps implements these evidence-based practices are shown throughout this chapter and look like this:

**What are the Division of Early Childhood Recommended Practices (DECRPs)?** To best support families during their child's time in early intervention, EarlySteps uses the DECRPs as its *evidence-based practices*. These practices are a guide to define the best ways to improve the learning outcomes and promote development of young children. Supporting families whose children are in early intervention is one of the 7 topic areas in the DECRPs and a major focus for EarlySteps. The practices include resources and materials just for families. How EarlySteps uses the DECRPs is referenced throughout this chapter and throughout each chapter of EarlySteps Practice Manual.

Each state determines the agency responsible for implementing the IDEA, Part C program in the state. In Louisiana, the lead agency for EarlySteps is the Louisiana Department of Health, Office for Citizens with Developmental Disabilities (see Practice Manual Chapter 1 for more information). The lead agency is responsible for ensuring implementation of the Part C requirements by each enrolled agency, individual service provider, or contractor, including the "procedural safeguards" These *procedural safeguards* are a required component of the early intervention system and are designed to protect the rights of children and their families.

The Lead Agency has the responsibility to ensure that:

- Families are adequately informed of their rights and understand them;
- Procedural safeguards are implemented throughout the early intervention process;
- Complaints are resolved in a timely manner;
- Personally identifiable information is handled according to a prescribed, confidential process; and
- Procedures to resolve disputes are in place.

Part C procedural safeguards apply at all steps in the process from referral, intake, eligibility determination, IFSP development and implementation, to transition out of and exit from EarlySteps. For some children, Medicaid rights and responsibilities may also apply. Medicaid rights apply to those Medicaid-covered services that are listed on an IFSP (Support Coordination, Occupational Therapy, Physical Therapy, Speech/Language Pathology, Audiology, and Psychology) for children who are eligible for Medicaid. IDEA, 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 health care, acute illness care, hospitalizations, etc. However, Medicaid rights do apply if a child receives services through those programs.

### Parents' rights in EarlySteps include:

- Written prior notice
- Written, informed parent consent
- Confidentiality, privacy, and release of information
- Examination of records
- Dispute/complaint resolution
- Child's right to a surrogate parent

In addition, EarlySteps provides other safeguards to support a family's role as a team member:

- Evaluation and assessment provided at no cost;
- Once the child is determined eligible to receive early intervention services and supports, an Individualized Family Service Plan (IFSP) is developed within 45 days of referral.
- Early intervention services based on the child's IFSP are provided in the family's natural environment and begin within 30 days of the parent's consent on the IFSP.
- Right to decline evaluation and services;
- Freedom of Choice in provider selection;
- Permission to use a child's Medicaid as payment for services or notice of family cost share for early intervention services.

An explanation of each of these rights and safeguards is outlined in this Chapter. In addition, families also receive a copy of their rights in the *Family Rights Handbook* each time consent is required. Definitions and descriptions of how the procedural safeguards are implemented are outlined in this section.

### *A Note to Families: Family Roles and Responsibilities in EarlySteps*

In order for your family to receive the maximum benefits from early intervention services, it is important for you to fully participate in your child's program. You are a key decision-maker and know the needs of your child and family best. You

are your child's best advocate throughout his/her life. We ask that you communicate with the early intervention staff about your concerns and priorities; what your needs are; and what is working for you and what is not. By participating as a team member, you can maximize your child's development and meet your family's needs regarding your child. Here are some ways you can help:

- Notify your Family Service Coordinator (FSC) and providers when there is a change in address or phone numbers.
- Accept phone calls from the FSC for the monthly call and return calls to FSC and providers in a timely manner.
- Work with everyone as a member of the team, following through with activities, strategies and techniques with providers by sharing information and participating in quarterly team meetings.
- Notify providers if unable to keep scheduled appointment in a timely manner to allow for time to reschedule the appointment.
- Follow provider team suggestions for making the most of each visit and for ways to use activities throughout your child's daily routines and activities.
- Reviewing your *Family Rights Handbook* with your intake coordinator or FSC each time it is discussed with you.

### Some suggestions for making the most of each contact with your team:

- Participate in the IFSP process—work with service providers to plan and carry out the goals you selected for your child and share your knowledge and observations with them. Let the team know what your family's concerns, priorities and resources are regarding your child's developmental needs.
- Update your concerns and priorities at each contact with your team, things change quickly for your child and family.
- Inform your service coordinator of issues that may affect your child's services.
- Schedule your visit during times that are best for your child and family or other caregivers. Be present and actively participate in all visits.
- Write down any questions you may have and be prepared to discuss what has happened since your last visit.
- Ask to be shown anything you do not completely understand and practice the strategies together during the visit.
- Use the strategies throughout the day with your child and make notes of what is working and what is not.
- Be open and honest with your early intervention team. Be upfront with your questions or reporting when something is not going well.
- Be on time for scheduled appointments and notify your team when you are unable to keep an appointment. Provide reasonable notice if you need to cancel or reschedule a visit.
- Participate in quarterly team meetings with the other early intervention team members.

**DEC Recommended Practice Leadership 3**:

It is the mission of EarlySteps to: "develop and implement policies, structures, and practices that promote shared decision-making with families and early interventionists."

## Definitions of Procedural Safeguard Terms

### Procedural Safeguards

Procedural safeguards are legal protections available to children and families to protect their rights in dealing with agencies and early interventionists. EarlySteps will discuss these protections with families throughout their time in early intervention and give copies of the rights each time a parent's signature for consent is required. It may seem like repetition, but it is meant to show the importance of family rights when decisions are made for a child.

This section defines the terms used in these safeguards.

**Consent** means that ---

- A parent understands and agrees in writing to the carrying out of an activity for which the consent is sought. For example, consent will be requested when records are requested or released or when services are started, stopped, or changed.

- The parent has been fully informed of all information relevant to the activity for which consent is sought. This information is provided in the parent's native language or by another appropriate mode of communication;
- The parent understands and agrees **in writing** to the carrying out of an activity for which consent is sought, and the consent describes that activity and lists records (if any) that will be released and to whom the records will be sent;
- The parent understands that the granting of consent is voluntary on their part and may be revoked at any time.
- If a parent revokes consent, it is not retroactive. Changes will occur with the date the parent changes the consent.
- The parent understands that they may accept or decline an early intervention service without jeopardizing other early intervention services.
- The parent can refuse specific services, but must maintain support coordination as a service if continuing in EarlySteps.

➢ ***Plain Language*:** Parents have to give permission for most activities that EarlySteps provides. Permission is given through a signature.

**Native language** means the language or mode of communication normally used by the parent of an eligible child. For evaluations and assessments, the language normally used by the child, is used if determined developmentally appropriate for the child, by the qualified personnel conducting the evaluation or assessment. Every attempt must be made to obtain interpreter services if the family's native language is not English or if the family uses another mode of communication (e.g., Braille, American Sign 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 hearing impaired, blind, or does not have a written language, the mode of communication must be the same mode of communication that the parent typically uses (such as sign language, Braille, or oral communication).

➢ ***Plain Language:*** EarlySteps must communicate with you in the language that you are most comfortable with.

**Personally identifiable information** includes the following:

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

**Parent** means a biological or adoptive parent, guardian, foster parent, a person who is legally responsible for a child's welfare, or "person acting as a parent." The term does not include the state if the child is a ward of the state; and **person acting as a parent** refers to relatives of the child or private individuals allowed to act as a parent of a child with "explicit" or "implicit" consent from the child's natural parents or guardians.

Either parent may act in the role of the parent. EarlySteps assumes that either parent is authorized to act on behalf of the child unless one parent does not have the legal authority to make educational or early intervention services decisions for the child. If the parents are separated, divorced and/or have a custodial arrangement and both meet the definition of a parent, the "parent" is the person through judicial decree or order identified as the "parent" to make early intervention and educational decisions on behalf of the child. If a judicial decree or order identifies a specific person to act as the "parent" or to make educational/early intervention service decisions on behalf of a child, then that person is determined to be the "parent" for that child.

**Surrogate Parent** means a person who is assigned to represent the role of a parent on behalf of a child when no parent is identified or a parent cannot be located.

# Parent's Rights in Early Intervention:

## Prior, Written Notice of Action

Requirements regarding *prior, written notice* can be found in the IDEA, Part C regulations in 303.404 and 303.420-421.

Prior, written notice of action must be given to the parents of a child 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:

- Developmental screening, during which the family may request an evaluation at any time
- Identification, evaluation and assessment
- Determination that a child is eligible/not eligible for EarlySteps
- Placement (location of service*)*
- Provision of appropriate early intervention services including changes in services
- Public benefits or insurance (Medicaid) or private insurance is used, if consent if required. If parents do not provide consent for the use of a child's Medicaid, EarlySteps will make available those services on the IFSP for which the parent has provided consent. The parent will have no costs associated with the use of a child's Medicaid to pay for early intervention services. Additional information about family cost participation (FCP) follows in the System of Payments section below. Chapter 15 of the Practice Manual also addresses FCP.
- Disclosure of personally identifiable information and rights regarding confidential information

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

- The action being proposed or refused;
- The reasons for taking the action;
- All procedural safeguards that are available; and
- How to file a complaint with the state and the timelines for those procedures; and
- Written in language understandable to the general public.

- ***Plain Language:*** EarlySteps must tell parents ahead of time and in writing before anything can happen—a test, services, a meeting, an IFSP change—anything.

**Reasonable time frame** 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 three (3) calendar days before:

- Eligibility determination, including screening;
- IFSP development, including team meetings;
- Changing or revising early intervention services;
- Changing the location of early intervention services; and
- Terminating EarlySteps services

EarlySteps uses a form called a **Notice of Action** to meet the prior, written notice requirement.

The notice of action is written in a way that makes it understandable to the general public and provided in the parents' native language as defined above. 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 provided before a change is made so that the family understands the impact and implications of the 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.

EarlySteps encourages EarlySteps Intake Coordinators, Support Coordinators, and providers to respect families' needs for this reasonable time frame.

Federal regulations require that procedural safeguards be given to the family each time prior, written notice is given. EarlySteps provides this information to families through its *Family Rights Handbook*.

## Consent

Requirements regarding consent can be found in the IDEA, Part C regulations in 303.414 and 303.420.

Written parent consent **must** be obtained before:

- Conducting developmental screening;
- Conducting the evaluation and assessment of a child;
- Initiating or changing the provision of early intervention services;
- Releasing information which identifies the child to others; or
- Accessing public benefits or private insurance and notice of potential costs for services.

If the parent does not give consent or withdraws consent after first providing it, the support 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.
- Understands that there may be costs assessed for some services, if consent is not given to use a child's Medicaid and/or that some services are available at no cost

Parent may refuse consent for any particular service without jeopardizing any other services. Written consent may be cancelled in writing at any time. The consent form must also list effective dates and specific records that will be released and to whom. Parents sign consent for services in Section 6 of the IFSP and on the Notice of Action form.

If a parent refuses to consent to the eligibility determination or early intervention services if the child is eligible, **AND** the Intake Coordinator, Family Support Coordinator or Service Provider believes this action to be abuse or neglect of that child, a call to the Abuse and Neglect hotline at the Department of Children and Family Services is required. The phone number to call is 1-855-4LAKIDS or 1-855-452-5437.

## Confidentiality

Confidentiality refers to personally identifiable data, information and records which must be protected for privacy. There are two main Federal laws that determine how this is handled. The Family Educational Rights and Privacy Act (FERPA) with regulations in 34 CFR 99 and the Health Insurance Portability and Accountability Act (HIPAA) with regulations in 45 CFR Part 160. The confidentiality provisions of IDEA, Part C are found in 34 CFR 303.401-.402. EarlySteps must make sure that a family's right to confidentiality is protected.

A parent's written consent must be obtained before personally-identifiable information is disclosed to anyone other than officials of participating agencies collecting or using the information in early intervention records. "Directory information" (child's name, parent's name, address and phone number) may be released to participating agencies without parental consent 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, and notification to the Louisiana Department of Education and the local education agency for transition purposes prior to a child reaching the 3rd birthday. EarlySteps uses the **Consent to Release and Share Information** form for the purpose of obtaining a family's consent to release personally-identifiable information.

"Participating agencies" is the term used for any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information to implement the Part C requirements. These agencies include the Louisiana Department of Health (LDH), early interventionists, etc. It does not include referral agencies or private agencies such as private insurance companies that are solely funding agencies.

EarlySteps is required to tell parents about the policies and procedures that ensure personally identifiable information is kept confidential. Information describing the children for whom personally identifiable information is maintained, types of information sought, the methods used in gathering the information (including the sources from whom information is gathered), and the uses of the information is provided to a parent. Participating agencies must have policies and procedures regarding:

- The collection, storage, and disclosure to third parties, and destruction of personally identifiable information;

- The designation of one person in the agency responsible for ensuring confidentiality;
- The training of staff regarding the requirements from IDEA and FERPA;
- The list of names and positions of the agency's employees who have access to the information;
- The destruction of the information when it is no longer needed;
- The destruction of the information at a parent's request; and
- The possible maintenance of permanent records: name, address, phone number, etc.

There are also exceptions to the confidentiality requirements:

- Records may be released without parent consent to a caseworker or other representative of a State or local child protection agency authorized to access a child's record when they are legally responsible for the care and protection of the child.

If the child is a ward of the state, residing with foster parents, or has a surrogate parent, the **Consent to Release and Share Information** form must be signed by the foster parent, surrogate parent, or OCS caseworker, according to policy of the Department of Children and Family Services prior to any release of information from the child's file. FERPA was amended in 2014 to allow exceptions in cases regarding the care and protection of a child related to the early intervention needs of a child in foster care placement which allows the release of early intervention records without parent consent for children in foster care so that the services are not interrupted. The revision is referred to as the Uninterrupted Scholars Act.

- ***Plain Language:*** Information and communication about a child in EarlySteps is confidential and cannot be shared with anyone without a parent's consent, with a few exceptions.

## Opportunity to Examine Records

The IDEA, Part C regulations related to family rights regarding records are found in 34 CFR 303.405-410.

The parents of eligible children must be given the opportunity to inspect and review any records relating to their child such as evaluations and assessments, eligibility determinations, IFSP development and implementation, individual complaints dealing with the child, and any other records about the child and the child's family. The records must be provided without unnecessary delay and before any meeting regarding an IFSP or a dispute and in no case more than 10 days after the request has been made.

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. This request is to be made to the local System Point of Entry Office (SPOE) in the region in which the child is receiving EarlySteps services. Parents may be charged a reasonable fee to cover the cost of photocopying. The fee does not prevent the parents from exercising their right to inspect and review the records. The participating agency must provide a copy of each evaluation, assessment of the child, family assessment, and IFSP as soon as possible after each IFSP meeting and at no cost. The agency may not charge a fee to search for or retrieve information from the child's record. Parents may also give the right to a representative of the parent to inspect and review the record.

A participating agency may presume that the parent has authority to inspect and review records relating to their child unless the agency has been provided documentation that the parent does not have the authority under applicable State laws governing custody, foster care, guardianship, separation, and divorce.

The agency must keep a written record of the individuals that have access to the child's early intervention record. This record identifies who has reviewed the record and includes the name of the individual, the date the record was reviewed, and the purpose for the review. Access to the record by a parent or their authorized representative is not required to be documented. 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 the other children have the right to inspect and review only that information relating to their own 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(s) 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 use dispute resolution procedures to resolve the concern.

If, as a result of such a hearing/review, the information is found to be inaccurate, misleading, or violates the privacy or other rights of the child or parent, 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 or parent, the public agency will inform the parent of the decision and 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;
(2) Disclose the statement whenever it discloses the portion of the record to which the statement relates.

- ***Plain Language:*** Parents have the right to review their child's record, request copies of the record, and ask that information be amended in the record.

## Dispute Resolution: Complaints, Mediation, and Due Process Hearings

The Department of Health/OCDD maintains procedures for receiving, investigating, and resolving complaints relating to violations of IDEA, Part C requirements. This process is administered through EarlySteps under the LDH, Office for Citizens with Developmental Disabilities (OCDD). LDH ensures that the parents of eligible children receive their rights and procedural safeguards upon referral to the system, including the rights regarding dispute resolution. EarlySteps uses the following terms in its dispute resolution process:

### Terms

*Dispute Resolution*: refers to the process states must have to respond to complaints in a timely manner.

*Complaint:* refers to a concern, dissatisfaction, or dispute expressed through written or verbal communication regarding the care, supports/services, action or inaction of staff, agency requirement or other circumstance affecting the quality of care or quality of life of a child/family including allegations of rights violations. The person making the complaint is referred to as the *complainant*. Requirements for managing complaints can be found in Part C regulations 34 CFR 303.432-433 and in OCDD's Customer Complaint Policy # 602.

*Mediation*: refers to a specific process used to resolve complaints. Mediation is an attempt to bring a settlement or compromise between two or more parties through the objective intervention of a neutral party. Individuals trained as mediators facilitate this process. Mediation can be made available to resolve any dispute. In LDH mediation may also be called an Administrative Conference. Requirements for managing mediation can be found in Part C regulation 303.431.

*Due Process Hearing*: refers to a specific process used to resolve complaints. Due Process is a formal, administrative hearing where an impartial individual presides. This hearing provides the family 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. Requirements for managing due process hearings can be found in Part C regulation 34 CFR 303.440.

- ***Plain Language:*** EarlySteps has a process to handle any complaint about the early intervention program for a child. If you have a complaint, talk to the family support coordinator or the EarlySteps regional coordinator in your area.

EarlySteps uses the following procedures to resolve disputes:

## Complaints

### Initiating Formal Complaints

Parents, service providers, advocates, support coordinators, members of the SICC, or employees of public agencies may file an individual complaint. A complaint **must** be in writing (a parent may call in a complaint and it will be set down in writing) and **must** contain the following information:

- A statement that the State has violated a requirement of IDEA, Part C or the regulations relating to the identification, evaluation or placement of the child;
- The facts describing the alleged complaint;
- The name, address, and phone number of the complainant and any applicable identifying information regarding the involved child, including available contact information in the case of a homeless child;
- A proposed resolution to the problem;
- The complaint must be made to the appropriate OCDD human services district/authority (also called local governing entity or LGE), or regional coordinator, and the complainant will have the opportunity to submit additional information either orally or in writing.
- The parent will be required to sign the complaint, once written, and a copy will be forwarded to subject of the complaint.

When the complaint is received by EarlySteps, the following steps will take place:

- The complaint it will be assigned to a regional coordinator, quality assurance specialist, or to central office staff to investigate.
- Information will be collected about the incident or action and a decision will be made regarding the resolution of the problem.
- The complainant will receive a letter that the complaint has been received and is being investigated.
- The complainant is offered an opportunity to submit additional information either orally or in writing, including a potential resolution to the complaint;
- The person against whom the complaint is being made will have an opportunity to respond to the complaint including offering a potential resolution to the complaint
- Information will be collected by the investigator and reviewed with the EarlySteps central office.
- The complainant will be offered an opportunity to participate in mediation.
- A determination will be made as to the status of the violation and a decision will be made.
- Once the complaint is resolved, the complainant will receive a letter outlining the activities taken and the final status of the complaint.
- The agency/individual against whom the complaint is made will also receive a findings letter and corrective action may be implemented.

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.

IDEA regulations require that a written decision regarding a complaint must be made within sixty (60) calendar days of the receipt of the complaint. EarlySteps follows OCDD's complaint process which requires resolution of the complaint in 15 days. The final decision letter will be mailed to the complainant. The decision letter will include the findings, conclusions and the rationale for the decision.

### Timelines

In resolving a complaint in which it finds a failure to provide appropriate services, LDH **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.

If a written complaint is received that is also the subject of a due process hearing (see explanation of due process hearing in section which follows) or contains multiple issues, of which one or more of the issues are part of that hearing, LDH 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. An extension of the timeline may be granted if exceptional circumstances exist and the parent, individual, lead agency, and/or provider involved agree to the timeline extension. Timeline extensions will also be granted if mediation is used and all parties agree to extend the time to engage in mediation.

Anyone may make a complaint by calling the Local Governing Entity/Human Service District/Authority in their region. Contact information can be found at http://www.dhh.state.la.us/offices/page.asp?=77&detail=3259 on the OCDD website. Additionally, the individual may call the EarlySteps Regional Coordinator whose contact information is located on the EarlySteps website. This information can be found by calling the toll free number for OCDD at 1-866-783-5553.

The table below shows the typical types of complaints received by EarlySteps and the types of information collected to investigate and resolve the complaint and typical results:

| Type of Complaint | Information Collected | Information Source | Responsible Party | Typical Results of a Complaint |
|---|---|---|---|---|
| **Explanation of Benefits (EOB)—** IFSP requirements not met for example, services not provided as billed. | Progress/Contact Notes<br>Claims/Payment records | Early Interventionist | Regional Coordinator<br>Central Office | New provider selected<br>Payments recouped<br>Corrective Action developed<br>Provider sanctioned/ disenrolled<br>Credit issued to family |
| **Other Service Related Complaints**—for example, provider is always late without notice to family | Progress/Contact Notes<br>Eligibility Documentation<br>IFSP<br>IFSP Revisions<br>Related Data | Early Interventionist<br>Eligibility Evaluator<br>SPOE<br>FSC | Regional/Central Office | New provider selected<br>Payments recouped<br>Corrective Action developed<br>Provider sanctioned/disenrolled<br>Credit Issued |
| **Complaints regarding disputes between providers**—for example, provider incorrectly shares information about another provider | Progress Notes<br>Eligibility Documentation<br>IFSP<br>IFSP Revisions<br>Related Data<br>Provider summary of action/behavior | Early Interventionists<br>Family<br>Community member | Regional/Central Office | New provider selected<br>Payments recouped<br>Corrective Action developed<br>Provider sanctioned/disenrolled<br>Credit Issued |
| **Complaints regarding eligibility determination**— family disagrees with team decision | Eligibility evaluation<br>Other intake/assessment information<br>Progress notices | IFSP team<br>Information collected | Regional/Central Office | -Review of information results in agreement<br>-Family selects new evaluator and new evaluation conducted<br>-additional data collected and informed clinical opinion used to determine eligibility |

## Mediation and Due Process

Mediation and Due Process are two additional methods that are used when resolving complaints about the early intervention services or the State's inability to meet IDEA, Part C requirements or not adequately supervise the program.

**What is Mediation?** Mediation is a process in which an impartial person helps parties in conflict resolve a dispute through settlement or compromise that is satisfactory to all parties involved. Individuals trained as mediators facilitate this process. Mediation can be made available to resolve any dispute. In LDH, mediation may also be called an *Administrative Conference*.

**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. In LDH, a due process hearing is also called an *appeal or fair hearing.*

### Requesting Mediation

Upon receipt of a request for a due process hearing, the parents are also offered the opportunity to mediate their dispute through the mediation process. Mediation is voluntary and parties must agree to mediation. Mediation will be provided at no cost to the family. Mediation does not deny or delay a parent's right to a due process hearing, complaint resolution, or deny or delay any other rights afforded under Part C.
A list of the trained mediators is maintained by the Division of Administrative Law

- Mediation must be scheduled within five (5) days of the selection assignment of the mediator.
- Mediation must be conducted at a time and place mutually agreed upon by the parties.
- Mediation must be completed within thirty (30) days of the agreement to mediate.
- Any agreement reached during mediation must be in writing and signed by and delivered to each party.
- A lay advocate or legal counsel may accompany parents, at their expense.
- 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.
- If a hearing officer was assigned for a due process hearing and mediation is requested then another hearing officer will conduct the mediation.

### Mediator Qualifications:

- Mediators must be impartial and free of any conflict of interest.
- 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.
- Mediators must have knowledge of laws and regulations relating to the provision of appropriate early intervention service to infants and toddlers with disabilities.
- Mediators must have a minimum of sixteen (16) hours of training as a mediator.

The LDH mediation process is handled through the Louisiana Division of Administrative Law which maintains a registry of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education, early intervention, and related services. In LDH, this process may be called an Agency Conference. An Agency Conference may be requested by calling the EarlySteps Program Manager at 225.342.0095 or 1.866.783.5553.

## Due Process Hearing/Appeal

Due Process is an administrative hearing where an impartial individual presides to hear a complaint and decides how to resolve it. It may also be referred to as an Appeal or a Fair Hearing. The appeal is managed through the Louisiana Division of Administrative Law and heard by a hearing officer called an Administrative Law Judge. 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.

The opposing parties present evidence to an impartial hearing officer, who makes a decision based on the hearing officer's understanding of the facts and the law at issue. The hearing officer will investigate the complaint and give the complainant an opportunity to submit additional information, either orally or in writing, regarding the complaint. The hearing officer will also allow the individual against whom the complaint is made, an opportunity to respond. Both parties may recommend a resolution. The hearing officer will review all the information, review the documentation and issue a written decision, including the reasons for the final decision.

The hearing officer shall not be an employee of any state agency or service provider responsible for providing early intervention services to a child. There shall not be any personal or professional conflict of interest that would affect the hearing officer's objectivity in making a decision. LDH calls these hearing officers*, administrative law judges*. The only issue to be addressed at the hearing is the issue raised in the written request, unless agreed upon with the other party. The hearing must be requested within 1 year of the date the parent or agency knew about the alleged action unless a specific misrepresentation regarding the resolution of the complaint caused the delay.

Parents or legal guardians have 3 ways to initiate a due process hearing.

1. A request mailed to: EarlySteps Due Process Request
   Division of Administrative Law, Health Section
   P. O. Box 4189
   Baton Rouge, Louisiana 70821-4189

2. You can also file appeals by telephone: Call 225.342.5800
3. Online: Families can now appeal LDH decisions online at the Division of Administrative Law (DAL) website. The DAL Health and Hospitals Section page includes an Appeal Request Form that can be completed and submitted electronically. Instructions are given below on how to use it. Please send this information to all interested parties. DAL suggests that these instructions be included in the appeal rights section of LDH's notice of decision.

   To access the electronic Appeal Request Form:
   1. Go to the LDH Section of the DAL Website: http://www.adminlaw.state.la.us/HH.htm
   2. Click on the Appeal Request Form link that says: **Click Here to fill out the Appeal Request Form**.
   3. Complete the Appeal Request Form.
   4. After completion,
      A. attach the notice you are appealing as follows: (i) scan it into your computer or other electronic device, (ii) click "browse" at the bottom right of the webpage, (iii) select the notice, and (iv) click **Send Form** at the bottom left of the webpage;
      **OR**
      B. if you do not have the notice you are appealing or you cannot scan the notice, then click **Send Form** at the bottom left of the webpage.

The notice requesting the hearing should include a description of the problem and a proposed resolution if known. EarlySteps and OCDD have a form which can be used for this purpose or the online form may be used. Upon receipt of the due process request, the EarlySteps Program Manager reviews the request for due process and will send notification of receipt to the party and forward to the Division of Administrative Law. Within thirty (30) days of receipt of this statement, a hearing will be held to review the concerns and a decision reached. This same process is used when families feel that a denial of a child's Medicaid services or a decision regarding Medicaid services was incorrect.

### 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.)

### Appointment of an Impartial Person

A hearing officer assigned by the Division of Administrative Law will conduct the hearing. This person must have knowledge of the provisions of IDEA Part C, the needs of, and services available for eligible children and their families. They must perform the following duties:

- Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint, and
- Provide a record of the proceedings, including a written decision.

### Parents Rights in Administrative Proceedings

LDH ensures that the parents of children eligible under this part are afforded the rights in this section in any administrative proceedings carried out under IDEA, Part C regulations: 34 CFR §303.430. Any parent involved in an administrative proceeding has the right to:

- Have the hearing held at a time and place that is reasonably convenient;
- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for eligible children;
- Present evidence and confront, cross-examine, and compel the attendance of witnesses;
- Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;
- Obtain a written or electronic verbatim transcription of the proceedings at no cost to the parent;
- Have the hearing officer listen to the presentation from the parties involved, examine the relevant information, and reach a timely decision; and
- Obtain written findings of fact and decisions at no cost to the parent.

### Due Process Resolution

LDH, after deleting any personally identifying information, transmits the findings and final decision to the State Interagency Coordinating Council (SICC) and publishes the decision on the LDH website, thus making the findings available to the public. EarlySteps also reports dispute resolution information as part of its annual data submission to the Office for Special Education Services with the US Department of Education.

### 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

While a proceeding involving a complaint is pending (unless the public agency and parents of a child otherwise agree), the eligible child must continue to receive the appropriate early intervention services currently being provided. If the complaint involves an application for initial services, the child **must** receive those services that are not in dispute. The final decision will be mailed to the parties within thirty (30) calendar days after receipt of the request for a due process hearing.

- ***Plain Language:*** If anyone has a problem with an early intervention requirement not being met, there is a process in place for it to be resolved. Complaints help EarlySteps identify and fix problems that families may experience.

Every year, EarlySteps reports to Office for Special Education Programs (OSEP) on its success in resolving complaints and any due process hearings and/or mediation sessions. Since 2007, the state has had 100% compliance with meeting the complaint requirements.

**Federal Performance Indicator 10: Percentage of mediations held that resulted in mediation agreements. Target: 100%**

## Child's Right to a Surrogate Parent

Requirements for appointing a surrogate parent to represent the needs of a child are found in IDEA, Part C regulations: 34 CFR 303.422.

A Surrogate Parent is appointed by LDH to represent a child 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 following consultation with the Department of Children and Family Services (DCFS), it is determined that LDH will assign the surrogate parent.

**Appointing a Surrogate Parent**

An EarlySteps Surrogate Parent is authorized to act as the child's parent in order to make early intervention or developmental decisions for children who do not have a parent or someone acting as a parent. Surrogate Parents may participate in all Part C activities related to the child whom they represent. They are the **developmental decision maker** for eligibility determination and activities related to the IFSP.

For example, a grandparent, neighbor, friend, 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. **If such a person represents a child, a Surrogate Parent is not needed.**

If a child resides in a facility and **is not** a ward of the state, the child's parent(s)/guardian is the developmental decision maker for the IFSP and represents their child in all decisions relating to the child's early intervention, just as if the child is residing at home. When a child resides in a parish that is different from his/her parent(s), residency for EarlySteps services is based on the parish where the child is residing, even when the child is residing in a facility. This means that the SPOE servicing the child's parish of residence will process the referral and proceed with intake, eligibility, and IFSP development.

The individual selected to serve as a Surrogate Parent:

- May not be an employee of the lead agency or any other participating agency that provides early intervention services and
- Must not have a personal or professional interest that conflicts with the interest of the child.
- Is qualified to be a surrogate parent must not be an employee of an agency where the sole responsibility is to serve as surrogate parent and be compensated for this role.
- Has knowledge and skills that ensure adequate representation of the child.
- Has the same rights as a parent for all responsibilities in Part C.

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 an IDEA, 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.

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

### Children under the Care and Custody of the State

The EarlySteps Surrogate Parent and any state agency caseworker the child may have, such as DCFS or OCDD, must coordinate services and supports for the overall benefit of the child. In this case, the surrogate parent, instead of being appointed by the lead agency, may be appointed by the judge overseeing the case or as determined by DCFS policy. The individual selected may not be an employee of the lead agency or any other participating agency that provides early intervention services and who has no personal or professional interest that conflicts with the interest of the child.

### 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.

### Timelines

When the SPOE becomes aware of a child with a disability living within its jurisdiction that needs a Surrogate Parent, 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 EarlySteps Central Office. The EarlySteps Central Office appoints a person to act as the Surrogate Parent within ten (10) days of receipt of the request. If a Surrogate Parent dies, resigns, or is removed, a replacement shall be appointed within fifteen (15) days**,** thereof.

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. **A Surrogate Parent may not be needed when a child has a foster parent.**

### System Point of Entry (SPOE) Responsibilities for EarlySteps Surrogate Parents

The SPOE 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 LDH a **Surrogate Parent Determination Form** for each child believed to be in need of an EarlySteps Surrogate Parent.

The EarlySteps Surrogate Parent will represent a child in all matters related to evaluation and assessment, development

and implementation of IFSP, including annual evaluations and periodic reviews, ongoing provisions of early intervention services, and all other rights established for the child. If a child is under the care or supervision of the state, the EarlySteps Surrogate Parent must not be confused with the assigned DCFS caseworker responsibility under the laws of the state for the obligations of the department as a custodial parent.

- ***Plain Language:*** EarlySteps will appoint someone to act in the role of a parent for decision-making if a parent cannot act in that role.

## Other Procedural Safeguards:

### ➢ Accept or Decline Services

Requirements regarding this safeguard are found in IDEA, Part C regulations: 34 CFR 303.420.

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

Parents can change their minds. They do not have to accept all services recommended by the IFSP team. **Support Coordination is the exception;** the IFSP requires that the name of the support coordinator be listed. This means every child has a support coordinator. If a family refuses Support Coordination, they must understand that this means they are choosing to not participate in the public IDEA, Part C system. If a parent does not give consent for an activity, the Lead Agency must make reasonable efforts to ensure that the parent is fully aware of the nature of the activity and understands that the child will not be able to receive the service or activity unless consent is given.

- ***Plain Language:*** Parents have the right to "pick and choose" what services they want from EarlySteps when service decisions are reached by the team members.

### ➢ Refuse to Complete/Sign Documents

It is the parents' right to refuse to complete and/or sign any document presented to them by EarlySteps. If a family refuses to complete and/or sign any document, the IC/FSC must inform the family of the consequences of the refusal, such as possible delays in the early intervention process or not being able to proceed to next steps. The IC/FSC must document the family's refusal to sign in the Team Meeting Minutes in the section of the form called: Areas of Disagreement/Resolution.

### ➢ Freedom of Choice

Louisiana assures that families have freedom of choice in the selection of an available service coordination agency and/or other early intervention service providers and the right to change providers or service coordinators *at any time.*

EarlySteps will offer families a provider choice list using the service matrix for service coordination and other service providers. Families are asked to sign a Provider Selection Form which verifies that they have been offered a choice and who their selected provider is. Families will review the matrix and choose a family service coordinator agency and other service providers to help them achieve the outcomes they identified on their IFSP. Families are asked to sign the Provider Selection Form to verify that they were offered a choice of providers and to document the name of the early intervention providers that were chosen.

### ➢ Evaluation and Assessment

EarlySteps ensures that all eligible children receive early intervention services without regard to race, culture, religion, disability, or ability to pay. Eligibility is determined by a multidisciplinary evaluation of the child within 35 days of referral at no cost to the family. During the eligibility evaluation, two or more qualified evaluators gather information about the child's medical and developmental history and current developmental abilities across routines and activities. This information is reviewed and used by the evaluation team, in addition to other information, to determine eligibility for early intervention services and supports. If the team decides that more information is needed, the family will be informed and the

multidisciplinary evaluation team will schedule another visit during specific time period to collect supplementary information about the child and family. Gathering additional information does not extend the 45-day timeline for IFSP completion. If the child is determined to be eligible for early intervention services and supports, an intervention plan must be developed by the 45th day.

If the family does not consent to the eligibility evaluation in writing, an evaluation will not be completed. Thus, eligibility will not be determined and the child and family will not receive ongoing assessment or early intervention services provided through EarlySteps. If the family signs the consent form to proceed with the eligibility determination, the evaluation will be completed. If the team determines that the child and family are eligible for services and supports through EarlySteps, information about the family's concerns, priorities and resources will be collected and used, along with the other information, to develop the intervention plan (IFSP). As part of the implementation of the IFSP, data will be collected via ongoing assessment and reviewed each quarter to determine the child's interests and strengths, child and family's progress in achieving IFSP outcomes, what changes need to be made to the support provided, intervention strategies and/or outcomes. If the team determines that the child is not eligible for EarlySteps, the Notice of Action will be provided to the family detailing the family's rights regarding the decision.

## ➢ Individualized Family Service Plan

Within 45 days of the referral, each eligible child and family must have a written Individualized Family Service Plan (IFSP). To develop the IFSP, the intake coordinator has a conversation with the family to obtain information about their concerns, priorities and resources for their child and family. This information, along with the results of the eligibility evaluation and ongoing assessment, are used to identify measurable, objective IFSP outcomes for assessing progress, intervention strategies to target the outcomes, how much support is needed by the family to achieve the outcomes and for how long, who is the best early interventionist to provide support to family, where services and supports will be provided, funding source, and transition at various times throughout the process and upon the child's 3rd birthday, especially those transition points where a decision is needed. The IFSP is written for a year and the IFSP team reviews data collected for each outcome on a quarterly basis. The plan must be reviewed every 6-months. Families participate in every team meeting and contribute information to help make decisions about supporting growth for their child and family. Additionally, a family has the right to receive early intervention services and supports in their natural environment within 30 days of consent for the IFSP.

There are timeline exceptions when families are unavailable to provide consent. Information regarding these exceptions is provided in the Practice Manual, Chapter 5.

- ***Plain Language:*** EarlySteps goals are to complete the evaluation and assessment process in 45 days from referral and have services started within 30 days of the parent's consent on the IFSP. The service plan is reviewed regularly.

## ➢ System of Payments

Chapter 15 of the EarlySteps Practice Manual outlines EarlySteps procedures for implementing its system of payments which became effective in 2013. As with all other components of the early intervention system, the System of Payments process includes procedural safeguards for families.

The EarlySteps System of Payments is based on a sliding scale schedule called the Federal Poverty Limit (FPL) Schedule. LDH uses this schedule to determine a child's eligibility for Medicaid. EarlySteps also uses this schedule to determine whether a family will be assessed a cost for the IFSP services for which the parent has provided consent. The schedule is updated annually. The schedule uses the family's income and the number of family members residing in the home to determine where the family is placed on the schedule. Families who are below 300% of FPL have no costs associated with their services and are said to have an "inability to pay." For families above 300%, family costs are determined based on the costs of the IFSP services up to a monthly maximum amount. Families are required to provide income information such as paycheck stubs or tax forms and family information such as the number of family members in the home. This information is used to calculate the costs for services on the IFSP and if families meet the definition of "ability to pay." If the family refuses to provide proof of income, the full costs for services will be charged according to the service rate schedule. The family's costs are determined:

- At the Initial IFSP

- At the Annual IFSP
- When a service is added or when a service frequency increases
- Following a family's request for their cost assessment to be re-determined due to changes in income or family size, extenuating circumstances or extraordinary expenses associated with the care of their child with a disability. The process to reduce a family's contribution to costs, if the charges create a barrier to services or a financial hardship, will be reviewed with the family.

For children with Medicaid, EarlySteps will notify the family that Medicaid will be used to pay for services and the family is asked to provide consent for use of their child's Medicaid when consent is initially provided and when an increase in services (including frequency, length, duration, or intensity) is proposed. Families have no costs associated with the use of their child's Medicaid in EarlySteps.

Procedural safeguards regarding the System of Payments include:

- Prior, written notice
    - of costs for services following the development of the IFSP
    - intention of EarlySteps to bill a child's Medicaid to pay for services
    - intention of EarlySteps to suspend services after 120 days of nonpayment for services for which a cost has been assigned to the family.

- Consent for services for which family costs will be assessed and the right to revoke that consent at any time
- The ability to receive some services at "no cost" including
    - Evaluation and assessment
    - Child Find provisions
    - Family Support Coordination
    - Activities associated with the development of the IFSP

- Consent to bill Medicaid for IFSP services
- Right to refuse to provide proof of income resulting in charging the family for the full cost of IFSP services
- Dispute Resolution when families disagree with the determination of the assessed costs for IFSP services
- IFSP services when the family meets the EarlySteps definition of "inability to pay."
- Inability of parents to pay for services will not result in a delay or denial of services.
- Determination of inability to pay according to Louisiana's definition results in all services being provided at no cost to the family.
- All financial information will be treated confidentially and in accordance with federal and state requirements.

➢ ***Plain Language:*** EarlySteps has a process to charge families part of the cost for some of their child's services based on the family's ability to pay. There is a process in place to determine the amount and a process to request adjustments to the amount.

## Recommended Practice: Providing Procedural Safeguards, Information to Families

While regulations require that a copy of the *Family Rights Handbook* to be provided to families at every point in which parent consent is required, 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, in their native language, of the procedural safeguards be provided at multiple points in the family's involvement with the IDEA, Part C system. Repetition is helpful because the information is complex. Families want 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, or the use of a child's public benefits or insurance or private insurance to pay for services;
- The right for some services to be provided at no cost to the 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; and
- The right to utilize administrative and judicial processes to resolve complaints.

Procedural safeguards are parameters that increase the likelihood of families accessing more appropriate and effective early intervention services to support them in impacting their child's development. 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."

EarlySteps also has a training module which addresses Family Rights on its website.

**Intake Coordinators and Family Support Coordinators must all participate in the EarlySteps Module on *Explaining Rights to Families* and should practice how to explain the procedural safeguards to families so that the explanations come easily using everyday language.**

**Federal Performance Indicator 4 and targets: Percentage of Families reporting that early intervention services have helped the family:**

**A. Know their rights—Target: 91%**
**B. Effectively communicate their child's needs-Target: 92%; and**
**C. Help their children develop and learn-Target: 93%**

**In summary** these rights and protections for families are intended to address EarlySteps commitment to:

- **DEC Recommended Practice F1**--building trusting and respectful partnerships with families through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity

- **DEC Recommended Practice F5**--supporting family functioning, promoting family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities and

- **DEC Recommended Practice F9** - helping families know and understand their rights

**General Supervision Performance Expectations**

The following are among the items monitored for requirements in meeting IDEA, Part C Policies and Procedures for Procedural Safeguards. When requirements are not met, early interventionists/agencies are issued findings of noncompliance, place under corrective action including possible sanctions.

| Performance Expectations | Measurement/Source | Responsibility |
|---|---|---|
| Families are provided rights | Signed Notice Documents<br>Signed Receipt of Procedural Safeguards documents | SPOE/FSC Agency |
| Complaint policies followed and disputes resolved timely | Documentation of complaint<br>Contact LGE/Regional Coordinator<br>Steps in Dispute Resolution Followed<br>Timelines met | LGE/Regional staff<br>SPOE/FSC Agency |
| Dispute Investigation | Complaint letter sent<br>Regional coordinator interviews complainant and persons responsible for complaint reason and reviews records/documentation<br>Regional coordinator solicits potential resolution(s)<br>Regional coordinator completes review and issues decision | LGE/Regional Coordinator |
| Resolution | Regional coordinator:<br>-- writes findings letter<br>-- issues requirements for CAP/sanctions<br>--provides family appeal rights | Regional Coordinator<br>Family or other Complainant<br>Person against whom complaint issued. |
| Prior written notice | Notice documents sent, parent signature obtained prior to implementation of change | SPOE/FSC Agency |
| Consent | Parent consent as determined by parent signature obtained for required consent items | SPOE/FSC Agency |
| Confidentiality | Part C, HIPAA and FERPA requirements followed | All practitioners |
| Opportunity to examine records | Family requests to examine child records documented and process to provide the records is followed. | All practitioners |
| Accepting/Declining services and refusing to sign documents | Documentation of service acceptance/refusal by family such that families receive support in agreed upon areas | All practitioners |
| Families are offered Freedom of Choice in selection of agencies and practitioners | Documentation on team meeting notes and/or service authorizations of choice offer and family agreement. | SPOE/FSC agencies |
| System of Payment requirements met as indicated on signed Family Notice Statement. | Documentation in EarlySteps Online and/or child charts that the notice statement is signed | SPOE/FSC agencies |

## References:

Division for Early Childhood. (2014, 2016). DEC Recommended Practices. Retrieved from http://www.dec-sped.org/recommendedpractices or http://www.ectacenter.org.

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*Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia*, Part C Early Intervention System. December, 2002.

*Family Rights Handbook*, Department of Health and Senior Services (DHSS), Lead Agency for New Jersey's Early Intervention System, revised October, 2009.

IDEA, Part C Final Regulations: Federal Register, September 2011, https://www2.ed.gov/policy/speced/reg/idea/part-c/index.html

# Understanding Procedural Safeguards
# Summary of Family Rights: Implications for Families

### Prior, written notice (34 CFR§303.404 and 303.420-.421)
EarlySteps must give you advance written information about screening, evaluations, services, or other actions affecting your child. Parents know their children best. The information you share with us will make sure that the evaluations and services are right for you. The "paper work" assures that you get all the details *before* any activity occurs.

### Use of parent's native language or preferred mode of communication (34 CFR§.25 and .421)
It is your right to thoroughly understand all activities and written records about your child. If you prefer another language or way of communicating (such as Braille, sign language, etc.), we will get an interpreter (use your mode of communicating), if at all possible. EarlySteps wants you to understand so that you can be an informed team member and decision-maker.

### Parent consent (34 CFR §303.414 and .420)
EarlySteps needs your permission to take any actions that affect your child. You will be asked to give your consent in writing before we evaluate or provide services or bill you or your child's Medicaid for service costs. Be sure you completely understand the suggested activities. By being involved, you can help EarlySteps plan services that match your family's preferences and needs. EarlySteps will explain what happens if you give your consent and if you do not give your consent.

### Parent Consent and ability to decline services (§.420)
With the other members on your child's early intervention team, you will consider which services can best help you accomplish the outcomes that you want for your child and family. You will be asked to give your consent by signing for those services that you want. You do not have to agree to all services recommended. You can say no to some services and still get the services that you do want. When you decline a service, any impact on your decision will be explained. If you decide to try other services at a later date, you can give your consent at that time.

### Confidentiality (34 CFR§303.401-.402)
EarlySteps values the information you and other service and health care providers have learned about your child. We will ask others for this information, but we need your written permission to do so. Just as the early intervention program needs your permission to get your child's records from physicians, hospitals, etc., the records that the early intervention program will develop will not be shared with anyone outside the early intervention program unless you give your permission. EarlySteps will assure your records are kept private.

### Access to records (34 CFR§303.405-410)
The early intervention record is your child's early intervention record. You can see anything in the early intervention program's records about your child and family. If you do not understand the way records are written, the information in the child's record will be explained to you in a way you understand. You are a team member and we want you to have the same information as other team members. You can request copies of records and you can request changes to records.

### Dispute Resolution (34 CFR§303.430)
If you and the early intervention team do not agree on plans, services, or payments, or if you have other complaints about your experience with the program, there are three ways of resolving your concerns quickly in EarlySteps:

#### Complaints (34CFR§303. 432)
If informal ways of sharing your concerns with your team and the early intervention program do not work, you may file a complaint by calling the regional Human Services District/Authority office or the EarlySteps Regional Coordinator. Your complaint will be investigated and a resolution offered.

#### Mediation (34CFR§303.431)
Mediation will also be offered. A trained, impartial mediator will facilitate problem-solving between you and EarlySteps. You may be able to reach an agreement that satisfies you both. If not, you can go ahead with a due process hearing to resolve your complaint. Mediation will not slow down the hearing process. Airing and solving problems can improve communication and make programs stronger.

### Due process procedures (34CFR§303.435-.438)

A due process hearing is a formal procedure that begins with a written complaint. The hearing will assure that a knowledgeable and impartial person called a hearing officer or an administrative law judge, from outside the program, hears your complaint and decides how to best resolve it. EarlySteps recognizes your right to make decisions about your child and will take your concerns seriously to resolve your issue.

### Surrogate Parent (34CFR§303.422)

Children in EarlySteps have a right to be represented in early intervention decisions when no parent can be found. The lead agency is responsible for making the decision that a surrogate parent is needed and developing procedures for identifying a surrogate parent.

### Other safeguards provided to you:

- **Screening, Evaluation, and Assessment** provided at no cost to you.
- **Services provided in the natural environment** according to an IFSP developed within 45 days of referral.
- **Services begin** within 30 days of your consent to IFSP services.
- **Freedom of Choice** in provider selection.
- **Consent** prior to use of your child's Medicaid before you will be billed for any services.

You are given a copy of your Rights every time decisions are made about your child. The *Family Rights Handbook* describes all of these rights and procedures in detail, because EarlySteps values your role as a team member and wants you to understand them. If you have questions, call your family support coordinator, your regional coordinator, or your regional Human Services District/Authority.

## EarlySteps Practice Manual:

## 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:



## Louisiana's State-Identified Measureable Result for Infants and Toddlers with Disabilities and Their Families:

*The EarlySteps System will improve child outcomes through supports that are focused on family Concerns, Priorities and Resources and provided through a team-based approach.*

### Chapter 3 October 2023 Updates:

| | | |
|---|---|---|
| Chapter 3 Child Find/Referral | Previously referral in 2 days. | --From 2011 Regulations: added to list of primary referral sources<br>-- From 2011 Regulations:—change referral from primary referral sources to 7 days<br>--Updated SPOE (Referral) list<br>--Added DEC Recommended Practices<br>--not required to keep hard copy version if information entered in EarlySteps Online. |
| | Referral Form | --referral acknowledgement can be sent via email.<br>--attempt to contact family—added texting when contacts unsuccessful. |
| | Performance Expectations | --General Supervision Requirements |

**DEC Recommended Practice: Leadership 6:** Leaders establish partnerships across all levels and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports.

## Child Find Procedures

Requirements for this chapter of the practice manual are taken from the IDEA, Part C regulations: 34 CFR 303.300-303.303 and EarlySteps Program Policies (2014).

The Louisiana Department of Health (LDH) is responsible for ensuring that a comprehensive Child Find system is in place to identify, locate and evaluate all infant and toddlers with disabilities across the state. The term "Child Find" refers to the process that EarlySteps and its agency partners use to find and enroll eligible children in the Part C system.

Child Find materials include information on:

- The purpose and scope of EarlySteps,
- The procedure for making referrals; how to make referrals,
- Developmental screening procedures,
- The method for gaining access to a comprehensive, multidisciplinary evaluation to determine eligibility and access to early intervention services,
- The family's rights, opportunities, and responsibilities within the state's Part C system, and
- Participation by primary referral sources, especially hospitals and physicians

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, health fairs, etc.). Information is shared regarding the requirements of the Child Find system and where to refer children for eligibility determination. Child Find efforts focus on the early identification of infants and toddlers with disabilities. A major emphasis is the dissemination of materials to primary referral sources, especially hospitals and physicians, that inform parents with premature infants or infants with other developmental needs associated with learning or developmental complications, on the availability of early intervention services under IDEA, Part C. LDH will assist hospitals and physicians in disseminating this information to families who may meet the eligibility criteria. LDH will ensure rigorous standards for appropriately identifying infants and toddlers with disabilities to receive early intervention services are followed, to reduce the need for developmental, therapeutic and educational services in the future.

The Child Find System in Louisiana is coordinated with all other major early care and education efforts to locate and identify children who are eligible to receive early intervention services and supports. EarlySteps coordinates these efforts with the State Interagency Coordinating Council (SICC) and the Louisiana Department of Education to eliminate unnecessary duplication of effort and to implement the Child Find efforts in the most effective manner possible. Child Find efforts are conducted by state agencies responsible for administering the various education, health, and social service programs relevant to infant and toddlers with disabilities and their families. These coordinated efforts include the following Primary Referral Sources:

1. Child Find efforts authorized under IDEA, Part B through the Louisiana Department of Education and local school systems;
2. Maternal and Child Health program under Title V of the Social Security Act including the Maternal, Infant, and Early Childhood Home Visiting Program, the Nurse Family Partnership and Parents as Teachers;
3. Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program under Title XIX of the Social Security Act implemented through the Healthy Louisiana Medicaid managed care networks;

4. Programs with the Developmental Disabilities Assistance and Bill of Rights Act of 2000, that is services provided through the human service districts/authorities and through the Office for Citizens with Developmental Disabilities;

5. Head Start Act, including Early Head Start programs,

6. Supplemental Security Income (SSI) program under Title XVI of the Social Security Act,

7. Child Protection and Child Welfare programs, including programs administered by, and services provided through, the foster care agency the Department of Children and Family Services (DCFS) responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA and re-authorized in 2016 as CARA). CAPTA is the federal Child Abuse Prevention and Treatment Act. Congress has mandated that state child protection agencies make a referral to Part C for all cases involving substantiated child abuse or neglect and for children who are identified as being affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure related to legally prescribed substances and alcohol. For IDEA, Part C, this is only for children under the age of three years.

8. Child care programs in Louisiana in coordination with the Louisiana Department of Education,

9. Programs that provide services under the Family Violence and Prevention and Services Act,

10. Early Hearing Detection and Intervention (EHDI) systems (42 USC 280g-1) administered by the Centers for Disease Control and through LDH, Office of Public Health,

11. Children's Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act,

12. LDH is responsible for identifying and providing services to eligible children and their families of Native American descent who are living on a reservation within Louisiana. LDH has partnered with the Governor's Office of Indian Affairs, to target populations of Native Americans who are currently living on reservations, to increase the awareness of early intervention services and supports across the state.

    In Louisiana, there are four Native American Tribes who are federally recognized and eleven Native American Tribes who are state recognized. With assistance from the Governor's Office of Indian's Affairs, EarlySteps focuses efforts on developing partnerships with the Tribal Social Services Directors, Tribal Councils and Elders, throughout the state, to raise awareness, ensure access and provide early intervention services to the Native American population residing on reservations.

13. In order to target children who are homeless, LDH provides information on EarlySteps to individuals who work or who reside in homeless shelters to the directors of homeless programs coordinated through the Louisiana Department of Education. Furthermore, LDH will continue to provide resources to Regional Administrators for each Department of Children and Family Services (DCFS) region and develop partnerships with Homeless Liaisons within school systems statewide in order to increase accessibility of early intervention services among Louisiana's homeless population

EarlySteps provides information to families of infants and toddlers with disabilities about the availability of services under IDEA, section 619, not fewer than 90 days before a child's third birthday. This is accomplished through:

- A list of children between 2 years, 2 months and 2 years, 9 months of age provided to the Louisiana Department of Education monthly to facilitate timely transition at age 3 for children who may be Part B eligible.

- Local school system referral information provided to families when a child is referred for early intervention 90 days before their 3rd birthday.

- As part of transition planning, through IFSP team meetings and a transition conference held for eligible children when the child is 2 years, 3 months to 2 years, 9 months of age. More information about transition planning can be found in Chapter 8 of the Practice Manual.

**Residency Requirements**

Regarding residency requirements to receive early intervention services and supports in Louisiana, the Lead Agency established the following:

- A child must live in Louisiana.
- A child living with a parent, legal guardian, or person "acting as a parent" in the State of Louisiana is considered a resident.
- Native American infants and toddlers with disabilities and their families residing on a reservation geographically located in the state are considered residents of the state.
- Infants and toddlers who are homeless or in the custody of the state are considered residents of the state.

## Referral Procedures

Forms that support the Referral Process located in Practice Manual Chapter 14

- **Referral Form**
- **Acknowledgement of Referral Letters**
- **Record Access Log**

A **referral source** is the individual or agency that first referred the child to the System Point of Entry (SPOE). The EarlySteps **Referral Form** is used to make referrals and may be faxed, mailed or called in to the local SPOE. Referral is the first "service" that a potentially eligible child and his/her family receive from the EarlySteps System. The ten SPOE offices located around the state are listed at the end of this chapter.

**Primary referral sources (as identified in the partial list in the previous section) are mandated to refer any child suspected to be eligible for EarlySteps,** as soon as possible and no later than 7 days after the child is identified. Parental consent or knowledge of the referral is not required, but best practice dictates that the parent should be informed of the referral.

Other possible primary referral sources include hospitals, physicians, parents and family members, school systems, public health and social services agencies, homeless shelters and domestic violence shelters and agencies.

Children referred to EarlySteps under CAPTA/CARA must meet the EarlySteps eligibility criteria as outlined in Chapter 5, to receive services in EarlySteps. The referral process, intake process, and eligibility determination for children referred from child protection agencies follow the same procedures as all other EarlySteps referrals.

### Step 1: Receipt of Referral

Upon receipt of the referral, the SPOE will open both the paper and electronic early intervention records and assign an Intake Coordinator, who must contact the family within 3 working days. With the upgrade to EarlySteps Online, the SPOE is not required to maintain a hard copy of the referral form. Information from other referral formats may also be transferred to the EarlySteps referral form if the SPOE elects to maintain a hard copy version in the child's record.

If the child is fewer than 45 calendar days from turning 3 years of age, the child should be referred to the Local Education Agency (LEA) for evaluation and assessment with parent consent. The intake coordinator will assist the family with the referral if consent if given. The intake coordinator and LEA will also assist the family with any referrals to the regional Human Services Authority or District (HSA/D), also known as the Local Governing Entity (LGE).

If the child is between 45-90 calendar days from turning age three the child will continue with the referral process and eligibility is conducted jointly with the LEA (with consent from the family). The intake coordinator and LEA will also assist the family with any HSA/D referrals. The LEA should participate in the initial IFSP meeting, if the child is eligible, which can also serve as the transition conference.

### Step 2: Acknowledgement of Referral

An **Acknowledgement of Referral** is sent to the referral source, following the receipt of referral. It 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. 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.). Further information regarding screening results, test results or eligibility can be shared with informed written consent from the parent(s) and is encouraged.

The Intake Coordinator sends a completed **Acknowledgement of Referral Letter** to the referral source no later than 5 working days following the date of receipt of referral at the SPOE. The referral letter includes the process for obtaining consent in order to share information. Electronic referral acknowledgement is acceptable via fax or email.

**Step 3: Contacting the Family**

An Intake Coordinator is required to contact the family by telephone or in person within 3 working days from receipt of the referral. A face-to-face intake meeting must occur with the family no later than 10 working days from the receipt of the referral.

**If the family is unable to be contacted by telephone, the Intake Coordinator will complete the following steps:**

1. If the phone number has been disconnected, call the referral source and ask for additional contact information.

2. If there is no answer, leave a message if an answering machine or voice mail is available. Send a text requesting contact when other means have failed.

3. Call the referral source; ask if they have suggestions on how to contact the family.

4. Document all attempts to contact the family.

*Note: The SPOE will proceed to Step 5 below if unable to contact the family after three good faith attempts.*

Good faith attempts:

- All telephone contacts with a family resulting in a message with person/machine,
- Contacts with the referral source or to alternate number that result in a message with person or on machine,
- All letters whether certified mail or not,
- Written correspondence, hand delivered to the address on the referral form,
- A face to face contact with the family.

5. Send the family a letter, via certified mail, stating that the child's referral record will be closed if the family does not contact the SPOE within 7 calendar days from the date of the letter. Inform the referral source that EarlySteps was unable to contact the family, especially when the referral was sent from DCFS for a child with a substantiated case of abuse or neglect. Additionally, the family letter must outline the steps a family can take to contact the SPOE in the future. The letter must also contain information concerning the procedural safeguards for families relevant to referral.

6. If a family has not responded within the timelines stated in certified letter, close the electronic file. If any authorizations have been issued (interpreters, for example), contact the interpreter before closing the file.

| **Federal Performance Indicator # 7**: |
| --- |
| Percent of Infant/Toddler's with an IFSP in 45-day timeline following referral.<br>Target: 100% |

## Referral Process
## The flowchart below illustrates the timelines for the referral process.

**Referral received at the SPOE Day 1**

**Intake Coordinator makes Initial contact with family by Day 3 (working days)**

**Schedule a meeting for an interview at the family's convenience (within 10 working days)**

**Acknowledge the referral in writing by Day 5 (working days)**

**Develop the Electronic Early Intervention Record**

**Develop the hard copy of the Early Intervention record**

**If family is not interested, provide contact information for the SPOE for future referral.**

**DEC Recommended Practice – Leadership 14:** Leaders collaborate with other agencies and programs to develop and implement ongoing community-wide screening procedures to identify and refer children who may need additional evaluation and services.

**System Points of Entry (SPOE) Offices to make referrals**

| LDH Region | SPOE | Parishes | Contact Information |
|---|---|---|---|
| 1 | Easter Seals of Louisiana | Orleans, St. Bernard, Plaquemines | **Program Director, Holly Bell**<br>935 Gravier, Suite 720<br>New Orleans, LA 70112<br>Phone (504) 595-3408<br>Fax (504) 523-3465<br>Toll Free: (877) 595-3408<br>Email: earlysteps@laeasterseals.com or hbell@laeasterseals.com |
| 2 | Southeast Louisiana Area Health Education Center | East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Pointe Coupee, Iberville, Ascension | **Brian Jakes Jr., Program Manager**<br>4324 S. Sherwood Forest Blvd, St. C-155<br>Baton Rouge, LA 70816<br>Phone (225) 925-2426<br>Toll Free 1-866-925-2426<br>Fax (225) 925-1370<br>**E-mail: brian.jakes2@selahec.org** |
| 3 | Southeast Louisiana Area Health Education Center | Assumption, St. John, St. Charles, St. James, Terrebonne, Lafourche, St. Mary | **Brian Jakes Jr., Program Manager**<br>602 Parish Road<br>Thibodaux, LA 70301<br>Phone (985) 447-6550<br>Toll Free 1-866-891-9044<br>Fax (985) 447-6513 or (866)897-9044<br>**E-mail: brian.jakes2@selahec.org** |
| 4 | First Steps Referral and Consulting LLC | Lafayette, Iberia, St. Martin, Vermillion, St. Landry, Evangeline, Acadia | **Mary F. Hockless, CEO**<br>138 East Main Street<br>New Iberia, LA 70560<br>Phone (337) 359-8748<br>Toll Free 1-866-494-8900<br>Fax (337) 359-8747<br>**E-mail: teamfsrc@bellsouth.net** |
| 5 | First Steps Referral and Consulting LLC | Beauregard, Jefferson Davis, Allen, Cameron, Calcasieu | **Mary F. Hockless, CEO**<br>138 East Main Street<br>New Iberia, LA 70560<br>Phone (337) 359-8748<br>Toll Free 1-866-494-8900<br>Fax (337) 359-8747<br>**E-mail: teamfsrc@bellsouth.net** |
| 6 | Easter Seals of Louisiana | Vernon, Rapides, Winn, Grant, LaSalle, Catahoula, Concordia, Avoyelles | **Dana McNeal, Program Director**<br>2840 Military Hwy<br>Pineville, LA 71360<br>Phone: (318) 704-1038<br>Fax: (318) 640-4299<br><br>Email:**earlysteps6@gmail.com** |
| 7 | Families Helping Families at the Crossroads of Louisiana | Caddo, Bossier, Webster, Claiborne, Bienville, Natchitoches, Sabine, DeSoto, Red River | **Kim Williams, Program Supervisor**<br>2620 Centenary Blvd. Bldg. 2 Suite 249<br>Shreveport, LA 71104<br>Phone (318) 226-8038<br>Toll Free 1-866-676-1695<br>Fax (318) 425-8295<br>**E-mail**: **kim.spoe@gmail.com** |

| LDH Region | SPOE | Parishes | Contact Information |
|---|---|---|---|
| 8 | Easter Seals of Louisiana | Ouachita, Union, Jackson, Lincoln, Caldwell, Morehouse, West Carroll, East Carroll, Richland, Franklin, Tensas, Madison | **Pam Newton, Director**<br>1103 Hudson Lane Suite 3<br>Monroe, LA 71201<br>Phone (318) 322-4788<br>Toll Free 1-877-322-4788<br>Fax (318) 322-1549<br>Email: **pnewton@laeasterseals.com** |
| 9 | Southeast Louisiana Area Health Education Center | St.Tammany, Livingston, St. Helena, Tangipahoa, Washington | **Brian Jakes Jr., Program Manager**<br>1302 J.W. Davis Drive<br>Hammond, LA 70403<br>Phone (985) 429- 1252<br>Toll Free 1-866-640-0238<br>Fax (985) 340-7996<br>Email: **brian.jakes2@selahec.org**<br>Melissa.Waddell@selahec.org |
| 10 | Southeast Louisiana Area Health Education Center | Jefferson | **Brian Jakes, Jr., Program Manager**<br>1321 26th St.<br>Kenner, LA 70026<br>Phone (504) 496-0165<br>Fax (504) 496-0167<br>Toll Free 1-866-296-0718<br>Email: **brian.jakes2@selahec.org** |

## General Supervision Performance Expectations

The following are performance expectations for the Child Find and Referral requirements of EarlySteps. Failure to meet requirements will result in findings of noncompliance, corrective action and possible sanctions.

| Performance Expectation | Monitoring/Source | Responsibility |
|---|---|---|
| Primary referral sources are aware of and able to make referrals to EarlySteps. | Early Intervention Data System (EIDS) Primary Referral Source Report | Community Outreach Specialists, Regional Coordinators, All EarlySteps practitioners |
| Referral Acknowledgement Letter sent | Chart Review | SPOE Staff |
| Families contacted within required timelines | Chart Review | SPOE Staff |
| All referrals entered in EarlySteps Online | EIDS Referral report<br>Child-specific look ups in EIDS | SPOE Staff |
| Data entry is accurate | SPOE has Data Quality Review Plan<br>Errors in Data Entry observed in EIDS | SPOE Staff |
| Notice of Action and Parent Consent and Rights | Chart Review<br>• Notice of Action and consent<br>  ○ Screening<br>  ○ Eligibility Determination<br>  ○ IFSP<br>• Parent Rights provided | SPOE Staff |
| Families provided copies of records | Documentation in Chart Review:<br>• Evaluation/Assessment<br>• Family Assessment<br>• IFSP | SPOE Staff |
| Indicator 1: IFSPs for eligible children complete within 45 days following referral | Early Intervention Data System 45-Day Timeline Report | SPOE Staff |
| Indicator 8: Transition | EIDS Report and Transition Conference Dates:<br>• IFSP Section 5:Transition completed with appropriate transition steps and services documented<br>• Transition Conference date within timelines-entered on IFSP form and in EIDS<br>• LEA notified for IFSP if Transition Conference timeline will occur before IFSP 6-month review.<br>• Family wants transition to OCDD + documented in EarlySteps Online<br>• Documents sent to LGE when family indicates “yes” on referral to OCDD service system. | SPOE Staff |
| Referrals to community agencies when child does not quality | Case closure for child who does not qualify:<br>• includes referral to community agencies<br>• includes next two age-appropriate ASQs for families if concerns continue<br>• LEA referral information if child might qualify for IDEA,Part B | SPOE staff |
| Confidentiality of Information | SPOE policy on records maintenance | SPOE staff |

| Performance Expectation | Monitoring/Source | Responsibility |
|---|---|---|
| maintained | Access to Records forms available in child chart—Child Specific Access<br>Access to file cabinet forms available-General Access | |

## EarlySteps Practice Manual

## Chapter 4: Intake

This chapter describes the steps in the process for Intake with a child and family following referral:



# Louisiana’s State-Identified Measurable Result for Infants and Toddlers with disabilities and their families:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*

**Practice Manual Updates – October 2023**
Updates to this Chapter are listed below and indicated in the body of the chapter by:
**"Updated"**

| | |
|---|---|
| Chapter 4: Intake | --added/updated steps for screening including consent for screening in Intake Process<br>--removed references to Community Care, KidMed, Bayou Health and changed to Healthy Louisiana or Managed Care Organization (MCOs)<br>--updated name and information for OPH EHDI program<br>--added reference to EarlySteps Online throughout chapter<br>--removed instructions for LDH Application to move instructions to forms chapter<br>--Notification to the LEA, LGE and Parent consent when children are referred late and may be Part B eligible.<br>--Clarified referral to EPSDT Case Management and other EPSDT services if children are not eligible for EarlySteps and for age 3 transition.<br>--Removed requirement to refer to the LDH Children and Youth with Special Health Care Needs program (CYSHCN or CSHS).<br>--Added references to DEC recommended practices which support intake practice implantation processes including family assessment<br>--Added requirement to submit attorney records requests to LDH online records management system<br>--clarification added about consents when families are divorced.<br>--revised timeline for maintaining records from 5 to 6 years.<br>--removed supervisor caseload requirement except for ongoing FSC.<br>--updated referral procedures to Human Service Districts/Authorities/LGEs to age 2 years 6 months.<br>--added requirement to maintain family cost participation documents to child record.<br>--Performance Expectations |

## Introduction:

Upon receiving a referral, the regional System Point of Entry office (SPOE) welcomes the family, explains the EarlySteps system to them, and starts the process of eligibility determination. The first contact with the newly referred family is the opportunity to introduce the EarlySteps process and model, discuss the referral, and provide families with the opportunities and options available to them through the EarlySteps system designed to address their concerns and priorities in supporting their child's development.

**Intake Forms:**

- **Notice of Action**
- **Louisiana Department of Health Application for Services Children 0-3 with Special Needs**
- **Health History**
- **Consent to Release and Share Information**
- **Health Summary**
- **Parents Rights Handbook**
- **Change Form**
- **Early Intervention Services Transition Notification (for children over 2 years 2 months)**
- **Freedom of Choice Provider Selection**
- **Eligibility Determination Process Report**
- **BDI-2 Evaluation Report**
- **Family Assessment of Concerns, Priorities, and Resources**

**Through the description and requirements of the intake process, EarlySteps intends to reflect the following *DEC Recommended Practices* (DEC RPs):**

- Early interventionists work as a team with the family and other professionals to gather assessment information (DEC RP Assessment 2).
- Early interventionists obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community (DEC RP Assessment 7).
- Early interventionists work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals (DEC RP Family 7).

## Intake Process

The intake process begins with the first phone call with the family during which information about what the family can expect from early intervention including the system's focus on addressing family concerns, priorities and resources (CPR) through an ongoing series of conversations with the family. Throughout the intake process, the intake coordinator uses all information collected through a process called the *family assessment* to assist the family in identifying their CPRs.

SPOE procedures throughout intake outline for families the expectations for each step in the process (intake, screening, eligibility evaluation, IFSP development, etc.) prior to the next event. All information collected throughout the process contributes to identification of family needs and priorities that will support improving child and family outcomes.

**The intake process should be initiated by the 10th working day and completed by the 20th day after referral date. This timeline allows for adequate time to complete eligibility determination and have a completed IFSP by day 45, for children who meet eligibility criteria.** (See Intake Process Chart at end of this chapter).

**Step 1: Consent to Proceed**

Within 10 working days of referral, the Intake Coordinator:

1. Meets face-to-face with the family to explain the EarlySteps system and the family indicate whether they will proceed with the next steps of the process.
2. If parent **wants to proceed**, the Intake Coordinator:

a. Gives parent the **Notice of Action** to read. Check (√) Initial Eligibility Proposed
b. Explains procedural safeguards and gives parent a copy of the **Family Rights Handbook.**
c. Obtains parent signature on the **Notice of Action** and gives parent a copy**.**
    - **Updated**: Provides parent with notice of intent to screen including right to request evaluation and assessment.
    - Obtains parental consent
    - If screening results indicate the need for further evaluation, with notice and consent move to evaluation and assessment next
    - If screening results do not indicate the need for further evaluation, provide notice that the child is not eligible for EarlySteps and notify parent of results and their right to request an evaluation
    - At any point during the screening process, the parent can request and consent to evaluation

d. Proceeds to Intake process.

3. If parent **does not wish to proceed** in EarlySteps, the Intake Coordinator:
    a. Explains procedural safeguards and gives parent a copy of the **Family Rights Handbook** Informs parent that they may re-apply later.

**Step 2: Health History**

The Intake Coordinator completes this form with the parent. This is completed at the initial intake and parts of the form are updated annually for annual re-determination of eligibility. If the child is eligible, page 2 of this form becomes Section 3a of the IFSP. This form collects information regarding:

- Child's primary physician
- Child's specialty physicians
- Risk factors for hearing and vision
- Diagnosis
- Equipment (adaptive & medical)
- Medications
- Special diet
- Allergies
- Information from the mother's pregnancy which may be helpful in eligibility determination

**Step 3: Collect existing information** from**:**

- Family (parent interview, family related information from Ages to Stages Questionnaire (ASQ)
- Reports of existing testing/assessment from providers who have seen the child in the past
- Relevant information from child care providers
- Referral source, if it is anticipated that more information is needed
- Medical care provider(s) and other medical providers that have relevant medical information related to eligibility determination by completing **Consent(s) to Share/Release Information** forms (give parent copies of all **Consents)**:
    - Developmental screening information from physician/health practitioner: The health screening component of Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) in the Healthy Louisiana Medicaid managed care system, EPSDT, provides preventive health screening, diagnosis, and treatment services for suspected vision, hearing, dental, medical problems, and autism screening. Children should have up-to-date screening at these ages: 1, 2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months.
        - Medical information about the child by sending the **Health Summary** to the child's primary care provider. The Intake Coordinator may collect information from the **Health Summary** via a telephone call. However, in this instance, the physician should sign and return the form to the SPOE. Intake Coordinator indicates on the form and in contact notes how the information was obtained. The Health Summary indicates whether or not routine well-child care is in place and if immunizations are current. If the child has a medical condition that qualifies for EarlySteps, this information may be documented on the **Health Summary** form. Physician may also note any developmental concerns discovered during routine medical care or health screenings. (**Note: Delay in receiving** the **Health Summary** does

not exempt the SPOE from meeting the 45-day timeline). In the absence of a completed health summary the case record must contain documentation of attempts to obtain health information.

- For children in Healthy Louisiana, a hearing screening/evaluation by a licensed physician or licensed audiologist and a vision screening/evaluation by a licensed physician may be available as part of ongoing care.

| |
|---|
| The Intake Coordinator must assure that children referred to EarlySteps are linked to a Medical Home:<br>a. Children enrolled in Medicaid **must** be linked to a primary care physician who is a Medicaid provider for screening and ongoing medical care (i.e., Healthy Louisiana provider).<br>b. Children not enrolled in Medicaid **will** have a primary care provider for screening and ongoing care. |

**Step 4: Vision, Hearing, and Nutrition Screenings**

The validity of developmental testing is highly questionable if the child's vision and/or hearing are in doubt. If the parent, the medical home physician, a child care provider, or any provider of early intervention services has concerns about the child's vision or hearing, a **screening** is indicated prior to the comprehensive developmental assessment.

If more current medical information than the well child screening is available, this information should also be requested.

Vision and hearing "screenings" are a requirement of the well-child protocol for the periodic medical visits. Healthy Louisiana requires a subjective vision and hearing assessment which includes review of family history and medical diseases, along with the physical exam. A formal vision and hearing evaluation is not required until the child is older, unless indicated by the screening results, history/risk assessment, or newborn hearing screening. Children are required to have a hearing screening prior to discharge from a birth hospital. This information can be requested from the physician and/or family.

- Children who have failed vision and hearing screenings and are currently under medical treatment for the problem on a regular basis do not require further screening prior to the EarlySteps assessment.
- A screening is considered current if performed according to the Medicaid well-child visit periodicity schedule. The vision and hearing screening is a required component of the "screening" visit.
- The physician may indicate the results of the vision and hearing screening on the Health Summary under "Current Health Status." The "Date you last saw child" section will indicate if the screening is current.
- Follow up, including contact with the Early Hearing, Detection, and Intervention Program (EHDI) will be arranged for children who did not have or failed the newborn hearing screening.

**NOTE:** Hearing and vision screening results may be obtained from the **Health Summary Form.**

Hearing Screen

All children born in Louisiana hospitals undergo a **hearing screening**, usually before discharge from the birthing hospital. The results of this screening are provided to parents and the child's medical home. Children who do not pass this hospital screening or children whose medical condition requires hearing follow up are referred to a community audiologist for a second screening and, if indicated, a **hearing assessment**. Intake Coordinators should obtain the completed results of the newborn hearing testing results to ascertain if further testing is needed. If there is concern about a child's hearing at any time, repeat testing is indicated. If the Intake Coordinator cannot obtain the newborn hearing screening results from the birth hospital or child's medical home, they may contact the Office of Public Health Early Hearing Detection and Intervention Program (EHDI) for results.

**Hearing screening** results are generally "pass/fail" and indicate the need for further testing. They can usually be performed in a short amount of time (less than 30 minutes) depending upon the type of test and the cooperation of the child. Usually young children can be tested without sedation for hearing screening. If the child passes the test, then the screener will usually report that the child's hearing is within normal limits and no further evaluation is needed or recommend additional screening at a later time. If the child cannot be tested or does not pass the test, then a **full audiological evaluation** is required.

Hearing screening for children from birth to age 6 months is performed using an objective electrophysiological test such as auditory brainstem response (ABR) or otoacoustic emissions (OAE). For children older than 6 months (developmental level) testing can be attempted using visual reinforcement audiometry in a sound treated booth with insert earphones or sound field testing. The choice of test will be dependent upon many factors such as developmental level of the child, cooperation with test procedures and available equipment. Every effort should be made to refer to audiologists skilled in testing infants and toddlers and who have appropriate equipment and expertise to test this population, such as an enrolled EarlySteps audiologist.

**Updated:** Referral lists of pediatric audiologists are also maintained by the EHDI Program and can be found at http://www.ehdi-pals.org. EarlySteps also coordinates referrals for children with hearing loss with the EHDI Program with the Office of Public Health and the Louisiana School for the Deaf Parent Pupil Education Program (PPEP).

Any hearing screening/evaluation results, including newborn hearing screening, are considered current if performed within the previous 6 months. Results of the hearing screening should be included in the Health Summary and recorded in EarlySteps Online.

Hearing screens by Audiologists can be authorized for EarlySteps-enrolled audiologists through the EarlySteps data system and paid for through EarlySteps or through Medicaid. For children approaching age 3 transition, the SPOE intake coordinator/FSC will arrange for an updated vision and hearing screening and/or evaluation as part of the initial/annual/transition IFSP process to facilitate the timely completion of an IEP by the child's third birthday. In addition, some conditions, such as prematurity, require ongoing hearing screening/assessment. A child may have normal hearing at birth, but have a hearing loss that occurs later, also referred to as a progressive hearing loss.

Vision Screen

A vision screening for EarlySteps is not necessarily a test of visual acuity. A vision screening by a medical home provider consists of checking the medical history for risk factors for vision or eye problems, checking the child's ability to track and respond to light in an age appropriate manner, and performing a physical examination of the eyes to be sure that corneal and red reflexes are intact and that there are no abnormalities that warrant referral to an ophthalmologist. This should be part of every well-child screening and every health maintenance check-up for this age group.

The results of the vision screening should be documented on the **Health Summary** form and in EarlySteps Online. If this is not documented, the Intake Coordinator/FSC should contact the medical home provider's office to obtain this information. If the information is not current, or the provider or parent has new concerns about the child's vision since the child's last health maintenance visit, the Intake Coordinator/FSC should refer the family back to the medical home provider for another vision screening. Children who were born prematurely with *retinopathy of prematurity* (ROP) may have vision loss after birth which may resolve or improve as the child matures. Ongoing vision management for these children is critical.

Vision screenings by ophthalmologists, optometrists, or pediatricians can be paid through medical services through a family's insurance, by Medicaid, or by EarlySteps, if the physician or screener is an enrolled EarlySteps provider.

Nutrition Screening

If nutritional status is identified as a concern of the family or if there is a history of nutritional or feeding problems, the Intake Coordinator should verify with the physician whether consultation with a nutritionist

is indicated. If a nutrition screening has been performed, it is important to obtain the results from this screening. The child may be referred to an EarlySteps-enrolled Dietitian (may also be called a Nutritionist) who is skilled in assessing nutritional status and feeding issues. If further consultation is required to address an identified problem, this may be listed as an EarlySteps service on the IFSP. This information may also be provided from the WIC program for a child receiving WIC services. The child may be receiving services of a nutritionist through this program or may be referred to the WIC nutritionist if nutrition is a concern.

**Step 5: Conduct Developmental Screening**
**Ages and Stages Questionnaire (ASQ)**

A. Review of Screening Information:

Ages and Stages Questionnaire (ASQ)

The Ages and Stages Questionnaire is used in EarlySteps as the developmental screening component following a referral to discriminate children who require further evaluation for eligibility and those who do not. The ASQ 3rd Edition is the most current version and most widely used by the SPOEs. The ASQ includes 21 total questionnaires and 17 questionnaires for children (from 2-36 months) for these ages: 2,4,6,8,9,10,12,14,16,18,20,22,24,27,30,33,36 months. Each questionnaire contains approximately 30 questions across the areas of communication, gross and fine motor, problem solving and personal-social. There is an "overall" section which addresses general parent concerns. Children who score at or below the cut off in the dark-shaded zone are recommended for additional developmental assessment. Scores in the light-shaded "monitoring" zone may be at risk. Scores outside the shaded zones are "doing well" in those areas. A referred child who scores above the cut off is not considered in need of additional assessment. Screeners should follow the appropriate criteria for the ASQ version used.

Children will present to EarlySteps with one of the following situations:

- **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/fine motor, social/emotional and adaptive) or an Ages and Stages Questionnaire (ASQ) within the three months prior to referral to EarlySteps **must** be screened with the ASQ by the Intake Coordinator, unless a full evaluation is requested by the parent. Move to "B" below.

- **Child is referred with developmental delays that are confirmed with a Battelle Developmental Inventory-2nd Edition (BDI-2) or replacement tool (2022-2023):** If the developmental assessment has been completed within the previous three months and includes assessment of all developmental domains (communication, fine/gross motor, social/emotional, cognitive and adaptive), and the reported results include all scoring including the standard deviations, no further testing is required for eligibility determination. These BDI-2 scores may be used for child eligibility determination. There is no need to conduct an ASQ if a developmental assessment already confirms developmental delays. Any other assessment information will be reviewed at the Eligibility Determination team meeting along with the BDI-2 results.

- **Child is referred with developmental delay that is confirmed with a single domain assessment:** All children who have not had a comprehensive developmental assessment that addresses all developmental domains (language, cognition, gross/fine motor, social/emotional and adaptive) or an Ages and Stages Questionnaire (ASQ) within the three months prior to referral to EarlySteps will be screened with the ASQ by the Intake Coordinator. The existing single domain assessment (if current within the prior three months) will be included in the information utilized for eligibility determination. If the information is sufficient to establish a child's needs/delays in an area of development, the assessment may be considered as part of informed clinical opinion for eligibility determination. Move to "B" below.

- **Child is referred with only an ASQ that has been completed in the previous three months and indicates a need for further assessment:** If the ASQ results are consistent with the Health Summary, the Health History, and the parent's concerns, the ASQ does not need to be repeated. (**Note:** If the

ASQ results are not consistent with the other information provided, the Intake Coordinator repeats the ASQ.) Move to "B" below.

- **The parent requests an evaluation, proceed to administration of the BDI-2 or replacement.**

- **Child is referred with an established medical condition as listed in the EarlySteps eligibility criteria:** The child will proceed to the BDI-2 for child outcomes entry scores, but the BDI-2 is not necessary for eligibility determination.

B. Conducting the ASQ--after providing notice to and obtaining consent for screening from families

- The Intake Coordinator will conduct the ASQ in person (virtually, as appropriate) with the primary caretaker and the child present, preferably in a natural environment for the child (e.g., home or childcare).
- The parent and/or Intake Coordinator will administer any items for which the parent questions the child's ability to complete the items. When possible, toys that are familiar to the child should be used for administering ASQ items.

The ASQ instrument begins at 2 months of age, depending on the ASQ version being used. Children referred to EarlySteps younger than 4 months or corrected gestational age should not be screened with the ASQ, unless the 3rd edition is used. These children should receive a BDI-2. 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, for example). In this case, a second meeting where the child is present is required to complete the ASQ.

**ASQ Scoring Interpretation and Follow up:**

**No Concern**: All scores are above the (gray area) cut-off indicates that the child is on track developmentally and is not considered in need of further eligibility determination.
**Concern** indicating need for BDI-2 administration: score below the cut-off (Black area) in two or more areas

**Discussion and Monitoring**: scores near the cut-off (gray area) but not below indicate consideration for BDI-2 and should be discussed with the parent. If the parent is satisfied with the results, no additional assessment is necessary. Early Intervention Consultant and/or Regional Coordinator review the information to determine referrals to appropriate agencies. All children who have a medical diagnosis that is on the eligibility list (ASQ not required) or are below the cutoff points in two areas of the ASQ will proceed to eligibility assessment. The eligibility determination process includes testing with the BDI-2. The BDI-2 is not required for eligibility determination for children with established medical conditions meeting EarlySteps criteria, but is used for child outcomes and assessment information for the IFSP.

**Parent Concern**: Parent expresses concern during interview or in the "Overall" questions section or requests an evaluation for eligibility determinations and/or scheduling of a BDI-2. The child is scheduled for the BDI-2.

At any point during the screening process, the parent can request and consent to evaluation and the administration of the BDI-2 will be arranged.

C. Sharing ASQ results with the parent/primary caretaker:
The parent and the Intake Coordinator will discuss screening results and determine joint areas of concern based on the **Health History**, 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.

For children with no concerns on the ASQ or with scores in the white area for whom the decision is made with the parent not to proceed with additional assessment, the next two age-appropriate ASQs will be provided to the parent to monitor the child's development. The child may be re-referred at a time in the future if concerns are identified. Referrals to other agencies are made to address additional concerns or

needs expressed by the family which are not being addressed through EarlySteps. For children approaching their third birthday who are suspected of meeting IDEA-Part B eligibility, the family is provided with LEA contact information or may be referred directly by the SPOE to the LEA with parent consent. Referral information to the developmental disability system local governing entity (LDE) is provided and the family is encouraged to request eligibility determination at the LGE if developmental concerns are present at the child's third birthday.

If a family requests an evaluation following the administration of the ASQ, the child must be evaluated and a BDI-2 administered.

For a child proceeding through eligibility determination, 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 phone that is later supported by hard-copy documents are valid methods of information collection.

Existing information including parent interview, structured observation, medical, and other existing assessment information should be obtained before eligibility assessments are conducted. Previously conducted assessments, physician's consultation reports, and hospital discharge summaries are valuable sources of information. This is especially true for infants referred from Neonatal Intensive Care Units (NICUs) or other hospital programs. Information from these records may provide significant information that supports eligibility determination.

Once the family has consented to proceed through intake for eligibility determination, the Intake Coordinator completes the intake process by completing the following forms/steps with the family:

**Step 6: Completion of LDH Application**

**Louisiana Department of Health Application for Services Children 0-3 with Special Needs** serves as the application for the following:

- **EarlySteps**—
- **Office for Citizens with Developmental Disabilities (OCDD)/Human Service Authority/District (HSA/D) also known as the LGE —**the Louisiana state agency/regional agency responsible for services and supports to individuals with developmental disabilities, birth through adulthood.
- **Developmental Disabilities Request for Service Registry (RFSR)**—documents and maintains the person's name and protected date for waiver services.
  a. Complete Section 1 (Enrollment Application) & Section A (Child Information)
  b. Complete Section B (Enrollment Requests)

**Step 7: Medicaid Eligibility Verification**

The SPOE **must** verify Medicaid eligibility for children prior to the initial eligibility determination meeting, using:

- Procedures from "Review of Existing Information/Proceed to Eligibility Determination" section (pages 41-42); and
- Procedures from the Medicaid website.

Medicaid Registration

Medicaid eligibility can be verified online at no charge at www.lamedicaid.com after a login and password are obtained using the line – Provider Web Account Registration Instructions.

Eligibility Verification
Upon receipt of the login and password, refer to in-depth instructions on using this online Medicaid Eligibility Verification System (e-MEVS) that can be found online at the above mentioned website. Select the "About Medicaid" link on the menu then select MEVS for instructions on eligibility verification.
For more information on Medicaid programs refer to: www.lamedicaid.com.

A child's Social Security Number and Medicaid number are **critical** for cost participation and FSC Agency and Provider Authorizations and Billing. These are utilized as part of the eligibility verification process with the Medicaid Fiscal Intermediary (currently Gainwell Technologies LLC). The intake coordinator is responsible for collecting the information, comparing the child's name with the identifying information on the cards and ensuring that the numbers are accurately entered into EarlySteps Online. When the information is entered inaccurately or is missing, service authorizations will not be successfully submitted to Medicaid or paid to the provider.

**Referral to the Department of Children and Family Services**

EarlySteps providers, Intake Coordinators, Family Support Coordinators etc. are mandated reporters by Louisiana Law to the Department of Children and Family Services (DCFS) if there is a suspicion of abuse or neglect. To report suspected child abuse or neglect, anyone may call **855-4LA-KIDS (1-855-452-5437)**.

For more information on the DCFS including the list of contacts refer to:
http://www.dcfs.louisiana.gov/page/109

**Initial Eligibility Refused/Child does not qualify for EarlySteps**

For children who:

- do not have a confirmed diagnosis on the EarlySteps eligibility condition list;
- have no concerns on the ASQ and family have no additional concerns
- presenting information does not support additional evaluation

1. Discuss information with parent.
2. Give/send parent **Notice of Action**
    a. √ Action(s) taken
        i. Administered ASQ
        ii. Reviewed recent ASQ/BDI-2 EVALUATION
    b. √ Initial Eligibility Refused/Child does not quality for EarlySteps
3. Give/send **Parent's Rights.**
4. Give/send parent next 2 age-appropriate ASQs.
5. Provide parent with SPOE contact information to use in the future if any concerns arise again.
6. Medicaid enrolled children: provide family with process to request case management services through EPSDT below. They may also be evaluated for and receive other EPSDT services. Families should be encouraged to contact their child's physician for referral information and providers.
7. Close case **(Change Form**) within 5 calendar days of the date of inactivation.

**Referral to Early Periodic Screening Diagnosis Treatment (EPSDT) Services**
**Updated:**

- EPSDT targeted support coordination (case management) is part of the Louisiana Medicaid service package. Support Coordination is a service that can assist families to access the services available to them through the Medicaid EPSDT program. Children are eligible for EPSDT support coordination at age 3 if they are on the request for services registry (waiver waiting list) or if support coordination is medically necessary. Other EPSDT services include all services that individuals between birth and age 21 may be Medicaid-eligible. These services may help address the individual's medical, social and educational needs. The EarlySteps Intake/Support Coordinator will review all available services and assist with making referrals for the services they may be eligible to receive.
- These EPSDT services **may** include medical equipment, occupational, physical or speech therapy, Personal Care Services (PCS), Home Health, Applied Behavior Analysis and Healthy Louisiana medical services.
- As a Medicaid participant, a child is eligible for EPSDT services if they have a medical need. If a family is interested in EPSDT services, go to https://www.myplan.healthy.la.gov/myaccount/choose/find-provider or
- Discuss their interest in EPSDT services with the child's Healthy Louisiana physician who will assist with making a referral to an enrolled Healthy Louisiana Network provider.

- For children who may not be eligible for EarlySteps, but for whom there are concerns regarding development, SPOEs should provide the family with EPSDT services information and refer the family to their physician and/or Healthy Louisiana physician for referral and provider information.

**For Children Referred to EarlySteps after Age 2 Years, 2 Months**

The Intake Coordinator should complete all initial intake 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 Local Education Agency (LEA) for Part B eligibility determination in the future. This will minimize duplicate testing. Many LEA's coordinate eligibility determination with EarlySteps and should be notified of the referral to determine what information is available. If the child proceeds to an IFSP, the LEA should participate at the meeting.

The Intake Coordinator **must** also notify the LEA of the child's application and potential for IDEA-Part B services by sending the **Early Intervention Services Transition Notification** letter. A child may meet Part B eligibility even though found not eligible for EarlySteps. Timing for referrals to the LEA is critical the closer the child is to their third birthday, so that the LEA can have eligibility determined and an IEP developed by the time the child turns 3 years of age. Information about eligibility determination through the OCDD developmental service system with the regional LGE office is also provided. Children not found to be eligible for EarlySteps should contact their LGE when the child reaches the third birthday.

**Transition Process for Late Referrals-SPOE Responsibilities**

**SPOE Responsibilities: Children Referred to EarlySteps after Age 2 Years, 2 Months**

Notification to the LEA must occur for any child referred to EarlySteps at age 2 years, 2 months and older using the Transition Notification Letter.

The Intake Coordinator should complete all initial intake activities. Attempts should be made to ensure that any testing conducted for EarlySteps eligibility purposes can be used by the LEA for Part B eligibility determination. This will minimize duplicate testing. Included in the intake process for children in this age range are making arrangements for updated vision and hearing screening/evaluation to meet the LEA requirements. These arrangements are to be included in the initial IFSP. Many LEAs coordinate eligibility determination with EarlySteps.

If the child proceeds to an IFSP, the LEA should participate at the initial IFSP meeting; this should be considered the Transition Conference. If for any reason the LEA is unable to attend the initial IFSP meeting the FSC will invite the LEA to any future IFSP team meetings to discuss age three transition. If the LEA does not participate in the initial IFSP, the intake coordinator will ensure that the required activities for the transition conference in the IFSP Section 5-C are completed, including providing parents with information about Part B preschool services, timelines and process for consenting to an evaluation and conducting eligibility determination under Part B and the availability of special education and related services. Providing the parent with LEA contact information and the Louisiana Department of Education Transition Booklet will assist in meeting this requirement. The guide can be found at the following address: http://www.louisianabelieves.com/docs/default-source/early-childhood/brochure---early-childhood-transition-process---english-version.pdf?sfvrsn=e45a5e21_7

If a toddler is referred to EarlySteps less than 45 days before the third birthday and that toddler may be eligible for preschool Part B services, the SPOE, with parent consent, refers the toddler to the LEA.

**Updated**: Notification to Regional Human Service Districts/Authorities, also called Local Governing Entities (LGEs)

Services available from the OCDD Developmental Disability Services system are discussed with the family. Services include Flexible Family Fund, Family Support, and Waiver services. The SPOEs assemble and maintain records for children whose families are interested in a referral for these services. SPOE staff are responsible for checking "yes" or "no" for OCDD referral as determined by the parents' interest in EarlySteps Online. Transition lists are shared with the LGE when a child reaches 2 years, 6 months of age if the family has indicated "yes" for a referral. Updated information packets are submitted to the LGE by the

FSC agency at 2 years, 6 months so that the DD System eligibility can be determined by the child's third birthday. Families should be encouraged to select a referral to the LGE since the EarlySteps eligibility date is considered the child's "protected date" for services. The protected date is maintained until the child's fifth birthday if eligibility determination is not conducted prior to that time.

**For Children Re-Referred after Closure**

Referrals are often made to EarlySteps for a child whose case has been closed (i.e., family requested closure, unable to locate family, family moved out of state, etc.). With the updates for EarlySteps Online, the SPOE can re-open a child's record. By selecting the "reopen" link the child moves into referral status and the 45 day timelines apply. The SPOE should always search for closed records to avoid duplicate entries for the same child.
For cases that have been re-opened, existing information obtained from providers may be used if the information is less than 45 days old—**Health Summary**, health information, or other assessments. The ASQ may also be used if less than 45 days old and results are consistent with the **Health Summary**. If the ASQ results are not consistent with the Health Summary, the ASQ **must** be repeated. Previous BDI-2 information is current within 90 days.

New intake forms **must** be completed/updated as "re-opened".

## Early Intervention Records- System Point of Entry

**SPOE Records**

The System Point of Entry (SPOE) maintains two types of early intervention records: a paper or hard copy file for each individual child and the electronic record in EarlySteps Online. 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 documentation of the child's participation in Part C.

The paper or hard copy of the file is called the Early Intervention Official Record.

**Early Intervention Official Record**

The contents of the official early intervention record include:

- **Referral**
  - Referral Form-as sent to the SPOE or printed from EarlySteps Online
  - Documentation of initial family contact
  - Acknowledgement of referral letter
- **Intake**
  - Notices of Action
  - ASQ
  - LDH Application for Services
    - Documentation that LDH Application sent to:
      - **Updated:** OCDD HSA/D-LGE--after the Eligibility Determination meeting, as indicated for children beginning at age 2 years, 6 months
  - Signed Consent to Release/Share Information forms
  - Health Summary
  - Health History
    - Documentation of:
      - Scheduled vision screening
      - Scheduled hearing screening
      - Scheduled nutrition screening
      - Scheduled autism screening at age 18 months and after
  - Freedom of Choice Provider Selection form BDI-2 Evaluation BDI-2 evaluation

- Documentation of Authorization for BDI-2 evaluation entered
- Completed Notice of Action – if child not eligible

- **Initial Eligibility**
  - Freedom of Choice Provider Selection form
  - Documentation of Authorizations entered
  - Eligibility Team Meeting Announcement
  - Eligibility Determination Documentation
  - Team Meeting Notice and Minutes Form
  - Completed Notice of Action—if child not eligible
  - Family Assessment of CPR
  - Completed Authorization for FSC
  - Completed Authorization for Initial Outcomes and IFSP Planning/Report
  - Initial Outcomes and IFSP Planning Report
  - Assessment Report from Provider
  - **Updated:** Cost Participation Documents

- **Initial IFSP Development**
  - Freedom of Choice Provider Selection form
  - IFSP Team Meeting Announcement
  - Authorizations for IFSP team meeting
  - Completed IFSP
  - Documentation of Authorizations for IFSP services entered
  - Documentation of IFSP sent to all team members
  - Team Services Process Form if needed
  - Documents uploaded to EarlySteps Online
- **Transition**
  - Documentation of Transition Notification letter sent to LEA if child enters after 2 years 2 months
  - Completed Request for Authorization for Exit BDI-2
  - Exit BDI-2 Report
  - Section 5 of the IFSP completed and transition conference date indicated.
- **Case Closure**
  - Completed Change Form (Case Closure)
  - Copies of correspondence
  - Case closed in EarlySteps Online timely and with the correct closure reason.
- **Miscellaneous forms**
  - SPOE Activity Checklist

**Intake Coordinators "Working File"**

Intake Coordinators may keep a "working file" which contains various types of documentation. The "working file" will contain forms "in progress", contact notes, and other type of documentation as it is being completed for permanent placement in the child's official record. Any information which is duplicated in the official record may be destroyed when the intake coordinator no longer uses the "working file."

**Confidentiality**: The Intake Coordinator must protect the confidential information in the file at all times. Once the Intake Coordinator completes the casework, the original contact notes and forms are incorporated into the official Early Intervention Record.

If the SPOE is also temporarily working as the ongoing Family Support Coordinator (due to lack of Family Support Coordinators), a Family Support Coordinator working file is created that is kept separate from the Intake files and Early Intervention Records. This Family Support Coordinator file is then transferred to the ongoing Family Support Coordinator once one is available.

**Electronic Early Intervention Record – LAEIKIDS and EarlySteps Online**

The SPOE will open and maintain an electronic record for each child referred to the EarlySteps system. This record is comprises key demographic and service data. Authorizations for services entered into EarlySteps Online are taken directly from the **Early Intervention Services section of the IFSP.**

**Access to Records**

Provisions of IDEA regarding privacy are intended to protect the interests of families with infants and toddlers with special needs and of the early intervention system. Three primary privacy regulations that pertain to the exchange of personally identifiable information apply to the EarlySteps program: IDEA Part C Privacy Regulations, the Family Education Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA). These regulations govern activities describing parent consent, confidentiality and release of information, access to records, and the requirements for maintenance, storage and destruction of records.

According to the Part C Privacy Regulations, once a child is referred to EarlySteps, the system must have written parent consent before disclosing personal information about the child or family. FERPA specifies that families have the right to know about the information kept as part of the child's "educational record." Families are informed about the type of information EarlySteps keeps in the printed record as well as the electronic record.

**Updated:** In 2013, FERPA requirements were amended by the Uninterrupted Scholars Act which allow for disclosure of personally identifiable information for children in foster care placement, without parent consent, to a DCFS caseworker or other representative of a state or local child welfare agency when "the agency or organization is legally responsible for the care and protection of the child."

HIPAA includes privacy rules to protect the privacy of individually identifiable health information and disclosure of health information. Health organizations must notify families of the agencies or "covered entities" with whom they may share information. HIPAA allows for covered entities, such as hospitals to share personal information to public health authorities without consent for the sake of surveillance, investigations, and interventions regarding the health or safety of a child.

There are two "levels" of access related to the Early Intervention Record maintained at the SPOE:

1. General Access: refers to office file access of the early intervention record. An access roster will be posted on the outside of all filing cabinets where the child records are maintained indicating those personnel (by title) who may have general access to the early intervention records. This access would generally apply to the supervisor, support staff, intake coordinators, and EarlySteps employees (quality assurance specialists, regional coordinators, central office staff, etc.). Access by EarlySteps staff is for the purpose of monitoring, program or fiscal audits, or complaint investigation.

2. Situation-specific Access: refers to a specific request for information regarding an individual child by an agency or individual. This request must be accompanied by a signed, dated **Consent to Release and Share Information** by the parent/guardian authorizing access to that specific record or information. The SPOE agency is required to have policies in place regarding handling of these requests according to EarlySteps privacy regulations. This includes an access log in each child's file indicating the date, the purpose of any and all specific information, and signature of employee with access to the record.

**Updated**: Frequently, EarlySteps receives records requests from attorney's offices either through a records request or subpoena. LDH has an online records management system to process these requests. Each SPOE has access to the system and attorney records requests are processed through this system by uploading the request. SPOEs may not respond to an attorney request directly but respond through the online system which includes a review by the LDH legal department of the request and whether it meets LDH requirements for records requests.

**Maintaining the Early Intervention Record**

SPOEs **must** maintain the hard copy early intervention record in a secure location. Records **must** be stored in a locked**,** fireproof cabinet. 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.

### Transfer of Documentation after Initial IFSP

Once the initial IFSP has been completed, the Intake Coordinator **must** make copies of all documentation in the official record and provide it to the FSC and providers either through hard copy or notifying them that records are uploaded in EarlySteps Online. The FSC will use this as a basis for creating a record for ongoing IFSP development. The eligibility determination forms and the IFSP are also uploaded in EarlySteps Online.

## Early Intervention Records – Additional Requirements

### Early Intervention Record Protections

Early intervention records are confidential. Parents **must** give permission to share information with others by signing a Release of Information unless the provisions of the Uninterrupted Scholars Act are in place. 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.
4. Verify the time period covered by the Release of Information.

If a parent so requests, the agency or institution shall provide a copy of the records disclosed. SPOEs must make available to parents an initial copy of the child's early intervention record at no cost (CFR 303.400(c)).

### Opportunity to Examine Records

It is required that all participating service providers, FSC agencies, and/or SPOEs 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 the FSC Agency and service providers without unnecessary delay and in no case more than 10 days after the request to review has been made and prior to any meeting regarding the records, such as an IFSP meeting, evaluation, etc. (CFR 303.405(a)). The right to inspect and review records under this section includes:

- The right to a response to reasonable requests for explanations and interpretations of the records;
- 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
- 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. Requirements for these protections are detailed in Part C regulations CFR 303.401-.417. If any Early Intervention Record or any documentation includes information on more than 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.

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**.** The parent must be provided, at no cost, a copy of each evaluation, assessment of the child, family

assessment, and IFSP as soon as possible after each IFSP meeting. The SPOE will provide this documentation for the initial evaluation and IFSP process.

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 time used by an employee to research and retrieve the document(s).

**Updated**: SPOEs and other EarlySteps agencies/early interventionists may presume that that the parent(s) has authority to inspect and review records relating to the child unless the agency has been provided documentation that the parent does not have the authority under state law governing such matters as custody, foster care, guardianship, separation and divorce. (CFR 303.405 (c)). Once the SPOE becomes aware that any of these matters relate to a family in the intake process, copies of the custody arrangement or court judgment must be provided, maintained, and shared with the IFSP team so that appropriate individuals are providing consent and involved in decisions regarding the child.

Parents may not agree with the information contained in the early intervention record. Parents may request that the record is changed. The SPOE then decides if that request should be granted.

**SPOE/Agency/Provider Does Not Agree to Amendment of Record.**

If the SPOE decides that the record will not be changed; the SPOE **must** inform the parents of their right to a review on the issue of the record change and for relevant procedural safeguards (CFR 303.410 (c)). If, following the review of the parent's request, the SPOE/Agency does not agree to the amendment of the record the SPOE will inform the parent of the refusal and advise the parent of their rights in the dispute resolution process. The SPOE shall also inform the parent of their 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:

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

**SPOE/Agency/Provider Agrees to Amendment of Record.**

If as a result of the above review, the SPOE decides that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of the child or family, it shall amend the record accordingly and inform the parent of the amendment**,** in writing.

- If the document is something that other team members would have on file, the SPOE will send the amended document to the rest of the IFSP team members, ask them to destroy the previous version and replace with the amended document.

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 Family Support Coordinator on an ongoing basis and uploaded to EarlySteps Online. There **must** be documentation of all record activities--including information alteration, destruction, or purging of the formal Early Intervention Record maintained at the SPOE.

**Destruction of the Early Intervention Record**

**Updated**: The Early Intervention Record must be maintained for 6 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 requirement that the records be maintained for a minimum of 6 years after the child is no longer provided services through EarlySteps. Destruction of the child record after the 6 year period expires is handled through shredding to secure protection of any identifying information. However, a permanent record of a child's name, date of birth, and parent contact information, address, and phone number, names of service coordinator(s) and EIS providers, and exit data including the year and age of exit and any programs entered into upon exit is maintained by EarlySteps through EarlySteps Online.

**The Document Encryption Process for sending personally identifiable information via email.**
Required procedures for sending information via email is listed in Chapter 12.

## System Point of Entry Personnel

### Intake Coordinator (IC)

Intake Coordinators are employees of a SPOE and specialize in the intake activities that occur once a referral is received at the SPOE. The Intake Coordinator is team leader for all the activities that occur from referral to screening, to eligibility determination, through the development of the initial IFSP. Until the ongoing Support Coordinator is selected by the family the Intake Coordinator functions as the Support Coordinator and is responsible for all the activities outlining for Support Coordination in Chapter 9.

### Maximum Caseload for an Intake Coordinator

The maximum caseload for an Intake Coordinator is 50.

### Intake Coordinator (IC) Supervisor

### Supervision Activities

Effective supervision includes direct review, assessment, teaching and monitoring of family-centered practices, problem solving, and feedback regarding the performance of Support Coordination services. Supervisors are responsible for assuring quality services, managing assignments of caseloads, assisting staff in meeting compliance areas and performance indicators, and arranging for training (as appropriate). The supervisor, according to the SPOE's written policy on performance evaluation, **must** evaluate Intake Coordinators at least annually.

- Each Intake Coordinator Supervisor/Manager **must** not supervise more than eight (8) full-time Intake Coordinators or other professional-level human service staff.
- **Must** be employed 40 hours per week.
- Individual, face-to-face sessions to review cases, assess performance, and provide feedback for improving performance. This individual supervision **must** occur at least one time per week per Intake Coordinator for a minimum of one hour.
- Group meetings with all Support Coordination staff to problem-solve, provide feedback, and 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 may occur.
- Case record review. A minimum of 10% of each Intake Coordinator's caseload **must** be reviewed for completeness, compliance with licensing standards, and quality each month.
- The supervisor is accountable for the training, experience, and activities of the Intake Coordinator. The supervisor will be responsible for developing and implementing an Individual Employee Supervision Plan (IESP) that designates the training, field experience, and peer relationships for a period of no less than (1) year. The supervision **must** include the following:
- Supervise the new Intake Coordinator on a daily basis for a period of three months.
    - After the three months, an assessment shall be completed to identify areas on which to focus training and supervision. If all areas are covered in the first 3-month period, supervision may begin occurring less frequently, but no less than 3 times per week for the remainder of year of training.

- The supervisor shall sign all case record documentation.

**Caseload of an Intake Coordinator Supervisor**

**Updated**: This section applies to supervisors whose intake coordinators are providing ongoing family support coordination only. SPOEs have the ability to determine their supervisor caseloads based on staff experience and workload management for caseloads during the intake process.

Each IC supervisor must not supervise more than 8 full-time IC's or other professional staff and carry no more than 12 families at any time.

**Documentation of Supervision**

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

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

**Frequently Asked Questions about Intake**

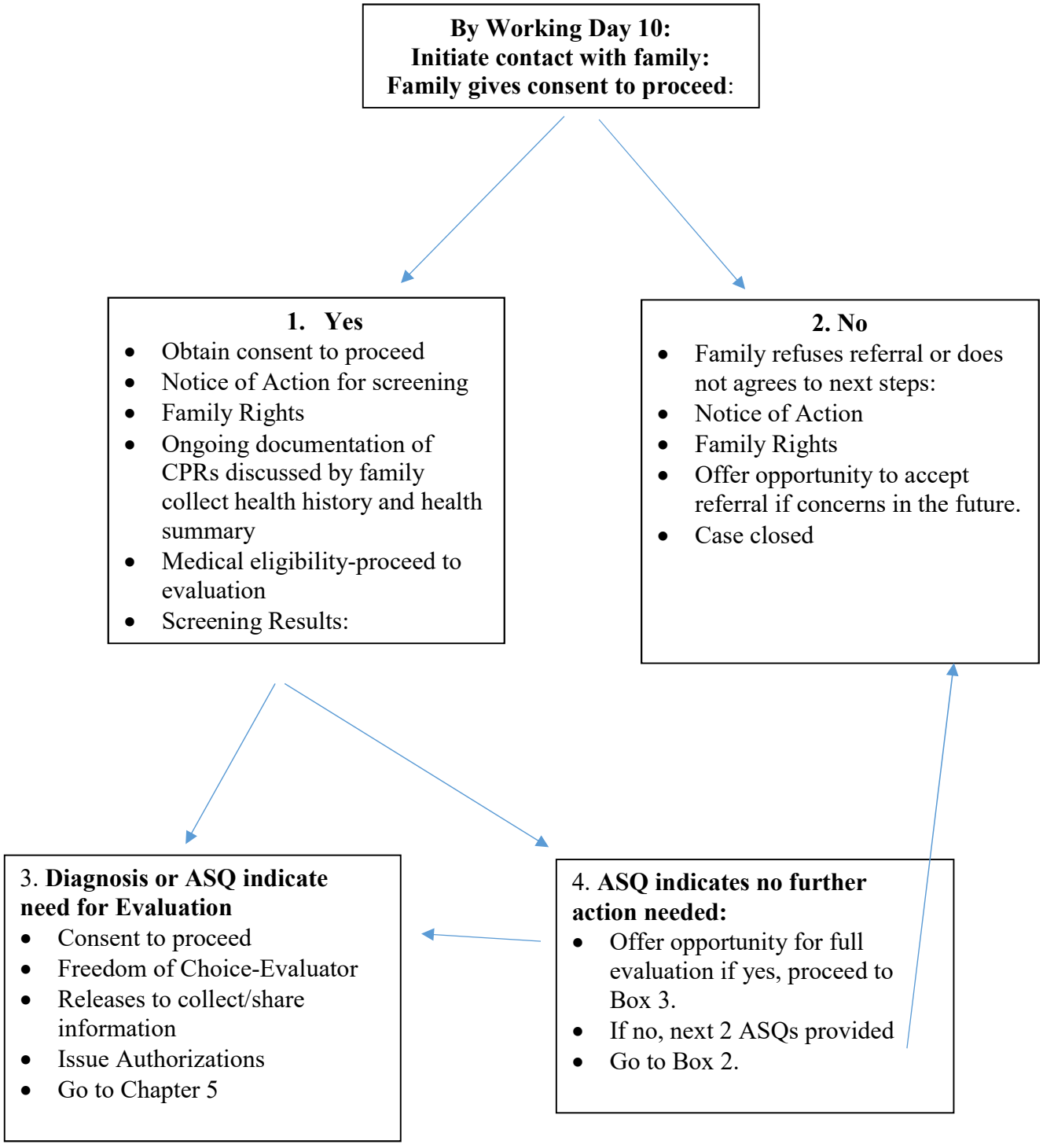
**Is the date of referral counted as the first day in the 45-day timeline?**
The date of referral is counted as Day One.

**For the SPOE Checklist, what is considered the first contact and what date should be put on the Checklist?**
The first time contact is made with the family or the date of the letter to contact the family (within 3 working days of referral).

**What if a child who was referred to EarlySteps for developmental delay passes the ASQ at the Intake meeting, but there are still some areas of concern from the parent and/or other health care providers? Should an assessment of the areas of concern be completed?**
Children who have an established medical condition from the eligibility list will receive an assessment and do not need an ASQ. If children do not have a confirmed diagnosis from the medical eligibility list, an assessment will not be completed if there are no areas of concern on the ASQ, either from the interpretation of the screening or from the parent's concern. Parent concern to answers on the ASQ screening questionnaire and/or a request for evaluation is a reason to proceed to evaluation. For children who do not proceed to further eligibility determination, the parent should be given copies of the next 2 age appropriate ASQ screening tools and information to contact the SPOE if areas of concern are noted in future screenings, or referrals to other agencies, including the LEA and the LGE for eligibility determination at age 3. However, if the child has areas of concern that may qualify him/her using "Informed Clinical Opinion" the Intake Coordinator/Family Support Coordinator would consult with the EarlySteps Early Intervention Consultant for a decision on proceeding with that process.

**Do hearing and vision screening have to be conducted prior to eligibility determination? Does the screen have to be conducted if the parent has a concern?**
A vision and hearing screen **must** be conducted if a "high risk" condition is noted on the **Health History** or a concern is noted on the **Health Summary** or other health records, even if no concerns are noted on the ASQ. This is especially important for those conditions associated with vision or hearing loss. The child must be referred for a hearing and vision follow up. All children transitioning to Part B services should have updated vision and hearing screening/evaluations conducted prior to exit to facilitate the eligibility determination process for Part B.

## Intake Process




Intake complete by Day 20

**General Supervision Performance Expectations**

Failure to meet performance expectations results in findings of noncompliance, corrective action, and/or sanctions.

| Performance Expectation | Monitoring/Source | Responsibility |
|---|---|---|
| All referrals entered timely and accurately | Referral record compared with data entry in EarlySteps Online | SPOE data entry staff |
| Intake timelines met | Early Intervention dates match documentation | SPOE Intake Coordinator |
| Referral and Intake documents completed<br>• Notice of Action<br>• Referral acknowledgement<br>• Parent Rights<br>• Hard copy record | Documentation in file | SPOE staff |
| Appropriate ASQ administered, interpreted, resulting in accurate decisions on how to proceed. | Correct ASQ version, scoring accurate, appropriate next steps determined | SPOE Intake Coordinator/Early Intervention Coordinator |
| Health/medical records requested and used for decision-making | • Documentation of requested records<br>• Records received and filed<br>• Evidence of record review used in decision-making | SPOE staff |
| Confidentiality requirements met | Access to records documented<br>Consent forms complete<br>Complaint received about violation | SPOE staff |
| Medicaid Eligibility determined and entered in EarlySteps Online | Accurate data entry of Medicaid status/number | Data entry |
| Parent Rights provided | Documentation in file | Intake coordinator |
| Referrals to other agencies/resources made | Documentation in file | Intake coordinator |
| Family native language determined and interpreter authorization entered as needed. | Authorization entered | Intake coordinator |
| Documents uploaded in EarlySteps Online | Child Library | SPOE staff |
| Records provided to family | Documentation in file | SPOE staff |
| SPOE staffing and supervision requirements | SPOE staff meet requirements<br>SPOE documentation meets staff supervision requirements | SPOE director/supervisors |

## Chapter 5: Initial Eligibility Determination

This chapter describes the steps in the process to determine initial eligibility for a child to enter EarlySteps. Annual eligibility redetermination is covered in Chapter 7.



## Louisiana's State-identified Measureable Result:

The EarlySteps system will improve child outcomes through supports that are focused on Family concerns, priorities and resources and provided through a team-based approach.

Summary of Chapter 5 changes:

| **2023 Changes/Updates Chapter 5: Initial Eligibility Determination** |
|---|
| |
| Added references to DEC Recommended Practices |
| Adjusted informal internal timelines for the evaluation process to allow for family decisions and team discussion |
| Revised the requirement to close case if family circumstances or system issues cause eligibility determination to exceed 60 days |
| Identified “touchpoints” for collecting CPRs resulting in the Family Assessment |
| Added requirements to upload documents in EarlySteps Online |
| Added requirements for SPOE to enter autism screening results in Screening Tab in EarlySteps Online. |
| Added child care staff as a team member |
| Clarified initial and ongoing eligibility for prematurity |
| Updated ICD-10 codes for Established Medical Condition Criteria |
| Added Cleft Palate post-operative as ongoing eligibility criteria. |
| Added General Supervision Performance Expectations |
| In 2022-23, EarlySteps is researching a replacement tool for the BDI-2. After selection and implementation of the new tool, references in this chapter to the BDI-2 will apply to the newly selected tool until this chapter is updated. |

**Eligibility Determination for EarlySteps**

IDEA 2004 requires "a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to assist appropriately in the development of the infant or toddler."

| **Eligibility Determination Forms:** |
|---|
| |

- **Consent to Release and Share Information**
- **Request for Authorization**
- **Notice of Action**
- **Team Meeting Notice and Minutes Form**
- **Freedom of Choice Provider Selection**
- **Change Form**
- **Eligibility Information for OCDD, Human Service Authority/District or Medicaid Waiver Registry**
- **Eligibility Information Form for OCDD**
- **Family Rights Handbook**
- **Family Assessment of Concerns, Priorities, and Resources**
- **Early Intervention Services Transition Notification (for children 2 years 3 months and older)**
- **Eligibility Determination Process Report**
- **BDI-2 Evaluation Report**
- **Autism Screening**
- **Informed Clinical Opinion Report**

## EarlySteps Eligibility Determination Overview

The intake and evaluation components of the EarlySteps system are the first experiences families have with the early intervention service system. Information gathered through the process should be used to support the family and all team members in the decision-making process. Practices should be integrated and individualized to support good decision-making, minimize duplication of requests to the family, and result in accurate eligibility determination.

A focus for this chapter is to reflect the DEC Recommended Practices (DEC RP) which address the Assessment (A), Family (F), and Teaming (T) topic areas. A few of the relevant practices addressed in this chapter include:

**DEC RP A1**: early interventionists work as a team with the family and other professionals to gather assessment information
**DEC RP A6**: early interventionists use a variety of methods, including observation and interviews, to gather assessment information from multiple sources, including the child's family and other significant individuals in the child's life.
**DEC RP A7**: early interventionists obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.

The regulations which govern the implementation of IDEA, Part C incorporate the following definitions for evaluation and evaluation:

"b) Definitions of evaluation and assessment. As used in this part--
(1) **Evaluation** means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of ``infants and

toddlers with disabilities'' including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

(2) **Assessment** means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify--

(i) The child's unique strengths and needs and the services appropriate to meet those needs; (34 CFR 303)"

EarlySteps utilizes these definitions and distinguishes these terms:

***Evaluation*** refers to procedures used for eligibility determination.

***Assessment*** refers to procedures used for program planning and outcomes development.

In addition, the regulations require that:

Each statewide system of early intervention services must include the eligibility criteria and procedures that will be used by the State in carrying out programs under this part.

(a) The State shall define developmental delay by--

(1) Describing, for each of the areas listed in Sec. 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and

(2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas. (Developmental Delay criteria)

(b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition (Established Medical Condition criteria) that has a high probability of resulting in developmental delay under Sec. 303.16(a)(2).

The table below illustrates the process for eligibility determination in the EarlySteps System:

| Initial | IFSP Implementation | Annual Re-Determination of Eligibility | Transition/Exit |
|---|---|---|---|
| ASQ—all children referred for developmental delay. BDI-2 and autism screening (for children 18 months and older) if child proceeds to eligibility determination & IFSP | Ongoing assessment of progress towards outcomes including single domain assessment, progress summaries from service contacts, | BDI-2—prior to annual eligibility determination and IFSP and autism screening if child is 18 months and older. | Exit BDI-2 and autism screening completed between 2.9 and 3 years for Children who have received at least 6 months of services prior to transition/exit |

**Step 1: Review of referral information and decision to proceed:**

Following the review of the referral information provided to EarlySteps, the screening with the ASQ and/or review of the child's medical information, the intake coordinator and family make the decision to proceed to the eligibility determination process. All children who have a medical diagnosis that is on the established medical condition eligibility criteria list which follows or have a concern or borderline concern on any area of the ASQ will proceed to eligibility evaluation. The eligibility determination process includes testing with the Battelle Developmental Inventory, 2nd Edition (BDI-2) or replacement tool (2022-2023) and an autism screening if the child is 18 months and older.

***CPR Touchpoint***: information collected from families following the referral and from the ASQ are added to the information which contributes to the family assessment and priorities for IFSP outcomes.

The BDI-2 is a norm-referenced test measuring the child's development in all 5 developmental domains (cognition, communication, physical, social/emotional and adaptive). The BDI-2 is the tool utilized for the eligibility determination process and/or measurement of child outcomes.

The measures used to screen for autism is the *Baby and Infant Screen for Children with Autism Traits* (BISCUIT). Children ages 18 months and older are screened as part of their evaluation for eligibility determination and if eligible, at 24 and 36 months. Children enrolled in EarlySteps prior to age 18 months are screened once they reach 18 months of age and at 24 and 36 months.

The eligibility determination process includes opportunities to engage in family conversations regarding their concerns, priorities, and resources (CPRs) which constitute the family assessment and contribute to eligibility determination and outcome development.

***CPR Touchpoint***: All of the information collected from the BDI-2 and BISCUIT in interaction with the family can be used to identify and prioritize their CPRs and focus the development of IFSP outcomes if the child is eligible.

**Step 2: Selecting Provider for Eligibility Evaluation**

The Part C regulations require that evaluation and assessment activities must be conducted by appropriately qualified personnel. Providers who are enrolled as Eligibility Evaluators in EarlySteps must be fully licensed and certified in their specific disciplines. In addition, they must have completed all required EarlySteps training, completed the *Making Informed Decisions* Face-to-Face Module, the BDI-2 training including instructions on writing the BDI-2 **Evaluation Report** and other required paperwork and timelines, and the Autism Screening Training. Providers who wish to conduct eligibility evaluations and meet requirements must enroll as an evaluator with the Regional Coordinator following determination of needs in a region.

Assistant level personnel who must practice under the license and supervision of another professional *may not* conduct eligibility evaluations in EarlySteps. This includes:

- Certified Occupational Therapy Assistant (COTA)
- Physical Therapy Assistant (PTA)
- Speech Language Assistant (SLPA)
- Graduate Social Worker (GSW)

Family Support Coordinators (FSC) and SPOE Intake Coordinators (IC) are members of the evaluation team, but may not conduct eligibility evaluations. SPOE Early Intervention Consultants (EIC) may conduct eligibility evaluations. However, an EIC may not provide intake activities and eligibility evaluations for the same child.

The intake coordinator will provide the family with a list of available providers to select for the evaluation. It is appropriate to select providers who are most appropriately qualified to address the referral and family concerns.

Providers selected by the family to conduct eligibility testing will receive an authorization that includes payment for BDI-2 testing, Autism Screening (18 months and older), and the submission of the eligibility evaluation report. More information can be found in Chapter 7.

For more information on qualifications for providers conducting eligibility evaluations, see Chapter 13.

**Step 3: Conducting the Eligibility Evaluation**

The evaluation provider/team will assess the child in the child's natural environment. If the evaluation cannot be conducted in the child's natural environment it may be conducted in another setting, if the family agrees. Reimbursement rates for evaluation will differ, depending upon the environment selected. The provider **must** also observe the child during regular routines to see how the child functions within the context of family activities.

If a selected provider cannot conduct the evaluation within the timeframe, the provider **must** contact the IC immediately. The IC may be able to allow the provider a few additional days to conduct the evaluation if this does not delay the 45 day initial IFSP or annual IFSP timeline. If the IC decides to choose another provider due to

delay in testing, the original evaluation authorization **must** be cancelled before initiating another authorization for an evaluation.

**Conducting an Eligibility Evaluation at a Child Care Center**

When an evaluation will be conducted at a Child Care Center, the provider **must** obtain permission to conduct the evaluation at the facility. In addition, the provider **must** make arrangements with the facility for a convenient time and location to conduct the evaluation. **The parent/guardian must be present for the evaluation at the Child Care Center. Evaluators are required to provide evidence of their up-to-date background check (CCCBC) online information to gain entry to child care centers.**

***CPR Touchpoint***: Interaction with caregiver(s) in child care contribute to concerns and priorities which can be used to support IFSP outcomes and service delivery to support these priorities for eligible children.

**Step 4: Reporting Evaluation Results**

Providers who conduct evaluation testing **must** complete required reports and upload to EarlySteps Online as outlined in "BDI-2 Evaluation Report Instructions" (revised 2017). The BDI-2 results are recorded on this form.

Providers **must** submit the completed, signed originals of:

- The BDI-2 scoring booklet ("Comprehensive Report, not screener")
- BDI-2 Evaluation Report;
- Complete Autism Screening Packet (if applicable)

The Eligibility Evaluation Report and front page of the evaluation scoring booklet (BDI-2 or "Comprehensive Report") may be faxed, if necessary, to facilitate the Eligibility Determination meeting. However, originals of these forms, including the entire scoring booklet/"Comprehensive Report", **must** be uploaded to EarlySteps Online immediately. All scores from the BDI-2, including raw scores for all domains, domain quotients, scaled scores, developmental quotients, standard deviations, etc. must be submitted.

Evaluators who conduct autism screenings must follow the autism screening procedures detailed in two documents provided at the autism screening training:

- EarlySteps Assessment and Autism Screening Procedures
- Summary of Early Autism Screening Procedures

These documents include the procedures, forms, scripts for families, referral resources, timelines and reporting requirements. The EarlySteps regional coordinator is a resource for these resources and questions about the autism screening process and requirements.

SPOE staff are responsible for entering the autism screening results in the Screening Tab in EarlySteps Online.

**Providing Evaluation Results to Family**

**DEC RP A11:** Early interventionists report assessment results so that they are understandable and useful to families

**It is not the role of the evaluation provider to *inform* a family member of the child's *eligibility* after the BDI-2 evaluation**. Eligibility determination in Part C is a team decision and is not determined solely by the evaluator or solely by the results of the BDI-2. If a family member requests the results of the BDI-2 at the end of the test administration, the provider may share information on how the child performed in each domain and the "scores" to families prior to the Eligibility Determination Meeting. Families are informed that the provider will submit a full report to the IC *and* that the team, including the family, will determine eligibility based on all information obtained following referral.

"Because most families involved in this process are learning about the evaluation process and the early intervention service system for the first time, team members must be thorough, explicit, sensitive, and patient communicators. Even if family members have been active partners in the process and are aware of all the details, it is still critically important to communicate results sensitively and thoroughly. Family members need time to digest results and often they need an additional meeting to talk seriously about intervention planning (DEC, 2007)"

**Federal Performance Indicator # 7: Percent of eligible infants and toddlers with IFSP for whom and evaluation and evaluation and an initial IFSP meeting were conducted within Part C's 45-day timeline. Target = 100%**

**Timelines**

The entire process from Intake to IFSP development **must** be completed within 45 calendar days of the initial contact with the EarlySteps system. The 45-day timeline requirement is an Office of Special Education Services compliance indicator with a target of 100%. Any delays **that cause the 45-day timeline to be exceeded must be documented and fall into one of two categories: family circumstances or "system issues."**

**Acceptable "family" reasons** for extending the 45-day timeline:

- Child is ill or hospitalized
- Family requests delay

**"System circumstances"** for exceeding the 45 day timeline and result in a finding to the agency include:

- waiting for a completed Health Summary;
- waiting for a copy of an evaluation from another provider; or,
- being unable to contact family because they do not have a telephone
- absenteeism of staff

Delay reasons **must** be clearly documented. The 45-day timeline does not "restart" at Day One following a delay. 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 45 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).

**System reasons** for delays, such as delays in receiving and processing information, are not acceptable reasons to close the case. System reasons for delay will result in issuing findings for non-compliance to the SPOE.

Generally, the eligibility determination process should be completed by the **35th** calendar day after referral. This timeline allows for adequate time to have a completed IFSP by day **45** for children who are determined eligible. It is not necessary to close cases that exceed the 45-day timeline unless the family requests closure. However, any case closure requires an appropriately documented reason.

**Step 5: Eligibility Determination**

Any information obtained during referral, intake, evaluation may be used if the family re-applies for services following closure, if the information is current within 45 days.

The process for eligibility determination is established partially by the type of eligibility for which a child is referred:

- Suspected developmental delay in two areas of development
- Established medical condition associated with developmental delay

Following the administration of the BDI-2, the multidisciplinary eligibility team will meet to review all of the collected information and make the eligibility determination.

**EarlySteps Eligibility Criteria**

There are 2 areas by which eligibility for EarlySteps is determined:
1. **Developmental Delay**—suspected developmental delay in at least two areas of development
2. **Established Medical Condition**—diagnosis of a medical condition associated with developmental delay

**1. Definition of Developmental Delay**

The following rigorous definition of developmental delay identifies infants and toddlers with disabilities who are eligible for EarlySteps, including, Native American infants and toddlers and children who are homeless, in foster care and wards of the state and their families.

Children under the age of three who have a developmental delay of at least 1.5 standard deviations (SD) below the mean on the Battelle Developmental Inventory, 2nd edition (BDI-2) in two of the following developmental areas are eligible for EarlySteps:

a. cognitive development
b. physical development (motor), including vision and hearing
c. communication development
d. social or emotional development (personal social)
e. adaptive skills development (also known as self-help or daily living skills)

**ICD-10 Codes for Developmental Delay** are located in the ICD-10 Code list at the end of this chapter.

**Use of Informed Clinical Opinion to Determine Eligibility**

**DEC RP A8:** Early interventionists use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction.

If a child does not qualify solely under the developmental delay criteria using the BDI-2 or with an Established Medical Condition from the list at the end of the chapter, the child may qualify by *informed clinical opinion* of delay in an area of development and if one of the following conditions apply:

1) Abnormal sensory-motor response):
    i) abnormal tone
    ii) limitations in joint range of motion
    iii) abnormal reflexes or postural reactions
    iv) oral-motor skills dysfunction, including feeding difficulties

To use informed clinical opinion for an abnormal sensory-motor issue, evaluation/ evaluation providers must document that the condition is due to central nervous system or brain dysfunction and not due to a temporary medical condition, such as broken bone, septic arthritis, etc.

2) Affective or social disorder/condition ):
    i) persistent failure to initiate or respond to most social interactions
    ii) persistent fearfulness that does not respond to comforting by caregivers
    iii) self-injurious or extremely aggressive behaviors
    iv) extreme withdrawal
    v) unusual and persistent patterns of chronic sleep disturbances
    vi) significant regressions in functioning
    vii) inability to communicate emotional needs

To use informed clinical opinion for an affective or social disorder/condition, evaluation/evaluation providers must document that the condition is atypical for a child this age, interferes with normal functioning and makes day-to-day care of the child difficult.

Concern regarding the child's development which establishes eligibility using Informed Clinical Opinion must document that the behavior is occurring in at least two settings. See Instructions for **Informed Clinical Opinion Report.** EarlySteps uses a checklist to document the team discussion and decision for eligibility using Informed Clinical Opinion**: Eligibility Team Decision Process: Informed Clinical Opinion Tool.**

**To establish eligibility using informed clinical opinion the following procedures must be utilized:**

Initial Eligibility Determination:

- The child must be assessed by two (2) or more qualified professionals:
    - The initial evaluation must include the BDI-2 results.
    - A single domain assessment must include an assessment specific to the child's area of concern.
- Evaluation providers must document that the behavior/condition is likely to worsen and interferes with normal development.
- The behavior/condition must be observed by the evaluation providers during the course of administering their evaluations.
- The behavior must be substantiated by parent, caregiver, or physician report.
- The evaluators use the Informed Clinical Opinion Report for the team's use
- Eligibility team must use the Informed Clinical Opinion Tool to determine eligibility

Providers for all evaluations should have competence in the area(s) of concern for the child. The informed clinical opinion assessment must be performed by a professional with expertise in the developmental domain of concern that was identified.

Re-Determination of Eligibility Using Informed Clinical Opinion:
Criteria and procedures are the same as for initial eligibility: if the child is to continue to be eligible by informed clinical opinion, a single domain assessment in the area of concern must be completed by the same provider that is administering the BDI-2 or by the ongoing service provider. All of the following **must** be considered for re-determination of eligibility using informed clinical opinion.

- FSC will inform ongoing service provider of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting
- A single domain assessment must be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the Informed Clinical Opinion Report and with the ICO Tool.
- Lack of progress documented in provider monthly progress reports
- Documentation of additional child and family needs by ongoing service provider and/or family
- IFSP outcomes still unmet
- Family CPR information identifies ongoing needs
- The team must use the Informed Clinical Opinion Tool to determine the child's ongoing eligibility.

The provider for all evaluations/assessments should have competence in the developmental domain of concern that was identified in the first evaluation. More information on Annual Redetermination follows in Chapter 7.

**ICD-10 Codes for Informed Clinical Opinion:**

ICD-10 codes for informed clinical opinion may include those used for developmental delay—see the list under developmental delay. The more specific codes indicated for abnormal sensory-motor response or affective or social disorder or condition are also listed under the abnormal sensory-motor response or affective or social disorder/condition section. ICD-10 codes for these conditions are only to be assigned by an appropriately qualified professional.

## 2. Established Medical Conditions

Children with certain established medical conditions are eligible for EarlySteps based on the association of the condition with a probability of developmental delay.

### Diagnosed Conditions List and ICD-10 Codes

If documented by an appropriately credentialed professional, (for example, a physician, an audiologist in the case of hearing impairment or a speech/language pathologist in the case of a child with developmental apraxia of speech) children are eligible for EarlySteps as determined by the list of diagnoses recognized for eligibility. These diagnoses have a high probability of resulting in developmental delays.

Some ICD-10 code categories may contain both pediatric and adult diagnosis; however, adult diagnosis codes are not used for EarlySteps eligibility. The ICD-10 codes were implemented as of 10/1/2015. In some cases the code may represent a "general" diagnosis category and a more specific diagnosis may be given later by a physician when a more specific diagnosis is made. ICD-10 codes are updated regularly and the specific code may not appear on the list but may fall under one of the categories below. Always use the most descriptive code available. The general categories of eligibility using Established Medical conditions are:

A. Chromosomal Abnormality Syndromes

B. Pre-natal Exposures

C. Neurocutaneous Syndromes

D. Inborn Error of Metabolism

E. Cerebral degenerations of the central nervous system

F. Prenatal Infections

G. Other Syndromes

H. Sensory Impairment—Vision

I. Sensory Impairment-Hearing

J. Orthopedic and Neurological Disorders

K. Social Emotional Disorders

L. Pervasive Developmental Disorders

M. Medically Related Disorders

N. Prematurity

The specific list of medical conditions with ICD-10 codes associated with eligibility for EarlySteps follows at the end of the chapter**.** If there is a question about eligibility with an established medical condition, contact the regional coordinator for clarification.

### Redetermination of Eligibility Using Established Medical Conditions:

Eligibility under the definition of Established Medical Conditions continues as long as the condition exists within the Part C age limits. If at the time of redetermination, it is found that the risk of developmental delay associated with the condition has been eliminated, eligibility also ends. In this case, a child only continues eligibility by meeting the developmental delay criteria. It is also possible, that a child with an established medical condition is developing appropriately and that no early intervention services are required at the annual redetermination. The team will determine the need for ongoing eligibility. In this particular situation, the family will be informed that they

may re-refer the child to EarlySteps at any time a developmental concern is identified prior to the third birthday, provided Notice of Action including appeal rights with the decision.

**Prematurity**: Infants who qualify based on **Prematurity** will have the following considerations made/discussed by the team:

- At birth, if the child has an established medical condition of preterm birth (32 weeks gestation and fewer), the child will qualify for EarlySteps based on this medical diagnosis if entering EarlySteps anytime from birth until one year (12 months) of age
- At one year of age, the child with an established medical condition of preterm birth (32 weeks gestation and fewer) no longer qualifies for EarlySteps solely with the medical condition of prematurity but instead must also have a developmental delay with the criteria of 1.5 SD in one area of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible for ongoing eligibility or entering EarlySteps anytime from one year of age until two years of age.
- At two years of age the child no longer qualifies for EarlySteps with the medical condition of prematurity but instead must have a developmental delay of 1.5 SD in two areas of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible ongoing or if entering EarlySteps anytime from two years of age until three years of age

Please see Chapter 7 for more information on redetermination of eligibility.

**Federal Performance Indicator # 5: Percent of infants and toddlers birth to 1 year of age with IFSPs compared to other states with similar eligibility criteria and national data. Target: 1.45%**

**Federal Performance Indicator # 6: Percent of infants and toddlers birth to 3 with IFSPs compared to other states with similar eligibility definitions and national data. Target: 3%**

**Step 6: Preparation for the Multidisciplinary Eligibility Team Meeting**

Once all information has been received, including the BDI-2 scores and autism screening if appropriate, the Intake Coordinator:

1. Confers with the family to determine the members of the Eligibility Team for the meeting.
2. Completes all necessary **Consent(s) to Release and Share Information** for team members who will be participating in the Eligibility Team meeting for whom a **Release** has not previously been obtained.
3. Sends a copy of the following documents with the **Team Meeting Notice and Minutes Form** as early as possible and at least 10 days before the eligibility team meets to all invited providers:
    a. Referral Form (initial),
    b. Health History (initial),
    c. Health Summary and other health information must be obtained during initial eligibility and annually,
    d. Completed evaluation(s) including BDI-2 scores and any other evaluation results that the family may have for the child,
    e. Autism Screening Results for children 18 months of age or older
    f. Family CPR information collected during the referral, intake, eligibility periods.
    g. Any other pertinent information that the eligibility team should consider
4. Sends a copy of the **Team Meeting Notice and Minutes Form** to the parent and team members.
5. Completes the **Request for Authorization** for team members and submits timely to the SPOE.

**Eligibility Determination Process Report and BDI-2 Evaluation Report**

The provider **must** complete the **Eligibility Determination Process Report** and submit with the original BDI-2 booklet within 7 days of receipt of the **Request for Authorization**. All valuation scores **must** be reported for the team to use, including standard deviations (SD) from the mean. The **IFSP Program Planning Report (part of BDI-2 Evaluation Report) must** be submitted to the IC within 25 days of receipt of the **Request for Authorization**.

All results of the BDI-2 are recorded on the **Eligibility Determination Process Report** form for use in the IFSP Section 3b.

*CPR Touchpoint:* Interactions by the intake/evaluator team with the family during evaluation which identify CPRs should be addressed in the Evaluation Report with recommendations for IFSP outcomes and shared with team members during the eligibility team meeting.

**Eligibility Determination Team Members**

In selecting the initial 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 choose members of the team. The evaluator who administers the BDI-2 participate on the team throughout the child's eligibility. The family may also choose another professional with expertise in the area of concern for the child. 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.

**Required Eligibility Determination team members**:

- Parent or parents of the child
- Other family members, as requested by the family
- An advocate or person outside of the family, if requested by the parent
- Intake Coordinator
- Eligibility evaluator who conducted the BDI-2 evaluation

  **NOTE**: If the provider who conducted the evaluation is unable to attend the eligibility determination meeting, their participation requirement **must be** met by:
    - Participating by a virtual platform or telephone conference call;
    - Having a knowledgeable authorized representative attend the meeting; or
    - Having a copy of the IFSP Planning Report or other reports for the family and IC at the Eligibility Determination Meeting so that the information can be reviewed with the team members, including the family.
    - The evaluator will also be responsible for making a visit or making a phone call to the family to discuss the IFSP Planning Report and Scores after the eligibility determination meeting and/or prior to IFSP meeting.

  Only EarlySteps providers attending the meeting in person or via virtual platform will be paid for participation in the eligibility determination team meeting.

- **The EarlySteps EI Consultant is a required member of the eligibility determination team for eligibility using informed clinical opinion.**

The OCDD Regional and Central office staff, EarlySteps EI Consultant, or FSC Nurse Consultant may also participate in any of the meetings either in person or by review of records/information prior to the meeting, as appropriate, to assist in interpreting the medical, developmental, or other information**.** A **Consent to Release and Share Information Form** is not required for the LGE Regional and Central office staff or EarlySteps Early Intervention Consultant to participate on the Eligibility Team.

Information gathered through the eligibility process should be used to support the family and professional team members in the decision-making process. The analysis of information for decision-making goes beyond the generation of labels or scores and the use of d**eficit models and descriptors to a more useful and** functionally meaningful summary. The process seeks to identify the child's needs and family preferences so that specific decisions can be made abou**t** program eligibility,

individualized service development and plans and intervention. In addition, team members must be sensitive regarding communication of assessment results. (DEC, 2007)

**Roles of Eligibility Team Members**

The following are the eligibility determination team meeting roles of providers who may participate in the eligibility determination process:

**Intake Coordinator** (initial eligibility determination) --- Required team member
- Coordinate the performance of initial comprehensive developmental evaluation/curriculum-based assessment
- Explain Parent's Rights and responsibilities within EarlySteps
- Assist families in identifying available service providers
- Inform families of the availability of advocacy services
- Coordinate with medical and health providers to obtain information
- Coordinate with referral sources, as appropriate.
- Solicit knowledge of family members regarding their needs and the needs of the child
- Describe the purpose of the process and the titles and roles of all team members
- Identify other community resources in support of identified family needs.

**Family Support Coordinator** – Required team member for annual redetermination of eligibility
- Coordinate the review of existing ongoing evaluations and evaluations
- Explain Parent's Rights and Responsibilities
- Obtain annual/exit BDI-2 evaluation
- Assist families in identifying available service providers
- Inform families of the availability of advocacy services
- Coordinate with medical and health providers to obtain information
- Coordinate with referral sources, as appropriate
- Solicit knowledge of family members regarding their needs and the needs of the child.
- Describe the purpose of the process and the titles and roles of all team members
- Identify available community resources in support of identified family needs

**FSC Nurse Consultant**
FSC agencies are required to have a minimum of 16 hours per month of nurse consultation to meet licensure requirements. The FSC Nurse Consultant role includes:
- Consultation on medical diagnoses, including impact of medical diagnosis on development
- Review of medical records to aid in medical eligibility determination
- Support with general child development issues

**Early Intervention Consultant**
The Early Intervention Consultant is a member of the SPOE staff. The role of the EI Consultant is to:
- Assist with eligibility determination by interpreting and synthesizing child information with the Eligibility Determination team
- Assist staff with identification of additional information needed for eligibility or IFSP development
- Participate in eligibility determination for developmental delay using the informed clinical opinion process.
- Assist SPOE staff to interpret evaluation reports and results for IFSP development
- Support with general child development issues

**EarlySteps Evaluation Providers**
- Administer BDI-2 and autism screening
- Participate in the multidisciplinary team's evaluation of a child and a child's family, including the Family Assessment
- Facilitate family/ child care center caregiver inclusion in the evaluation process
- Discuss BDI-2 findings and results
- Solicit family members' knowledge of the child and family to increase depth of information provided through the evaluation process

**Family Members**
- Share information about child's developmental status
- Provide information about the child's preferences for activities, materials, and schedules in play and caregiving routines, and validate findings of other team members
- Enhance team observations by describing discrepancies in performance
- Identify family preferences for their role in the team process

**Child Care Center Staff**
- Share information from CLASS observations, other assessments, screening
- Identify needs at center
- Discuss role of caregivers with early interventionists
- Participate in team meetings

**Non-EarlySteps Providers/Information**
The eligibility team is not limited to EarlySteps enrolled providers. Individuals whose reports are included in the eligibility determination process may participate **by report.** This includes:
- Hospital Discharge summaries
- Health Summary
- Hospital or physician office medical records
- Report from an audiologist
- Developmental evaluations completed prior to EarlySteps referral

Any provider/physician of the child who is not an EarlySteps provider may elect to participate in person, if requested by the family. However, they will not be reimbursed for their time by EarlySteps.

**Nondiscrimination in Eligibility Determination**
All activities conducted as part of eligibility determination and 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 instruments and procedures, including informed clinical opinion, are used to determine if a child is eligible for EarlySteps. Any standardized instrument or test 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 evaluations 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., intake, eligibility determination, evaluations, and annual eligibility re-determination).

**Family Assessment of Concerns, Priorities, and Resources (CPR)**

**Louisiana Quality Performance Indicator: 100% of families participate in the voluntary Family Assessment of concerns, priorities, and resources. Target: 100%**

The IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child. The needs are identified through the family assessment conducted as a series of conversations with the family throughout their time in the intake process and throughout their experience with EarlySteps. Use of information from the family assessment conversations is shared with agreement of the family. 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 is a collaborative activity between the family members and service providers that addresses family resources, priorities, and concerns (CPR). It is not an evaluation that happens to, or is "done to," a family. The primary outcome of this voluntary assessment is to identify outcomes, activities or supports that will help the family promote their child's growth and development within the family context. Although voluntary on the part of the family, the CPR assists significantly with the development of outcomes and completion of the IFSP therefore information that contributes to the development of the IFSP, Section 2 is required. In Louisiana, the family assessment is often referred to as the "CPR."

**Principles for Identifying Family Concerns, Resources, and Priorities**

- Inclusion of family assessment 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. The Intake Coordinator and eligibility team members should work with the family to identify these supports through the process and incorporate them, 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 will be respected and family-shared information will not be discussed 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.
- The expectation is that the family assessment is the best process for identifying family's needs related to enhancing the development of their child.

**DEC RP F4:** Early interventionists and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

**Team Meeting Notice and Minutes Form**

The Louisiana EarlySteps system requires that written minutes of all eligibility team meetings be developed and maintained in the child's EI record and be provided to each team member.

Required components of the notice and minutes are:

1. the purpose of the meeting including proposed/refused action;
2. the name and title of each of the participants;
3. a summary of the discussion; and
4. the consensus and final decisions of the team,
5. procedural safeguards available to the family.

**Step 7: Conducting the Team Meeting for Eligibility Determination**

Eligibility determination is made by the multidisciplinary team and through review and discussion. This team meets to discuss the information gathered:

- **Health History page 2 of this form becomes Section 3a of the IFSP**
- Health information, including **Health Summary**

- Parent input and **Family assessment of Concerns Priorities and Resources (CPR) Page 8 of this form becomes Section 2 of the IFSP**
- **ASQ** and other developmental screening and assessment information
- BDI-2 results for all domains—**Page 3 of the BDI-2 Evaluation Report becomes Section 3b of the IFSP**
- Results of the autism screening when appropriate
- Other Provider information

The team then synthesizes collected information and applies it to the eligibility criteria (medical diagnosis, developmental delay, including informed clinical opinion). The team members use their knowledge of typical and atypical child development, knowledge of medical conditions and clinical experiences, knowledge of the child and family needs to form an opinion regarding the child's eligibility.

At the team meeting the Intake Coordinator requests a member to record team minutes.

**Eligibility Determination Process Report and BDI-2 Evaluation Report**

- The provider must complete the Eligibility Determination Process Report and submit/upload with the original BDI-2 booklet within 7 days of receipt of the Request for Authorization and in time for the Eligibility Determination meeting. Providers using the online BDI-2 Data Manager to score must submit the "Comprehensive Report." Those using the paper booklet and scoring either using Scoring Pro or BDI-2 Data Manager must fill out the demographic information on the front of the booklet and the appropriate reports.

- **BDI-2 Evaluation Report**. The evaluation/evaluation provider **must** submit this report to the IC within 10 days of the receipt of the **Authorization.** This report should be a synthesis of the BDI-2 evaluation, autism screening when appropriate, and observation of the child in regular routines. Information should include mastered and emerging milestones, as will as skills not yet able to perform. The report should also provide recommendations for areas of intervention for the child's specific needs. The IFSP team will use page 3 of this report as Section 3b of the IFSP and in program planning.

- The report will include CPRs identified during the evaluation process with recommendations for IFSP outcomes.

**Team Meeting Requirements**

Participating providers, as appropriate, will receive an authorization to attend the Eligibility Determination meeting. Even though the authorization may allow 150 minutes for team meeting participation, the provider **must** record the actual time spent at the meeting when billing for services. The actual timeframe of the meeting will be recorded in the Team Meeting Minutes. The Team Meeting format provides that each provider will sign in and out to verify their time of participation in the meeting and submit claims for the appropriate participation time.

The Intake Coordinator:
1. Completes all appropriate sections of the **Eligibility Determination Process Report**.
2. Lists the appropriate medical diagnosis and ICD-10 code, if diagnosis is on the EarlySteps Medical Diagnosis list.

**<u>If Child Meets Eligibility Criteria</u>**

The Intake Coordinator and team members:
1. Review information which leads to the eligibility decision.
2. Discusses all information, including health information, parent report and developmental evaluation results.
3. Completes the **Eligibility Determination Process Report** form
4. List all Eligibility Team members and the method of participation.

5. Record collected information for the **Family Assessment of Concerns, Priorities, and Resources.** After initial eligibility determination, the Intake Coordinator determines the strengths and needs of the family related to the child's growth and development through the completion of the **Family Assessment of Concerns, Priorities, and Resources** (family assessment). **The family assessment is a required component of the IFSP and is voluntary on the part of the family.** The family assessment results from a series of guided interviews that address the family's view of their child's development and the family activities and routines that are concerning for the family. (See more information about the **Family Assessment of Concerns, Priorities, and Resources** in the eligibility section of chapter.**)**

   The family assessment is reviewed 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 assessment. The Intake Coordinator has the responsibility to explain these rights to the family, including the right to amend these records and to have copies of their record.

   **If an ASQ was conducted with the family as part of the eligibility process, information from the ASQ may be used to supplement additional information from the parent regarding their child's development.**

6. At initial Eligibility Meeting, Intake Coordinator assists family to select ongoing support coordinator (FSC). The Intake Coordinator presents the family with the names of the available FSCs and the FSC agency description. These individuals are listed in the Service Matrix. The family's choice of agency is documented on the **Provider Selection** form. This process may happen at the end of the Eligibility Determination meeting. Ultimately, the FSC agency will assign an available FSC to the family.

7. Team members upload required documents to EarlySteps Online and provide the family with copies of the evaluation and IFSP.

**<u>If the family of an eligible child declines to move to IFSP development following Eligibility Determination</u>**

The Intake Coordinator:
1. Gives family information about community resources including referral to the LEA and LGE at age three.
2. Documents this decision in the child's early intervention record.
3. Provides the family with the Notice of Action, Parent's **Rights** and copies of records**.**
4. Completes the **Change Form**. This **must** be done within 5 calendar days of the date of inactivation.
5. The eligibility evaluator uploads the required documents in EarlySteps Online.

**<u>If Child Does Not Meet Eligibility Criteria</u>**

If child does not meet eligibility criteria, the Intake Coordinator and team members:
1. Agree to the eligibility decision.
2. Discuss all information, including health information, parent report and developmental evaluation results.
3. Provide the family with the **Notice** form and explain the family's right to appeal the decision and provide the process in the Notice and review page 2 of the **Notice** form for families with Medicaid.
4. Make referral to other services, if appropriate, and enters this on the **Eligibility Determination Process Report** form.

   If a Medicaid-eligible child under the age of 3 years does not meet the eligibility requirements for early intervention services in the EarlySteps system, medically necessary, Medicaid-covered services are available through the Medicaid EPSDT program. Medically necessary services must be prescribed by a physician and prior authorization is required. Covered services can be provided in the home or in a clinic-based setting. The family will contact the child's Healthy Louisiana physician for the referral. The referral process for EPSDT support coordination (case management) for children beginning at age 3 who are on the request for waiver services registry should also be provided.

   The team also shares other resource information including LEA and LGE referral information.

Medicaid Eligibility

Medicaid eligibility can be verified online at no charge at www.lamedicaid.com after a login and password are obtained using the line – Provider Web Account Registration Instructions.

Eligibility Verification

Upon receipt of the login and password, refer to the instructions on using this online Medicaid Eligibility Verification System (e-MEVS) that can be found online at the above mentioned website. Follow the link to "Training" and "Provider Training Packets." The provider will find step by step instructions on registering for this service, signing on, and performing the eligibility verification process along with other functions available with this service.

5. Complete all appropriate sections of the **Eligibility Determination Process Report** form:
6. Inform the family of their right to appeal this decision through the dispute resolution process (file a complaint, ask for mediation, request a due process hearing).
7. Give/mail the family copies of:
    a. **Parent's Rights**
    b. **Notice of Action**
        i. Action(s) taken
            1. Administration of ASQ
            2. Review recent ASQ or CDA
            3. Obtained CDA
        ii. Initial Eligibility or Annual Re-Determination of Eligibility Refused
8. Complete **Change Form** (case closure). This form **must** be completed and sent to the SPOE within 5 calendar days of the date of inactivation. **NOTE:** For children currently receiving EarlySteps services, case closure is completed after the Transition IFSP meeting and after the child's annual IFSP date. No services can be authorized after a case is terminated. Please observe caution and check for any active authorizations prior to selecting and entering a termination date.
9. Services will continue until the end date of the IFSP unless the parent requests case closure.

If a family does not agree with the eligibility team's decision, the family may request dispute resolution through a written formal complaint, mediation, and/or a due process hearing. For children already enrolled and receiving services, until a decision is reached during dispute resolution services continue. For initial eligibility determination, since services had not been started, no services begin until the outcome of the dispute is determined. Families have also asked for an additional evaluation by a different evaluator for a "second opinion."

**Step 8: Follow-up Documentation**

After the Eligibility Determination Meeting, **for all children eligible at initial** the Intake Coordinator:

1. Collects and/or sends the LDH **Application** to the regional HSA/D (LGE) office if family indicates an interest in referral and documents the family's decision in EarlySteps Online.
2. Documents all information in the child's Early Intervention record and places EarlySteps forms/information obtained from other providers/files shared with other providers in child's record and posts appropriate documents in EarlySteps Online.
3. FSC assumes ongoing support coordination activities from the Intake Coordinator and monitors IFSP to assure that services begin within 30 days of parent consent for services on the IFSP.

## Frequently Asked Questions about Eligibility Determination

**Do we have to wait 3 days after the family signs the Notice of Action to have the initial Eligibility Determination meeting?**

Yes, 3 days **must** pass before *any* actions are taken, including eligibility determination.
At intake, the family must sign the **Notice of Action** in order to give consent to proceed with Part C services. Three (3) days **must** pass before any actions are taken, including evaluation(s) or eligibility determination meeting.

If the child is determined not eligible for Part C services at the initial eligibility meeting, another **Notice of Action** (Initial Eligibility Refused) is given to the family. After referrals for other community services are arranged and opportunities for future screening activities are discussed, no further activities will occur.

**How far in advance can the Health Summary be completed for an annual re-determination of eligibility?**

The information on the **Health Summary must** be current. The form can be sent to the child's primary care physician 45-60 days prior to the annual re-determination of eligibility.

**Can the Eligibility Consultant Statement be signed by someone not on the service matrix and other than the EarlySteps EI Consultant?**

Yes. A professional who has conducted a recent evaluation of the child may sign the statement and attach the evaluation to the form as documentation. A qualified medical provider may sign the statement, with documenting information of an evaluation. However, the child must have a comprehensive developmental evaluation in all domains using the BDI-2. A physician may sign the statement for confirmation of a medical diagnosis. However, this information may already be on the **Health Summary** or other medical records.

**If the child is determined not eligible at an annual re-determination what is the process for case closure and when do services end?**
The end date of the current authorizations will remain in effect, unless the parent requests case closure at that time. The case will be closed after the end date of the authorizations. All team members are notified of the decision so that services end with the end date of the authorization.

**When is it appropriate to conduct a single domain assessment?**
A single domain assessment should be conducted in the following situation:

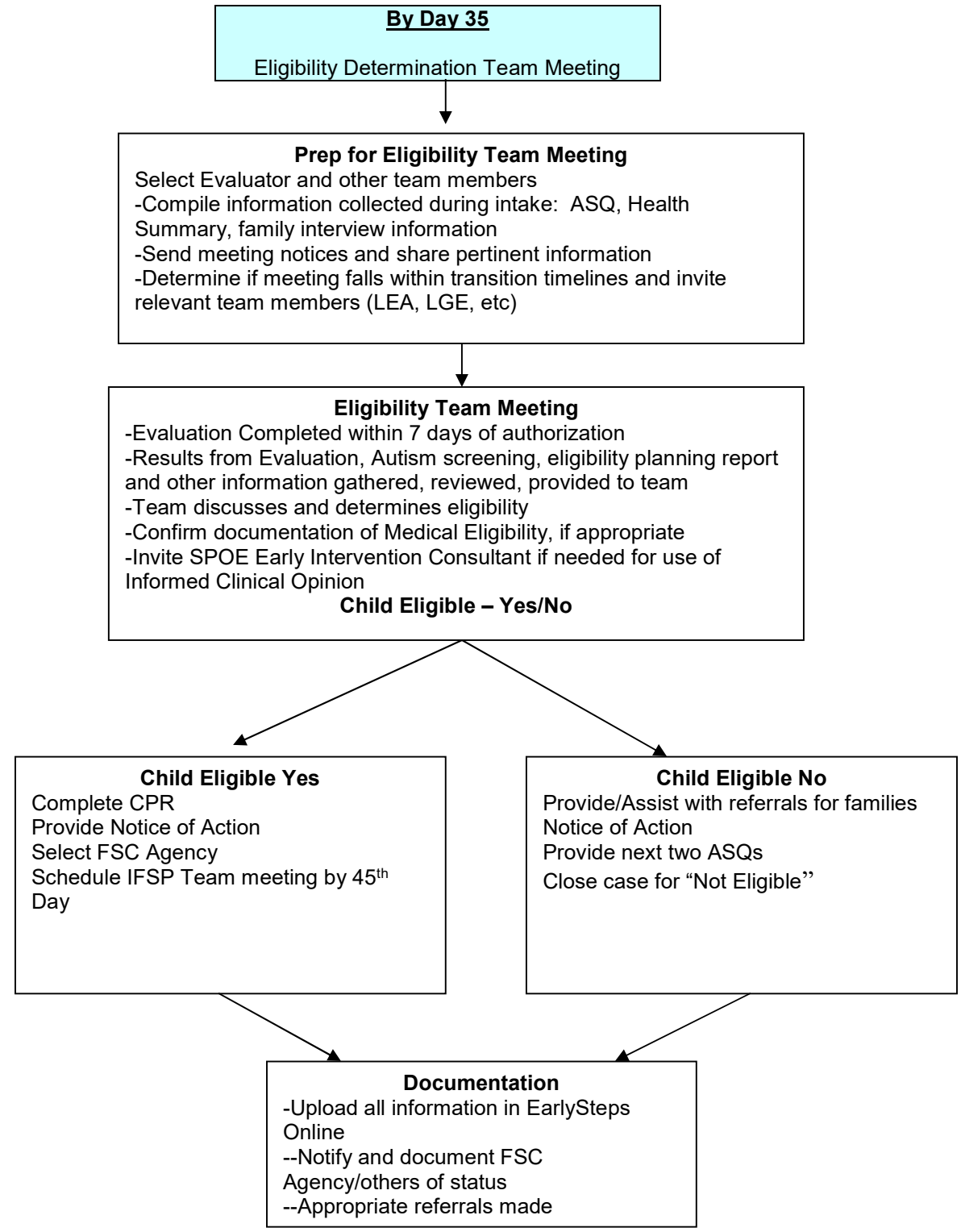
- for a service provider to obtain additional assessment information regarding the child for program planning purposes
- for use to establish eligibility using informed clinical opinion
- to assist in determining the need for changing, adding or removing a service

**References and Recommended Reading**

DEC Recommended Practices in Early Intervention /Early Childhood Special Education, (2014) The Division for Early Childhood of the Council for Exceptional Children. Retrieved from http://www.dec-sped.org or http://www.ectacenter.org.

Division for Early Childhood (DEC) of the Council for Exceptional Children, *Promoting Positive Outcomes for Children with Disabilities: Recommendations for Curriculum, Assessment, and Program Evaluation*, December 2007, retrieved from www.dec-sped.org.

## Initial Eligibility Determination Process



# Weight Conversion Table

| Ounces | Pounds | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 0 | 0 | 454 | 907 | 1361 | 1814 | 2268 | 2722 | 3175 | 3629 | 4082 | 4536 | 4990 | 5443 |
| 1 | 28 | 482 | 936 | 1389 | 1843 | 2296 | 2750 | 3203 | 3657 | 4111 | 4564 | 5019 | 5471 |
| 2 | 57 | 510 | 964 | 1417 | 1871 | 2325 | 2778 | 3232 | 3685 | 4139 | 4593 | 5046 | 5500 |
| 3 | 85 | 539 | 992 | 1446 | 1899 | 2353 | 2807 | 3260 | 3714 | 4167 | 4621 | 5075 | 5528 |
| 4 | 113 | 567 | 1021 | 1474 | 1928 | 2381 | 2835 | 3289 | 3742 | 4196 | 4649 | 5103 | 5557 |
| 5 | 142 | 595 | 1049 | 1503 | 1956 | 2410 | 2863 | 3317 | 3770 | 4224 | 4678 | 5131 | 5585 |
| 6 | 170 | 624 | 1077 | 1531 | 1984 | 2438 | 2892 | 3345 | 3799 | 4252 | 4706 | 5160 | 5613 |
| 7 | 198 | 652 | 1106 | 1559 | 2013 | 2466 | 2920 | 3374 | 3827 | 4281 | 4734 | 5188 | 5642 |
| 8 | 227 | 680 | 1134 | 1588 | 2041 | 2495 | 2949 | 3402 | 3856 | 4309 | 4763 | 5216 | 5670 |
| 9 | 255 | 709 | 1162 | 1616 | 2070 | 2523 | 2977 | 3430 | 3884 | 4337 | 4791 | 5245 | 5698 |
| 10 | 284 | 737 | 1191 | 1644 | 2098 | 2551 | 3005 | 3459 | 3912 | 4366 | 4819 | 5273 | 5727 |
| 11 | 312 | 765 | 1219 | 1673 | 2126 | 2580 | 3034 | 3487 | 3941 | 4394 | 4848 | 5301 | 5755 |
| 12 | 340 | 794 | 1247 | 1701 | 2155 | 2608 | 3062 | 3515 | 3969 | 4423 | 4876 | 5330 | 5783 |
| 13 | 369 | 822 | 1276 | 1729 | 2183 | 2637 | 3091 | 3544 | 3997 | 4451 | 4904 | 5358 | 5812 |
| 14 | 397 | 850 | 1304 | 1758 | 2211 | 2665 | 3119 | 3572 | 4026 | 4479 | 4933 | 5386 | 5840 |
| 15 | 425 | 879 | 1332 | 1786 | 2240 | 2693 | 3147 | 3600 | 4054 | 4508 | 4961 | 5415 | 5868 |

# EarlySteps Eligibility Criteria

## ICD-9 to ICD-10 Crosswalk

**Purpose:** To assist early interventionists in identifying ICD-10 diagnosis codes using the EarlySteps eligibility criteria. The ICD-10 codes are required for documentation and for billing for Medicaid-paid services for dates of service beginning 10/1/2015. The list below replaces the eligibility criteria list found in earlier versions of the Practice Manual in Chapter 5 (July, 2010 version). The nature of ICD-10 allows for increased specificity in the use of diagnosis coding, therefore the most specific applicable code should always be used. The sequence of the criteria in the list generally follows the sequence of the "general categories" Practice Manual Chapter 5 with some additional categories added to assist in locating codes. If you have questions about specific criteria, please contact your regional coordinator.

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| **I. Developmental Delay** | | | |
| General Category—Specific delays in development | 315 | | |
| Developmental speech/language disorder | 315.3 | F80.89<br><br>F80.9 | Other developmental disorders of speech and language<br>Developmental disorder of speech and language not otherwise specified |
| Expressive language delay | 315.31 | F80.1 | Expressive language disorder |
| Mixed receptive and expressive language delay | 315.32 | F80.2<br>H93.25 | Mixed receptive-expressive language disorder<br>Central auditory processing disorder |
| Speech and language delay due to hearing loss | 315.34 | F80.4 | Speech and language development delay due to hearing loss |
| Developmental Coordination Disorder | 315.4 | F82 | Specific Developmental Disorder: Motor Function |
| Mixed Developmental Disorder | 315.5 | F82 | Specific Developmental Disorder: Motor Function |
| Other specified delays in development | 315.8 | F88 | Other disorders of psychological development |
| **II. Use of Informed Clinical Opinion to Determine Eligibility** | | | |
| Abnormal sensory-motor response<br>Affective or social disorder/condition | 783.42 | R62.0 | Delayed milestone in childhood |
| Oral-motor skills dysfunction, including feeding difficulties | 783.3 | R63.3 | Feeding difficulties |
| III**. Established Medical Conditions** | | | |
| **Genetic Disorders** | | | |
| **B. Chromosomal Abnormality Syndromes – General Category** | 758 | | |
| Down syndrome | 758.0 | Q90.9<br>Q90.2<br>Q90.0<br><br>Q90.1 | Down syndrome, unspecified<br>Trisomy 21, translocation<br>Trisomy 21, nonmosaicism (meiotic nondisjunction)<br>Trisomy 21, mosaicism (mitotic nondisjunction) |
| Trisomy 13 | 758.1 | Q91.7 | Trisomy 13, unspecified (Patau's syndrome) |
| Trisomy 18 | 758.2 | Q91.3 | Trisomy 18, unspecified |
| **General Category Autosomal deletion syndromes** | 758.3_ | | |
| Cri-du-chat | 758.31 | Q93.4 | Deletion of short arm of chromosome 5 |
| Velo-cardio-facial syndrome (VCFS) | 758.32 | Q93.81 | Velo-cardio-facial syndrome |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Other micro-deletion syndromes: include Miller-Dieker and Smith-Magenis syndromes | 758.33 | Q93.88 | Other microdeletions |
| DiGeorge Syndrome | 279.11 | D82.1 | Di George's syndrome |
| Fragile X | 759.83 | Q99.2 | Fragile x chromosome |
| Prader-Willi | 759.81 | Q87.1 | Congenital malformation syndromes predominantly associated with short stature |
| Other conditions due to autosomal anomalies | 758.5 | Q92.8 | Other specified trisomies and partial trisomies of autosomes |
| Other conditions due to chromosomal anomalies<br><br>Conditions due to sex chromosome anomalies | 758.8_<br>758.81 | <br>Q97.0<br>Q97.1<br>Q97.2<br><br>Q97.8<br><br>Q98.4<br>Q98.5<br>Q98.7<br>Q98.8<br><br>Q98.9<br>Q99.8 | <br>Karyotype 47, xxx<br>Female with more than three x chromosomes<br>Mosaicism, lines with various numbers of x chromosomes<br>Other specified sex chromosome abnormalities, female phenotype<br>Klinefelter's Syndrome (XXY)<br>Karyotype 47, xyy<br>Male with sex chromosome mosaicism<br>Other specified sex chromosome abnormalities, male phenotype<br>Turner's Syndrome (XO)<br>Other specified chromosome abnormalities |
| Conditions due to anomaly of unspecified chromosome (includes Williams Syndrome) | 758.9 | Q99.9 | Chromosomal abnormality, unspecified |
| C. **Pre-natal exposures** | | | |
| Fetal alcohol syndrome | 760.71 | P04.3<br><br><br><br>Q86.0 | Newborn affected by alcohol affecting fetus or newborn via placenta or breast by maternal use of alcohol<br><br>Fetal alcohol syndrome (dysmorphic) |
| Fetal hydantoin syndrome/Other | 760.79 | P04.8 | Newborn (suspected to be) affected by other maternal noxious substances |
| Narcotics exposure | 760.72 | P04.49 | Newborn (suspected to be) affected by maternal use of other drugs of addiction |
| Hallucinogenic agent exposure | 760.73 | P04.49 | Newborn (suspected to be) affected by maternal use of drugs of addiction |
| Cocaine exposure | 760.75 | P04.41 | Newborn (suspected to be) affected by maternal use of cocaine |
| Anticonvulsant exposure | 760.77 | P04.1 | Newborn (suspected to be) affected by oth maternal medication |
| Other Noxious influences affecting fetus or newborn via placenta or breast milk | 760.79 | P04.8<br><br>P04.40 | Newborn (suspected to be) affected by other maternal noxious substances<br>Newborn affected by maternal use of unspecified drugs of addiction |
| Drug Withdrawal Syndrome | 779.5 | P96.1<br><br>P96.2 | Neonatal withdrawal symptoms of maternal use of drugs of addiction<br>Withdrawal symptoms from therapeutic use of drugs of newborn |
| D. **Neurocutaneous Syndromes** | | | |
| Congenital pigmentary anomalies of the skin | 757.33 | Q82.1<br>Q82.2 | Xeroderma pigmentosum<br>Mastocytosis |
| Neurofibromatosis | 237.70 | Q85.00 | Neurofibromatosis, unspecified |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Other Neurofibromatosis | 237.79 | Q85.09 | Other neurofibromatosis |
| Sturge-Weber syndrome | 759.6 | Q85.8 | Other phakomatoses, not elsewhere classified |
| Tuberous sclerosis | 759.5 | Q85.1 | Tuberous sclerosis |
| **D. Inborn Error of Metabolism** | | | |
| Disorders of amino-acid transport and metabolism | 270.0 | E72.00<br>E72.01<br>E72.04<br>E72.09 | Disorders of amino-acid transport, unspecified<br>Cystinuria<br>Cystinosis<br>Other disorders of amino-acid transport |
| Phenylketonuria (PKU) | 270.1 | E70.0 | Classical phenylketonuria |
| Other Disturbances of aromatic amino-acid metabolism | 270.2 | E70.21<br>E70.29<br>E70.30<br>E70.5<br>E70.8 | Tyrosinemia<br>Other disorders of tyrosine metabolism<br>Albinism, unspecified<br>Disorders of tryptophan metabolism<br>Other disorders of aromatic amino-acid metabolism |
| Maple Sugar Urine Disease | 270.3 | E71.0<br>E71.120<br>E71.19<br><br>E71.2 | Maple-syrup-urine disease<br>Methylmalonic acidemia<br>Other disorders of branched-chain amino-acid metabolism<br>Disorder of branched-chain amino-acid metabolism, unspecified |
| Disturbances of Sulpher-bearing amino acid metabolism | 270.4 | E72.10 | Disorders of sulphur-bearing amino-acid metabolism<br>Homocystinuria<br>Other disorders of sulphur-bearing amino-acid metabolism |
| Disorder of Urea cycle metabolism | 270.6 | E72.20<br>E72.22<br>E72.23<br>E72.29 | Disorder of urea cycle metabolism, unspecified Arginosuccinic aciduria<br>Citrullinemia<br>Other disorders of urea cycle metabolism |
| Other disturbances of straight-chain amino-acid metabolism | 270.7 | E72.3<br>E72.8 | Disorders of lysine and hydroxylysine metabolism<br>Other specified disorders of amino-acid metabolism |
| Other specified disorders of amino-acid metabolism | 270.8 | E72.03<br>E72.8 | Lowe's syndrome<br>Other specified disorders of amino-acid metabolism |
| Unspecified disorder of amino acid metabolism | 270.9 | E72.9 | Disorder of amino-acid metabolism, unspecified |
| General Category Disorders of Carbohydrate Metabolism<br>Glycogenosis | 271.0 | E74.00<br>E74.01<br>E74.04<br>E74.09 | Glycogen storage disease, unspecified<br>von Gierke disease<br>McArdle disease<br>Other glycogen storage disease |
| Galactosemia | 271.1 | E74.21 | Galactosemia |
| General Category Disorders of Lipid Metabolism | 272.0 | E78.0 | Pure hypercholesterolemia |
| Lipidoses<br>Fabry's disease<br>- Gaucher's disease<br>- Niemann Pick<br>- sphingolipidoses | 272.7 | <br>E75.21<br>E75.22<br>E75.249<br>E77.0<br><br>E77.1 | <br>Fabry (or Anderson-Fabry) disease<br>Gaucher disease<br>Niemann-Pick disease, unspecified<br>Defects in post-translational modification of lysosomal enzymes<br>Defects in glycoprotein degradation |
| Other disorders of lipid metabolism | 272.8 | E78.81<br>E78.89<br>E88.89 | Lipoid dermatoarthritis<br>Other lipoprotein metabolism disorders<br>Other specified metabolic disorders |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Mucopolysaccaridoses | 277.5 | E76.01<br>E76.03<br>E76.1<br>E76.219<br>E76.22<br>E76.29<br>E76.3 | Hurler's syndrome<br>Scheie's syndrome<br>Mucopolysaccharidosis, type II-Hunter's syndrome<br>Morquio mucopolysaccharidoses, unspecified<br>Sanfilippo mucopolysaccharidoses<br>Other mucopolysaccharidoses<br>Mucopolysaccharidosis, unspecified |
| **E. General Category: Cerebral degenerations of the central nervous system—usually manifested in childhood** | 330.__ | | |
| Leukodystrophy | 330.0 | E75.23<br>E75.25<br>E75.29 | Krabbe disease<br>Metachromatic leukodystrophy<br>Other sphingolipidosis |
| Cerebral lipidoses such as TaySach's | 330.1 | E75.02<br>E75.19<br>E75.4 | Tay-Sachs disease<br>Other gangliosidosis<br>Neuronal ceroid lipofuscinosis |
| Cerebral degeneration in generalized lipidoses | 330.2 | G93.89 | Other specified disorders of brain |
| Cerebral Degenerations of childhood in other diseases | 330.3 | G93.9 | Disorder of brain, unspecified |
| Other specified degenerations in childhood | 330.8 | F84.2<br>G31.81<br>G31.82 | Rett's syndrome<br>Alpers disease<br>Leigh's disease |
| Unspecified cerebral degenerations in childhood | 330.9 | G94 | Other disorders of brain in diseases classified elsewhere |
| **F. Prenatal Infections** | | | |
| TORCH" infections, including:<br>Congenital rubella | 771.0 | P35.0 | Congenital rubella syndrome |
| Congenital cytomegalovirus infection (CMV) | 771.1 | P35.1 | Congenital cytomegalovirus infection |
| Congenital herpes simplex<br><br>Congenital toxoplasmosis | 771.2 | P35.2<br>P37.1<br><br>P37.2<br>P37.8 | Congenital herpesviral [herpes simplex] infection<br>Congenital toxoplasmosis<br><br>Neonatal (disseminated) listeriosis<br>Other specified congenital infectious and parasitic diseases |
| **G. Other Syndromes** | | | |
| Cerebral gigantism | 253.0 | E22.0 | Acromegaly and pituitary gigantism |
| **General Category: Other and unspecified congenital anomalies** | 759.__ | | |
| Prader-willi syndrome<br><br>Marfan syndrome<br>Fragile x syndrome | 759.81<br><br>759.82<br>759.83 | Q87.1<br><br>Q87.40<br>Q99.2 | Congenital malformation syndromes predominantly associated with short stature<br>Marfan's syndrome, unspecified<br>Fragile X chromosome |
| Other specified chromosome abnormalities | 759.89 | Q99.8<br>E78.71<br>E78.72<br>Q87.1<br>Q87.2<br><br>Q87.3<br><br>Q87.5<br><br>Q87.81 | Other specified chromosome abnormalities<br>Barth syndrome<br>Smith-Lemli-Opitz syndrome<br>Cornelia de Lange<br>Congenital malformation syndromes predominantly involving limbs<br>Congenital malformation syndromes involving early overgrowth—Beckwith Wiedemann<br>Other congenital malformation syndromes with other skeletal changes<br>Alport syndrome |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| | | Q87.89<br><br>Q89.8 | Other specified congenital malformation syndromes, not elsewhere classified<br>Other specified congenital malformations |
| General Category: Congenital anomaly, unspecified | 759.9 | Q89.9 | Congenital anomaly, unspecified |
| **H. Sensory Impairment - Vision** | | | |
| Vision--Impairment can be congenital or acquired (369—general category—more specific diagnosis obtained from physician)<br>Profound impairment, both eyes (369.0-) | 369.00 | H54.0 | Blindness, both eyes |
| Moderate or severe impairment, better eye, profound impairment lesser eye<br>Blindness one eye; low vision other eye | 369.01-<br><br>369.18 | <br><br>H54.10 | <br><br>Blindness, one eye, low vision other eye, unspecified eyes |
| Moderate or severe impairment, both eyes<br>Low vision both eyes not otherwise specified | 369.2-<br>369.20 | <br>H54.2 | <br>Low vision, both eyes |
| Better eye: severe vision impairment; lesser eye; impairment not further specified | 369.21-<br>359.24 | H54.10 | Blindness, one eye, low vision other eye, unspecified eyes |
| Better eye: moderate vision impairment; lesser eye: moderate vision impairment | 369.25 | H54.2 | Low vision, both eyes |
| Unqualified vision loss, both eyes | 369.3 | H54.3 | Unqualified vision loss, both eyes |
| Legal blindness, as defined in USA | 369.4 | H54.8 | Legal blindness, as defined in USA |
| Retrolental fibroplasia or retinopathy of prematurity<br>ROP Stage 4 | 362.26 | H35.159 | Retinopathy of prematurity, stage 4, unspecified eye |
| ROP State 5 | 362.27 | H35.169 | Retinopathy of prematurity, stage 5, unspecified eye |
| Bilateral retrolental fibroplasia | 362.21 | H35.179 | Retrolental fibroplasia, unspecified eye |
| Cortical Blindness | 377.75 | H47.619 | Cortical blindness, unspecified side of brain |
| **I.Sensory Impairment - Hearing**--<br>Hearing impairment (25dB loss or greater) unilateral or bilateral General Category | 389 | | |
| Conductive hearing loss, unspecified—includes:<br>Conductive hearing loss external ear<br>Conductive hearing loss tympanic membrane<br>Conductive hearing loss middle ear<br>Conductive hearing loss inner ear<br>Conductive hearing loss, unilateral<br><br><br>Conductive hearing loss, bilateral<br>Conductive hearing loss of combined types | 389.00<br><br>389.01<br>389.02<br>389.03<br>389.04<br>389.05<br><br><br><br>389.06<br>389.08 | H90.2<br><br><br><br><br>H90.11<br><br>H90.12<br><br>H90.0<br>H90.2 | Conductive hearing loss, unspecified (<br><br><br><br><br>Conductive hearing loss, unilateral, right ear with unrestricted hearing on contralateral side<br>Conductive hearing loss, unilateral, left ear with unrestricted hearing on contralateral side<br>Conductive hearing loss, bilateral<br>Conductive hearing loss, unspecified |
| Sensorineural hearing loss | 389.10 | H90.5 | Unspecified sensorineural hearing loss |
| Sensory Hearing loss, bilateral<br>Neural Hearing loss, bilateral<br>Sensorineural Hearing loss, bilateral<br>Sensorineural Hearing loss, left or right | 389.11<br>389.12<br>389.18<br>389.15 | H903<br><br><br>H90.41<br>H90.42 | Sensorineural Hearing loss, bilateral<br><br><br>Sensorineural Hearing loss, right ear<br>Sensorineural Hearing loss, left ear |
| Mixed conductive and sensorineural hearing loss | 389.20 | H90.8 | Mixed conductive and sensorineural hearing loss, unspecified |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Hearing loss unspecified | 389.9 | H91.90 | Unspecified hearing loss, unspecified ear |
| Central hearing loss | 389.14 | H90.5 | Unspecified sensorineural hearing loss |
| J. **Orthopedic and Neurological Disorders** | | | |
| Anoxic brain damage | 348.1 | G93.1 | Anoxic brain damage, not elsewhere classified |
| Anterior horn cell disease<br>Werdnig-Hoffmann disease | 335.—<br>335.0 | <br>G12.0 | <br>Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| Spinal muscular atrophy unspecified | 335.10 | G12.9 | Spinal muscular atrophy, unspecified |
| Kugelberg-welander disease | 335.11 | G12.1 | Other inherited spinal muscular atrophy |
| Other spinal muscular atrophy | 335.19 | G12.8 | Other spinal muscular atrophies and related syndromes |
| Amyotrophic lateral sclerosis | 335.20 | G12.21 | Amyotrophic lateral sclerosis |
| Progressive muscular atrophy | 335.21 | G12.21 | Amyotrophic lateral sclerosis |
| Progressive bulbar palsy | 335.22 | G12.22 | Progressive bulbar palsy |
| Pseudobulbar palsy | 335.23 | G12.8 | Other spinal muscular atrophies and related syndromes |
| Primary lateral sclerosis | 335.24 | G12.29 | Other motor neuron disease |
| Other motor neuron diseases | 335.29 | G12.29 | Other motor neuron disease |
| Other anterior horn cell diseases | 335.8 | G12.8 | Other spinal muscular atrophies and related syndromes |
| Anterior horn cell disease unspecified | 335.9 | G12.9 | Spinal muscular atrophy, unspecified |
| General Category: other specified muscle disorders | | | |
| Arthrogryposis | 728.3 | M62.3<br>M62.89 | Immobility syndrome (paraplegic)<br>Other specified disorders of muscle |
| Arthrogryposis multiplex, congenita | 754.89 | Q74.3 | Arthrogryposis multiplex, congenita |
| Injury to the Brachial plexus—birth trauma | 767.6 | P14.0<br>P14.1<br>P14.3 | Erb's paralysis due to birth injury<br>Klumpke's paralysis due to birth injury<br>Other brachial plexus birth injuries |
| Brachial plexus—post perinatal origin | 953.4 | S14.3XXA | Injury of brachial plexus, initial encounter |
| Cerebral cysts | 348.0 | G93.0 | Cerebral cysts |
| Cerebral palsy (all types)- General Category | 343.__ | | |
| Congenital diplegia | 343.0 | G80.1 | Spastic diplegic cerebral palsy |
| Congenital Hemiplegia | 343.1 | G80.2 | Spastic hemiplegic cerebral palsy |
| Congenital Quadriplegia | 343.2 | G80.0 | Spastic quadriplegic cerebral palsy |
| Congenital Monoplegia | 343.3 | G80.8 | Other cerebral palsy |
| Infantile hemiplegia | 343.4 | G80.2 | Spastic hemiplegic cerebral palsy |
| Other specified infantile cerebral palsy | 343.8 | G80.8 | Other cerebral palsy |
| Infantile cerebral palsy unspecified | 343.9 | G80.9 | Cerebral palsy, unspecified |
| Cleft hand | 755.58 | Q71.60 | Lobster-claw hand, unspecified hand |
| **Congenital anomalies of the central nervous system – General Category** | 742.-- | | |
| Encephalocele | 742.0 | Q01.9 | Encephalocele, unspecified |
| Microcephaly | 742.1 | Q02 | Microcephaly |
| Congenital reduction deformities of brain | 742.2 | Q04.1<br>Q04.2<br>Q04.3 | Arhinencephaly<br>Holoprosencephaly<br>Other reduction deformities of brain |
| Congenital hydrocephaly | 742.3 | Q03.0<br>Q03.1<br>Q03.8<br>Q03.9 | Malformations of aqueduct of Sylvius<br>Atresia of foramina of Magendie and Luschka<br>Other congenital hydrocephalus<br>Congenital hydrocephalus, unspecified |
| Other specified congenital anomalies of brain | 742.4 | Q04.5<br>Q04.6<br>Q04.8 | Megalencephaly<br>Congenital cerebral cysts<br>Other specified congenital malformations of |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| | | | brain |
| Other specified congenital anomalies of spinal cord—general category | 742.5 | | |
| Diastematomyelia | 742.51 | Q06.2 | Diastematomyelia |
| Hydromyelia | 742.53 | Q06.4 | Hydromyelia |
| Other specified congenital anomalies of spinal cord | 742.59 | Q06.0<br>Q06.1<br>Q06.3<br>Q06.8 | Amyelia<br>Hypoplasia and dysplasia of spinal cord<br>Other congenital cauda equina malformations<br>Other specified congenital malformations of spinal cord |
| Other specified congenital anomalies of nervous system | 742.8 | G90.1<br>Q07.8 | Familial dysautonomia [Riley-Day]<br>Other specified congenital malformations of nervous system |
| Unspecified congenital anomaly of brain spinal cord and nervous system | 742.9 | Q07.9 | Congenital malformation of nervous system, unspecified |
| **Other congenital musculoskeletal anomalies - General Category** | 755.__ | | |
| Reduction of deformities of upper limb<br><br><br>Transverse deficiency of upper limb<br>Longitudinal deficiency of upper limb | 755.20<br><br><br>755.21-<br>755.22 | Q71.899<br>Q71.90<br><br>Q71.00 | Other reduction defects of unspecified upper limb<br>Unspecified reduction defect of unspecified upper limb<br>Congenital complete absence of unspecified upper limb |
| Longitudinal deficiency combined involving humerus | 755.23-<br>755.24 | Q71.10 | Congenital absence of unspecified upper arm and forearm with hand present. |
| Longitudinal deficiency , radioulner, complete or partial | 755.25 | Q71.20 | Congenital absence of both forearm and hand, unspecified upper limb. |
| Longitudinal deficiency radial, complete or partial | 755.26 | Q71.40 | Longitudinal reduction defect of snspecified ratius |
| Longitudinal deficiency, radial, complete or partial | 755.27 | Q71.50 | Longitudinal reduction defect of unspecified ulna |
| Longitudinal deficiency ulnar, carpals or metacarpals, phalanges, finger | 755.28-<br>755.29 | Q71.30 | Congenital absence of unspecified hand/finger |
| Reduction of deformities of lower limbs<br>Longitudinal deficiency of lower limb, not classified elsewhere | 755.30<br>755.32 | Q72.899 | Other reduction defects of unspecified lower limb |
| Transverse deficiency of lower lime | 755.31 | Q72.00 | Congenital complete absence of unspecified lower limb |
| Longitudinal deficiency combined involving tibia and fibula | 755.33 | Q72.10 | Congenital absence of unspecified thigh and lower leg with foot present |
| Longitudinal deficiency femoral, complete/incomplete | 755.34 | Q72.40 | Longitudinal reduction defect of unspecified femur |
| Longitudinal deficiency tibiofibular complete or partial | 755.35 | Q72.20 | Congenital absence of both lower leg and foot, unspecified lower limb |
| Longitudinal deficiency, tibia, complete/partial | 755.36 | Q72.50 | Longitudinal reduction defect of unspecified tibia |
| Longitudinal deficiency, fibular, complete/partial | 755.37 | Q72.60 | |
| Longitudinal deficiency, tarsals or metatarsals complete/partial<br>Longitudinal deficiency, phalanges, complete/partial | 755.38<br><br>755.39 | Q72.30<br>Q72.70 | Congenital absence of unspecified foot and toes<br>Split foot, unspecified lower limb |
| Reduction deformities, unspecified limb | 755.4 | Q73.0<br>Q73.1<br>Q73.8 | Congenital absence of unspecified limb(s)<br>Phocomelia, unspecified limb(s)<br>Other reduction defects of unspecified limb(s) |
| Congenital cleft hand | 755.58 | Q71.60 | Lobster-claw hand, unspecified hand |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Anomalies of skull and face bone<br>Premature closure of cranial sutures | 756.0 | Q75.0<br>Q75.2<br>Q75.9 | Craniosynostosis<br>Hypertelorism<br>Congenital malformation of skull and face bones, unspecified |
| Absence of vertebra, congenital | 756.13 | Q76.49 | Other congenital malformations of spine, not associated with scoliosis |
| Chondrodystrophies | 756.4 | Q77.1<br>Q77.4<br>Q77.8<br><br>Q78.4 | Thanatophoric short stature<br>Achondroplasia<br>Other osteochondrodysplasia with defects of growth of tubular bones and spine<br>Enchondromatosis |
| Osteodystrophies, unspecified | 756.50 | Q78.9 | Osteochondrodysplasia, unspecified |
| Osteogenesis imperfecta | 756.51 | Q78.0 | Osteogenesis imperfecta |
| **Other symbolic dystunction-general category**<br>Developmental apraxia of speech | 784.6<br><br>784.69 | <br><br>R48.2<br>R48.8 | <br><br>Apraxia<br>Other symbolic dysfunctions |
| Encephalopathy Not Otherwise Specified | 348.30 | G93.40 | Encephalopathy, unspecified |
| Hypoxic Ischemic Encephalopathy | 768.70<br>768.73 | P91.60<br>P91.63 | Hypoxic Ischemic Encephalopathy<br>Hypoxic Ischemic Encephalopathy, severe/Grade 3 |
| Fracture of vertebral column with spinal cord injury (806) General Category—include additional diagnosis from physician | 806.00 | S12.000A<br><br>S12.001A<br><br>S12.100A<br><br>S12.101A<br><br><br>S12.200A<br><br>S12.201A<br><br>S12.300A<br><br>S12.301A<br><br><br>S14.101A<br><br>S14.102A<br><br>S14.103A<br><br>S14.104A | Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture<br>Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture<br>Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture<br>Unspecified injury at C1 level of cervical spinal cord, initial encounter<br>Unspecified injury at C2 level of cervical spinal cord, initial encounter<br>Unspecified injury at C3 level of cervical spinal cord, initial encounter<br>Unspecified injury at C4 level of cervical spinal cord, initial encounter |
| **General Category: Hemiplegia and hemiparesis** | 342.-- | | |
| Flaccid hemiplegia | 342.00 | G81.00 | Flaccid hemiplegia affecting unspecified side |
| Flaccid hemiplegia and hemiparesis affecting dominant side | 342.01 | G81.01<br>G81.02 | Flaccid hemiplegia affecting right dominant side<br>Flaccid hemiplegia affecting left dominant side |
| Flaccid hemiplegia and hemiparesis affecting nondominant side | 342.02 | G81.03<br><br>G81.04 | Flaccid hemiplegia affecting right nondominant side<br>Flaccid hemiplegia affecting left |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| | | | nondominant side |
| Spastic hemiplegia | 342.10 | G81.10 | Spastic hemiplegia affecting unspecified side |
| Spastic hemiplegia and hemiparesis affecting dominant side | 342.11 | G81.11<br><br>G81.12 | Spastic hemiplegia and hemiparesis affecting right dominant side<br>Spastic hemiplegia and hemiparesis affecting left dominant side |
| Spastic hemiplegia and hemiparesis affecting nondominant side | 342.10 | G81.10 | Spastic hemiplegia affecting unspecified side |
| Other specified hemiplegia | 342.80 | G81.90 | Hemiplegia, unspecified affecting unspecified side |
| Hemiplegia, unspecified | 342.90 | G81.90 | Hemiplegia, unspecified affecting unspecified side |
| **General Category: Hereditary\degenerative diseases of the central nervous system** | 331.__ | | |
| Communicating hydrocephalus | 331.3 | G91.0 | Communicating hydrocephalus |
| Obstructive hydrocephalus | 331.4 | G91.1 | Obstructive hydrocephalus |
| **Cerebral degeneration in diseases classified elsewhere** | 331.7 | G94 | Other disorders of brain in diseases classified elsewhere |
| Werdnig-Hoffman disease | 335.0 | G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| Other Cerebral Degeneration | 331.8 | G31.89 | Other specified degenerative diseases of the nervous system |
| Infantile spasms with intractable epilepsy-not including febrile seizures (R56.00, R56.01) | 345.60 | G40.401<br><br>G40.409 | Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus<br>Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus |
| Infantile spasms with intractable epilepsy | 345.61 | G40.411<br><br>G40.419 | Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus |
| Intraventricular hemorrhage (IVH) –<br>Grade 3<br><br>Grade 4 | <br>772.13<br><br>772.14 | <br>P52.21<br><br>P52.22 | <br>Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn<br>Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn |
| **General Category--Spina Bifida/Neural Tube Defect** | 741.00 | Q05.9<br>Q05.4<br>Q07.01<br>Q07.02<br>Q07.03 | Spina bifida, unspecified<br>Unspecified spina bifida with hydrocephalus<br>Arnold-Chiari syndrome with spina bifida<br>Arnold-Chiari syndrome with hydrocephalus<br>Arnold-Chiari syndrome with spina bifida and hydrocephalus |
| Spina Bifida, Cervical region with Hydrocephalus | 741.01 | Q05.0 | Cervical Spina Bifida with hydrocephalus |
| Spina Bifida, dorsal (thoracic) region with hydrocephalus | 741.2 | Q05.1 | Thoracic Spina Bifida with hydrocephalus |
| Spina Bifida, lumbar region with hydrocephalus | 741.03 | Q05.2<br>Q05.3 | Lumbar spina bilfida with hydrocephalus<br>Sacral spina bifida with hydrocephalus |
| Meningomyelocele | 741.90 | Q05.8 | Sacral spina bifida without hydrocephalus |
| Myelomeningocele<br>Spina Bifida<br>with hydrocephalus | 741.90<br>741.91<br>741.92<br>741.93 | Q05.8<br>Q05.5<br>Q05.6<br>Q05.7 | Sacral spina bifida without hydrocephalus<br>Cervical spina bifida without hydrocephalus<br>Thoracic spina bifida without hydrocephalus<br>Lumbar spina bifida without hydrocephalus |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| **General Category: Congenital hereditary muscular dystrophy** | 359.__ | | |
| Muscular dystrophies and other myopathies | 359.0 | G71.2 | Congenital myopathies |
| Hereditary progressive muscular dystrophy | 359.1 | G71.0 | Muscular dystrophy |
| Myotonic muscular dystrophy | 359.21 | G71.11 | Myotonic muscular dystrophy |
| Myotonia, congenita | 359.22 | G71.12 | Myotonia congenita |
| Myontic chondrodystrophy | 359.23 | G71.13 | Myotonic chondrodystrophy |
| **General Category—other paralytic syndromes** | 344.__ | | |
| Quadriplegia and quadriparesis -- unspecified | 344.00 | G82.50 | Quadriplegia, unspecified |
| | 344.01 | G82.51 | Quadriplegia, C1-C4 complete |
| Quadriplegia c1-c4 complete | 344.02 | G82.52 | Quadriplegia C1-C4 incomplete |
| Quadriplegia c1-c4 incomplete | 344.03 | G82.53 | Quadriplegia, C5-C7 complete |
| Quadriplegia c5-c7 complete | 344.04 | G82.54 | Quadriplegia, C5-C7 incomplete |
| Quadriplegia c5-c7 incomplete | 344.09 | G82.50 | Quadriplegia, unspecified |
| Other quadriplegia | 3441 | G82.20 | Paraplegia, unspecified |
| Paraplegia | 344.2 | G83.0 | Diplegia of upper limbs |
| Diplegia of upper limbs | 344.30 | G83.10 | Monoplegia of lower limb affecting unspecified side |
| Monoplegia of lower limb affecting unspecified side | 344.31 | G83.11 | Monoplegia of lower limb affecting right dominant side |
| Monoplegia of lower limb affecting dominant side | | G83.12 | Monoplegia of lower limb affecting left dominant side |
| | 344.32 | G83.13 | Monoplegia of lower limb affecting right nondominant side |
| Monoplegia of lower limb affecting nondominant side | | G83.14 | Monoplegia of lower limb affecting left nondominant side |
| | 344.40 | G83.20 | Monoplegia of upper limb affecting unspecified side |
| Monoplegia of upper limb affecting unspecified side | 344.41 | G83.21 | Monoplegia of upper limb affecting right dominant side |
| Monoplegia of upper limb affecting dominant side | | G83.22 | Monoplegia of upper limb affecting left dominant side |
| | 344.42 | G83.23 | Monoplegia of upper limb affecting right nondominant side |
| Monoplegia of upper limb affecting nondominant side | | G83.24 | Monoplegia of upper limb affecting left nondominant side |
| | 344.5 | G83.30 | Monoplegia, unspecified affecting unspecified side |
| Unspecified monoplegia | 344.60 | G83.4 | Cauda equina syndrome |
| Cauda equina syndrome without neurogenic bladder | 344.61 | G83.4 | Cauda equina syndrome |
| Cauda equina syndrome with neurogenic bladder | 344.81 | G83.5 | Locked-in state |
| Locked-in state | 344.89 | G83.81 | Brown-Sequard syndrome |
| Other specified paralytic | | G83.84 | Todd's paralysis (postepileptic) |
| Syndrome | | G83.89 | Other specified paralytic syndromes |
| | 344.9 | G83.9 | Paralytic syndrome, unspecified |
| Paralysis unspecified | | | |
| Paraplegia | 344.1 | G82.20 | Paraplegia, unspecified |
| Diplegia of upper limbs | 344.2 | G83.0 | Diplegia of upper limbs |
| Monoplegia of lower limb | 344.30 | G83.10 | Monoplegia of lower limb affecting unspecified side |
| Monoplegia of upper limb | 344.40 | G83.20 | Monoplegia of upper limb affecting unspecified side |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Unspecified monoplegia | 344.5 | G83.30 | Monoplegia, unspecified affecting unspecified side |
| **General Category— Spinal cord injury without evidence of spinal bone injury** | 952 | | |
| Cervical, Dorsal<br>Range of Codes based on location of injury | 952.0-<br>952.1 | S14.101A-<br>S34.139A | Unspecified injury at C1 level of cervical spinal cord, initial encounter |
| Unspecified site of spinal cord injury without spinal bone injury | 952.9 | S14.109A<br><br>S24.109A<br><br>S34.109A<br><br>S34.139A | Unspecified injury at unspecified level of cervical spinal cord, initial encounter<br>Unspecified injury at unspecified level of thoracic spinal cord, initial encounter<br>Unspecified injury at unspecified level of lumbar spinal cord, initial encounter<br>Unspecified injury at unspecified level of sacral spinal cord, initial encounter |
| **General Category--Occlusion of cerebral arteries or stroke** | 434 | | |
| cerebral thrombosis without cerebral infarction | 434.00 | I66.09<br><br>I66.19<br><br>I66.29 | Occlusion and stenosis of unspecified middle cerebral artery<br>Occlusion and stenosis of unspecified anterior cerebral artery<br>Occlusion and stenosis of unspecified posterior cerebral artery |
| cerebral embolism with cerebral infarction | 434.01 | I63.40 | Cerebral infarction due to embolism of unspecified cerebral artery |
| Cerebral embolism without cerebral infarction | 434.10 | I66.09<br><br>I66.19<br><br>I66.29<br><br>I66.9 | Occlusion and stenosis of unspecified middle cerebral artery<br>Occlusion and stenosis of unspecified anterior cerebral artery<br>Occlusion and stenosis of unspecified posterior cerebral artery<br>Occlusion and stenosis of unspecified cerebral artery |
| Cerebral artery occlusion unspecified without cerebral infarction | 434.90 | I66.9 | Occlusion and stenosis of unspecified cerebral artery |
| **General category--Cerebral laceration and contusion or traumatic brain injury**<br>Includes range of codes for intracranial injury | 851.00-<br>854.00 | S06.330A-<br>S06.339A | Contusion and laceration of cerebrum, unspecified, without loss of consciousness, initial encounter<br>—range of codes for specific diagnoses |
| Shaken Infant Syndrome | 995.55 | T74.4XXA | Shaken Infant Syndrome |
| **K. Social Emotional Disorders** | | | |
| Social Emotional Disorders<br>Childhood Depressive disorders, not elsewhere classified | 311 | F32.9 | Major depressive disorder, single episode, unspecified |
| Reactive attachment disorder | 313.89 | F93.8<br>F94.1<br>F98.8 | Other childhood emotional disorders<br>Reactive attachment disorder of childhood<br>Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence |
| **L. Pervasive Developmental Disorders** | | | |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| Pervasive Developmental Disorders General Category including: | | | |
| Autistic disorder current or active state | 299.00 | F84.0 | Autistic disorder |
| Autistic disorder residual state | 299.01 | F84.0 | Autistic disorder |
| Childhood disintegrative disorder current or active state | 299.10 | F84.3 | Other childhood disintegrative disorder |
| Childhood disintegrative disorder residual state | 299.11 | F84.3 | Other childhood disintegrative disorder |
| Other specified pervasive developmental disorders current or active state | 299.80 | F84.5<br>F84.8 | Asperger's syndrome<br>Other pervasive developmental disorders |
| Other specified pervasive developmental disorders residual state | 299.81 | F84.5<br>F84.8 | Asperger's syndrome<br>Other pervasive developmental disorders |
| Unspecified pervasive developmental disorder current or active state | 299.90 | F84.9 | Pervasive developmental disorder, unspecified |
| Unspecified pervasive developmental disorder residual state | 299.91 | F84.9 | Pervasive developmental disorder, unspecified |
| Asperger syndrome / disorder | 299.80 | F84.5<br>F84.8 | Asperger's syndrome<br>Other pervasive developmental disorders |
| **M. Medically Related Disorders** | | | |
| Congenital or infancy-onset hypothyroidism | 243 | E00.9 | Congenital iodine-deficiency syndrome, unspecified |
| **Cleft Palate-** eligibility may continue post-operative repair | V136.4 | Z87.730 | Personal history (corrected) cleft lip and palate |
| Cleft palate —unspecified | 749.00 | Q35.9 | Cleft palate, unspecified |
| unilateral, complete | 749.01 | Q35.9 | Cleft palate, unspecified |
| unilateral, incomplete | 749.02 | Q35.7<br>Q35.9 | Cleft uvula<br>Cleft palate, unspecified |
| bilateral, complete | 749.13 | Q36.0 | Cleft lip, bilateral |
| bilateral, incomplete | 749.14 | Q36.0 | Cleft lip, bilateral |
| Cleft palate with cleft lip —unspecified | 749.20 | Q37.9 | Unspecified cleft palate with unilateral cleft lip |
| unilateral, complete | 749.21 | Q37.9 | Unspecified cleft palate with unilateral cleft lip |
| unilateral, incomplete | 749.22 | Q37.9 | Unspecified cleft palate with unilateral cleft lip |
| bilateral, complete | 749.23 | Q37.8 | Unspecified cleft palate with bilateral cleft lip |
| bilateral, incomplete | 749.24 | Q37.8 | Unspecified cleft palate with bilateral cleft lip |
| Toxic effects of lead and its compounds (including fumes) General category | 984.0 | T56.0X1A<br>T56.0X2A<br>T56.0X3A<br>T56.0X4A | Toxic effect of lead and its compounds, accidental (unintentional), initial encounter<br>Toxic effect of lead and its compounds, intentional self-harm, initial encounter<br>Toxic effect of lead and its compounds, assault, initial encounter<br>Toxic effect of lead and its compounds, undetermined, initial encounter |
| unspecified lead compound effects | 984.9 | M1A.10X1<br>T56.0X1A<br>T56.0X2A<br>T56.0X3A<br>T56.0X4A | Lead-induced chronic gout, unspecified site, with tophus (tophi)<br>Toxic effect of lead and its compounds, accidental (unintentional), initial encounter<br>Toxic effect of lead and its compounds, intentional self-harm, initial encounter<br>Toxic effect of lead and its compounds, assault, initial encounter<br>Toxic effect of lead and its compounds, undetermined, initial encounter |
| Non-organic failure to thrive | 783.41 | R62.51 | Failure to thrive (child) |
| Chronic respiratory failure or ventilator dependence | 518.83 | J96.10 | Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia |

| Criteria Description | ICD 9 | ICD 10 | Criteria Description |
|---|---|---|---|
| **N. Prematurity** | | | |
| Bronchopulmonary Dysplasia (BPD) | 770.7 | P27.0<br>P27.1<br><br>P27.8 | Wilson-Mikity syndrome<br>Bronchopulmonary dysplasia originating in the perinatal period |
| Disorders relating to short gestation and low birth weight General Category—include 5 digit code | 765.00 | P07.00<br><br>P07.10 | Extremely low birth weight newborn, unspecified weight<br>Other low birth weight newborn, unspecified weight |
| Other preterm infant's birth weight of 1000-2499 grams —unspecified weight—an EarlySteps eligibility criterion is <1500 grams at birth: | 765.10 | P07.00<br><br>P07.10 | Extremely low birth weight newborn, unspecified weight<br>Other low birth weight newborn, unspecified weight |
| less than 500 grams | 765.11 | P07.01 | Extremely low birth weight newborn, less than 500 grams |
| 500 to 749 grams | 765.12 | P07.02 | Extremely low birth weight newborn, 500-749 g |
| 750 to 999 grams | 765.13 | P07.03 | Extremely low birth weight newborn, 750-999 grams |
| 1000 to 1249 grams | 765.14 | P07.14 | Other low birth weight newborn, 1000-1249 grams |
| 1250 to 1499 grams | 765.15 | P07.15 | Other low birth weight newborn, 1250-1499 grams |
| Please refer to weight conversion table at the end of the chapter.<br>--Weeks of gestation –unspecified gestation--General Category— | 765.20 | P07.20<br><br>P07.30 | Extreme immaturity of newborn, unspecified weeks of gestation<br>Preterm newborn, unspecified weeks of gestation |
| EarlySteps eligibility criteria is 32 weeks gestation or less<br>Less than 24 weeks of gestation | 765.21 | P07.21<br><br>P07.22 | Extreme immaturity of newborn, gestational age less than 23 completed weeks<br>Extreme immaturity of newborn, gestational age 23 completed weeks |
| 24 complete weeks of gestation | 765.22 | P07.23 | Extreme immaturity of newborn, gestational age 24 completed weeks |
| 25-26 weeks of gestation | 765.23 | P07.24<br><br>P07.25 | Extreme immaturity of newborn, gestational age 25 completed weeks<br>Extreme immaturity of newborn, gestational age 26 completed weeks |
| 27-28 weeks of gestation | 765.24 | P07.26<br><br>P07.31 | Extreme immaturity of newborn, gestational age 27 completed weeks<br>Preterm newborn, gestational age 28 completed weeks |
| 29-30 weeks of gestation | 765.25 | P07.32<br><br>P07.33 | Preterm newborn, gestational age 29 completed weeks<br>Preterm newborn, gestational age 30 completed weeks |
| 31-32 weeks of gestation | 765.26 | P07.34<br><br>P07.35 | Preterm newborn, gestational age 31 completed weeks<br>Preterm newborn, gestational age 32 completed weeks |

**Additional information about Prematurity eligibility criteria, please see page 10.**

# General Supervision Performance Expectations

Initial Eligibility Determination

Performance expectations are used to determine compliance with EarlySteps procedures. When noncompliance is identified, findings are issued and corrective action and/or sanctions are imposed. Some eligibility performance expectations may also be found in the Intake chapter.

| Performance Expectation | Monitoring/Source | Responsibility |
|---|---|---|
| Referral information, ASQ, family concerns used correctly to determine decision to proceed to eligibility determination | -Referral, intake, evaluation/assessment information<br>-ASQ administered and interpreted correctly<br>-ASQ results entered in EarlySteps Online with accuracy | SPOE staff<br>Evaluators |
| Family offered and select eligibility evaluator of their choice | Freedom of Choice documentation | SPOE staff |
| Documentation Requirements met | Required documents included in chart and uploaded to EarlySteps Online | SPOE staff<br>Eligibility evaluator |
| Parent Rights | -Rights provided<br>-Notice of action for screening and eligibility evaluation<br>-Freedom of choice offered and results documented<br>-Interpreter selected and authorized as needed<br>-Consent obtained | SPOE staff |
| Eligibility determination decision reflects EarlySteps policy and process. | --Referral information documented and used for eligibility decision-making<br>--ASQ results<br>--Health information and history<br>--Family CPRs<br>--BDI-2 results<br>--BISCUIT results and follow up<br>--Informed clinical opinion used according to policy<br>--Eligibility determination team meeting notes<br>--Eligibility “diagnosis” ICD code appropriately entered in EarlySteps Online for developmental delay and established medical condition(s)<br>--Prior written notice provided if child not eligible, including right to dispute decision | SPOE staff |
| Eligibility determination and IFSP (if child is eligible) completed within 45 days of referral. | -Referral to IFSP Report from EIDS<br>Documentation of reasons for delay:<br>--system reason or family reason<br>-Development of interim IFSP according to policy if necessary | SPOE staff<br>IFSP team members |
| Services start within 30 days of parent consent on the IFSP. | IC/FSC contact notes<br>Provider billing records | -Intake Coordinator if providing ongoing support coordination<br>-FSC<br>-Service providers |

## Chapter 6: Individualized Family Service Plan Development

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

Topics in this chapter include:

## Louisiana's State-identified Measureable Result

The EarlySteps system will improve child outcomes through supports that are focused on Family CPRs and provided through a team-based approach.

| Summary of Chapter 6 Revisions | Chapter 6 additions |
|---|---|
| | References to IFSP regulations, September 2011 |
| | CPR "touchpoints" added as opportunities to identify family concerns, priorities, and resources. |
| | Addition of sample DEC RPs |
| | Language that supports outcomes focused on addressing family concerns and priorities. |
| | Performance Expectations |

EarlySteps IFSP Development Forms:

- **Provider Selection**
- **Request for Authorization**
- **Consent to Release and Share Information**
- **Eligibility Determination Process Report**
- **IFSP Team Services Process Form**
- **Individualized Family Service Plan (IFSP): Includes:**
  - **Health History page 2**
  - **Family Assessment Page 8**
  - **BDI-2 Evaluation Report Page 3**
- **Team Meeting Notice and Minutes Form**
- **Parent's Rights**
- **Notice of Action**

## The Individualized Family Service Plan—the IFSP

"For each infant or toddler with a disability, the lead agency must ensure the development, review and implementation of an individualized family service plan, or IFSP, developed by a multidisciplinary team, which includes the parent." Part C Regulations, September, 2011, 34 CFR 303.340-345.

> All the information gathered from the point of referral to the actual IFSP meeting comes together to develop the IFSP and the intervention which follows. "The IFSP is more than a document to be completed and then filed away. It is not a static plan. . it is a plan written with families for families…It guides ongoing delivery of early intervention support and services, and it should shift and adjust as changes occur in the family." (Pletcher, Younggren, 2013, page 92)

Each eligible child and their family must have an Individualized Family Service Plan (IFSP) developed no later than 45 calendar days from the date of receipt of the referral at the SPOE. Since they play the key role in its development support coordinators (Intake and FSC) and service providers **must** be knowledgeable of the IFSP process.

The IFSP must:

- Be developed jointly by the family and appropriately qualified personnel involved in the provision of early intervention services;
- Be based on the multidisciplinary evaluation and assessment of the child and a family-directed assessment of the family to identify resources, concerns and priorities of the family and
- the identification and delivery of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

This chapter is divided into 3 sections:

- IFSP Information—overview of IFSP development
- IFSP Process—preparing for and conducting the IFSP meeting
- Completing the IFSP Process—activities following development of the IFSP

DECRP-F4: Practitioners and the family work together to create outcomes of goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

## Section 1: IFSP Information: Overview of IFSP Development

The IFSP is a legal document that outlines the written early intervention service plan for the child and family. Each section below addresses one of the components in this plan. Refer to the IFSP form when reviewing the information in this section.

**Parents' Role in Choosing Early Intervention Services**

Parents are vital members of the IFSP team. Services are based on the team discussion, review of information and decisions necessary to support the IFSP outcome(s). Parents also choose the early interventionists the services identified in the IFSP. Freedom of choice must be offered for each service. If they choose a service that is outside the scope of EarlySteps, this service may be listed as an "Other Services"(Section 8 on the IFSP form). Family roles are critical enough that families have rights specific to the development and implementation of the IFSP (see Chapter 2 *Parent Rights)*.
Support coordination is a required service under Part C. If a parent does not accept support coordination, they are making a decision to not accept Part C services. All parents **must** accept Family Support Coordination.

**IFSP Team**

In identifying the IFSP team, members should be chosen on the basis of the child and family needs and expertise needed to develop and implement an appropriate IFSP. The team members are selected at each meeting and the IFSP team may change as child/family needs change resulting changes of ongoing early interventionists. The Intake Coordinator **must** show the family the service matrix to select providers with special skills, information, or expertise that is important to the family.

Required IFSP Team Members:

- Parent or parents of the child;
- Other family members, as requested by the family;
- An advocate or person outside of the family, if requested by the parent(s);
- Intake Coordinator (initial IFSP);
- Ongoing support coordinator—FSC (required to attend in person/virtually—initial, quarterly, and annual team meetings);
- Service providers (typically after the initial IFSP)
- Person(s) directly involved in conducting the comprehensive developmental assessments/eligibility evaluation*; and,
- The EarlySteps EI Consultant may also participate in the IFSP meeting either in person or by review of records/information prior to the meeting, as appropriate, to assist in interpreting the developmental information. The EI consultant **must** attend IFSP team meetings for children whose eligibility maybe be determined by informed clinical opinion.

*Note: If the person(s) who was directly involved in conducting the comprehensive developmental assessment is unable to attend the IFSP meeting, either in person or virtually, their participation requirement may be met by:

- Participating by a telephone conference call;
- Participating through a virtual platform;
- Having a knowledgeable authorized representative attend the meeting; or,
- Making pertinent records available at the meeting.

**Medical Services versus Developmental Services**

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 may require additional therapy along with the developmental needs addressed by early intervention services.
The focus for early intervention services is to maximize child experiences to promote learning of desired skills and to minimize the likelihood of interactions which will impede learning of desirable skills. Sandall, et al (2005) offer 3 "take home messages" regarding child-focused practices in service delivery:

1. Adults design the environments to promote child safety, active engagement, learning participation and membership;
2. Adults use ongoing data to individualize and adapt practices to meet each child and family's changing needs

3. Adults use systematic procedures within and across environments, activities, and routines to promote children's learning and participation.

With the team-based approach of early intervention services, the focus is on the individual child's functioning in their own environmental context rather than a focus on the specific therapy service. These concepts do not preclude the model of direct service delivery. The specific expertise and knowledge brought to the team by a therapist/interventionist is necessary 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 only. Ongoing therapies to address modalities such as stretching, prevention of atrophy, or post-surgery rehabilitation are not the focus of services paid by EarlySteps, except as needed to support the family in the child's participation in family routines. These and ongoing medical services may be listed in Section 8 "Other Services" of the IFSP.

**Non-traditional Services**

Non-traditional services including the provision of services through non-traditional means (e.g., hippo therapy, 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.

**IFSP Outcomes**

IFSP outcomes are broad statements that describe what the family and team have discussed and want to achieve. Outcomes selection is derived from the priorities established in the family assessment in Section 2 of the IFSP and any other information collected which contributes to the identified priorities. Outcomes are not based on services; rather, services are based upon the outcomes. EarlySteps services are outcome driven. 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. 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.

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?
- Everything in the IFSP should be stated in the language or words used by the family as much as possible.
- Outcomes should be written in "In order to" statements, see examples which follow:
    - "Aggie moves from one piece of living room furniture to another in order to take steps on her own."
    - "Joey eats dinner with the family each day in order to share meal time with family."
    - "Susie points to food at mealtime in order to let her parents know what she wants".
    - "Mrs. Falkner knows how to access other services in order to help with Aggie's needs after Aggie turns three."

IFSP outcomes address the priorities of the family. Each IFSP must include a statement of the measurable results or outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to measure progress and whether modifications or revisions are necessary. Section 4 of the IFSP, the **Outcomes for child and family**, is used to address outcomes to meet child and family priorities. A separate outcomes page is used to address each outcome. As the team leader responsible for serving as the point of contact for carrying out the IFSP, each outcome will have a role for the FSC as part of its implementation.

**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 support 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.

There are 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:

- "What strategies will the family embed in their daily routines and activities to support the outcome?" and
- "With whom will these strategies be practiced?"
- Daily living routine address by this outcome

**IDEA PL 108-446 for Pre-literacy and Language Skills**

As required by PL 108-446, every IFSP **must** contain strategies for developing pre-literacy and language skills as developmentally appropriate for the child. These strategies **must** be based upon current accepted practices that parents can use to enhance their child's development. Such strategies include:

- Encourage book handling behaviors, such as turning the pages or chewing on a board book.
- Encourage behaviors that encourage the child to pay attention to pictures in a book, such as gazing at a picture or laughing at a favorite picture.
    - Visual tracking, smiling and responding to social interaction
- Encourage behaviors that show the beginning understanding of "concepts", such as pointing to the pictures of all cars on a page, or identifying common objects.
    - Responding to tones in voices, attending to others speaking
- Encourage behaviors, which show the child's understanding of pictures and events in a story, such as

imitating an action seen in a picture or talking about the events in the story.

- Looking at pointing to pictures in books, participating in songs with hand motions

- Encourage behaviors where the child interacts with the book, for instance babbling in imitation of reading or running his/her fingers along the printed words.

    - Babbling and imitating sounds
    - Naming pictures in books and listening to stories
    - Singing songs, nursery rhymes, filling in words to familiar stories

Several websites are available that provide strategies to promote language development and literacy, including family materials in other languages. This list of websites is located in Chapter 12.

**Daily Routines and Activities in Typical Settings (Natural Environments)**

Early intervention services for an eligible child are designed to be provided in the "natural environment." Everyday routines and activities – things that families naturally do in the course of their day and their caregiving 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.

The Family CPR process (Chapter 5) identifies those routines and family activities that are important to the family and will support them in meeting their child's developmental needs. In addition to services provided in the child's home, the team looks to community activities that the child would typically participate in -- such as a childcare facility, nursery or preschool program, or playground, interactions with friends and family members..

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 will discuss the teaching and learning methods that are 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.

**Federal Performance Indicator # 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or in programs for typically developing children. Target: 98%**

DEC RP:E1: Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

**Justification for Early Intervention Services Delivered Outside of the Child's Natural Environments**

**Natural Environment means** settings that are natural or normal for an infant or toddler without a disability may include the home and other community settings. There **must** be a justification 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 does not require a justification is when services are provided to parents only, without the child present.

Examples of appropriately written justifications for a service delivered outside of the natural environment 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."

**Determining Early Intervention Services**

Services provided by EarlySteps are selected based upon the strategies identified to support IFSPoutcomes. There **must** be documentation of the child's and/or family's need for the service along with the outcome and strategies. Individualized services mean that all choices are made based upon individualized needs.

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.

**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 the providers' 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.

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. All authorizations are limited to a maximum of a 6 –month period. 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 family or caregiver's learning needed skills. Medicaid will not reimburse services over 60 minutes per day for a single service. If service duration of over 1 hour per day for given service is necessary additional Part C payment arrangements will have to made. The *IFSP Team Support Decision Process* is used to make decisions for frequency, intensity and length of services for the 6-month authorization.

**Determining Method of Service Delivery**

Method of service delivery on the IFSP means how a service is provided. Instructional procedures which occur within and across environments, activities and routines will result in the best outcomes for children. The natural environment for many children will be in child care/group settings. Service delivery in these settings should incorporate these practices. A variety of appropriate settings and naturally occurring activities should be used to facilitate children's learning and development.

**Prescriptions/Physician Orders for Services**

Some services in EarlySteps require a physician's order for insurance reimbursement or to meet a discipline's licensing requirements. It is the service provider's responsibility to give the family a statement of service need to assist the family in communicating with the child's physician. The service provider may choose to assist the family by contacting the child's physician to facilitate obtaining the prescription. For families not using insurance for services:

- An order for Speech Language services is 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 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, as required in the OT practice act.
- 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. An authorization for eyeglasses may not be issued without a prescription.

**Determining the Need for Assistive Technology**

As strategies are discussed for each outcome, the need for assistive technology **must** be discussed. AT devices make it possible for a child to better interact and engage with the environment to achieve IFSP outcomes. The purpose of an assistive technology is to increase, maintain, or improve the functional capability of a child with a disability.

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.
Detailed information concerning assistive technology services and devices are found in Chapter 13.

**Other Services**

This section of the IFSP 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.

If the child is referred to the developmental disability service system for family supports such as, Personal Care Assistant (PCS) services or Flexible Family Fund, there is a specific packet of information that **must** be sent to the local HSA/D (LGE) office. EPSDT also pays for services for Medicaid-eligible children including home health, personal care services and other services which are to be listed under "Other Services." This referral packet includes the **Eligibility Determination Process Form, BDI-2 scores** and accompanying copies of other forms. (See Chapter 5 for information on Eligibility Determination).

**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 of IDEA arise. This option is intended for situations where it is important that the provision of early intervention services not be delayed. These situations should be the exception rather than the rule. Eligibility for EarlySteps **must** be confirmed prior to the development of an interim IFSP, although the evaluation and assessments might not be completed. Events such as the COVID-19 pandemic which limited face-to-face contacts with families is an example of how an interim IFSP can be used. For example, children referred with established medical conditions who could not participate in a face-to-face eligibility evaluation were presumed eligible and received an interim IFSP to begin services as quickly as possible.

The interim IFSP:
- **Must** include the name of the Intake Coordinator/FSC who is responsible for the implementation of the interim IFSP.
- **Must** include early intervention service(s) needed immediately by the child and child's family.

- Does not permit the team to bypass the 45-calendar day requirement between referral and initial IFSP development.
- Does not waive the requirements for **Notice of Action, Parent Rights, Consent, etc.**
- Does not waive the required timelines for team meetings (as early as possible and at least 10 day notification of the meeting).

In the event of an occurrence that interrupts a child's IFSP, such as a hurricane or other disaster:

The FSC will conduct a meeting with the family prior to the expiration of the interim IFSP or no later than six months after the interim IFSP was written.

The interim IFSP start date will become the child's annual IFSP date.

If the child has a previous record, when obtained from the previous SPOE, the record will become a part of the historical record of the child and a copy will be forwarded to the child's current SPOE. When the current SPOE receives the previous record, the SPOE will contact the previous SPOE to cancel any open authorizations. The authorizations will be cancelled with an effective date prior to the interim date of the IFSP and the provider will receive notification through the online system that his/her authorizations were cancelled.
Interims will be processed in the following ways:

- During the development of the interim IFSP, if the Intake Coordinator completed a full intake process including an application, eligibility determination and a complete IFSP for the interim, the FSC would review existing information and update the IFSP, as appropriate.

- During the development of the interim IFSP, if the Intake Coordinator completed the IFSP based on information obtained from the family of services that were being provided by EarlySteps, the FSC must either obtain a copy of the complete record from the previous SPOE or if the previous record is not available, the FSC must complete a re-determination of eligibility for the child and complete a new IFSP.

The first page of the IFSP and Section 7 (early intervention resources, supports and services) **must** be completed for an interim IFSP. Section 10 may also be required if services are not provided in the child's natural environment.

**Selecting Providers**

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 is 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 family should be informed that they might change their provider selection at any point in time by contacting their FSC or the SPOE. Provider selections are documented on the **Freedom of Choice Provider Selection form**.

**No Provider Available (If Applicable)**
If provider is not available for a specific early intervention service, the Intake Coordinator/FSC issues a No Provider Available (NPA) service authorization indicating that no provider is available (. The FSC is responsible for continually searching for an available provider for this service, documenting those efforts, and arranging for the service as soon as possible**.** The FSC should search the Service Matrix at least one time per week to find a provider, and, contact the Regional Coordinator and the FSC supervisor if assistance is need with locating a provider. The FSC **must** document all attempts to locate a new provider. Families should not go without needed services.

Options for NPA:

- If a service cannot be accessed after 30 days it may be necessary to hold a team meeting to discuss other options by which the outcomes can be met for the family.
- Contact a provider of the service who may be able to participate as a team member consulting with the team for that service. Notice of action is provided to the family, consent obtained and an authorization must be sent to the SPOE for a consultation authorization.
- Request that a provider of the service make herself available on a less frequent schedule than originally determined on the IFSP and gradually increase the frequency as her schedule allows.
- Consider service delivery and/or consultation via a virtual platform.

Once a provider is identified, the FSC must notify the SPOE to issue the authorization and discontinue the NPA authorization.

**No FSC Available**

When a FSC is not available, the Intake Coordinator provides Family Support Coordination services until a 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 weekly and follow the same procedure as "no provider available."

All Intake Coordinators who perform interim FSC services **must** start and maintain an FSC child record. This record must be copied and given to the FSC who provides ongoing support coordination once authorized.

## Section 2: IFSP Process

**Federal Performance Indicator # 7: percentage of eligible infants and toddlers with IFSPs within the 45-day Part C timeline. Target 100%**

**EarlySteps IFSP Process Forms:**

- **Freedom of Choice Provider Selection**
- **Request for Authorization**
- **Team Meeting Notice and Minutes Form**
- **Consent to Release and Share Information**
- **Individualized Family Service Plan (IFSP)**
  - **Health History Form Page 2**
  - **BDI-2 Evaluation Report Page 3**
  - **Family Assessment, Page 8**
- **Interim IFSP**
- **Family Cost Participation Forms**

**This section of the chapter will provide the specific steps in preparation for the team meeting for IFSP.**

**Step 1: Preparation for Initial IFSP Meeting**

The process for IFSP development begins at the eligibility determination meeting (Chapter 5). When the Intake Coordinator/FSC confer with the family to:

1. Identify members of the IFSP team, using the service matrix and **Freedom of Choice Provider Selection form**.
2. Complete all **Consents to Release and Share Information** if anyone is invited to the IFSP meeting for whom **Consent to Release and Share Information** has not previously been obtained.
3. Complete **Requests for Authorization** for team members who will participate in person.
4. Plan the agenda for IFSP meeting.
5. Determine the time and location for the IFSP meeting.
6. Notify all team members of the IFSP meeting by sending the **Team Meeting Notice** as early as possible and at least 10 days before the meeting. Documentation included with the Notice must include the **Concerns, Priorities and Resources** of the family, the **BDI-2 Evaluation Report**, the **Health History,** and the **IFSP and Programming Planning Report**.

    a. Written notification of the IFSP meeting must be provided to the family and other participants as soon as possible and at 10 days prior to ensure that they will be able to attend and fully participate (**Team Meeting Notice)**. The **Team Meeting Notice** may be mailed or emailed to each invited participant. A copy of the **Team Meeting Notice** must be placed in the child's early intervention record.
7. Prepare the Family for the IFSP Meeting - The planning meeting for the IFSP (initial) should result in a plan of action to meet the unique needs of an eligible child and his/her family. In planning for the IFSP, it is important that the Intake Coordinator/FSC take ample time to review the IFSP format and content 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. Information gathered throughout the intake, evaluation process which identifies family CPRs can be reviewed with the family prior to the meeting. Families should use the IFSP form 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, the 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.

DEC RP-T1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

**Step 2: IFSP Meeting**

The Intake Coordinator facilitates the initial IFSP meeting and the FSC facilitates the subsequent IFSP review and annual IFSP meeting(s). The Intake Coordinator is responsible for:

1. Introducing all team members;
2. Completing **Team Meeting Notice and Minutes Form**. The Intake Coordinator /FSC may request a team member to record the minutes; and,
3. Facilitating discussion for the development of the IFSP, based on their knowledge of all IFSP components and federal regulations.
4. Completing the IFSP **form.**
5. Distributing the forms to all team members (including the family) and posting to EarlySteps Online

Currently, the IFSP **must** be in writing and contain all of the sections required below. The IFSP is a legal document and must be written in ink, preferably blue ink. All errors must be lined through, initialed and dated. The use of "White Out" or "Liquid Paper" is not allowed. To correct errors on the form, a line should be drawn through the error and initialed. When the online IFSP becomes available, the requirements for "paper" documents will be revised. Currently, the IFSP must be maintained in the child's early intervention record and uploaded to EarlySteps Online. There is a separate learning module and document detailing the IFSP process and the completion of the IFSP form. The sections below give the highlights. All sections of the IFSP must be completed.

**Section 1: (Child Information)**
All fields must be completed as listed. When a child is a ward of the state, resides in a nursing home or long term care facility, the Home/Mailing Address should reflect the facility where the child resides. The Home/Mailing Address may be different from the Parent/Guardian Address.

- Pages 2-8 of the IFSP - Record the child's name, DOB and date of IFSP meeting at the top of all pages of the IFSP form.

**Section 1A: (General Contact Information)**

All fields must be completed as listed.

**Section 1B: (IFSP History and Family Support Coordinator)**

The FSC name, agency, and telephone number must be listed. The dates of the initial and projected date of the annual IFSP must be listed. (Note: The annual IFSP date is exactly 365 days after the initial IFSP. The initial IFSP date must never change.) If the IFSP meeting is an interim or annual, this must be checked and date listed.

The bottom left of page one of the IFSP also lists each Section and the forms used for the section When a 6 month review/revision takes place, the list of required forms is provided and the concern and rationale for change is indicated.

**Section 2: (Summary of Family Concerns, Priorities, and Resources to enhance the development of their child). This page is inserted from page 8 of the Family Assessment form**

1. Record the date completed.
2. Check the appropriate box for whether or not the family completed the assessment.
3. Document the family's concerns as it relates to enhancing the development of the child. The Family CPR information should be used for this section, if family agreed to this assessment. (see Chapter 5)
4. Number each box in priority order
5. Indicate the domain area(s) that the priority addresses
6. Indicate the resources that support the priority.

- CPR Touchpoint: information used for the Family Assessment is collected through the series of conversations with families beginning with the referral and throughout a family's time in EarlySteps rather than an isolated event.

**Section 3a: (Present Level of Health Functioning/)**
**This page comes from page 2 of the Health History form.**
Provide a statement of the child's present levels of physical development (including vision, hearing and health status), Vision and hearing status should include the date of last screening, screening results and name of individual conducting the screening, and upcoming screening date(s). This information is collected during intake and eligibility determination and updated annually. Birth History information is only completed at the initial IFSP. The remaining section is completed at the initial IFSP and annually.

**Section 3b: (Present Levels of Development)**
**This page is taken from page 3 of the BDI-2 Evaluation Report.** It includes present levels of cognitive development, communication development, motor, social- emotional development, and adaptive development based upon the BDI-2 results, other assessments and objective criteria.

This section should give a description of the child's developmental status.
- Adaptive (Doing things for him or herself- use of appropriate behaviors to meet his/her needs)
- Social/ Emotional (Getting along with others-use of appropriate behaviors to meet his/her needs)
- Cognitive/Communication (Understanding and communicating - acquisition and use of knowledge and skills (including early language/ communication)
- Physical (Moving)
- Cognitive (Thinking/Learning-Acquisition and use of knowledge and skills)

The child's current developmental status should use "strengths-based language and give the family priority(ies) to be addressed by the outcome.

**DEC RP INS1**: early interventionists, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.

**Section 4: (Outcomes for Child & Family)**

**Outcome**-- Document:
1. Separate outcome number for each child/family outcome and the family priority to be addressed from Section 2; and
2. The measurable results or outcomes expected to be achieved for each child/family outcome.
3. Written in SMART language

**What's Happening Now?:** Document the current status regarding each outcome.

**Our team will be satisfied that we are finished with this outcome when (criteria for measuring progress):** Document the indicator that the team would like to be completed in order to finish each outcome.
**Timelines:** Record the accomplishments the team expects for the next 3 – 6 months Information in this section should identify the skills/behaviors that the child/family will exhibit.

**Pre-literacy & language skills:** Record the strategies that have been developed to work on these areas. Example strategies are: encourage book handling behaviors, such as turning pages; promote behaviors that encourage child to pay attention to pictures in a book, such as gazing at a picture or laughing at a favorite picture; encourage behaviors that show the beginning understanding of "concepts", such as pointing to the pictures of all cars on a page, or identifying common objects; encourage behaviors, which show the child's understanding of pictures and events in a story, such as imitating an action seen in a picture or talking about the events in the story; encourage behaviors where the child interacts with the book, for instance babbling in imitation of reading or running his/her fingers along the printed word.

**Strategies: What strategies will the family use in their daily routines and activities to achieve the outcome**? Document the specific early intervention strategies (based on peer-reviewed research, to the extent practicable) that the family will use to meet the unique needs of their child and family. Example strategies are: verbal prompting/ instructing modeling (with verbal prompting) gesturing (with verbal prompting), and, physically assisting/supporting/guiding (with verbal prompting). Indicate on the right if adaptive equipment and/or environmental modifications are required to accomplish a strategy
**With whom will these strategies be practiced?** Document the individuals that the developed strategies will be practiced with. Examples include: family members, relatives, child care staff and other.

**Where can these strategies be practiced?** Document the location in which identified strategies will be practiced. Example locations include: special purpose facility, special purpose facility with inclusive childcare, community setting and home.

**We will measure progress towards the achievement of this outcome by:** Document the means in which progress will be documented and measured. Examples include: observation, progress reports, and assessment/evaluation by team.

**Daily Living Routine:** Document the daily living routine in which the family will incorporate outcomes. Examples include: bathing, dressing, eating, potty training, playing indoors, playing outdoors, sleeping/napping and other.

**Strategies which the support coordinator will use to support each outcome:** Document the strategies in which the support coordinator will use to implement each outcome. Examples include: telephone calls, set up and hold meetings, complete required paperwork, link family to community resources, as needed, assist with referralsand identification of providers, coordination of services, etc. A separate outcome for support coordination is not required but is included to address family priorities and needs for which the FSC will be responsible.

**We will measure progress towards the achievement of this outcome by:** Examples include: observation, progress reports, case notes, and quarterly progress summary.

Outcome numbers **must** be in priority order regardless of the type of outcomes

**Federal Performance Indicator # 3: Percent of infants and toddlers with IFSPs who were functioning within age expectations by the time they turned three or exited the system:**
**Targets:**

- **positive social-emotional skills (including social relationships)-70%**
- **acquisition and use of knowledge and skills (including early language/communication) 34.5%; and**
- **use of appropriate behaviors to meet their needs-59%.**

**DEC RP F3: Early interventionists and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.**

**Section 5: (Transition)**

**Section 5A**: Plan for Transition - Document that necessary discussions have taken place with the family regarding transition from EarlySteps. This section **must** be completed at all IFSP meetings including initial, annual and IFSP revisions.
Complete the following:

- Procedures we will use to prepare the child for the upcoming transition – choose any of the following:
  - Discussions about procedures to prepare the child for changes in service delivery
  - Discussions with parents regarding future placements and other matters related to the child's transition
  - Discussions with parents regarding community programs available following transition from Part C
  - Other information/services needed to prepare child and family for upcoming transition listed here.
- Program options identified by the team – may choose any of the following or add other identified program options:
  - IDEA, Part B
  - Head Start/Early Head Start
  - Child Care
  - Other community resources
  - Referral for Developmental Disability services to the HSA/D or LGE.
  - Medicaid EPSDT services
  - Other

Complete the section by signing or initialing that a plan for transition at age three has been discussed and agreed upon for the age three transition conference by indicating the transition steps and services to support the child and family transition at age three. The form **must** be signed/initialed by the FSC and the Parent. Document the date of the discussion.

**Section 5B**. Early Transition Event and Issue - Section B is NOT required if there is no early transition within EarlySteps (prior to age three). If the family is facing early transition, prior to age three, Section B must be completed. Check the appropriate box that represents the appropriate early transition event and issue. Documentation options include:

- Child is coming home from hospital; need to ensure no disruption of necessary services;
- Family will be experiencing a change that may affect the delivery of an IFSP service (birth or adoption of sibling, medical needs of other family members, employment or loss of employment);
- Child will be experiencing a change that may affect the delivery of an IFSP service (i.e., hospitalization, placement in child care setting, medication changes, etc);
- Changes in IFSP services (i.e., termination/addition of service, change in location of service); and,
- Child is exiting early before age three.
- Family moving to another state
    - Document a plan for disposition of the Assistive Technology device if applicable.
- Schedule Exit BDI-2

If any of the above options are chosen, then both 1 and 2 under the Early Transition Plan must be completed. The Early Transition Plan must reflect:

- The following training/discussions concerning future services/program that will be held with the parents, accompanied by the target date for completion; and,
- The procedures that will be used to prepare the child for the change in service delivery, accompanied by the target date for completion.

Complete the section by signing or initialing those early transition events and issues have been discussed. The form **must** be signed/initialed by the FSC and the Parent. Document the target date for completion.
Early Transition Steps are listed as examples of steps the family may need. Other steps may be added.

**Section 5C**- Transition Conference at Age Three transition must be completed at the child's Age Three Transition Conference meeting. The main purposed of the Age Three Transition Conference is to assist the family in making this critical transition. The conference should focus on and document the steps and services necessary for successful transition.

This section of the IFSP contains information reflecting that required Transition events have occurred.

Document the following:

- LEA was notified of child's upcoming transition:
    - Child specific records were sent to the LEA
    - Parent did not consent to releasing information to the LEA
- Record the date that the BDI-2 Exit was requested;
- Record the date that the notification letter was mailed to the LEA

- Record the date consent to send records obtained
- Record the date that the transition meeting was held; and,
- Document if the child requires a referral for OCDD eligibility determination, and, if yes, record the date that the referral packet was sent.
- Record the date notice for the LGE to participate in the meeting was sent.
- Record the date child care center staff was notified.

For children referred between 45 and 90 days from their third birthday, the LEA should participate at the initial IFSP meeting; this should be considered the Transition Conference. If for any reason the LEA is unable to attend the initial IFSP meeting the FSC will invite the LEA to any future IFSP team meetings to discuss age three transition. The transition conference must occur regardless of the attendance of the LEA.

The focus of any EarlySteps service needs should be on facilitating transition to future services. If the child is potentially eligible for services through the LEA, the LEA representative **must** be invited to this meeting. HSA/D **must** also be invited if HSA/D is a potential service provider or if the family requests a determination process for system entry for HSA/D/Waiver services.
An age three transition list of possible steps and services is listed for discussion with the family to meet transition needs. Other steps and services may be added.

After completing the sections, attach a completed copy of the IFSP cover page with the Transition meeting date and forward to the SPOE for data entry. Copy,distribute, and upload to the necessary parties.

**DECRP-TR2**: Practitioners use of variety of planned and timely strategies with the child and family before, during, and after transition to support successful adjustment and positive outcomes for both the child and family.

**Federal Performance Indicator # 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including (with targets):**
**a. IFSPs with transition steps and services (100%), b. Notification to LEA, if child is potentially eligible for Part B. (100%).**
**c. Timely Transition conference held if child potentially eligible for Part B (100%).**

**Section 6: Early Intervention Services**

**Column A: Early Intervention Service –**

- Support coordination is a required service, therefore it is already listed.
- List the appropriate early intervention service that will be provided from the outcomes (Section 6). (i.e., ST, OT, PT, SI, etc.)

- Check (whether the services are to be provided on an individual or group basis.

**Column B: Outcome Number** – List the appropriate outcome number that relates to the service listed in Column A (from Section 6).
**Column C: Location** – List the appropriate location code here services will be delivered. The location means the actual place or places where the service will be provided. The legend of location codes can be found at the bottom of the IFSP, first column
**Column D: Frequency** – List the number of or sessions that a service will be provided for each early intervention service as decided by the team. (i.e., 1 time per month)
**Column E: Intensity** – List the length of time the service is provided during each session for each early intervention service as decided by the team. (i.e., 30 minutes)
**Column F: Start Date** –List the date that each early intervention service is scheduled to start. Start dates **must** be in compliance with the **Notice of Action** timeline in which services **must** begin--at a minimum of three calendar days after the IFSP meeting date and parent signature on "Parent Consent for Services."
**Column G: End Date** – List the date that each early intervention service is scheduled to end (authorizations limited to 6 months). The end date must allow the parent at least 3 calendar days to consider the decision. For example, if a meeting is held on 6-01 and it is decided that a service will be ended, then the end date may not be any sooner then 6-04.
**Column H: Method** –Indicate how the service is to be provided. Document the type of service using the legend of methods at the bottom of the IFSP, column 2 (i.e., early intervention service, family education training support, assessment.)
**Column I: Funding Source** - List the code representing the appropriate source of funding based on the codes located at the bottom of the IFSP, column 3 (i.e., Part C/State funding, Family Cost Participation, Medicaid funds, or MFP)
**Column J: Providers Name/ Payee Name** – Check (√) the appropriate box indicating whether the provider is an independent, agency or no provider available. List each Provider's Name and Assistant's Name, if applicable, below each check box.
**Section K: Primary Setting** –Circle the appropriate choice reflecting the setting where the majority of services will be provided. (Bottom of section K)

**DEC RP E1**: early interventionists provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

**DEC RP INS4**: early interventionists plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate and learn within and across activities and routines.

**Parent Consent for Services**:

- The parent signs the IFSP in the section indicating that the contents of the IFSP have been fully explained, and that the parent gives informed written consent to implement the services described in Section 6 of the IFSP.
  - Parent should not sign the IFSP until the document is complete.
  - Parent **must** be informed that they have 3 calendar days to consider this plan and no services (except support coordination) will start for 3 calendar days after consent and signature.

When an IFSP is reviewed/revised, the same form may be used to show the revisions. Instructions for indicating the changes are given on the form:

- ☐ Add (+)
- ☐ Change location
- ☐ Change provider
- ☐ No change,
- ☐ Drop (-) List the service, list the drop date.

**Section 7A: (Assistive Technology Device and Assistive Technology Service(s))**

This page is to be completed if the child requires an Assistive Technology Device and/or Services to meet their goals and outcomes as described on the IFSP.

**IFSP Outcome Number**- Place the corresponding outcome number (Section 6) from the IFSP that relates to the requested AT equipment. The requested equipment will help the child achieve this specific outcome.
**Name of Device**- State the name of the equipment requested and specify if this equipment is covered by Medicaid. If the equipment is denied by Medicaid, attach the Medicaid denial letter.
**Vendor Providing Device**-State the name of the Vendor that will be providing the requested device.
**Where is the device used?-** State the location where the equipment will be used (i.e., Home, Child Care, Relative's home, Community Setting, Other)
**When is the device used?-** State the time during the child's daily routines when the device will be used? (i.e., Mealtime, at daycare, etc.)
**Start date for device/service use?-** Document the anticipated date that the child will begin using the device/service. This start date may be later than other start dates.
**End date for device/service use?-** Document the anticipated date that the child will stop using the device.
**HCPCs Code-** Specify the appropriate HCPC code, and verify if this code is listed on the approved list of Assistive Technology Devices.
**Price/Cost**- State the cost of the requested device from the listed vendor.
**Total cost for all AT devices listed:** List the total cost of all the AT equipment requested in this section.
**Note**: Any AT item costing over $500 **must** be sent to EarlySteps Central Office for approval.

**Section 7B: (Transportation Necessary to access early intervention services)**

**IFSP Outcome Number-** Record the corresponding outcome number from the IFSP (Section 7) that relates to the requested transportation item.
**Start Date-** This date coincides with the start date of the service that transportation will be needed.
**End date-** Document the anticipated date that the services will end and transportation will no longer be needed.
**Provider-** State the name of the provider that will be providing transportation services. This may be the parent.
**Frequency-** State how often transportation services will be provided (1 time/wk, 2times/month).
**Maximum miles per trip expressed as round trip**- State the number of miles round trip to provide transportation services (i.e., 20 miles, 30 miles)

**Section 8: (Other Services needed to enhance the child's development)**

This section lists the services, such as medical and other services that are needed by the child and/or family (or that the child/family is receiving) that are related to the child's development, but are not required Part C early intervention services. Certain "other services" should be listed:

- Child's medical home (primary care physician);
- Child's medical specialist(s);
- Child care that the child attends;
- Office of Citizens with Developmental Disabilities (OCDD) services (see Chapter 5 for information about referral to OCDD services); and,
- Other therapy services provided outside of EarlySteps
- Other services family needs to address child's development: eg parenting class, IEP training at Families Helping Families, etc. any other services needed.

**Service-** State the name of the service the child needs other than an EarlySteps service.
**Family or Child Service** (circle one) - Specify if the service is necessary for the child or for the family (i.e. social work for family or medical services for child)
**Responsible Person Contact Information-** State the name of the person who is responsible for securing this service for the child (i.e. FSC will call housing office)

**Funding Source of Steps to Secure Service-** List the agency which will provide funding for this service, if there is not a funding source, and include the steps that the service coordinator or family may take to secure this service for the child and family. (i.e., pediatrician paid by Medicaid; medical specialist provided through CSHS, etc)

**DEC RP F7**: Early interventionists work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.

**Section 9: (IFSP Team and Contributors)**

Complete the following information for each member of the IFSP team who participated in the team meeting. Providers who conducted the assessment of the child have the option of participating by phone call or report, all other team members **must** participate in person.

a. Printed name
b. Position/Role
c. Agency (if applicable)
d. Telephone
e. Signature or Method of Participation
    - Attended meeting
    - By report
    - Telephone conference call/virtual participation
    - Representative attended

**Section 10**: (**Justification for Early Intervention Services Delivered Outside of Child's Natural Environments)**

This section records a justification for early intervention services not provided in the natural environment.
Document a child specific reason why early intervention can not be satisfactorily achieved in a natural environment. Document the data used to support the team decision.

- Describe how services will be incorporated into the Natural Environment
- Check one of the following:
    - Provider will send the contact note home after each session for the family;
    - Provider will talk with the parent (weekly, biweekly, monthly) regarding the child's functioning;
    - Provider will send home information on the strategies the child is learning, so the parent can incorporate these strategies into the child's routine at home;
    - The parent will call the provider if he/she is unclear on how to implement a new strategy;
    - Mom or Dad will participate in supports when possible; and,
    - Other.

This page **must** be completed for each and every service provided to a child that is not in the natural environment.

**IFSP Team Meeting Minutes**

The Louisiana Part C Early Intervention System requires that written minutes of all eligibility, IFSP, and other 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 and upload to EarlySteps Online 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. In addition, they are the record that verifies participation and time for billing by team members who were authorized and participated.

**Required components of these minutes are:**

1) the purpose of the meeting;
2) the name and title of each of the participants;
3) Start and end time for each participants' participation
4) a summary of the discussion items not reflected on the IFSP; and,
5) 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; and,
- Parental participation and lack of agreement to services that was 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. ICs, FSCs and Supervisors can use the Team Meeting Fidelity Measure to assess the Team Meeting Process.

## Section 3: Completing the IFSP Process

**Step 1: Provide the family with a Notice of Action**

- The Intake Coordinator will provide the family with a **Notice of Action**
  Chapter 2 explains the federal regulations regarding **prior written noti**ce of action to parents. Once the IFSP is completed, the Intake Coordinator presents a Notice of Action form to the family. The Notice of Action states that the family understands that EarlySteps **must** wait at least three calendar days before taking any action. Parents have the right to revoke the consent for any service at any time.

**Step 2: Implement the IFSP**

- Once all elements of the IFSP are complete, a parent's signature at the bottom of Section 6 of the IFSP indicates their agreement/consent with the IFSP, as developed, and represents their informed, written consent for implementation of the IFSP. It is considered a legal document.
- The family's signature for consent starts the 30-day timeline for IFSP services to be provided.

**Note:** 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. If an error is made at the IFSP meeting, the error should be lined through, initialed and dated.

- All IFSP team members **must** have a copy of the IFSP no later than 5 calendar days after the IFSP Meeting and are required to maintain IFSPs in their records according to the retention policy
- The SPOE **must** enter authorization data within 2 calendar **days upon** receipt of authorization documentation. The SPOE is responsible for all data entry activities that ensure that an authorization is created for each service that was agreed upon during the IFSP meeting.

**Timely Delivery of Services**

- Within 30 days of parent consent for the IFSP services are expected to be provided as indicated on the IFSP.
- Providers must provide the service in the conformity with the IFSP re: intensity, frequency, method and location.
- It is the responsibility of the FSC to monitor service start dates to ensure timely service start dates and compliance with the IFSP service section 6 and authorizations

**Quality Practices for Writing IFSPs**

A quality IFSP will have several features:

- Descriptions written using strengths-based language
- Descriptions written using family-centered language (not professional jargon or clinical terms.)
- Outcomes written in functional terms (it is clear, when reading the outcome, where the child will learn/practice the new behavior/skill and during what daily routine the new behavior/skill will be used.)

EarlySteps uses a quality rating scale which provides quality indicators for IFSP development.

## References:


Part C Regulations, September, 2011

Pletcher, Liynda Cook and Younggren, Naomi O., *The Early Intervention Workbook: Essential Practices for Quality Services.* Paul H. Brookes Publishing Co: Baltimore, 2013

The Division for Early Childhood of the Council for Exceptional Children. (2014) *DEC Recommended Practices in Early Intervention/Early Childhood Special Education.* Retrieved from http://www.dec-sped.org
http://www.ectacenter.org.

# General Supervision Performance Expectations

Performance expectations are used to determine compliance with EarlySteps policy and procedures. When noncompliance is identified, findings, corrective action and/or sanctions are imposed. Some IFSP development performance expectations may also be found in the Intake and Initial Eligibility chapters.

| Performance Expectation | Monitoring/Source | Responsibility |
|---|---|---|
| Referral information, ASQ, family concerns used correctly to determine decision to proceed to eligibility determination and IFSP development | Referral, intake, evaluation/assessment information | SPOE staff<br>Evaluators<br>Other team members |
| Family offered and select FSC agency of their choice | Freedom of Choice documentation | SPOE staff |
| IFSP developed within 45 days of referral | IFSP Referral to IFSP timeline report<br>EI Dates in EarlySteps Online Documentation in child's chart | SPOE staff |
| IFSP Completed with accuracy | -All required elements complete on each page and legible<br>-Section 2: Family Assessment information complete and prioritized<br>-Section 3: Present Levels of Functioning includes up to date vision and hearing, birth history (at initial) and other sections complete, including Evaluation scores<br>Section 4: Outcomes reflect family CPRs. FSC assistance in meeting outcomes completed in "Strategies" section<br>Section 5: Appropriate transition sections completed. If within age age timeline, Transition Conference section complete including Conference date and age 3 steps and services<br>Section 6: services page completed including all sections and parent consent documented/dated.<br>Section 7: completed as needed with AT section reflecting other IFSP outcomes<br>Section 8: Other services section complete<br>Section 9: IFSP team members documented including method of participation.<br>Section 10: Justification reflects reason based on child-specific needs, not system reasons. | SPOE staff<br>FSC agency/FSC<br>IFSP team |

| | | |
|---|---|---|
| Documentation Requirements met | Required documents included in chart and uploaded | SPOE staff<br>Eligibility evaluator<br>Other IFSP team members |
| Parent Rights | -Rights provided<br>-Freedom of choice provider selection<br>-Consent<br>- Notice of action | SPOE staff |
| Service decisions reflect EarlySteps policy and process. | --ASQ results<br>--Health information<br>--Family CPRs<br>--BDI-2 results<br>--Eligibility determination team meeting notes | SPOE staff<br>IFSP team members |
| Services start within 30 days of parent consent on the IFSP. | IC/FSC contact notes<br>Provider billing records<br>Parent consent on IFSP | -Intake Coordinator if providing ongoing support coordination<br>-FSC<br>-Service providers |
| The “no provider available” process implemented according to requirements | -IFSP team meeting indicates need for a service for which there is no provider available<br>-IC/FSC requests NPA authorization<br>--IC/FSC monitors service availability on matrix and through provider contacts<br>--IC/FSC contacts regional coordinator<br>--IFSP team meeting to consider options to address IFSP outcomes<br>-NPA authorization ended with service authorization | IC/FSC<br>Regional coordinator<br>IFSP team members |
| Services Delivered according to the IFSP, Section 6 and service authorizations | --Monthly phone calls to family<br>--Contact Notes reflect service authorizations. Deviations documented.<br>--Contact Notes uploaded to EarlySteps Online<br>--Provider claims match service authorizations. Revisions documented in Contact Note<br>--Families provided with dispute resolutions rights and steps if conflicts arise | IC/FSC<br>IFSP team members |
| IFSP team meetings reflect the DEC RPs as aligned with EarlySteps Practices | Teaming Fidelity Measure | IC/FSC<br>IC/FSC supervisors<br>IFSP team members |

## EarlySteps Practice Manual:
## Chapter 7: Ongoing IFSP Implementation and Eligibility Re-Determination

Ongoing support coordination (FSC) responsibilities to ensure the appropriate provision of early intervention supports are presented in this chapter.

Topics included in this chapter:



## Louisiana's State-Identified Measureable Result for Infants and Toddlers with Disabilities and Their Families:

*The EarlySteps System will improve child outcomes through supports that are focused on family Concerns, Priorities and Resources and provided through a team-based approach.*

| Revisions/Updates/Additions-October 2023 |
|---|
| -Changed name of chapter |
| --added relevant DEC Recommended Practices and updating Teaming for Success section. |
| --reorganized chapter by contact types to consolidate information and to better reflect the sequence of events. Example, moving Monthly call section before team meetings. |
| --some updates, including forms are incomplete at this time as the SSIP workgroups complete relevant practice profiles and fidelity measures. |
| Added CPR Touchpoints |
| Updated process to change FSCs |
| Aligned re-determination eligibility requirements for infants with a prematurity diagnosis for ongoing eligibility with Chapter 5. |
| Performance Expectations Added |

# Ongoing IFSP Implementation and Annual Eligibility Re-Determination

**Ongoing IFSP Implementation, 6 Month-Reviews, Annual Re-determination of Eligibility and Annual IFSP Evaluation Forms**

- **Consent to Release and Share Information**
- **Request for Authorization**
- **Team Meeting Notice and Minutes Form**
- **Notice of Action**
- **IFSP Revision Forms required from IFSP:**
  - **Section 1 of IFSP indicating review/revision and date and change rationale**
  - **Section 4 of IFSP if outcome changes are needed**
  - **Section 6 of IFSP with status of all services**
- **Provider Status Change Form (as needed)**
- **Freedom of Choice Provider Selection Form**
- **IFSP**
- **Sample FSC Case Note Format**
- **IFSP Team Services Decision Form**

## Introduction

To support continuous quality improvement in EarlySteps, the SICC, EarlySteps staff and stakeholders began the Statewide System Improvement Plan practice improvements with 4 main areas of focus for the state systemic improvement plan (SSIP) using the DEC Recommended Practices (DECRPs), the state-selected evidence-based early intervention practices. The focus areas are:

- Family Assessment,
- Team-based Service Delivery,
- Services support Family Priorities,
- Evaluation and Assessment (added in 2019)

This chapter addresses all four of these elements focusing on ongoing implementation of the IFSP.

## Teaming for Success in EarlySteps

Teaming is crucial to ensuring the quality of early intervention services provided for the children and families supported in EarlySteps. The Program Components Committee of the SICC began this work which was subsequently supported by the Team-based Practice Supports (TBPS) workgroup. SICC, staff, and stakeholders conceived the teaming process for the purpose of consultation and collaboration among SPOEs, service providers, FSCs, and families. Strategies recommended by the committee follow.

The work of the committee then became one focus area for the state's system improvement plan (SSIP): Team-based Practice Supports (TBPS). The improvement process includes aligning the EarlySteps practices with the DECRPs, identifying the practices already in place in EarlySteps and those that were missing resulting in identification of the core activities that represent practice expectations in the TBPS focus area. The process resulted in a TBPS Practice Profile and fidelity measures for TBPS and the other focus areas. This chapter includes the team-based practice supports focus area practices to address ongoing IFSP implementation; a team-based approach where early interventionists and families collaborate with each other to address the family's concerns, priorities and resources (CPRs).

## Strategies for Fostering Teaming – At the Beginning

The SICC Program Components Committee recommended strategies that all team members implement which is described as "the teaming process." The strategies facilitate teaming among direct service providers, family members, family support coordinators, preschool teachers or child care providers. The committee also proposed informal strategies to foster teaming. The following are suggestions to assist with facilitating teaming among direct service providers, family members, family support coordinators, SPOEs, child care providers and any direct caregiver. Although these techniques are not all inclusive, many are easily incorporated into current daily practices. All techniques support ongoing communication for IFSP teams.

- Many child care centers already use notebooks to share information with parents; if these are already in place, direct service providers utilize the notebooks to share information with parents and other providers/team members. If notebooks are not already used, ask the parent to leave one in their child's cubby so that the team and parent can communicate. Notebooks can also be used if a child is seen in the home and provide a place for early interventionist Contact Notes to be kept for the family and other team members.

- If a direct service provider needs to speak with another provider: leave a note at the child care center or home for the provider, write a note in the child's note book, email the provider, add a note to the Child Notes section of EarlySteps Online.

- Direct service providers generally have regularly scheduled times for therapy. Let the family support coordinator know these times so that they can attempt to schedule team meetings at that time.

- If meetings cannot be scheduled at a providers regularly scheduled time; give as much advance notice as possible to allow for the provider to rearrange their schedule.

- If it is absolutely impossible to be at a team meeting use alternate methods to participate in the meeting and provide necessary and relative information such as participating by phone, sharing contact notes and monthly reports with the team members and uploading them to EarlySteps Online. As of the COIVD-19 pandemic, participation in virtual meetings supports participation by all team members.

- Utilize email to communicate with other direct services provider team members (example OT with ST). Email is a great way to communicate for people with busy schedules. Email addresses can be found on the LAEIKIDS Service Matrix.

- Make charts or lists of techniques to be posted at the home (or in the notebook) when multiple disciplines are serving a child.

- Timing can make a difference in whether individuals can be involved in any teaming activity; therefore everyone provides ample notice of any teaming activity that is taking place.

In addition, EarlySteps has an online module on the Team Process which all providers are required to complete.

These strategies and the TBPS Practice Profile core practice components are the expected strategies that ensure that teaming practices are consistently implemented with fidelity throughout the EarlySteps system. The TBPS Fidelity Measure is a tool to measure the implementation of the process with activities that are observable, measurable, and teachable and support recommended practices and quality improvement.

## Family Support Coordinator Role in Ongoing IFSP Implementation

*"Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes (DEC Recommended Practices, 2014)"*

- *CPR Touchpoints*: Conversations with families regarding their needed supports should occur with each contact through monthly calls, during service delivery visits, in consultation with service team members, and at quarterly team meetings, etc. At every opportunity, family priorities are re-visited and needs addressed to support meeting IFSP outcomes. Regular, intentional exchanges of information and knowledge builds team capacity family capacity to meet their child's needs.

The IFSP is a fluid document that **must** be periodically reviewed by the IFSP team through the team meeting process. Because of the developmental changes inherent in every child and the impact of changing needs on families, the IFSP **must** be flexible and reactive to the changes in each child's developmental needs as well as changes in family concerns, resources and priorities. All team members contribute to identifying needed changes and working together to address them through regular, ongoing communication with all team members and through review/revision of the IFSP.

The family support coordinator (FSC) is the team leader responsible for facilitating the ongoing IFSP implementation process, is responsible for monitoring the provision of services, and is the "go to" person to ensure shared communication. Following the initial IFSP development, the FSC role as the team leader begins with regular monthly contacts with the family and other team members.

## Monthly Contact

The FSC is responsible for contacting families on a minimum of a monthly basis, or more often as needed. Contact is in the form of a telephone call and/or face-to-face/virtual meetings. Documentation of FSC activities for these contacts is made in a "Case Note Format," and must include child name, FSC name, date, and time, and a summary of the meeting/call points. Specific IFSP issues should be discussed at this time, including, but not limited to:

- Continual assessment of the families' CPR and progress addressing IFSP outcomes and status of supports addressing family priorities and concerns.
- Timely implementation of early intervention services and other services listed in Section 6 of the IFSP within 30 days of parent consent for the service.
- Possibility of any revisions of any early intervention service listed in Section 6 of the IFSP setting the stage for a team meeting; and,
- Questions regarding any section of the IFSP
- Medicaid eligibility verification
- Discussion regarding the child's developmental progress

An FSC agency may use the provider contact note format to document contacts with families and providers. Monthly calls must also be documented on the **FSC Billing Summary**.

**Suggested Questions for Monthly FSC Telephone Contacts and Quarterly Reviews**

- How are services going? When did services start?
- Does the provider arrive on time?
- Has the provider taught you a new strategy each session?
- Are you able to use the strategies as part of the regular routines your family experiences every day?
- If not, why not? Are the strategies designed to meet YOUR family needs?

- Do the strategies address the concerns and priorities you identified?
- Have there been any changes in the family that might affect your ability to work with the provider, such as illness, etc.?
- Does the provider return your telephone calls promptly?
- Do you find the current level of services manageable?
- Do you feel that there is a "good fit" between you and the provider?
- Are you comfortable with how your priorities are being addressed in the outcomes that are being worked on?
- Do you have any concerns that we have not talked about?
- Do you need any information on any of your child's conditions?
- Can I assist you with referrals to other resources?

**Neither a text message nor email meets the requirement for the monthly telephone contact with families.**

**DEC Recommended Practice Teaming and Collaboration (TC) 3:** Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

## Overview: Team Meetings:

Team meetings occur quarterly. There are requirements for activities that must occur at specific team meetings. IFSPs **must** be reviewed:

- Every six months and on an annual basis; and,
- More frequently if conditions warrant, or if the family requests through an IFSP review
    - If the family requests an IFSP review during ongoing IFSP Implementation, the Family Support Coordinator is responsible for ensuring that a review occurs through a team meeting. 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.
- Changes to the IFSP are to be addressed through IFSP team meetings which occur at least quarterly. Any team member may request a team meeting.

**Prior to any team meeting the FSC will:**

1) Inquire about best time and location for the meeting to be held for families and providers

2) Inquire what agenda items/topic of discussion for the meeting from families and providers and share the agenda, service data such as contact notes and progress reports and assessment results prior to the meeting.

3) Submit authorization form for provider participation to the SPOE.

4) Requests contact notes, monthly progress reports, additional information/data to be shared with all members. The documents can be faxed, emailed, and uploaded in EarlySteps Online.

5) Invite, in writing, using the Team Meeting Notice and Minutes Form (mail, e-mail or fax) all team members to attend the meeting as early as possible and at least 10 days prior to the meeting. Future meetings can be scheduled as part of the wrap up of a currently-held meeting. This form serves as written, prior notice for families.

6) Reminder call or e-mail to families and providers prior to the meeting. A text is sufficient as a reminder but is not a substitute for the monthly call.

**General Process for the FSC in Conducting any Team Meeting**

1. All team members participate in Quarterly Team Meetings arranged and facilitated by the FSC. Participants also include representatives from other programs that are involved in the child's life such as child care providers, Early Head Start representatives, home health staff, LEA representatives, mental health providers, etc. as agreed to by the family.

2. The FSC facilitates the meeting and take minutes on Team Meeting Minutes Form including reviewing the purpose for the meeting and the agenda, introducing all participants and their roles, as well as soliciting additional input for the meeting. The FSC solicits input from all meeting participants avoiding jargon and acronyms.

3. Team members support family decisions following discussion and according to team process and EarlySteps requirements.

4. The FSC summarizes key points and decisions reached as well as follow up responsibilities for all team members including confirming contact information.

5. The FSC distributes Team Meeting Minutes to all team members within one week of the meeting. Uploading forms to EarlySteps Online meets this requirement. Families receive copies by email, mail, etc.

6. If changes to the IFSP are needed following the Team Decision Process discussion--make changes, submit authorizations, select service providers, provide additional notice to the family and obtain consent, and forward copies and authorization requests to the SPOE and team members and/or upload to EarlySteps Online. Regional coordinators review the Team Decision Process to ensure implementation fidelity.

7. Future meetings can be scheduled as part of the wrap up of a currently-held meeting.

**Provider responsibilities related to Team Meetings**

1. May identify a need for a team meeting which could include need for consultation with other providers,

2. Contact the FSC to request a team meeting.

3. Work with the FSC to determine best time and location for the meeting to be held and what agenda items/topic of discussion for the meeting.

4. Once contacted by the FSC regarding the meeting identify the method of participation such face-to-face attendance), conference call, e-mail, virtual.

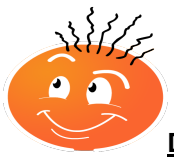
5. Timely Submission of contact notes, assessment information, progress notes, reports from other agencies to the FSC for sharing with all team members.

6. Check for authorization online to attend team meeting, if not available, contact the FSC immediately.

7. Attend Initial, Quarterly, Six Month, and Annual IFSP Team Meetings as well as any other team meetings called for the purpose of collaboration and consultation.

8. Participate in the team meeting through consultation with other providers and the family, such as demonstrations, sharing literature/videos, and modeling.

9. Submit invoice/claim for IFSP Meeting for payment—claim must match date, meeting time/meeting length on Meeting Notes.



**DEC Recommended Practice TC** 1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

**General Process for the FSC after any Team Meeting**

1. Set schedule for next team meeting during current meeting and send reminder to members

2. Ensure plans for ongoing communication are agreed upon and shared across all members.

3. Submit updates/revisions and meeting summary to all team members and required documents to the SPOE and family including uploads to EarlySteps Online.

4. Follow up with providers and family to ensure assigned activities are implemented and/or new/revised services or service schedules have started timely.

## Team Meeting Requirements by type of meeting:

Types of team meetings

1) Initial Eligibility and IFSP Team Meetings—An initial eligibility team determination for the child in EarlySteps following referral and occurs prior to the IFSP development for the eligible child, is facilitated by the SPOE Intake Coordinator or the FSC. The initial eligibility team meeting may occur prior to participation by the ongoing FSC.

2) Ongoing IFSP Team Meetings are facilitated by the FSC:
-Quarterly IFSP Team Meeting
-Six month review IFSP Meeting
-Annual eligibility team meetings
-Annual IFSP team meetings
-Age 3 Transition conference (usually held with another team meeting type rather than separately)
-Other team meetings as needed to address child and family outcomes

## Quarterly Team Meetings

Quarterly team meetings, a required component of Family Support Coordination, occur through a face-to-face/virtual meeting. All team members are invited to participate in this meeting. The quarterly meeting is an opportunity for many teaming activities to occur including consultation across disciplines and reviewing and revising the IFSP Meetings **must** be held once each quarter (every three months).

- The child **must** be seen during the face to face meeting.
- The purpose of this face-to-face meeting is the ongoing assessment/review of the family's concerns, priorities, and resources and IFSP supports to address them.
- Prior written notice is sent to the family before the meeting occurs.
- Team member documentation (contact notes, quarterly reports) are shared prior to the meeting and available for members to review and discuss at the meeting.
- Documentation of the discussion and recommendations must describe that IFSP issues were discussed and what future actions are needed using the Teaming Collaboration Meeting Summary (page 2 of the Notice Team meeting Summary form)

## Review/Revision Team Meeting –

A review/revision team meeting may be called by any team member including the family and held at any time during the child's eligibility in EarlySteps. This meeting includes consultation and collaboration among providers, FSC, and the family. Meetings are not only for adding, or changing frequency and intensity of services: quarterly team meetings, including those for IFSP review/revision are used to promote the teaming process among FSC, providers, and the family. The meeting may or may not result in a revision to the IFSP.

This is illustrated in the following DECRP.

**DEC Recommended Practice Teaming and Collaboration 2**: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

## Team Meeting for 6-Month Review of the IFSP

IDEA, Part C requires a review of the IFSP at least six months after the initial development of the IFSP and ongoing or more frequently if conditions warrant, or if the family requests such a review. The following activities including follow up from the last quarterly team meeting comprise a review accomplished through a team meeting: Review of progress reports and service data 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. Early interventionist's Contact Notes, assessment information are used to facilitate the discussion.
- Review of the results of any child/family assessment information and/or autism screening and recommendations for follow up.
- Development of a written transition plan for any significant changes for the child and family, including the age 3 transition conference between 2 years, 3 months and 2 years, 9 months of age.
- Review of the team communication process about the child's progress and concerns
- Documentation of the team review in Team Meeting Minutes
- Update Freedom of Choice Provider Selection Form
- Revisions to the IFSP and Team Decision Process if necessary
- Provide prior, written notice to the family and request service authorizations
- At the 6 month review, the outcome pages must be reviewed. If the behaviors/skills have been attained, then a new outcome page must be written. The same outcome may be addressed, but the team must identify new behaviors/skills for the next 3 to 6 month period. If a new outcome is added at a revision meeting, then a new outcome page must be completed and shared with team members.

## Conversations about the Autism Screening

Children entering at 18 months of age or older:
The EarlySteps Autism Screening protocol requires that children are screened beginning at age 18 months and at exit. The requirements, based upon recommendations from the American Academy of Pediatrics, advise regular, routine screening for autism in toddlers (AAP, 1994). Children who entered EarlySteps at 18 months and older, should have had an autism screening as part of the initial eligibility determination process. The FSC should contact the appropriate provider prior to the annual IFSP review meeting to schedule the screening when it's due and request the authorization from the SPOE at the appropriate interval.

Children entering EarlySteps prior to 18 months of age or those for whom a screening was previously refused:
If the child was less than 18 months of age upon entry to EarlySteps or if the family previously refused the screening, the team should discuss the need for the screening with the family, notify the evaluator, obtain the authorization, and have the screening results for team discussion at the IFSP review. At the team meeting:

- The discussion of the screening results should utilize the appropriate *Script for Follow Up on Screening Results* as a guideline when discussing any results, regardless whether it is positive or negative. Team members should review items on the screening tool to determine any necessary team action according to the screening protocol.
- By the end of the meeting, ensure that all team members have a clear understanding regarding a screening result. That is, positive results do not mean that the child has autism; it means that additional follow up is required regarding a diagnosis. If the results are negative, it does not mean that the child does NOT have autism. If the family still has concerns about an autism spectrum disorder, the team should refer the family for follow- up. Regardless of the results, it is up to the family to make their decision whether or not to pursue a diagnostic evaluation.

- Any necessary follow up resulting from the autism screening, should be included as outcomes on the IFSP. For example, referral for diagnostic evaluation, additional outcomes to address behavior concerns, etc.
- Confirm that the "Dear Physician/Diagnostician" letter has been provided to the family and that they plan to share it with the child's physician.

If a family declines an initial and/or repeated screening, a qualified and trained evaluator should complete the refusal letter with the family. The FSC should continue to offer the autism screening at future intervals. The FSC will confirm that the required screening documentation is submitted uploaded and the results entered into EarlySteps Online.

The autism screening procedures, tool protocols, forms, scripts, referral resources and other requirements are available with the autism screening training and/or the EarlySteps regional coordinator.

## Annual Eligibility Determination and Annual IFSP Team Meetings

An annual meeting must be conducted to evaluate and revise, as appropriate, the IFSP for the child and the child's family. The results of any current evaluations and other information available from assessments of the child and family must be used in determining the early intervention services that are needed and will be provided. (IDEA, Part C 2011 Regulation 303.342 (c))

**For Annual Re-Determination of Eligibility**—eligibility determination **must** be completed prior to the annual IFSP date, at least **30** days prior to the annual IFSP meeting is recommended.

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 earlier than 60 days prior to the annual IFSP date, and,
- No later than 45 days before that date
- Date of the BDI-2 cannot be more than 30 days from the eligibility determination date
- Collect evaluation results from the evaluator prior to the Annual IFSP team meeting
- Collect early interventionists' Contact Notes and Assessment information to review with team members

Schedule/obtain authorization for autism screening and BDI-2 from the previously identified evaluator. 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, 60 days is a recommended 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. Discussions about eligibility redetermination can begin at the 3rd quarter meeting to establish the plan to proceed.

The annual evaluation of the IFSP includes the requirement that current child and family assessment, evaluation results, early interventionists' notes, health information, and any other information be used to:

- Develop/revise outcomes that help to identify what early intervention services are needed, and,
- Determine how child and family needs will be met.

## Redetermination of Eligibility Using Informed Clinical Opinion (ICO):

Redetermination criteria and procedures for the ICO process are the same as for initial eligibility: to determine if the child continues to be eligible by informed clinical opinion. A single domain assessment in the area of concern must be completed by the same provider that is administering the Battelle Developmental Inventory-2, by the ongoing service provider, or service provider from the relevant specialty area. All of the following **must** be considered for re-determination of eligibility using informed clinical opinion.

- FSC will inform ongoing service provider of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting,
- A single domain assessment must be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the Informed Clinical Opinion Report
- Progress or lack of progress documented in provider contact and/or monthly progress reports
- Documentation of additional child and family needs by ongoing service provider and/or family

- IFSP outcomes still unmet
- Family CPR information that identifies ongoing needs
- The Informed Clinical Opinion Tool will be scored with all of the collected information. The score will assist the team in determining the child's ongoing eligibility.

## Redetermination of Eligibility Using Established Medical Conditions:

Eligibility for Established Medical Conditions continues as long as the condition exists within the Part C age limits. If at the time of redetermination, if it is found that the risk of developmental delay associated with the condition has been eliminated or the diagnosis is resolved, eligibility using that criteria also ends. In this case, a child may continue with eligibility by meeting the developmental delay criteria. It is also possible, that a child with an established medical condition is developing appropriately, no concerns and priorities are identified by the family and that no early intervention services are required at the annual redetermination. It is the role of the team to determine the need for ongoing eligibility. The team may determine that the child is not eligible and the family will be informed that they may re-refer the child to EarlySteps at any time in the future that a developmental concern is identified prior to the third birthday if found not eligible at annual redetermination.

**Infants who qualify based on prematurity will have the following considerations made/discussed by the team when eligibility re-determination is underway:**

- At one year of age, the child with an established medical condition of preterm birth (32 weeks gestation and less) no longer qualifies for EarlySteps solely with the medical condition of prematurity but instead must also have a developmental delay with the criteria of 1.5 SD in one area of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible for ongoing eligibility or entering EarlySteps anytime from one year of age until two years of age.
- Beginning at two years of age the child no longer qualifies for EarlySteps with the medical condition of prematurity but instead must have a developmental delay of 1.5 SD in two areas of development including the domains of motor, cognitive, communication, personal-social, or adaptive (no subdomains) to be considered eligible ongoing or if entering EarlySteps anytime from two years of age until three years of age

    - FSC will inform ongoing service provider of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting
    - A single domain assessment may be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the **Eligibility Determination Process Report**, Section 3: Informed Clinical Opinion Report
    - Lack of progress documented in provider monthly progress reports
    - Documentation of additional child and family needs by ongoing service provider and/or family IFSP outcomes still unmet

## Re-Determination of Eligibility Using Developmental Delay:

Eligibility in EarlySteps will continue if the child meets the eligibility criteria for Developmental Delay as determined by the BDI-2 and the eligibility team meeting. That is, the child must perform at 1.5 Standard Deviations below the mean in two areas of development. If a child does not meet this criteria at the annual re-evaluation and the team members concur, the IFSP team may consider other options with the following required process:

- FSC will inform ongoing service providers of BDI-2 scores which may affect ongoing eligibility prior to eligibility determination meeting
- A single domain assessment must be conducted to establish ongoing eligibility using informed clinical opinion. The results of the assessment must be included in the **Eligibility Determination Process Report**, Section 3: Informed Clinical Opinion Report
- Lack of progress documented in provider monthly progress reports
- Documentation of additional child and family needs by ongoing service provider and/or family
- IFSP outcomes still unmet

If all required information is not available at the meeting, ongoing eligibility cannot be determined by the team and an additional meeting is required.

Once eligibility is confirmed, the FSC follows all steps to schedule the IFSP meeting and notify all team members of the annual IFSP meeting, including providing notice to the family.

If eligibility is not confirmed, prior, written notice is provided to the family and transition steps and services determined to support the family after case closure.

## IFSP Revisions at any meeting

The need to revise the IFSP may be requested by the parent or any of the early intervention team members. Changes are 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;
- Whenever the child or family progress/lack of progress/concerns demonstrate a need for changing the IFSP.

There **must** be child or family specific data that supports the need to revise the IFSP. Revisions **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. The data must be recent and by a qualified professional. See Chapter 6 for completion of Service Guidelines process and follow and complete the **IFSP Team Services Decision Process** prior to changes of services.

It is recommended that a reasonable timeline (approximately three months, but can be sooner based on need) be reached before IFSP teams consider instituting any changes to the IFSP. This allows for adequate data collection to determine if changes are warranted. The IFSP team should discuss implementing different strategies rather than just 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 calendar days of the request. A **Team Meeting Notice and Minutes Form must** be sent to all team members as soon as possible and at least 10 calendar days prior to the meeting.

Any time a revision to a required IFSP component occurs, the FSC **must** communicate all revision information with the appropriate provider and the family. **A revision to a required component is a change to an outcome, service or location on the IFSP**. If it is determined that a revision to a required component is needed, the following steps **must** be followed:

1. Any revision to an outcome, service, or placement (location) on the IFSP **must** be made as a result of a discussion of the IFSP team. An IFSP Team Meeting **IS** required, therefore, set a team meeting date.
2. Distribute a **Team Meeting Notice and Minutes Form** to all team members before and after the meeting.
3. Provide all team members with any updated information, i.e. assessments, data collected in service meetings
4. Hold the IFSP Revision team meeting
5. Record team meeting minutes and complete IFSP Revision documentation
    a. 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.
        i. When revisions to the IFSP are made at this meeting, the required forms from the IFSP are completed and **Provider Status Change Form must** be completed. Do not use correction fluid or cross out information on the original IFSP. The process is as follows:
            A) Page 1 of the IFSP is updated with the review/revision date. Pertinent notes are added and the concern and rationale for change is given.
            B) Section 4 is completed. Additional outcomes may be added, current outcomes changed or revised. Additional Outcome pages may be necessary. At the bottom of the page, the appropriate boxes are checked in the two bottom sections. It is possible that a revision will occur for which no new outcomes pages are required, for example a provider change only. In this case, the outcome page is updated.
            C) Section 6: The modification is indicated: + to add a service, - to stop a service, NC for no change. When updated, this form should still show **all** services that the child is receiving. That way, only one Section 6 page is needed to have an at-a-glance summary of all the

services for this IFSP. In addition, the IFSP Team Services Decisions Form may be necessary at the revision.

ii. Once all revisions are made to the pertinent sections, the remainder of the document may be photocopied. 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, a natural environment justification **must** be completed. If assistive technology and/or transportation services are necessary, Section 7 should also be completed and submitted.

iii. Since the team will be working from a copy of the IFSP, the revisions should be written in blue ink, so that the changes will be evident.

6. Obtain parent signature in Section 6.
7. Provide parent(s) with a **Notice of Action form**
    a. Once revisions to the IFSP are finalized, the parents **must** sign Notice **of Action** form. This means that the proposed change must not be implemented until after the 3-day Notice of Action timeline and consent is provided.
8. Submit IFSP documentation to the SPOE and provide copies to all team members.

**Disallowed procedures for IFSP revisions:**

- Revision, such as additions/changes to services by individual team members without team discussion (any revisions should be accomplished as part of a team process)
- Revisions 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
- Revisions without child or family data showing lack of progress or lack of needed data for decision-making

**Required Documents to Be Sent to the SPOE Family, and Team Members Following a Revision**

IFSP Revisions - the required documents that **must** be available at the SPOE (original versions) or uploaded in EarlySteps Online:

- Notice of Action (copy to parents),
- IFSP Page 1 (indicating date and type of meeting in Section 1b) (check 6 month review/revision),
- IFSP Section 4 (if outcome added/revised),
- IFSP Section 6 Early Intervention Services Page (updated, revised, or new if necessary),
- IFSP Section 9 IFSP Team Participants,
- Change in Authorization Form,
- Any other IFSP pages that were changed or updated as a result of the IFSP review/revision, and
- Team Meeting Minutes – the FSC is responsible for sending/uploading a copy of the **Team Meeting Minutes** to all IFSP team members and uploading.

All documentation **must** be sent/uploaded to the SPOE and all IFSP team members within 5 days following the revision date.

**Justification for Early Intervention Services Delivered Outside of the Child's Natural Environments**

There **must** be a justification 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 does not require a justification is when services are provided to parents only without the child present.

Examples of appropriately written justifications for a service delivered outside of the natural environment 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 to be out of compliance when monitored.

"Aggie has not responded to intervention at the child care. Observation of Aggie at the childcare describes 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."

Under no circumstances may providers bill for services at the natural environment rate, if not being provided in that setting.

**Completing an IFSP Revision will not result in a new date for the annual IFSP. The annual IFSP date must remain the same as indicated based on the Initial IFSP date.**

**IFSP Revision documentation must be provided to all team members and families. Uploading documents to EarlySteps Online meets the requirements for sharing to team members, except families. Requirements:**

- Notice of Action (copy for parents' signature),
- IFSP Page 1 (indicating date and type of meeting in Section 1b) (check 6 month review/revision),
- IFSP Section 4 (if outcome added/revised),
- IFSP Section 6 Early Intervention Services Page (updated, revised, or new if necessary),
- IFSP Section 9 IFSP Team Participants,
- Change in Authorization Form,
- Any other IFSP pages that were changed or updated as a result of the IFSP review/revision, and
- Team Meeting Minutes –
- Updates to Family Cost Participation income information (this information must be sent to the SPOE rather than uploading).

## Changing an FSC or 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 Family Support Coordinator **must** communicate on an ongoing basis (a minimum of monthly) with each family to ensure that services are being provided timely, according to the IFSP, update any CPRs, and that the family is satisfied. Providers must immediately communicate with team members (especially the family and FSC) if services exceed 30 days from IFSP consent date and report progress, needs for changes, etc. to all of the team. The team meeting is the best process for such communication. But delays in service delivery must be communicated immediately.

When changing a provider the following steps should be taken:

1. FSC assists the family in selecting a new provider based on information from the service matrix
2. FSC ensures that the parent completes a **"Freedom of Choice Provider Selection Form"**, including parent signature
3. FSC makes the appropriate changes in the IFSP
4. FSC notifies the SPOE of the changes via service authorization forms
5. FSC immediately calls the previous provider to advise them of the parent's change of providers, that authorizations will be cancelled/revised giving the effective date of the change, and reminding the provider to submit claims for any dates prior to the effective date.
6. FSC mails a copy of "**Freedom of Choice Provider Selection Form**" form to both the new provider and previous provider.
   a. Originals of both forms are mailed to the SPOE and kept in the child's early intervention record and/or uploaded
7. SPOE cancels the active authorizations for the previous provider once the FSC has contacted the provider using the effective date of the change.
8. SPOE issues new authorizations for the new provider.

If a parent requests a change of provider, and there is no provider available (NPA), the FSC continues to search for a provider that will assist the child with meeting outcomes. The FSC should search the Service Matrix at least one time per week to find a provider, and, contact a Regional Coordinator if assistance is needed with locating a provider. The FSC **must** document all attempts to locate a new provider. It is not appropriate for a service not to be available to a child/family. If a lengthy delay is anticipated, a team meeting should be held to discuss alternatives to meet the child and family outcome needs and the EarlySteps Regional Coordinator will be contacted. The No Provider Available protocol must be followed. Once a provider is found, the FSC submits the new authorization, reminds the SPOE to close the NPA authorization by submitting the Authorization Change form to the SPOE along with the new service authorization request. NPA authorizations do not automatically expire/close so they must be manually closed when the provider service authorization is issued.

When changing an FSC, the following steps **must** be taken:

Changing an FSC and the FSC Agency will remain the same.

1. The Support Coordination Agency contacts the family and informs them that their FSC is leaving or has left or the family requests a change of FSC:
    a. The Support Coordination Agency offers the family the choice of selecting a new FSC from the same agency or from a different agency. If the family selects a FSC from a different agency, see the steps in the next section below.
    b. The agency provides information about the new FSC and submits the change form and service authorization to the SPOE.
2. The SPOE cancels active authorizations for the previous FSC and issues new authorizations for the new FSC at the agency. Care must be taken with end dating an authorization, so as not to impact the FSC agency's ability to bill for services under the previous authorization. The cancellation date must be jointly agreed to by both agencies.

**Note**: **Families are not to be assigned a replacement Family Support Coordinator without their consent**. The FSC Supervisor can assume caseloads from terminated FSCs for a maximum period of 14 days. Please notify the regional coordinator when this occurs so that the transfer of the authorizations to the new FSC can be verified.

Changing an FSC and the FSC Agency

If the family does not wish to use another FSC with the same agency, families **must** contact their local SPOE.

1. The SPOE helps the family choose a Family Support Coordination Agency by using the Agency information sheet and the service matrix.
2. The SPOE ensures that a **Freedom of Choice Provider Selection Form** is completed, including parent signature
3. The SPOE makes appropriate changes in the IFSP and data system
4. The SPOE sends a copy of **Freedom of Choice Provider Selection Form** to both the new FSC and previous FSC. Original is kept in child's early intervention record.

The previous Support Coordination agency is responsible for sending copies of the complete support coordination record to the new FSC within 7 calendar days. Caution should be taken with the authorization change dates to ensure that both agencies are able to successfully bill for services already provided.

**Substituting 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 Family Support Coordinator 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 14 calendar days**
    - This would not normally be considered a substantial change in the IFSP 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.
    - The substitute **must** sign his/her name as the provider substituting for the regular provider on Contact Noes.

- **A substitution of a provider for period of more than 14 calendar days**
  - If a substitution is expected to last longer than two weeks:
  - The authorized early intervention provider notifies the family's Family Support Coordinator 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**.

**Extended Services**
**Refer to Chapter 8 for extended services.**

## References


American Academy of Neurology. Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. Neurology, 2000; 55:468-479.

American Academy of Pediatrics Committee on Children with Disabilities. Screening infants and young children for developmental disabilities. Pediatrics 1994; 93:863-5.

Division for Early Childhood (2016). DEC Recommended Practices with Examples. Retrieved from http://www.dec-sped.org/recommended practices.

Myers, SM, Johnson, CP, *Management of Children with Autism Spectrum Disorders.* American Academy of Pediatrics Council on Children with Disabilities. Pediatrics, 2007; 120:1163-1182.

Metz, A., *Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations,* National Implementation Research Network, January, 2016)


**Additional Resources:**

Team-based Practice Supports Practice Profile (2019)

Team-based Practice Supports Fidelity Measure (2019)

# Chapter 7:
# Ongoing IFSP Implementation and Annual Eligibility Determination Forms:

IFSP and team decision forms are located in Chapter 6-IFSP- and in Chapter 14 Forms chapter
Some FSC forms follow some are also in Chapter 9-FSC and in Chapter 14 Forms.

# FSC Contact Note Form (Sample format)

| **Date & Time** | **Type of Service Coordination Activity (check one)** |
|---|---|
| | ☐ Initial IFSP Meeting<br>☐ Ongoing Family Assessment of Needs<br>☐ 6 Month Review<br>☐ IFSP Revision<br>☐ Quarterly Report<br>☐ Quarterly Face-to-Face with Family<br>☐ Annual IFSP Meeting<br>☐ Transition Activities<br>☐ Case Closure<br>☐ |
| **Description of Actions Taken** | |

| **Follow-up Actions Needed** | **Action** | **Timeframe for Completion** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| **FSC Signature:** | **Date:** |
|---|---|

# General Supervision Performance Expectations

Ongoing IFSP Implementation and Eligibility Determination

The following Performance Expectations are part of the general supervision requirements of EarlySteps. Failure to meet the requirements will result in findings of noncompliance, corrective action and/or sanctions.

| Performance Expectation | Monitoring/Evidence | Responsibility |
|---|---|---|
| Family offered and select early interventionists and FSC agency of their choice | Freedom of Choice documentation | FSC |
| IFSP Completed with accuracy and according to timelines such that eligibility determination and IFSP development occurs according to timelines and service authorizations do not expire while the child is eligible. | -All required elements complete on each page and legible<br>-Section 2: Family Assessment information complete and prioritized<br>-Section 3: Present Levels of Functioning includes up to date vision and hearing, birth history (at initial) and other sections complete, including Evaluation scores<br>Section 4: Outcomes reflect family CPRs. FSC assistance in meeting outcomes completed in "Strategies" section<br>Section 5: Appropriate transition sections completed. If within age age timeline, Transition Conference section complete including Conference date and age 3 steps and services<br>Section 6: services page completed including all sections and parent consent documented/dated.<br>Section 7: completed as needed with AT section reflecting other IFSP outcomes<br>Section 8: Other services section complete<br>Section 9: IFSP team members documented including method of participation.<br>Section 10: Justification reflects reason based on child-specific needs, not system reasons. | FSC agency/FSC<br>IFSP team<br>SPOE staff |
| Documentation Requirements met | Required documents included in chart and uploaded in time for effective decision making | Eligibility evaluator<br>Other IFSP team members<br>FSC |
| Parent Rights | -Rights provided and documented<br>-Freedom of choice provider selection<br>- Notice of action<br>-Consent | SPOE staff |
| Service decisions reflect EarlySteps policy and process. | --Health information<br>--Family CPRs<br>--BDI-2 results<br>--Eligibility determination team | FSC<br>IFSP team members |

| Performance Expectation | Monitoring/Evidence | Responsibility |
|---|---|---|
| | meeting notes<br>--Team Decision Process<br>--Service delivery data from assessment/contact notes, etc.<br>--Service provider changes handled according to policy with required documentation. | |
| Services start within 30 days of parent consent on the IFSP. | --FSC contact notes verify contacts with team members<br>--Provider billing records<br>--Parent consent on IFSP<br>--Data from EIDS | -Intake Coordinator if providing ongoing support coordination<br>-FSC<br>-Service providers |
| The “no provider available” process implemented according to requirements | -IFSP team meeting indicates need for a service for which there is no provider available<br>-FSC requests NPA authorization<br>-NPA protocol followed:<br>--FSC participated in NPA protocol training<br>--FSC monitors service availability on matrix and through provider contacts<br>--FSC contacts regional coordinator<br>--IFSP team meeting to consider options to address IFSP outcomes with other strategies<br>--NPA authorization ended with service authorization request | FSC<br>Regional coordinator<br>IFSP team members<br>SPOE processes authorizations |
| Services Delivered according to the IFSP, Section 6 and service authorizations | --Monthly phone calls to family<br>--Contact Notes reflect service authorizations. Deviations documented.<br>--Contact Notes uploaded to EarlySteps Online<br>--Provider claims match service authorizations. Revisions documented in Contact Note<br>--Families provided with dispute resolutions rights and steps if conflicts arise | FSC<br>IFSP team members |
| IFSP team meetings occur according to required timelines and reflect the DEC RPs as aligned with EarlySteps Practices | --Teaming Practice Profile Implementation measured by Teaming Fidelity Measure<br>--Team Meeting Notice sent out on time<br>--Team meeting notes reflect meeting decisions including date, time, services authorized, participation<br>--Team meeting notes shared with team members | FSC<br>FSC supervisors<br>IFSP team members |
| Annual eligibility determination occurs on time and eligibility occurs according to EarlySteps policy. | Authorizations issued timely<br>--Health information and history<br>--Family CPRs<br>--BDI-2 results<br>--BISCUIT results and follow up | FSC<br>IFSP team meetings<br>Eligibility evaluator |

| Performance Expectation | Monitoring/Evidence | Responsibility |
|---|---|---|
| | --Informed clinical opinion used according to policy<br>--Eligibility determination team meeting notes<br>--Eligibility "diagnosis" ICD code appropriately entered in EarlySteps Online for developmental delay and established medical condition(s)<br>--Prior written notice provided if child not eligible, including right to dispute decision | |
| Eligibility determination team decision reflects EarlySteps policy and process. | --Prior written notice to family for team meeting and other team members<br>--Eligibility determination team meeting notes<br>--Eligibility "diagnosis" ICD code appropriately provided to SPOE for entry in EarlySteps Online for developmental delay and established medical condition(s)<br>--Prior written notice provided if child not eligible, including right to dispute decision | FSC<br>IFSP team members<br>Eligibility evaluator |
| Team meetings occur quarterly | --Quarterly meetings timely<br>--Notices sent timely<br>--Notes shared/uploaded<br>--Team members share updated information prior to meeting<br>--Results of meeting managed by FSC:<br>-authorizations issued/revised/updated and timely without breaks in service-\<br>-notes shared with team members | FSC<br>IFSP team members |
| Monthly Phone calls with family occur timely and support parent engagement in IFSP | --Documentation of monthly calls in agency contact log<br>--Updates to reflections on CPRs<br>--Follow up needs addressed after call<br>--Confirmation of service delivery | FSC<br>Family |

## EarlySteps Practice Manual

## Chapter 8: Early Transition, Transition at Age Three and Record Closure

Transition requirements which support child and family transitions both within and out of EarlySteps at age three are presented in this chapter.

Topics included in this chapter:



## EarlySteps State-Identified Measurable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*

**October 2023 Practice Manual Revisions:**

| Chapter 8: Transition and Case Closure | Change/Addition/Revision: |
|---|---|
| | **Updated references to Part C Regulations** |
| | **Added references to DEC Recommended Practices, specifically the Transition Topic Area.** |
| | Added requirements for referral to Human service Districts/Authorities/LGEs, including changing referral age to 2 years, 6 months as part of transition to the OCDD service system. |
| | Clarified what is a "current" BDI2 that is used as an exit—that is, less than 6 months from previous administration. |
| | Added references to EarlySteps Online and reports to be shared and information to be entered into this system. |
| | Added requirement to check for transfer cases daily in EarlySteps Online. |
| | Clarified requirements for late referral to EarlySteps and requirements for notification and referral to the LEA. |
| | **Added reference for LDE Transition Guide and website for families** |
| | Emphasizing that a transition conference is held regardless of a child's transition to Part B at age 3 (with family agreement) |
| | Added table with General Supervision performance expectations for transition. |

## Transition

**Transition Forms**

- **Early Intervention Services Transition Notification**
- **Team Meeting Notice and Minutes**
- **Change Form**
- **Request for Authorization**
- **Notice of Action**

**Also needed to support transition :**

- **LEA Contact Information**
- **Part B Information to share with the Family-LDE Transition Booklet**
- **Exit Evaluation Talking Points for Families**

# Introduction

Transition is a process of movement from or changes to one environment to another. This movement or change in programs or services brings new opportunities and challenges to children, families and providers. (Rous and Hallam, 2006). Being sensitive to the challenges that transition brings, IDEA requires each State to have policies and procedures to ensure

- a smooth transition for toddlers receiving early intervention services to preschool or other appropriate services, including a description of how EarlySteps will notify the LEA that the child will shortly reach the

age of eligibility for preschool services under IDEA, Part B. The transition references for the law and regulations are: 20 U.S.C. §1437(a) (8) (A); 34 CFR §303.209 and CFR §303.344(h).

- Section 637(a) (8) (A) (ii) (II) of IDEA and 34 CFR 303.209 (c) also require the lead agency to convene a conference, with the approval of the parents, with EarlySteps, the family, and the LEA no fewer than 90 days and no more than 9 months before the child is eligible for preschool services under Part B (age 3 years), to discuss any such services that the child may be eligible to receive.

These policies also require the Louisiana Department of Education to ensure: that children served under Part C who will participate in Part B preschool programs experience a smooth and effective transition to those preschool programs such that:

- by the third birthday of a child eligible under IDEA, Part B, an individualized education program (IEP) with appropriate content has been developed and is being implemented for the child ;
- each LEA will participate in transition planning conferences arranged by EarlySteps

Young children and their families often experience transitions across multiple environments in the early childhood years. Many of these transitions are identified as stressful for children and families. To facilitate the smoothest transitions possible, both while within the EarlySteps service system and transition out of EarlySteps at age 3, the early intervention system addresses transition as follows:

- transition needs are addressed with families at every IFSP meeting to prepare families for transition,
- regional, interagency workgroups meet regularly to establish and maintain relationships and communication which support transition successes, including updating and sharing resource and contact information with families,
- regional agencies and stakeholders develop community-specific activities across agencies, such as transition learning opportunities for families, program visitation with families, IFSP steps and services outcomes development for children and families.

The practices outlined in this chapter are the early intervention system requirements developed by EarlySteps to support children and families in all transition events which generally involve many activities on the part of the early interventionist in collaboration with the family. (DEC Recommended Practices, Transition Topic Area [2014])

**Through the descriptions and requirements of the transition process, EarlySteps intends to reflect the following DEC Recommended Practices (DEC RPs) in its practice implementation regarding transition:**

- Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes (TR1)
- Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family (TR2).

## Early Transition

For those children and families experiencing a transition into or within the EarlySteps system:

- The 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 transition steps and 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.
- Identify IFSP team members who are responsible to supporting the family with transition activities.

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/child changes:
  - Impending birth of a new child
  - Family relocation or job change

- Unemployment
- Divorce or marriage, etc.
- Long term illness of a child

- When children are no longer eligible, no longer going to receive services or experience other changes, special consideration is given to transition planning. An example includes changing one or more services and the child is continuing in EarlySteps. There should be sufficient time for the provider and family to disengage with their provider in a positive and supportive manner. At each team meeting, team members discuss and document transition issues using IFSP Section 5 as a discussion guide to address any needed steps and services.

## A. Early Transition Process

For the IFSP team meeting discussion, if the family is facing early transition, prior to age three, **IFSP Section 5** – **Transition Planning, Subsection B.** ***Early Transition Event and Issue*** must be completed. Check the appropriate box that represents the appropriate early transition event and issue. Additional, relevant events can be added. Event options include:

- Child is coming home from hospital; need to ensure no disruption of necessary services;
- Family will be experiencing a change that may affect the delivery of an IFSP service (birth or adoption of sibling, medical needs of other family members, employment or loss of employment);
- Child will be experiencing a change that may affect the delivery of an IFSP service (i.e., hospitalization, placement in child care setting, medication changes, etc);
- Changes in IFSP services (i.e., termination/addition of service, change in location of service); and,
- Child is exiting early before age three.
- Document a plan for disposition of any Assistive Technology supports if applicable.

Transition steps and services to support the identified needs resulting from transition events are reviewed, checked, and/or added to **Early Transition Steps** (column 2). Once complete, attach Section 5 to any revised IFSP. Disseminate copies to appropriate parties and file/upload in the child's record. These become activities which the team should support in addressing outcomes. The FSC monitors their completion as part of IFSP management. The IFSP Section 5 Transition Planning page is not considered complete unless transition steps and services are identified that support the family through transition.

## B. Early Exit - Record Closure

Children may exit EarlySteps prior to age three. Sample reasons for a child exiting prior to age three may include:

- Moving out of state
- Meeting all IFSP outcomes and no longer being eligible
- Parent declines services
- Child is deceased

- With the exception of a child who is deceased, if the child experiences early transition from EarlySteps, an exit BDI-2 **must** be completed prior to the child's exit and case closure by the SPOE. The exit BDI-2 is administered if the child has been receiving services at least six months. The FSC should request the authorization, contact the evaluator and send the most recent BDI-2, if a new evaluator is used. A previously administered BDI-2 can be used as an exit evaluation if the previous administration date is less than 6 months from the exit date. The FSC discusses the exit evaluation with the family and requests the exit BDI-2 authorization from the SPOE.
- The evaluator schedules and conducts the exit BDI2, writes the summary, and submits the information to the family and the FSC. The evaluator/IFSP team member prints and shares with the family, the BDI-2 Results and Outcome Scores pages from EarlySteps Online.
- Transition Steps and Services are reviewed, checked, and/or added in IFSP Section 5,column 2,
- The FSC continues to provide support and refer the family to appropriate community agencies as needed. Referrals to a social worker, psychologist, or support group may be needed for the family according to the transition plan.

- The FSC should monitor the completion of the activities developed by the team and document FSC activities in the contact log.
- If the child is between 2 years, 3 months and 3 years of age and the family agrees, the LEA is invited to the team meeting. The **Transition Notice** will be sent to the LEA early enough to ensure participation.
- If the child is 2 years, 6 months of age, the regional Human Services District/Authority office (also called the Local Governing Entity [LGE]) is notified. If the child is younger than 2 year, 6 months at exit, the family is provided with contact information for the LGE for system eligibility determination at the child's 3rd birthday.
- The FSC **must** complete appropriate sections of the **Change Form**. The case **must** not be closed until after all service authorizations have ended or a drop date is determined by the team and shared with all team members.
- The FSC **must** send the completed form to the SPOE with the appropriate closure date.
- The SPOE enters the inactivation date and reason and other data elements into the child's electronic record. It is particularly important to confirm the family's address and phone number for future reference.
- The SPOE files the hard copy in the child's early intervention record, the FSC uploads to EarlySteps Online.

If a child exits EarlySteps before age three for any reason and does not have an active IFSP, the LEA will schedule the evaluation as a new referral to them. The LEA, then, is not obligated to have an evaluation and IEP in place by the child's third birthday. Once the child is referred, the 60 day timeline, which includes the evaluation and IEP, will begin.

Part of the discussion at each IFSP Transition meeting, is the importance of referrals to the OCDD developmental disability service system. Prompt referral to the LGE ensures maintenance of the EarlySteps protected date for the Developmental Disability service system, including Medicaid waiver services, as well as other state services. If a child exits EarlySteps before age three for any reason and does not have an active IFSP, the family is responsible for contacting the LGE prior to the child's third birthday to maintain their protected date. They may contact the LGE at any time for other services. After case closure, the family is responsible for keeping contact information with the LGE updated if they plan to continue/apply for services at age 3.

## C. Transferring a Record from One SPOE Region to another SPOE Region

When a family moves from one SPOE region to another SPOE region, the transfer of records and services occurs with collaboration across the FSC, providers, and the sending and receiving SPOEs.

**FSC Responsibilities:**

- Complete **Change form**
  - Complete "Current Enrollment Information" section
  - Complete "Transfer to SPOE" section with the effective date
  - In the "Add – Change" section, complete the child's new address, parish, and phone number. Ideally the new address/contact information is changed in EarlySteps Online prior to the transfer completion by the SPOE administrator. It is important to maintain the most current address and contact information at all times, especially prior to the transfer so that the new SPOE can access the updated information.

- Notify all current providers that the family is moving and the effective date of changes to supports and services. Provide the current IFSP team members with potential or actual service cancellation dates. In some cases, the same providers and authorizations may continue depending on where the families relocate and/or their preference for virtual services and may not need to be cancelled. Document these contacts in the FSC case record.
- Fax or mail the **Change Form** to the Regional LGE offices (region the child is leaving and region the child is entering). Provide updated contact information to the receiving office. Give the parents' most recent contact information for the receiving office.
- Fax completed form to the current (sending/previous) SPOE.

The FSC will share the Service Matrix listing of FSC agencies and early intervention providers in the new area with the family before the move. This may eliminate lag time in the child receiving services, although some services might continue as is.

- Depending on the child's age, contact information for the LEA and LGE can be provided to support age 3 transition.

**Sending (current or previous) SPOE Responsibilities:**

- Enter the information provided on the Change form into EarlySteps Online and file original form in child's hard copy record. Ideally, the new address/contact information changes are made in EarlySteps online prior to the transfer completion so that the receiving SPOE will be able to make contact with the family.
    - Notify, copy record, and mail copy to the "new" or receiving SPOE.
    - Close electronic record according to effective date on form.
    - Keep original hard copy of record at "old" SPOE and store in closed files.

**Receiving or "New" SPOE Responsibilities:**

- Check for transfer records status in EarlySteps Online daily.
- Upon receipt of child's case file, schedule meeting with family and open both the hard copy and electronic files. Referral, intake, eligibility, and IFSP dates will be the original dates listed in the files.
- At initial meeting with family, bring a list of available providers (including FSC agencies) in the area so that the parent can choose a new FSC agency and complete a revision to add the new provider(s) and FSC. The same agencies and providers may still be available to continue with the family depending on the areas and the family's preference for virtual services with the same early interventionists. The receiving SPOE cancels the original authorizations if necessary.
- "Old" FSC discusses changes with IFSP team and ensures that end-dates of authorizations are agreed upon by the family and team members.
- The new FSC schedules a follow-up IFSP meeting and invites the new providers. The team reviews the IFSP and makes any needed changes.
- The new FSC completes the necessary paperwork and sends it to the SPOE.
- The new SPOE inputs the new authorizations and files/uploads paperwork.

## Transition at Age Three

The 2004 Reauthorization of Part C of the Individuals with Disabilities Education Act (IDEA, PL 108-446) and the September 2011 Part C Regulations require that certain steps are taken when a child transitions out of Part C services at age three. As with all transition planning in early intervention, the transition process begins at the initial IFSP and is addressed throughout the EarlySteps process and at each IFSP team meeting.

IDEA Part C regulations require that the Part C lead agency … "notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the act…"

To support this process, EarlySteps notifies the Louisiana Department of Education (LDE) of all active children ages 2 years, 3 months of age through age 3 years. The LDE disaggregates the list and sends it to the appropriate LEA. Even though EarlySteps sends a list to the LDE, the FSC is still responsible for notifying the LEA of each child's impending 3rd birthday, inviting the LEA to the transition conference early enough to ensure participation, and sending the appropriate documentation that supports the transition plan to the LEA. It is important that all options, including a referral to the local school system for Part B special education services, be discussed with the family. The transition plan is developed at a transition conference that identifies other appropriate options, steps and services for the child and family including private preschool, Head Start, Early Head Start, OCDD developmental disability services, child care, or other community early childhood programs. Community providers of other appropriate services are also invited if the family approves. The transition conference date is documented in IFSP Section 5 (C) and must occur no earlier than 2 years, 3 months and no later than 2 years, 9 months of age. Late referrals to EarlySteps are the only allowable reason for transition conferences later than 2 years, 9 months. To be considered complete, the Transition Plan in section 5C must include:

- the transition conference date,
- the steps and service to support transition (regardless whether the child is transitioning to Part B and with the agreement of the family) to discuss appropriate services that the toddler may receive,
- Dates of notification letter to LEA
- Request for exit BDI-2
- Status of referral for Developmental Disability service system eligibility.

**Steps to ensure Accuracy with the Age 3 Transition Process follow:**

**A. Notification of a Child Turning Three**

**IC/FSC Responsibilities:**

- Notify the LEA: **The IC/FSC must notify the LEA of a child turning three beginning when the child is 2 years, 3 months old. Schedule and convene a transition conference between the child's age of 2 year, 3 months and 2 year, 9 months** in order to meet the timelines for Part B eligibility determination and IEP development. If the LEA does not participate in the conference, the FSC/IC must still hold a transition conference according to IDEA section 637(a) (9) (A) (ii) (II) and 303.209 and 303.344(h) at least 90 days (and at the discretion of all parties, no earlier than nine months) prior to the child's third birthday and must have invited the LEA representative to the conference with sufficient prior notice to facilitate attendance at the meeting. If the LEA does not attend the transition conference, the FSC must provide parents at the conference with information about Part B preschool services including:
    - a description of the Part B eligibility definitions,
    - LEA timelines and processes for consenting to an evaluation,
    - conducting eligibility determination under Part B, and
    - the availability of special education and related services.

  Each region has developed materials specific to the region which can be used to give parents information about Part B and other services—such as names and contact information for LEA/Head Start contacts. Contact the Regional Coordinator for these resources if not available at the SPOE or FSC agency. The **Early Intervention Services Transition Notification must** be completed with the necessary child information and sent to the child's parent and the LEA. Parental consent is not required to send a copy of this letter to the LEA; however, other early intervention records provided to the LEA must have parental consent for release. A copy **must** be sent to the LEA and the Regional OCDD/HSA/D (LGE) office. The FSC **must** keep a copy in the child's record.

- Notify the LGE of the family's interest in eligibility redetermination for the DD service system at 2 years, 6 months of age: The FSC must notify the OCDD/HSA/D/LGE of those families who have checked "yes" the LDH Application or in EarlySteps Online and make sure that the referral packet has updated, complete information.

- Send out a **Team Meeting Notification**: FSCs **must** provide a **Team Meeting Notification** to all Transition team members as early as possible and at least 10 calendar days prior to the meeting. This advance notification assists with scheduling for the LEA and the completion of necessary activities within the established timelines. The FSC must maintain a copy of the team meeting notification in the child's record.
- If the LEA is not present, Part B information will be discussed and the Part B transition booklet given to the family by the IC/FSC.

**LEA Responsibilities:**

- IDEA, Part B states "By the third birthday of such a child, an individualized education program (IEP) …has been developed and is being implemented for the child (CFR 300.124 (b))." Due to the requirements for a Free Appropriate Public Education (FAPE), LEAs **must** have the evaluation completed and IEP implemented by the child's third birthday.

- LEAs **must** conduct a multidisciplinary evaluation of the child to determine eligibility for Part B services. Required components include: Screening in the developmental domains of **vision**, **hearing**, sensory processing, motor, health, education, speech and language, social/emotional/behavior and assistive technology.

- Social history intake

- Educational assessment

- Individual domain assessments, as needed

- Provide the team with all available service delivery options for that child

**LGE Responsibilities:**

If appropriate, invite the LGE representative for the region to the transition conference. This applies when the child is receiving any services through the developmental disabilities service system and in cases where the child is potentially eligible for LGE services at age 3.

- LGE receives the referral by age 2 years, 6months from the FSC or the SPOE. The referral will advise the family that they are to contact the LGE prior to the child's third birthday to continue or request supports and services. When the referral to LGE is made before the third birthdate and the child has been determined eligible for EarlySteps, there is a request for eligibility redetermination; and it is established by LGE that the child has a developmental disability, the **date the parent signed the requesting Medicaid Waiver Registry** on the "**Louisiana Department of Health Application for Services Children 0-3 with Special Needs**" is the **PROTECTED DATE** for the Medicaid Waiver Registry.

- If the parent is interested in the determination process for system entry and the child is not receiving services from the LGE, a referral packet of information from EarlySteps is sent to LGE. Parental consent is required for release of any EarlySteps information to the LGE in this case.

- The referral packet to the LGE includes copies of the following documents from the child's early intervention record:
    - the IFSP (most recent)
    - the Annual Eligibility Documentation including the most recent BDI2 report(s)
    - the most recent FSC Quarterly Report
    - reciprocal releases of Information

The child's 1508 evaluation and/or IEP that is effective when the child turns three must also be included in this referral packet if available to EarlySteps.

**Note:** The EarlySteps protected date remains in effect until the child's fifth birthday in the event that a family does not request entry at age three. This means that the parent has two years beyond the child's third birthday to initiate the OCDD Entry process and retain the original EarlySteps protected date. The only exception to this policy is when a referral is not made in a timely manner through no fault of the family.

**Family Responsibilities**

- Sign consents in order to send the information to LEA and LGE.
- Attend the Transition Meeting.
- Participate in the Exit BDI-2 evaluation.
- Participate in the LEA evaluation and IEP meeting(s).
- Contact the LGE prior to the child's 3rd birthday in response to calls/letter in order to participate in eligibility re-determination and maintain the protected date for the Medicaid Waiver Registry.
- Be responsible for correspondence with the LGE in regard to Flexible Family Fund and family support.

**It is the parent/legal guardian's responsibility to communicate with LGE prior to the child's 3rd birthday in order to maintain their protected date for the Medicaid Waiver Registry and if wanting to continue or to request supports and services. If the parent/legal guardian does not reply to the correspondence from the LGE the case will be closed resulting in the child potentially losing the protected date for the Medicaid Waiver Registry. It is the parent's responsibility to inform the LGE of address changes after they exit EarlySteps. It is EarlySteps responsibility to support families with the referral process as much as possible so that transition to the Developmental Disability Service System is as smooth as possible.**

## B. The Transition Meeting

The purpose of the meeting is to discuss and develop a plan for the upcoming transition of the child from Part C. IDEA requires that, with the family's approval, an IFSP meeting to discuss the upcoming transition be held between 2 years, 3 months and 2 years, 9 months.

The transition discussion **must** include:

- a review of the child's options from the child's third birthday through the remainder of the school year; and,
- a transition conference and plan that includes the steps and services to exit from Part C.
- notification to the SEA and the LEA that the child will reach the age of eligibility for services under Part B.
- If a toddler is referred to EarlySteps fewer than 45 days before the toddler's third birthday, with parental consent, EarlySteps will refer a child who is potentially eligible Part B to the LEA. If a child is not potentially eligible for Part B, EarlySteps, with the approval of the family, makes reasonable efforts to convene a conference with the IFSP team and providers of other services to discuss appropriate services that the toddler may receive.

  If the child is referred during the transition age timeline, the initial IFSP conference facilitated by the SPOE will serve as the transition conference.
- If the child is found eligible for EarlySteps more than 45 days but less than 90 days prior to the 3rd birthday, the SPOE notifies the LEA to participate in the Initial IFSP meeting and include the transition conference.

For referrals fewer than 45 days before the 3rd birthday, the SPOE is not required (but may) conduct eligibility determination and hold an initial IFSP for the child.

**FSC Responsibilities:**

- Send **Team Meeting Notice** to IFSP team members and LEA and LGE (if appropriate);
- Request Authorizations

- Facilitate the transition meeting;
- Complete the team meeting minutes**;** The FSC **must** record the discussion at the transition meeting using the **Team Meeting Notice and Minutes**.
- If the LEA is not present, Part B information will be discussed, including the LDE Transition Booklet (or link) and given to the family by the IC/FSC.
- Send all documentation/upload to the SPOE and IFSP team members
- Send required documentation to the LEA..
- Monitor the implementation of the transition plan.

**LEA Responsibilities:**

- IDEA Part B states "…The local educational agency will participate in transition planning conferences arranged by the designated lead agency under section 1437 (a)(8) of this title." The LEA representative **must** attend the EarlySteps IFSP/Transition meeting.
- Provide the team with any needed information or requirements for the LEA's eligibility determination process.
- Provide the team with all available service delivery options for that child.

**OCDD service system LGE Responsibilities**

- LGE representative participates in transition conference and discusses family responsibilities for participation in the Developmental Disability service system at age 3, including redetermination of eligibility beginning at 2 years, 6 months of age.
- OCDD entry unit receives the LDH application and transition packet from EarlySteps and sends out notice to family prior to child's third birthday.
- OCDD conducts eligibility determination and processes the request for services application.

**Other Transition Meeting Attendees:**

- Other Community Partners such as community preschool agency representatives, Head Start, community/private childcare agencies, etc. may be invited to the Transition Meeting.

**C. Document and Implement the Transition Plan**

Part C requires that a transition plan for each child contain the steps to exit EarlySteps and access needed supports and services identified by the family. These steps may include the steps necessary to refer the child for future services from the LEA or LGE.

Documenting the Transition Plan includes the following activities:

- Complete Section 5 of the IFSP: Transition Planning: Early Transition and Transition at Age Three
- Complete Section A: *Plan for Transition*. Document that necessary discussions have taken place with the family regarding transition from EarlySteps. This section **must** be completed at all IFSP meetings including initial, annual and IFSP revisions for the appropriate transition content. Complete the following:

    - Procedures that will be used to prepare the child for the upcoming transition
        - Discussions about procedures to prepare the child for changes in service delivery;
        - Discussions with parents regarding future placements and other matters related to the child's transition; and,
        - Discussions with parents regarding community programs available following transition from Part C.

- Program options identified by the team – choose any of the following:
  - Part B
  - Head Start/Early Head Start
  - Child Care
  - Other community resources
  - LGE
  - Medicaid EPSDT services, including EPSDT support coordination/case management beginning at age 3
  - Others based on family/child priorities and needs.

  Complete the section by signing or initialing that a plan for transition at age three has been discussed. The form **must** be signed/initialed by the FSC and the Parent. Document the date of the discussion.
- Complete Section 5 C *Transition at Age Three*. This section must be completed at a team meeting within the transition age range designated as the child's *Transition Conference*. This section of the IFSP contains information reflecting that necessary Transition discussion has occurred. Document the following:

  - LEA was notified of child's upcoming transition,
  - Child specific records were sent to the LEA,
  - Parent did not consent to releasing information to the LEA,
  - Record the date that the BDI-2/exit evaluation was requested;
  - Record the date that the notification letter was mailed to the LEA;
  - Record the date consent to send records obtained;
  - Record the date that the transition meeting was held; and,
  - Document that Part B information was discussed and given to the family.
  - Document if the child requires a referral for OCDD eligibility determination, and, if yes, record the date that the referral packet was sent.
  - Review the **Age three transition steps and services** section with family to determine their interests and check the steps that will support the child/family's successful transition or add other steps as identified.

After completing the section, attach a completed copy of the IFSP cover page with the Transition meeting date and forward to the SPOE for data entry. Copy, distribute to the necessary parties and IFSP team members, and upload in the EarlySteps Online Child Library. The SPOE enters the transition meeting date in EarlySteps Online.

- The FSC is responsible for documenting all discussions during the transition meeting using the **Team Meeting Notice and Minutes**.
- The FSC is responsible for disseminating Team **Meeting Notice and Minutes** to the appropriate parties including uploads to EarlySteps Online.

Implementing the Transition Plan includes the following activities:

- The FSC is responsible for ensuring that all elements identified through the transition meeting(s) are properly implemented according to a transition plan.

- The FSC is responsible for referring the child to the appropriate LGE Office. The FSC will facilitate the transfer of a copy of the 1508 evaluation from the LEA and IEP to LGE, if available to EarlySteps. This referral requires parental consent. The parent will receive a copy of these documents from the LEA and can also send them to EarlySteps.

- The FSC is responsible for assisting the family in scheduling updated vision and hearing screening for the LEA eligibility evaluation.

- The FSC is responsible for discussing the referrals to EPSDT services, including case management if needed and the child is Medicaid eligible.

IEP Participation by FSC

- The service coordinator must make every effort to participate in the initial IEP meeting if invited by the LEA at the request of the parent.

- Document attendance or inability to attend in FSC case notes.

## D. Outcomes Measurement

An exit BDI-2 and Autism Screening **must** be scheduled and a BDI-2 Evaluation Report completed prior to the child's exit at age 3. This **must** be completed between the ages of 2 years, 9 months and 3 years of age and **must** be completed prior to case closure by the SPOE. If an annual eligibility determination is completed between 2 years, 6 months and 3 years of age the annual BDI-2 may be used for exit data (the BDI2 cannot be older than 6 months). A child with less than 6 months of services is not required to have an exit BDI-2 but it may be of interest to the parent to show progress.

The following steps **must** be followed:

- When the child turns 2 years, 9 months, schedule the exit BDI-2. When scheduling the exit BDI-2, the FSC should send the provider the initial or most recent BDI-2 if a new evaluator is chosen. The FSC notifies the evaluator and sends the authorization request to the SPOE. Parents generally choose the same evaluator but may choose another evaluator.

- The evaluator is responsible for sending/uploading the exit BDI-2 Evaluation Report and original test booklet to the FSC.

- The FSC must immediately send/upload the exit BDI-2 Evaluation Report to the SPOE (and notify them that they have done so) for data entry of exit scores.
- The FSC must immediately send the exit BDI-2 Evaluation Report to the LEA if parent consent was obtained.

**Note:** The time limit of authorization for an exit BDI-2 at Transition is 15 days; therefore, it is essential that all of the required components are completed as soon as possible following the date of request. At Exit (transition), providers **must** submit/upload the BDI-2 Evaluation Report to the FSC within 15 calendar days of receipt of the Request for Authorization. Evaluators are responsible for sending the information, uploading reports in EarlySteps Online, and sharing the BDI2 results and outcomes reports with the family and notifying the SPOE that the results are uploaded.

## E. Record Closure

On the third birthday, the child's eligibility for EarlySteps terminates. These are the steps that the FSC **must** follow in order to close the child record.

- The FSC **must** complete appropriate sections of the **Change Form**. **The case must not be closed prior to the end date of all authorizations so that services continue. If an earlier date is requested by the family, each service provider must be notified of the end date before submitting to the SPOE. The FSC must verify that a service has not been provided after the end date prior to submitting the authorization closure date to the SPOE.**
- The FSC **must** send the completed Change form to the SPOE. Include any address, phone, email, other changes by the family
- The SPOE enters the inactivation date and other data elements into the child's electronic record, including updated address/contact information
- The SPOE files the hard copy in the child's early intervention record.

If the child has completed their transition meeting and exits from EarlySteps prior to the 3rd birth date the FSC/IC will notify the LEA and the SPOE by sending a copy of the closure form. The IC/FSC will also assist the family with any LGE referrals, especially by providing the status with EarlySteps and updated demographic information.

## Transition Process for Late Referrals-SPOE Responsibilities

**SPOE Responsibilities: Children Referred to EarlySteps after Age 2 Years, 2 Months**

Notification to the LEA must occur for any child referred to EarlySteps at age 2 years, 3 months and older using the Transition Notice Form. Notification does not require parent consent as long as the only information provided is "directory information," such as name, address, phone number. Referral to the LEA requires parent consent.

The Intake Coordinator should complete all initial intake activities. Attempts should be made to ensure that any assessment conducted for EarlySteps eligibility purposes can be used by the LEA for Part B eligibility determination. This will minimize duplicate test administration. Many LEAs coordinate eligibility determination with EarlySteps.

If the child proceeds to an IFSP, the LEA should participate at the initial IFSP meeting; this should be considered the Transition Conference. If for any reason the LEA is unable to attend this initial IFSP meeting the FSC will invite the LEA to any future IFSP team meetings to discuss age three transition. The IC/FSC will provide the family with the appropriate Part B information if the LEA is not in attendance.

**SPOE Responsibilities: Procedures for Children Referred at age 2 years, months or older**

If the child is fewer than 45 calendar days from turning age three the child should be referred to the LEA with parent consent. The intake coordinator will assist the family with the referral. The intake coordinator and LEA will also assist the family with any LGE referrals. If no parental written consent is obtained, the Intake Coordinator will provide the contact information for the LEA and LGE to the family so they may self-refer. If the child is 45-90 calendar days from turning age three the child will continue with the EarlySteps referral process jointly with the LEA with consent from the family. The intake coordinator and LEA will also assist the family with any LGE referrals and referrals for EPSDT services and case management, if appropriate, and with the family's consent.

**A. Notification of a Child Turning Three**

EarlySteps Intake Coordinator **must** notify the LEA for transition and if appropriate, refer the child to the LGE at the time of referral. IFSP Section 5 C-Transition-should focus on future services through the LEA, LGE or other community services as appropriate. EarlySteps intake procedures should be coordinated with the LEA so that unnecessary or duplicative testing does not occur.

EarlySteps **must** implement the intake procedures for any referral, regardless of age of child at referral. Parents **must** be informed that if the child is eligible for EarlySteps, the focus of IFSP development will be transition to future services.

**B. The Transition Meeting**

For this group of children who are "late referrals," the EarlySteps **eligibility/IFSP team meeting is also a transition conference.** Since the child's enrollment in EarlySteps is very short, the focus for transition steps and services needs to be on facilitating future services. If the child is potentially eligible for services through the LEA, the LEA representative **must** be invited to this meeting. The LGE **must** also be invited if a potential service provider or if the family requests a determination process for system entry for LGE/Waiver and other services.

## C. Document and Implement the Transition Plan

The Eligibility/Transition team discusses future service options for the child and identifies the steps necessary for the completion of the transition to future services.

If the child is eligible for EarlySteps, an IFSP **must** be developed within the 45-day timeline and focus on the steps and services needed for transition.

If the child is found to be ineligible for EarlySteps, parents are informed of their right to challenge this decision through exercising the dispute resolution process. The Intake Coordinator moves to the next step, Closure.

A child may not receive both Part C services and Part B services at the same time. If the child begins receiving services from the local school board before age 3, then the EarlySteps services are terminated. This should be discussed at the transition meeting so that the service closure date is known to all team members.

## D. Record Closure

On the third birthday, the child is no longer eligible for EarlySteps services. The FSC **must** complete the Case Closure/Transfer/Transition Form and send completed form to the SPOE. The SPOE enters the inactivation date and other data elements to the child's electronic record and files the hard copy in the child's early intervention record.

### Closure if family cannot be contacted:

1. If the phone number has been disconnected, call each ongoing service provider and ask if they have a different number, if they have suggestions on how to contact the family, and/or participate in the next service session with the provider.
2. If there is no answer, leave a message if an answering machine or voice mail is available.
3. Document all attempts to contact the family.
4. Send the family a letter via certified mail stating that the child's record will be closed if contact is not made with the family within seven calendar days from the date of the letter. The FSC solicits input from the other IFSP team members about their ability to contact the family. The letter must provide the family with the steps to take to contact the FSC should they desire to continue services with EarlySteps. The letter must also include information concerning the procedural safeguards for families relevant to referral.
5. If family has not responded within timeline stated in certified letter, proceed with closure procedures.
6. The FSC must notify other team members that the case is going to be closed and provide the closure date to ensure that all team members are aware when service authorizations will end. Ensure that no services have been provided after the proposed closure date before notifying the SPOE. All team members must agree to the closure date to avoid situations where services are provided after a closure date and affect the ability to bill for services.

**Under no circumstances is a case to be closed if any services are being provided by an early interventionist within allowable service authorization limits.**

### OSEP Reporting

As a part of Louisiana's Part C State Performance Plan, EarlySteps is required to report data regarding performance related to meeting transition requirements. Data will be reported on an annual basis as part of the Annual Performance Report to OSEP.

The performance indicator related to Transition measures the percentage of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

A. IFSPs with transition steps and services (IFSP Section 5 is completely filled out)
B. Notification to LEA, if child potentially eligible for Part B: and
C. Transition conference is held, if child potentially eligible for Part B within the required age range.

Data is collected through various means, including the EIDS and on-site monitoring as specified in the table which follows. SPOEs and FSCs must implement procedures to ensure that all children exiting EarlySteps have an IFSP that includes transition steps and services; that notification to the LEA occurs for all children exiting Part C that are identified as potentially eligible for Part B; and, that a transition meeting occurs for all children exiting Part C who are identified as potentially eligible for Part B. For children not potentially eligible for Part B, other community resources that the child and family may access are discussed. Complete documentation on the IFSP and contact log that verifies that the activities occurred as required.

**Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:**

**A. IFSPs with transition steps and services;**
**B. Notification to LEA, if child potentially eligible for Part B; and**
**C. Transition conference, if child potentially eligible for Part B.**

**Measurable and Rigorous Target**

A. 100% of all children exiting EarlySteps will have an IFSP that includes transition steps and services.
B. 100% of children exiting EarlySteps and were identified as potentially eligible for Part B, will have notification sent to local school systems.
C. 100% of children exiting EarlySteps identified as potentially eligible for Part B a will have a timely transition conference.

## Resources


Division of Early Childhood Recommended Practices (2014).

Early Childhood Transition Process: A guide for helping families of children with special needs prepare for smooth and effective transitions, 2015. Downloaded from: http://www.louisianabelieves.com/docs/default-source/early-childhood/brochure---early-childhood-transition-process---english-version.pdf?sfvrsn=e45a5e21_7

Rous, Beth S. and Hallam, Rena A., *Tools for Transition in Early Childhood,* Paul H. Brookes Publishing Co, Baltimore, 2006.

Rous, B, et al, "Strategies for Supporting Transitions of Young Children with Special Needs and Their Families", *Journal of Early Intervention,* 2007 Vol 30, No 1, pp 1-18.

# General Supervision Components for IDEA, Part C Transition Requirements

The following performance expectations are monitored according to:

- IDEA, Part C Transition requirements reviewed annually for the Annual Performance Report
- OCDD AP Monitoring of referrals to LGEs
- SPOE/FSC Agency monitoring
- Complaints from families/others

Results of monitoring with performance at less than 100% or less than established targets will result in findings of noncompliance, possible Corrective Action, and/or sanctions.

| Performance Expectation | Monitoring/Data Source | Responsibility |
|---|---|---|
| IFSP Transition discussions held at each IFSP meeting as determined by transition reason and child's age | • Initial/Review/Annual IFSP when child is:<br>  ○ within transition age range and/or<br>  ○ experiencing other transitions<br>• IFSP Section 5 completed accurately, thoroughly, addressing the appropriate transition activity. | IC/FSC |
| Monthly notification to the LDE of children in transition age range | • *Age 3 Transition Report* in LAEIKIDS<br>• Verified by monthly email sent to LDE contacts and central office staff.<br>• LDE disaggregates and uploads list in eSER to appropriate LEA<br>• IC/FSC sends transition notice to LDE. | --EarlySteps Central Office/Statewide Parent Liaison<br>--LDE contacts acknowledge receipt of email<br>--LDE staff upload list to LDE eSER system |
| Notification to the LEA of children in the transition age range | • Documentation that Notice of transition conference sent according to required timeline | --IC/FSC |
| Notification to the LGE of children at age 2 years, 6 months when families selected "yes" for OCDD referral | • OCDD data staff update list of children 2 years, 6 months whose family indicates "yes" for OCDD referral and eligibility determination and upload to Participant Services Database<br>• Transition packets sent/updated LGE uploads report and reviews transition packets and requests updates from FSC/Regional Coordinator | --OCDD IT Data Managers<br><br>--LGE staff, EarlySteps IC/FSC/Regional Coordinator |
| IFSP Transition Conference:<br>--Held within required timeline and date documented on IFSP and sent to SPOE to add to EarlySteps Online<br>--Includes transition steps and services | Team Meeting Notice and Notes<br>IFSP Section 5:<br>--Steps and Services detailed<br>--Transition conference date documented<br>--SPOE enters transition conference date in EarlySteps Online | --IC/FSC<br>--Meeting participants sign Team Meeting Notice and document meeting time.<br><br>--SPOE staff |
| Transition information sent to LEA/LGE is complete and timely | Transition packet(s) with all required information timely and accurately | --IC/FSC |

| Performance Expectation | Monitoring/Data Source | Responsibility |
|---|---|---|
| | without prompting by the LEA, LGE, regional coordinator | |
| IFSP which includes Section 5: Transition is uploaded to EarlySteps Online | -IC/FSC assists family in achieving plan activities from Steps and Services section(s) such that referrals are complete and timely<br>-All IFSPs complete and uploaded | --IC/FSC |
| Exit Evaluation Authorization is discussed with family, scheduled, and authorization requested from SPOE. | • Exit evaluation authorizations issued prior to exit (includes annual evaluations if current within 6 months of exit)<br>• Evaluations sent to SPOE/uploaded to EarlySteps Online<br>• Evaluation outcomes report provided to family | --IC/FSC<br>--Eligibility Evaluator<br>--IC/FSC/Eligibility Evaluator |
| Case closed according to chapter requirements | • Contacts with IFSP team agreeing on closure date<br>• Updating service authorizations if necessary prior to exit date<br>• Closure notice sent timely to SPOE with accurate date and closure reason documented | IC/FSC |

## Chapter 9: Support Coordination in EarlySteps

This chapter describes the provision of support coordination for SPOE and FSC.

Topics in this chapter include:



## EarlySteps State-Identified Measurable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*

**Updates to Chapter 9: Support Coordination**

| |
|---|
| Added references to DEC Recommended Practices |
| Added expectations for team functioning |
| Added references to law and regulations |
| Added information from the Joint Position Statement on Support Coordination. |
| Updated caseload and training requirements from updated Case Management Rule (2021) |
| Added references to Act 421-TEFRA program |
| Added FSC supports to families throughout the Early Intervention Process |
| Added references to the Team-based Practice Supports Practice Profile and fidelity measure. |
| Updated performance expectations |
| Updating reporting link to DCFS |
| FERPA 2013 Update: Uninterrupted Scholars Act regarding sharing records |

## Support Coordination in EarlySteps

**FORMS**

- **FSC Quarterly Progress Report**
- **Change Form**
- **FSC Support Coordination Billing Summary**

**Introduction to Family Support Coordination**

**Support Coordination Defined in IDEA, Part C:**

Support 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. (IDEA, Part C Regulations 34 C.F.R. § 303.34)

Additionally, the federal regulations implementing Part C of IDEA (2011) outline 10 specific service coordination activities:

1. Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

2. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;

3. Coordinating evaluations and assessments;

4. Facilitating and participating in the development, review, and evaluation of IFSPs;

5. Conducting referral and other activities to assist families in identifying available early intervention providers;

6. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;

7. Conducting follow-up activities to determine that appropriate Part C services are being provided;

8. Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;

9. Coordinating the funding sources for services required under this part; and

10. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services. (34 C.F.R. § 303.34).

As described in the Service Coordination in Early Intervention Joint Position Statement (2020) and in federal regulations, service coordination is an essential early intervention service that, along with other IFSP services, has an equal and impactful role in the experience of families. Service coordination is the only mandated early intervention service under Part C of the Individuals With Disabilities Education Improvement Act (2004); therefore, it should have equal importance, administrative support, and opportunities for professional development as other services. The service coordinator brings expertise to the early intervention team on navigating the early intervention system, using family-centered practices, linking families to community resources, fostering strong family-professional partnerships, and facilitating and documenting the early intervention process. As outlined in regulations implementing IDEA (2011), a service coordinator is an important team member as the single point of contact for all team members, including the family, to ensure that early intervention (EI) services are individualized and appropriate to child and family strengths, interests, and needs (2020).

The coordination of services and supports helps to reduce duplication of services and identifies service gaps. Service Coordination, support coordination, care coordination, service integration, and case management are all terms used to describe efforts and activities of family support coordination. Part C uses the term *service coordination* and Medicaid uses the term *support coordination.* For the purposes of the practice manual, EarlySteps uses the term *support coordination or family support coordination or FSC.*

Intake Coordinators, who are employees of the SPOE, serve as the initial support coordinator assigned to work with the family during the intake process and conduct/support the following activities: intake; screening; information gathering; family assessment of concerns, priorities and resources; eligibility determination; referral/arranging for resources and supports; offering families freedom of choice in selecting ongoing support coordination and service providers; and initial IFSP development.

Family Support Coordinators provide on-going support coordination for as long as the child is eligible for Part C services as part of the IFSP process. FSCs are the team leaders who promote ongoing activities that

1. Promote active participation of families in decision-making related to their child,
2. Lead to the development of the service plan,
3. Support families in achieving the goals they hold for their child and the other family members. (DEC, 2015)

**The DEC Recommended Practices support 3 themes by which the FSC serves at the team leader:**

1. Family-centered practices that are individualized, flexible, and responsive to family unique circumstances.
2. Family-capacity building practices that support opportunities for family participation and strengthen parenting knowledge and skills
3. Family and professional collaboration that builds relationships between families and early interventionists to promote family competencies and support child development (DEC, 2014)

**Guidance and Requirements documents for family support coordination**:

1. IDEA Part C law: Public Law 108-446 Section 636(7) (2004)
2. IDEA Part C Regulations (2011): 34 CFR Part 303.34; 303.344; 303.343; 303.345;

3. EarlySteps Policies (2014): A. Definitions (11); VII. Participants in IFSP meetings
4. Louisiana Case Management Rules: Title 48 Case Management Licensing Standards (Chapter 49); Title 50 Targeted Case Management (LAC 50:XV Chapters 101-117, updated August 2021)
5. Medicaid Case Management Manual (2002) and subsequent revisions (anticipated 2023)
6. EarlySteps Family Support Coordination Medicaid Billing Guide (May, 2012)

## Family Support Coordinator

### Beliefs of the Support Coordinator

The beliefs of service coordinators guide the services they provide.

- Belief in the value and uniqueness of families
- Belief in the strengths of teams
- Belief in the value of support coordination: more than a record keeper, serves as the leader of each family's IFSP team.

### Roles of the Support Coordinator

The **role** of the FSC is to serve as the team leader for each child's IFSP team. In that role, the FSC:

- Implements strategies that support team effectiveness
- Encourages all team members to share expertise
- Stresses the importance of all team members sharing information and giving feedback to each other
- Encourages teams to identify and use community-based supports and organizations to meet family needs
- Encourages teams to work together to support families and children by serving as the primary liaison for the team. (DEC, 2015)
- Orients families to the early intervention system and provides procedural safeguards

### Supporting Families throughout the Early Intervention Process

Steps in the "cycle" of activities that support families during the early intervention process are taken from the *Joint Position Statement on Support Coordination (2020).*

1. When FSCs/ICs make first contacts with families, they set the stage by explaining how EI works. They answer questions and use active listening strategies to gather information from the parent about the reason for the child's referral as well as any concerns and priorities the family has related to the child's development. In EarlySteps this first contact is typically made at the SPOE through intake, the information gathered is shared with the ongoing FSC so contact can be made and an initial visits conducted.

2. When FSCs/ ICs first meet with a family, they begin to get to know the child and family and start building a trusting, collaborative relationship. During this visit, the service coordinator shares additional information about EI, describing what to expect from the EI process and explaining what high-quality services that employ evidence-based practices look like. The family's role as active participants and decision-makers in the process is also emphasized. Additionally, information is gathered about the child's development and daily routines, medical history, and the family's priorities and concerns. Families are informed about rights and procedural safeguards, important timelines, and the financial processes associated with enrollment in the program. Service coordinators work with families to understand and complete documentation, such as prior written notices, consent forms, family assessments, intake forms, releases of information, and other forms and processes. The service coordinator begins planning with the family for evaluation and assessment by explaining eligibility criteria and how a child's eligibility is determined. A family assessment may be conducted at this visit or in a subsequent visit, or as part of ongoing conversations with the family during intake, at monthly calls, and quarterly team meetings. If the child is found eligible for services, the process used to develop the IFSP is explained and the transition process at the end of EI service delivery is introduced.

   The initial visits require planning and organization on the part of the service coordinator as well as balancing the giving and gathering of information with the family (Woods & Lindeman, 2008) as both begin to get to

know each other. The visits typically conclude with a review of next steps for the family, including scheduling the evaluation and assessment at a time and place that are convenient for the family.

3. In coordinating the evaluation and assessment processes, activities center around determining the child's eligibility for services. This is accomplished by gathering information about the family's priorities and concerns for the child's development and participation in daily activities and assessing the child's development in preparation for writing the IFSP if the child is found eligible. Service coordinators primarily participate in the process by gathering family assessment information about caregivers' priorities, concerns, and resources related to the child's development, family interests, and activities. This information is essential to the development of a meaningful IFSP, especially in developing outcomes, and may be gathered before or during the evaluation and assessment with the evaluator, as part of regular conversations with families during monthly calls, and/or in discussions with families at quarterly team meetings.

**4.** Service coordinators who apply recommended family-centered practices as they facilitate the development of the IFSP will

    (a) use family priorities to guide the team decision-making;
    (b) integrate child interests and family routines, activities, and materials into outcomes; and
    (c) empower families to be active and informed decision-makers as EI and non-EI services are identified and transition planning occurs.

    During the IFSP meeting, the service coordinator explains the process to the family and emphasizes that the IFSP is a fluid, working document that can be changed whenever priorities change, the child makes progress, etc. The IFSP process is facilitated to ensure the family members know they are valued and equal team members and that their input will be used to guide what is written in the plan. The service coordinator facilitates discussions that link family priorities and concerns, information from the evaluation and assessment process, health information and history, and expertise from all team members. This discussion results in the development of family and child outcomes that are individualized, functional, measurable, and situated in the context of child interests and family routines.

**5.** Once the IFSP is signed, the service coordinator monitors IFSP team activity to ensure the initiation of EI services within the required timeline of service delivery beginning within 30 days following parent consent. The service coordinator then coordinates and monitors service delivery to ensure that it aligns with the child's IFSP. This involves making regular, ongoing contact with the family and other EI team members who support the family. These contacts occur by monthly by telephone and during quarterly in-person/virtual visits with families and other IFSP team members. Regular, monthly contacts with all team members are essential so the service coordinator can stay abreast of the child's progress and any changes in family priorities, resources, concerns, life circumstances, and needs (Bruder & Dunst, 2008). When changes occur, the service coordinator can facilitate an IFSP review meeting to revisit the outcomes and services and consider, with team members, whether changes are warranted. Regardless, IFSP reviews are required at least every six months and annually and coordinated by the service coordinator.

**6.** Maintaining the EI record to include thorough, accurate documentation of the family's journey through the process is an important service coordinator responsibility. Service coordinators document all contacts and IFSP reviews in the child's EI record and, as appropriate, on the IFSP. The service coordinator ensures that family rights and procedural safeguards are provided to the family and that documentation is completed, information releases are maintained, timelines are recorded, and contact notes reflect the work they do on behalf of the family during ongoing service delivery. It is during this time, while services are being implemented, that service coordinators regularly check in with families for progress updates and to celebrate new milestones, ask about their satisfaction with EI, respond to requests for information or assistance, and link families to needed community resources. The goal of service coordination during this time is to help the family learn to navigate the EI system and meet their own needs, including accessing community resources, with less assistance over time. To meet this goal, service coordinators help families learn to advocate for themselves and access available resources when needed, including transition options for services after the child leaves

**7.** Service coordinators are key team members during the transition and exit processes. In EI, transition refers to the process of supporting children and families as they move between programs or leave the EI system, such as:

(a) when a family relocates and the child is referred to another EI program;
(b) when a child leaves the EI program to begin receiving early childhood special education or other preschool-age services and age 3;
(c) after the child's third birthday, when the child moves to other non-EI community services; or
(d) when a child is discharged after making sufficient progress and no longer qualifying for services.

Because all children in EI will eventually transition, discussions about this process between the service coordinator and the family begin as early as the initial visit. Successful transitions require ongoing conversations with families as service coordinators help families gather information, explore their options, and prepare to make informed decisions. Service coordinators also assist families as they prepare for transition by ensuring the required transition planning conferences occur, reviewing family rights, answering questions as they arise, and perhaps even arranging for and attending visits with potential transition options with families. Family support during the transition process requires that FSCs exercise patience and objectivity as they help families think about what they want for their children. When a transition is approaching or a family chooses to exit the EI program for any reason, the service coordinator conducts the exit process including arranging the exit evaluation and/or team meeting to close the child's record with the EI program. The exit process may include an exit (or discharge) meeting with the family as well as a collection of summary information from service providers. At this time, families are reminded of their rights and safeguards. To complete the exit process, service coordinators are required to complete final documentation, discuss and schedule an exit evaluation, and may conduct a final IFSP review to document the child's and family's progress and plan for exit. When facilitating a smooth exit, service coordinators help families feel confident about leaving the EI system and well-prepared for the next steps in their journey with their child.

## Responsibilities of the Support Coordinator

The **responsibilities** of the FSC include, but are not limited to:

1. Maintaining the FSC Record for each child served with an IFSP.
    a. Coordinating the sharing all early intervention forms to the SPOE for filing in the child's record and for uploading to EarlySteps Online.
    b. Maintain documentation of ongoing services that includes meeting notifications, notices of action, IFSP reviews, annual evaluations and 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.

2. Ensuring that Eligibility Determination is completed annually and timely according to regulations.
    a. Schedule the BDI-2* prior to annual IFSP meetings.
    b. Collect relevant assessments, previous evaluations, contact notes, and team meeting notes necessary to conduct determination of eligibility and for the eligibility team meeting.
    c. Ensure that the Eligibility Team reviews the materials assembled for eligibility determination.
    d. Serve as team leader for the discussion of the results for determination of eligibility.
    e. Summarize information collected from families over the previous months and/or conduct/coordinate the **Family Assessment of Concerns Priorities and Resources** with the evaluator for determination of family priorities for the IFSP team meeting.
    f. Provide notice and advise the parent/legal guardian of the procedural safeguards related to eligibility determination/re-determination.
    g. Ensure that if child is determined ineligible that service authorizations remain in effect until the end date of the current IFSP, that written notice is provided to the family and includes procedural safeguards available to the family.
    h. With IFSP team input, complete steps for case closure at the current IFSP end date or date agreed upon by the team.

3. Collecting required information necessary to plan and complete an IFSP.
    a. Assist family to select ongoing providers (**Provider Selection Form**), if a change in providers is needed/requested.
    b. Obtain relevant releases and authorizations for activities necessary to develop the annual IFSP.

c. Create authorizations for essential and necessary developmental assessments and participation of team members at team meetings (**Request for Authorization**).
d. Collect relevant reports, including the Comprehensive Developmental Assessment (BDI-2) Scores report, single domain assessment, etc., and input in preparation for the annual IFSP meeting.
e. Send available information to IFSP team members participating in annual IFSP development by uploading to EarlySteps Online and providing a copy to the family.

4. Facilitating the annual IFSP Team Meeting and completing the Annual IFSP.
    a. Ensure that the variety of planning activities prior to the annual IFSP team meeting are conducted with each family of an eligible child.
    b. Ensure that each family understands the annual IFSP process, is familiar with the IFSP format, and is well prepared to act as an equal participant on the IFSP team for the scheduled meeting.
    c. Ensure that the family's priorities from the Family Assessment are reflected in the IFSP outcomes that are developed.
    d. Ensure that the annual IFSP is developed for each eligible child within the required timeframe.
    e. Assist family in locating available provider(s) for identified IFSP services through the review of the service matrix (**Freedom of Choice of Provider Selection Form, Request for Authorizations**).
    f. Develop authorization(s) for services based upon IFSP.
    g. Identify team members responsible for following up with "other services" identified.

5. Facilitating and monitoring the provision of services, including revisions and 6 month review.
    **a.** Completing activities for which the FSC is responsible from the IFSP using the strategies identified in **Section 4: Outcomes for child and family** and in the "other services" section.
    b. Notifying appropriate IFSP team members by sending out the **Team Meeting Notification**.
    c. Providing **Notice of Action** to the family.
    d. Reviewing **Monthly Progress Reports**, **Quarterly Reports**, and early intervention data.
    e. Completing **IFSP Revision Form/6 Month Review Form.**
    f. Completing **Change of Authorization Form** (as needed) and send to SPOE; file copy for in FSC record. Monitoring issuance of updated authorizations and notifying IFSP team members.
    g. Sending appropriate **IFSP Revision/Review Forms** to all team members and to the SPOE and date copies
    h. Writing, disseminating, and filing/uploading IFSP **Team Minutes** or document **Case Note** if changing provider only, and send completed **Freedom of Choice Provider Selection Form** to the SPOE.

6. Facilitating the Transition events required to support transition from Part C. Ensure that families are aware of all steps and supports when the child exits from Part C. (Chapter 8 provides more details regarding transition requirements).
    a. Disseminating notification (**Early Intervention Services Transition Notification**) to the family, LEA between 2 years, 3 months and 2 years 9 months, and OCDD at 2 years, 6 months.
    b. Disseminating team-meeting notification to all team members prior to holding the transition team meeting including LEA, OCDD/HSA/D (also known as LGE), and child care staff.
    c. Facilitating the Transition team meeting identifying next steps.
    d. Scheduling and collecting the exit BDI-2 report and provide to SPOE and LEA for data entry between 2 years, 9 months and 3 years of age or annual BDI-2 if current within 6 months of exit.

7. Compiling and generating reports.
    a. Collecting all Provider Monthly Reports on a monthly basis or reviewing uploaded reports in EarlySteps Online.
    **b.** Using data included in the Provider Monthly Reports to create the FSC Quarterly Progress report submitted to the SPOE by the 20th of the following month.
    **c.** Uploading annual IFSP and supporting documents in EarlySteps Online.
    **d.** Accurately track and document billable activities according to the FSC Billing Summary

*****The BDI-2 will be replaced by another eligibility evaluation tool by 2024. Until the new tool is selected and in use the term "BDI-2" is used to name the statewide tool used for eligibility determination in Louisiana.

### Referral to DCFS

EarlySteps providers, Intake Coordinators, Family Support Coordinators etc. are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect.

For more information on the Office of Community Services refer to:
https://www.dcfs.louisiana.gov/page/reporting-child-abuse-neglect

### FSC Medicaid Eligibility Verification

- The FSC must verify the child's Medicaid status each month by the 5th of the month. If the child's Medicaid eligibility has changed, the FSC must submit a **Change Form** to the SPOE and notify each provider of the change by the 5th of the month. The FSC must maintain documentation in the child's file that the early interventionist/SPOE was notified.

- FSCs must use their agency provider number to verify Medicaid status and ensure that the agency bills to the correct funding source. Incorrect fund source billing will be corrected by the CFO following monthly eligibility verification with the Medicaid Fiscal Intermediary, including retroactive Medicaid eligibility dates.

- FSCs must compare the child's Medicaid number from the Medicaid Eligibility Verification System with the number entered by the SPOE. Discrepancies should be reviewed and corrected. Failure to do so will results in denied Medicaid claims for FSC billing due to failure of authorizations to load in the Medicaid Management Information System (MMIS).

- ICs/FSCs discuss and track pending Medicaid eligibility when families apply for Act 421/TEFRA. This program, initiated by LDH in January, 2022 makes some children eligible for Medicaid despite the family's income. Eligibility for Medicaid will be retroactive to the application date for Act 421 if the child is determined eligible. It is acceptable to postpone setting up a Family Cost Participation account (when the family may have FCP assignment) until the Act 421 eligibility is determined. Upon determination, the FCP account will be updated to reflect income information for FCP assignment or Medicaid eligibility. The family notice statement will be completed and signed and the child's Medicaid status will be changed from "pending" or "not eligible" to "eligible," as appropriate, and the Medicaid number provided to the SPOE and IFSP team members for correct billing and prior authorization submission. Under no circumstances will the child's Medicaid status remain in "pending" status when regular communication with the family is ongoing and eligibility for the program is determined.

### Billing for FSC Services

The EarlySteps Central Finance Office contractor (CFO) or the Medicaid Fiscal Intermediary reimburse the FSC agency for services provided. FSCs receive authorizations from the CFO that can then be used to document delivery of service for billing purposes—the authorizations are transmitted to Medicaid by the CFO.

Each face-to-face/virtual contact must have the signature of a parent/caregiver to verify that the service was provided. The FSC must obtain a parent signature on the Team Meeting Minutes Form, on the Contact Note/Log and other required documents.

Beginning in 2010, FSC agencies were billing for services in 15 minute units with a maximum number of 36 units per 6-month period being authorized by EarlySteps and submitted to Medicaid. There was no monthly cap for the number of billable units. However, all minimum requirements had to be met each month and each quarter for the 6-month period, regardless if the total number of units authorized was reached. FSC's must carefully track the utilization of units for the 6 months in order to meet family needs as well as to not exceed the 36 unit/6 month cap. FSC agencies should refer to www.lamedicaid.com for billing guidelines, procedures, and questions. Problems with Medicaid denied claims should be first addressed with the regional Medicaid representative. If the problem cannot be resolved, contact the regional coordinator for the information required to resolve the issue. A separate document, listed above and in the reference section, covers Medicaid billing for FSC services.

Effective in 2023, FSC agencies will bill using a flat monthly rate. The following activities must be completed within a quarter to bill the monthly rate:

- monthly call with families,
- quarterly team meeting,
- IFSP updated timely.

FSC agencies are not allowed to bill the monthly rate if these activities do not occur and if the IFSP is not updated timely.

**FSC Billing Summary Checklist**

The FSC Activity Checklist will not be required once the change to flat rate monthly billing is in effect. Until that time the checklist **must** be included in the official Early Intervention Record. It serves as a guide to assist FSCs with completing all necessary and billable activities throughout the IFSP process. With the change to monthly flat rate billing, this document can be used to support FSC activities for supervision. Documentation of FSC activity is required to verify FSC activities and to support billing.

**Maximum Caseload of a FSC**

According to the LDH Targeted Case Management Rule (LAC 50: XV, Chapters 101-117, §10503), the maximum caseload that a FSC can carry is 35 cases at any point in time. EarlySteps will authorize a caseload of up to 50 when necessary. Agencies should carefully assess each FSC's caseload to determine the number of cases which are manageable by the individual FSC. It is not recommended that the maximum caseload be assigned, especially when the FSC and/or supervisor are new.

## Caseload of a FSC Supervisor

A supervisor may supervise up to eight FSCs. The supervisor can also carry one-fifth of a caseload for each FSC supervised fewer than eight employees. **A supervisor may not use more than 50% time in managing a caseload.** The intent is to decrease the size of a supervisor's caseload as the number of FSC's supervised increases. As the number of FSC's the supervisor supervises decreases the supervisor's caseload can increase by one-fifth of the maximum caseload. For example, 8% of a caseload of 35 equals 2.8 rounded up equals 3 therefore for each FSC not supervised the caseload increases by 3. The chart which follows is intended to provide clarification of the state's requirement for supervisor caseloads.

An individual who meets the supervisory qualifications described above **must** supervise any supervisor who carries a caseload. The FSC **must** submit a written plan for approval by Medicaid detailing how the same person will perform the functions of supervision and support coordination. This plan may not be implemented until approval is given.

| Number of FSC's Supervised* | Number of Cases the Supervisor Can Carry with FSC Caseload of 35 | Number of Cases the Supervisor Can Carry with FSC Caseload of 40 | Number of Cases the Supervisor Can Carry with FSC Caseload of 45 | Number of Cases the Supervisor Can Carry with FSC Caseload of 50 |
|---|---|---|---|---|
| 7 | 3 | 2 | 1 | 0 |
| 6 | 6 | 5 | 4 | 3 |
| 5 | 9 | 8 | 7 | 6 |
| 4 | 12 | 11 | 10 | 9 |
| 3 | 15 | 14 | 13 | 12 |
| 2 | 18 | 17 | 16 | 15 |
| 1 | 21 | 20 | 19 | 18 |

## FSC Supervision Activities

Effective supervision includes direct review, assessment, teaching and monitoring of family-centered practices, problem solving, and feedback regarding the performance of support coordination services. Supervisors are

responsible for assuring quality services, managing assignments of caseloads, assisting staff in meeting compliance areas and performance indicators, and arranging for professional development.

- Individual, face-to-face/virtual sessions to review cases, assess performance, and provide feedback for improving performance. This individual supervision **must** occur at least one time per week per FSC for a minimum of one hour.
- Group meetings with all support coordination staff to problem-solve, provide feedback, and collegial support.
- Joint sessions in which the supervisor accompanies a FSC to meet/participates in a virtual meeting with a family for purposes of teaching, coaching, and giving feedback to the FSC regarding performance related to the particular family is included. The team meeting Fidelity Measure can be used to ensure alignment with the DEC Recommended Practices and supervision of the FSC.
- Case record review. A minimum of 10% of each FSC's caseload **must** be reviewed for completeness, compliance with licensing standards and EarlySteps requirements, and quality each month.
- The supervisor is accountable for the training, experience, and activities of the FSC. The supervisor will be responsible to develop and implement an Individual Employee Supervision Plan (IESP) that designates the training, field experience, and peer relationships for a period of no less than (1) year. The requirements for supervisory record keeping are found in the Louisiana Medicaid Program *Case Management Services Provider Manual* and are required for all EarlySteps FSC agencies regardless of a an individual child's eligibility for Medicaid.
- Consultation with agency supervisor, nurse consultant, service provider, supervisor or other professionals, scheduled or unscheduled, concerning a specific child/family, the medical condition or living situation to assist the support coordinator in finding appropriate supports is a billable activity. The billing code is included on the FSC Billing Summary form.
- The supervisor **must** evaluate Family Support Coordinators at least annually according to written agency policy on evaluating staff performance.
- The supervisor shall document all supervisory and case review sessions in compliance with the Targeted Case Management Rule and the Medicaid Case Management Manual.

**Supervisor Support for FSC Practices**

As part of the EarlySteps State Systemic Improvement Plan (SSIP), a staff and stakeholder workgroup assessed EarlySteps practices related to FSC and aligned these with the DEC RPs resulting in the *Team-based Practice Supports Practice Profile*. The Practice Profile identifies the expected components by which FSC-led teams operate. It identifies resources to support team activities. To measure consistent implementation of the practices the workgroup developed the Team-based Practice Supports Fidelity Measure. The measure identifies the practices expected for team meetings and the DECRPs aligned with the practices. The workgroup recommends that each FSC is evaluated using the measure a minimum of annually. The use of the Practice Profile will be implemented statewide in 2023-2024.

**Documentation of Supervision**

Each supervisor is required to maintain a file on each FSC supervised that contains:

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

**FSC Nurse Consultant**

FSC agencies must have 16 hours per month of nurse consultation to meet case management licensure requirements. The FSC Nurse Consultant role includes:

- Consultation on medical diagnoses, including impact of medical diagnosis on development
- Review of medical records to aid in medical eligibility determination
- Support with general child development issues

## Early Intervention Service Authorizations

**Step 1: Authorizing Services**

Intake Coordinators and FSCs submit authorizations for services using the IFSP Section 6 page of the IFSP and **Request for Authorization** form which specifies the services to be authorized. All early interventionists are dependent upon the Intake Coordinator and FSC for service authorizations to provide services according to the IFSP, bill, and receive reimbursement of services delivered. Both Part C and Medicaid billing are dependent upon prior authorizations issued timely for service delivery. The authorizations are limited to a maximum 6 month period for direct services and FSC and according to the IFSP initial/review/annual dates. Since timely service delivery and payment are dependent upon authorizations, Intake Coordinators and FSCs **must** complete service details accurately to the SPOE for data entry. The SPOE must enter the authorization within 5 days of receipt.

**Step 2: Submitting Authorizations to the SPOE**

**Intake Coordinators and FSCs** must **send current IFSPs to the SPOE for data entry no later than 3 calendar days after the completion of the IFSP or IFSP review/revision.** This ensures that authorizations are issued in a timely manner.

1. An FSC may fax the IFSP to the SPOE for data entry but **must** subsequently send the original documents to the SPOE. The revision, review and annual IFSPs must be uploaded to EarlySteps Online so that all team members have the required documents.

2. The SPOE **must** date stamp the receipt of the IFSP or IFSP Revision Form.

3. 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 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. Providers can access the IFSPs in EarlySteps Online if uploaded by the FSC and the provider is notified.**

Fully complete and accurate information is necessary for data entry by the SPOE. In the case of an incomplete or incorrect form, the documents are returned to the FSC for corrections. **NO AUTHORIZATIONS are entered until the corrected IFSP or Authorization form is received by the SPOE. The SPOE will follow up with the FSC agency if there are delays in returning any corrected documents. FSCs should check that FSC and service authorization are entered in LAEIKIDS and/or EarlySteps Online. Failure to submit accurate, timely authorizations impacts timely service deliver.**

**Step 3: Submission of Claims**

Billing **must** be submitted within 60 days of the date of service using provider online system for Part C-paid claims. If billing is not received within this time frame, the CFO will deny payment. The check run schedule of the CFO is posted on the website, www.laiekids.com**. FSC should verify that an FSC authorization is active on the website.** EarlySteps **WILL NOT** pay for services delivered and billed without an active authorization. More information about FSC billing is found in the FSC Billing Manual.

**Changing an FSC or Service Provider**

Parents select their early intervention practitioners by using the Service Matrix. Agencies are not allowed to assign early intervention providers without the consent of the parent. The Family Support Coordinator **must** communicate on an ongoing basis (a minimum of monthly is required) with each family to ensure that services are being provided and that the family is satisfied.

When selecting and changing a provider based on a team's decision, the steps are:

1. FSC assists the family in selecting a new provider based on information from the service matrix
2. FSC ensures that the parent signs a **"Freedom of Choice Provider Selection Form**"
3. FSC makes the appropriate changes in the IFSP

4. FSC sends all original documentation to the SPOE
5. FSC calls the previous provider to advise them of the parent's change of providers and that authorizations will be cancelled and provide the date.
6. FSC mails a copy of "**Freedom of Choice Provider Selection Form"** to both the new provider and previous provider.
7. Originals of both forms are sent to the SPOE and kept in the child's early intervention record.
8. SPOE cancels the active authorizations for the previous provider based on the provided date.
9. SPOE issues new authorizations for the new provider based on the provided date.

If a parent requests a change of provider, and there is no provider available, the FSC continue to search for a provider that will assist the child with meeting outcomes. The FSC should search the Service Matrix at least one time per week to find a provider, and contact a Regional Coordinator if assistance is need with locating a provider. The FSC **must** document all attempts to locate a new provider. In the event that a provider is not available for more than one month, a team meeting could be held to determine other services which could assist the family in achieving an outcome. The regional coordinator is notified when delays in identifying a provider occur.

When changing FSC, the following steps **must** be taken:

1. The Support coordination Agency contacts the family and informs them that their FSC is leaving or left
2. The Support Coordination Agency offers the family the choice of selecting a new FSC from the same agency or from a different agency

   If the family selects a FSC from the same agency, the FSC agency will present the family with a selection of agency FSCs from the service matrix. The FSC agency may select the replacement FSC.
3. The SPOE works with the FSC agency to set dates to cancel active authorizations for the previous FSC and issues new authorizations for the new FSC with agreed upon dates.

**Note**: the FSC Supervisor can assume caseloads from terminated FSCs using the same authorization for a maximum period of 14 days

If the family does not wish to use another FSC with the same agency, families **must** contact their local SPOE.

1. The SPOE helps the family choose a Family Support Coordinator by using the service matrix
2. The SPOE ensures that a **Freedom of Choice Provider Selection Form** is completed, including parent signature
3. The SPOE makes appropriate changes in the IFSP and issues service authorization with agreed upon date.
4. The SPOE mails copy of the **Freedom of Choice Provider Selection Form** to both the new FSC and previous FSC. Original is kept in child's early intervention record.
5. The previous Support coordination agency is responsible for sending copies of the complete Support coordination record to the new FSC within 7 calendar days.

**Substituting Early Intervention Providers**

There may be instances—such as in the event of an illness or vacation—when a substitute practitioner may be needed for the child/family. In this case, the family and Family Support Coordinator 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 14 calendar days**
  - This would not normally be considered a substantial change in the plan of care or require a change to the IFSP.
  - A substitute practitioner 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 in EarlySteps.
  - The substitute **must** sign his/her name as the provider substituting for the regular provider with other required documentation including the reason for the substition.

- **A substitution of a provider for period of more than 14 calendar days**
  - If a substitution is expected to last longer than two weeks:

The authorized early intervention provider notifies the family's Family Support Coordinator to discuss implications for the IFSP and options to ensure outcomes can be achieved.
    - This may include a change in practitioner(s) during the specified period.

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

## Early Intervention Records – Family Support Coordinator

Family Support Coordinators **must** maintain accurate documentation of each contact made on behalf of the child. FSCs develop a file that contains:

Copies of completed Early Intervention record from Referral to IFSP developed by SPOE

- **IFSP Revision**
    - Team Meeting Notice and Minutes Form and meeting authorizations for team members
    - Consents to Release and Share Information (as needed)
    - Notice(s) of Action
    - Completed IFSP Revision Form
    - Updated outcome page of the IFSP, if needed
    - New Authorizations, if needed
    - Documentation that new Authorization(s) were sent to the SPOE
    - Section 5, Transition, of the IFSP
    - Completed Team Meeting Notice and Minutes Form
    - Documentation that IFSP Team Minutes were distributed to all team members

- For change of provider only, receipt and processing of completed **Freedom of Choice Provider Selection Form**

- **Quarterly Progress Report/6-month Review**
    - Team Meeting Notice and Minutes Form and meeting authorizations for team members
    - Consents to Release and Share Information (as needed)
    - Notice(s) of Action
    - Completed Quarterly Progress Report/IFSP 6-Month Review checked on IFSP
    - Updated outcome page(s) of the IFSP
    - If needed, new Authorizations
    - Documentation that new Authorizations were sent to the SPOE
    - Completed Team Meeting Notice and Minutes Form
    - Documentation that IFSP Team Minutes were distributed to all team members

- **Provider Monthly Progress Notes**
    - Monthly Progress Notes from providers

- **FSC Quarterly Progress Report**
    - FSC Quarterly Progress Report
    - Documentation that FSC Quarterly Progress Report was sent to the SPOE

- **Annual Re-determination of Eligibility**
    - Authorization for eligibility evaluation
    - Team Meeting Notice and Minutes Form
    - Consents to Release and Share Information (as needed)
    - Completed Authorizations for Eligibility Team Meeting for all team members
    - Documentation that Authorizations were sent to the SPOE
    - Notice of Action
    - Completed **Eligibility Determination Process Report**
    - **IFSP Team Services Decision Form** if needed

- Completed Team Meeting Minutes
- Documentation that Team Meeting Minutes were sent to all team members

- **Annual IFSP**
  - Team Meeting Notice and Minutes Form
  - **Freedom of Choice Provider Selection** form
  - Consents to Release and Share Information (as needed)
  - Completed Authorizations for IFSP team meeting to all team members
  - Documentation that Authorizations were sent to the SPOE
  - Completed Assessment documentation: **BDI-2 Evaluation Report**
  - Completed IFSP, including Section 5, Transition
  - Completed/Updated **LDH Application**

- **Transition**
  - Early Intervention Services Transition Notification sent to LEA at 2 years, 2 months or later
  - Team Meeting Notice and Minutes and meeting authorization for all team members
  - Consents to Release and Share Information
  - Notice of Action
  - Completed Team Meeting Minutes
  - Documentation that Team Meeting Minutes were sent to all team members/uploaded
  - Completed exit BDI-2 Evaluation Report and/or completed BDI-2 Evaluation Report
  - Documentation that the exit BDI-2 Evaluation Report was sent to the SPOE and LEA/uploaded and/or LGE
  - IFSP Section 5 complete with steps and services and transition conference date indicated for SPOE to indicate in EarlySteps Online
  - Change Form
  - Documentation that the Change Form (Case Closure) was sent to the SPOE with accurate reason and date
  - FSC attends IEP meeting as requested by the parent
  - FSC Billing Summary/Contact Note/Log

**FSC File**

**FSC Contact Notes**

**All FSCs must maintain contact notes/logs for all children served in the EarlySteps system.** This documentation is required for audit purposes by the various funding sources utilized by the Part C system and to support billing. If contact was scheduled and did not occur, a contact note should be completed noting the missed contact and the reason that the contact did not occur.

The contact note is the way that the FSC documents **every individual service contact**. This is retained in the FSC early intervention record for each child for 6 years.

The FSC contact notes contain key information regarding activities that take place throughout the early intervention process. FSC contact notes also provide documentation of events that prevent progress. The FSC should use contact notes as a tool to monitor progress and determine if barriers to progress exist and/or if the family needs other types of assistance. FSC contact notes can provide guidance during individual contacts and assist the FSC with asking meaningful questions during contact with the family. Remember, “Support 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”. Using contact notes as a tool assists the FSC with carrying out those duties.

EarlySteps does not have a required format for an FSC contact note, the EarlySteps Provider contact note could be utilized for this purpose or the agency must develop its own form and include the following:

- Child’s Name
- Date of Birth
- Date of contact
- Time of contact

- Type of support coordination activity
- Descriptions of Actions Taken
- Follow-Up Actions Needed, including a detailed description of the Action and the Timeframe for Completion
- Parent/Caregiver Signature
- FSC Signature and Date of Completion

**Parental/Caregiver Signature**

Each face to face contact/virtual must have the signature of a parent/caregiver to verify that the service was provided. The FSC must obtain a parent and other team members' signature on the Team Meeting Minutes Form. Electronic signatures are acceptable and parent approval for their use is documented and maintained in the chart.

**FSC Quarterly Progress Report**

The **FSC Quarterly Progress Report** is a summary of the progress of the child and family as documented in the **Provider Monthly Progress Report**. The FSC should complete the **FSC Quarterly Progress Report** after review of the **Provider Monthly Report** on a quarterly basis. **Quarterly dates are based on the initial IFSP date not a calendar date.**

Example: IFSP begin date is 2-9-2020 and the end date is 2-8-2021. The quarterly reviews should be completed within the months of March through May, June through August (this will be with the 6 month review), September through November, and December through February (this will be the annual review). Quarterly team meetings are the minimum face-to-face contact requirement expected and should not exceed 3 month intervals.

Once completed, keep a copy of the **FSC Quarterly Progress Report** for the records. Send original copy to the SPOE within 5 days from the date of the meeting, and one copy to the family. Include a copy of the **Team Meeting Notice and Minutes Form** with the report for the SPOE record. Additional copies must be sent/uploaded to IFSP team members or other parties. Written parental consent is required for sharing with anyone other than IFSP team members.

If providers do not submit monthly progress reports to the FSC in a timely fashion, or not at all, the FSC should contact a Regional Coordinator for assistance. If FSC agencies do not submit Quarterly Progress Reports or other required information, the SPOE should contact the FSC, FSC's supervisor, the agency director, then the regional coordinator.

**Early Intervention Records Responsibility**

- **Transfer of Documentation for IFSPs**
    - FSCs **must** send **original** forms and other types of documentation to the SPOE for placement in the early intervention record. Copies of all of the above documentation, with the exception of contact notes and monthly progress reports from each provider, **must** be sent to the SPOE.
    - FSC **must** provide all IFSP team members with copies/or notify with uploads of IFSP documentation as well as copies of any updated assessment documentation.
    - All Requests for Authorization documentation **must** be sent to the SPOE within 2 days of request.
    - Copies of forms and documentation may be maintained in the file that the FSC keeps for her/his use. Families must also receive copies of forms for their personal file.

- **Transfer of Records When a FSC Leaves an Agency**
    - There will be instances in which the FSC is terminated or leaves an agency. Should this occur, the FSC agency where the FSC was employed is responsible for providing the new FSC chosen by the family with a complete child record. If the agency remains the same, the chart just needs

to include documentation of the FSC change. The child record **must** contain all information developed regarding the child's progress.

## Early Intervention Records – Additional Information

### Early Intervention Record Protections

Early intervention records are confidential. Parents **must** 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.
4. Verify the time period of the Release of Information.

If a parent so requests, the agency shall provide him or her with a copy of the records disclosed.

### Access to Records

Provisions of IDEA regarding privacy are intended to protect the interests of families with infants and toddlers with special needs and of the early intervention system. Three primary privacy regulations that pertain to the exchange of personally identifiable information apply to the EarlySteps program: IDEA Part C Privacy Regulations, the Family Education Rights and Privacy Act of 1974 (FERPA), and the Health Insurance Portability Act of 1996 (HIPAA). These regulations govern activities describing parent consent, confidentiality and release of information, access to records, and the requirements for maintenance, storage and destruction of records.

1. According to the **Part C Privacy Regulations**, once a child is referred to EarlySteps, the system must have parent consent before disclosing personal information about the child or family. Signed consent is not needed for EarlySteps to share individual child information with an individual or entity that is an "EarlySteps participating agency." For example, a provider who is a member of the IFSP team for a child does not require consent to access information about that child.

2. **FERPA** specifies that families have the right to know about the information kept as part of the child's "educational record." Families are informed about the type of information EarlySteps keep in the printed record as well as the electronic record. FERPA was updated in 2013 with the Uninterrupted Scholars Act which allows EarlySteps to disclose records:
   - Without parent consent to a caseworker or other representative of a State or local child welfare agency to access the IFSP "when such agency is legally responsible for the care and protection of the child.
   - Pursuant to a judicial order without requiring additional notice to the parent in specified types of judicial proceedings in which a parent is involved, since the parent is already a party to the court proceeding where the order about the records was issued.

   These changes help in improving child outcomes in foster care by providing agencies that are legally responsible to access specific information. Documentation of record access according to these provisions must also be documented.

3. **HIPAA** includes privacy rules to protect the privacy of individually identifiable health information and disclosure of health information. Health organizations must notify families of the agencies or "covered entities" with whom they may share information. HIPAA allows for covered entities, such as hospitals to share personal information to public health authorities without consent for the sake of surveillance, investigations, and interventions regarding the health or safety of a child.

There are two "levels" of access related to the Early Intervention Record maintained at the SPOE:

1. General Access: refers to office file access of the early intervention record. An access roster will be posted on the outside of all filing cabinets where the child records are maintained indicating those personnel (by title) who may have general access to the early intervention records. This access would generally apply to the supervisor, support staff, intake coordinators, and EarlySteps employees (quality assurance specialists, regional

coordinators, central office staff, etc.). Access by EarlySteps staff is for the purpose of monitoring, program or fiscal audits, or complaint investigation.

2. Situation-specific Access: refers to a specific request for information regarding an individual child by and agency or individual. This request must be accompanied by a signed, dated **Consent to Share and Release Information** by the parent/guardian authorizing access to that specific record or information. The SPOE agency is required to have policies in place regarding handling of these requests according to EarlySteps privacy regulations. This includes an access log in each child's file indicating the date, the purpose of any and all specific information, and signature of employee with access to the record.

**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:

The right to a response from the participating service provider to reasonable requests for explanations and interpretations of the records;

- 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
- 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 time used by an employee to research and retrieve the document(s).

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 Family Support Coordinator 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.

**Destruction of the Early Intervention Record**

The Early Intervention Record must be maintained for six (6) 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 state requirement that the records be maintained for a minimum of six (6)

years after the child is no longer provided services through EarlySteps. The child record **must** be shredded so that there is no identifying information after the six (6) year period expires.

**Family Support Coordination Wrap Up**

Service coordinators provide an anchor for the family and other EI team members that is unique among other service delivery systems. Without a service coordinator, families would be navigating a complicated system on their own at a time when many feel the most vulnerable. With a knowledgeable and skilled service coordinator, families and other team members have a guide to whom they can turn for information, assistance, and support. The presence of an engaged service coordinator who understands the role and skillfully conducts the many responsibilities of the position ensures a well-coordinated approach to EI service delivery. (2020)

## FSC General Supervision Performance Expectations

The following are requirements of FSC agencies and in some cases, SPOEs. Agencies which do not meet these expectations will have findings issued, corrective action, and sanctions issued as appropriate. Findings of noncompliance must be corrected within one year.

| | Expectation | Performance Indicators | Data Sources |
|---|---|---|---|
| 1 | Parents of eligible children gain access to all services identified in the Individualized Family Service Plan within 30 days of consent on the IFSP. | • 100% of eligible children with completed initial/annual IFSP on time.<br>• 100% of services start within 30 days of parent consent date on IFSP.<br>• Family survey results meet targets set by stakeholders<br>• DEC RP fidelity measures are within acceptable program parameters. | • 45-day timeline report Indicator 7<br>• Service authorizations issued timely<br>• Timely Services Indicator 1 data<br>• Family Survey-Indicator 4<br>• Implementation of the DEC Recommended Practices according to the Practice Profiles(s)<br>• No Provider Available authorizations issued, policy followed, and NPA authorization closed according to policy. |
| 2 | Ensuring appropriate IFSP teams are established to determine appropriate levels of services with resources available to region in context of a consultative model and in a cost efficient manner. | • 100% of quarterly team meetings are held on time and appropriate team members participate.<br>• Average cost of services within acceptable range, according to Best Practice Guidelines.<br>• Family survey results meet stakeholder determined targets<br>• DEC RP fidelity measures are within acceptable program parameters. | • Team meeting authorizations, Meeting Notices and Notes<br>• IFSP Team Decision Process<br>• Family Survey results<br>• Fidelity Measures demonstrate alignment with DEC Recommended Practices |
| 3 | Ensuring the services listed on the IFSP's are appropriately identified to meet the individual child and family outcome. | • Average cost of services within acceptable range, according to Best Practice Guideline-service authorizations.<br>• Family survey results meet state targets.<br>• DEC RP Fidelity Measures are within acceptable program parameters.<br>• 100% of services begin within 30 days from parent consent on the IFSP. | • Team Decision Process followed according to guidelines<br>• Timely Services meet Indicator 1 guidelines |
| 4 | 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 in a consultative model of service delivery. Maximizing the use of community supports and resources, i.e. mental health, local education agencies, social services, etc. | • 100% of families complete Family Assessment and have appropriate outcomes developed to meet child and family needs.<br>• Family survey results meet state targets<br>• DEC RP Fidelity Measures are within acceptable program parameters.<br>• IFSP outcomes requiring referral, application, assistance from early intervention and “other” services are supported by the FSC 100% of the time. | • Family Assessment results documented and IFSP outcomes prioritized according to results<br>• Document evidence of IC/FSC support in supporting family related to referrals, accessing services, including “other services.” |
| 5 | Facilitating the timely delivery of services as identified on the IFSP. | • 100% of services begin within 30 days of parent consent from the IFSP.<br>• 100% of authorizations are issued timely<br>• Family survey results meet state targets<br>• 100% of services provided according to IFSP.<br>• DEC RPs fidelity measures meet expected program parameters. | • As above |
| 6 | Ensuring annual redetermination of eligibility and providing information on community resources to families of children no longer eligible for EarlySteps. | • Family survey results meet state targets<br>• 100% Percent of children receiving annual eligibility redeterminations within required timelines.<br>• 100% of annual eligibility evaluations and IFSPs occur timely with no break in services for eligible children<br>• DEC RP Fidelity Measures are within acceptable program parameters. | • Annual eligibility determination authorizations issued timely<br>• Eligibility evaluator completes evaluation timely such that the team completes the eligibility determination occurs in time for annual IFSP completion<br>• Eligibility Report shared with team members/uploaded<br>• Required team members participate in team meetings documented in meeting notes<br>• Annual IFSP complete, on time, and shared with team members. |
| 7 | | • 100% of transition meetings occur on time. | • See Performance Expectations in |

| | Expectation | Performance Indicators | Data Sources |
|---|---|---|---|
| | Ensuring child is appropriately transitioned. | • 100% of transition conference notices issued a minimum of 10 calendar days prior to the conference<br>• 100% of LEA representatives participate in the transition conference<br>• 100% of Section 5 of the IFSP (Transition) has adequate steps and services developed to meet child and family needs for successful transition.<br>• Transition conference date within timelines and indicated in IFSP Section 5.<br>• Family survey results meet state targets.<br>• DEC RP Fidelity Measures are within acceptable program parameters. | Practice Manual Transition Chapter |
| 8 | EarlySteps Intake Coordinators and Family Support Coordinators are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect. | • 100% of children on the FSC's caseload are safe in their home environment<br>• **For more information on the Office of Community Services refer to:**<br>• http://www.dcfs.louisiana.gov/page/109<br>• Records are shared appropriately with DCFS and caseworkers invited to team meetings | • Referrals to DCFS according to requirements<br>• Follow up with DCFS to collaborate when children are referred according to CAPTA requirements, including soliciting participation by DCFS caseworkers when appropriate |
| 9 | Medicaid Eligibility Verification conducted monthly | • FSC agencies verify Medicaid eligibility by the 5th of each month for each child on their caseload<br>• FSC agencies notify the SPOE/IFSP team when there are changes to a child's Medicaid status and/or number<br>• FCP account established correctly and timely<br>• Signed Family Notice Statement in chart | • Chart documentation of verification<br>• Medicaid number in EarlySteps Online is correct and current |
| 10 | FSC agencies meet Case Management Licensing requirements | • FSC agencies maintain licensing requirements as defined by LDH Health Standards<br>• FSC agencies comply with LDH Case Management rules Targeted Case Management (LAC 50:XV.Chapters 101-117, August, 2021).<br>• FSC agencies comply with the LDH Case Management Manual (TBA 2023). | • License is current<br>• Agency quality assurance plans submitted to and approved by LGEs<br>• FSC and supervisor qualifications are met<br>• New FSC orientation requirements met<br>• Caseloads are within prescribed limits<br>• Annual training requirements met<br>• Charts are maintained according to requirements<br>• Supervision requirements are met<br>• Agencies follow freedom of choice process when FSCs are replaced.<br>• Agency documentation supports monthly billing |
| 11 | FSC activities meet DEC RP practice expectations | • Team-based practice supports implemented according to the practice profile. | • FSC supervisor and FSC participate in a minimum of 1 fidelity assessment per year.<br>• TBPS Fidelity Measure within established performance levels |

## References

### Federal and State Requirements


1. IDEA Part C law: Public Law 108-446 Section 636(7)
2. IDEA Part C Regulations: 34 CFR Part 303.34; 303.344; 303.343; 303.345;
3. EarlySteps Policies (2014): A. Definitions (11), VII. Participants in IFSP meetings
4. Louisiana Case Management Rules: Title 48 Case Management Licensing Standards (Chapter 49); Title 50 Targeted Case Management (LAC 50:XV Chapters 101-117, (updated August 2021)
5. Medicaid Case Management Manual (2002) and subsequent revisions (anticipated 2023)
6. Family Support Coordination Medicaid Billing Guide (May, 2012)


### Resources for Quality Practices


Division for Early Childhood. (2014) DEC Recommended Practices.

Division for Early Childhood. (2015) DEC Recommended Practices: Enhancing Services for Young Children with Disabilities and their Families (DEC Recommended Practices Monograph Series No. 1). Los Angeles, CA.

Division for Early Childhood Recommended Practices Community of Practice for Support Coordination: DEC Service Coordination Community of Practice (dec-sped.org) https://www.dec-sped.org/servicecoordinationcop

Workgroup on Recommended Knowledge and Skills for Service Coordinators (RKSSC), National Service Coordination Leadership Institute Group. (2020). Knowledge and Skills for Service Coordinators. Retrieved from https://tinyurl.com/KSSC-8-12-20Final.

## Chapter 10: Service Providers Roles and Responsibilities

The roles and responsibilities of the service providers are detailed in this chapter.

Topics included in this chapter



## EarlySteps State-Identified Measurable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*

## Revisions to Chapter 10

| |
|---|
| **DEC Recommended Practices-focus on the Instruction Topic** |
| **Content reorganized for better flow** |
| **CQI Process** |
| **Record Retention for six years** |
| **Forms relocated to Forms Chapter** |
| **Removed some content related to provider enrollment** |
| **General Supervision Performance Expectations** |

## Forms

**Provider Contact Note**
**Monthly Progress Report**
**Service Authorization/Provider Status Change form**

**All EarlySteps forms are in Chapter 14 of the EarlySteps Practice manual and can be located on the website at http://www.earlysteps.dhh.louisiana.gov, click on information for EarlySteps providers and scroll down to the section with the Practice Manual.**

**For purposes of clarification, the term early interventionist used in this chapter refers to providers of direct services. Requirements for intake coordinators and FSCs are discussed in Chapters 4 and 9 respectively.**

## Introduction

Beginning in 2015, Louisiana EarlySteps staff and stakeholders agreed to adopt the *Division of Early Childhood Recommended Practices* (DEC RPs) as the evidence-based practices for early intervention system improvement. The purpose of the DEC RPs is to implement practices specifically known to promote the outcomes of young children with developmental disabilities or delays and to support families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion. Use of the DEC RPs assumes the following by early interventionists/practitioners:

- Have a foundational knowledge of developmentally appropriate early childhood practices,
- Have a basic understanding of relevant professional, legal, and regulatory guidelines for serving every child and family,
- Act in accordance with the principles of the DEC Code of Ethics and in accordance with the principles of access and participation as described in the DEC/NAEYC (2009) position statement on inclusion.
- Engage in ongoing professional development to increase knowledge, skills, dispositions for implementing the DEC RPs and discipline-specific knowledge,
- Adhere to discipline-specific professional standards, competencies, and codes of ethics (DEC, 2015, 2022).

As part of the Louisiana system improvement activities, four program areas were selected for improvement in EarlySteps using the DEC RPs:

- Family Assessment
- Service Delivery Supports Family Priorities
- Team-based Service Delivery
- Evaluation and Assessment

To ensure consistency of practice implementation, early interventionists are required to complete modules related to the implementation of EarlySteps requirements as well as an introductory webinar on the DEC Recommended Practices and the EarlySteps process for Continuous Quality Improvement (CQI). After completion of the webinar, all early interventionists complete a CQI plan identifying self-selected DEC RPs for which the early interventionist will self-assess current practices,

participate in learning events and activities to improve those practices, complete a follow up self-assessment after an identified period, and continue improvement activities for the selected practices or select new practices for improvement. This CQI process continues annually for all early interventionists throughout their time in EarlySteps.

The EarlySteps service delivery system is a team-based interdisciplinary model which consists of the components listed below. This interdisciplinary model refers to providers from multiple professional disciplines that represent specific areas of expertise working together with families as teams to accomplish the IFSP outcomes. Trandisciplinary service delivery is supported in this model in the specific *ways* that team members interact. This interaction requires that the team members collaborate and provide integrated, routines-based interventions in the child's natural environments. The Division of Early Childhood (DEC) *Recommended Practices for the Interdisciplinary Model of Service Delivery* (Sandall, et al, 2005) identifies four Guiding Principles which are supported in the EarlySteps System:

- Teamwork is a collective responsibility of the providers, families, FSC, and other resource providers involved in service delivery to a child and family. This is supported in EarlySteps partially through the team meeting process and partially through practices which support these guidelines.

- The transdisciplinary model discourages fracturing or segregating services along discipline-specific lines and supports the exchange of competencies among team members. This means that the expertise brought to service delivery by individuals from different disciplines is enhanced through function as a team member, rather than functioning solely as an individual, discipline-specific provider.

- Service delivery should be outcome-based and functional. This means that the interventions utilized are necessary for the child's engagement, independence and social relationships in the context of his home and community environments. Providers are responsible for knowing the most effective approaches, which support these, matching them to the child's needs and sharing them with the team.

- Service delivery must be practical in that it supports caregivers in ways that are meaningful to them from ongoing interactions in the natural environment rather than in relying on "isolated" contacts or sessions. The EarlySteps system supports the belief that it is not the provider who has the direct impact on the child, but it is the child's natural caregivers—parents, child care providers, etc. Providers support this belief through service provision that involves the family in the service delivery through demonstration, written information, and planned opportunities for practice. Additional information on best practices in service delivery is found in Chapter 12: "EarlySteps Recommended Practices Guidelines" and from the DEC RP *Instruction* Topic area: "Instructional practices are a cornerstone of early intervention… Instructional practices are intentional and systematic strategies to inform what to teach, when to teach how to evaluate the effects of teaching, and how to support and evaluated the quality of instructional practices implemented by others (DEC Monograph, 2015).


Instruction practice INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged that promote learning in natural and inclusive environments.

Regardless of the discipline of the early interventionist, the same core components are shared by all high-quality instructional practices. The location of the instruction, the type of interaction with the child and family contained within the instructional interaction, the people providing the instruction may vary, these core components are key to the evidence-based DEC Recommended Practices:

- The practices are intentional,
- They use data-based decision-making to ensure that the instructional practices are designed to help children make the most progress possible,
- They address target skills and behaviors that are priorities for the family built upon strengths, preferences and interests, beliefs and values,
- The practices address pivotal skills and behaviors that help make the child more independent,
- The practices address goals and objectives across disciplines,
- The practices use data-based decision making.
- The practices are implemented with high fidelity to the Service Delivery support Family Priorities Practice Profile.

## **Service Delivery in EarlySteps:** Recommended Practices for Ongoing Service Delivery

Practices for providing support and services in early intervention rely on supporting families through collaboration so that they can promote their child's development by using identified intervention strategies effectively and confidently during their everyday activities. Critical home visiting components include:

- the visit occurs within the context of the family's routines,
- the visit promotes child engagement,
- the visit ensures caregiver engagement in the activities,
- use of early intervention strategies supports the caregiver providing confidence and competence. (Keilty, 2008)

The following are guidelines for establishing and maintaining collaborative relationships with families and team members:

**1. Build on or establish trust and rapport.**

- Before each visit, reflect on your own beliefs and values and how they might influence your suggestions and strategies with this particular family or caregiver.
- Use communication styles and social behaviors that are warm and welcoming and respectful of family culture and circumstances.
- Conduct yourself as a guest in the family's home or caregiver's setting.
- Respectfully provide complete and unbiased information in response to requests or questions.
- Be credible and follow through on plans you made with the family.
- If you don't know the answer to a question, tell the family you do not know but will find out for them. Follow up with team members, especially the FSC. Tell the family when you will get back to them with the information.

**2. During the first visit, review the IFSP and plan together how the time can be spent.**

- Describe the practical aspects of a visit and what the family or caregiver can expect. For example: the length of the typical visit, that other people are always welcome at the family's invitation, the variety of places in which visits can occur, the program's cancellation policy, etc.
- Describe examples of visits in various home and community settings where the family participates. You might want to offer to share clips from commercial or videos produced from the DEC RPs or other resources.
- Invite the family to reflect on their experience with the IFSP process to date and share any concerns or questions.
- Review the IFSP document and assessment information.
- Consider each agreed upon outcome – is it what the family is still interested in; prioritize again, if necessary, where to begin; change wording if needed; provide any explanations to help family understand purpose, etc.
- Discuss how outcomes, activities, and strategies can be a starting place for each home visit.
- Clarify who will work on each outcome – family, friends, other caregivers, service providers.
- Talk about community activities and events that can be used to support practice and mastery for the specific outcomes.
- Ask the family/caregiver to sign the Contact Note.
- Provide information about family-to-family support and parent groups that are available.

**3. For on-going visits, use the IFSP as a guide to plan how to spend the time together.**

- Begin each visit by asking-open ended questions to identify any significant family events or activities and how well the planned routines and activities have been going.
- Ask if there are any new issues and concerns the family wants to talk about. Explore if these concerns need to be addressed as new outcomes; if so, plan an IFSP review.
- Decide which outcomes and activities to focus on during the visit.

**4. Participate with the family or other caregivers and the child in the activity and/or routine as the context for promoting new skills and behaviors.**

- Offer a variety of options to families for receiving new information or refining their routines and activities, such as face-to-face demonstrations, video, conversations, written information, audios, CDs, diaries, etc..
- Gather any needed toys and materials in the home and begin the selected activity or routine.
- Listen, observe, model, teach, coach, and/or join the ongoing interactions of the family and child.
- Encourage the family to reflect on the child's skills, behaviors, and interests (a continual part of on-going functional assessment). For example, ask the family if behaviors are typical, if they've seen new behaviors (suggesting emerging skills), or how much the child seems to enjoy the activity.
- Use a variety of consulting or coaching strategies throughout the activity, including: observing, listening, attending, acknowledging, expanding, responding, probing, summarizing, etc.

- Reflect with the family on what went well, what they want to continue doing, and what they would like to do differently at the next visit.

**5. Jointly revise, expand, or create strategies, activities or routines to continue progress toward achieving outcomes and address any new family concerns or interests.**

- Having listened throughout the visit, reflect on what you have heard that may suggest new outcomes or activities; explore with the family if this is something they want to address soon.
- Support and encourage family decisions.
- Focus recommendations on promoting the child's participation in everyday family and community life.
- Explain the "why" behind recommendations that you make so the family understands what to look for and do.
- Together, plan next steps and/or revise activities and strategies to build on the child and family's interests, culture, enjoyment, strengths.
- Consider any adaptations and augmentations to toys, materials, or environments that are necessary for success.
- Try out new strategies or activities to be sure family members or caregivers can do them on their own.
- Determine if and what type of support from other team members is needed for the next steps (consultation, information, co-visit, etc.). Be prepared to discuss these supports at team meetings.

**6. Modify services and supports to reflect the changing strategies, activities, or routines.**

- Identify community activities and informal supports that will assist the outcomes and activities to be achieved.
- With the FSC, facilitate referrals and provide any needed assistance, adaptations, or support for the family and the child to participate in desired community activities.
- Plan what early intervention and other services and supports are needed to help the child succeed and make progress.
- In conjunction with other team members, using contact/assessment data, recommend modifications to the IFSP as appropriate. If changes are significant (adding outcomes, or changing services, frequency, or intensity), a team meeting to review the IFSP is necessary. No changes can be made without prior arrangements with the FSC, the family, and other team members.

**7. Prepare and assist with reviews and revisions of the IFSP.**

- Minimally, at 6 months and annually, and any other time the family/provider team needs to make significant changes to the IFSP, plan the next Review team meeting with the family.
- Review with the family questions, recommendations, or suggestions they wish to discuss with other service providers.
- Decide with the family the agenda for the meeting and their preferred role(s), including who should facilitate.
- Determine when and where the meeting should occur with sufficient time for all team members to participate.
- The FSC will collect necessary information and provide written prior notice for the review meeting.
- Conduct the review meeting and evaluate progress toward outcomes. Ensure all outcomes, services, and supports are still needed, current, and accurate. Make additions and revisions as needed using the Team Decision Process.

**8. Prepare families for transition out of Part C services.**

- Early in the relationship with the family have conversations about what they want for their child's future after the early intervention program ends.
- At formal 6 month/annual IFSP reviews participate in the discussion about the "transition process" and options (no services, community services, and Part B services) and reinforce that early intervention services end at age three.
- By no later than the child's second birthday, have conversations about the types of programs, places, and activities the family would like their child to participate in at age three. Adjust supports appropriately to reflect child development needs to support transition.
- Discuss and share information about ALL options available to children and families at age three.
- Support team members with any written information about these options or assist the family as needed to explore and visit these options.
- Jointly review the IFSP and revise/add outcomes and strategies based upon the above discussions, according to EarlySteps practices.
- Support the transition plan in service delivery focusing on the outcomes and activities to prepare the child and family for success after early intervention.

**9. Explain and follow the regulations, timelines, and procedures for transition plans, planning conferences, and data collection.**

- Help the family prepare for any formal evaluations the child may need.
- Provide information to the program staff who may be working with the child after age three with parent consent.

- Assist the IFSP team with finding on-going family support if needed.
- Acknowledge feelings about ending the relationship with this family and help to focus on a positive future as the child and family move on.
- Celebrate with the family or caregiver the accomplishments and joys they have experienced with their child.

These practices are associated with Seven Key Principles of what Service Delivery in Early Intervention Looks Like (Workgroup, February 2008)

**1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.**

**Key Concepts**

- Learning activities and opportunities must be functional, based on child and family interest and enjoyment
- Learning is relationship-based
- Learning should provide opportunities to practice and build upon previously mastered skills
- Learning occurs through participation in a variety of enjoyable activities

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| Using toys and materials found in the home or community setting | Using toys, materials and other equipment the professional brings to the visit |
| Helping the family understand how their toys and materials can be used or adapted | Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress |
| Identifying activities the child and family like to do which build on their strengths and interests | Designing activities for a child that focus on skill deficits or are not functional or enjoyable |
| Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning | Using only standardized measurements to understand the child's strengths, needs and developmental levels |
| Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings | Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting |
| Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members | Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities |
| Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label | Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring leaning opportunities. |

**2. All families, with the necessary supports and resources, can enhance their children's learning and development.**

**Key Concepts**

- All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
- The consistent adults in a child's life have the greatest influence on learning and development-not EI providers
- All families have strengths and capabilities that can be used to help their child
- All families are resourceful, but all families do not have equal access to resources
- Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| Assuming all families have strengths and competences; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly | Basing expectations for families on characteristics, such as race, ethnicity, education, income or categorizing families as those who are likely to work with early intervention and those who won't |
| Suspending judgment, building rapport, gathering information from the family about their needs and interests | Making assumptions about family needs, interests, and ability to support their child because of life circumstances |
| Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reducing stressors | Assuming certain families need certain kinds of services, based on their life circumstances or their child's disability |
| Identifying with families how all significant people support the child's learning and development in care routines and activities meaningful and preferable to them | Expecting all families to have the same care routines, child rearing practices and play preferences. |
| Matching outcomes and intervention strategies to the families' priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive | Viewing families as apathetic or exiting them from services because they miss appointments or don't carry through on prescribed interventions, rather than refocusing interventions on family priorities |
| Matching the kind of help or assistance with what the family desires; building on family strengths, skills and interests to address their needs | Taking over and doing "everything" for the family or, conversely, telling the family what to do and doing nothing to assist them |

| **3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.** | |
|---|---|
| **Key Concepts**<br>EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development<br>Families are equal partners in the relationship with service providers<br>Mutual trust, respect, honesty and open communication characterize the family-provider relationship | |
| **This principle DOES look like this** | **This principle DOES NOT look like this** |
| Using professional behaviors that build trust and rapport and establish a working "partnership" with families | Being "nice" to families and becoming their friends |
| Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles | Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child |
| Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development | Training families to be "mini" therapists or interventionists |
| Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the providers visits | Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done |
| Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child | Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines |
| Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen | Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities |
| Celebrating family competence and success; supporting families only as much as they need and want | Taking over or overwhelming family confidence and competence by stressing "expert" services. |

INS 5: Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

Early interventionists must constantly consider who is embedding instruction and who is seeking out, creating, and adapting learning opportunities—the caregiver. The child will receive more intervention when the caregiver, rather than the practitioner embeds instructional strategies in the family's daily life.

**4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.**

**Key Concepts**

- Families are active participants in all aspects of services
- Families are the ultimate decision makers in the amount, type of assistance and the support they receive
- Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly
- The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- Each family's culture, spiritual beliefs and activities, values and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge
- Family "ways" are more important than provider comfort and beliefs (short of abuse/neglect**)**

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| Evaluation/assessments address each family's initial priorities, and accommodate reasonable preferences for time, place and the role the family will play | Providing the same "one size fits all" evaluation and assessment process for each family/child regardless of the initial concerns |
| Preparing the family to participate in the IFSP meeting, reinforcing their role as a team member who participates in choosing and developing the outcomes, strategies, activities and services and supports | Directing the IFSP process in a rote professional- driven manner and presenting the family with prescribed outcomes and a list of available services |
| Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family's cultural, ethnic, racial, language, socioeconomic characteristics and preferences | Expecting families to "fit" the services; giving families a list of available services to choose from and providing these services and supports in the same manner for every family |
| Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family, according to the team process. | Providing all the services, frequency and activities the family says they want on the IFSP |
| Treating each family member as a unique adult learner with valuable insights, interests, and skills | Treating the family as having one learning style that does not change |
| Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family according to EarlySteps practices | Expecting the IFSP document outcomes, strategies and services not to change for a year |
| Recognizing one's own culturally and professionally driven childrearing values, beliefs, and practices; seeking to understand, rather than judge, families with differing values and practices | Acting solely on one's personally held childrearing beliefs and values and not fully acknowledging the importance of families' cultural perspectives |
| Learning about and valuing the many expectations, commitments, recreational activities and pressures in a family's live; using IFSP practices that enhance the families' abilities to do what they need to do and want to do for all family members | Assuming that the eligible child and receiving all possible services is and should be the major focus of a family's life. |

| 5. IFSP outcomes must be functional and based on children's and families' needs and priorities | |
|---|---|
| **Key Concepts**<br>• Functional outcomes improve participation in meaningful activities<br>• Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities.<br>• The family understands that strategies are worth working on because they lead to practical improvements in child & family life<br>• Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities. | |
| **This principle DOES look like this** | **This principle DOES NOT look like this** |
| Writing IFSP outcomes based on the families' concerns, resources, and priorities | Writing IFSP outcomes based on test results |
| Listening to families and believing (in) what they say regarding their priorities/needs | Reinterpreting what families say in order to better match the service provider's (providers') ideas |
| Writing functional outcomes that result in functional support and intervention aimed at advancing children's engagement, independence, and social relationships. | Writing IFSP outcomes focused on remediating developmental deficits. |
| Writing integrated outcomes that focus on the child participating in community and family activities | Writing discipline specific outcomes without full consideration of the whole child within the context of the family |
| Having outcomes that build on a child's natural motivations to learn and do; match family priorities; strengthen naturally occurring routines; enhance learning opportunities and enjoyment | Having outcomes that focus on deficits and problems to be fixed |
| Describing what the child or family will be able to do in the context of their typical routines and activities | Listing the services to be provided as an outcome (Johnny will get PT in order to walk). |
| Writing outcomes and using measures that make sense to families; using supportive documentation to meet funder requirements | Writing outcomes to match funding source requirements, using medical language and measures (percentages, trials) that are difficult for families to understand and measure |
| Identifying how families will know a functional outcome is achieved by writing measurable criteria that anyone could use to review progress. | Measuring a child's progress by "therapist checklist/observation" or re-administration of initial evaluation measures. |

**6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.**

**Key Concepts**

 The team can include friends, relatives, and community support people, as well as specialized service providers.
 Good teaming practices are used
 One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life
 The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

| This principle DOES look like this | This principle DOES NOT look like this |
|---|---|
| Talking to the family about how children learn through play and practice in all their normally occurring activities | Giving the family the message that the more service providers that are involved, the more gains their child will make |
| Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary | Limiting the services and supports that a child and family receive |
| Planning and recording consultation and periodic visits with other team members; understanding when to ask for additional support and consultation from team members | Providing all the services and supports through only one provider who operates in isolation from other team members |
| Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes | Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues |
| Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed | Providing services outside one's scope of expertise or beyond one's license or certification |
| Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention providers from different disciplines | Defining the team from only the professional disciplines that match the child's deficits |
| Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team members understanding each others on-going roles. | Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers who do not meet and work together with the family as a team. |
| Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility | Working in isolation from other team members with no regular scheduled time to discuss how things are going. |

| **7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.** | |
|---|---|
| **Key Concepts**<br>□ Practices must be based on and consistent with explicit principles<br>□ Providers should be able to provide a rationale for practice decisions<br>□ Research is on-going and informs evolving practices<br>□ Practice decisions must be data-based and ongoing evaluation is essential<br>□ Practices must fit with relevant laws and regulations<br>□ As research and practice evolve, laws and regulations must be amended accordingly | |
| **This principle DOES look like this** | **This principle DOES NOT look like this** |
| Continually updating knowledge, skills and strategies by keeping abreast of research | Thinking that the same skills and strategies one has always used will always be effective |
| Refining practices based on introspection to continually clarify principles and values | Using practices without considering the values and beliefs they reflect |
| Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation | Using practices that "feel good" or "sound good" or are promoted as the latest "cure-all" |
| Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws | Using practices that are contrary to relevant policies, regulations or laws. |

**INS 10:** Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.

**INS 13:** Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positvie adult-chiild interactions and instruction intentionally designed to promote child learning and development.

## EarlySteps Practitioners

The following early intervention disciplines comprise the EarlySteps System:

- Audiologist
- Counselor, licensed professional
- Registered Dietician
- Early Intervention Consultant (a position at the SPOE)
- Interpreter for the deaf or hard of hearing
- Nurse, RN
- Occupational Therapist
- Occupational Therapy, Certified Assistant (COTA)
- Optometrist
- Orientation and Mobility Specialist
- Physical Therapist
- Physical Therapy Assistant (PTA)
- Physician
- Psychologist
- School Psychologist
- Intake Coordinator
- Family Support Coordinator (FSC)
- Social Worker
- Speech Language Pathologist
- Speech Language Pathologist Assistant (SLP-Assistant)
- Special Instructor
- Special Instructor for children with sensory impairments
- Behavior Consultant
- Applied Behavioral Analysis (ABA) Implementer
- Transportation Provider
- Foreign Language Interpreter

For qualifications to be an early interventionist in Louisiana, see the Provider Qualifications, Chapter 13.

### Roles and Responsibilities of EarlySteps Practitioners

The primary role of every early interventionist is to work collaboratively with the family, child, and IFSP team members so that the child can participate fully with the family and in the community. Full participation is based on identification of the family's priorities and needs regarding their child's development. The IFSP team incorporates the information from the assessment of Concerns, Priorities, and Resources (Family Assessment) into the IFSP. Providers then utilize this information to guide the decision-making regarding the supports provided to the child and family.

Listed below are some of the typical roles/responsibilities in which an early interventionist will engage:

- Adhere to all federal and state policies and procedures relative to program requirements.
- Consult with a family member, service provider, family support coordinator, IFSP team and/or a representative of a community agency to ensure the attainment of identified outcomes.
- Coach the family member/child care worker with different strategies necessary to attain an identified outcomes.
- Participate at team meetings, eligibility determination, reviews and revisions, quarterly team meetings, IFSP development, etc. to assist the team with its responsibilities.
- Conduct single domain assessments as needed to support service decisions with data.
- Complete evaluations using the format(s) provided by EarlySteps. All required evaluation, assessment, and autism screening documentation must be submitted to the FSC, SPOE, etc. as outlined in Chapters 5 and 7 and according to the autism screening requirements.
- Understand and adhere to the "Best Practice Guidelines" and the Service Delivery Practice Profile which aligns with the DEC Recommended Practices as developed by EarlySteps and accurately represent these guidelines in discussions at team meetings and in support to families/caregivers. Alignment with the Practice Profile is measured with the Fidelity Tool for Home Visiting.

- Adhere to all reporting requirements, including completion, sharing and uploading of the **Provider Contact Note and Monthly Progress Report** that describes contacts with the family/child for that month and results of the contacts.
- Maintain a file for a minimum of six (6) years, which contains all required documentation with the family/child.
- Refer any child, who is suspected of having a disability or developmental delay, to the System Point of Entry agency (SPOE) in the area where the child resides,
- Participate and fully cooperate with any CQI/quality management activities as required by the State and this program.
- Verify the Medicaid status of each Medicaid eligible child on a monthly basis and bill the appropriate fund source.
- Complete required professional development activities.
- Uphold professional standards of the appropriate licensing board and/or certifying agency and submit license, certification, and background checks according to the policy for each to EarlySteps.

**Referral to the Department of Children and Family Services (DCFS)**

EarlySteps providers, Intake Coordinators, Family Support Coordinators, etc. are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect.

For more information on making referrals to DCFS go to: https://www.dcfs.louisiana.gov/page/109

**Assessments and Evaluations by Early Interventionists**

Providers who meet the EarlySteps' qualifications and any required training for enrollment may be allowed to conduct assessments, evaluations, and autism screenings. Enrollment for the evaluator role is determined by state and regional needs. Assistant level providers may not conduct assessments or evaluations or autism screenings (this includes OTAs, PTAs, SLPAs.) Providers should consult the requirements of their appropriate licensing board regarding allowable activities which assistant level providers may conduct.

EarlySteps utilizes the *Battelle Developmental Inventory* 2nd Edition as the evaluation instrument for eligibility determination. The Autism Spectrum Disorder Screening Tools (BISCUIT) are the instruments utilized for autism screening. The early interventionist must meet the personnel qualifications, attend the EarlySteps trainings for BDI-2 and Autism Screening and be approved for enrollment as an eligibility evaluator in order to conduct these evaluations and screenings. In 2023, EarlySteps is transitioning to new tools and processes for eligibility determination and family assessment. Plans for this transition will be shared as available.

The website for the Battelle Developmental Inventory 2 (BDI-2) is https://riversideinsights.com

See Chapter 4 (Intake) for additional information.

Evaluation and assessment providers must also receive training in the Autism Screening process and the protocols required. Providers are required to meet the timeline, reporting, document submission and team participation requirements regarding evaluations, single domain assessments, and autism screenings required by EarlySteps and outlined in Chapters 5 and 7.

## Becoming an EarlySteps Practitioner: Provider Enrollment and Service Matrix

**Listed below are the requirements to enroll enrollment in the system:**

- A criminal background check current within 5 years.
- Meet the licensing/certification/EarlySteps requirements for the specific provider discipline.
- Complete the required enrollment paperwork from the Provider Enrollment site with the CFO: ProviderForms (laeikids.com) or https://www.laeikids.com/UI/ProviderForms.aspx?sec=Off
- Meet with the EarlySteps regional coordinator to complete and send enrollment to the CFO. The regional coordinator must sign the enrollment forms for them to be processed by the CFO.
- Complete the required training modules prior to providing any services and submit pre and post tests as required. The Regional Coordinator will receive a copy of the certificate or verify completion.
- Once the CFO reviews required, complete documentation, the provider will receive a letter from the CFO confirming enrollment. In this letter the CFO will notify the provider of a user ID and instructions on how to log on to the Matrix website: www.laeikids.com.
- Providers will be added to the matrix when all components of enrollment are submitted and complete.
- Set up service matrix page completely and accurately. EarlySteps utilizes the Service Matrix to meet its requirement for a "Central Directory" of early intervention services and resources in the State. Families select their IFSP team

members based on the information in the matrix page. Information should be directed to the family and in family-friendly terms.
- Meet with the Regional Coordinator for "orientation" to the EarlySteps System.

Providers may select one of three options for service provider enrollment: enrollment as the employee of an agency, as an independent provider, or both.

Providers, who enroll as the employee of an agency, may receive benefits offered by the agency, such as health insurance, disability insurance, retirement, etc. Providers, who enroll as independents, must purchase their own health insurance, professional liability insurance, and pay federal and state taxes on the income received.

**Note**: Family support coordinators (FSCs) must be employed by a licensed case management agency, enrolled to provide case management to infants and toddlers. FSCs do not enroll separately as independent practitioners, but are providers through their employing agency.

**Listed below are the requirements to remain as an active provider in the EarlySteps system:**

- Update the matrix page **monthly** at a minimum or as changes occur to reflect availability. Providers without an updated matrix page cannot be accessed by families and therefore cannot be offered as a choice for provider selection. After 90 days without an update, the matrix page will not be visible when searching for the practitioner, removing the option for selection by families.
- Keep contact information in the service matrix up to date.
- Keep enrollment information with the CFO up-to-date. Certain fields on the matrix can only be changed by the CFO. Use the **EarlySteps.com Online Access Enrollment form** to make any changes in your identifying information and submit to the CFO.
- Maintain an e-mail address, notify the CFO and Regional Coordinator of any changes and understand that program communications with the OCDD Central Office and/or CFO will be conducted through e-mail. Check e-mail regularly for notices and updates. Email will be sent directly from the CFO email address at cfo@gainwelltechnologies.com. Make sure your email account is set up so these emails do not go to the junk mail folder.
- Utilize the online systems for the processing of authorizations and claims, reviewing and receiving communication online, and to review and update CFO information for Part C funded claims. The provider is responsible for claims submission for Medicaid-payable services either by billing directly or by submitting claims through a vendor.

**Disenrollment of a Provider**

If a provider decides to no longer provide services to children in the EarlySteps system the following activities are necessary:
- Any authorizations must be cancelled with the appropriate end date negotiated with the provider, IFSP team members and the family.
- The provider must complete any paperwork due to the FSC for the child's record within 10 calendar days and prior to the disenrollment date.
- The provider must notify the FSC of his/her disenrollment so the FSC can assist the family with selecting another provider.
- The provider must submit the Access form to the CFO to disenroll from the system.
- Medicaid's fiscal intermediary is contacted for the provider's status to be changed for those providers who bill Medicaid.

**Disenrollment of a Provider by Central Office**

If a provider is disenrolled by Central Office, the following steps must be taken:
1. The Central Office will notify the provider by mail.
2. The provider **must** notify the FSC, who will cancel any existing authorizations for the provider. The FSC will assist the family with selecting a new provider.
3. The FSC will submit the required forms to the SPOE.
4. SPOE will cancel existing authorizations for the disenrolled provider.
5. Central Office will notify the CFO of termination of enrollment via the provider specialist.
6. The provider must submit all appropriate paperwork to the CFO to disenroll from the system.

## Provider Training Requirements

See Chapter 1 for training requirements. Newly enrolled providers are also required to participate in the DEC Recommended Practices webinar which is offered twice a year. Included is the explanation of the Continuous Quality Improvement Plans each provider is expected to develop and update annually.

## Changing a Provider

Parents select their early intervention providers by using the Service Matrix. Agencies/IFSP teams are not allowed to assign early intervention providers without the consent of the parent. Families must have Freedom of Choice in selection of service providers. In addition, providers must use caution in engaging in any activities or of giving the appearance of "solicitation" of referrals. The Family Support Coordinator **must** communicate on an ongoing basis with each family to ensure that services are being provided and that the family is satisfied. If a provider must close a case or otherwise make changes to the IFSP, the FSC must be contacted prior to the implementation of the change. Changes of provider can only occur with appropriate communication with the team.

When changing a provider the following steps should be taken:

1. FSC assists the family in selecting a new provider based on information from the service matrix
2. FSC ensures that the parent completes a **"Freedom of Choice Provider Selection Form"**, including parent signature
3. FSC makes the appropriate changes in the IFSP
4. FSC notifies the SPOE of the changes
5. FSC calls the previous provider to advise them of the parent's change of providers and that authorizations will be cancelled
6. FSC sends a copy of the form to both the new provider and previous provider.
   a. Originals of both forms are mailed to the SPOE and kept in the child's early intervention record
   b. Copy of IFSP and other pertinent information are sent to new provider
7. SPOE cancels the active authorizations for the previous provider based on the agreed upon date.
8. SPOE issues new authorizations for the new provider based on the agreed upon date.
9. Provider documents changing needs/concerns/progress in the **Service Provider Contact Note** and **Monthly Progress Report** for use for decision-making by the team. All required documents must be uploaded to EarlySteps Online prior to the time the provider's account is closed, since the provider will not be able to access the system after closure or the child's account if no longer an active team member for that child.

If a parent requests a change of provider, and there is no provider available, the FSC continues to search for a provider that will assist the child with meeting outcomes. The FSC should search the Service Matrix at least one time per week to find a provider, and, contact a Regional Coordinator if assistance is need with locating a provider. The FSC **must** document all attempts to locate a new provider. Families should not go without needed services. If a service cannot be accessed after 30 days a team meeting must be held to discuss other options by which the outcomes can be met for the family. More details about the "no provider available" process are available in the FSC chapter and from the regional coordinator.

**Substituting 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 Family Support Coordinator 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 14 calendar days**
  - This 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 EarlySteps.
  - The substitute **must** sign his/her name as the provider substituting for the regular provider.

- **A substitution of a provider for period of more than 14 calendar days**
  - If a substitution is expected to last longer than two weeks:
  - The authorized early intervention provider notifies the family's Family Support Coordinator 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**. Families MUST be offered freedom of choice to select a new provider.

## Service Authorizations

**Accessing the Online System for Authorizations**

To make sure that the provider's user ID is working, a provider will access the online system. If a provider is unable to log on, please call the CFO for assistance (1-866-305-4985). All service authorizations are issued for a maximum of 6 months except for one-time authorizations, such as evaluations and team meetings. Providers are responsible for managing the utilizations of authorizations:

- Services will not be provided without an active authorization
- Providers only provide supports according to the frequency, intensity and duration of the service as specified in the authorization.
- Providers will not continue to provide services if an authorization has expired. Contact the FSC if there are questions about the timeliness of an authorization. Contact the FSC supervisor or the regional coordinator if a resolution regarding expired authorizations has not occurred.

Once the SPOE has entered a service authorization, the provider will be able to view this authorization online at www.laeikids.com and in EarlySteps Online and begin service delivery. Services should *never* be provided until verification of the authorization is conducted.

**WWW.LAEIKIDS.COM**

The CFO provides and maintains the www.laeikids.com website.
The website has the following features:

- Communication through email will be sent from EarlySteps from cfo@gainwelltechnologies.com

- Contact Information:
  - Update information online.
  - Attest to future agreements online.
  - Keep service matrix contact information and availability up to date a minimum of monthly.
- Online Authorizations:
  - Print authorizations.
  - Search provider authorizations.
- Online Claims:
  - View payment information.
  - Submit claims.
  - Search claims.

See Chapter 9 for additional information on Early Intervention authorizations.

**WWW.EARLYSTEPSONLINE.COM**

The CFO provides and maintains the www.earlystepsonline.com website. This site is where providers with access can view information about children for whom they have services authorizations. The site contains child and family demographic information; information on referral, intake, eligibility, and IFSPs; the intake coordinator, FSC and eligibility evaluator and current and expired service authorizations. This site also includes the Child Library where documents are uploaded to be shared by IFSP team members.

Enrolled providers can view a recorded webinar and access the training manual about EarlySteps Online after logging into LAEIKIDS and clicking on the EarlySteps Online link.

**Submission of Claims**

**Part C-only services**
**For children who are not eligible for Medicaid or for services not paid by Medicaid the following billing process is used:**

Billing must be submitted within 60 days of the date of service using the online provider system. If billing is not received within this time frame, the CFO will deny payment. Adjustments are not made for late claims submission or for post-approval for services provided without authorizations or for "make-up" sessions over the daily service limit. The fund transfer schedule of the CFO for claims payment is posted on the LAEIKIDS website. Claims must be submitted by midnight the preceding day for a provider to be paid for that payment cycle. Claims submitted after that time will be paid in the next payment cycle.

**Medicaid Services**

For Medicaid-reimbursed services provided to Medicaid-eligible children, the provider uses the billing process specified in the Medicaid EarlySteps Provider Manual available from www.lamedicaid.com. Questions regarding billing and payment should only be directed to Medicaid's Fiscal Intermediary at the phone numbers identified in the manual.

It is the provider's responsibility to verify Medicaid eligibility for every child for whom they have authorizations monthly. The process for eligibility verification is outlined in the Medicaid provider manual.

Providers are responsible for resubmission of denied Medicaid and Part C claims. There is a help section at the CFO's website and in the Medicaid manual for resubmitting claims. Adjustments are not allowed for late claims submission, for post-approval for services provided without authorizations, or for "make-up" sessions over the daily service limit. There are no exceptions.

## Documentation Requirements for Service Providers

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

1. a chronological record of the child's status, which details the complete course of intervention.
2. communication among professionals and the family.
3. an objective basis to determine the appropriateness, effectiveness, and necessity of intervention.
4. the practitioner's rationale for service methods
5. data to support team decision-making regarding IFSP services.

In the role of facilitating communication, documentation **must** be efficient and effective. 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.

**Each provider must use the Provider Contact Note for each child for each service date.** Documentation is required for Quality Management purposes by EarlySteps and Medicaid and any other payor. If a contact was scheduled and did not occur, a contact note should be completed noting the missed contact and the reason that the contact did not occur.

Each EarlySteps provider **must** maintain a working file of daily contact notes, therapy plans, and test protocols used to achieve the outcomes. These files are not part of the official Early Intervention Record at the SPOE. However, if any portion of these files is shared with another provider, that information does become part of the official file, **must** be maintained in the official record, and sent to the SPOE for inclusion in the official early intervention record.

The contact note is the way that the provider documents every individual service contact. This is retained in the provider's file for each child and are uploaded to EarlySteps Online. EarlySteps has created a mandatory form that each provider must use for this purpose. The Contact note is available in the Forms Chapter of the Practice Manual.

Note: the provider contact note contains information regarding activities that take place at a particular contact. The provider contact note should provide "a true reflection" of the contact. When monitored by a Quality Assurance Specialist, the provider contact notes will be requested for review. The contact note must be filled out completely with all information.

**Provider Contact Note**

The **Provider Contact Note Format** can be found on the EarlySteps' website: www.earlysteps.dhh.louisiana.gov and in Chapter 14. This form is **mandatory and must be filled in completely to be considered documentation of a service contact**. The information includes:

- Child's Name (full name as listed on in EarlySteps and/or on the Medicaid Card if a beneficiary)
- Date of Birth
- Provider name
- Date
- Start time & End time
- Parent/Caregiver participated in this session? (check yes or no)
- Location
- IFSP Outcome # and Outcome Statement
- Goals/Objectives (Write the goals/objectives that are being worked on.)
- Specific Activities related to the outcome (List the supports provided at this session.)
  Indicate which strategies you used to teach the different skills:
  - verbal prompting/instructing
  - modeling (with verbal prompting)
  - gesturing (with verbal prompting)
  - physically assisting/supporting/guiding (with verbal prompting)
  - other (write an explanation)
- Child/Parent response/Progress related to the activity
  How did the child/parent/caregiver respond to the activity?
  How many times did the child successfully complete the activity?
  Did the parent/caregiver successfully complete the activity with the child?
  Describe any obstacles to today's contact.

  How did the child respond to today's contact?
  Was the child cooperative or uncooperative?
  Was the child focused on the activity at hand or easily distracted?
  Did the child have to be redirected occasionally or frequently?

  How did the parent/caregiver respond to the activity?
  Did the parent/caregiver actively participate during the activity?
  Did the parent/caregiver understand the reason for the activity?
  Does the parent/caregiver understand how to practice this activity between contacts with you?

  Describe any obstacles to today's contact
  Indicate any information, which negatively impacted today's contact.
  For example, "Johnny had a cold today; his participation was affected. He was "slower" in learning and repeating an activity."

- Regular Session (check yes or no)
- Make-up Session (check yes or no)
- If yes, date of missed session (indicate the date)
- Provider signature
- **Parent/Caregiver Signature**
  Each contact must have the signature of a parent/caregiver to verify that the service was provided. The provider **must** download the form & have the parent/caregiver sign the contact note form. If services are provided to a child at a childcare center, the child's teacher or the administrator may sign the form. Electronic signature is allowable with a statement authorizing use of an electronic signature by the parent/caregiver in the child's file. Where required by a licensing board /certification agency, the form should be signed by the assistant's supervisor. This form is maintained in the provider's file as proof of service delivery to match claims processing. When the provider is selected for monitoring, the monitor will ask for copies of the contact note. Contact Notes are uploaded to EarlySteps Online. If the notes are available online, the monitor does not need to have them mailed. The family receives a copy of the signed Contact Note.

**Provider Monthly Report**

The **Provider Monthly Report must** be completed by the provider and sent to the FSC monthly/uploaded to the Child Library. This form is **mandatory**. This form summarizes the progress made on IFSP Outcome(s) that the provider is working on with the child and family. The information indicates how the child and/or family are progressing towards the outcome(s) and is part of the supporting documentation used by the IFSP teams in the Services Decisions process.

The provider must send a copy of the monthly progress report to the FSC and IFSP team members monthly**. The report should be submitted by the 5th of the month containing the summary of the prior month. Uploading to EarlySteps Online makes it more available to team members.** The FSC reviews these progress reports and works with the family and individual provider(s) should any problems arise. If the provider notes that an outcome has been achieved, then the FSC will schedule a meeting with all the team members.

The Provider Monthly Progress Report contains the following information:

- Provider name
- Provider address
- Provider phone number
- The child's name
- The child's date of birth
- The FSC name & Agency
- Frequency of the service per the IFSP (complete)
- Intensity of the service per the IFSP (complete)
- Date of the annual IFSP
- Month/year reporting on
- Visits per month (indicate the # of visits)
- Missed visits this month (indicate if any visits were missed)
- Make-up visits this month (indicate the #, if any)
- Outcome #
- Outcome Statement(s)
- Goals/Objectives (Indicate the goals/objective worked on.)
- Progress related to the activities (Describe any new skills acquired.)
- The service I am providing for this outcome relates to enhancing the developmental domain:
  (Check the appropriate boxes.)
  Social Emotional – Positive social/emotional skills (including social relationships)
  - Communication/Cognitive - Acquisition and use of knowledge and skills (including early language/ Communication)
  - Adaptive - Use of appropriate behaviors to meet their needs
  - Physical - Moving
  - Does not relate to any of the above developmental domains
- Indicate progress toward achieving the IFSP outcome you are addressing with your early intervention service
  - No progress
  - Slight progress
  - Making expected progress
  - 3 Month Skill Achieved
  - 6 Month Skill Achieved
  - Outcome Achieved!
  - Need to revise outcome
  - Added New Outcome
  - Other
  - Notes: Indicate any additional relevant information

- Team meeting dates
- Provider Signature
- Date
- Supervisor's signature (if applicable)
- Date
- Day and time of week child is typically seen

Monthly progress reports are uploaded to EarlySteps Online.

## Documentation for Assistant Level Providers

- The supervisor will maintain a contact note for each supervisory visit with the assistant, which clearly indicates that the visit was a supervisory visit. Supervision must occur and supervision documentation maintained according to the rules of the relevant licensing board. The contact note may be used for this purpose, but should not imply that the supervisor was at the session if she was not.
- The assistant will maintain a contact note for each supervisory visit with supervisor, which clearly indicates that the visit was a required supervisory visit.
- Documentation of services, provided by the assistant, will be sent to supervisor to keep in child's record for monitoring purposes.
- The supervisor is responsible for maintaining and distributing contact notes and monthly progress notes for services provided by assistants.
- The supervisor must also sign the Assistant's **Monthly Progress Report** prior to submitting to the FSC/IFSP team/uploading to EarlySteps Online on a monthly basis.
- The assistant will utilize the appropriate professional designation when signing required documents. Most licensing boards specify these requirements for their disciplines. For example, the Louisiana Board of Examiners for Speech/Language Pathology and Audiology (LBESPA) does not allow the abbreviation of the assistant's title. The signature must be written as: Speech Language Pathology Assistant or SLP-Assistant.

## Services in settings other than the Natural Environment

It may be necessary for a child to receive services in a clinic setting. It is the provider's responsibility to make sure to coach the skills/behaviors, which the child is learning, such that the parent can incorporate the skills/strategies into the child's routine at home or at a child care center. The provider must communicate with the parent at least every two weeks by telephone, to discuss the child's progress and what strategies the provider has been using. This conversation must be documented in the provider's file. The provider must communicate with the parent; it is not sufficient to state in the notes that contact was not made with the parent. Three good-faith attempts are required each two weeks and attempts and/or conversations **must** be documented. In addition to the contact, the provider may send home a note after each contact, describing what occurred during the contact as per best practice.

Make up sessions for missed visits are never authorized beyond the daily service limit for a service. An extra session must be scheduled for missed visits and must occur within the authorization period.

## Continuous Quality Improvement Management

See Chapter 1 for the description of the Quality Management System used in EarlySteps. Activities may include: chart review, on site monitoring, self-assessments, family interview, provider interviews, data system/payment monitoring, data system reports. Practitioners must meet requirements in these areas and in the Performance Expectations at the end of the chapter.

## Early Intervention Records – Additional Information

Early intervention records are confidential. Parents **must** 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.
4. Verify the time period of the Release of Information.

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

**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:

- The right to a response from the participating service provider to reasonable requests for explanations and interpretations of the records;
- 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
- 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 time used by an employee to research and retrieve the document(s).

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 Family Support Coordinator 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.

**Access to Records**

Provisions of IDEA regarding privacy are intended to protect the interests of families with infants and toddlers with special needs and of the early intervention system. Three primary privacy regulations that pertain to the exchange of personally identifiable information apply to the EarlySteps program: IDEA Part C Privacy Regulations, the Family Education Rights and Privacy Act of 1974 (FERPA), and the Health Insurance Portability Act of 1996 (HIPAA). These regulations govern activities describing parent consent, confidentiality and release of information, access to records, and the requirements for maintenance, storage and destruction of records.

According to the Part C Privacy Regulations, once a child is referred to EarlySteps, the system must have written parent consent before disclosing personal information about the child or family. Signed consent is not needed for EarlySteps to share individual child information with an individual or entity that is an “EarlySteps participating agency.” For example, a provider who is a member of the IFSP team for a child does not require consent to access information about that child.

FERPA specifies that families have the right to know about the information kept as part of the child’s “educational record.” Families are informed about the type of information EarlySteps keep in the printed record as well as the electronic record.

HIPAA includes privacy rules to protect the privacy of individually identifiable health information and disclosure of health information. Health organizations must notify families of the agencies or “covered entities” with whom they may share information. HIPAA allows for covered entities, such as hospitals to share personal information to public health authorities without consent for the sake of surveillance, investigations, and interventions regarding the health or safety of a child.
There are two “levels” of access related to the Early Intervention Record maintained at the SPOE:

1. General Access: refers to office file access of the early intervention record. An access roster will be posted on the outside of all filing cabinets where the child records are maintained indicating those personnel (by title) who may have general access to the early intervention records. This access would generally apply to the supervisor, support staff, intake coordinators, and EarlySteps employees (quality assurance specialists, regional coordinators, central office staff, etc.). Access by EarlySteps staff is for the purpose of monitoring, program or fiscal audits, or complaint investigation.

2. Situation-specific Access: refers to a specific request for information regarding an individual child by and agency or individual. This request must be accompanied by a signed, dated **Consent to Share and Release Information** by the parent/guardian authorizing access to that specific record or information. The SPOE agency is required to have policies in place regarding handling of these requests according to EarlySteps privacy regulations. This includes an access log in each child's file indicating the date, the purpose of any and all specific information, and signature of employee with access to the record.

**Destruction of the Early Intervention Record**

The Early Intervention Record must be maintained for six (6) 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 state requirement that the records be maintained for a minimum of five (5) years after the child is no longer provided services through EarlySteps. The child record **must** be shredded so that there is no identifying information after the six (6) year period expires.

## References:


Division for Early Childhood (2015). DEC Recommended Practices: *Enhancing Services for Young Children with Disabilities and their Families* (DEC Recommended Practices Monograph Series No. 1). Los Angeles, CA.

Division for Early Childhood (May 2022) Position Statement on Ethical Practice available from: DEC Position Statement on Ethical Practice - May 2022.pdf (egnyte.com) or https://divisionearlychildhood.egnyte.com/dl/KAh4cOFBZ8.

DEC/NAEYC (2009). *Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children* (NAEYC). Retrieved from: http://dec-sped.org/papers

Keilty, Bonnie, *Early Intervention Home-Visiting Principles in Practice: A Reflective Approach.* **Young Exceptional Children**, 11, 2, pp 29-40, March, 2008

Sandall, et al, DEC Recommended Practices. *A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education*. Division of Early Childhood. Missoula, MT, 2005.

Workgroup on Principles and Practices in Natural Environments (February, 2008):
*--Agreed Upon Practices for Providing Early Intervention Services in Natural Environments*
*--Seven key principles: Looks like / doesn't look like*. OSEP TA Community of Practice- Part C Settings.
http://www.nectac.org/topics/families/families.asp

## Professional Ethics:

### In Relation to Children
### I will:

- View each child firstly as a child and value their unique abilities.
- Respect that each child is part of a family and incorporate this understanding in all my interactions with children and their families.
- Acknowledge the major role of play in development and be sensitive to children's rights to play, their needs for stimulation, enjoyment, choice and preference.
- Interact with children in ways which enhance their development and value their achievements.
- Identify, value and build upon the abilities and strengths of each child.
- Promote safe, healthy and stimulating environments that optimize children's well-being and development.
- Work to ensure that children are not discriminated against on the basis of ability, diagnosis, label, gender, religion, language, culture or national origin.
- Acknowledge the cultural and linguistic diversity of children and families and adapt practices accordingly (e.g. cultural consultation/interpreters).
- Engage in practices that are respectful of and ensure the safety (emotional, physical and cultural) of children and in no way degrade, endanger, exploit, intimidate or harm them.
- Act on behalf of children to protect their physical and emotional well-being including making protective notifications where necessary. (i.e. OCS)
- Uphold appropriate privacy and confidentiality (as per HIPPA).
- Uphold the principles of **partnership**, participation and protection.

### In Relation to
### Families / Caregivers
### I will:

- Uphold the principles of **partnership**, participation and protection.
- Respect each family's perspective and priorities for their child and make this the starting point for intervention.
- Develop collaborative partnerships with families respecting family expertise about the children and share my professional knowledge and understanding sensitively/respectfully.
- Work to develop positive relationships with families that are based on shared decision-making, mutual trust and open communication.
- Acknowledge and respect the uniqueness of each family, and the significance of its culture, customs, language, beliefs and the community context in which it operates.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Honor professional commitments and terminate assignments only when fair and justifiable grounds exist.
- Assist each family to develop a sense of trust and connection to the services in which their children participate.
- Maintain confidentiality and respect each family's right to privacy.
- Inform the family in a timely manner when delayed or unable to fulfill assignments.
- Acknowledge, respect and support families in their native language to the maximum extent possible.

### In Relation to
### Myself as a Professional
### I will:

- Engage in ongoing professional development and keep up-to-date with new developments in early intervention.
- Work within the boundaries of my profession and qualifications.
- Be an advocate for children, early intervention and the services/agencies that support the children and their families.
- Ensure my practices are culturally appropriate and actively promote anti-racist attitudes.
- Demonstrate in my behavior and language that children are not discriminated against.
- Ensure that I maintain professional standards in all documentation.

- Ensure that I maintain personal integrity, truthfulness and honesty in all professional activities.
- Commit to upholding the standards, values and practices expressed in the Code of Ethics.
- Reserve the option to decline or discontinue assignments if working conditions are unsafe or unhealthy.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Avoid performing dual or conflicting roles in interdisciplinary (e.g. educational or mental health teams) or other settings.
- Recognize the limits of my professional competence and promptly provide referrals to other appropriate qualified health professionals

## In Relation to Colleagues
## I will:

- Work to communicate effectively, act with integrity and build professional trust, respect and openness.
- Value the personal and professional strengths that my colleagues bring to the team.
- Support Early Interventionists having access to high quality professional support and development.
- Respect the perspectives that different disciplines bring to the understanding of the needs of each child, family, service and community.
- Maintain appropriate confidentiality.
- Actively support a working environment by assisting and encouraging colleagues with the sharing of information and serving as mentors when appropriate.
- Support families having access to early intervention/special education training and professional support and development.
- Approach colleagues privately to discuss and resolve breaches of ethical or professional conduct through standard conflict resolution methods; file a formal grievance only after such attempts have been unsuccessful or the breaches are harmful or habitual.

***This was adapted from the National Code of Ethics of the Early Intervention Association of Aotearoa New Zealand & the Registry for Interpreters for the Deaf**

**The Louisiana Department of Health, Office for Citizens with Developmental Disabilities maintains procedures for receiving, investigating, and resolving complaints relating to violations of Part C requirements. This process is administered through EarlySteps under LDH/OCDD. LDH ensures that the parents of eligible children receive their rights procedural safeguards upon referral to the system.**

**The complaint process for EarlySteps can be found in the practice manual, chapter 2, pages 7-11. If at any time a situation cannot be resolved, please call or submit the information to the Regional Coordinator in order for the complaint process to begin.**

**The DEC Position Statement on Ethical Practice was updated in May 2022 and is included in Chapter 12: Resources.**

## General Supervision Performance Expectations

The following performance expectations detail the required components for practitioners in EarlySteps. Early interventionists are monitored for their compliance with these expectations. Failure to do so may result in findings of noncompliance, corrective action and sanctions.

| Item | Responsibility | Performance Expectations/Data Source |
|---|---|---|
| 1 | Participate in the multidisciplinary team assessment of a child and a child's family and in the development of strategies and outcomes for the IFSP. | --Progress/session assessment data in contact notes<br>--Single domain assessment results for child performance data<br>--Documentation on IFSP and team meeting notes verify participation in quarterly and other IFSP team meetings. Notes provide information regarding IFSP outcomes. |
| 2 | Participate in quarterly team meetings, 6 month reviews and annual IFSP. | --Documentation on IFSP which verifies participation and results of practitioner support on IFSP outcomes<br>--Team meeting minutes |
| 3 | Participate in teaming activities which support providers and parents/caregivers incorporating interventions into family/caregiver routines. | --Documentation to support parent/caregiver participation in the delivery of services verified by signature on the monthly report and/or IFSP outcomes which support team-based service delivery.<br>--Documentation of shared service information with all team members evidenced by uploads to EarlySteps Online<br>--Documentation supporting consultation discussions with IFSP team members across disciplines. |
| 4 | Consult with parents, support coordinators, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services. | --Documentation to support consultation strategies with IFSP team members and others in delivery of services.<br>--Contact notes demonstrate service activities which support IFSP outcomes and cross-disciplinary activities. |
| 5 | Delivery of services in accordance with the IFSP in a timely manner. | --Service initiation within 30 days of parent consent on the IFSP.<br>--Percent of services delivered in accordance with the IFSP and service authorizations as documented in a timely monthly report and provider reimbursement.<br>--Monthly report sent to FSC/uploaded every month for availability by all team members.<br>--Claims for services provided are submitted within 60 days, within authorization frequency, intensity, duration limits, and to the correct fund source. |
| 6 | Continuously collect data to determine child's developmental progress. | --Documentation of child specific data regarding developmental progress in the contact notes and on periodic assessments.<br>--Data verifying progress shared with family at visits and with IFSP team members.<br>--Data collected from service contacts and/or single domain assessments used for decision making for progress and with the team.<br>--Service delivery notes confirm use of adaptations and individualization based on child performance |
| 7 | Provide appropriate levels of service based on child's developmental level, best practice guidelines and family concerns. | --Average cost of services per child within authorization details, provided according to service guidelines, and within authorization limits.<br>--Contact notes detail missed visits with reason and plans for next steps.<br>--Contact notes reflect supports based on family priorities: family routines and activities and child interests.<br>--Team service data supports revisions/additions to services |
| 8 | Provide services in a way which supports family's ability to meet the needs of their child | --supports provided to families in such a way that the percent of families who report their agreement with their ability to meet child's needs according to Indicator 4 of the Annual Performance Report<br>--Coaching strategies embedded within service delivery reflect family priorities and strengths. |
| 9 | EarlySteps providers are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect. | --Timely referrals made to the Department of Children and Family Services. |

| Item | Responsibility | Performance Expectations/Data Source |
|---|---|---|
| 10 | Early interventionists update service matrix page monthly | --Matrix page is complete with timely monthly updates<br>--Accuracy of availability information allows families to make selections |
| 11 | Practitioners are professional and respectful with all team members and families. | --Team differences are handled professionally, without argument, such that parent/practitioner complaints do not result. If resolution is not possible, families are provided with dispute resolution procedures. |
| 12 | Practitioners respect and follow confidentiality requirements | Practitioners only share information for which families have provided consent. Records are maintained with security and for the required time limits. |

**Teaming and Collaboration 1:** Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

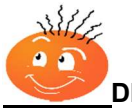
## Chapter 11: Assistive Technology Devices and Services

Topics in this chapter include:



## EarlySteps State-Identified Measurable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*



**DEC RP: Instruction Practice INS4:** Practitioners plan for and provide the level of support, accommodation, and adaptations needed for the child to access, participate and learn within and across activities and routines.

## Purpose

1) To identify the process for assessing and identifying the need for and providing children and families with necessary assistive technology (AT) devices.
2) To identify the process to provide supports for use of assistive technology devices in EarlySteps.

**The device must be necessary to achieve an outcome on the child's IFSP and be age appropriate.**

**The eligible child must be able to use the assistive technology devices provided through EarlySteps for at least ninety (90) days prior to transitioning out of EarlySteps. Central office must approve <u>any</u> device prior to purchase, if the child is transitioning out of EarlySteps in less than 90 days.**

**All AT requests of $500 or more must be submitted to Central Office for review, including requests for which the cumulative amount is $500 or more.**

**NOTE**: **Equipment costing $500 or more per item is the property of EarlySteps once the child ages out of the EarlySteps program. Parents must be informed of this.**

**Chapter 11 Updates:**

| |
|---|
| **DEC Recommended Practices** |
| **Definitions of Devices and Services** |
| **Medicaid DME requirements** |
| **References** |
| **General Supervision Performance Expectations** |

### Assistive Technology Device: Definition

An assistive technology (AT) device is 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 capability of a child with a disability. This is not a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or the replacement of such device. The device may be acquired commercially ("off the shelf"), modified, or customized to fit the needs of an individual child (34 CFR §300.5)

### <u>Assistive Technology Service</u>

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

Assistive technology services include:

*1)* evaluating the needs of a child with a disability, including a functional evaluation of the child in the *his/her natural environment*

2) purchasing, or otherwise providing for the acquisition of assistive technology devices for a child with a disability;
3) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4) coordinating/consultation with other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5) training or technical assistance for a child with a disability, or if appropriate, and their *caregivers* and,
6) training or technical assistance for professionals, including individuals providing early intervention services, or other individuals who provide services to, or who are otherwise substantially involved in the major life functions of a *child with disabilities*.

Eligible Providers of Assistive Technology Devices and/or Services:

Audiologist
Physical Therapist
Optometrist
Speech Language Pathologist
Physician
Occupational Therapist

Certified Durable Medical Equipment (DME) Provider, including certified Orthotist/Prosthetist
Orientation and Mobility Specialists
Special Instructors for children with Sensory Impairments

## *General* Procedures for Acquisition of Assistive Technology Devices for a Medicaid-Eligible Child

*To acquire an assistive technology device for a child who is Medicaid eligible, the following procedures must be followed.*

The family must request and receive a referral/prescription from the primary care physician, medical specialist or authorized representative. The service must be prior authorized.

- The child must have a prescription and letter of medical necessity for the AT and services from the physician, nurse practitioner or physician's assistant. The written prescription cannot be more than 12 months old, with the printed name and dated signature of the child's treating physician, physician's assistant (PA) or advanced registered nurse practitioner (ARNP). The prescription can be received by the DME provider before or after the DME service has begun; the prescription cannot be dated more than 21 days after initiation of the date of service.
- If the child was recently discharged from the hospital, the discharge plan with the dated signature of the child's treating physician, PA or ARNP describing the type of DME item and/or service ordered should be included. Additionally, documentation of medical necessity must include the type and quantity of equipment and supplies ordered and the type, quantity, frequency and length of services prescribed.

Note: The fact that a provider has prescribed or recommended equipment, supplies or services does not, in itself, make it medically necessary or a medical necessity or a covered service.

- After the above documentation is received, the family/guardians select a DME provider. The family/guardians are allowed the freedom of choice to choose any Medicaid enrolled providers to supply the items and provide services. To facilitate this process, it might be wise for the family/guardian to choose a DME provider that is dually enrolled as both an EarlySteps provider and a Medicaid provider. If the chosen provider will not provide the item at or below the approved cost, the family/caregiver/caregiver must be offered the opportunity to choose another provider if Medicaid is going to cover the item. The Prior Authorization Unit (PAU) will assist the family/caregiver/caregiver in locating a provider

- The DME provider is given the AT referral and the prescription for the AT. The DME provider will request prior authorization (PA) to conduct an evaluation of need. Information that must be included in the

evaluation for specific assistive technology devices (e.g., augmentative and alternative communication devices) is described below.

All services within the scope of DME require authorization. If a DME equipment or service is not authorized prior to the service being rendered, the provider has six months after the date of service to request authorization. Providers who neglect to obtain authorization within this time frame will not receive reimbursement. All providers must submit the request for PA by completing the Louisiana Request for Prior Authorization Form (PA-01) and the following information:

- Completed PA-01 form
- Medical information from the physician
- Written prescription from a licensed physician or physician's representative
- Diagnosis related to the request
- Length of time that the supplies or equipment will be needed
- Other medical information to support the need for the requested item
- Statement as to whether the child's age and circumstances indicate that they can adapt to or be trained to use the item effectively
- Plan of care that includes a training program when any supplies or equipment requires skill and knowledge to use
- Any other pertinent information, such as measurements.

No other form or substitute will be accepted. Completed requests must be sent to the Prior Authorization Unit (PAU). Requests may be mailed, faxed for submitted through electronic PA.

Note: It is the responsibility of the provider to verify Medicaid eligibility on a monthly basis. Prior authorization only approves the existence of medical necessity, not recipient eligibility.

- After the evaluation is completed, all information is submitted to Medicaid for approval. If the request to purchase the AT is approved, the DME provider will purchase the AT device for the child.
- If the AT is not approved, the FSC will request a copy of the denial letter from the family/guardians or DME provider. The FSC should review the letter and if the denial was based on a DME provider error (e.g., omitting parts of the required documentation, no date on paperwork, inadequate justification of need), the DME provider should correct the errors and resubmit the paperwork to Medicaid for approval. If the request was denied because the equipment was not covered or there was inadequate justification for the purchase, then the FSC should submit the request to purchase the AT device through the PA process.

**Delivery Arrangement and Documentation Requirements**

The DME provider is responsible for the delivery and set-up of the item if the family/caregiver requires assistance.

Note: Louisiana Medicaid does not reimburse freight or delivery charges. Delivery documentation is a record that the child's or family/caregiver/caregiver's receipt of prescribed and medically-necessary medical supplies or DME. Delivery documentation must be maintained in the child's file and at a minimum, include the following information:

- Name of the DME and medical supply provider
- Provider's identification number for the DME physical location that rendered the service or equipment
- Address of the DME physical location that rendered the service or equipment
- Child's full name and Medicaid number
- Documentation of service location that identifies whether medical equipment or supplies were received by the family/caregiver/caregiver at the DME physical location or delivered to their residence
    - Date of delivery
    - Complete description of item(s) delivered
    - Manufacturer name of equipment delivered
    - Model number
    - Serial or item number(s), where applicable

- Clearly written statement identifying whether the equipment is new or used
- Signed and dated documentation of training provided to child and family/caregiver
- Dated signature of DME delivery person and his/her professional license number, if applicable
- IF a DME item is appropriate for shipment, the date of shipment and proof of documented delivery and receipt, such as an UPS tracking document
- Signature of family/caregiver and date of delivery or receipt of the device/DME

**Training documentation requirements**

The child's record must contain documentation of the training that was provided to the family/caregiver upon receiving the equipment and supplies. Training documentation must include the following information:

- Child's name
- Complete description of equipment and items received
- Model and serial number of item received
- Date of training
- Printed name, signature and title of trainer
- Professional license number of trainer, if applicable
- Dated signatures of family/caregiver, attesting to his understanding of information and handouts provided
- Description of training handouts or brochures

**Emergency Requests**

Louisiana Medicaid has provisions and procedures in place for emergency situations. A request is considered and emergency if a delay in obtaining the medical equipment or supplies would be life-threatening to the child. In an emergency, telephone or verbal requests shall be permitted. However, other equipment will be considered on a case by case basis. For example, wheelchair rentals or post-operative needs and items needed for hospital discharge. The providers of emergency items must contact the PAU immediately by telephone and provide the following information:

- Child's name, age and 13-digit Medicaid identification number
- Treating physician's name
- Diagnosis
- Time period needed for the item
- Complete description of the items requested
- Reason that the request is a medical emergency
- Cost of the item

A decision will generally be made by the PAU within 24 hours, but in no case later than the working day following the date the completed request is received. The PAU will contact the provider by telephone to discuss the decision. If approved, the item shall be supplied upon the verbal approval. The PAU will follow up with written confirmation of the decision.

**Date of Service Change for Prior Authorization**

It is a requirement of Medicaid that providers **not bill for DME, services, supplies, or equipment until the services have been rendered or the items have been delivered or shipped to the child.** IT is also a requirement that the date of service and date of delivery is the same date in order for the claim to be paid. When requesting authorization of payment for these items or services, the provider should request authorization on the actual date of service, delivery or shipment of the item, or if not known, the provider should request a span date of sufficient duration to allow for authorization by the PAU and delivery of the service or item. This will prevent unnecessary denial of payment on the claim.

In the event a provider needs to change the date of service to match the date of delivery, a reconsideration request must be submitted to the PAU.

Note: It is a violation of state and federal Medicaid policy to bill for a service that has not been delivered, but has been ordered.

**Reimbursement**

Assistive Technology devices will be purchased by EarlySteps based on rates determined by Medicaid. These rates, published in the Medicaid fee schedules, are uniform statewide and by provider type. According to this type of reimbursement methodology, the provider is paid the lower of the billed charges or the Medicaid rate published in the applicable fee schedule. When services or products do not have an established reimbursement amount, the claim is manually reviewed to determine an appropriate reimbursement. Items not reimbursed by Medicaid must be approved by Central Office prior to the purchase of the assistive technology. These items will be paid based upon the rates of reimbursement established by DHH/OCDD/Part C.

If the child is enrolled in Medicaid and the Medicaid DME program covers the AT device, then the provider bills Medicaid for the device using their Medicaid provider number. The provider does not bill the CFO.

For keeping up to date with Medicaid-paid DME requirements, providers should review Chapter 18 of the Medicaid DME Manual on the http://www.lamedicaid.com website.

## Criteria for Specific Assistive Technology Devices - Medicaid

Medicaid has additional criteria for specific AT Device requests, including the assessment process, the IFSP, and the follow up with the child and family as follows:

**Augmentative and Alternative Communication (AAC) Devices**

1. Assessment and Evaluation for Augmentative and Alternative Communication (AAC) Devices

   If the child is being evaluated for an Augmentative or Alternative Communication (AAC) device, the evaluation must include an assessment of the child's communication and functional limitations that interfere with meaningful participation in everyday routines and activities. The evaluation must be completed by a Speech Language Pathologist (SLP) with input from other providers. Requests for AAC devices must include:

   - Description of SLP's qualifications, including his/her services, training and experience related to AAC
   - Name of child
   - Medicaid number
   - Date of Evaluation
   - Primary, secondary and tertiary medical/neurological diagnoses
   - Significant medical history
   - Developmental status
   - Sensory status based on vision and hearing screenings or full evaluations if the child failed the screenings
   - Description of how vision, hearing and/or tactile impairments affect communication

   Postural, Mobility, Motor and Communication Status

   - Assessment of gross and fine motor skills
   - Integration of mobility with AAC devices
   - Child's access methods and options for AAC devices
   - Assessment of current speech, receptive and expressive language skills
     - Identification and description of the child's receptive and expressive communication an impairment diagnosis

    - Speech skills and prognosis
    - Language skills and prognosis
- Assessment of communication behavior and interaction skills
- Functional communication assessment, including an ecological inventory
- Indication of previous intervention
- Description of current communication strategies, including use of an AAC device. If an AAC device is currently used, describe the device, when and by whom it was previously purchased and why it is on longer adequate to meet the child's communication needs

Communication Needs Inventory and Summation of Communication Limitations

- Description of child's current and projected communication needs
- Communication partner and tasks, including the partners' communication abilities and limitations
- Communication environments and constraints which affect the device selection and or features (e.g., verbal and/or visual output and /or feedback; distance communication needs)
- Summative description of the child's communication limitations that preclude or interfere with meaningful participation in everyday routines and activities

- Type of AAC Device Recommended
    - Device vendor
    - Identification of the significant characteristics and features of the AAC device being considered, including all required components, accessories, peripherals and supplies, as appropriate
    - Cost of AAC device
    - Components of the AAC device (vocabulary requirements; representational system; display and features; rate enhancement techniques; message characters; speech synthesis; printed input and display characters; feedback and visual/auditory output; access techniques and strategies; required software, supplies and accessories)
    - Child and family/caregiver/caregiver's preference of device
    - Assessment of ability (physically and cognitively) to use or learn to use the AAC device for successful communication across all context
    - Justification stating why the recommended AAC device is better than other devices to overcome/ameliorate communication limitations that interfere with the child' meaningful participation in current and future daily activities; documentation should include a description of the significant characteristics, features and accessories

2. Intervention Plan and Follow-Up (also see the "Completing the IFSP Section 7" section which follows).

- Description of short and long-term communication outcomes (e.g., 6-month and 1 year)
- Assessment criteria to measure the child's progress toward achieving short and long-term outcomes
- Description of amount, duration and scope of AAC services required for the child to achieve the short and long-term outcomes
- Identification and experience of AAC service provider responsible for training (e.g., SLP, occupational therapist, rehabilitation engineers; child's family/caregiver/caregiver, special instructors, childcare providers/teachers)

If an AAC is currently used, the provider must describe the device, when and by who it was previously purchased and why it is no longer adequate for communication for this child.

Use of the AAC to address the outcomes on the Individualized Family Service Plan (IFSP) should be documented in the daily contact notes and monthly reports by EarlySteps providers and part of the discussion at team meetings. Documentation should include the criteria used to measure progress toward achieving the outcomes and include a description of the amount, duration and scope of AAC services required for the child and family/guardian to achieve the outcomes.

3. Trial use of AAC device

A trial use period can be recommended by the SLP conducting the evaluation, when the appropriateness of the device is not known. Prior authorization for a rental of AAC is required for trial use periods; documentation from the SLP must include characteristics of child's communication; lack of familiarity with the device; what AAC services are needed to support the family/caregiver/caregiver to help the child use the device during typical routines and activities; identification of the early intervention provider who will provide the AAC support and services.

Following the trial period, the results of the trial use must be included with any subsequent request for purchasing an AAC device.

4. Repairs to AAC devices

Medicaid will pay for repairs to keep the AAC devices, accessories and other system components in working condition. Medicaid coverage for repairs must include costs of parts, labor and shipping, when not otherwise available without charge pursuant to a manufacturer's warranty. When a device is received by the provider for the purpose of repair, the provider will conduct an assessment of the device to determine whether it can be repaired, and if so, prepare a written estimate of the parts, labor, and total cost of the repair, as well as the effectiveness (i.e., estimated durability) of the repair. If the manufacturer or provider concludes that the device is not repairable and a replacement device is needed, written notice will be provided to the child and family/guardian.

Medicaid coverage for repairs greater than $300 must be accompanied by a statement from the SLP. The statement must indicate whether there have been any significant changes in the sensory status (e.g., vision, hearing, tactile); postural, mobility or motor status; speech, language and expressive communication status; or any other communication need or limitation of the child and family/caregiver/caregiver as earlier described and whether the device remains the SLP's recommendation for use of the device.

5. Replacement or Modification

Modification or replacement of AAC devices will be covered by Medicaid subject to the following limitations:

- Requests for modification or replacement of AAC devices and/or accessories may be considered for coverage after the expiration of 3 or more years from the date of purchase of the current device and accessories in use
- Requests for modification or replacement require PA and must include the recommendation from a SLP
- Requests for replacements for AAC devices may be submitted for identical or different devices
- Requests for replacements of identical devices must be accompanied by a statement from the provider that the current device cannot be repaired or that replacement will be more cost effective than repair of the current device. Date must be provided about the following:
    - Age
    - Repair history
    - Frequency
    - Duration
    - Cost and repair projections
- Requests for modification or replacement of AAC devices with different devices must include the following additional information:
    - A significant change has occurred in the child's communication. Modification or replacement requests due to a change in the child's circumstances must be supported by a new assessment of communication by a SLP, which may be submitted at any time
    - Even if there has been no significant change in the child's communication, there may be a significant change in the features or abilities of available AAC devices (i.e., technological change) that will help overcome or permit an event greater amelioration of the child's communication challenges as compared to the current AAC device. A detailed description of al AAC device changes and the purpose of the changes must be provided with the results of a re-evaluation by a SLP.

- Requests for replacements for AAC devices due to the loss or damage (either for identical or different devices) must include a complete explanation of the cause of the loss or damage and plan to prevent the recurrence of the loss or damage.

**Ambulatory Equipment, Prosthetics and Orthotics**

Louisiana Medicaid defines prosthetic and orthotics devices as arm, leg, back and neck braces, artificial legs, arms and eyes, including replacements, if required, because of a change in the child's physical condition. A PA is required rented, purchased, repaired or modified equipment.

Samples of items and procedures for equipment in this category follows:

1. Walkers

A standard walker and related accessories are covered if the following criteria are met:

- It is prescribed by a physician for a child with a medical condition that impairs ambulation
- The child has the potential to walk
- The child has a need for greater stability and security than can be provided by crutches

A wheeled walker may be fixed height or adjustable height and may include glide-type brakes (or equivalent). The wheels may be fixed or swivel. A wheeled walker shall be approved only if the child is unable to use a standard walker due to severe neurological disorders, debilitating medical condition that may prohibit the use of a standard walker or limited use of one hand. The request must contain supporting documentation from the prescribing physician which substantiates the need for a wheeled walker rather than a standard walker.

2. Standing Frame

A standing frame (also known as a stander, standing aid, standing device) is an AT device that can be used by a child who relies on a stroller/wheelchair for mobility. A standing frame provides alternative positioning to sitting in a wheelchair/stroller by supporting the child in a standing position. The criteria to be considered for a standing frame include, but are not limited to the following:

- Child must be at high risk for lower extremity contractures that cannot be improved with other interventions (stretching, medication, serial casting, splinting and modalities)
- Child must be able to stand or be placed in an upright position on the foot and ankle
- Child must be non-ambulatory or is unable to stand due to a medical condition like a neuromuscular or congenital disorder
- Provider has tried more cost effective alternatives and still requires a stander
- Child does not have a walker or gait trainer and it is not anticipated that he/she will require one in the future
- Child has demonstrated improved mobility, function and physiologic symptoms or has maintained status with the use of a the requested stander and is able to follow a home program with the use of the requested stander
- Use the equipment in the home and community

The following documentation must be submitted to support the medical necessity for this equipment:

- PA using PA-01 form
- Physician prescription
- State of Louisiana Medicaid Standing Frame Evaluation form (BHSF-SF-Form 1) completed by a Louisiana State licensed Physician, Physical or Occupational therapist in its entirety (see Appendix G)
- Original manufacture price

Exclusion Criteria

Non-coverage of the standing frame includes, but is not limited to the following:

- The child has complete paralysis of the lower extremities

- No expected improvement in mobility or maintenance of function
- Anticipated functional benefits of standing can be achieved through less costly alternatives
- Mobile (dynamic) stander, either self-propelled standers or stander with powered mobility
- Active stander, allows movement of the arms and legs in a standing position
- In children' with syncope, orthostatis hypotension, postural tachycardia syndrome, osteogenesis imperfect, osteoporosis and other brittle bone diseases and hip subluxation
- In children that have hip and knee flexion contractures of more than 20 degrees
- A stander will not be purchased for a child who as a gait trainer or ambulatory device.

3. Wheelchairs

Wheelchairs are approved only when the recipient is confined to a bed, chair or room. The request must include the child's ability to walk; standard wheelchairs, which include brakes and foot and arm rests, require documentation of medical necessity.

Motorized wheelchairs have the same meaning as power, electric or any means of propulsion other than manual. A motorized wheelchair must be medically necessary and the child's condition is such that the motorized wheelchair is long-term (at least 6 months). The child must meet all of the following criteria in order to be considered for a motorized wheelchair:

- The child is not functionally ambulatory, which means the child's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally confined to a bed or chair
- The child is unable to operate a wheelchair manually due to severe weakness of the upper extremities due to a congenital or acquired neurological or muscular disease/condition or is unable to propel any type of manual wheelchair because of other documented health problems
- The child is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.

All wheelchairs and modifications required to meet the needs of a child are subject to PA. Prior authorization will be made for only one wheelchair while participating in EarlySteps. Requests for PA must include a completed PA-01 form and medical documentation supporting the need for a motorized wheelchair, with the criteria above, and a prescription from a physician.

A seating evaluation must be performed, signed and dated by a physical or occupational therapist. The evaluation must include the following information:

- The appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the child's long-term medical needs. Optional that are primarily beneficial in allowing the child to participate in leisure or recreational activities are not covered
- The dated signature of the physician who prescribed the motorized wheelchair as medically necessary
- The child's diagnosis or condition is such that a motorized wheelchair is medically necessary
- Documentation stating that the physician has seen the seating evaluation and the recommendation for the motorized wheelchair

Additionally, there must be documentation that the child is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use the motorized wheelchair effectively. Documentation must include:

- Signed and dated statement from the child's physician and physical or occupational therapist, stating that he/she has determined that the child has the cognitive, motor and perceptual abilities needed to safely operate the controls of motorized wheelchair and that he/she has determined that the child can adapt or be trained to use the motorized wheelchair effectively. These statements must be verified by the notes and recommendation of the physician, physical or occupational therapist making the statement.

Wheelchair repairs and modifications

- Requests for repairs to motorized wheelchairs will be considered for basic repairs only. Basic repairs are those which are requested to repair an existing component of the current wheelchair
- Requests for modifications or reconstruction of the child's current motorized wheelchair shall not be considered basic repairs and must be submitted in accordance with PA criteria
- Modifications or reconstruction will be denied if it is more cost effective to provide a new motorized wheelchair
- All repairs and modifications of motorized wheelchairs must be completed within one month, unless there is a justifiable reason for a delay.
- Rental of a manual wheelchair may be prior authorized on a monthly basis as a temporary replacement, if necessary, when the child's motorized wheelchair is being repaired or modified.

4. Orthotics Devices

Orthotic devices include leg braces, neck braces, knee braces and supports; spinal supports; splints; brace attachments and repairs. The request for approval should include the following:

- Complete description of special type brace
- Child' cognitive and physical ability to use the device
- Whether device is replacement
- Whether training is indicated
- Plan for training, when indicated (AT Service)

Providers who assess and request AT Devices through Medicaid are responsible for keeping up to date with Medicaid's requirements and changes in the DME program. In addition, there may be changes to these procedures as services for Healthy Louisiana-enrolled children are added to the Healthy Louisiana Provider Agencies and may differ from procedures outlined above. The DME Medicaid provider manual can be located at: *http://www.lamedicaid.com/provweb1/Providermanuals/Intro_Page.aspx*

## Assistive Technology Devices – EarlySteps – Part C Reimbursed

The IFSP team determines that a device is necessary to improve or maintain the child's functioning in one or more developmental areas and to support meeting IFSP Outcomes. The team carefully considers all available options including the appropriateness and usefulness of a device. EarlySteps does not provide AT devices to meet the medical, life sustaining or common everyday needs for a child. A list of allowable and non-allowable devices follows.

## Assistive Technology Services – EarlySteps – Part C Reimbursed

Beginning in 2015, EarlySteps added procedure codes which authorize assessments for AT devices and AT services to children and families for follow up support regarding the use of AT devices for the following disciplines:

- Assistive Technology Provider (enrolled EarlySteps DME providers only)
- Audiologist
- Occupational Therapist
- Optometrist
- Orientation/Mobility Specialist
- Physical Therapist
- Physician

- Special Instructor for Children with Sensory Impairments
- Speech/Language Pathologist

The addition of the assessment procedures will allow EarlySteps providers to assess a child/family's need for an AT device as well as the assessment for a specific type of device. These procedure codes are billable both to Medicaid as well as to Part C for non-Medicaid children depending on the provider type. For example, PT AT assessments are billable to Medicaid, but Special Instructor assessments for children with Sensory Impairments are payable by Part C only. The format and content of the Assessment must conform to the requirements of the Medicaid AT Assessment process outlined in the Medicaid section above.

The addition of the service procedures will allow providers to provide support to children and families after the device has been provided, to assist with its use. For example, a child's IFSP team consists of the family, FSC and a Special Instructor. At the team meeting, the Family addresses their ongoing concern regarding a child's lack of progress with eating. Based on an OT's earlier recommendation, the team decides that the child should be assessed for a device to assist with improved positioning at mealtimes. An OT AT assessment authorization can be issued and the addition of AT services provided by the OT which are intended to support the Special Instructor and the family in the use of a feeder seat. The schedule for the OT AT service would be based on the OT's assessment and the team decision process.

As with other EarlySteps services, the authorizations for AT assessments and AT services must be based on a team decision, following the EarlySteps team discussion process, service authorization requested and issued through the SPOE, and based on the IFSP. Authorizations for these procedures will not be issued after the fact, but always as a result of a team discussion.

Providers should access the Procedures and Rates Schedule on the CFO website for correct procedure codes and rates.

## Completing Section 7A of the IFSP for Assistive Technology Devices/Services

The following information must be completely filled out in section 7A of the IFSP:

- **IFSP Outcome Number** — The AT device must be associated with at least one IFSP outcome
- **Name of device** — List the name of the specific device to be provided
- **Does Medicaid cover this? –** Circle "yes" or "no"
- **Did Medicaid provide?** – Circle "yes" or "no"
- **If Medicaid did not provide, attach a copy of the denial letter**
- **Professional who will help family/caregiver/caregiver with device (Provider)** — List the provider who is responsible for the assessment/recommending the device and who will work with the family/caregiver/caregiver to appropriately use the device
- **Where is the device used?** — List the specific locations where the device will be used (home, child care, etc.)
- **When is the device to be used**? — Identify the daily routine that device will be used in to support the child's independence
- **Start Date** — Indicate date that the device goes into use by the child
- **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.
- **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.
- **Price** — Indicate the price of the device.
- **Total Cost**—Indicate the total cost of all assistive devices listed on the IFSP

- **If AT services are needed after the device is provided, these services are developed as part of identifying outcomes for the IFSP and included in Section 6**: Early Intervention Services rather than in Section 7A.

## FSC Responsibilities

- For a Medicaid-eligible child, the FSC is responsible for following the procedures outlined in the Medicaid section above, including requesting authorization for the assessment, following the team meeting discussion
- If The AT device is not covered by Medicaid or the child is not Medicaid-eligible, the AT section of the IFSP is completed submitted to the SPOE.
- All AT items $500 or more must be sent to Central Office with the following information:
    - A completed Assistive Technology page from the IFSP (Section 7A).
    - A completed Outcomes page from the IFSP (Section 4A).
    - A picture or catalog online reference for the requested equipment.
    - An estimate of the cost of the item from the provider.
    - A denial from Medicaid, if the child is Medicaid eligible.
    - The provider's assessment report which establishes the need for the device

Documentation: Throughout this process, the FSC documents on case notes the actions/activities, which have been completed and maintains the required documents above in the child's record and sends to the SPOE for the SPOE record or uploaded to EarlySteps Online. Regardless of the cost of the device, the assessment and documentation is required.

If Central Office denies the request, it is the FSC's responsibility to identify other funding sources for the purchase of the AT.

## SPOE Responsibilities

**Authorizations must be submitted online through EIDS according to EarlySteps/CFO procedures.**

Procedure for AT Device that does not exceed $500.00:
- The AT request is submitted online.
- An authorization will be created.
- The FSC will receive a fax that the AT was approved.
- Add required documentation to the child's chart.

Procedure if the amount of AT is $500 or more:
- The AT request is submitted online.
- A "pending" authorization will be created for equipment $500 or more and if the child has met their cumulative $500.
- The provider may not take any action until Central Office approves or denies the request. If the request is approved, the authorization will be available online.
- The FSC will receive a fax that the request has been approved or denied and follow up with the provider with the decision.

## Provider Responsibilities

- The provider must have an authorization to conduct an AT assessment, to order/purchase an AT device, to provide an AT service and to bill for AT; authorizations are found online at www.laeikids.com or EarlySteps Online.

- If the authorization is listed as “pending,” the provider may not take any action on this authorization. (Central Office will either approve or deny the request and the FSC will receive a fax that the request has been approved or denied.)
- The provider will consult with the FSC in regard to the request and prepare and share the assessment, contact notes and other documentation to the IFSP team prior to the team meeting.
- Once the request is authorized the provider will purchase the AT device.
- The provider will complete and submit the authorization online.

## Examples of Allowable Assistive Technology Devices

A. Devices for self-help and functional abilities related to daily living activities.
- Adapted feeding utensils—maroon spoons, adapted bowls, plates and cups

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
- Walkers, adapted walkers
- Scooter boards
- Adapted crawlers
- Adapted /therapeutic strollers and car seats (limited to one per enrollment in EarlySteps)
- Leg braces, splints, orthotics (e.g., ankle foot orthotic (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 or medical appointments, etc. <u>are not provided by Part C</u>. Adaptations to common items may be paid for.

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
- PES Cards for use with Picture Exchange Communication System (PECs)
- Dedicated communication devices and more complex communication systems

E. Devices for play and cognitive skill development supporting the child to be more independent in the natural environment
- 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
- Eyeglasses
- Assistive listening devices—hearing aids, auditory trainers, or other forms of amplification

## Examples of Items that are not considered AT Devices for early intervention

These items may be listed under the "Other Services" section of the IFSP; EarlySteps is not responsible for purchasing these items.

**A. Medical equipment or medical supplies related to a medical condition/chronic illness*:***

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

**B. Toys that are not adapted or designed to increase, maintain, or improve functional capabilities of young children with disabilities*:***

Dolls
Balls
Shape sorters
Mobiles
Puzzles
Mouthing toys
Riding toys
Building blocks
Echo mikes
Stuffed animals

**C. Generic items typically needed and used by all children*:***

Car Seats
Youth Beds
Bath seats (for infants under 8 months)
Potty chairs
Teething toys
Straws
Musical tapes/CDs
Swimming pools and pool toys
Boppy pillows (for child under 6 months)
High Chairs
Play Tables
Infant Swings
Pacifiers
Toothbrushes
Massagers
CD Players
Strollers

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

Tables
Chairs
Therapy balls
Horn kits
Massagers
Desks
Therapy benches
Vestibular swings
Brushes
Therapy kits
Mats
Gait ladders
Specialized equipment used by the therapist that the child cannot operate independently
Trampolines
Exercise equipment (such as treadmills)

E. **Miscellaneous items*:***

Computers and computer software
Specialized foods
Prescription nutritional supplements
Batteries, hearing aid or other

## Equipment Control

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", 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, the family/guardian must be informed that 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. (***See table at the end of the chapter.)***

**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.

Property records shall be maintained accurately. For each item of equipment, the records shall include:

- a description of the equipment, including manufacturer's model number, if any;
- an identification number, such as the manufacturer's serial number;
- acquisition date and unit acquisition cost;
- location, use, and condition of the equipment and the date the information was reported; and,
- all pertinent information on the ultimate transfer, replacement, or disposition of the equipment.
- 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.

1. 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.

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

3. 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.

DEC Recommended Practice Topic Environment: E4—Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.

## Disposition of AT Devices and 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 in 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 may the device be disposed by a state agency. State procedures for the disposition of state property must be followed.

References:
IDEA, Part C regulations (2011): CFR 303.13 (b)(1)(i-ii)
Medicaid Manual (2022), Chapter 18 Durable Medical Equipment

**Table 1: Part C Assistive Technology Inventory List (for use by SPOEs and FSCs)**

Complete the table below each time an assistive device costing $500 or more is provided through EarlySteps. This record must be kept up-to-date and maintained for 6 years.

| Child's Name, Date of Birth | Description of Equipment | Model or Serial Number | Acquisition Date | Cost at Purchase | Location of Device (address) & disposition |
|---|---|---|---|---|---|
| | | | | | __Loan<br>Transfer |
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## General Supervision Performance Expectations – AT Devices and Services

The following performance expectations are monitored for compliance with EarlySteps requirements. Failure to follow guidelines result in findings of noncompliance, corrective action, and sanctions.

| Performance Expectation | Responsibility |
|---|---|
| Assessment information and IFSP Team Process used to determine need for AT device/services | Documented assessment information and team process decision documents need for AT.<br>--Team meeting notes |
| Notice, Parent Rights, Consent | --written prior notice provided for service/devices<br>--parent rights provided<br>--parent consent to services signed |
| IFSP AT section completed to establish support for AT device/service | IFSP AT section supports need to meet IFSP Outcomes |
| Service authorization issued and implemented | --authorization requests submitted to and issued by SPOE |
| Contact notes document AT service delivery | --provider contact notes support service authorization |

## Chapter 12: Resources

Topics in this chapter include:



# Louisiana's State-identified Measureable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach*.

## Chapter 12 Revisions and Updates:

| |
|---|
| Abbreviations and acronyms updated |
| Added DEC RPs |
| Updated Quick Facts and Resource Links |

**DEC Recommended Practices: Teaming and Collaboration Topic Area:** Families are full **team** members checklist, item 5: Share information that is jargon-free, clear and simply stated so that all members can understand and participate in conversations and decisions.

## Terms You Need to Know

**ADL** - Activities of Daily Living (feeding, dressing, toileting, etc.)**,** the Adaptive subdomain of the Battelle Developmental Inventory and family concerns typically identify needs in ADLs which are addressed through the Individualized Family Services Plan.

**APE** - Adapted Physical Education (individualized to meet child's needs) and may be provided through IDEA, Part B.

**Alternate Assessment** - A Method of assessing progress of students who are not addressing high school graduation standards.

**APR-**Annual Performance Report is the report turned in by all states that reviews their performance on key Federal Indicators. The report requirements are outlined in the State Performance Plan. The APR is posted to the state's website.

**BDI** - Battelle Developmental Inventory

**BDI-2** - Battelle Developmental Inventory, 2nd Edition

**Benchmark**-A general statement relating to a specific subject area

**C.A** – Chronological age (example: 2 years old = C.A 24 months)

**CBA** - Curriculum Based Assessment

**CDA** - Comprehensive Developmental Assessment

**CAPTA** - Child Abuse Prevention and Treatment Act

**CARA** - the reauthorized version of CAPTA which requires the Department of Children and Family Services to ensure the development of plans of safe care for children born with substance exposure.

**CRT**- Criterion-referenced testing

**DD** – Developmental Delay—one of the eligibility categories which makes a child eligible for EarlySteps

**DEC** - Division of Early Childhood with Council for Exceptional Children

**DECRPs** – The Division of Early Childhood Recommended Practices. These practices are Louisiana's early intervention evidence-based practices. The implementation process for the DECRPs is outlined in the state's systemic improvement plan, practice profiles which outline EarlySteps' implementation of the practices and in the practice manual. The practices and accompanying materials can be found on the ECTA and DEC websites at:

http://ectacenter.org/decrp/ and https://www.dec-sped.org/dec-recommended-practices

**ECE** - Early Childhood Education also called Early Care and Education. The system of child learning environments coordinated by the Louisiana Department of Education that includes child care, Early Head Start, Head Start, and Pre-kindergarten programs in the state.

**EIDS** – Early intervention data system—the online system used by EarlySteps for child records, service authorizations, etc. EIDS comprises the service matrix and provider account module called LAEIKIDS and EarlySteps Online.

**EHDI –** Early Hearing Detection and Intervention Program is coordinated through the Louisiana Department of Health, Office of Public Heath to track and manage children who require follow up hearing screening and testing following a newborn hearing screening.

**EPSDT** – Early and Periodic, Screening, Testing and Diagnosis program- the "service package" for children who qualify for Medicaid. The services include developmental screening and services to meet child needs including therapies, applied behavior analysis, personal care services and other services a child needs.

**ESYP** - Extended School Year Program –refers to education services provided over the summer months; designed to maintain school year services; Part B eligibility requirements must be met For children exiting EarlySteps at age 3, who have their first IEP prior to the summer months, families should address the need for summer services as part of the development of the IEP.

**FAPE** - Free Appropriate Public Education – the term applies to IDEA, Part B services which are individualized to a specific child, provides access to the general curriculum, provided at public expense and without charge except for fees that are charged to all students.

**FERPA** – Family Educational Rights and Privacy Act-the act which governs privacy of educational records.

**FSC** - Family Support Coordinator or Family Service Coordination also sometimes called Service Coordinator or case manager

**HIPAA** – Health Insurance Portability and Accountability Act – the privacy law which governs security of health information.

**IDEA** - Individuals with Disabilities Education Improvement Act-IDEA is divided into several parts. Part C governs early intervention and Part B governs special education for children ages 3 through 22.

**IEP** - Individualized Education Program – the service plan which determines special education and related services and placement; developed jointly by family and school personnel for children ages 3-22 in special education.

**IFSP** - Individualized Family Service Plan – a service plan written annually and updated every six months by families and personnel serving infants and toddlers in the Early Intervention system which outlines services provided

**LA4** - One of Louisiana's 4-year-old Pre-K Programs. Other programs include: Title 1, NCCED, Even Start, and 8(g)

**LDE –** Louisiana Department of Education which oversees early childhood education, general education and special education (IDEA, Part B).

**LDH** – Louisiana Department of Health, the lead agency for the state's IDEA, Part C early intervention program called EarlySteps

**LEA** - Local Education Agency (local school system)

**LEAP** - Louisiana's Educational Assessment Program – a standardized test given annually to students

**LDE** – Louisiana Department of Education

**LGE** – Local governing entity—local government division subject to a state or political subdivision. The term is used to refer to the 10 "regional" human service districts/authorities which provide services such as behavioral health and developmental disabilities.

**LRE** - Least Restrictive environment

**MDE** - Multi-disciplinary evaluation – used by Pupil Appraisal to determine eligibility for services in IDEA Part B. Also referred to as a 1508 evaluation, named for the LDE bulletin with lists the requirements.

**NRT** - Norm-referenced testing

**OCDD** - Office for Citizens with Developmental Disabilities in LDH

**OCDD/HSA/D** - Office for Citizens with Developmental Disabilities/Human Service Authority/District. These offices are responsible for coordinating/provided services in behavioral health and developmental disabilities. Also referred to as LGEs.

**ODR** - Officially Designated Representative –the school board employee with the authority to sign an IEP, generally includes the school principal and designee(s)

**OPH** - Office of Public Health in the Louisiana Department of Health

**OSEP** – Office of Special Education Programs in the United States Department of Education. OSEP oversees the IDEA, Part B and Part C programs at the national level.

**OT** - Occupational Therapy – a therapy service which focuses on fine motor, perceptual, and/or sensory integration impairments which significantly interfere with learning.

**Part B** – IDEA Part B is the portion of the Individuals with Disabilities Education Improvement Act that authorizes special education services for children from ages 3-21 years.

**Part C** – IDEA Part C is the portion of the Individuals with Disabilities Education Improvement Act that authorizes early intervention systems and services for children ages birth to 3 years.

**PAS** - Pupil Appraisal Services – school board/local education agency assessment program and staff

**PT** - Physical Therapy – a therapy service for addressing gross motor limitations interfere significantly with a child's development

**SICC** – State Interagency Coordinating Council. The IDEA, Part C advisory council appointed by the Governor to advise and assist the lead agency in the development and implementation of EarlySteps.

**SBLC** - School Building Level Committee – a committee of faculty members and other school personnel who review referrals/concerns for school-based and special education services for school-age children

**Self-Contained Classroom** - Special education placement option

**SDE** - State Department of Education, also called LDE or Louisiana Department of Education.

**SP, SLP, ST** – Speech Pathology, Speech-Language Pathology, Speech therapy services provided to address delays in communication including expressive and receptive language, voice, and fluency

**SPOE** - System Point of Entry-the regional offices which accept referrals and conduct intake and eligibility determination for children in EarlySteps. OCDD contracts with 10 SPOEs in Louisiana.

**SPP** – State Performance Plan—the state's improvement plan for IDEA.

**Additional acronyms can be found at:**
**http://www.parentpals.com/2.0dictionary/dictnewsindex.html.**

## Program Requirement Resources

The State Performance Plan is posted on the website. It outlines Louisiana's quality improvement process on 9 indicators for successful implementation of IDEA. The Annual Performance Report is an annual report of the State Performance Plan which details the state's ability to meet its implementation targets; it is posted to the EarlySteps website annually after February 1 each year.

The Application for Federal IDEA Part C funds is also posted to the website. It includes the federal portion of the EarlySteps budget as well as assurances for meeting federal requirements and Louisiana's policies and policy changes. The application is submitted for public comment for 60 days prior to submission to the US Department of Education. Changes to the application/policies/assurances require public hearings held prior to submission. It is due in May of each year to OSEP.

The Practice Manual outlines EarlySteps implementation practices reflecting federal, state requirements and the DEC Recommended Practices which guide how early intervention is implemented in Louisiana. The practice manual includes policies and procedures for all early interventionists and guidance for families, including their rights. Each provider is responsible for being familiar with the Practice Manual and adhering to the policies and procedures outlined therein.

Periodically, Procedural Clarifications are posted to the website. Early interventionists are responsible for being aware of any procedural clarifications and incorporating the information contained therein into their practices. Notices of changes are sent via email from the state and regional offices staff.

**Websites for the Practice Acts –**

- Physical Therapy: https://www.laptboard.org
- Occupational Therapy: https://www.lsbme.la.gov/
- Speech-Language Pathology and Audiology: https://www.lbespa.org

- Registered Nurse: https://www.lsbn.state.la.us
- Licensed Practical Nurse: https://www.lsbn.state.la.us
- Licensed Social Work: https://www.labswe.org
- Applied Behavior Analysis certification board https://lababoard.org/

**Website for Language Development and Pre-literacy Skills**

Several websites are available that provide strategies to promote language development and pre-literacy skills. Examples of websites with literacy and language development activities for parents are listed below. Note: This is not an exhaustive list.

- Louisiana Department of Education https://www.louisianabelieves.com/academics/louisiana-literacy
- Zero to Three, a national organization that focuses on infant and toddler development, has a section devoted to parenting activities that promote language development https://www.zerotothree.org/resources/for-families/
- Parents as Teachers National Center, a national organization that focuses on parent education, has parent education newsletters and activities that describe activities to promote language development and literacy skills https://parentsasteachers.org/parent-resources/
- The American Speech and Hearing Association, the national organization for audiology and speech/language, also provides activities and strategies for parents to enhance language development http://www.asha.org/public/speech/development/Parent-Stim-Activities.htm
- The Public Broadcasting System (PBS) has a section devoted to public education on child development that includes strategies and activities related to language development and literacy https://www.pbs.org/parents/learn-grow/all-ages/literacy

**Early Childhood Websites**

Battelle Developmental Inventory (BDI-1 or BDI-2) https://www.riversideinsights.com
CEC (Council for Exceptional Children) https://exceptionalchildren.org
DEC (Division for Early Childhood) of the Council for Exceptional Children https://www.dec-sped.org
EarlySteps, Louisiana's Early Intervention System https://ldh.la.gov/index.cfm/page/139/n/139
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.

NAEYC (National Association for the Education of Young Children) https://www.naeyc.org
ECTA (Early Childhood Technical Assistance Center) https://ectacenter.org/
NICHCY The National Dissemination Center for Children with Disabilities
https://www.fhi360.org/projects/national-dissemination-center-children-disabilities-nichcy
OSEP (Office of Special Education Populations)
https://www2.ed.gov/about/offices/list/osers/osep/index.html

**Resources for Transdisciplinary/Primary Service Provider Approach to Service Delivery**

http://www.coachinginearlychildhood.org/index.php

https://fpg.unc.edu/projects/national-early-childhood-technical-assistance-center-nectac

https://ceinternational1892.org/

http://www.ncrel.org/sdrs/areas/issues/students/earlycld/ea4lk28.htm

https://www.dec-sped.org

## Family Survey

Identifying and addressing family concerns, priorities and resources (CPRs) regarding their child is a key focus for early intervention in Louisiana. The state's systemic improvement plan was designed to address this priority as the way to improve child outcomes resulting from participation in early intervention. Throughout a family's experience in EarlySteps families are asked to give feedback to address their CPRs to ensure that their needs are being met. At exit from EarlySteps, families are asked to give feedback about their experience through a voluntary survey. This Family Survey asks each family about their perspectives on their participation in the early intervention system and capture information in areas such as the system's efforts to create meaningful partnerships with families, the services they received, and the ways in which parents and families were involved in the early intervention process. Data from the Family Survey is included in the State's APR. The survey is used to improve the process by which services are provided to infants and toddlers and their families who receive early intervention. The APR indicator which addresses this priority is:

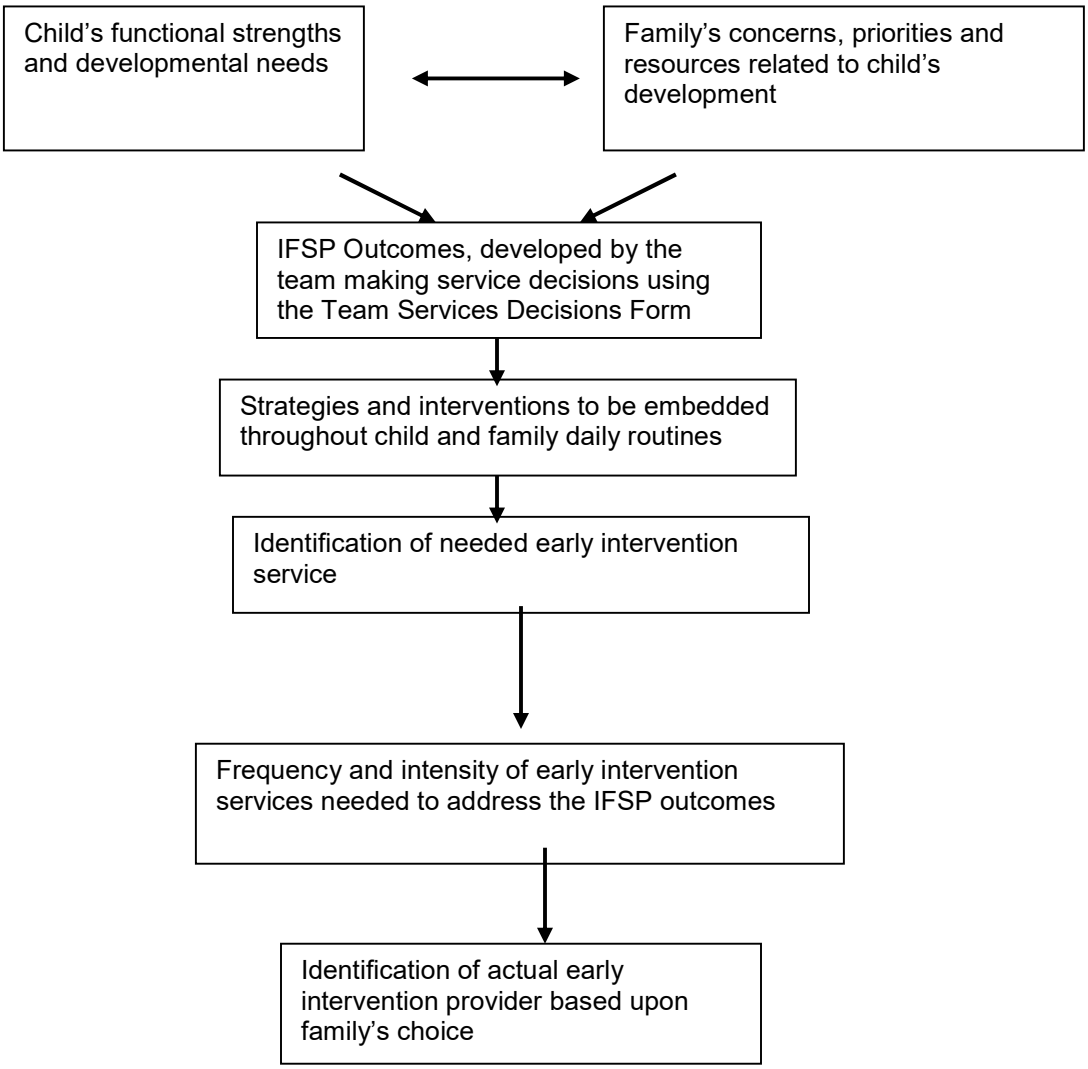
**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;
B. Effectively communicate their children's needs; and
C. Help their children develop and learn.

**DEC Reommended Practices- Family Topic Area** – Family practices refer to ongiong activities that:

(1) Promote the active participation of families in decision-making related to their child [assessment, planning, intervention];
(2) Lead to the development of a service plan [for example, a set of goals for the family and child and the services and supports to achieve those goals]; or
(3) Support families in achieving the goals they hold for their child and the other family members.

## How EarlySteps Services are Determined




**INS 10:** Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.

## Professional Conduct

### In Relation to Children
### I will:

- View each child first as a child and value their unique abilities.
- Respect that each child is part of a family and incorporate this understanding in all my interactions with children and their families.
- Acknowledge the major role of play in development and be sensitive to children's rights to play, their needs for access, participation, stimulation, enjoyment, choice and preference and support needed to achieve these.
- Interact with children in ways which enhance their development and value their achievements.
- Identify, value and build upon the abilities and strengths of each child.
- Promote safe, healthy and stimulating environments that optimize children's well-being and development.
- Work to ensure that children are not discriminated against on the basis of ability, diagnosis, label, gender, religion, language, culture or national origin.
- Acknowledge and respect the cultural and linguistic diversity of children and families and adapt practices accordingly (e.g. cultural consultation/interpreters).
- Engage in practices that are respectful of and ensure the safety (emotional, physical and cultural) of children and in no way degrade, endanger, exploit, intimidate or harm them.
- Act on behalf of children to protect their physical and emotional well-being including making protective notifications where necessary. (i.e. referrals to child protection)
- Uphold appropriate privacy and confidentiality
- Uphold the principles of **team partnership**, participation and protection.

### In Relation to
### Families / Caregivers
### I will:

- Uphold the principles of **team partnership**, participation and protection.
- Respect each family's perspective and priorities for their child and make this the starting point for intervention.
- Develop collaborative partnerships with families respecting family expertise about the children and share my professional knowledge and understanding sensitively/respectfully.
- Work to develop positive relationships with families that are based on shared decision-making, mutual trust and open communication.
- Acknowledge and respect the uniqueness of each family, and the significance of its culture, customs, language, beliefs and the community context in which it operates.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Honor professional commitments and terminate assignments only when fair and justifiable grounds exist.
- Assist each family to develop a sense of trust and connection to the services in which their children participate.
- Maintain confidentiality and respect each family's right to privacy.
- Inform the family in a timely manner when delayed or unable to fulfill assignments.
- Acknowledge, respect and support families in their native language to the maximum extent possible.
- Respect the uniqueness of each child and family and avoid comparing children and families.

## In Relation to
## Myself as a Professional
## I will:

- Engage in ongoing professional development and keep up-to-date with new developments in early intervention.
- Work within the boundaries of my profession and qualifications.
- Be an advocate for children, early intervention and the services/agencies that support the children and their families.
- Ensure my practices are culturally appropriate and actively promote anti-racist attitudes.
- Demonstrate in my behavior and language that children and families are not discriminated against.
- Ensure that I maintain professional standards in all documentation.
- Ensure that I maintain personal integrity, truthfulness and honesty in all professional activities.
- Commit to upholding the standards, values and practices expressed in the Code of Ethics of my profession.
- Reserve the option to decline or discontinue assignments if working conditions are unsafe or unhealthy.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Avoid performing dual or conflicting roles in interdisciplinary (e.g. educational or mental health teams) or other settings.
- Recognize the limits of my professional competence and promptly provide referrals to other appropriate qualified health professionals through the EarlySteps IFSP team process.
- Meeting all program requirements including timely and thorough documentation which facilitates team communication.

## In Relation to Colleagues
## I will:

- Work to communicate effectively, act with integrity and build professional trust, respect and openness.
- Value the personal and professional strengths that my colleagues bring to the team.
- Support Early Interventionists having access to high quality professional support and development.
- Respect the perspectives that different disciplines bring to the understanding of the needs of each child, family, service and community.
- Maintain confidentiality.
- Actively support teaming by assisting and encouraging colleagues with the sharing of information and serving as mentors/consultants when appropriate.
- Support teaming by making recommendations for IFSP implementation at team meetings and through ongoing team communication.
- Support families having access to early intervention/special education training and professional support and development.
- Approach colleagues privately to discuss and resolve breaches of ethical or professional conduct through standard conflict resolution methods; file a formal complaint when such attempts have been unsuccessful or the breaches are harmful or habitual.

***This was adapted from the National Code of Ethics of the Early Intervention Association of Aotearoa New Zealand & the Registry for Interpreters for the Deaf**

**The Louisiana Department of Health, Office for Citizens with Developmental Disabilities has procedures for receiving, investigating, and resolving complaints relating to violations of Part C requirements. This process is administered through EarlySteps. LDH ensures that the parents of eligible children receive their procedural safeguards upon referral and throughout their experience in the early intervention system.**

**The complaint process for EarlySteps can be found in the Practice Manual, Chapter 2, page 10. Complaints are initiated by a call or submitting information to the Regional Coordinator to initiate the complaint process.**

## Personal Safety Guidelines

All early interventionists must take common sense precautions to guard their safety when making visits in home and community settings. There are steps to take that will minimize the hazards that may be present in the field. The home visit has never been, nor ever will be, a totally controlled situation. The responsibility for personal safety rests with the individual provider making safe choices before, during, and after the home visit. 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.
- 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 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 accessible and fully charged.

Use of a Car

- Keep your car in good repair. Have roadside assistance phone numbers to call for break downs.
- Always have enough gas.
- Be aware of weather conditions
- Carry an emergency flat tire repair kit or spare tire with you.
- Keep a flashlight and first aid kit 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.), especially for a first visit.
- 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 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 to avoid being blocked in.
- Back your car into 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. Even if an animal appears friendly, don't look it in the eye or approach.
- 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.
- Avoid revealing too much personal information about yourself or your family.

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.

If You Are In An Uncomfortable Situation

- 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 uncomfortable
- If you are in trouble, attract help any way you can. Scream, set off car alarm, or blow your car horn.
- Call 9-1-1 or police and tell them the type of incident, time of occurrence and location.
- Drug awareness—in not in imminent danger discuss impact of drug exposure (paraphernalia, activities) on children and parenting. Encourage families to seek help for substance abuse.

This video from the Oregon Health Authority, gives a good overview of home visiting safety:

**https://www.youtube.com/watch?v=kL3r_3N_Qek&feature=youtu.be**

**Conclusion**

Be prepared and rehearse ahead of time what you would do or say in an unsafe situation. You have a right to protect yourself from harm in all circumstances. You and your team members are the best resource for one another.

## Referral to IFSP Process

| Referral received at the SPOE Day 1 | Intake Activities by Day 20 | Eligibility Activities by Day 35 |
|---|---|---|
| Intake Coordinator makes Initial contact with family by Day 4 | By Day 10<br>Meet with Family:<br>-share information about EarlySteps in writing and verbally<br>-obtain written consent to proceed and screen<br>-Conduct ASQ<br>-Notice of Action: Eligibility and IFSP Development<br>-If family refuses consent, review parent's rights. | Step 1<br>Preparation for Eligibility Determination Meeting<br>-Confer with parents regarding Eligibility Team, if needed (use Service Matrix); Evaluator must serve on team throughout time in EarlySteps<br>-Send Team Meeting Announcement & copies of pertinent records (provider & Parent)<br>-Complete requests for Authorization |
| Schedule meeting for an interview at the family's convenience | Complete and/or obtain :<br>-LDH Application for services<br>-Health History<br>-Health Summary<br>-Health Screenings<br>-Signature for release of information that will aid with eligibility determination | Step 2<br>Eligibility Determination Team Meeting<br>-Evaluation completed within 7 days of authorization<br>-Results from CDA and other information gathered, reviewed, and eligibility determined by team<br>-Confirm Medical Diagnosis<br>-Notify the EI Consultant if needed for Informed Clinical Opinion<br>-Complete Eligibility Determination form |
| Acknowledge referral in writing by Day 20 | Assist with completing application forms, appropriate screenings, and interest in other programs including Medicaid Waiver | If child is eligible for EarlySteps<br>-Complete Family CPR<br>-Select FSC<br><br>If child is not eligible for EarlySteps<br>-Make appropriate referrals<br>-Parent's Rights<br>-Notice of Action: Eligibility & IFSP Development (Initial refused/Child Not Eligible)<br>-Give next 2 ASQs<br>-Case Closure |
| Electronic Record Maintenance | Family selects a CDA provider<br>Schedule Eligibility Evaluation | Step 3<br>Follow-up Documentation<br>-Document all information in child's EI record<br>-Place all forms/files in child's EI record |

| Referral received at the SPOE Day 1 | Intake Activities by Day 20 | Eligibility Activities by Day 35 | IFSP Development by Day 45 |
|---|---|---|---|
| | | | from parent consent (no later than day 75) |
| Begin EI hard copy record | Notify LEA for children referred after age 2 years, 2 months. | Annual Re-Determination of Eligibility<br>Role of the FSC | 6 month Review |
| | | Prior to Annual Eligibility Determination<br>Meet with parent:<br>-Notice of Action: Eligibility & IFSP Development (Annual Proposed)<br>-Review provider monthly reports/contact notes<br>-Discuss child's level of performance<br>-Parent's Rights<br>-Review LDH Application<br>-Collect existing information, including Health Summary<br>-Complete the request for authorization and schedule the CDA | IFSP must be reviewed within 6 months of initial/annual IFSP date (prior to expiration of service authorizations)<br>Discuss transition |
| | | Step 1<br>Preparation for Eligibility Determination Meeting<br>-Eligibility Team same as IFSP team. Evaluator must serve on team.<br>-Send Team Meeting Announcement & copies of pertinent records (provider & Parent) | Annual IFSP |
| | | Step 2<br>Eligibility Determination Team Meeting<br>-Multidisciplinary Assessment<br>-Complete Eligibility Determination form<br>-Complete the requests for Authorization | Annual IFSP must be completed within 12 months of initial/annual IFSP date and/or prior to expiration of service authorizations |
| | | If child eligible for EarlySteps<br>-Family CPR<br><br>If child not eligible for EarlySteps<br>-Make appropriate referrals<br>-Parent's Rights<br>-Notice of Action: Eligibility & IFSP Development (Annual Refused, child not eligible)<br>-Give next 2 age-appropriate ASQs | |

| Referral received at the SPOE Day 1 | Intake Activities by Day 20 | Eligibility Activities by Day 35 | IFSP Development by Day 45 |
|---|---|---|---|
| | | **-Schedule transition meeting (before annual IFSP date)**<br>**-Schedule Exit Evaluation (before case closure)**<br>**-Case closure (after annual IFSP date)** | |
| | | **Step 3**<br>**Follow-up Documentation**<br>-Document all information in child's EI record and upload to EarlySteps Online<br>-Forward originals of forms to SPOE<br>-Place copies of all forms/files in FSC record | |

## Universal Precautions

1. **Purpose:** The purpose of this policy is to provide information and procedures that will promote the health and safety of employees and clients and reduce the possibility of disease transmission during the delivery of early intervention services. This is good basic hygiene for use with every child and family regardless of diagnosis.

2. **Persons Affected**: This policy applies to all early intervention providers, service coordinators and SPOE staff. Any or all persons directly in contact with EarlySteps children and family members.

3. **Policy**: All staff will implement Universal Precautions (UPs) to prevent the spread of communicable disease between children, families, and providers. The UPs are implemented in a manner that respects the privacy of all parties. Early interventionists are not expected to change diapers or to clean up bodily fluids. This is the responsibility of the caregiver.

4. **Universal Precautions Defined**: The definition from the Center for Disease Control states that UPs are "a simple set of effective practices designed to protect health workers and patients from infection with a range of pathogens including blood borne viruses. These practices are used when caring for all patients regardless of diagnosis."

   You may have a child in your caseload that has an infectious disease. You may not know or have been informed of a diagnosis. The body fluids of all persons should be considered to contain potentially infectious agents. The term body fluids includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g. nasal drainage) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on the type of contact made with it. Universal precautions are an infection control method which requires employees to assume that all human blood and body fluids are infectious. Universal precautions include using chemical or functional barriers which prevent the spread of the infectious process, including hand washing, gloves, masks, and disinfecting solutions (bleach).

5. **Responsibility**: Each provider is responsible for ensuring compliance with this policy. .

**Hand washing techniques – will be performed to prevent cross-contamination between clients and all EarlySteps providers**

- Hands and other skin surfaces should be washed with soap and warm water immediately and thoroughly before and after client contact, if contaminated with body substances, before and after gloves are worn, and before preparing or eating food, as appropriate.
- Use soap, warm water and friction for hand washing. Lather and scrub for 15-30 seconds. Rinse well, beginning with fingertips, or dirty water runs off at the wrists. Dry hands on a paper towel. Use paper towels to turn off faucets.
- Use a waterless hand washing product for immediate use if hand washing facilities are not available in the home (i.e. Purell or other antibacterial solution). Hand washing facilities should be located as soon as possible after leaving the home.

**Utilization of Gloves (when appropriate - *family needs to be informed of why you are utilizing precautions): the use of gloves (intact latex or vinyl) is important where the provider has cuts, abraded skin, chapped hands, dermatitis, etc., when examining abrasions or when client has the same.**

- Gloves are to be worn by the provider when direct contact with any body substance is anticipated (blood, urine, pus, feces, saliva, drainage of any kind)
- Gloves are to be worn when contact with non-intact skin is anticipated
- Remove gloves by pulling down over hands so that the soiled surface is inside and dispose of immediately.
- Gloves should not be washed or disinfected for reuse.

**Toy washing procedure**

- The use of toys/equipment found within the home/child care environment should always be the first priority. This is to limit exposure to germs and to encourage family follow through with toys available to them.
- It may be necessary or beneficial for a provider to introduce new toys to a child. If it is determined to be clinically beneficial to bring toys into the home environment, they may be left at the home until the

child has mastered the skill introduced. The toy must be cleaned appropriately if used by another person between sessions.

**Methods of Sterilization**:

- Use of dishwasher is recommended
- Submerging toys in 1:10 bleach solution and rinse thoroughly under running water and **air dry**.
- Use of Clorox or similar wipes over all surfaces of the toy. One should never reuse these wipes.
- Separate clean from soiled toys during transport

(Information was obtained from New Jersey Department of Public Health)

**INS 13:** Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interations and instruction intentionally designed to promote child learning and development.

## EARLYSTEPS BEST PRACTICES GUIDELINES

### PURPOSE OF GUIDELINES

The primary purpose of these guidelines is to assist support coordinators, providers and families in designing quality intervention for children using evidence-based best practices.

### COMMON THEMES: Review of Literature

Based upon current literature and research in early intervention, there are a number of key themes that underlie the provision of high quality early intervention services. These common themes are as follow:

- Children learn best when:
  - participating in natural learning opportunities that occur in everyday routines and activities of children and families and as part of family and community life; and
  - interested and engaged in an activity, which in turn strengthens and promotes competency and mastery of skills.

    (Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001; McCollum & Yates, 1994)

- Parents have the greatest impact on their child's learning since parents know their child best and already intervene in their child's development everyday through planned or naturally occurring learning opportunities. (Jung, 2003)

- In translating these concepts into what happens during implementation of early intervention services, research shows that learning opportunities facilitated within the context of family and community life have greater impact on child progress than intervention sessions. (Jung, 2003; Dunst, 2004; Hanft, Rush & Shelden, 2004)

- Parents prefer interventions that are easy to do, fit into their daily lives, and support their child in learning skills that help them be a part of family and community life.

  (Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001;Dunst, Hamby, Trivette, Raab & Bruder, 2002;)

- Embedding instruction in routines selected and preferred by families will greatly increase the likelihood that the family will repeat therapeutic activities independently. (Hanft & Pilkington, 2000; Woods, 2004)

- There is a direct correlation between families' perceptions of themselves as competent and empowered with the families' level of follow-through in facilitating learning opportunities throughout daily activities and routines. (Jung, 2003)

- Frequency and intensity of services need to be based on the amount of support the family needs in using natural learning opportunities throughout everyday routines and activities of family and community life since visits provided too frequently can be disempowering or send the message that the parent is not competent. (Jung, 2003; Dunst, 2004)

- Providing early intervention through a primary provider approach does not preclude other team members from consulting or interacting with the family or caregivers. (McWilliam, 2004)

- Team consultation and collaboration, regardless of the service delivery model, are critical to support family and caregiver competence, confidence and empowerment related to child learning. (Jung, 2003; McWilliam, 2003)

- Supports and services need to be tailored to meet the unique needs and characteristics of every child and family. (Zhang, C. & Bennett, T., 2000)

- "More is better". This means more learning opportunities NOT more services. Learning is what happens between intervention visits - through child initiated play everyday routines and activities, through multiple repetitions and lots of practice - in the way that all young children learn and participate with families, friends, and other caregivers in their community. (Jung, 2003)

Effective early intervention services are not achieved by "taking clinical practice" into the child's home. In fact, the roles of early intervention providers have changed. The provider is no longer viewed as "the expert with the toy bag" but as a resource and partner for families and caregivers, who are enhancing their child's development and learning in the child's environment. In this new role, the provider shares knowledge and resources with the child's key caregivers and provides support to them in their day-to-day responsibilities of caring for their child and in **doing the things that are important to them**. The focus of each individual intervention session is on enhancing family capacity and competence in facilitating their child's learning and **participation** in family and community life. Intervention sessions no longer focus only on the specific skills of the child but on **what's working and what's challenging for the child and family's participation in their everyday routines and activities of community life**. Therefore, effective early intervention services incorporate opportunities to:

1. reflect with the family on what is working;

2. problem solve challenges;

3. help families adapt interactions, actions, routines, environment, and schedule and apply successful strategies to their challenges whenever possible.

According to Hanft, Rush and Shelden (2004), using these key strategies during intervention sessions can significantly enhance the family's capacity and competence in successfully implementing strategies to meet IFSP outcomes.

The shift in early intervention practice is reflected throughout all contacts with children and families, beginning with the initial contact and continuing throughout evaluation and assessment, development and implementation of the IFSP, and early intervention services and supports. Implementing high quality IFSP services and supports is dependent on the quality of information gathered from early family contacts, team input during development of the IFSP, and the quality of information contained in the IFSP, especially in choosing outcomes and strategies based on interests and priorities of the child and family. The literature and recommended practices provide numerous frameworks and concepts for ensuring provision of high quality early intervention services.

(adapted from: Effective Practice Guidelines, Nevada Early Intervention Services 2005)

## PRIMARY SERVICE PROVIDER APPROACH: An Effective Method of Teaming and Providing Early Intervention Services

The approach to service delivery in which one primary direct services provider works with the family is consistently recommended in the literature as the preferred method for the provision of early intervention services. (Hanson & Bruder, 2001; Harbin, Mc William, & Gallagher, 2000; Mc William, 2000; Mc William & Scott, 2001; Shelden & Rush, 2001). Other team members consult with the primary provider and/or with the family to suggest strategies and techniques to enhance progress towards outcomes. Determination of service provider is based on a match between the family's ability, priorities, needs, concerns, and IFSP outcomes and the provider's ability to assist the family (Guralnick, 1998).

(adapted from: Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places, Infant and Toddler Connection of Virginia, September, 2003)

When using the primary service provider approach, team members can play several roles. Usually one member (the primary service provider) will provide direct services and support to the family and other caregivers who are involved with the child. Other team members consult with both the family and each other. They do this by sharing their knowledge and resources and by helping each other, the family, and other caregivers learn new ways to support the child's learning and functional participation in everyday routines and activities. Current studies have shown that the primary service provider approach works well with young children and families in early intervention services (Shelden & Rush, 2004; McWilliam, 2001).

When families learn new ways to work and play with their child during normal daily activities and routines, new skills can be practiced with the child many times every day. The child and family do not always need to see many different specialists, but those specialists are available when needed as determined through the IFSP process. The IFSP team can decide when specialists are needed to help. This will usually take place when the team needs help in deciding what to work on next or determining what strategies will be most effective to achieve outcomes.

**It is important to remember that although the family will be working with one primary service provider, the other team members will also provide support, consultation, and direct services based on the individual needs of the child and the parents, to meet the child's and family's outcomes.** (adapted from: Effective Practice Guidelines, Nevada Early Intervention Services 2005)

The frequency of services is individualized to meet each child's and family's unique configuration of skills and interests, resources, priorities and needs including the family's need for guidance in relation to their child's development and current desired outcomes. Hanft and Feinberg (1997) note, "Research has been equivocal, and there has been little documentation that specific frequencies of intervention yield particular results on standardized developmental measures "(p. 29). The Dunst et al. (2001) example used above illustrates that more of a formal early intervention service may not necessarily led to better outcomes for the child. In fact, frequent visiting and a focus on direct therapy by the service provider with the child can be counterproductive, leading families to believe that only early interventionists can make changes in the development of children with disabilities and that separate instructional time, outside of the daily routine is needed in order to accomplish outcomes (Jung, 2003). Believing such families is likely to perceive little reason to follow through with strategies suggested by the visiting professional.

A common misconception is that the approach to early intervention services delivery described above somehow means less service or quality service for children and families. On the contrary, this approach IS real intervention; and research indicates that it leads to real gains in child development; improvement in the family's feeling of competence in meeting their child's developmental needs; and attainment of meaningful functional outcomes for children in the context of their family and community
(adapted from: Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places, Infant and Toddler Connection of Virginia, September, 2003)

## Guidelines for Best Practice Service Delivery

Using current scientific research, it is not possible to accurately predict the optimal number of hours that will be effective for any given child. Effective services can and should vary from child to child and family to family. Additionally, the quality of the instructional exchanges, the competence of the interventionists and the degree of continuity across interventionists and settings may be more important than the total number of hours (Strain. et al., 1998).

Research does indicate that effective intervention is intense and requires involvement from both professionals and families. Following recommendations from other states and research, modifying them for Louisiana's EarlySteps System, and with consensus of the SICC Service Delivery System, Louisiana has set the following guidelines regarding service provision.

The IFSP team must plan EarlySteps supports to each eligible child and the family according to this Best Practices Guidelines process:

1. The IFSP team will design the IFSP by utilizing the Family Assessment of Concerns, Priorities and Resources and other developmental assessment information obtained in the eligibility/assessment process.

2. The IFSP team decision-making process for early intervention services delivery will be focused on supports necessary for the family to meet the child's developmental needs.

3. The IFSP team will follow the "Strategies to Achieve IFSP Outcomes" and "Determining Early Intervention Services" from the EarlySteps Practice Manual (Chapter 6 page 4-8) to determine strategies and activities to achieve IFSP outcomes. Outcomes are family-directed, based in family routines and in natural environments only. They are focused on increasing functional capability of the child as a family member, not on skill acquisition.

4. The IFSP team begins with discussions for service frequency up to 24 hours of service for a 6-month period for all direct early intervention services (excluding those services for which there is no cost to parents, for example, evaluation/assessment for eligibility and support coordination).

5. *The IFSP team will utilize the IFSP Team Services Decisions Discussion* Process for discussion and adjustments for the service delivery levels in a team meeting.

**Questions & Answers**

Who determines intensity and frequency needs?

The members of the IFSP team determine decisions about the intensity and frequency. Members of the team include families, support coordinators, early interventionists, evaluation/assessment team members, and other EarlySteps professionals and persons requested by the family. Information, assessments and recommendations from physicians, and other professionals outside of EarlySteps are considered with all other information and clinical opinions. Ultimately, the intensity and frequency of services are based on data-driven decision making based on child and family needs to meet the outcomes set forth in the IFSP. Therefore, it will be crucial that teams identify and write appropriate and relevant outcomes and objectively monitor progress for each.

Intensity/frequency recommendations also must consider the total hours per week that a child and family participate in activities, which in and of themselves provide opportunities for active engagement and learning (e.g. peer play groups, family recreation).

earlySteps
louisiana's early intervention system

## Quick Facts

## Audiology Services

Early Intervention Services are defined as those services designed to meet the developmental needs of an infant or toddler with a "disability and as requrested by the family, the needs of the family to assist in the child's development as identified by the IFSP team.
**Audiology Services are defined as:** services to identify children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;

(ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
(iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
(iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
(v) Provision of services for prevention of hearing loss; and
(vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibro-tactile devices, and evaluating the effectiveness of those devices.

**What is the general role of an audiologist in EarlySteps?**

- Consulting with the IFSP team through team meetings: families, service providers, and community agencies to assure effective provision of services and hearing needs
- Training parents, service providers, and caregivers regarding the child's hearing status and recommended interventions
- Assisting with assistive technology devices, such as hearing aids
- Participating in the multidisciplinary team assessment of a child and his/her family and in the development of integrated goals and outcomes
- Conducting hearing screening and assessments and interpreting results to families/providers

**What do audiology services in EarlySteps include?**

- Identifying 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 to ensure that the parent understands the implications of the 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 (ABR) testing or recommendations for amplification.
- Selecting, fitting, and dispensing hearing aids or FM systems, maintaining properly fitting ear molds, and making adjustments in amplification as needed
- Supporting family and caregivers in use and care for hearing aids
- Providing information to parents about communications options available for a child, who are deaf or hard of hearing
- Working with other professionals to assure an understanding of the hearing loss and related issues

**How does IFSP team decide if an audiology service is medical or developmental?**
The IFSP team 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, it is not the responsibility of EarlySteps to provide the service, e.g., treatment for otitis media, surgery for cochlear implantation. The IFSP team must have determined and documented that the service or device is required to enable the child to benefit from full participation in the natural environment. If a child has had a complete audiological evaluation or newborn hearing screening prior to referral to EarlySteps, the Intake Coordinator at the SPOE should obtain parental permission to obtain all of those records prior to developing an IFSP, and in order to determine if there is a need for further audiological testing. An updated hearing screening or audiological evaluation is scheduled as part of a child's age 3 transition.

**What are some examples of appropriate audiology services in EarlySteps?**

- Consulting with the IFSP team to explain hearing test results, implications and recommendations
- Providing an ABR or other diagnostic tests, if necessary
- Providing ATDs, such as hearing aids/FM systems, if recommended by the IFSP team
- Diagnosing the hearing status and fitting the appropriate ATD, training the family or other caregivers use of amplification or developmental auditory training with the child and family
- Consulting or training childcare workers, IFSP team members about hearing loss and implications for child development or how to maximize use of amplification

**Who can provide audiology services?**

An enrolled audiologist, who holds a current license in Audiology from the Louisiana Board of Examiners in Speech Pathology and Audiology (LBESPA) is eligible. Those who dispense hearing aids must also have a current license, which includes hearing aid dispensing. An EarlySteps enrolled Louisiana licensed audiologist must supervise audiologists with a provisional license, in accordance with current rules and regulations for supervision published by the LBESPA. The audiologist should have experience testing and working with infants and toddlers.

**How is an audiologist reimbursed for hearing aids?**

Hearing aids are billed by the provider and reimbursed according to the current Medicaid/EarlySteps rate. For the child enrolled in Medicaid and when the Medicaid Durable Medical Equipment (DME) program covers the hearing aids, the provider must arrange for and bill Medicaid for the device using their Medicaid DME number.

When hearing aids are not covered through the Medicaid DME program, hearing aids are billed through the CFO. Hearing aids are reimbursed according to current Medicaid approved rates. Parents may also choose to have the hearing aids covered through private insurance, if available. Act 816 of 2001 mandates hearing aid benefits for children covered by a Louisiana based insurance company at a maximum amount per ear. Each parent should check with their insurance provider.

Central Office must pre-approve any assistive technology items costing more than $500. When $500 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 state property. Parents must be informed of this requirement.

**Is a physician's order required for audiology services in EarlySteps?**

The practice act for audiologists in Louisiana does not require a physician's order for services, but it is a federal requirement to require a physician's clearance prior to fitting a hearing aid on a child. It is the responsibility of the audiologist to obtain the physician's clearance for the hearing aid. The audiologist should maintain written documentation of medical clearance in the child's record.

If the family chooses to utilize insurance reimbursement for audiology services other than hearing aids, as a part of the "family cost participation", it is the responsibility of the family to obtain the physician referral/physician's order. The audiologist may assist the family by contacting the physician for the family.

**What about audiology services in the natural environment?**

Part C regulations state that services are to be provided in the natural environment, which includes the home and community settings that are natural and normal for the child's same-age peers who do not have a disability. In some cases, audiological testing 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. For example, many objective measures such as ABR and OAE can be done in the home or childcare settings. Additionally, training family and caregivers on use of amplification are best done in the natural environment. Reimbursement rates are based on the setting in which the service occurred.

**How are audiology services reimbursed by EarlySteps?**

Audiologists will bill for services to Medicaid's fiscal intermediary or to the EarlySteps CFO. Under EarlySteps, audiology services are those that meet the child's developmental needs. Codes for medical procedures (CPT) are used in billing only to document the procedures performed and for reimbursement. In EarlySteps, an audiologist may bill for activities based on the time required to do test procedures and for activities not reimbursed in other settings, such as parent training, consultation and team meetings. These activities must be included on the IFSP in order to be eligible for payment by EarlySteps.

**Website: Louisiana Board of Examiners in Speech-Language Pathology and Audiology:** www.lbespa.org

**DEC Recommended Practice Topic Area-Environment 5:** Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.

**Quick Facts**
**Counseling Services**

Early Intervention Services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability. Services are designed to enhance the family's capacity to respond to their child's developmental needs and as identified by the Individualized Family Services Plan.

**Counseling services are defined as:** services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

**General role of a counselor in EarlySteps:**

- Consulting with parents to assist with his/her understanding of the child's special needs in order to enhance the child's development;
- Training parents and other caregivers to cope with stressors that pertain to the child's special needs;
- Training parents and other caregivers regarding understanding the child's special needs in order to enhance 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; and,
- Conducting comprehensive observational assessments.

**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 in order to facilitate and enhance the child's development. (Psychologists and Social Workers may provide counseling as defined by state licensing requiements and Part C.) This Quick Fact addresses counseling provided by Licensed Counselors only.

**Who can provide EarlySteps Counseling Services?**
An individual, who hold a Master's Degree in either Counseling or Marriage and Family Counseling and is licensed by the State of Louisiana as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapy (LMFT), may enroll in EarlySteps. An individual, who is a counselor in a school setting, may enroll if they have a Master's Degree 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 adjustment and/or attachment issues of a child with a disability
- Assessing the parent's understanding of his/her child's special needs

**What Early Steps services can a counselor perform?**

- Attend IFSP team meetings
- Conduct an eligibility evaluation upon meeting system requirements
- Provide ongoing services as listed on the IFSP

**What counseling services does Early Steps *not* include?**
Counseling to address family separation, divorce, or custody is not provided by EarlySteps nor is long-term family counseling to address multiple issues. Family counseling must focus on assisting families in understanding the special needs of the child or enhance the family's capacity to repond to their child's developmental needs.

**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 on the "Other Services" section of the IFSP.

**Should a counselor attend the IFSP meeting?**

- As a team member, the counselor provider attend IFSP team meetings
- A counselor may also attend an IFSP team meetings to give information on the child's "other services," when invited to participate.(There is no EarlySteps reimbursement for this service.)

**Must counseling services be provided in the natural environment?**
Part C regulations state that services are to be provided in the natural environment, which includes the home and community settings that are natural and normal for the child's same-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 are based on the setting in which the service occurred.

**Is a physician's order required for counseling services in EarlySteps?**
A physician's order for counseling services may not be necessary for EarlySteps services, unless required by the professional association which licenses counselors. However, a physician's order may be required if the family chooses to utilize their private insurance as a part of the "family cost participation." If the family chooses to utilize insurance for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The counselor may also assist the family by contacting the physician for the family.

Website: Louisiana Licenced Professional Counselors Board of Examiners: **http://www.lpcboard.org/**

**Quick Facts**
**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 and to assist the family in meeting the developmental needs of their child. Early intervention is a system of comprehensive services that are to enhance development, reduce educational costs to society, and enhance the family's capacity to meet the needs of their infant or toddler with disabilities.

Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

**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's 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 does an IFSP team decide if a service is medical or developmental?**
The IFSP team should first determine 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 within the strategies that the team identified?

**Are medical services listed on the IFSP?**
Yes, medical services that meet the EarlySteps definition are included on the IFSP. Medical services that are not the responsibility of Part C are listed on the "Other Services" section of the IFSP. These services may include 24 hour nursing care, home health nursing, personal care services, 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 are not included in EarlySteps?**
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?**
No. Home health services are governed by Medicaid, medical necessity, 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.

While home health services are provided in the child'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 identifies any necessary early intervention service needed to achieve the IFSP outcomes. Physician's orders or prescriptions are generally not necessary to implement the IFSP, according to discipline specific licensing requirements. The required reviews of the IFSP are governed by the needs of the child and federal regulations and are different than the regularly scheduled home health plan of care review.

A Home health provider, who meets the Part C personnel standards, may enroll as Part C early intervention service provider.

**Does Part C pay for Neonatal Intensive Care Follow-up Evaluations?**
No. 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 determination and for IFSP planning/implementation and progress monitoring. Once a child is receiving Part C services, the ongoing early intervention provider is expected to implement ongoing assessment techniques so that program planning can occur and progress can be reported. This ongoing assessment may be a formal instrument that the provider uses or can be informal checklists, observations, and etc.

**Quick Facts**
**Dietician Services**

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and "are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Nutrition services in EarlySteps include:

- conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables, feeding skills and feeding problems and food habilts and food preferences,
- Developing and monitoring appropriate plans to address the nutritional needs of EarlySteps children
- Making referrals to appropriate community resources to carry out nutrition goals

**General role of a registered dieticians in EarlySteps:**

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services addressing food and nutrition needs;
- Training parents and other caregivers regarding their child's growth and development, including nutritional risk factors associated with medical conditions, dietary needs associated with increase energy and nutrient needs, barriers to meeting nutritional needs which impact development. Dietary treatment to support a familiy's needs specific to an established medical condition, use of medications, feeding problems and delays in development of feeding skills.
- 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 which address feeding and nutrition needs and the impact of other services on nutrition needs.

What do **dietician services** in EarlySteps include**?**
Dietician services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must not be purely medical in nature**. Dietictian 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 does an IFSP team decide if a registered dietictian service is medical or developmental?**
The IFSP team should first determine the purpose of the service. If the service is purely medical, it is not an EarlySteps dietician 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 registered dietictian services in EarlySteps:**

- 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 Programs and Emergency Food for Families.
- Training childcare staff on diet protocol for a child on a ketogenic diet.

**What are the qualifications for a dietician to participate in EarlySteps?**

A Bachelor's Degree in Dietetics or Nutrition with internship and a license by the Louisiana Board of Examiners in Dietetics and Nutrition.

**What EarlySteps services can a dietictian enroll to perform?**

- Attend IFSP team meetings
- Provide assessment/evaluation
- Provide ongoing services as listed on the IFSP
- Consultation to the IFSP team

**What dietictian services does EarlySteps *not* provide?**

EarlySteps does not provide dietitic services for ongoing medical conditions.

**Examples**:

- Calculating and monitoring of medically prescribed diets
- Monitoring of weight
- Monitoring enteral/parenteral feedings

**Should *non*-EarlySteps nutrition/feeding issues be listed on the IFSP?**

Yes. Dietitic/nutrition services that are not the responsibility of EarlySteps 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. In addition, children who receive WIC services, have nutrition consults at least once a year or more often based on need. The WIC nutritionist can provide information to assist with program planning for the IFSP. Some children see a nutritionist as part of Children's Special Health Services medical clinics. The nutritionist who works will CSHS can also assist the IFSP team in addressing outcomes. Both of these are also referral sources for family service coordinators and listed as "other services" on the IFSP.

**Should a registered dietician attend the IFSP meeting?**

- As an IFSP team member, a dietician attends IFSP meetings
- A dietician 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.)
- A dietician does not have to be present at an IFSP meeting for dietitic services to be included on the IFSP, but it is best practice to attend.

**Is a physician's order required for dietician services in EarlySteps?**

A physician's order for dietician services may not be necessary for EarlySteps services. However, a physician's order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation" or if required according to state licensing requirements. If the family chooses to utilize insurance for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The dietician should assist the family by providing necessary information that will facilitate securing the referral/physician's order. The dietician may also assist the family by contacting the physician for the family.

**Website: www.lbedn.org**

**Quick Facts**
**Eligibility Criteria**

**Who is eligible for early intervention services?**

A child birth to three is eligible for EarlySteps services if he/she meets the eligibility criteria. The 2 criteria categories for eligibility are:

1. Diagnosed Medical Condition
2. Developmental Delay

**What medical conditions meet Louisiana's definition of "diagnosed medical condition"?**

EarlySteps has a list of medical conditions having a high probability of resulting in a developmental delay or developmental disability. This list can be found on the EarlySteps website below or in the EarlySteps Practice Manual Chapter. Confirmation of medical diagnosis must come from documented medical information that confirms the medical diagnosis by the appropriate professional qualified to make such diagnosis.

**What type of developmental delay meets the EarlySteps eligibility requirements?**

Louisiana has adopted a rigorous definition of developmental delay in order to appropriately identify infants and toddlers with disabilities that are in need of services. To be eligible, the child must exhibit a developmental delay that meets or exceeds the criteria stated below. Children who are at risk for developmental delay due to environmental or other factors and do not exhibit a developmental delay that meets or exceeds the criteria stated below are not eligible for EarlySteps services.

Louisiana's definition of developmental delay for eligibility for EarlySteps services is:

Developmental delay of at least 1.5 standard deviations (SD) below the mean in two areas of development

- Cognitive development
- Physical development
- Communication development
- Social or emotional development
- Adaptive skills (also known as self-help or daily living skills)

**Once a child has been determined eligible, is eligibility continuous until the child's third birthday?**

No. Eligibility is determined annually.

**Why is eligibility re-determined every year?**

- Child and family outcomes are met services are no longer required.
- A child may no longer meet the developmental or established medical eligibility criteria. If a child is found to no longer meet the eligibility criteria, the family is given information regarding community resources.

**Who determines eligibility?**

A team determines eligibility in EarlySteps. Required members of the eligibility team include: 09/03

- Parent or parents of the child
- Other family members, as requested by the family
- An advocate or person outside of the family, if requested by the parent
- Intake Coordinator (initial eligibility) or Family Support Coordinator (annual re-determination)

- The provider who conducted the assessment/evaluation developmental testing
- IFSP discipline-specific service team members

**How is the eligibility team selected?**

In selecting the eligibility team, the Intake Coordinator/Family Service Coordinator (IC/FSC) reviews the primary concerns of the family. The IC/FSC then assists the family in using the Service Matrix to select an individual provider for team membership. The parent signs a release for each of the team member for the sharing of information essential to the eligibility determination process. Once the family has chosen each eligibility team member, the IC/FSC processes any necessary authorizations through the System Point of Entry for the services rendered by those early interventionists.

**What are the methods by which an EarlySteps enrolled provider may participate in EarlySteps eligibility team meetings?**

EarlySteps providers may participate in the eligibility determination process in person, virtually, by telephone, by report or by a representative. Only those qualified early interventionists who, actually, attend (in person or virtually) the meeting may bill for the eligibility team meeting. In order to bill for an eligibility team meeting, the provider must be enrolled in the EarlySteps system.

**What information is reviewed by the eligibility determination team?**

Eligibility determination is made by a multidisciplinary team. The team reviews:

- Relevant medical information. This may include health history, health summary, medical records or other medical information.
- Parent input/family assessment
- Developmental screening conducted at intake
- Developmental Assessment in all 5 developmental domains
- Early interventionist service data—assessment, contact notes, progress reports
- The IFSP Team Decisions Process

**What developmental assessment instruments are used in eligibility evaluations?**

EarlySteps requires a statewide assessment tool for all eligibility evaluations. Since 2007, the tool has been the Battelle Developmental Inventory, 2nd edition.

**What happens if the state-required assessment tool does not yield results that reflect child developmental needs?**

The Informed Clinical Opinion process that may be used when the child has developmental needs that are not reflected by the BDI. There are 2 categories that may be used for Informed Clinical Opinion:

- Developmental Delay: Used when a child requires such significant adaptation to perform on a standardized instrument for which the results would be invalid or to assess development in areas not measured by the BDI.
- Atypical Behavior: Used when the child exhibits atypical behavior that cannot be measured by a standardized test and where a diagnosis has not been made that would establish medical eligibility. Atypical behaviors include:
  - Abnormal sensory-motor responses, including:
    - Abnormal tone
    - Limitations in joint range of motion
    - Abnormal reflexes or postural reactions
    - Oral-motor skills dysfunction, including feeding difficulties
  - Affective or social disorders, including;
    - Persistent failure to initiate or respond to most social interactions
    - Persistent fearfulness that does not respond to comforting by caregivers
    - Self-injurious or extremely aggressive behaviors
    - Extreme withdrawal
    - Unusual and persistent patterns of chronic sleep disturbances
    - Significant regressions in functioning
    - Inability to communicate emotional needs

**What is the process once a child is determined to be eligible?**

Once eligibility has been determined, the team prioritizes family concerns and priorities and completes the development of the IFSP.

**What is the process if a child is determined to be ineligible?**

The procedural safeguards are reviewed with the parent. The IC/FSC assists the parent in accessing other services by making referrals and giving the parent information on any community resources. If the family disagrees with the eligibility decision then procedural safeguards process is implemented.

**Quick Facts**
**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. EarlySteps uses a standard form that contains all required IFSP elements.

**Who develops the initial IFSP?**
The initial IFSP team includes:

- The parent/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
- The Family Service Coordinator responsible for ongoing implementation the IFSP
- The eligibility evaluator
- Early intervention service providers as appropriate

**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 calendar days in advance of the meeting. The Team Meeting Notice form is used for this notification.

**How are early intervention services determined?**
The IFSP team discusses the information about the child's abilities and the family's concerns, priorities, and resources. Once outcomes are developed, the team discusses strategies that might be used to achieve those outcomes and the variety of resources available. 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, frequency, and duration of the early intervention services selected.

**How are providers for early intervention services selected?**
After the initial IFSP is developed, the Intake Coordinator assists the family to select providers using Service Matrix. The Service Matrix is an on-line directory of Part C providers. The family selects providers by reviewing the description 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 review or annual IFSP.

**When are IFSPs reviewed?**
IFSPs must be reviewed at least every 6 months or more frequently if circumstances require it. The purpose of the review is to assess progress toward the achievement of the outcomes and whether modifications or revisions are needed. IFSPs must be evaluated on an annual basis to review/revise its provisions as appropriate.

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), and 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. Quarterly team meetings are ideal for any discussions regarding service decisions. Team meetings are conducted face-to-face or virtually.

**Are there a minimum number of services a child must receive?**
According to IDEA, Part C, each eligible child is to have an IFSP and service coordination. The service coordinator has the responsibility to coordinate and implement the provisions of the 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. It is the responsibility of the FSC to ensure that services are provided according to the IFSP and within 30 days of parent consent.

**Who gets copies of the IFSP?**
The Intake Coordinator and Family Service Coordinator are responsible for ensuring all IFSP team members, including the family, receive a copy of the IFSP and by uploading it in EarlySteps Online. 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 team meeting minutes are recorded and filed in their clinical record/uploaded. Another team member may volunteer to write the minutes and document the start and end time. Signatures, including electronic, of those present for the meetings are required as verification of attendance for reimbursement.

**Who signs the IFSP?**
The parent or guardian responsible for educational decisions must sign the IFSP. This serves as the consent for the provision of early intervention services. The listing of IFSP meeting participants in Section 9 is a listing of contributors and does not require signatures.

**Quick Facts**
**Local Education Agencies, Local Governing Entities, and Transition**

### Interagency Agreements

The Louisiana Department of Health (LDH) and the Louisiana Department of Education (LDE) have an interagency agreement to establish and confirm the agreed upon obligations, responsibilities and timelines essential to ensure a coordinated system of early intervention services as required by IDEA, Part C. 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 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.
- Ensure that children eligible for Part B services provided by the Department of Education transition and have an Individualized Education Plan in place by age 3.

### What EarlySteps Services Can an LEA Provide while a child is in EarlySteps?

- Referring children who may be eligible for Part C to the appropriate EarlySteps System Point of Entry (SPOE) office;
- 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 and the IEP at age 3.

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.

### Funding of Early Steps Services Provided by LEAs

- LEAs receive Minimum Foundation Program (MFP) funds for providing Special Instruction for children from birth to age 3 years. Therefore, LEAs cannot bill or request funds from LDH for Special Instruction provided by the LEA.
- LEAs providing Special Instruction must enroll with the EarlySteps CFO and receive a service authorization for Special Instruction and must submit claims to the CFO for all Special Instruction services provided according to the IFSP and the service authorization.
- LEAs with staff/contractors that provide any of the other Part C services and/or evaluation, assessment and team meetings and want to obtain reimbursement from EarlySteps 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.

**Transition from Early Steps/IDEA Part C to Part B**

- EarlySteps provides notification to the Louisiana Department of Education regarding children who may be eligible for Part B services at age 3 by submitting a list of those children between the ages of 2 years, 2 months of age to 3 years each month. The LDE disaggregates and provides the LEAs of each potentially eligible child in each LEA.
- LDH will notify LEAs of individual children transitioning from Part C when the child is 2 years, 2 months of age through 2 years, 9 months of age. If a child is initially referred to Part C after the age of 2 years, 9 months, the LEA will be notified as part of the Part C intake process and the eligibility/IDEA meeting will also be a transition meeting.
- LDH will ensure that between the ages of 2 years, 3 months and 2 years, 9 months, the Early Steps Family Service Coordinator (FSC) convenes a transition conference to discuss the transition process with the parents and other team members in order to develop a transition plan. LEA personnel must 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.
- The transition conference date is documented on the IFSP Transition page and in EarlySteps Online.

**Child Find**

- According to IDEA, LEAs are responsible for identifying children who may be eligible for services from birth to age 21 years.
- LDH and DOE will continue to work cooperatively in Child Find efforts state wide. LEAs and local EarlySteps personnel collaborate on Child Find efforts in each parish and community.
- LEAs are required to refer infants and toddlers who may be eligible for EarlySteps services within 2 days.
- LDH 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.

**Transition to the LDH/OCDD Developmental Disability service system**

The Office for Citizens with Developmental Disabilities (OCDD) is responsible for programmatic oversight of the DD Service System as implemented by the regional Human Service Districts/Authorities or LGEs in 10 regions of the state. To be eligible for these services a child is referred to the LGE at 2 years, 6 months of age and undergoes eligibility determination resulting in a Statement of Approval or a Statement of Denial of eligibility by the child's third birthday. To support this transition:

- Families are provided information, encouragement to refer, and are asked at intake and at any IFSP review or annual team meeting about their preference for referral to the DD system by the child's third birthday.
- The IC/FSC ensures that the decision is documented on the IFSP Transition page and updated in EarlySteps Online.
- Notice of the IFSP Transition Conference is sent to the LGE contact if the family wants to be referred to LGE system entry.
- A list of children ages 2 year, 6 months is sent to each LGE when families indicate their preference for the referral.

**Quick Facts**
**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 and may include the home. Simply put, natural environments are the settings where families and children work, learn, and play.

This requirement of the law represents the philosophy 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 in the community begins very early in the life of a child with disabilities and their family. Additionally, this approach to early intervention is consistent with child development. That is, that infants and toddlers learn through repeated practice and use of the skills required to function in the daily life. Learning occurs within the context of the environment. Early intervention that accounts for this concept supports the family's ability to meet the developmental needs of their child, a focus of early intervention.

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 promotes positive long-term outcomes for the child and family (Dunst, Herter, & Sheilds, 2000). Hanft and Feinberg (1997) cite studies that concluded that "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 as 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).

| **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 climb a 3-step climber in the therapy room. | The OT works with the parent and child to climb the steps leading into the house. |
| The Special Instructor consults with an OT who recommends that an adaptive high chair be purchased. | 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. |

**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 provide more opportunities for use, practice, and generalization of skilss.

**Is EarlySteps 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 every day is not intrusive. This type of service delivery supports enhanced relationships between provider and parent and child. 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-based services. Care providers want information that helps the child participate in the family and community (Sheldon & Rush, 2001). Parents have choices within the EarlySteps 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 EarlySteps.

**Can children enrolled in EarlySteps be served in a special purpose clinic?**
IDEA, Part C provides that an early intervention service "…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 and should only be done for a short period of time. Also, the IFSP team must have a plan to transition the child back into the natural environment for services.

**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 EarlySteps. The majority of children served in EarlySteps will be served in natural environments.

**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.

**Quick Facts**
**Nursing Services**

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Nursing Services in EarlySteps are to:

- Assessment of health status 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

**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 given a child's health status;
- 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 do nursing services in EarlySteps include?**
Nursing services in EarlySteps 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 EarlySteps 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 EarlySteps 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? **EarlySteps nursing services are typically short/intermittent in duration and directed at teaching a caregiver how to provide optimal care.**

**Examples of appropriate nursing services in EarlySteps:**
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 EarlySteps 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 EarlySteps services can nurses enroll to perform?**

- Attend IFSP team meetings
- Provide health assessment/evaluation
- Provide consultation to the IFSP team
- Provide ongoing services as listed on the IFSP

**What nursing services does EarlySteps <u>not</u> provide?**

EarlySteps does not provide nursing services for ongoing medical conditions, such as those provided through home health.

**<u>Examples</u>**:

- 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-EarlySteps 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, as any early interventionist on the IFSP attend IFSP meetings when providing EarlySteps services. It is not appropriate for an
- RNs and LPNs 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.
- A nurse does 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 EarlySteps?**

- RNs and LPNs must practice within the scope of practice of the Louisiana State Board of Nursing
- RNs must evaluate and assess all EarlySteps outcomes and strategies related to nursing services

Websites for the Practice Acts are listed below:

- Registered Nurse: http://www.lsbn.state.la.us/

**Quick Facts**
**Occupational Therapy Services**

Early Intervention Services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

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 settings, and include—

(i) Identification, assessment, and intervention;
(ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
(iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

**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 functional outcomes for the IFSP.

**What do 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, 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.
- Addressing activities basic to daily life such as self-help skills/adaptive behavior, sensorimotor exploration and play, and postural development
- Consultation with IFSP team members

Non-traditional occupational therapy means the provision of occupational therapy through non-traditional means (e.g., horseback, aquatic therapy) and are not provided by EarlySteps.

**How does the IFSP teams decide if a occupational therapy service is medical or developmental?**

- A medical service, ordered by a physician, is a service that attempts to enhance the child's physical condition.
- Developmental services 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 child's limited use of his/her hands results in a developmental delay ( 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 support parents on ways to facilitate the child's 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 the child's developmental issues and to assist with IFSP development.
- Training family members on how to work with child to learn to climb the steps in the house.
- Training family members on 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?**
An Occupational Therapist, who holds a current license from the Louisiana Board of Examiners for Occupational Therapy can enroll in EarlySteps to provide services.

Certified Occupational Therapy Assistants (COTAs), who hold a current license from the Louisiana Board of Examiners of Occupational Therapy, may provide services under the supervision of a licensed OT. The OT supervisor must also be enrolled in EarlySteps.

**What EarlySteps services can OTs and COTAs enroll to perform?**

- Attend IFSP team meetings (only OTs can participate in IFSP team meetings)
- Conduct eligibility assessment/evaluation (OT only)
- 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.
**Examples**:

- Short term post-surgery therapy
- Casting to correct a medical condition

**Should occupational therapists attend the IFSP meeting?**

- Occupational therapists attend team meetings as a member of the IFSP services team.
- Occupational therapists 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 services and device(s) to support the developmental need of 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. An AT services authorization can be issued when support to evaluate the need/type of device and/or support to families and IFSP team members in the use of the device.
**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?**
The OT Practice Act requires a physician's order or prescription to authorize the services. In addition, a physician order may be required if the family chooses to utlize insurance reimbursement as a part of the "family cost participation". If the family chooses to utlize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The OT should assist the family by providing necessary information that will facilitate the referral/physician's order. The OT may also assist the family by contacting the physician for the family.

Website for the Louisiana Board of Examiners for Occupational Therapy: https://www.lsbme.louisiana.gov
The American OT Association has additional information regarding the role of occupational therapists in Early Intervention on their website.

**Quick Facts**
**Professional Conduct**

Listed below are standards for professional conduct for all EarlySteps' interventionists. All interventionists are expected to maintain professional behavior while representing the EarlySteps system. EarlySteps also supports the Division of Early Childhood Ethical Practices statement (DEC, 2022).

**Before Delivering Early Intervention Services**

- The provider is expected to meet and maintain all licensing and credentialing requirements.
- The provider must have a criminal background check (CCCBC) from the Louisiana Department of Education to enroll and must update every 5 years.
- The provider must adhere to any ethical codes as established by the appropriate licensing board or certifying agency and/or EarlySteps.

**While Delivering Early Intervention Services**

- The provider must engage in behaviors and display attitudes, which support the values of EarlySteps. That is, early intervention services must be family-centered, inclusive, and culturally competent.
- The provider must maintain professional relationships and boundaries with each family served in EarlySteps.
- The provider will teach and consult with the parent or other primary caregiver present and actively involve them during the delivery of the service to support family priorities and IFSP outcomes.
- The provider is required to notify the parent/caregiver in advance of missed or late sessions. advanced notice is not possible due to unforeseen circumstances, immediate notification is required. The provider must document revisions to the IFSP-defined service authorization on the Contact Note.
- The provider, including Family Support Coordinators, may not bring children/minors or other individuals not directly involved in the provision of the service to the residence of the child or childcare center. The parent may not waive this policy.
- A provider may not solicit business from a parent or caregiver. A provider may not solicit business for his/her agency, other providers, spouse or immediate family.
- A provider may not sell or market products while representing EarlySteps.
- A provider may not lobby to a family within the system while representing EarlySteps.
- A provider must report suspicion of abuse or neglect to the Office of Community Services with the Department of Child and Family Services

**While participating in professional development activities:**

Professional development in EarlySteps includes orientation materials, learning activities, workshops, videoconferences, informational meetings, and other types of learning opportunities.

- Each provider is expected to participate in professional development.
- Each provider must attend required trainings and informational meetings.
- Each provider must be on time for all professional development and must remain for the entire event.
- Each provider must observe any "breaks" or meal times set by the presenter.
- Each provider must be respectful of colleagues and not disrupt the learning environment with sidebar conversations, outbursts, or other distracting noises.
- A provider may not conduct any other business activity while participating in professional development.

**Quick Facts**
**Psychological Services**

Early Intervention services are designed to meet the developmental needs of an infant or toddler with a disability and are designed to enhance the family's capacity to respond to their child's developmental needs.

**Psychological services are defined as services which include**:

(i) Administering psychological and developmental tests and other assessment procedures;
(ii) Interpreting assessment results;
(iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
(iv) 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.

**General role of a psychologist 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;
- Supporting 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 procedures;
- Interpreting assessment results;
- Obtaining, intergrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and cognitive and emotional development;
- Planning and managing a program of psychological services, including psychological counseling for children and parents regarding a developmental delay or disability, family counseling, consultation on child development, parent training and education programs such as sleep disorders, separation, feeding or behavior problems.
- Collaborating with other team members on meeting child and family needs

**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 EarlySteps.

***Examples*** **of appropriate psychological services in EarlySteps:**

- Conducting a developmental assessment with a child.
- Conducting a psychological assessment with 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 making appropriate recommendations for behavioral 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.

- Diagnosis of autism or other psychological disorders following screening or family concerns

**What Early Steps services can a psychologist enroll to perform?**

- Attend IFSP team meetings
- Conduct eligibility assessment/evaluation
- Provide psychological assessments
- Consulting with IFSP team members
- 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 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. On-going psychological therapy for the parent only 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 EarlySteps provider should be listed in the "Other Services" section of the IFSP.

**Should a psychologist attend the IFSP meeting?**

- Attend IFSP meetings as a member of the provider team.
- Conduct eligibility assessment/evaluation
- 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.
- Provide consultation to the IFSP team
- 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 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 on the IFSP. Reimbursement rates are based on the setting in which the service is authorized according to the IFSP and where provided.

**Is a physician order required for psychology services in EarlySteps?**

A physician order for psychology may not be necessary for EarlySteps services. However, a physician's order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation" or as required by the licensing board or certifying agency. If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The psychologist should assist the family by providing necessary information that will facilitate the referral/physician's order. The psychologist may also assist the family by contacting the physician for the family.

Website for the Louisiana Psychological Association: https://louisianapsychologicalassociation.org/

**Quick Facts**
**Physical Therapy Services**

Early Intervention Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

**Physical therapy services are defined as** services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include--

(i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

**General role of a physical therapist 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 services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must not be purely medical in nature**. Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaption. These services are designed to improve the child's functional ability to perform tasks at home, in school, and in the community and include:

- Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- Obtaining, interpreting, integrating, and providing information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems;
- Providing individual services to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Non-traditional physical therapy which includes provision of physical therapy through non-traditional means (e.g., horseback, aquatic therapy) is not provided in EarlySteps.

**How does an IFSP team decide if a physical therapy service is medical or developmental?**

- A medical service, ordered by a physician, attempts to change a physical condition.
- A developmental service strengthens or develops 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 services if the eligilbility team determines that the child's limited use of his 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 do 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 servies have different outcomes and are not duplicative.

An IFSP team should first determine the purpose of the 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 IFSP outcomes. Does it support an IFSP outcome? Does it support the strategies that the team has identified?

**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 a family member on how to work with his/her child with muscular dystrophy so the child learns how to climb the steps in the house.
- Training a family member of a child with spina bifida on how to use adaptive equipment in supporting gait development.
- Training a grandparent on how to assist a grandchild who has cerebral palsy to ride a tricycle at the park.
- Consulting with a child care worker on how to incorporate playground activities for a child who has a lower extremity prosthesis.
- Training a child care worker 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?**
A Physical Therapist (PT), who hold a current license from the Louisiana State Board of Physical Therapy Examiners, may provide services.

A Physical Therapy Assistant (PTA), who holds a current license from the Louisiana State Board of Physical Therapy Examiners, may provide services under the services of a PT. The PT supervisor must be enrolled in EarlySteps.

**What EarlySteps services can PTs and PTAs perform?**

- Attend IFSP team meetings (PTonly)
- Conduct eligibility assessment/evaluation (PT only)
- Provide assessment/evaluation (PT only)
- Provide consultation to the IFSP team
- Provide ongoing services as listed on the IFSP

**What physical therapy services does EarlySteps not provide?**
EarlySteps does not provide physical therapy services for ongoing medical conditions.
**Example**:

- Short term post-surgery therapy
- Serial casting to correct a medical condition

**Should a physical therapist or a PTA attend the IFSP meeting?**

- A Physical therapist attends IFSP meetings as a member of the IFSP team.
- A Physical therapist attends 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 Physical therapist does not have to be present at an IFSP meeting for physical therapy services to be included on the IFSP.
- A Physical therapist provides constulation to the IFSP team.

**Will EarlySteps reimburse physical therapists for purchasing assistive technology devices?**
EarlySteps will pay for assistive technology device(s) to enhance a developmental goal 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.
(3) The PT can receive an authorization for AT services to assess the need for a device and/or support the child/family/team in the use of an AT device.

**Examples of AT appropriate for EarlySteps reimbursement:**

- Adaptations to high chairs and riding toys to correctly position or support an infant or toddler in a seated position
- Making switches and adapting toys for infant or toddler to use at childcare

**Example of AT *not* appropriate for EarlySteps reimbursement:**

- Resting leg splints for a child with spina bifida (medical service)
- Serial casting to correct a medical condition (medical service)

**Is a physician's order required for PT services in EarlySteps?**

The Louisiana Practice Act for Physical Therapy does not require a physician's order or prescription to provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP). However, a physician's order may be required if the family chooses to utilize insurance reimbursement to cover part of the "family cost participation." If the family chooses to utilize insurance reimburement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The PT should assist the family by providing necessary information that will facilitate the referral/physician's order. The PT may also assist the family by contacting the physician for the family.

Website for the Louiaiana Board of Physical Therapy Examiners: https://www.laptboard.org/

**Quick Facts**
**Role of the Physician**

Under Part C federal regulation there are two types of early intervention services that licensed physicians may provide in EarlySteps: **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 EarlySteps?**
Physicians are encouraged to be active participants in the EarlySteps early intervention process for all of their eligible patients, because they have unique insight into the child's medical and developmental needs. Some EarlySteps services that a physician provides can be reimbursed if the physician enrolls as an EarlySteps provider. This Fact Sheet reviews those physician services that are reimbursable under IDEA, Part C. Any services performed must be included in the IFSP to be authorized for payment.

**What physician services are included in EarlySteps?**
Physician services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must meet the definition above**. 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
- 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 does the IFSP team decide if a medical service is medical or developmental?**
If the service is purely medical and does not meet the definition, it is not an EarlySteps 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 supports. If the service is developmental it should be related to IFSP strategies and outcomes. Ongoing medical care is not an EarlySteps service.

**Examples of appropriate physician services in EarlySteps:**

- 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 prematurity.
- Meeting with early interventionists to discuss the management of an infant on an apnea monitor, nebulizer, ventilator, or oxygen regarding medical management during EarlySteps intervention activities

**What physician services does EarlySteps not provide?**
EarlySteps is not a medical insurance program and does not provide medical treatment.

**Examples of services that EarlySteps does not pay for**:

- Laboratory testing
- Genetics evaluations, which could be obtained from a LDH 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 if not an enrolled EarlySteps provider
- Phone call consultation to EarlySteps providers regarding management of medical problems during early intervention

**Should non-EarlySteps medical care be listed on the IFSP?**
Yes. Medical services that are not provided by of EarlySteps 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 EarlySteps.

**Should the physician attend the IFSP meeting?**

- The physician should attend IFSP meetings for their patients when possible. A physician who has enrolled as an EarlySteps provider can be reimbursed for this time. Phone participation is helpful, but is not reimbursed by EarlySteps. The IFSP meeting can be held in the physician's office if the family and team are agreeable and this will enable the physician to attend.
- A physician 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.
- A physician does not have to be present at an IFSP meeting for medical or health services to be included on the IFSP.

**Who can provide physician services?**
The physician must be a doctor of medicine (MD) and either board eligible or board certified in an appropriate medical specialty. The physician must be licensed by the Louisiana Board of Medical Examiners as a physician.

**Louisiana State Board of Medical Examiners: https://www.lsbme.louisiana.gov/**

earlySteps
louisiana's early intervention system

## Quick Facts

## Speech/Language Pathology Services

Early Interventions serivces are defined as those services designed to meet the developmental needs of an infant or toddler with a disabilibity and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

**SLP services in EarlySteps are defined as**

(i) Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and

(iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

**(iv)** Provision of sign language, cued services, which if used with respect to infants and toddlers with disabilities who are hearing impaired, includes services to the infant or toddler with a disability and the family to teach sign language, cued language, and auditory/oral language, as well as to provide oral transliteration services, sign language, and cued language interpreting services.

**What is the general role of a Speech/Language Pathologist in EarlySteps?**

- Supporting parents, service providers, and caregivers regarding the child's speech and language development 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,
- Consulting with families, service providers, and community agencies to assure effective provision of services
- Providing assessment and services for speech, language or other communication needs

**What do Speech/Language Pathology services in EarlySteps include?**

SLP services in EarlySteps are designed to meet the unique developmental needs of the child and include:

- Identifying information about the child's speech or language development,
- Communicating to family members assessment results to ensure they understand the implications of these findings for speech/language development and educational needs,
- Making appropriate recommendations for the child based on the test results. This may include instructing the family and other providers regarding speech and language development or making referrals to medical or other professional services necessary for the child's communication skills development,
- Providing direct therapeutic interventions and caregiver training with the family and the child,
- Recommending an augmentative communication device appropriate to the child's developmental age and speech/language delay, to include a functional evaluation of the child's communication needs in the child's customary environment.

**How does the IFSP team decide if an SLP service is medical or developmental?**

The IFSP team should first determine the purpose of the SLP service: who recommended the service and why was the service recommended? If the service is purely medical, it is not the responsibility of EarlySteps to provide the service, e.g., surgery for cleft lip and palate, swallowing assessments, such as Modified Barium Swallow Study. Swallowing therapy is appropriate for early intervention only if due to developmental delay and would be an EarlySteps covered service only if there is no other payor source. Additionally, the

Occupational Therapist and Speech/Language Pathologist cannot bill for swallowing therapy concurrently. The IFSP team must have determined and documented that the service or augmentative communication device would be required to enable the child to benefit from the other early intervention services.

**What are some examples of appropriate SLP services in EarlySteps?**

- Consulting with the IFSP team to explain assessment results, implications and recommendations
- Providing speech, language and oropharyngeal assessment and therapy when the child meets eligibility guidelines for EarlySteps
- Training the family, child and other providers on speech and language development or use of an augmentative communication device, if recommended by the IFSP team as needed for the child to benefit from other early intervention services (SLP must be enrolled as an assistive technology provider for EarlySteps)
- Consulting or training families, childcare workers or IFSP team members about speech and language delay and implications for child development, or how to encourage speech and language development

**Who can provide SLP services?**

An SLP, who has a master's degree in Speech-Language Pathology or Communication Disorders or equivalent as determined by LBESPA, the Certificate of Clinical Competence by ASHA, and licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology may provide services.

An SLP assistant or SLP assistant who has a bachelor's degree in Speech/Language Pathology and is licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology may provide services only under the supervision of an EarlySteps enrolled, fully licensed Speech-Language Pathologist, following supervision guidelines as outlined in current Louisiana licensure rules and regulations. The SLP assistant cannot work independently or provide independent SLP services in EarlySteps.

**What EarlySteps services can an SLP enroll to perform?**

- Attending IFSP meetings as a member of the IFSP team, but SLP's need not be present for SLP services to be included on the IFSP,
- Conducting eligibility assessment/evaluation (SLP only)
- Providing assessment and training with augmentative communication devices, if the SLP is an assistive technology enrolled provider.
- Providing SLP therapy and/or family and caregiver training in the natural environment, such as home or childcare settings

**How is an augmentative communication device (ACD) funded?**

- EarlySteps will pay for an ACD when the ACD is necessary for the child to benefit from early intervention services, is appropriate for the child's developmental age and needs, and is listed on the IFSP and related to an IFSP outcome.
- If the child is enrolled in Medicaid and the Medicaid Durable Medical Equipment (DME) program covers the ACD, then the provider **must** bill Medicaid for the device using their Medicaid provider number. When the ACD is not covered through the Medicaid DME program and/or the child is not Medicaid- eligible, the ACD is billed through the CFO. **Providers of ACDs must enroll with the CFO as an Assistive Technology Provider.** Medicaid covered ACDs are reimbursed according to current Medicaid approved rates.
- The EarlySteps Central Office **must** pre-approve all ACDs or other assistive technology devices costing more than $500. 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 or devices are considered to be state property. Parents should be informed of this requirement.
- ATD *services* are billed by the provider and reimbursed according to the maximum rate that DHH has established for the provider specialty (SLP) rendering the service.

For procedures on obtaining an ACD for a child in EarlySteps, see the EarlySteps Practice Manual, Chapter 15— "Assistive Technology Devices and Services."

**Is a physician order required for SLP services in EarlySteps?**

The practice act for SLP's in Louisiana does not require a physician order for services. However, a physician order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation". If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The SLP should

assist the family by providing necessary information that will facilitate the referral/physician's order. The SLP may also assist the family by contacting the physician for the family.

**Louisiana Board of Examiners in Speech-Language Pathology and Audiology**

https://www.lbespa.org/

The American Speech and Hearing Association has additional information about the roles and competencies of SLP's in early intervention on their website at https://www.asha.org/.

**Quick Facts**
**Social Work Services**

Early Intervention Services are those services designed to meet the developmental needs of infants and toddlers with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

**Social work services in early intervention are defined as:**

(i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
(ii) Preparing a social or emotional developmental assessment of the child within the family context;
(iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
(iv) Working with those problems in a child's 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
(v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

**General Role 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 do social worker services in EarlySteps include?**

- 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 the social worker that works in EarlySteps?**

A social worker who hold a master's degree in social work and is licensed by the Louisiana Board of Social Work Examiners as an LMSW or an LCSW may provide services. Also, A CSW with a master's degree in social work and employed by an agency and working under supervision as determined by the Louisiana Board of Social Work Examiners may provide services.

**What are some examples of duties that a social worker performs 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
- Supporting parents on advocacy skill building to meet the needs of their child
- Supporting the family concerning the benefits of applying to other state/federal programs for assistance such as LaChip, SSI, or OCDD Flexible Family Funds
- Counseling a family who is having adjustment problems following the birth of a baby with a disability

**What EarlySteps services can be performed by a social worker?**

- Attend eligibility team or IFSP team meetings **(MSW only)**
- Conduct eligibility evaluation assessments **(MSW only)**
- Provide ongoing services as outlined in the IFSP

**Should *non*-EarlySteps social work services be listed on the IFSP?**

Yes. Social work services that are not the responsibility of EarlySteps to provide are listed in the "Other Services" section of the IFSP. (Example, services provided by a social worker or case manager with DCFS regarding child abuse may be listed on the IFSP as a non-EarlySteps service.)

**Should the social worker attend the IFSP meeting?**

The social worker may attend the IFSP meeting providing services as a member of the IFSP team. It is not appropriate for a CSW to attend as an IFSP team member. A CSW may attend the team meeting with the MSW supervisor. Only one social worker will be reimbursed for an IFSP team meeting.

- An MSW and a CSW may attend an IFSP team meeting to give information on the child's "other services," when invited to participate. There is not an EarlySteps reimbursement for this service.
- A social worker does not have to be present at an IFSP meeting for social services to be included on the IFSP.

**Is a physician order required for social work services in EarlySteps?**

A physician order for social work services may not be necessary for EarlySteps services. However, a physician order may be required if the family chooses to utilize insurance reimbursement as part of the "family cost participation." If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The social worker should assist the family by providing necessary information that will facilitate the referral/physician's order. The social worker may also assist the family by contacting the physician for the family.

**What is CAPTA and what impact does this have upon EarlySteps?**

Congress enacted the Child Abuse Prevention and Treatment Act 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. 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 an IDEA, Part C referral in all cases involving substantiated victims of child maltreatment under the age of three and those with substance exposure to illegal substances. EarlySteps receives referrals from DCFS for children with substantiated cases of abuse or neglect. The eligibility determination process will establish a child's eligibility for EarlySteps system.

**Social Work Licensing Board:** Louisiana State Board of Social Work Examiners
18550 Highland Road, Suite B
Baton Rouge, LA 70809
Telephone: (225) 756-3470
(800) 521-1941
Fax: (225) 756-3472
Website: https://www.labswe.org/

**Quick Facts**
**Special Instruction**

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and include to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Special Instruction services are defined as:
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;
(ii) 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;
(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
**(iv)** Working with the child to enhance the child's development

**What does special instruction in EarlySteps include?**
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 EarlySteps Special Instruction?**
An individual who holds at least one of these credentials may enroll as a special instructor:
Bachelor's or Master's Degree **AND** Certification by the Louisiana Department of Education in at least one of the following:

- Noncategorical Preschool
- Early Intervention

A special Instructor for children with sensory impairments **must** meet the same criteria as above, except they must have certification by the Louisiana Department of Education in at least one of the following:

- Hearing Impaired
- Visually Impaired

Special instruction may also be provided by a Behavioral Consultant that holds a Master's Degree or PhD degree and license by the Louisiana Behavior Analyst Board.

**Examples of appropriate EarlySteps Special Instruction:**

- Educating and training 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.
- Consulting with the childcare provider 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.

**Quick Facts**
**Transportation**

Transportation services in early intervention are defined as "transportation and related costs including 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. EarlySteps pays for transportation when the child must be transported in order to receive early intervention services at a community setting, 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.

Who can provide transportation services?

- Parent(s)
- Caregivers
- Transportation Providers

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/caregivers may be reimbursed for transportation costs when this service is authorized through the IFSP process, Section 7B. Parents/caregivers must enroll with the CFO in order to receive reimbursement. Enrollment is done with the regional coordinator in the region where the child is receiving EarlySteps services.

**The family will be responsible for submitting a paper authorization to the CFO.**

**Quick Facts**
**Vision Services**

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are also designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Vision services are defined as:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities.
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activiate visual motor abilities.

**General role of a vision provider 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 do vision services in EarlySteps include?**

Vision services in EarlySteps are designed to meet the unique ***developmental needs*** of the child and must not be purely medical in nature.

- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities;

**How do IFSP teams decide if a vision service is medical or developmental?**

IFSP teams should first determine:

- How the vision service addresses an IFSP outcome,
- Who recommended the service and why was the service recommended?
- If the service is purely medical, it is not an EarlySteps vision service **unless** the service is necessary to enable a child to benefit from the other early intervention services.
- The team also needs to determine if the service fits the strategies that the team identified?

If the child has had a complete vision assessment prior to referral to EarlySteps, the Intake Coordinator at the SPOE will obtain consent to access records prior to developing an IFSP. Based on these records, a determination may be made about the need for further vision testing.

**Who can provide EarlySteps Vision Services?**

The follow professionals may provide vision services in EarlySteps:

- **Physician** who holds a Doctor of Medicine degree and is board eligible or board certified in an appropriate medical specialty and licensed by the Louisiana Board of Medical Examiners
- **Opthalmologist** who holds a Doctor of Medicine degree and is Board Certified or Board Eligible in Opthalmology
- **Optometrist** who holds a Doctor of Optometry degree and licensed by the Louisiana State Board of Optometry Examiners
- **Orientation and Mobility Specialist** who is certified by a National Organization for Blind and Visually Impaired
- **Special Instructor for Children with Sensory Impairments** who holds a bachelor's or master's

degree and have certification by the Louisiana Department of Education in Visually Impaired.

**Examples of appropriate vision services in EarlySteps:**

- Performing a vision screening and/or opthalmological evaluation
- Communicating vision test results to family/IFSP team, to understand the child's vision function and implications of these findings for vision development and educational needs
- Consulting with the IFSP team to explain vision test results, implications, and make appropriate recommendations for visual management of the child
- Selecting, fitting and dispensing corrective equipment or assistive technology devices
- Providing information to parents about communications options available for children with visual impairments
- Training parents,other caregivers and providers on understanding of visual loss, educational implications, self-help skills for child, orientation and mobility, and training to activitate or maximize child's visual motor abilities

**What EarlySteps services can a vision provider enroll to perform?**

- Attend IFSP team meetings
- Conduct eligibility assessment/evaluation
- Provide ongoing services as listed on the IFSP

**What vision services does EarlySteps *not* provide?**

EarlySteps does not provide vision services for ongoing medical conditions (i.e., medical disease) except to support the child/family functioning in the environment.

**Should non-EarlySteps vision care be listed on the IFSP?**

Yes. Vision services that are purely medical in nature are not the responsibility of EarlySteps to provide. These services should be listed in the "Other Services" section of the IFSP.

**Should a vision provider attend the IFSP meeting?**

- A vision provider attends IFSP meetings as a member of the IFSP team
- A vision provider 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 vision provider does not have to be present at an IFSP meeting for vision services to be included on the IFSP.

**Does EarlySteps pay for assistive technology devises (ATDs), equipment and services●?**

- EarlySteps will pay for ATDs to enhance a developmental goal for a child. However, EarlySteps will not reimburse ATDs that are solely to correct a medical condition.
- The ATD **must** be listed on the IFSP and related to an IFSP outcome.
- If the child is enrolled in Medicaid and the Medicaid Durable Medical Equipment (DME) program covers the ATD, then the provider **must** bill Medicaid for the device using their Medicaid provider number. When the ATD is not covered through the Medicaid DME program and/or the child is not Medicaid-eligible, the ATD is billed through the CFO.
- **Providers of ATD must enroll with the CFO as an Assistive Technology Provider**.
- Medicaid covered ATDs are reimbursed according to current Medicaid approved rates.
- The EarlySteps Central Office must pre-approve all ATDs costing more than $500. 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 or devices are considered to be state property. Parents should be informed of this requirement.
- ATD *services* are billed by the provider and reimbursed according to the maximum rate that DHH has established for the provider specialty rendering the service.

For procedures on obtaining assistive technology for a child in EarlySteps, see the EarlySteps Practice Manual, Chapter 15—"Assistive Technology Devices and Services".

**Is a physician ordered required for vision services in EarlySteps?**

- A physician's order is required for eyeglasses.
- When the child has a Medicaid card, it is the responsibility of the ATD provider to submit the eyeglass prescription to Medicaid.
- If the child does not have a Medicaid card, it is the family's responsibility to obtain the prescription for

the eyeglasses. It is the responsibility of the service coordinator to submit the prescription to the CFO. Glasses must be listed on the IFSP and related to an IFSP outcome.

A physician order may not be required for vision services, other than eyeglasses. However, a physician order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation". If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The vision provider should assist the family by providing necessary information that will facilitate the referral/physician's order. The vision provider may also assist the family by contacting the physician for the family.

**What about vision services in the natural environment?**
Part C regulation states that services are to be provided in environments that are natural for the child's age peers who have no disability. In some cases vision services can be done in the natural setting and in other cases testing may need to be done in a medical facility.

**Louisiana State Board of Medical Examiners: https://www.lsbme.la.gov/**
**Louisiana State Board of Optometry Examiners: http://laoptometryboard.com/**
**Louisiana Department of Education: https://www.louisianabelieves.com/**

**Quick Facts**
**Family Service Coordination**

Early Intervention Services are defined as those services designed to meet the developmental needs of each infant or toddler with a disability and are designed to assist families related to enhancing the child's development.

Family Service Coordination (FSC) is defined as the assistance and services provided by a service coordinator to a child eligible for EarlySteps and to the child's family: and includes:

(1) the activities carried out by a service coordinator to assist and enable a child eligible under this part 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.

(2) Each child eligible under this part 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.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other 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;

(iii) Facilitating the timely delivery of available services; and

(iv) 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.

(b) Specific service coordination activities. Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services

Family Service Coordination is also referred to as FSC, service coordination, support coordination, or case management.

Every child enrolled in EarlySteps will receive Family Service Coordination as part of the services detailed on the IFSP.

**What is the general role of an FSC in EarlySteps:**

- Consulting with parents and other service providers and representatives of community agencies to ensure the effective provision of services through team meetings, face-to-face visits and telephone calls;
- 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, including assessing familiy concerns, priorities and resources.

- Functioning as the team leader and coordinator for a child and family's IFSP team, including managing team activities, following up on team decisions, developing team meeting minutes and monitoring child and family outcomes
- Assisting families with understanding service delivery systems for children with disabilities including IDEA-Part B and services provided through the Office for Citizens with Developmental Disabilities.
- Providing or participating in supervision activities with FSC agency staff.
- Keeping current with knowledge of community resources to meet child and familiy needs as provided through EarlySteps as well as through external service systems, both formal and informal.

**Who can provide FSC in EarlySteps?**
FSC's must meet the provider qualifications detailed in the EarlySteps Practice Manual, Chapter 13. They must be employees of an agency which has a license to perform case management services to infants and toddlers with disabilities and is enrolled in EarlySteps.

## Chapter 13: Provider Qualifications in EarlySteps

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| Assistant Applied Behavior Analyst | Bachelor's Degree<br>AND<br>Certification as an Assistant ABA | Valid diploma or transcript indication award of diploma<br>**AND**<br>Documentation of supervision arrangement with supervisor's name/qualifications | Supervised by qualified Behavior Consultant enrolled in EarlySteps |
| Audiologist | Master's or Ph.D. in Audiology<br>**AND**<br>Licensed by the LA Board of Examiners for Speech-Language Pathology and Audiology | Valid Louisiana License in Audiology | None |
| Assistive Technology Equipment Provider | Licensed OT, PT, MD, SLP, Audiologist, or Durable Medical Equipment (DME) vendor | Valid Louisiana License<br>Verification of enrollment as DME vendor | None |
| Behavior Consultant | Master's or PhD degree in human service field<br>**AND**:<br>• Licensed by the Louisiana Behavior Analyst Board | Transcript indicating achievement of graduate level degree in human service field<br>**AND**<br>Copy of Louisiana License | None |
| Counselor, Licensed Professional | Master's in Counseling or Marriage and Family Therapy<br>**AND**<br>Licensed by the Louisiana Licensed Professional Counselors Board of Examiners as either an LPC or LMFT | Valid Louisiana License as a Licensed Professional Counselor (LPC)<br>OR<br>Valid Louisiana License as a Licensed Marriage and Family Therapist (LMFT) | None |
| Counselor, School setting | Masters in School Counseling<br>**AND**<br>Certification by the Department of Education as a Counselor in a School Setting or Professional Counselor in a School Setting; must be employed by a local education agency | Transcript indicating achievement of Master's Degree<br>**AND**<br>Valid Louisiana DOE Certification in Counselor in School Setting<br>**AND**<br>Proof of employment by LEA | Employment by a Local Education Agency (LEA) |
| Dietitian | Bachelor's Degree in Dietetics or Nutrition with internship<br>**AND**<br>Licensed by the Louisiana Board of Examiners in Dietetics and Nutrition | Valid Louisiana License in Dietetics and Nutrition | None |
| Early Intervention | Master's degree in one of the | Personnel Documentation Requirement at | Supervision required by |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| Consultant-SPOE | following: early childhood education, child development, certification in non-categorical preschool or early intervention; occupational therapy, physical therapy; speech language pathology; nursing; psychology; social work; or Master's degree in education with Early Intervention Certificate<br>**AND**<br>3 years experience as an early intervention provider, working in a developmental service delivery model for early intervention with children ages birth to five with disabilities<br>**AND/or**<br>Employed or contracted by an EarlySteps System Point of Entry | SPOE:<br>• Application/resume<br>• Driver's license<br>• Proof of auto insurance<br>• Diploma/Transcript<br>• Verification of experience<br>• Verification of EarlySteps training<br>• Employment begin/end date(s)<br>• Annual evaluations by supervisor<br>• Salary documentation<br>• Background Check | employing/contract agency |
| Evaluation and Assessment Provider | Master's Degree<br>**AND**<br>Educational Diagnostician Certification by the Louisiana Department of Education<br>**AND**<br>3 years experience evaluating children ages birth to five years<br>**OR**<br>Specialist meeting the personnel qualifications of Audiology, Behavior Consultant, Licensed Professional Counselor, Early Intervention Consultant, Registered Nurse, Occupational Therapy, Physical Therapy, Physician, Psychology, School Psychology, Social Work, Speech Language Pathology, Special Instructor, Special Instructor for Children with Sensory Impairments, Vision Specialist<br>**AND**<br>Completion of BDI-2 Training (or replacement evaluation tool) and Autism Screening Training | Copy of appropriate transcript/license<br>**AND**<br>Verification of BDI-2 training and Autism Screening Training | None |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| | **Please note:** assistant-level professionals are not qualified to enroll as Evaluation and Assessment Providers | | |
| Foreign Language Interpreter | Statement of fluency in foreign language | Must be at least 18 years of age<br>Proof of Identification<br>**AND**<br>Tax ID number | None |
| Interpreter for the deaf or hard of hearing | High School Diploma or GED<br>**AND**<br>Certification by and registered with the Commission for the Deaf<br>Registry of Interpreters for the Deaf | Copy of diploma or GED certificate<br>AND<br>Valid Commission for the Deaf Certification as an Interpreter | None |
| Nurse, RN | Associate's or Bachelor's in Nursing<br>**OR,**<br>Diploma in Nursing from a Nurse Diploma Program<br>**AND**<br>License by the State Board of Registered Nursing | Valid Louisiana License in Registered Nursing | None |
| Occupational Therapist | Bachelors or Master's Degree in Occupational Therapy<br>**AND**<br>Licensed by the Louisiana Board of Examiners for Occupational Therapy | Valid Louisiana License in Occupational Therapy | None |
| Occupational Therapy, Certified Assistant (COTA) | Graduate of an Accredited Occupational Therapy Assistant Program<br>**AND**<br>Licensed by the Louisiana Board of Examiners of Occupational Therapy | Valid Louisiana License as a Certified Occupational Therapy Assistant<br><br>Documentation of Supervision Arrangement with OT Supervisor from the Service Matrix, no independent enrollment as assistant<br><br>Please note:<br>COTA implements treatment plan developed by licensed OT<br>Attends IFSP meetings to provide input<br>May *not* participate in decision making at team meeting that results in changes to early intervention services<br><br>May *not* enroll as or conduct evaluations and assessments | Supervision required by licensing board (including any updates not represented below) by supervisor knowledgeable about and enrolled in EarlySteps. Authorizations are issued to supervisor/licensed OT<br><br>For "home health" settings—must practice under direction of licensed OT as follows:<br>• No less than 2 years prior experience in OT<br>• Supervisor has conducted an assessment of the client and established the goals and treatment plan<br>• Supervisor re-evaluates or |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| | | | treats the client no less than once every 2 weeks or every 6th session<br>• Face-to-face client care conference for each client no less frequently than once every 2 weeks.<br>• Treatment provided by COTA is documented and signed by supervisor.<br>Requirements available at: www.lsbme.louisiana.gov |
| Ophthalmologist | Doctor of Medicine or Board Certified or Board eligible in Ophthalmology<br>**AND**<br>Licensed by Louisiana Board of Ophthalmology | Valid Louisiana License in Ophthalmology | None |
| Optometrist | Graduate of Approved School of Optometry (which is accredited by the Council of Optometric Education of the American Optometric Association and recommended to state board in Optometry as worthy of approval in Louisiana)<br>**AND**<br>Licensed by the Louisiana State Board of Optometry Examiners | Valid Louisiana License in Optometry | None |
| Orientation and Mobility Specialists | Bachelor's Degree in Orientation and Mobility Training<br>**AND**<br>Certification with the Academy for Certification of Vision Rehabilitation and Education Professionals<br>**OR**<br>Certification with the National Blindness Professional Certification Board (NOMC) | Transcript indicating Bachelor's in Orientation and Mobility Training<br>**AND**<br>Verification of Certification | None |
| Physical Therapist | Bachelor's, Master's, or Doctorate Degree in Physical Therapy<br>**AND**<br>Licensed by state Board of Physical Therapy Examiners | Valid Louisiana License in Physical Therapy | None |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| Physical Therapist Assistant | Graduate of an Accredited Physical Therapy Assistant Program<br>**AND**<br>Licensed by state Board of Physical Therapy Examiners<br>**AND**<br>One year of work experience | Valid Louisiana License as a Physical Therapist Assistant<br><br>Written supervision arrangement by physical therapy supervisor on the Service Matrix, no independent provider enrollment<br><br>Letter from previous employer verifying employment dates of one year of work experience<br><br>Please note:<br>• Implements treatment plan (IFSP) developed by licensed PT<br>• Attends IFSP meeting to provide input<br>• May *not* participate in Eligibility Determination<br>• May *not* Participate in decision-making at team meeting that results in changes to early intervention services<br>• May *not* enroll as or perform evaluation and assessments | Supervision required by licensing board (including any updates not represented below) by supervisor knowledgeable about and enrolled in EarlySteps. Authorizations are issued to supervisor/licensed PT<br>Supervisor responsibilities--<br>In nursing/outpatient settings:<br>• Supervisor must be on premises for at least ½ of the treatment hours provided by PTA<br>• Evaluate and set up treatment plan for each patient prior to treatment<br>• Be accessible (beeper/phone) within 25 miles and 30' travel time of facility<br>• Assess final treatment and write discharge summary<br>In home health/school settings:<br>• Be readily accessible by beeper/phone<br>• Evaluate and set up treatment plan on each client prior to treatment<br>• Treat and assess on at least every 6th visit, not less than 1 x month<br>• Conduct 1x week face-to-face conference with PTA to review and modify treatment plan<br>• Assess final treatment and write discharge summary<br><br>Information available at www.lptaboard.org |
| Physician | Doctor of Medicine and either Board Eligible or Board Certified in an appropriate medical specialty<br>**AND** | Valid Louisiana License as a Physician | None |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| | Licensed by the Louisiana Board of Medical Examiners as a Physician | | |
| Psychologist | Doctorate in Psychology<br>**AND**<br>Licensed by the State Board of Examiners in Psychology | Valid Louisiana License in Psychology | None |
| **Specialty** | **Qualifications** | **Verification Requirement** | **Supervision Requirement** |
| School Psychologist | Master's Degree or PhD in School Psychology<br>**AND**<br>Louisiana Department of Education Level A or Level B Certification in School Psychology<br>**OR**<br>Licensed Specialists in School Psychology under the authority of the Louisiana State Board of Examiners of Psychologists (LSBEP). | Transcript indicating achievement of Master's Degree in School Psychology<br>**AND**<br>Valid Louisiana Department of Education Level B Certification in School Psychology<br>**AND**<br>Proof of LEA employment | |
| Associate to a Psychologist (ATAP) | Master's Degree in Psychology<br>**AND**<br>Must be employed by a state agency (such as the Office for Citizens with Developmental Disabilities) which also employs and/or contracts with a licensed psychologist for required supervision. The licensed psychologist must also enroll as an EarlySteps provider. | Transcript indicating Master's Degree in Psychology<br>**AND**<br>Verification of employment with OCDD | |
| Intake Coordinator Supervisor | Bachelor's or Master's Degree in one of the following human service fields, from an field-specific accredited institution:<br>• Social Work<br>• Nursing (RN currently licensed—one year paid experience will substitute for degree)<br>• Psychology<br>• Education<br>• Counseling | Transcript indicating Bachelor's or Master's in Human Service Field as listed<br>**AND/OR**<br>License as appropriate to discipline<br>**AND**<br>Employment Documentation<br>• Application/resume<br>• Driver's license<br>• Proof of auto insurance<br>• Diploma/transcript<br>• Employment begin/end dates verifying paid post-degree case | SPOE Agency must provide required supervisor with activities documented according to EarlySteps and Medicaid requirements if supervisor also carries a caseload.<br><br>Supervision meets requirements of DHH Health Standards:<br>• Individual, face-to-face supervision at least 1 time per week for minimum of 1 hour |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| | • Child life/family studies, child development<br>• Family and Consumer sciences<br>• Criminal Justice<br>• Social services or sociology<br>• Philosophy<br>• Substance abuse<br>• Vocational rehabilitation<br>**OR**<br>Bachelor's degree in liberal arts or general studies with 16 hours on a field listed above.<br>**AND**<br>Two years of paid post-degree experience in providing case management services | management experience<br>• Training verification according to EarlySteps and Medicaid requirements prior to case assignment<br>• Annual evaluation by supervisor<br>• Salary documentation<br>• Background check | • Face-to-face sessions with all case management staff to problem-solve, provide feedback and support<br>• Sessions in which supervisor accompanies case manager are required<br>Review of at least 10% of each case manager's records conducted each month. |
| **Specialty** | **Qualifications** | **Verification Requirement** | **Supervision Requirement** |
| Family Support Coordinator | Bachelor's or Master's degree in a human services field, from a field-specific accredited institution including:<br>• Social Work<br>• Nursing (RN currently licensed—one year paid experience will substitute for degree)<br>• Psychology<br>• Education<br>• Counseling<br>• Child life/family studies, child development<br>• Family and consumer sciences<br>• Social services or sociology<br>• Philosophy<br>• Substance abuse<br>• Rehabilitation | Transcript indicating Bachelor's in Human Service Field as listed<br>**AND/OR**<br>License as appropriate to discipline<br>**AND**<br>Employment Documentation<br>• Application/resume<br>• Driver's license<br>• Proof of auto insurance<br>• Diploma/transcript<br>• Employment begin/end dates<br>• Training verification according to EarlySteps and Medicaid requirements prior to case assignment<br>• Annual evaluation by supervisor<br>• Salary documentation<br>• Background check | FSC Agency must provide required supervisor that meets qualifications with supervision activities documented according to EarlySteps and Medicaid requirements |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| | services/Vocational rehabilitation<br>• Criminal Justice<br>• Gerontology<br>**OR**<br>Bachelor's degree in liberal arts or general studies with 16 hours on a field listed above. | | |
| Family Support Coordinator Supervisor | Bachelor's or Master's Degree in one of the following human service fields, from an field-specific accredited institution:<br>• Social Work<br>• Nursing (RN currently licensed—one year paid experience will substitute for degree)<br>• Psychology<br>• Education<br>• Counseling<br>• Child life/family studies, child development<br>• Family and Consumer sciences<br>• Criminal Justice<br>• Gerontology<br>• Social services or sociology<br>• Philosophy<br>• Substance abuse<br>• Vocational rehabilitation/rehabilitation services<br>**OR**<br>Bachelor's degree in liberal arts or general studies with 16 hours on a field listed above.<br>**AND**<br>Two years of paid post-degree experience in providing case management services | Transcript indicating Bachelor's or Master's in Human Service Field as listed<br>**AND/OR**<br>License as appropriate to discipline<br>**AND**<br>Employment Documentation<br>• Application/resume<br>• Driver's license<br>• Proof of auto insurance<br>• Diploma/transcript<br>• Employment begin/end dates verifying paid post-degree case management experience<br>• Training verification according to EarlySteps and Medicaid requirements prior to case assignment<br>• Annual evaluation by supervisor<br>• Salary documentation<br>• Background check | FSC Agency must provide required supervisor with activities documented according to EarlySteps and Medicaid requirements if supervisor also carries a caseload. |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| Social Worker | Master's Degree in Social Work<br>**AND**<br>Licensed by the Louisiana Board of Social Work Examiners as a LMSW or LCSW<br>**OR**<br>Certified Social Worker (CSW) employed by an agency and working under supervision (Must pass exam after 3 years) | Valid Louisiana License in Social Work<br>**AND**<br>Transcript indicating graduate degree in Social Work<br>License as LCSW—only SW license allowing independent enrollment.<br>**AND**<br>Proof of salaried employment (i.e., notarized letter from employer, W-2 forms, etc.) of an agency (LMSW)<br>**AND/OR**<br>Documentation of supervision arrangement with licensed social worker (LMSW) under a LCSW on Service Matrix<br><br>GSW level:<br>• Must be employed by an agency<br>• May perform practice activities allowable by license<br>• May *not* enroll as Evaluation and Assessment provider or participate in eligibility determination<br>• May *not* participate in decision-making at team meeting that results in changes to early intervention services. | Supervision required by licensing board by supervisor knowledgeable about and enrolled in EarlySteps--at www.lasbswe.org for supervision requirements |

| Specialty | Qualifications | Verification Requirement | Supervision Requirement |
|---|---|---|---|
| Speech/Language Pathologist | Master's Degree in Speech-Language Pathology or Communication Disorders<br>**AND**<br>Licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology | Valid Louisiana License in Speech Language Pathology | None |
| Speech/Language Pathologist Assistant | Bachelor's Degree in Speech/Language Pathology<br>**AND**<br>Licensed by the Louisiana Board of Examiners for Speech-Language | Valid License issued by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology<br><br>Documentation of Supervision arrangement | Supervision according to license requirements for provisional SLP, provisional/restricted SLP, (including any updates not represented below). Supervisor must be knowledgeable |

| | | | |
|---|---|---|---|
| | Pathology and Audiology | by licensed SLP on the Service Matrix in EarlySteps work setting, no independent enrollment<br><br>Please note:<br>• May *not* participate in eligibility determination<br>• May *not* participate in decision-making at a team meeting resulting in changes to early intervention services.<br>• May *not* enroll as or provide evaluation and assessment.<br>• May conduct hearing screening limited to pass/fail determination | about and enrolled as EarlySteps SLP. The supervisor and supervisee must maintain supervision records for a period of 3 years.<br>**Provisional/Restricted SLP**<br>• Direct supervision of 16 hours annually<br>• 8 hours of direct between diagnostics and management<br>• Indirect supervision includes conferences, audio/video recordings, review of written records, staffing<br><br>**SLP Assistant**<br>• 1 clock hour of on-site, in-view supervision (allows live video and web cam) and<br>• 1 clock hour of alternative methods each week.<br>Information available at www.lbespa.org |
| **Specialty** | **Qualifications** | **Verification Requirement** | **Supervision Requirement** |
| Special Instructor | Bachelor's or Master's degree<br>**AND**<br>Certification by the Louisiana Department of Education in at least one of the following:<br>▪ Noncategorical Preschool<br>▪ Early Intervention<br>▪ Adapted Physical Education with add-on in Early Intervention<br>▪ Pre-K through 3 with add-on in Early Intervention | Transcript indicating achievement of Bachelor's or Master's Degree<br>**AND**<br>Valid Certification by the Louisiana Department of Education as listed | None or as required by school system employer |
| Special Instructor for Children with Sensory Impairments | Bachelor's or Master's degree<br>**AND**<br>Certification by the Louisiana Department of Education in at least one of the following:<br>• Visually Impaired<br>• Hearing Impaired | Transcript indicating achievement of a Bachelor or Masters degree<br>**AND**<br>Valid Certification in Visually Impaired or Hearing Impaired | None or as required by school system employer |

| | | | |
|---|---|---|---|
| Transportation Provider | Valid driver's license<br>**AND**<br>Proof of current liability insurance | Valid driver's license number with expiration date<br>**AND**<br>Copy of current insurance card indicating liability coverage | |

## Chapter 15: Family Cost Participation

This chapter describes EarlySteps Family Cost Participation Procedures



## EarlySteps State Systemic Improvement Plan:

## State-identified Measureable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on Family Concerns Priorities and Resources and provided through a team-based approach*.

DEC RP: Family 1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.

## Changes/Updates to Chapter 15:

| Addition/revision |
|---|
| SSIP and DEC RPs |
| Act 421-Children's Medicaid Option |
| FCP Overpayment/Reimbursement |
| Performance Expectations |
| References |

## Procedures for implementing Family Cost Participation: Effective October 1, 2013

New and current families are asked to share in the costs for some early interventions services based on their ability to pay beginning October 1, 2013. The process for implementing family cost participation (FCP) is outlined in this chapter with additional information found in the Central Finance Office (CFO) SPOE Manual Chapter related to cost participation. This manual can be found at: http://www.eikids.com/la/matrix/help/.

## Family Cost Participation: Overview

**Family Cost Participation Forms**

- **Application for Income Adjustment**
- **Consent to Verify Financial Information**
- **Family Cost Participation Notice Statement**
- **Family Cost Participation Statement/Explanation of Benefits (EOB)**

EarlySteps families participate in the cost of early intervention services that their child receives according to their ability to pay using a sliding scale calculation. Each family's ability to pay is determined by their income as documented on required financial documents. Families are notified of the FCP policy beginning at intake and throughout the intake, eligibility determination, and IFSP process; when the parent provides consent for an increase in frequency, length, duration, or intensity of services to the IFSP; and annually when the annual IFSP is developed.

IDEA-Part C funds, state funds, Medicaid, and family cost share payments are used to pay for early intervention services. The determination of the payment source is conducted according to the procedures outlined below. Families are provided prior written notice of the cost participation requirement and are asked to sign consent for their cost share, for use of their child's Medicaid, and consent for IFSP services. If a parent does not provide consent for all IFSP services, the lead agency will make available those services for which the parent has provided consent. LDH has established procedures to implement EarlySteps Family Cost Participation in accordance with:

- Part C of the Individuals with Disabilities Education Act (IDEA)
- Federal Regulations in 34 CFR Part 303, specifically 303.520 and 303.521
- Act 417 of the 2013 Louisiana Legislature
- State Rulemaking-*Louisiana Register* September 20, 2013
- Louisiana EarlySteps Policy approved by the Office of Special Education Programs.
- Guidance materials for providers and families developed by EarlySteps

The intention of the information in this chapter is to provide guidance on the process as required by law, regulation and policy.

## Definitions:

**Ability to pay**: The financial capacity that a family has to pay for EarlySteps services based on the most current Federal Poverty Level (FPL) schedule at 300% of FPL. Families will be notified of the amount of their cost participation after financial information is provided and the **Notice Statement** has been generated and when the IFSP is developed. Services on the IFSP should be developed based on the needs of the child and family and Best Practices for early intervention, **NOT** on the potential cost to the family or according a predetermined consideration of their ability to pay.

**Extraordinary expenses**: are defined as average monthly or yearly unreimbursed (out of pocket) expenses that are related specifically to the eligible child's disability or that of an immediate family member with a disability or long-term health/medical issues. These expenses may include unreimbursed medical expenses, equipment, home modifications, etc. The immediate family member must reside in the home with the eligible child and family. These expenses must have been incurred no more than 12 months prior to the child's eligibility determination, not claimed as deductions on federal income tax, or reimbursed through any third party payor (insurance, Medicaid, etc.)

**Inability to pay**: is family income (less than) ≤300% of the federal poverty level or determination made by the lead agency based on extraordinary expenses.

**Family:** the basic family unit consists of one or more adults and children related by blood, marriage, adoption, and residence in the same household.

**Full Cost for Services**: The cost for services which is equal to the amount paid to providers for services rendered according to the IFSP. Families who decline to provide financial information will be subject to paying full cost for services.

**Maximum Monthly Contribution**: The monthly capped amount for service payments according to the sliding scale. Families will not pay more for services rendered than the established monthly cap or the full cost for services as applicable.

## Establishing Family Cost Share

The Intake Coordinator (IC) and/or FSC are responsible for the collection and verification of financial information provided by the family. The SPOE is responsible for data entry of income information. The Central Finance Office (CFO) is responsible for sending cost statements/EOBs and for collecting the fees. Families are responsible for providing required documentation, providing consent for payment arrangements, and making any determined payments as appropriate. Regional coordinators are responsible for training and local oversight of implementation. EarlySteps Administrative Central Office is responsible for program and policy development assisting with dispute resolution and decisions regarding determination of the family's ability to pay.

The most current Federal Poverty Limit (FPL) schedule, which is established annually, is utilized in calculating fees by the CFO. The calculation takes into consideration:

- The family's taxable income,
- Family size, and if approved,
- Extraordinary expenses or extenuating circumstances affecting the family's income/expenses

Families with an annual income below 300% of the FPL are exempt from any cost share. Families whose annual income is calculated at/above 300% of FPL will be required to share in the costs of EarlySteps services according to the established sliding scale.

A family's cost share is based on delivery of services that are authorized for the eligible child and family in the IFSP. Families will be billed only for services their child actually receives. If a service is authorized, but not delivered, the family will not be billed for that service. The assessed cost and payment will not exceed the actual cost of early interventions services received by the child and family. Families who have the ability to pay and choose not to pay may be determined by EarlySteps as ineligible to continue receiving IFSP services for which costs are assigned until payment is made.

Family Cost Share will be applied to the following early intervention services:

- Assistive Technology Services/Devices
- Audiology
- Family Training/Counseling
- Health Services/Nursing Services
- Interpreter Services
- Medical Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychology Services
- Sign Language and Cued Language Services
- Social Work Services
- Special Instruction
- Speech-Language Pathology
- Vision Services

Families who decline to provide financial information for determination of cost share amount or do not submit their financial information to the IC/FSC prior to the generation of the **Notice Statement** will be billed the full cost of the direct early intervention services which are subject to cost participation identified on the child's IFSP. If a family refuses to sign consent on the **Notice Statement**, the IC/FSC must inform the family that they will be paying full cost for services. The family will indicate their choice on the **Notice Statement**. The IC/FSC must document the family's choice in their **Contact Notes**.

If the family submits financial information after the generation of the **Notice Statement**, their cost share will begin from the date of receipt of the financial information. It **is not retroactive** to the date services began. The family will be responsible for full cost of all services received prior to EarlySteps receipt of their financial information. Obtaining documents for verification of income and family size **MUST NOT DELAY** the development of the IFSP 45-day timeline and service start dates. Families have an option to release or not to release financial information to EarlySteps. Families that choose not to release financial information must pay the **full cost** for early intervention services for which cost share is applicable as listed on the IFSP and provided by EarlySteps**.**

Families who disagree with the calculation of fees may request an administrative review to be conducted by the lead agency review team. Cost share is not charged for the following services:

- Child Find
- Evaluation and Assessment for eligibility determination and IFSP planning purposes
- Development and review of the IFSP
- Service Coordination
- Procedural Safeguards (Parents' Rights)

For special instruction provided through an LEA, family income information is entered as always and service authorizations are issued for the service. The Notice Statement will print the hourly charge. If the LEA-SI service is the only service, the IC/FSC will draw a line through the hourly service amount

and the maximum monthly cost share, replace with $0, and initial. Inform the family that there will be no charge for the service. Since the LEA does not bill for the service, there will be no claims showing on the EOB and no charge to the family. If there are other FCP-chargeable services (PT, OT, SLP, etc.), those will show up on the EOB and there will be charges for those that the family is expected to pay. Adjustments to the Notice Statement are not necessary in this case.

## Family Cost Participation Process

**Form: Income Verification Form**
The **Income Verification Form** with Instructions is included at the end of this chapter.

**Process:**
1. Establish Family Income & Family Size using following documents for verification. Each document on the list may not be necessary for income verification; only those needed to establish a family's income are required:

a) The most recently filed federal income tax form;
   - The most current **1040** or **1040A**; or
   - A **Transcript** from the Internal Revenue Service (IRS) of the most recently filed federal income tax return.

b) Pay stubs from the previous 3 consecutive months, a year-to-date income total on the check stub showing at least 3 months of earnings, and W-2s, and/or other sources of income.

c) Verification of Medicaid eligibility will be sufficient documentation of income if a child is Medicaid eligible and the family agrees for EarlySteps to use Medicaid as payment for IFSP services. The designation of the child's Medicaid eligibility is indicated on the **Income Verification Form** and signed by the parent.

d) For children in Foster Care, no income information is required as FCP is not applicable. Foster families will also verify the child's status in Foster Care by providing the appropriate court documents. Designation of Foster Care status is made on the **Income Verification Form** and signed by the Foster Parent. It may also be signed by the appropriate representative of the Department of Child and Family Services (DCFS).

**Additional Resources and Income Considerations/Household Members**

- All tax forms/documents may be obtained by calling the **IRS toll free number, 1-800-829-1040**. The person whose income is to be verified must be the one to request all necessary documents from the IRS if needed.

- A **Transcript** from the IRS outlines what was filed on a person's most current federal income tax form. It is to be used when there was a tax return filed, but the 1040 or 1040A is not available or lost. There is no fee to obtain the Transcript. The IRS can mail or fax the Transcript. If mailed, it could take up to 14 days for receipt. If faxed, it will be received within 48 hours. Parents may request that Transcripts be faxed directly to the SPOE or FSC.

- If the most current federal income tax form has not been filed yet, current wage and earnings statements (i.e. W-2, 1099) must be presented, or an official statement from the employer regarding salary/wages must be presented. The immediate prior year income tax form will also suffice. The family may request an income adjustment following the submission of the new tax form.

- Alimony received must be included as income.

- If most recently filed federal income tax form is used, the family size (Total Exemptions) as documented on the tax form is used.

- If the family is using pay stubs or has no employment, the number of family members (family size) to be considered in the determination of FCP is established by counting the dependent child, the child's parents (including step-parents), and the child's siblings with whom the dependent child lives. All natural, adoptive, step- or half-siblings who meet the definition of dependent child will be counted in the family group. Guardians are also counted including grandparents, aunts and/or uncles, if functioning in the role of a guardian. There may be additional members in the household, but only those listed here are counted for family size calculation.

- If a child is born January 1 or later, and is not reflected as an exemption for the most currently filed tax return, the child will be added to the family size total on the **Income Verification Form**.

- If a non-custodial parent claims the child on his/her income tax as a dependent, that parent's income tax form **is not** used to establish income and/or family size. The financial information for the household in which the child resides must be used. In this case, the income tax return with an earned income credit attachment or the paystubs option may be used.

- If the parent of an eligible child is a minor or young adult still living in her parents' home with the eligible child, the income of the eligible child's grandparents, not the parent, is used to determine family cost share if the grandparent(s) claim the parent and/or eligible child as a dependent on federal income tax return. Likewise, if a tax return was not filed and the pay stubs option is used, the eligible child's grandparents' income is used. This situation also applies if the minor parent resides with any other adult caretaker.

- If the eligible child resides with a caretaker relative other than the parent or in the absence of the parent, the income of this relative is considered in the income determination. In this case, the caretaker relative would also be included in family size. Examples include but are not limited to grandparents, adult siblings, aunts, uncles, and cousins.

- The family or foster family of an eligible child who is a ward of the state residing in a foster home is exempt from Family Cost Participation. The foster family will produce court-produced documents which establish the child's status. The IC/FSC must document that the OCS caseworker has been contacted if the caseworker provides verification in lieu of the court documents.

2. Consider Adjustments to Income for Extraordinary Expenses

**Form: Application for Income Adjustment**
The **Income Adjustment Form** with Instructions is included at the end of this chapter.

Extraordinary expenses are defined as average monthly or yearly un-reimbursed (out of pocket) expenses that are related specifically to the eligible child's disability or an immediate family member with a disability or long-term health/medical issues. The immediate family member must reside in the home with the eligible child and family. These expenses must have been incurred no more than 12 months prior to eligibility determination.

Extraordinary expenses cannot include "out of pocket" expenses for anticipated services or any expenses for which other funding resources have been requested to assist in paying for the same

products and services. Extraordinary or extenuating circumstances must be supported by written documentation.

LDH may exempt or reduce a required family cost share if the family submits an **Application for Income Adjustment**.

An **Application for Income Adjustment** is used whenever the family has extraordinary expenses that were not deducted on the federal income tax return. LDH will consider all requests based upon the following:

- Expenses must be ≥ 10% of the family's current "Family Income" as documented on the **Notice Statement;** and
- Expenses cannot have already been used to calculate the current EarlySteps "Family Income**"** or claimed on federal income tax; and
- Expenses cannot be the responsibility or already have been paid by a 3rd party (insurance, Medicaid, non-custodial parent, etc).
- Only paid expenses will be considered.

When submitting this application, attach verification of all paid expenses listed on the form and a copy of the **Notice Statement.**

Following a review of the submitted information, EarlySteps staff at the regional or central office will make a determination regarding the family's request for consideration of their cost participation designation for extraordinary expenses. The SPOE will enter the approved adjustment amount and generate a new **Notice Statement.**

## Billing Process

1. The IC/FSC will collect the required income information from the family and submit to the SPOE as soon as possible.

2. The SPOE will enter the family income information into EIDS.

3. A **Notice Statement** will be produced by the SPOE and provided or mailed to the parents to notify them of the cost share amount due and the start date. The notice will show the family cost share for the hourly service rate and the maximum amount for a full month of service; but the family will only be billed for services actually provided during the billing period.

4. The **Family Cost Participation Statement/EOB** will be mailed to the parents by the CFO and will include the cost share payment due from the family. Each Statement**/EOB** will be mailed 60 days after the services are provided and paid to the provider. All families receive a **Statement/EOB** regardless if cost share is assigned. The **Statement/EOB** will show all claims paid for the child's account, those for which there are no costs assigned as well as those for which there are family costs as applicable. Families whose child has Medicaid for which there is no cost share also receive the **Statement/EOB** but the "total amount due" shown will be zero and no payment is expected. All payments must be made directly to the CFO within 30 calendar days of the date of the statement. The calculated cost share will remain in effect for 12 months coinciding with the IFSP date unless:

    a. A review of the financial information is requested by the family and a change approved,
    b. A change in cost share payment is determined.

5. Families will continue to receive an FCP Statement while the financial review is conducted**.**

6. The statement details the services that the child received based on provider billing and payment information. If the payment is not made timely, the following month's statement will include the current monthly assessment as well as the balance due.

IC/FSCs will review the **Statement/EOB** with families prior to the receipt of their first **Statement/EOB** to explain what they will receive every month. EarlySteps Community Outreach Specialists also review the **Statement/EOB** as part of their orientation with families. Families are instructed to keep each of their **Statement/EOBs** so that the FSC can review it with them if there are questions. Additional information about the **Family Cost Participation Statement/EOB** is provided at the end of this chapter.

## Family Cost Participation Statement and Payment Process

1. Families will receive the **Statement/EOB** after providers have billed EarlySteps for services. Providers have up to 60 calendar days to bill for services. This means that families will not receive a bill for services until 60 days after the service has actually been rendered. For example, a statement sent to the family in January will show charges for services provided the previous October.

2. A family will have 30 calendar days from the date of issuance of the **Statement/EOB** to make their cost share payment. Families who are exempt from cost share will receive the **Statement/EOB** and will not have an "amount due" on the statement.

3. Each month the **Statement/EOB** will include the total amount due when applicable. If the prior month payment is received after the generation of the current month statement, the receipt of that payment may not be acknowledged on the statement. However, the payment will not be considered delinquent.

4. If payment is not received within the initial 30 calendar days of billing, the subsequent **Statement/EOB** show the amount due over 30 days, over 60 days, etc.

5. If payment is not received after 90 days of issuance, a notice of non-payment letter will be mailed to the parent stating that if payment is not received within 30 calendar days, suspension of services will be considered. The FSC will meet with the family to discuss their options according to the **Steps for Suspension of Services** section which follows. Central office will make the final determination of the family's status regarding their services and a suspension date will be issued in writing, if applicable.

6. Partial payments will be considered in the decision for possible services suspension.

7. The CFO will notify EarlySteps when payment is in arrears through a standing report. After 90 days of nonpayment, families will receive a late notice stating that a decision regarding suspension of services for which fees are assessed or case closure will be made after 120 days of nonpayment.

8. Families will be provided prior written notice of termination before services which require payment are suspended . Families will be able to continue services for those services for which there are no costs associated. Families will be asked to provide consent to notify their State Senator and/or State Representative regarding their status with EarlySteps as required by Act 417.

## Steps for Suspension of Services

1. The CFO will inform EarlySteps that the transmittal of the final notice was mailed to the family. The FSC will be notified and **must** contact the family.

2. The FSC will establish with the family the reason for nonpayment and solutions for making payment, including the family's right for reconsideration of their financial status and their right to apply for exemption from cost participation due to financial hardship. If the FSC cannot contact the family or determine a need to change the family cost participation payment, the FSC will notify the regional coordinator as soon as possible. The FCP review team will make a determination regarding suspension of services and/or case closure.

3. EarlySteps staff will notify service providers, of services which are to be suspended. This notification will include the effective date for suspension of services. Authorizations for suspended services will be discontinued as of the agreed upon date of suspension.

4. IFSP team members will be notified of the service suspension or case closure date and reminded that no services are to be provided on our after that date.

5. The family will be eligible to continue any "no cost" services available to them.

6. Families are eligible to resume services upon payment if the IFSP is still current. If the annual IFSP date has passed, eligibility determination and an annual IFSP meeting will be conducted prior to services resuming.

## Steps after Case Closure

Because providers have up to 60 calendar days from the date of service to bill for their services rendered, families may continue to receive billing statements after the child is no longer in EarlySteps.

1. The FSC will inform families of their payment responsibility after case closure during transition discussions at annual and review IFSPs and at the transition conference.

2. The CFO will continue to issue the **Statement/EOB** to families until all services have been billed and the families have paid in full.

3. Families are responsible to pay for any cost-associated services within 30 calendar days of issuance of final statement.

4. If a family has a credit reflected on the account when the child exits EarlySteps, the CFO will continue to issue monthly statements until all services received are billed, and the amount due from the family will be deducted from the credit. This deduction will be shown on the **Statement/EOB**. If the amount due exceeds the credit amount, the family will be responsible for payment of the balance due. The family may be eligible for a refund up to the amount they paid to EarlySteps if there is a credit remaining on the family's account after all statements are issued and bills have been satisfied. To issue the credit, details are submitted to the EarlySteps central office for review, approval and submission to LDH fiscal for payment.

Suspension of services and case closure are not the same. A family may have FCP chargeable services suspended for nonpayment and choose to remain in EarlySteps with an active IFSP and receive the "No Cost services" to which they are entitled. The FSC will continue to assist them in

meeting needs identified on the IFSP. A case is closed when a family leaves EarlySteps due to nonpayment or a child reaches their 3rd birthday or exits for any other reason. Families may also choose to close a case due to the impact of FCP on the family, this reason is selected by the SPOE as a reason for closure in the drop down box in EarlySteps Online.

If a family chooses to close their case due to nonpayment and the child is re-referred while the IFSP is still current or if a sibling is referred, the SPOE should notify the CFO Help Desk and ask them to transfer the balance on the account to the child's new record.

## Use of Public (Medicaid) and Private Insurance

1. Public Benefits or Medicaid:

Families are provided prior, written notice and must give consent for the use of their child's Medicaid as payment for their child's early intervention services. This is accomplished by signing the **Notice Statement**. If a family does not provide consent for use of Medicaid, EarlySteps will make available those Part C services on the IFSP for which the parent has provided consent at the 300% cost rate. In Louisiana, there are no costs incurred by families as a result of using a child's Medicaid to pay for early intervention services. If a child is enrolled in Medicaid, the family is not assessed any fees for early intervention services and there are no costs to the family when Medicaid is utilized as a payor of early intervention services.

**New Program for Medicaid eligibility**

In January 2022, LDH started a new program called **Act 421 Children's Medicaid Option** also sometimes called TEFRA. This program lets certain children with disabilities receive Medicaid coverage, even if their parents earn too much money to qualify for Medicaid. Children who qualify for the program usually have significant medical needs associated with their developmental delay. For children ages birth to age 3, EarlySteps eligibility is part of the Act 421 eligibility process. For new families referred to EarlySteps, the SPOE can enter the Medicaid status as "pending" until eligibility for Act 421 is determined. However, the "pending" status is to be updated as soon as Medicaid eligibility is determined.

The following link has information about the program, steps to apply, and the online application:
https://ldh.la.gov/page/3985

2. Private insurance:

EarlySteps does not bill private insurance for early intervention services. Families will be asked if they have family coverage from private insurance for record keeping purposes only. This will be entered into EIDS. Families may choose to use their private insurance to pay for services identified on the IFSP, typically speech/language therapy, physical therapy and occupational therapy are the most frequently covered insurance-reimbursed services. This varies according to the plan and coverage. Services which will be paid for through private insurance will be considered outside of the early intervention system and listed on the IFSP in **Section 8: Other Services Needed to Enhance Child's Development** section. These services are not referred to as "early intervention services" since they do not meet the definitions of services provided through EarlySteps. These "other services" will be accessed through the insurance network providers directly by the family. Currently, EarlySteps will not bill insurance for a family. The IC/FSC is required to assist the family in locating and arranging for those insurance services. When the family consents to early intervention services through EarlySteps, those services for which consent is given will be listed in IFSP Section **6: Early Intervention Services** and the family cost share process will be used. A family may choose to have some needed services provided through private insurance and some provided for through EarlySteps. The services provided at no cost to families (see list above) will be provided through the IFSP.

EarlySteps-enrolled providers may not provide services to any EarlySteps child and family outside of the EarlySteps system except as a private insurance network affiliate. In this case, payment arrangements are made among the family, that provider, and the insurance company. Individual payment arrangements between an EarlySteps provider and a family outside of EarlySteps or private insurance are not allowable.

Many families use their private insurance Health Savings Account to reimburse their costs for early intervention services. For this reason, families should maintain documentation of their early intervention service payments to verify these expenses. Payments and reimbursement from a Health Savings Account is between the family and their health plan, EarlySteps does not submit payments to the plans directly.

**Family Reimbursements for Overpayment on Accounts**

Some families accidently overpay their accounts or make payments then find out the child was Medicaid eligible and there is no family cost share. When this happens, the following are required for the family to receive a reimbursement;

1. Have the family notify the FSC and provide the EOB which shows the credit. In most cases, the reimbursement will not be processed until the child's account is closed in case there are additional charges for which the family is responsible.
2. The FSC will contact the regional coordinator with the information.
3. The Regional Coordinator will review the EOB and look up the payment information in the LAEIKIDS report.
4. The Regional Coordinator will review the information with the EarlySteps Provider Specialist for confirmation.
5. The Regional Coordinator will provide the family with instructions for obtaining a Vendor ID.
6. Once the Vendor account is set up, the Provider Specialist and the Program Manager will process the request for the reimbursement.
7. The family will receive payment in the form of a check from the State Treasurer.

## Responsibilities of System Participants

### Family Responsibilities

The family is responsible for the following:

- Providing the financial information necessary for cost share to be determined by EarlySteps,
- Providing insurance coverage information for data entry into EIDS and for providing the FSC with physician's referral and/or therapy orders when the FSC is asked to assist with linking the family to insurance-reimbursed therapies.
- Paying full cost for services if they do not provide EarlySteps with required financial information to determine family cost share payment,
- Notifying the FSC when changes in family size, income, insurance or Medicaid coverage occur,
- Participating in an annual re-determination of family cost share as part of the annual IFSP review,
- Gathering and submitting documentation to determine need of income adjustment for extraordinary expenses,
- Submitting timely payments for their designated cost share.
- Maintaining records of payments and statements for tax and/or health savings account documentation.
- Tracking service delivery dates by early interventionists as verification that services are appropriately provided and billed.

## Intake Coordinator Responsibilities

During the intake and eligibility determination process the IC is responsible for explaining:

- The parent's rights and responsibilities including cost participation;
- Providing prior written notice regarding cost participation, consent requirements, use of Medicaid and private insurance, the no-cost provisions, and costs that families might incur;
- The family's choice to release financial information or pay full cost of services;
- The family's choice to utilize private insurance;
- Providing the FCP forms and assisting with completion of the forms;
- Verifying address and contact information and submitting changes in EIDS;
- That IFSPs are developed without regard to the family's ability to pay;
- That once eligibility for the child has been established, the IC will further explain the family cost participation policy and procedures, inform the family of documentation needed, collect required income and insurance coverage, and obtain necessary consents from the family;
- That EarlySteps-enrolled provider may not accept payment from families outside of the EarlySteps system unless they are a private insurance provider and paid through that insurance network;
- Assisting families with accessing other community resources if they choose not to participate in early intervention and documenting the reason for closure;
- Maintaining confidentiality of financial and other information.

The SPOE will maintain all completed documents, forms and consents in the child's early intervention record and respect the confidentiality of a family's financial information.

## Family Support Coordinator Responsibilities

The FSC is responsible for the following:

- Ensuring that IFSPs are developed **without regard** to the family's ability to pay;
- Explaining the parents' rights and responsibilities within the system and collecting, with the family's consent, updated income and insurance information as required on the **Income Verification Form**;
- Meeting with the family to review the family's income, family size, any appropriate deductions, and/or assisting with written requests for income adjustment, within thirty (30) calendar days from the lead agency or family request to re-evaluate the income and family cost share payment,
- Maintaining documentation of the review, including the completion of any necessary forms **(Application for Income Adjustment and the Income Verification Form),** and supporting documentation, must be submitted to the SPOE within 5 working days of completion of this review;
- Updating, within 30 calendar days from family notification, any changes for the family, including changes in address, insurance, family size, family cost share. Supporting documentation must be submitted to the SPOE within 5 calendar days of completion of the update;
- Providing child ID information to the SPOE when multiple children in a family are active in EarlySteps;
- Ensuring that families are informed of their right to submit to LDH a request for administrative review if they disagree with the family cost share calculations;
- Submitting all original forms and consents, along with supporting documentation, to the SPOE to be maintained in the child's early intervention record;

- Researching and identifying other public and private community resources for families, including insurance-reimbursed services if the family chooses to use their private insurance for services;
- Maintaining confidentiality of family financial information;
- Communicating problems regarding FCP with the regional coordinator for timely resolution.

## System Point of Entry (SPOE) Responsibilities

The SPOE is responsible for the following:

- Data entry of financial and insurance information obtained for the purpose of cost participation and access to public insurance (Medicaid);
- Medicaid “pending” status updated timely
- Medicaid number entered correctly.
- Submitting the **Notice Statement** to the IC/FSC who is currently working with the family, ASAP and no later than 3 calendar days of data entry;
- Ensuring that the IC/FSC has accurately completed all necessary forms with the family and supporting documentation;
- Maintaining all completed forms, along with supporting documentation of income, insurance, and expenses, updating family address and contact in the child’s early intervention record and in EIDS in accordance with federal and state guidelines;
- Maintaining confidentiality of family financial information; and
- Linking families with multiple, eligible, currently active children in the system by using the "Join to Family "link at the top of the Cost Participation page in EarlySteps Online . The SPOE selects the “Search Child” link and finds the child to link to. This enables the system to appropriately track services to accurately ascribe costs to the family. Do not use the “Join to Family”" link if the additional child is no longer active in EarlySteps. The newest child is always linked to the first child who entered EarlySteps regardless of the child’s age at entry.

## Service Provider Responsibilities

The EarlySteps Service Provider is responsible for the following:

- Ensuring that early intervention services are provided in accordance with the IFSP and the terms and conditions of the Provider/Payee Agreement and Service Provider Rider or Durable Medical Equipment Rider with LDH;
- Providing appropriate services based on child and family needs and concerns and EarlySteps Best Practice Guidelines and within the scope of the service authorization;
- Submitting complete and accurate service claims for all children receiving services within 60 calendar days of service delivery;
- Adhering to LDH, Medicaid, and OCDD policies regarding billing, claims submission, documentation;
- Maintaining confidentiality of family financial and other information;
- Providing updated family mailing address and contact information to the FSC and SPOE
- Adhering to EarlySteps policy that EarlySteps-enrolled providers may not provide services to any EarlySteps child and family outside of the EarlySteps payment system except as a private insurance network affiliate. In this case, payment arrangements are made among the family, that provider, and the insurance company according to their policies. Individual payment arrangements between an EarlySteps provider and a family outside of EarlySteps or private insurance are not allowable.

## Central Finance Office (CFO) Responsibilities

The CFO is responsible for the following:

- Calculating the monthly cost of services for each family based on services provided;
- Issuing the **Notice Statement** to provide to the family which outlines the services provided and payment information;
- Mailing the Cost **Statement/EOB** monthly
- Processing revenue received through cost participation;
- Calculating and tracking payments received and due;
- Providing notification through reports when payments are in arrears; and
- Reporting to the lead agency as required.

## EarlySteps Administration Responsibilities

EarlySteps is responsible for:

- Developing and providing oversight of FCP policy and procedures;
- Providing training and information to SPOEs, FSCs, providers and families on the FCP process;
- Reviewing requests for payment waiver/reduction due to extraordinary expenses or extenuating circumstances;
- Implementing the Dispute Resolution process regarding decisions related to the use of public benefits or cost share.
- Providing final approval for suspension of services after 120 days of nonpayment.

If a family refuses to sign the **Notice Statement**, the IC/FSC must inform the family that they will be paying full cost for services. The originals of both are maintained at the SPOE. And the IC/FSC must document this refusal in their contact notes and keep copies of the form(s) on file.

**Under no circumstances will the implementation Family Cost Participation cause delays in the 45-day timeline. Even if it is due to the family's delays in submitting Financial Information, or lack of completion of paperwork, it will NEVER be a justifiable reason to go beyond the 45-day timeline. At the same time, completing the process is a required component of EarlySteps.**

## Family Cost Participation Process: Step-by-Step

# Newly Referred Families

## Step 1: Initial Contact and Intake Meetings conducted by the SPOE

A. During the first contacts with the family, the parent is informed about the FCP process. EarlySteps has provided scripts for the purposes of discussion with families about this process.
B. During Intake Meeting, family is informed of the requirement to provide the following documents as appropriate, if child is found eligible for EarlySteps:

1. The most recently filed federal income tax forms;
    - The most current **1040** or **1040A**; or

- A **Transcript** from the Internal Revenue Service (IRS) of the most recently filed federal income tax return; or

2. Pay stubs from the previous three (3) consecutive months, a year-to-date income total on the check stub showing at least 3 months of earnings, W-2s, and/or other sources of income; or

3. Verification of the child's eligibility for Medicaid will be sufficient documentation of family income if a child is Medicaid eligible and the family agrees for EarlySteps to use Medicaid as payment for IFSP services. The family will also complete the **Income Verification Form.**

   For families applying for Act 421: Children's Medicaid Option, the Medicaid status can be entered as "pending," but must be updated as soon as the Medicaid status is determined.

4. For children in Foster Care, no income information is required as FCP is not applicable, but the **Income Verification Form** is still completed, Medicaid eligibility is verified, and verification that the child has been placed with foster family is obtained.

## Step 2: Initial Eligibility Determination

The Intake Coordinator will conduct the following activities when a child is found eligible at the Initial Eligibility Determination Meeting:

A. Schedule and/or develop the initial IFSP using the procedures described in the preceding chapters. As always, the IFSP is developed based on family concerns, priorities, resources, and child needs, without regard to potential costs. Once support needs are identified, the cost determination proceeds.

B. Inform family of options to:
   1. Provide income information and access Cost Participation Schedule or
   2. Pay full cost for early intervention services or
   3. Allow use of a child's Medicaid.

C. If family provides and verifies financial information proceed to collect and review all necessary documents (i.e., tax forms, pay stubs, etc.).

D. Forward completed forms and all supporting documentation for data entry. This allows for the **Notice Statement** to be generated.

## Step 3: Initial IFSP Meeting

At the initial IFSP meeting, the Intake Coordinator will:

A. Obtain parent/guardian signature on the **Notice Statement**;

B. Explain to parent/guardian that refusing to sign the notice means they are accepting responsibility for payment of full cost of early intervention services; and

C. Provide parents/guardians with a copy of the **Family Rights Handbook** which outlines family rights related to FCP.

### Request for Income Adjustment

If the family has extraordinary expenses associated with the eligible child or another family member with a disability or other extenuating circumstances for which they will request consideration of the cost participation amount, the **Application for Income Adjustment** will be completed with the IC/FSC. A regional review is held to review the application and determine what, if any, expense amounts are being requested to adjust the family's income. The request will be reviewed by the designated regional team and a decision rendered. If approved, it is sent to the SPOE and includes the approved extraordinary expense amount, the adjustment amount and the effective date for the adjustment. The steps for the SPOE to enter the adjustment amount and generate a new **Notice Statement** are outlined in the EarlySteps Online FCP Manual (May 8, 2017 version).

Once the adjustment is made, the Notice Statement is printed for the parents to sign.
On the Bottom of the **Income Adjustment Notice**, document in the spaces provided:
(a) the date the approved expenses were entered into the data system and
(b) the date the **Notice Statement** were submitted to the FSC for the parents to sign.

The FSC and family will receive signed copies of the review team's decision. Families will be reminded of their right to administrative review and dispute resolution procedures if they are not in agreement with the review team decision.

## Annual IFSP Meetings with FSC

### Update Family Information

The FSC is responsible for gathering the income/expenses information necessary when a change in financial status occurs at any time and annually when eligibility re-determination occurs. Families may also request re-determination of their financial status as needed.

### Step 1: Inform family of document submission requirements:

The family is informed about their rights and responsibilities and information needed for verification as appropriate:

A. The most recently filed federal income tax form with all attachments;
- The most current **1040** or **1040A**; or
- A **Transcript** from the Internal Revenue Service (IRS) of the most recently filed federal income tax return; or

B. **Pay stubs** from the previous three (3) consecutive months, a year-to-date income total on the check stub showing at least 3 months of earnings, W-2s, and/or other sources of income.

C. For families without Medicaid and families at/above 300% FPL, the following are discussed:

1. Provide income information and access Cost Participation Schedule or
2. Pay full cost for early intervention services

Items A. and B. may not both be needed to verify income. For families with a Medicaid-eligible child, the notice statement can be printed prior to the meeting so that the family can sign without waiting for the form to be printed later and returned to the FSC/SPOE.

## Step 2: Proceed with Income Verification

If family provides and verifies financial information proceed to collect and review all necessary documents (i.e., tax forms, pay stubs, etc.). Complete the **Income Verification Form** and any other needed forms.

## Step 3: Send Completed Forms to the SPOE

Forward completed forms and all supporting documentation for data entry at the SPOE. This allows for the percentage of family income to be placed on the sliding schedule and **Notice Statement** to be generated. Parent **must** sign the **Notice Statement**. FSC is to provide parents with a copy of the **Family Rights Handbook.**

## Step 4: Request to Re-evaluate Income and Family Cost Share Payment

Upon request by the family, the FSC must review income, family size, any appropriate deductions, and/or assist with written requests for income adjustment for extraordinary expenses. The FSC must update any changes for the family, including changes in address, insurance, family size, family cost share. Documentation of the review, including the completion of any necessary forms **Application for Income Adjustment** and supporting documentation must be submitted to the SPOE within 5 calendar days of completion of this review.

The **Application for Income Adjustment** is used whenever the family has extraordinary expenses that were not deducted on the federal income tax return or otherwise reimbursed through other sources. The FSC will provide the **Income Adjustment Form** to the family, review the procedure for completion with the family and submit the required information to the regional coordinator for consideration by the review team and if approved, the information will be submitted to the SPOE for data entry. The family will receive a copy of the signed, dated decision as verification.

In addition to the requirements provided on the previous page, The **Application for Income Adjustment Form** and instructions follow at the end of the Chapter.

## References:


- IDEA Statute: Individuals with Disabilities Education Improvement Act, Part C (2004)
- Federal Regulations: 34CFR Part 303, 303.520-303.521
- Act 417 of the 2013 Louisiana Legislature
- Emergency Rule: September 20, 2013 Louisiana Register
- Louisiana State Policy on System of Payment found in the EarlySteps Policy Document, 2014 edition: http://www.earlysteps.dhh.louisiana.gov.
- Family Cost Participation: EarlySteps Online, May 8, 2017. Available from laeikids.com.
- Act 421: Children's Medicaid Option from the LDH Medicaid website.


DECRP: Family 3: Practitioners are responsive to fmaily's concerns, priorities and changing life circumstances.

## General Supervision Performance Expectations

The following performance expectations are required for the implementation of family cost participation. Failure to meet expectations will result in findings of noncompliance, correction action and/or sanctions.

| Expectation | Requirement |
|---|---|
| Medicaid status is appropriately entered in EarlySteps Online and on the IFSP | Medicaid eligibility information entered by the SPOE:<br>• Number is correct<br>• Pending status updated |
| Family Rights are provided | Families receive rights according to requirements. |
| Notice Statement | • The notice statement is signed, dated, updated, and filed in the chart.<br>• The notice statement is signed regardless of child's eligibility for Medicaid. |
| FCP account | 1. The FCP account is set up<br>2. The correct FCP account selection is made<br>3. Income information is included for all appropriate family members<br>4. Draft accounts are updated timely.<br>5. The FCP account is updated annually<br>6. FCP accounts for families with more than one child in EarlySteps are linked to a single FCP account.<br>7. Updates to account based on changes in the family are updated timely. When accounts are suspended following an emergency of change in income status for the family, revisions are made when the impact changes. |

## Family Cost Participation: Frequently Asked Questions

1. **Why does EarlySteps have a family cost participation system?**

   The Louisiana Department of Health (LDH) has determined a need to implement Family Cost Participation for EarlySteps as a means to support the EarlySteps budget. In light of state and federal budget constraints, the state determined that family cost participation was essential to ensuring that early intervention services would continue to be available for children and families. Public hearings were conducted and comments received on the proposal. A sliding fee scale was established for families with an income at or above 300% of the Federal Poverty Level, which is adjusted annually. It is anticipated that the implementation of FCP will generate approximately $, $450,000 annually for EarlySteps.

2. **Are all early intervention services subject to a family cost share?**

   No, IDEA-Part C requires that specific services be provided to eligible children and families at no cost. The no-cost provisions apply to: child find/referral, evaluation/assessment, IFSP development, family support coordination, and procedural safeguards (including activities which support parents' rights in EarlySteps).

3. **How is a family's cost share determined?**

   The cost share is based on a family's income and family size, minus any documented adjustments to income that were submitted and approved by the EarlySteps administration. Collection of this information or a family's decision not to share income information determines a family's potential cost share for early intervention services. In order to determine a family's cost, the family must provide proof of income and family size. Only families with income above 300% FPL will contribute to the cost of services.

4. **How will a family know if there will be a cost share?**

   The Intake Coordinator/Family Support Coordinator will collect and verify financial information and forward to the System Point of Entry Office (SPOE). A **Family Cost Participation Notice Statement** will be generated using the family's information and it will give the calculated cost share, if any. A family, whose child has Medicaid, will not have cost share, but will sign the Notice Statement to consent to the use of their child's Medicaid for services.

5. **How frequently will a review of the family's financial situation be conducted?**

   The family's financial situation must be reviewed and new paperwork completed with updated financial information and proof of income annually; when the family informs the service coordinator that there are substantial changes in their financial situation; and when the family requests reconsideration due to extenuating circumstances, or at the request of the lead agency.

6. **If a family has not filed or retained copies of their most recent tax return or if a family's condition has materially changed since the most recently filed federal 1040 tax form, what steps and documentation is required for determining the family's cost share?**

   The family must provide copies of the most recent tax return or **Transcript** of the tax return; or pay stubs from last three consecutive months or official statement from an employer. The Transcript of the tax return can be requested at no cost by calling 1-800-829-1040. It can be faxed within 48 hours or mailed within 14 days.

7. **What happens if a family refuses or delays providing income information or signing the Consent to Verify Financial Information form?**

   The family has a responsibility to complete and sign the **Income Verification Form**. Refusal to provide such information will result in the family being responsible for the full cost of services. A family may choose not to provide income information, not receive early intervention services for which there is cost share, and continue to receive the no-cost services.

8. **Other than earned income, will other income types be counted to determine cost participation fees? (Examples: alimony, pension, etc.)**

   Yes. Income from rent, royalties, dividends, annuities, and income from life insurance and endowment contracts, pensions, and income from an interest in an estate or trust are all counted.

9. **What if I have private insurance, will EarlySteps accept any private insurance and how will that fit in with cost participation?**

   There are some services which may be agreed to in an IFSP that can be paid for through a family's private insurance. If a family chooses to use their private insurance for services identified on the IFSP, these services will be accessed through the insurance network providers directly by the family. These services will be listed as "other services" on the IFSP since they will not be paid for through EarlySteps. EarlySteps will ask families if there is private insurance coverage for the child, but currently, no other information will be collected regarding insurance.

10. **When do families begin receiving the *Family Cost Participation Statements/EOB* from the Central Finance Office (CFO)?**

    EarlySteps will only bill a family for services that are provided based on claims submitted by the provider. To ensure this, the CFO will bill after sixty (60) calendar days following payment to the provider for services rendered. This lag allows time for all provider claims to be paid and most adjustments made before billing the family. Adjustments will result when crediting payments made by families after a billing cycle. While most providers will submit claims promptly, EarlySteps allows providers sixty (60) calendar days from the date of service to submit claims to the CFO. For example, the CFO may continue to accept claims through February for services delivered in December. Therefore a family would not be billed until March for December services.

11. **What happens if families do not pay? Who is responsible for ensuring the bill is paid?**

    LDH is responsible for ensuring that the family cost share is paid. If a payment is not received after thirty (30) calendar days of billing, the Central Finance Office (CFO) will include the amount past due on the next Family Cost Participation Statement. If payment is not received after ninety (90) days, the next Family Cost Participation Collections Report from the CFO will include past due payments over 90 days, and a notice of nonpayment will be mailed to the parent/guardian. This notice will state that if payment of arrears is not received within 30 calendar days, services for which costs are associated will likely be suspended after 120 days of nonpayment. The FSC will arrange to meet with the family to discuss options, to offer the opportunity for consideration of extenuating circumstances. The family will be eligible to continue to receive those functions and services required at no cost according to federal requirements: child find and referral, evaluation and assessment, development of an IFSP, service coordination, and procedural safeguards (parents' rights). Following the review of the meeting with the FSC and the family, LDH will make a final decision regarding the family's status. The FSC and the family will be notified in writing of the decision. Families may choose to have this information shared with their State Representative or State Senator as specified in Act 417.

12. **Who will be eligible to apply for an Income Adjustment in the event of a hardship?**
    Any family who cannot pay their cost participation amount due to extraordinary expenses or other extenuating circumstances will need to complete an **Application for Income Adjustment** form which will be reviewed and a decision regarding any adjustments will be made by a team assigned for that purpose.

13. **Which members of a household count in determining family size?**

    The number of family members (family size) considered in the determination of family size is established by counting the dependent child, the child's parents (including a step-parent in the home), and the child's siblings with whom the dependent child lives. All natural, adoptive, step or half-siblings who meet the definition of dependent child will be counted in the family group.

14. **Which household members will be required to report income?**
    Parents, step-parent, grandparents if they are the primary caregiver and adult siblings who maybe the primary caregiver will have their income counted.

15. **What happens if a family disagrees with the Family Cost Participation fee amount?**
    If there is disagreement with the calculation of fees a family may request an administrative review to be conducted by the lead agency review team.

16. **What happens if the Cost Participation fee is not paid?**
    Failure to pay the fee may result in suspension of those services for which family cost share is applicable. The family will continue to receive a bill for services rendered and may be referred for debt collection. The family may continue to receive "no-cost services" if they choose.

17. **Will the SPOE or FSC be notified of a past due amount or suspension of services?**
    If payment is not received within the initial 30 calendar days of billing, the overdue amount will show on the following month's FCP Statement. If payment is not received after 90 days the CFO report will indicate the need for follow up and the EarlySteps administration of the account status. Families past 120 days of nonpayment will receive a final notice of nonpayment indicating possible suspension. If a family gives permission, their state Senator and Representative will also be notified.

18. **How can a family obtain additional information?**

    For any questions about cost participation including the determination of the family's monthly cost share and how to make payments, please contact the FSC.

    For questions regarding errors on the explanation of benefits or the details of the family cost statement related to services, such as, differences in the date or duration of services received, please provide a copy of the statement along with an explanation of the potential error to the FSC. If additional information is needed the FSC will contact the regional coordinator for assistance.

## Family Cost Participation Schedule

## Sample of Sliding Scale Calculation and Costs to Families

2023 Federal Poverty Level-Annual Income Schedule

| Family Size | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| **For each additional person add** | | | | | | | |
| | 301% | 350% | 400% | 450% | 500% | | |
| Per Hour | $20.81 | $24.28 | $27.75 | $31.22 | $34.69 | | |
| Maximum Monthly | 208.13 | 242.81 | 277.50 | 312.19 | 346.88 | | |
| Average monthly cost to families | $83.24 | $97.12 | $111 | $124.88 | $138.76 | | |

**Explanation:**

1. The monthly maximum contribution (shown in yellow near the bottom of the schedule) is based on 3% of the annual income of a family of 4 across all of the income groups. The hourly service rate is calculated as 10% of the maximum monthly cap. This formula can be applied to families above the 500% income level to calculate their hourly rate and maximum cost using the FPL schedule.

2. This calculation will be used annually when the FPL schedule is updated.

3. For eligible children covered by Medicaid, the family will not contribute to the cost of any services.

**The Schedule is updated annually to match the annual FPL schedule updates, so per hour charges change with the annual updates to the family's account.**

# Application for Income Adjustment

## A. Identifying Information

| | |
|---|---|
| Child's Name: (Last, First, Middle) | DOB: (mm/dd/yyyy) |
| Parent(s)/Guardian(s) Name: | Home/Work/Cell Numbers: |
| Address: | City/State/Zip: |
| FSC Name & Agency: | Phone/Fax: |

## B. Extraordinary Expenses Worksheet

| Expense | EarlySteps Eligible Child (Past 12 months paid expenses) | Family Members (Must have disability or long term health issue)** |
|---|---|---|
| ☐ Medical Payments | | |
| ☐ Materials and supplies related to disability | | |
| ☐ Specialized equipment | | |
| ☐ Special Food Supplements ordered by a physician (letter from physician attached) | | |
| ☐ Medications (prescriptions only) | | |
| ☐ Transportation/Parking Cost related to disability | | |
| ☐ Total Extraordinary Expenses | $ | $ |
| **Total Amount of Adjustment Requested** | | $ |

| | |
|---|---|
| Parent(s)/Guardian(s) Signature: | Date: |

***LDH Use Only***

**This application and attached documentation were reviewed and:**

☐ **Approved as Submitted Total Expense Deduction $_____**

☐ **Not Approved**
**Reason(s)_____**

☐ **Approved with Changes _____Total Expense Deduction $_____**

**Signature_____Date_____**

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## Application for Income Adjustment Form Instructions:

LDH will consider all requests as follows:

- Must be ≥10% of the families current "Family Income" as documented on the EarlySteps **Notice Statement**; and
- Cannot have been already used to calculate the current EarlySteps "Family Income" or claimed on Federal Income Tax; and
- Cannot be counted if a 3rd party is responsible (insurance, Medicaid, non-custodial parent, etc)
- Verification of all paid expenses listed on the form are attached
- Copy of the Notice Statement is attached.
- FSC completes the form with the family and collects and submits documentation and the signed form to the review team
- The review team considers the request, makes the determination of deduction and completes the *LDH Use Only* section of the form. The family and the FSC keep a copy of the completed form with the decision.
- If approved the form is provided to the SPOE for entry of the adjusted income and calculation of the revised family cost share.
- The revised **Notice Statement** is generated and provided to the family.

**Acceptable Documents for Verification of Expenses**
**Documentation provided for consideration of the request are checked on the form:**

- **Family Members:** must have been included as a dependent on income tax form and part of the family size calculation on the **EarlySteps Notice Statement**. Documentation from a physician is required to verify family member's disability or long-term health issue before expenses can be considered.
- **Medical payment**: copy of paid receipt.
- **Materials and supplies**: copy of paid receipt.
- **Specialized equipment:** copy of paid receipt
- **Special Food Supplement:** letter from physician verifying food supplement needed as medical treatment and copy of paid receipt.
- **Medications:** pharmacy printout of name of prescription and cost, and copy of paid receipt.
- **Transportation/Parking**: copy of paid receipts.

❑ Initial Eligibility
❑ Annual Review
❑ Update of Family Information

# Income Verification Form

| **Child Name:** | **DOB:** |
|---|---|
| **Parent/Guardian:** | **Date Completed:** |

- ❑ **Child enrolled in Medicaid** _____
- ❑ **Child in Foster Care**
- ❑ **Child covered by Family Private Insurance**
- ❑ **ID number(s) of other active children in EarlySteps:**_____

| **1.Income Source** | **2. Parent/guardian #1** | **3.Parent/guardian #2** | | 4.**Family Income Total** |
|---|---|---|---|---|
| | **Indicate Amount(s):** | **Indicate Amount(s):** | | **Totals:** |
| a.Wages, Salary, Self-Employment Source of Verification: | | | | |
| b.SSI, SSA Source of Verification: | | | | |
| c.Alimony Source of Verification: | | | | |
| d.Unemployment Source of Verification: | | | | |
| e.Worker's Comp Source of Verification: | | | | |
| f.Other Income: Source of Verification: | | | | |
| g.Total Income: | | | | |
| h.List Additional Family Members for Family Size Calculation: | Siblings: | Other Adults: | | Total Family Members: |

I verify that the information provided above is correct to the best of my knowledge. I understand that the information will be used to calculate potential service costs in the EarlySteps system, may require additional verification, and that if I do not provide income information I may be charged the full costs of any IFSP services I authorize for my child.

| Parent/Guardian Signature: | Date: |
|---|---|

## Income Verification Form
## Instructions:

- For children receiving Medicaid or in Foster Care check the appropriate box(es) and have the family sign the form.
    - For children with Medicaid Eligibility--provide verification through MEVS printout (preferred) or Medicaid number
    - For children in Foster Care, the foster family provides the court documents which establish their status with the child.
    - The DCFS case worker may also sign the **Income Verification** form/provide verification.

- This form will be updated annually. If the child's status or family income changes, the form will be updated by the Intake Coordinator/Family Service Coordinator when needed.

- For income verification provided through by the family Income Tax form showing the family's adjusted gross income:
    - Column 4 may be the only column necessary for use
    - The total adjusted income from the Income Tax form can be written in 4g. A copy of the tax form is submitted with the **Income Verification Form**.

- For income verification provided through paycheck stubs:

    - Indicate the source of verification (pay check, etc.) in column 1, rows a-f. Parent/Guardian's individual income will be listed in columns 2-3. If an additional family member income is provided, an additional form can be added.
    - Indicate the income amounts for the parents/guardians in columns 2-3
    - If there is significant variation in paycheck amounts across the 3 months (weeks, biweekly, etc.) of pay checks provided, the average may be calculated.
    - Assure that the frequency of paychecks is clear; the SPOE will have to input frequency—monthly, weekly, bi-weekly, etc into EIDS for the income calculation to be accurate.
    - Copies of paycheck stubs are submitted with the **Income Verification** form, the frequency of payment can also be written on the check stub. Pay check amounts should be carefully reviewed with families to verify actual income amounts.
- If paycheck information is used, any additional sources of income listed in 1b-1f will need to be itemized and verification provided. For each family member indicate the amount of the income for the specific source of income in the appropriate row under their name/role including:
        - Interest;
        - Rents;
        - Royalties;
        - Dividends;
        - Alimony and separate maintenance payments;
        - Annuities;
        - Income from life insurance and endowment contracts;
        - Pensions; and
        - Income from an interest in an estate or trust.

    If tax forms are used for income verification, items in column 1a-1f do not need to be itemized, just the total adjusted income listed in column 4g, since the income information listed above is included in the tax form.

- Any income listed will require submission of the appropriate documents as verification.

- Total across all rows and place total in column 4

## Income Verification Form Instructions (page 2):

- The total of all income from all family members will be totaled in 4g.
- List family members living in the home in Row h. Family member is defined as one or more adults and children related by blood, marriage, adoption, and residence in the same household including parents, step-parent(s), siblings, step-siblings, guardian(s), guardian aunts/uncles, guardian grandparents.
    - In the top section, provide the EarlySteps Child ID number(s) of any other currently active children
- In column 4h place the total of all applicable family members living in the home.
- The totals in 4g and 4h will be entered into EIDS for calculation of any potential costs.
- In the case of custodial versus non-custodial parents with split/joint custody, the income of the parent who reports the child for income purposes is used on the form. There may be specific situations which can be handled on a case by case basis.
- IC/FSCs should write as legibly as possible and check income totals and numbers of family members to reduce errors in entering and calculating account information.
- Make sure that family member SSNs, routing/account numbers and other sensitive information is “blacked out” prior to submission to protect this information.
- The parent will sign the form upon completion. Parent signature verifies the accuracy of the information provided.

## Family Cost Participation Notice

Date:_____

*(This form will be generated by EIDS. It is provided here as a sample for information, but will not be completed separately from the statement generated by the CFO).*

This serves as notice of the family cost participation information completed with your intake coordinator/family support coordinator. Your family cost participation determination will be completed annually to coincide with the annual IFSP, within thirty (30) days of your family's request to review your family income and/or after an increase in services in the IFSP which are subject to cost participation. A review of income and potential deductions must be completed prior to the release of a new notice.

| | |
|---|---|
| **Parent/Guardian:**<br>**Street Address:**<br>**City:**<br>**State:** **Zip:** | **Child ID:**<br>**Name:**<br>**Date of Birth:**<br>**Status:** |
| **Service Coordinator:**<br>**Telephone Number:**<br>**Street Address:**<br>**City:**<br>**State:** **Zip:** | |
| **Family Income:** | **$** |
| **Deductions:** | **$** |
| **Annual Income after Deductions:** | **$** |
| **Family Size:** | **Total Number:** |
| **Family Cost Share($ per hour of service):** | **$** |
| **EarlySteps Maximum Monthly Cost Share:** | **$** |

**Family Participation Option-**The following documents my family's choice to participate in a system of payment for early intervention services and my understanding that a parent's signature is required on an Individualized Family Service Plan (IFSP) to initiate acceptance of a family cost share and that I must accept or decline early intervention services subject to cost share.

□ **Family Cost Share:** I have chosen the EarlySteps Family Cost Share option in accordance with the EarlySteps policies and procedures. I understand that if a significant change occurs in my financial position, I will request a reassessment to determine a new monthly contribution rate.

I understand that I may request an adjustment in my calculated Family Income Amount if I feel that my family has extraordinary expenses by submitting an **Application for Income Adjustment** to EarlySteps. I understand that adjustments in my family income are not retroactive and that outstanding balances prior to the adjustment are not affected by any subsequent approved adjustment.

I understand that if my child has Medicaid, EarlySteps providers will submit claims to Medicaid for reimbursement of authorized early intervention services and that there are no costs to my family resulting from the use of my child's Medicaid. Therefore, my signature below indicates my consent to bill my child's Medicaid if applicable.

I understand that my family's monthly cost share payment more than 90 days late may result in suspension of all early intervention services other than those services available to me at no cost.

□ **Full Cost of Services:** I have chosen not to release my financial information and/or allow the use of my child's Medicaid as the payment source for my child's early intervention services, therefore, I understand that I will be billed for the full cost of services for which I give consent and are provided in accordance with my child's Individualized Family Services Plan (IFSP).

<table>
<tr><td colspan="2">My acceptance of this notice verifies that my rights and responsibilities relating to EarlySteps and payment for services have been explained to me. I acknowledge receiving a copy of the Family Rights Handbook. I agree to notify my Family Support Coordinator of any changes in the financial information used to determine my family cost share for early intervention services for my child. I also understand that I should contact my Family Support Coordinator if, at any time, I have questions or concerns about family cost participation or the cost of early intervention services. I have the right to request an administrative review of my family cost share or request dispute resolution procedures if disagreements regarding my family cost share cannot be resolved through the administrative review.</td></tr>
<tr><td>Parent Signature:<br><br>Date:</td><td>Family Support Coordinator Signature:<br><br>Date:</td></tr>
<tr><td colspan="2">□ I have chosen not to release my financial information or allow use of my child's Medicaid as a payor for early intervention services, and I choose not to accept IFSP services at full cost, I understand that I am still entitled to receive activities associated with child find requirements, family support coordination, evaluation/assessment, IFSP development/review, and procedural safeguards (Parent Rights Procedures) at no cost to my family and at public expense.</td></tr>
<tr><td>Parent Signature:<br><br>Date:</td><td>Family Support Coordinator Signature:<br><br>Date:</td></tr>
</table>

## Family Cost Participation Statement/Explanation of Benefits

## Statement Description and Explanation:

The following three pages show a sample **FCP Statement/Explanation of Benefits** which the CFO will mail to families monthly with their cost participation information and total amount due, if applicable. Intake coordinators and FSCs already discuss the monthly **Explanation of Benefits** (EOB) statement that families previously received from the CFO as part of their initial and ongoing conversations with families. The Community Outreach Specialists (COSs) also discuss the EOB as part of their orientation with families. As of January 1, 2014, families will receive the **FCP Statement/EOB** instead of the previously mailed EOB. The following are important points to discuss with families to review the **FCP Statement/EOB**:

1. All families will receive the **FCP Statement/EOB** monthly, regardless if they have a cost share for early intervention services or not. For families with cost share, the total amount due will be shown. For families with Medicaid, there will be no total amount due.
2. The first statement will arrive 60 days after the first services are provided. EarlySteps providers have 60 days to submit claims, so there is a 60-day lag for issuing statements. The subsequent statements will be mailed monthly.
3. **Page 1** of the **FCP Statement/EOB** is the cover letter. It explains what the **FCP Statement/EOB** is. It also states that funds collected from families only support the costs for early intervention services. The collected funds are not used for any other purpose.
4. **Page 2** of the **FCP Statement/EOB** is the Summary page of the statement. It shows any previous amount that was due, payment received, any adjustments (credits, provider claims adjustments, etc) that were made in the current billing period, and the family's cost share. The total amount due from the family is shown in the black bar in the middle of the page.
5. If there is a balance from a prior month, the current amount due and the amount overdue will show below the black bar.
6. The payment coupon is at the bottom of the page and the family will mail in the coupon with their payment to the address provided.
7. **Page 3** will show all of the claims made to the family's account for the billing period. The claims listed will include all services for which claims are submitted regardless if there is cost share associated or not. The column titled *Cost Share Charged* will indicate (yes or no) whether a family is responsible for a share of the cost for that service. Examples:
    a. If an *eligibility evaluation* was billed in the billing period, the cost for the evaluation will show. *Cost Share Charged* will say "No," since the eligibility evaluation is a no-cost service for all families.
    b. If four units of a Speech Therapy service were billed in the billing period, the amount of the family's cost share will show and the *Cost Share Charged* will say "Yes," if the family had previously been determined to be responsible for a cost share.
    c. If four units of a Speech Therapy service were billed in the billing period and the family has no assigned cost share, the *Cost Share Charged* amount will say, "No."
8. The middle section of page 3 will match the information shown on the family's **Notice Statement.**
    a. *Cost Participation Accepted*: The date the Notice Statement was previously accepted by the family.
    b. *Monthly Max Cost Share*: The monthly maximum amount based on the family's income and household size.
    c. *Cost Share Amount per Hour*: The hourly rate amount based on the family's income and household size.

9. *Practitioner Claims Adjustments* will be indicated next if the provider submitted any revisions to previously submitted/paid claims. For example, an incorrect amount that was claimed in a previous statement would be adjusted in this section for the current billing period. That amount may be credited to the account or an additional cost to the family shown in the current statement.
10. *Cost Participation Adjustments* will be indicated if any manual adjustments were made to a family's cost share amount.
11. The total amounts from page 3 will be summarized on page 2.
12. There may be several pages which follow page 3 if the number of services billed exceed one page or if there are multiple children active in EarlySteps in the family's account. The totals for these pages will be summarized on page 2.
13. Additional information about the **FCP Statement/EOB:**
    a. Encourage families to keep a copy of their statements for use in reviewing with the IC/FSC and to answer questions about the statement.
    b. There will always be a 60-day lag time between the date a service is provided and the mailing of the statement.
    c. Families will continue to receive statements after their child exits EarlySteps. Families are still responsible for amounts due on statements mailed *after* their child exits EarlySteps.
    d. EarlySteps only accepts payments by check. Credit/debit cards are not accepted.

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*CCCCC1*

2000
Head of Household Name
Address
City, State Zip

| | |
|---|---|
| Account Number | xxxxxxx |
| Child ID | xxxxxxx |

In October, 2013, Louisiana Department of Health and Hospitals, EarlySteps Program, established a system of payments process for certain early intervention services. After your child's Individualized Family Services Plan (IFSP) was developed, you received a Family Cost Participation (FCP) Notice which detailed your family's cost share per hour of service and the maximum monthly service cap. Enclosed is your monthly Explanation of Benefits (EOB) and FCP Statement:

- The EOB shows the services authorized, provided to your child, and claims submitted by your child's provider for the statement period.
- Services provided in the service description list will include services for which you may have costs assessed and services for which there are no costs (such as service coordination, evaluations, etc).
- The FCP amount for any assessed costs are totaled, your family's FCP amount is shown and the total amount due is shown.
- Please return any payment due according to the statement amount by the date due.

If you have questions regarding your statement, call the number on the statement or talk to your family service coordinator. We thank you for your prompt payment.

**Payments received from participating families are <u>only</u> used to fund services provided by EarlySteps.**

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## Louisiana EarlySteps

Head of Household Name
Address
City, State Zip

| | |
|---|---|
| Account Number | XXXXXX |
| Statement Date | MM/DD/YYYY |
| Statement Period | Month, Year |

**Summary** Please keep this section for your records

| | Amount |
|---|---|
| Previous Amount Due | $x,xxx.xx |
| Payments Received | $x,xxx.xx |
| Cost Participation Adjustment Total | $x,xxx.xx |
| Family Cost Share | $x,xxx.xx |
| **Total Amount Due** | **$x,xxx.xx** |

**Delinquent Notice:** Please bring your account current.

| Current | Over 30 | Over 60 | Over 90 | Over 120 |
|---|---|---|---|---|
| $x,xxx.xx | $x,xxx.xx | $x,xxx.xx | $x,xxx.xx | $x,xxx.xx |

For inquiries regarding your cost share information or to change your address, please call your Service Coordinator. Inquiries regarding this statement should be directed to the Central Finance Office at 1-866-296-4094, option 1.

**There are no provider claims for Month, Year.**
**There are no adjustments to Family Cost Share previously charged.**

**Important –** Please return this portion with your payment
**DO NOT SEND CASH**

| | |
|---|---|
| Account Number | XXXXXX |
| Amount Due | $x,xxx.xx |
| Statement Period | Month, Year |
| Amount Enclosed | $ |

**Make checks payable to:**
Central Finance Office

**Central Finance Office**
c/o CSC
P.O. Box xxxxx
Shawnee Mission, KS 66201-9134

## Louisiana EarlySteps

Head of Household Name
Address
City, State Zip

| | |
|---|---|
| Account Number | XXXXXX |
| Statement Period | Month, Year |
| Child ID | xxxxxxxx |

## Explanation of Benefits

Statement Date MM/DD/YYYY

**Services For Child Name**

| Practitioner Name | Service Description | Claim Number | CPT | Date of Service | Cost Share Charged | Paid To Practitioner | Minutes | Cost Participation Amount |
|---|---|---|---|---|---|---|---|---|
| Name | Description | Claim # | CPT | MM/DD/YYYY | Yes/No | $xx.xx | xx | $xx.xx |
| **Child Total** | | | | | | $xxx.xx | | $xxx.xx |

| | |
|---|---|
| Account Number | xxxxxx |
| Cost Participation Accepted | MM/DD/YYYY |
| Monthly Max Cost Share | $x,xxx.xx |
| Cost Share Amount Per Hour | $x,xxx.xx |
| Family Cost Share | $x,xxx.xx |

## Practitioner Claims Adjustments

Statement Date MM/DD/YYYY

**Services For Child Name**

| Practitioner Name | Service Description | Claim Number | Date of Service | Cost Share Charged | Paid To Practitioner | Minutes | Cost Participation Amount |
|---|---|---|---|---|---|---|---|
| Name | Description | Claim # | MM/DD/YYYY | Yes/No | $xx.xx | xx | $xx.xx |
| **Child Total** | | | | | $xxx.xx | | $xxx.xx |

## Cost Participation Adjustments

Statement Date MM/DD/YYYY

| Service Month | Previous Cost Share Amount | Adjustment Amount | Current Cost Share Amount |
|---|---|---|---|
| Month | $xx.xx | $xx.xx | $xx.xx |
| **Cost Participation Adjustment Total** | | **$xxx.xx** | |

## A Family Rights Handbook: *Assuming a full and active role in early intervention*

## To the Family:

Our goal in EarlySteps is to support your family in meeting your child's needs as soon as possible to help your child develop for the future. When your child is eligible for services in EarlySteps, your family is also entitled to certain rights designed to protect your child and family during your participation in the system. All families served by EarlySteps are guaranteed these rights; these rights are required by federal and state laws, regulations, and policies and are called *Procedural Safeguards*. For more information about these Procedural Safeguards, please review Chapter 2 of the EarlySteps Practice Manual. In addition to the details regarding your rights, the chapter provides the references to the laws and regulations which determine your rights.

The purpose of this handbook is to provide you with your family's rights in the following areas:

- **Right to Written, Prior Notice**
- **Right to Written, Informed Parent Consent**
- **Right to Confidentiality of Information**
- **Right to Review Records**
- **Right to Resolve Disputes**
- **Child's Right to a Surrogate Parent**

. EarlySteps also provides other safeguards, which are also described in this handbook:

- Evaluation and Assessment provided at no cost
- Services provided in the natural environment according to an Individualized Family Service Plan within 45 days of referral
- Services begin no later than 30 days from signed consent on the IFSP
- Right to decline evaluation and services
- Freedom of choice in provider selection
- Use of public (Medicaid) or private benefits or insurance or notice of costs for early intervention services

In addition, there are definitions of some of the terms used in this handbook at the end. These terms are shown in *italics* in the document.

## Written, Prior Notice

Parents must receive written, prior notice before the agency or service provider:

- proposes or refuses an activity such as developmental screening, evaluation, or early intervention services
- changes the identification, evaluation, or placement of your child
- changes the provision of early intervention services
- uses your child's Medicaid to pay for early interventions services or charges your family for IFSP services
- suspends services for which family cost is assigned after 120 days of nonpayment.
- releases any information about your child or family to others

This notice must inform the parent of the action(s) being proposed or refused and the reason(s) for the action(s) before the action is taken, the safeguards and the process for filing a complaint if you do not agree. EarlySteps uses a form/letter called a **Notice of Action** for any such action(s). A copy of this **Family Rights Handbook**

**must** be provided with the notice. The notice is written in a way that is understandable to the general public and provided in your *native language*, unless it is clearly impossible to do so.

## Parent Consent

Written parental consent must be obtained before:

- conducting developmental screening, an initial evaluation and assessment.
- before providing any early intervention services.
- deciding that your child is not eligible for early intervention
- releasing confidential information about your child or family to others
- using your child's Medicaid to pay for services or before IFSP service costs are assigned to your family.

Parents may choose not to give consent for any particular activity or service without jeopardizing any other services, and they may refuse a service at any time, even after accepting it, without affecting other intervention services. The exception to this right regarding refusing a service is service coordination, which is a required service in EarlySteps.

*Consent* means that you have been fully informed of all the information about the activity for which consent is sought. 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. Consent describes the activity(s) and 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. If you do not give consent, EarlySteps will make sure that you:

- are fully aware of the nature of the evaluation and assessment or the services that would be available to you
- understand that your child will not be able to receive the evaluation, assessment or other services unless consent is given.
- Understand that costs are assessed for services if you do not give consent to use your child's Medicaid to pay for early intervention services. You will also be asked for your consent before you are charged for any early intervention services. If you do not provide consent to use your child's Medicaid, EarlySteps will make available, those Part C services for which you have provided consent.
- Your family will have no costs associated with using your child's Medicaid to pay for early intervention services.

## Confidentiality of Information

EarlySteps must receive your written consent to share information which identifies your child or family with *participating agencies*. Directory information (child's name, parent's name, address and phone number) may be released to participating agencies without parent consent 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, and notification to the Louisiana Department of Education and the local education agency prior to your child reaching his/her 3rd birthday.
EarlySteps is required to tell parents about the policies and procedures that ensure that information is kept confidential. A summary describing how information is maintained, types of information collected from others,, the methods used in gathering the information), and the uses of the information is provided to you. Participating agencies must have policies and procedures regarding:

- How the information is collected, stored, shared and destroyed. How one person in the agency is responsible for ensuring confidentiality
- How staff are trained on the requirements of IDEA and FERPA
- The list of names and positions of the agency's employees who have access to the information
- The destruction of the information when it is no longer needed and that it must be destroyed at your request.
- Which information is kept as a f permanent records: name, address, phone number, etc.

Financial information provided by your family for purposes of determining cost participation is also maintained and treated according to these confidentiality requirements.

## Record Review

Parents are allowed to inspect and review any records relating to your child and family including evaluations/assessments, IFSPs, etc. The records will be provided as soon as possible before any meeting regarding an IFSP or a dispute but in no case later than 10 days after the request.

Parents may also request explanation/interpretation of the early intervention record and 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 must 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 and the right to have a representative inspect and review the records. The agency may charge a fee for copies of requested records unless the fee would prevent you from exercising your right to inspect and review the records.

The agency must keep a written 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 the 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.

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 the information is <u>not</u> 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.

## Dispute Resolution

EarlySteps has procedures in place to resolve any disputes regarding the implementation of the early intervention system. If any person or organization believes that an agency, provider or other person has violated any state or federal regulation implementing Part C of the IDEA, you may request timely resolution of your concerns. EarlySteps uses the following procedures to resolve your concerns: individual child complaint procedures, mediation, and due process hearings.

## COMPLAINTS

**Initiating Formal Complaints**
Parents, service providers, advocates, support coordinators, members of the SICC, or employees of public agencies may file an individual complaint. A complaint **must** be in writing (a parent may call in a complaint and it will be set down in writing) and **must** contain the following information:

- A statement that the State has violated a requirement of Part C of IDEA or the regulations

relating to the identification, evaluation, or placement of the child;

- The facts describing the alleged complaint;
- The name, address, and phone number of the complainant and any applicable identifying information regarding the involved child, including available contact information.
- A proposed resolution to the problem.
- The complaint must be made to the appropriate human services district/authority, or regional coordinator, and the complainant will have the opportunity to submit additional information either orally or in writing.
- The parent will be required to sign the complaint, once written and a copy will be forwarded to subject of the complaint.

When the complaint is received by EarlySteps, the following steps will take place:

- it will be assigned to a regional coordinator or to central office staff to investigate.
- Information will be collected about the incident or action including records or interviews with the complainant or the subject of the complaint
- a decision will be made regarding the resolution of the problem and discussed with the complainant.
- The complainant will receive a letter that the complaint has been received and is being investigated.
- The complainant is offered an opportunity to submit additional information either orally or in writing, including a potential resolution to the complaint,
- The person against whom the complaint is being made will have an opportunity to respond to the complaint including offering a potential resolution to the complaint
- Information will be collected by the investigator and reviewed with the EarlySteps central office
- The complainant will be offered an opportunity to participate in mediation
- A determination will be made as to the status of the violation and a decision will be made
- Once the complaint is resolved, the complainant will receive a letter outlining the activities taken and the final status of the complaint.

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;
IDEA regulations require that a written decision regarding a complaint must be made within sixty (60) calendar days of the receipt of the complaint. EarlySteps follows OCDD's complaint process which requires resolution of the complaint in 15 days. The final decision letter will be mailed to the complainant. The decision letter will include the findings and conclusions and the rationale for the decision.

**TIMELINES**

In resolving a complaint in which it finds a failure to provide appropriate services, The Louisiana Department of Health (LDH) **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.

If a written complaint is received that is also the subject of a due process hearing (see explanation of due process hearing in section which follows) or contains multiple issues, of which one or more of the issues are part of that hearing, LDH 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. An extension to the timeline may be granted if exceptional circumstances exist and the parent or individual, lead agency, and/or provider involved agree to the timeline extension. Timeline extensions will also be granted if mediation is used and all parties agree to extend the time to engage in mediation.

LDHLDHThe table below shows the typical types of complaints received by EarlySteps and the types of information collected to investigate and resolve the complaint:

| Type of Complaint | Information Collected | Information Source | Responsible Party | Typical Results of a Complaint |
|---|---|---|---|---|
| **Explanation of Benefits (EOB)—** IFSP requirements not met. | Progress Notes<br>Claims/Payment records | Early Interventionist | Regional Coordinator<br>Central Office | New provider selected<br>Payments recouped<br>Corrective Action developed<br>Provider sanctioned/ disenrolled<br>Credit issued to family |
| **Other Service Related Complaints-**for example, provider is always late without notice to family | Progress Notes<br>Eligibility Documentation<br>IFSP<br>IFSP Revisions<br>Related Data<br>Provider summary of action/behavior | Early Interventionists<br>Family<br>Community member | Regional/Central Office | New provider selected<br>Payments recouped<br>Corrective Action developed<br>Provider sanctioned/disenrolled<br>Credit Issued |
| **Complaints regarding disputes between providers** incorrectly shares information about another provider | Progress Notes<br>Eligibility Documentation<br>IFSP<br>IFSP Revisions<br>Related Data<br>Provider summary of action/behavior | Early Interventionists<br>Family<br>Community member | Regional/Central Office | New provider selected<br>Payments recouped<br>Corrective Action developed<br>Provider sanctioned/disenrolled |
| **Complaints regarding eligibility determination—** Family disagrees with team decision | Eligibility evaluation<br>Other intake/assessment information<br>Progress notices | IFSP team information collected | Regional/Central Office | -Review of information results in agreement<br>-Family selects new evaluator and new evaluation conducted<br>-additional information collected and informed clinical opinion used to determine eligibility |

## MEDIATION

Mediation and Due Process are two additional methods used in resolving complaints about the early intervention services or the State's inability to meet IDEA, Part C requirements or to not adequately supervise the program.

**What is Mediation?** Mediation is a process in which an impartial person helps parties in conflict resolve a dispute and find a solution, through a settlement or compromise satisfactory to all parties. Individuals trained as mediators facilitate this process. Mediation can be made available to resolve any dispute. In LDH, mediation may also be called an *Administrative Conference*.

Both parties involved in the dispute will be offered the opportunity to use mediation to resolve a complaint. This is voluntary and does not take away the parent's right to a due process hearing Mediation services are at no cost to either party. .The mediator will be a qualified and impartial mediator, trained in effective mediation techniques and who is knowledgeable in laws and regulations relating to the provision of early intervention services. The mediation session or conference will be scheduled at a location and time mutually agreed upon by the parties. A lay advocate or legal counsel may accompany either party. The mediation sessions may also be held by telephone.

All discussions held during the mediation are confidential and cannot be used later as evidence in a subsequent 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 calendar days of the request completed within 30 calendar days of the decision to mediate. The agreements reached through mediation must be presented in a written mediation agreement to both parties.

You may be offered mediation by OCDD or you may request mediation in person, in writing, or by telephone, by contacting the EarlySteps Program Manager at 225-342-0095.

## DUE PROCESS HEARING

**What is a Due Process Hearing?** 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. In LDH, a due process hearing is also called an *appeal or fair hearing.*

Due process hearings are conducted by a hearing officer or an administrative law judge with the Division of Administrative Law LDH. This law judge is knowledgeable of the needs of and services for infants and toddlers and the provisions of IDEA-Part C. There are 3 ways to initiate a due process hearing,

1. a written request for a due process hearing with a statement of your concerns must be submitted to the EarlySteps Program Manager in person, by telephone or by mail. Or you may mail the request directly to the Division of Administrative Law Health and Hosptials Section You may call the Administrative Law's Health and Hospitals section at (225) 342-5800.
2. Families can now appeal LDH decisions online at the Division of Administrative Law (DAL) website. The DAL Health and Hospitals Section page includes an Appeal Request Form that can be completed and submitted electronically. Instructions are given below on how to use it. Please send this information to all interested parties. DAL suggests that these instructions be included in the appeal rights section of LDH's notice of decision. To access the electronic Appeal Request Form:
    a. Go to the Health and Hospitals Section of the DAL Website: http://www.adminlaw.state.la.us/HH.htm
    **b.** Click on the Appeal Request Form link that says: ***Click Here to fill out the Appeal Request Form***.
    c. Complete the Appeal Request Form.
    d. After completion,
    e. A. attach the notice you are appealing as follows:
        (i)scan it into your computer or other electronic device,
        (ii) click "browse" at the bottom right of the webpage,
        (iii) (iii) select the notice, and
        (iv) (iv) click ***Send Form*** at the bottom left of the webpage;
    f. **OR** if you do not have the notice you are appealing or you cannot scan the notice, then click ***Send Form*** at the bottom left of the webpage.

- The due process hearing will be held at a time and place that is reasonably convenient to you.
- 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 at no cost
- The hearing officer will listen to the presentation of the parties involved, request and examine relevant information, and reach a timely resolution
- You will receive findings of fact and reasons for the decision in writing and at no cost within 30 calendar days.
- After deleting any personally identifiable information, EarlySteps will share the details and results of the due process hearing to the Interagency Coordinating Council, OSEP, and post to them its website so that the findings are available to the public

If you do not agree with the decision, you may ask for a judicial review within 30 days of the appeals decision. 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.

These dispute resolution processes can also be used if a parent feels that Medicaid eligibility or Medicaid services were denied incorrectly

Every year, EarlySteps reports on its success in resolving complaints, mediations, and due process hearings. Since 2007, the state has had 100% resolution of complaints according to IDEA, Part C requirements.

## Child's Right to a Surrogate Parent

If a child is a ward of the state or does not have a parent that can be identified or found, or does not have a "person acting as a parent", a person will be assigned to act as a Surrogate Parent for the child. 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 IDEA-Part C. A Surrogate Parent has the same rights as a parent for all responsibilities in early intervention.

Anyone can inform an Intake Coordinator (IC) or a Family Support Coordinator (FSC) that a Surrogate Parent may be needed. . The person selected must meet the following requirements:

- No conflict of interest regarding the child represented,
- Knowledge and skills that ensure adequate representation of the child,
- Is not 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,
- Resides in the same general geographic area as the child, whenever possible,

## Other Procedural Safeguards in EarlySteps:

### Evaluation/Assessment

EarlySteps ensures 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 is 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 that EarlySteps must meet to have a plan in place for your child if eligible. 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. The evaluation is available to you at no cost.

### 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. Information from you about your child is critical to EarlySteps for making good decisions in developing outcomes in the IFSP. 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, if any, and transition at various times throughout the process and upon the child's third birthday. You have the right to be invited to and participate as a team member in all meetings in which a decision if expected to be made regarding your child. You have the right for your child to receive early intervention services in *natural environments* to the extent appropriate to meet your child's developmental needs. Services must begin no later than 30 days from the time you sign consent for services.

### Freedom of Choice

Louisiana assures that families have freedom of choice in the selection of an available service coordination agency and/or other service providers and the right to change providers or service coordinators.

EarlySteps will offer families a provider choice list using the service matrix for service coordination and other service providers. Families are asked to sign a Provider Selection Form which verifies that they have been offered a choice and who their selected provider is.

## Notice related to Cost Participation

1. Some EarlySteps services are available to families at no cost. These include:
   - Activities related to identifying children who may be eligible for EarlySteps (also called Child Find Activities)
   - Costs associated with the evaluation and assessment of a child for eligibility determination and IFSP program planning
   - Activities related to the development, review, and evaluation of IFSPs
   - Activities related to implementation of procedural safeguards
   - Part C services in the IFSP, consented to by the parent, when your family meets the definition of "inability to pay"
2. The following will also be reviewed with you regarding FCP:

   - The FCP table will be reviewed with you as well as the process to reduce your FCP contribution if charges create a barrier or financial hardship
   - Documentation requirements regarding proof of income will be reviewed
   - Your right to refuse to provide proof of income, however, the full cost of services will be charged according to the service rate schedule
   - Your right to participate in dispute resolution regarding assessed costs and use of Medicaid to pay for services
   - Your inability to pay will not result in a delay or denial of services. If your family meets the EarlySteps definition of "inability to pay," all early intervention services will be provided at no cost
   - Your right to have all financial information treated and maintained according to confidentiality requirements.
   - Notice that IFSP services for which family cost has been determined will be suspended after 120 days of nonpayment.

**To Find Out More About Parents' Rights, Opportunities & Responsibilities:**

**Contact your local System Point of Entry office, your Family Support Coordinator, and/or Chapter 2 of the EarlySteps Practice Manual at http://www.earlysteps.louisiana.gov.**

**To make a complaint, call your HSA/D (LDE) office or your regional coordinator in the region where you reside. The SPOE office and FSC Agency office have these numbers. The regional offices can also be located on the EarlySteps website above.**

## Definitions

**IDEA:** Individuals with Disabilities Education Act

**Complainant:** is the person who makes a complaint.

**Consent** means that you have been fully informed of all the information about the activity for which consent is sought. 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-**list of names, addresses, contact information provided to the Louisiana Department of Education to assist in providing information regarding transition to IDEA preschool services.

**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 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.

**Natural environment** means settings, including the home, that are natural or normal for children who are your child's age and who do not have a disability.

**OCDD** is the Office for Citizens with Developmental Disorders. This office is part of the Louisiana Department of Health and is the lead agency for EarlySteps.

**Participating agency** means any individual, agency or institution which collects, maintains, or uses personally-identifiable information, to implement IDEA, Part C requirements or from which information is obtained under IDEA-Part C. May include the lead agency, early intervention providers, FSCs, etc. It does not include referral sources, or other public agencies such as the Department of Education.

**Personally-identifiable information** means information that includes name, address, any personal identifiers or a list of any personal characteristics that would make it possible to identify you child with reasonable certainty.

**Procedural safeguards** are legal protections to protect rights in dealing with agencies and providers of early intervention services.

**References:**

Hurth, JL and Goff, P (2002) Assuring *the family's role on the early intervention team: Explaining rights and safeguards* (2nd edition). Chapel Hill, NC: National Early Childhood Technical Assistance Center.

*Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia*, Part C Early Intervention System. December, 2002.

*Family Rights Handbook*, Department of Health and Senior Services (DHSS), Lead Agency for New Jersey's Early Intervention System, revised October, 2009.

# Understanding Procedural Safeguards:
# Summary of Family Rights
# Implications for Families

## Prior written notice (34 CFR§303.404 and 303.420-.421)

EarlySteps must give you advance written information about screening, evaluations, services, or other actions affecting your child. Parents know their children best. The information you share with us will make sure that the evaluations and services are right for you. The "paper work" assures that you get all the details *before* any activity.

## Use of parent's native language or preferred mode of communication (34 CFR§.25 and .421)

It is your right to thoroughly understand all activities and written records about your child. If you prefer another language or way of communicating (explain relevant option, such as Braille, sign language, etc.), we will get an interpreter (use your mode of communicating), if at all possible. EarlySteps wants you to understand so that you can be an informed team member and decision-maker.

## Parent consent (34 CFR §303.414 and .420)

EarlySteps needs your permission to take any actions that affect your child. You will be asked to give your consent in writing before we evaluate or provide services. Be sure you completely understand the suggested activities. By being involved, you can help EarlySteps plan services that match your family's preferences and needs. EarlySteps will explain what happens if you give your consent and if you do not give your consent.

**Parent Consent and ability to decline services (§.420)**

With the other members on your child's early intervention team, you will consider which services can best help you accomplish the outcomes that you want for your child and family. You will be asked to give your consent by signing for those services that you want. You do not have to agree to all services recommended. You can say no to some services and still get the services that you do want. When you decline a service, any impact on your decision will be explained. If you decide to try other services at a later date, you can give your consent then. You may also refuse consent for services for which you may be charged for cost participation. In this case, services will only be provided when you provide consent.

## Confidentiality (34 CFR§303.401-.402)

EarlySteps values the information you and other service and health care providers have learned about your child. We will ask others for this information, but we need your written permission to do so. Just as the early intervention program needs your permission to get your child's records from other providers, the records that the early intervention program will develop will not be shared with anyone outside the early intervention program unless you give your permission. EarlySteps will assure your records are kept private.

## Access to records (34 CFR§303.405-410)

The early intervention record is your child's early intervention record. You can see anything in the early intervention program's records about your child and family. If you do not understand the way records are written, the information in the child's record will be explained to you in a way you understand. You are a team member and we want you to have the same information as other team members. You can request copies of records and you can request changes to records.

## Dispute Resolution (34 CFR§303.430)

If you and the early intervention team do not agree on plans, services, or payments, or if you have other complaints about your experience with the program, there are three ways of resolving your concerns quickly in EarlySteps:

**Complaints (34CFR§303. 432)**
If informal ways of sharing your concerns with your team and the early intervention program don't work, you may file a complaint by calling the regional Human Services District/Authority office. Your complaint will be investigated and a resolution offered.

**Mediation (34CFR§303.431)**
Mediation will be also be offered. A trained, impartial mediator will facilitate problem-solving between you and EarlySteps. You may be able to reach an agreement that satisfies you both. If not, you can go ahead with a due process hearing to resolve your complaint. Mediation will not slow down the hearing process. Airing and solving problems can improve communication and make programs stronger.

**Due process procedures (34CFR§303.435-.438)**
A due process hearing is a formal procedure that begins with a written complaint. The hearing will assure that a knowledgeable and impartial person called an administrative law judge, from outside the program, hears your complaint and decides how to best resolve it. EarlySteps recognizes your right to make decisions about your child and will take your concerns seriously.

Other safeguards provided to you:

**Screening, Evaluation, and Assessment** provided at no cost to you
**Services provided in the natural environment** according to an IFSP developed within 45 days of referral
**Services begin** within 30 days of your consent to IFSP services
**Freedom of Choice** in provider selection
**Consent** prior to use of your child's Medicaid or charges to your family for services and your rights regarding family cost participation.

You are given a copy of your Rights every time decisions are made which describe all these rights and procedures in detail, because EarlySteps values your role as team member and wants you understand to understand those rights. If you have questions, call your family support coordinator or your regional coordinator.