STATE OF RHODE ISLAND

Department of Human Services

Center for Child and Family Health

Certification Standards

Early Intervention

September 1, 2005

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1.0 Service Information and Background

1.1 Introduction

The Early Intervention (EI) System is designed to meet the needs of infants and toddlers eligible for EI and their families, as early as possible. The purpose of the EI System is to support families' capacity to enhance the growth and development of children birth to 36 months who have developmental challenges. Eligible children may have certain diagnosed conditions, delays in their development, or be experiencing circumstances, which are likely to result in significant developmental problems, particularly without intervention.

The foundation of EI is the collaboration between families and professionals, using a family-centered approach. EI strives to provide comprehensive, community-based, culturally sensitive services designed to meet the developmental challenges of eligible children and families. Families, together with EI professionals, determine the desired outcomes for their child, the strategies for accomplishing these outcomes and the supports needed by the family. These goals, and the services needed to support obtaining these goals, are written in an Individualized Family Service Plan (IFSP).

The delivery of services to a child who is eligible is a joint process in which family members are full partners; thus the education of family members is a primary goal of all EI activities. Certified EI providers coordinate this process. To the maximum extent possible, services are provided in home and community locations so that naturally occurring learning opportunities may be maximized.

The following is a brief overview at the events that take place while a child is in the EI System. In general, these events are listed in the chronological order that they are most likely to occur. However, given the dynamic relationship among children, families, and providers, the processes that support these events are likely to be intertwined. Each of these events and the processes are explained further in the relevant sections of this document: Referral to Early Intervention, Entry into a Full Service Early Intervention Program, Child Evaluation and Eligibility Determination/Child and Family Assessment, Individual Family Service Plan (IFSP), Early Intervention Services, IFSP Review and Transition.

The Department of Human Services has made a commitment to the following goals:

- All eligible infants and toddlers are identified, evaluated/assessed and enrolled, with particular attention to reaching those with the highest needs.
- Services are tailored to optimize each individual child's potential, and to address family needs. Services are offered in a variety of natural environments and in an inclusive manner.
- All participating children have a successful transition to appropriate systems and services when they are discharged.
- Available funds (public and private) are leveraged and services are coordinated to better serve more infants and toddlers with developmental delays and disabilities.
- Based on Individualized Family Service Plans (IFSPs), appropriate and accessible providers are available for the array of interventions needed by EI infants, toddlers, and their families.

1.2 Intended Outcomes of Certification Standards

Consistent with the Individuals with Disabilities Education Act (IDEA) 34 CFR Part 303 (Part C), the Department of Human Services (DHS) has defined a set of standards to ensure compliance with federal and state regulations and to ensure the provision of quality services to the infants and toddlers and their families in the State of Rhode Island. This certification process and the issuance of these Certification Standards provide the basis for DHS determination of providers eligible to participate in and receive payment for the provision of EI services. These Certification Standards establish the procedures and requirements for EI services as administered by DHS. These Certification Standards serve to provide families, potential applicants, service providers and other interested parties with a full description of Early Intervention Services, including guidance related to certification requirements, methods for application, and evaluation requirements. Sections 1 through 7 contain service description and background as follows:

Section 1: Service Information and Background
Section 2: Certification Process
Section 3: Target Populations and Required EI Services
Section 4: Required Components of Statewide EI System
Section 5: Description of EI System Components
Section 6: Performance Standards
Section 7: Qualified Entity

This document specifically describes the requirements for certification. Satisfactory compliance with these requirements must be demonstrated for certification; continuing compliance is required in order to maintain full certification status.

Section 1 provides an introduction to the EI system, Section 2 describes the process for certification and Section 3 describes eligibility criteria and EI services. Section 4 introduces EI service components, Section 5 outlines procedures and policies within EI service components, and Section 6 outlines provider reporting and compliance requirements. Section 7 delineates requirements for organizations applying for certification.

1.3 Commitment to Service Delivery Model

Eligible children and families must have equal access to comprehensive EI services, regardless of geographic location. EI services must be made available to all eligible children, regardless of gender, race, ethnicity, religious beliefs, cultural orientation, economic and educational status, medical diagnosis or disabling condition.

A critical goal of EI is to enhance the capacities of families to meet the developmental needs of their children through information sharing, education, coaching and consultation, development of professional partnerships, and advocacy. The parent consultant program, which employs parents of Children with Special Health Care Needs, enhances opportunities for parent-to-parent support and mentoring. The parent consultant program will work with DHS to help develop and assure family centered, community based, and culturally competent systems of care that are comprehensive, universally accessible and effective.

Each EI provider must utilize evaluation and assessment procedures that are responsive to the unique demographic, cultural, racial, and ethnic characteristics of families served. EI staff and parent consultants adopt, adjust, and monitor best family centered practice in an ongoing process to improve the quality of the EI system.

Additionally, EI services, to the maximum extent appropriate and as determined by the IFSP team, must be provided in natural environments, including the home and community settings in which children without disabilities participate. This also means settings that are natural or normal for the child's age peers who have no disability. Services are delivered elsewhere only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Natural environments are the day-to-day settings, routines, and activities that young children learn best in. Parents are involved in helping their children learn. Family members and caregivers can do the actual "hands-on" throughout the day as opportunities arise, with the service providers acting as consultants, teachers, and coaches.

Family centered practice is an essential element and core value of all successful EI services. Families' priorities and strengths are at the center of EI and families are equal partners in the design and delivery of services.

Effectively, benchmarks of family-centered services include:

- Family centered home- and community-based services and supports, which are accessible, comprehensive, and culturally competent must be provided.

- Families of eligible children actively participate in the planning, implementation, and evaluation of family-centered services and systems, including outreach activities.

- Families and their eligible children are assured that their needs are met through inter-provider agreements and contracts for addressing the needs of eligible children and families which assure that policies and practices of all providers are culturally sensitive, family-centered, and maximize natural learning opportunities.

2.0 CERTIFICATION PROCESS

2.1 Submission of Certification Application Required

There is no limit to the number of entities that may become certified as EI Providers. Applications for certification may be submitted by any organization. All EI applicants will be evaluated on the basis of written materials submitted to DHS in accordance with Certification Standards. DHS reserves the right to conduct on-site reviews and to seek additional clarifications prior to final scoring.

Potential applicants may submit applications for certification to DHS any time after the issuance of these Certification Standards. Application reviews will be scheduled periodically by DHS based on receipt of applications. Providers will be notified of their certification status when the review is complete. Applicants should anticipate a minimum of eight weeks for the review process.

Currently certified EI providers must submit an application for renewal no later than October 31st, 2005 in order to be re-certified by December 31st, 2005. Late applications may result in loss of certification. Therefore, currently certified EI providers who do not submit their renewal application by October 31st, 2005 will not be able to provide or bill for EI services beginning January 1st, 2006 until officially recertified by DHS.

2.2 Instructions and Notifications to Applicants

This document sets forth the Certification Standards for EI Providers. In accepting certification from DHS, Certified EI providers agree to comply with these Certification Standards as presently issued and as amended from time to time by DHS, with reasonable notice to providers.

Within these Certification Standards, specific performance standards and expectations are identified. Applications will be scored on the basis of responses to each of these specific standards and expectations. Applications are to address each of these areas in the sequence presented. Applicants are to use the numbering system in these standards to identify the sections being addressed in the application. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards may be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws.

Interested parties are encouraged to contact the Center for Child and Family Health (CCFH) for further information and clarification. Letters of Interest are strongly encouraged to ensure that DHS is able to keep interested parties up to date regarding scheduled meetings or program clarifications that may be needed. Inquiries and completed applications should be directed to:

Deborah Florio
Administrator, Family & Children's Services
Center for Child and Family Health
Department of Human Services
600 New London Avenue
Cranston, Rhode Island 02920
Phone: (401) 462-3392

Once an EI provider is certified as eligible to provide EI services, the provider must be enrolled with EDS as a provider of these services. If you have any questions about the enrollment form or enrollment process, please call EDS at 1-800-964-6211.

2.3 Information for Interested Parties

Upon initial release of these Early Intervention Certification Standards, DHS staff will be available upon request for informational meetings for those pursuing certification applications. Whenever possible, applicants should submit written requests for information and clarification. In addition, DHS has provided an Application Guide (see Technical Resource Documents) to facilitate the application process.

2.4 Certification

As set forth in these standards, certification as an EI provider is required in order for DHS to reimburse for provision of EI services. Certification requires that providers adhere to these standards and performance expectations, as well as provide periodic reports to DHS. These Certification Standards include certain performance standards.

Subsequent to certification, DHS will monitor the performance of certified EI providers and their continued compliance with certification requirements. Certified providers are required to notify DHS of any material changes in their organization's circumstances or in program operations. On the basis of ongoing monitoring, including review of required reports submitted by certified providers, DHS may identify deficiencies in performance and/or compliance with certification requirements. Based on such review and related communications, certification status may be modified to Provisional Certification. Fully Certified and Provisionally Certified providers will be reimbursed using different rate schedules (see Appendix A for Reimbursement; see Section 2.5, "Continued Compliance with Certification Standards" for a fuller discussion of Provisional Certification).

2.4.1 Possible Outcomes of Certification Review Process

Certification applications will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these Early Intervention Certification Standards.

Three basic outcomes are possible as a result of the application review process. These are:

- Certification—no conditions
- Certification—with conditions
- No certification

As a result of the review, applications may be deemed in compliance with all requirements and be offered "Certification with no conditions". Alternatively, an applicant may describe a program that meets most of the Certification Standards, but for one reason or another does not fully comply with the certification requirements at the time of application submission. In such case the applicant may be offered "Certification with conditions" and application deficiencies will be identified by the State. The applicant will be required to address them by submitting an amended proposal with specific dates for addressing deficient areas of compliance. This plan must be accepted and approved by DHS.

In other cases the review team may determine that an application does not meet the requirements for certification and certification will not be offered to that provider. Deficiencies in the application will be identified. This will be done without prejudice and interested applicants will be encouraged to address deficiencies and submit an amended application. Certification is not a competitive process limited to a fixed number of providers. Rather, all applicants who demonstrate preparedness to comply with the standards will be certified.

2.4.2 Certification Status and Reimbursement Schedules

Reimbursement for services varies based on certification status. Table 1 lists the possible outcomes of the certification review process and related reimbursement rate schedule.

Table 1: Certification Status and Applicable Reimbursement Schedule	
Certification Status	**Reimbursement Rate Schedule effective**
Certified—no conditions	**Schedule A**
Certification—with conditions	**Schedule A**
Provisional Certification—applies only when a previously certified provider is deemed to be out of compliance with standards; provisional certification status cannot last longer than six months	**Schedule B (services are reimbursed at 85% of Schedule A)**

See Technical Resource Documents for a list of the EI services, related schedules of reimbursement, and qualified personnel.

Additionally, please see Technical Resource Documents for a list of Frequently Asked Questions regarding billing practices.

2.5 Continued Compliance with Certification Standards

Certified EI providers shall comply with these Certification Standards throughout the period of certification. Failure of DHS to insist on strict compliance with all Certification Standards and performance standards shall not constitute a waiver of any of the provisions of these Certification Standards and shall not limit DHS' right to insist on such compliance. DHS will monitor and evaluate providers for compliance with Medicaid and State laws as well as these Standards and DHS regulations and policies pursuant to the management of Early Intervention. Providers are required to complete all fields and screens accurately and completely in the EI data system as outlined in Section 6.8 "Quality Assurance and Monitoring Standards." For purposes of quality assurance reviews, certified and provisionally certified providers will provide access to appropriate personnel and written records by DHS and/or its agents at reasonable times.

Additionally, at least once every three years from the original date of certification, DHS will complete a thorough, on-site review of currently certified providers in order to assure continued compliance with certification standards.

DHS reserves the right to apply a range of sanctions to providers that are out of compliance. These may include:

a) Suspension of new referrals.
b) Change of certification status to Provisional Certification.
c) Recoupment of funds when violations of Medicaid regulations, State law, or DHS policies, including these Certification Standards have taken place.
d) Suspension of certification, depending on severity of violation with transfer of infants and toddlers and their families to another EI provider
e) Referral to appropriate legal authorities.

2.5.1 Provisional Certification

As a result of its review activities DHS may identify deficiencies wherein a provider is not in satisfactory compliance with the certification and/or performance standards. In such instance, DHS will notify the provider in writing of such deficiencies and will set forth a period of time within which the provider must come into compliance and provide a corrective action plan acceptable to DHS. Such corrective action plan will include specific steps to be taken to come into compliance and defined dates for achievement of those steps.

The length of the period set to come into compliance and to have a corrective action plan accepted by DHS will depend on the specific circumstances. In cases, for example, where the safety of a child may be in jeopardy such period may be as short as twenty-four (24) hours; under no circumstances shall the period exceed thirty (30) days from the date of notification of deficiency.

In the absence of a plan acceptable to DHS or in the event of failure to meet the timelines set forth in the corrective action plan, DHS retains the right to modify certification status of the provider to provisional. Provisional Certification will remain in effect until DHS determines that there is, in its judgment, satisfactory resolution of deficiencies. The duration of Provisional Certification status shall not exceed six months at which point continued non-compliance with DHS requirements shall result in de-certification. The foregoing represents DHS' preference to engage in constructive remedial activity where deficiencies may be present. The foregoing shall not, however, limit DHS' rights to de-certify a provider in the event of non-compliance and failure to take responsive action to address deficiencies. Nor does it limit any remedies available to DHS under existing federal and state Medicaid law and policy.

2.6 DHS Responsibilities

DHS has the responsibility to inform appropriate State agencies of any instances of fraud, suspected fraud or misuse of Medicaid funds and professional misconduct.

The EI provider is obligated to comply with all applicable state and federal rules and regulations. Certified EI Providers agree to comply with DHS provider requirements. DHS reserves the right to amend requirements periodically, with reasonable notice to certified EI Providers.

3.0 TARGET POPULATIONS AND REQUIRED EARLY INTERVENTION SERVICES

3.1 Eligibility Determination

3.1.1 Children with Established Conditions (Single Established Condition-SEC):
Children whose early development is influenced by diagnosed medical disorders of known etiology bearing relatively well-known expectancy for developmental outcomes within varying ranges of developmental delays.

Criteria: The child has a physical or mental condition known to impact development, including, but not limited to, diagnosed chromosomal, neurological, metabolic disorders, or hearing impairments and visual impairments not corrected by medical intervention or prosthesis. Evidence of diagnosis must be in the child's record.

The following is a listing of medical diagnoses or established conditions that may impact development including, but not limited to:

Genetic Disorders

Neurocutaneous Syndromes	
Sturge Weber syndrome	759.6
Tuberous Sclerosis	759.5
Inborn Errors of Metabolism	
Organic Acidemias	270.9
ArginoSuccinic Acidemia	270.6
Glycolic Acidemia	271.8
Methylmalonic Acidemia	270.3
Disorders of Lipid Metabolism	272
Very Long Fatty Chain Disorders	
Refsum disease	356.3
Mucopolysaccharidoses	277.5
Hunter Syndrome	
Hurler Syndrome	
Purine/Pyrimidine Abnormalities	
Lesch-Nyhan	277.2
Chromosomal Abnormality Syndromes	
Abnormal Autosomes	758.5
Abnormal Sex Chromosomes	
Klinefelter Syndrome	758.7
Turner Syndrome	758.6
Other specific syndromes:	
Angelman Syndrome	758.9
Apert Syndrome	755.55
Bardet Biedl Syndrome	759.89
CHARGE association	
Multiple Congenital Anomalies	759.7
Cornelia de Lange syndrome	759.89
Dwarfism	
Achondroplasia	756.4
Fragile X	759.83
Jeune Syndrome	756.4
Lissencephaly	742.2
Menke Syndrome	759.89
Muscular Dystrophy (Congenital)	359.0
Noonan Syndrome	759.89
Osteogenesis Imperfecta	756.51
Prader Willi Syndrome	759.81
Rubinstein Taybi Syndrome	759.89
Russell Silver Syndrome	759.89
Smith Lemli Opitz Syndrome	759.89
Pallister-Hall Syndrome	758.9
Trisomy 13	758.1
Trisomy 18	758.2

Trisomy 21 (Down)	758.0
Weaver syndrome	758.9
Williams syndrome	758.9

Sensory Impairments

Abnormal Auditory Perception, Unspecified	388.40
Agenesis	742.2
Albinism	270.2
Auditory Discrimination	388.43
Blindness	
"legal" blindness:	369.4
20/200 visual acuity uncorrected or	
20/70 with best correction)	
Conductive Hearing Loss (40dB loss or greater)	389.9
Cortical Blindness	377.75
Enophthalmos, NOS	376.50
Enophthalmos due to trauma	376.52
Low Vision/Better Eye Moderate Impairment	369.23
Microphthalmos, NOS	743.10
Sensorineural Hearing Loss	389.1
Unspecified Visual Loss	369.9

Motor Impairments

Arthrogryposis, multiplex congenital	728.3
Acquired/postural scoliosis, severe	737.30
Congenital scoliosis, severe	754.2

Neurologic Disorders

Brain Malformations or Cerebral Dysgenesis	
Agenesis of the Corpus Callosum	742.2
Anencephaly	740.0
Arnold Chiari Malformation Type II	741.00
Holoprosencephaly	742.2
Hydrocephalus (congenital or acquired)	
Acquired	331.4
Congenital	742.3
Microcephaly	742.1
Porencephalic cyst	742.4
Syringomelia	336.0
Congenital Hypoventilation	786.09
Cerebral palsy (CP, all types)	
Cerebral Palsy, Not Elsewhere Classified	343.8
Cerebral palsy, Not Otherwise Specified	343.9
Congenital/infantile/spastic CP	343.9
Athetoid CP	333.7
Diplegic CP	343.0
Hemiplegic CP	343.1
Monoplegic CP	343.3
Paraplegic CP	343.0

Quadriplegic CP	343.2
Cerebro-vascular Accident/Stroke (CVA)	436
Degenerative Progressive Neurological Conditions	
Encephalopathy	
Not Otherwise Specified	348.3
Kernicterus	
due to isoimmunization	773.4
not due to isoimmunization	774.7
Neural Tube Defects	
Spina bifida with hydrocephalus	741.0
Meningomyelocoele	741.9
Periventricular Leukomalacia	779.7
Seizures (poorly controlled and uncontrolled)	
Seizure disorder (repetitive, recurrent)	780.39
Spinal Muscular Atrophy type 1(Werdnig Hoffman)	335.0

Socio-Communicative Disorders

Autism Spectrum Disorders	299
Asperger Syndrome	299.80
Autistic Disorder	299.00
Childhood Disintegrative Disorder	299.10
Pervasive Developmental Disorder, NOS	299.80

Other Infant Psychiatric Conditions

Reactive Attachment Disorder	313.89
Unspecified Mental/Behavioral Problems	V40.9
Disorder of Infancy NOS	V61.2
Oppositional Defiant Disorder	313.81
Attention Deficit/Hyperactivity Disorder NOS	314.9
Feeding Difficulties and Management	783.9
Pica	307.52
Rumination Disorder	307.53
Feeding Disorder	307.59

Medically Related Disorders

Cleft Palate	749.0
Craniosynostosis w/ an associated syndrome	
Craniosynostosis	756.0
AIDS /HIV (+)	042
Hypoplastic Left Heart Syndrome	746.7
Lung Hypoplasia	748.5
Pulmonary Atresia	746.01
Respiratory Insufficiency/Oxygen dependency	
Respiratory insufficiency	518.82
Severe Burns	
3rd degree	949.3
Deep 3rd degree	949.4
Very Low Birth Weight (birth weight <1500g or 3 lbs 15 oz)	

>500g	765.01
500-749g	765.02
750-999g	765.03
1000-1249g	765.14
1250-1499g	765.15

Acquired Trauma Related Disorders

Traumatic Brain Injury	
Subdural hemorrhage	852.2
Unspecified intracranial hemorrhage	853.0
Spinal Cord Injury	952.9

Prenatal Influences:

Prenatal exposures	
Fetal Alcohol Syndrome	760.71
Fetal Phenytoin (Dilantin) Syndrome	760.70
Prenatal infections	
Congenital Toxoplasmosis	771.2
Congenital Rubella	771.0
Congenital CMV (Cytomegalovirus)	771.1
Congenital Herpes	771.2
Congenital Syphilis w/ manifestations	090.0
Perinatal events	
Severe birth asphyxia, Not Otherwise Specified	768.9
Chronic lung disease due to prematurity	
Respiratory distress syndrome, severe	769.

3.1.2 Established Developmental Delays: Children who, during the period of infancy, or more commonly in the second year of life, begin to manifest developmental delays, often of unknown etiology.

Criteria: The child exhibits a delay in one or more areas of development (that is, 2 standard deviations below the mean in one area of development, or 1.5 standard deviations below the mean in two or more areas of development, or if using developmental age or age equivalents, a delay greater than or equal to 33% in one area or 25% in two or more areas of development.)

The areas of development considered are (1) cognitive development, (2) physical development (including vision and hearing), (3) communication development, (4) social and emotional development, and (5) adaptive development.

In the developmental assessment of premature babies, the child's corrected age should be used until the child reaches a chronological age of 30 months.

If a child's delay is 1.5 standard deviations in 2 "subdomains" (e.g. gross motor and fine motor or receptive language and expressive language), then it is up to the evaluation/assessment team to use informed clinical opinion to determine if the delays are significantly impacting the child's functioning. A clear description of how the child's delays impact functioning and participation in daily routines and activities warrants

eligibility for EI services. If there is no significant impact on the child's functioning, then the child is not eligible for services.

- **Informed Clinical Opinion**: A child who does not meet the above criteria for developmental delay based on standardized test scores or for whom no single established condition is present can be deemed eligible based on the professional judgment of a multidisciplinary team. When a child is deemed eligible by informed clinical opinion, the IFSP team shall review the child's progress in 6 months and determine whether additional evaluations/assessments should be completed. This may include either a multidisciplinary team evaluation and/or a referral for an outside evaluation (medical/diagnostic) as well as an updated developmental assessment by the EI team as part of the progress review. The team must decide whether or not this child will remain eligible for the next six months based on the informed clinical opinion or whether there is sufficient evidence to establish eligibility under another condition or whether or not to discharge the child.

  Informed clinical opinion should be used for those children who have received a comprehensive evaluation and assessment and who, on the basis of expert judgment by members of the evaluation team, manifest significant and observable atypical behaviors, which warrant EI services. Atypical behaviors may include difficulties in attachment and interaction with primary caregivers and family members, chronic feeding and sleep disturbances, precipitous changes in rate of development, difficulties with self-regulation, injurious behavior to self or others, as well as inappropriate or limited ways of engaging and/or forming relationships with peers or adults. Descriptive and specific documentation in the IFSP is required in order to justify the concern of the team and the need for EI services.

3.1.3 Children with Multiple Established Conditions – (MEC): Children with a history of prenatal, perinatal, neonatal, or early life events suggestive of biological insults to the developing central nervous system which, either singularly or collectively, increase the probability of later atypical development; and children whose early life experience, including maternal and family care, nutrition, opportunities for expression of adaptive behaviors, and patterns of physical and social stimulation are of concern to the extent that they impart high probability for delayed development.

Criteria: As a guideline, the identification of any one child characteristic and three additional characteristics would qualify a child for EI services. Evidence of these characteristics should be documented in the child's record and the EI data system along with appropriate goals and treatment strategies as determined by the IFSP team.

Child Characteristics:

Note: Characteristics 1-5 below apply only to children whose chronological age is under 18 months. Parent report may be used to identify characteristics 1-5 for initial eligibility; however, it is expected that birth or medical records will be obtained to substantiate these characteristics.

1. Gestational Age: The gestational age of the child is less than 32 weeks or more than 44 weeks.

2. NICU Admission: Applies to a child with a stay in the Neonatal Intensive Care Unit of more than 72 hours

3. APGAR score: The child's APGAR score was less than 6 at one or five minutes.

4. Total Hospital Stay: The total number of days as an inpatient in a hospital or extended-care facility exceeds 25 days in a six-month period. NICU admissions for premature babies are excluded for characteristic.

5. Intrauterine Growth Retardation/Small for Gestational Age: Diagnoses at birth of Intrauterine Growth Retardation (IUGR) or Small for Gestational Age (SGA).

6. Growth Concerns: One of the following conditions is fulfilled: (Measurements should be used on appropriate growth charts approved by the National Center for Health Statistics)

    a. Weight for age or height for age or weight for height is less than the 5th percentile.

    b. Weight for age has dropped two or more major centiles in three months if the child is under 12 months of age or has dropped two or more major centiles in six months if the child is 12 to 36 months of age. A major centile is defined as the major percentiles (5, 10, 25, 50, 75, 90, 95) on the Physical Growth Chart adopted by the National Center for Health Statistics.

7. Chronic Feeding Difficulties, such as:
    a. Severe colic
    b. Refusal or inability to eat
    c. Stressful or intensely conflicted feedings
    d. Failure to progress in feeding skills
    e. Severe obesity, as diagnosed by a medical doctor

8. Venous blood Lead level greater than or equal to 15 per micrograms/deciliter

(Note: The following conditions may be associated with Central Nervous System Abnormalities.)

9. Infection: sepsis HIV (+)-indeterminant infection and/or maternal infection during pregnancy with known effect on fetal development

10. Trauma: intracranial hemorrhage, subdural hematoma

11. Metabolic: seizures associated with electrolyte imbalance, neonatal hyperbilirubinemia (greater than 20 mg/dl), acidosis

12. Asphyxia: prolonged or recurring apnea, aborted SIDS, suffocation, hypoxia, meconium aspiration, near drowning

13. Exposure to noxious substances in utero, including prenatal drug and alcohol exposure

The following clinical findings are also factors to be considered:

14. Abnormal muscle tone

15. Abnormal sleep patterns/disturbances

16. Persistence of multiple signs of sensory impairment or less than optimal sensory and motor patterns, including hypertonicity and over-reaction to auditory, visual or tactile input

17. Respiratory Distress Syndrome

18. Insecure Attachment/Interactional Difficulties: The child appears to have trouble with social relationships, has symptoms of depression, or indiscriminate aggressive behavior. In most contexts, insecure attachment in infants and toddlers is evidenced by behavior such as persistent failure to initiate or respond to social interactions, fearfulness or fearlessness that does not respond to comforting by caregivers, or indiscriminate sociability.

19. Multiple Trauma/Losses: A child has experienced a series of traumas or extreme losses that may impact on the care and/or development of the child. This characteristic includes a child with a confirmed history of abuse or neglect and/or multiple placements outside the biological home.

20. Mild Developmental Delay: Delay between 1.5 and 2.0 standard deviations below the mean in one area or less than 1.5 standard deviations below the mean in two or more areas.

21. Medical Diagnoses with Associated Risk: If a medical diagnosis is present and the child has an identified delay equal or greater to 1.5 SD below the mean in any developmental area, then the child should be deemed eligible under Multiple Established Conditions.

The following is a listing of medical diagnoses that may impact development (with a lesser probability than those conditions listed as Established Conditions), including, but not limited to:

Genetic Disorders

- DiGeorge Syndrome
- Goldenhar Syndrome
- Moebius Syndrome
- Pfeiffer Syndrome
- Pierre-Robin Syndrome
- Treacher Collins Syndrome
- Vater Association

Sensory Impairments

- Chronic Otitis Media (for more than six months)
- Chronic Middle Ear Effusion (for more than six months)

Motor Impairments

- Brachial Plexus Palsy
- Hand Deformity
- Limb Deformity
- Missing Limb
- Torticollis

Childhood Malignancies

- Astrocytoma
- Leukemia
- Neuroblastoma
- Retinoblastoma

Neurologic Disorders

- Erbs Palsy

Other Medical Disorders

- Cleft Lip Complete
- Complex Cyanotic Heart Disease
- Craniosynostosis
- Cystic Fibrosis
- Esophageal Atresia
- Juvenile Rheumatoid Arthritis
- Laryngomalcia
- Severe Malabsorption
- Sickle Cell Disease
- Tracheoesophageal Fistula/TEF

Family Characteristics

Family Characteristics are factors present at the time of the evaluation and assessment used to determine eligibility. Under family characteristics, "Parent" is defined as (1) a natural or adoptive parent of a child; (2) a guardian; (3) an individual acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with IDEA Sections 615(b)(2) and 639(a)(5) and Section 4.6.6 of these Certification Standards. Under MEC, characteristics must be documented in the child's record along with appropriate goals and treatment strategies as determined by the family.

1. Parental Age: The age of the parent at the time of the child's birth was less than 18

2. Maternal Parity: If the mother has given birth to three or more children before the age of 20.

3. Parental Education: The educational level of the parent is 12th grade or less at the time of the eligibility evaluation.

4. Parental Chronic Illness or Disability: One parent has a diagnosed chronic illness or sensory (including vision and/or hearing), mental, or developmental disability which is likely to impact the child's development or have an impact on care giving ability.

Examples of this characteristic may include affective disorders (e.g., depression), schizophrenia, and cognitive limitations.

5. Family Lacking Social Supports: The family is geographically or socially isolated and in need of social services.

6. Family Lacking Adequate Food, Clothing, or Shelter: The lack of food, clothing, or a stable housing arrangement causes life stress for the family.

7. Open or Confirmed Protective Service Investigation: The family has an open protective service file with the Department of Children, Youth and Families, or is in the period of investigation of child abuse or neglect, or had its file closed by DCYF in the last three months. A family who is receiving voluntary services from the Department of Children, Youth and Families may also meet this characteristic.

8. Parental substance abuse

9. No or inadequate prenatal care: The mother received no prenatal care prior to the fifth month of pregnancy.

3.1.4 Eligibility Categories

Due to the importance of data collection in the EI system, there are established procedures that should be followed when assigning the most appropriate eligibility condition for every EI infant and toddler. Single Established Condition (SEC) should be given priority over Development Delay (DD) while DD is given priority over Multiple Established Condition (MEC). An infant or toddler who meets the criteria for both SEC and DD should use SEC as the condition for eligibility. Once a child qualifies under SEC, this should be the condition used for eligibility throughout his/her EI involvement. Similarly, children who qualify under MEC should change their eligibility later on to SEC or DD if applicable.

3.2 Required Early Intervention Services

Certified EI providers must ensure that families have access to the 16 services required by IDEA, when such services are identified within the context of the IFSP. All services provided must be consistent with IDEA and these Certification Standards. Certified providers have several options for demonstrating the capacity to fulfill this obligation. Providers may use staff employed by the agency, individuals contracted directly by the agency, other providers contracted by the EI provider, interagency contracts, and by referrals to and coordination with appropriate community providers. DHS strongly encourages contracts with providers who are able to provide services in a variety of natural environments in order to meet the requirements of IDEA 2004.

The following **"EI services"** are defined in Sections 632(4) of IDEA 2004:

"Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of children with disabilities.

"Assistive technology service" means a service that directly assists a child with disabilities in the selection, acquisition or use of an assistive technology device, and includes:

- Evaluation of a child's needs, including a functional evaluation of the child in the child's customary environment
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitative plans and programs
- Training and technical assistance for a child with disabilities or, if appropriate the child's family
- Training and technical assistance for professionals (including individual providers of EI services) or other individuals who provide services to or are substantially involved in major life functions of individuals with disabilities

"Audiology" includes:

- Identification of children with audiological impairment using criteria and appropriate audiologic screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
- Referral for medical and other services necessary for habilitation or rehabilitation of children with auditory impairments;
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss; and
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating effectiveness of those devices.

"Family training" "counseling" and **"home visits"** means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

"Health Services" means services necessary to enable a child to benefit from other EI services during the time the child is receiving the other EI services. The term includes such services as clean, intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or

colostomy collection bags and other health services; and 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 EI services.

The term does not include services that are:

- Surgical in nature (e.g., cleft palate repair, surgery for club foot or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
- Devices necessary to control or treat a medical condition.
- Medical health services (such as immunization and regular "well baby care") that are routinely recommended for all children.

"Medical services only for diagnostic or evaluation purposes" means services provided by licensed physicians to determine a child's developmental status and need for EI services.

"Nursing services" includes:

- Assessment of health status for the purpose of providing nursing care, including 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
- Administration of medications, treatments, and regimens prescribed by a licensed physician

"Nutrition services" includes:

- Conducting individual assessments in: nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences
- Developing and monitoring appropriate plans to address nutritional needs of eligible children based on assessment finding
- Making referrals to appropriate community resources to carry out nutrition goals

"Occupational therapy" includes services to address 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:

- Identification, assessment, and intervention

- Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote acquisition of functional skills

- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability

"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 adaptation. These services include:

- Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction

- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems

- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems

"Psychological services" includes:

- Administering psychological and developmental tests and other assessment procedures

- Interpreting assessment results

- Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development

- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs

"Service coordination services" means assistance and services provided by a service coordinator to an eligible child and child's family that is in addition to the functions and activities as specified in "service coordination"

"Service Coordination" means the activities carried out by a service coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards, and services authorized under the State's Early Intervention System. Service coordination is an active, ongoing process that involves:

- Assisting parents of eligible children in gaining access to the EI services and other services identified in the individualized family service plan

- Coordinating the provision of EI services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided

- Facilitating the timely delivery of available services

- Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility

Specific service coordination activities include:

- Coordinating the performance of evaluations and assessments

- Facilitating and participating in the development, review, and evaluation of individualized family service plans

- Assisting families in identifying available service providers

- Coordinating and monitoring the delivery of available services

- Informing families of the availability of advocacy services

- Coordinating with medical health provider

- Facilitating the development of a transition plan to preschool services, if appropriate

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

- Coordinating all services across agency lines

- Serving as the single point of contact in helping parents to obtain the services and assistance they need

- Service Coordinators may be employed or assigned in any way permitted under State law as long as it is consistent with Part C requirements. Service Coordinators must be persons

    - Trained and practicing in a profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons

    - Professionals who have demonstrated knowledge and understanding about: eligible infants and toddlers; Part C of the Individual with Disabilities Education Act and the regulations; the nature and scope of services available under the State's Early Intervention System, the system of payments for those services and other pertinent information

- The State's policy and procedures for implementation of EI services must be designed and implemented to ensure service coordinators are able to carry out the above listed functions and services on an interagency basis

"Social work services" includes:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interactions
- 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 parents
- Working with those problems in a child's and family's living situation (home, community or any center where EI services are provided) that affect the child's maximum utilization of EI services
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from EI services

"Special instruction" includes:

- The design of learning environments and activities that promotes the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- 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
- Providing families with information, skills, and support related to enhancing skill development of the child
- Working with the child to enhance the child's development

"Speech-language pathology" includes:

- Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
- Referral for medical or other professional services necessary for habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills

- Sign language and cued language training

- Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills

"Transportation and related costs" includes the cost of travel (e.g., mileage, or travel by taxi, common carrier or other means) and other costs (e.g., tolls and parking expenses) necessary to enable an eligible child and the child's family to receive other EI services.

"Vision services" means:

- Evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays, and abilities

- Referral for medical or other professional services necessary for habilitation or rehabilitation of visual functioning disorders, or both

- 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

3.3 Contracted EI Services

When a provider uses contracting as a mechanism for meeting their obligation to meet the capacity for the services outlined in law and regulation, then the following procedures must be followed for providers to receive reimbursement from commercial insurance companies, (as required under the Insurance Mandate, Article 22), DHS and/or Medicaid:

1. Written dated contracts and/or Memoranda of Agreement (MOA) must be in place between the EI provider and appropriate parties so that the EI provider can demonstrate ongoing capacity to deliver all required EI services. When contracts are developed to meet the requirement to provide these services, then the contracted party must be entered into the EI data system. Parties contracted by full service EI providers must be appropriately certified or licensed and appropriately trained to deliver the services for which they are contracted (i.e. pediatric experience).

2. If at the time of referral it appears as though the child and family may benefit from the expertise of a professional for the delivery of a required service, but that professional is not on the staff of the EI provider, the EI provider will identify an appropriate service provider, including EI specialty providers. Regardless of payment source for such a provider, the following practices are expected:

   - With family consent, the child's Service Coordinator shall have the responsibility of coordinating the scheduling of all EI evaluations/assessments, IFSP meetings, IFSP review meetings, and transition meetings with that service provider, the family, and other members of the family's IFSP team. This is to ensure that all appropriate parties are present or that other means for sharing the information is provided. This is to ensure that all relevant information is considered when making eligibility and IFSP decisions.

- With family consent, copies of all EI generated evaluation/assessments, IFSP's, IFSP reviews/updates, transition plans, and other information in the EI file, including service rendered forms should be shared after the referral has been accepted. Copies of information generated by the expertise of the professional should be included in the EI file.

3. All certified providers must take the appropriate steps to secure third party payment for all services delivered through the EI system. Payment/billing procedures should be included in contracts and MOAs, as appropriate. In all cases, it must be clear that DHS is the payer of last resort. All services provided must be entered in the EI data system.

4. In accordance with IDEA (Sec.303.321) all primary referral sources, including all contracts and MOAs between EI providers and other agencies who provide services to children under the age of three are required to include a statement regarding a referral to the EI system within two (2) working days for children who have been identified as being in need of an EI evaluation for the purposes of eligibility determination. Alternatively, it may be documented that parents were given information regarding EI and either chose to self-refer or decline the EI referral

5. The EI system will not assume the responsibility of payment for any service, with the exception of evaluation, delivered to a child until the child is determined to be eligible for EI, appropriate goals have been developed, and the service has been determined to be necessary to the obtainment of goals within the IFSP or the interim IFSP. If a service provider joins the IFSP team through an MOA and if their participation is funded by a source of revenue other than the EI fee-for-service system, then the EI provider may not bill for their participation in these activities. Additionally, the EI system will only pay for services when it is clear that there is no other funding source for the service.

6. At the EI provider's discretion, if a service provider who is not a member of the EI provider's staff meets the definition of qualified personnel and participates in an evaluation/assessment and the development of the IFSP, he/she may be considered as the second person required for the evaluation/assessment.

3.4 Early Intervention and Collaboration with Community Services and Supports

DHS' view of effective community collaboration extends to building and utilizing appropriate community services and supports for young children and their families. EI is one link in such a network. Other links may include: Family Outreach Programs/VNA; CEDARR Family Centers; (Comprehensive, Education, Diagnosis, Assessment, Referral, and Re-evaluation for Children with Special Health Care Needs) Child and Adolescent Service System Program (CASSP); primary care physicians; Women, Infants and Children (WIC); RIte Care and services provided under commercial health plans; Department of Human Services Programs; Head Start/Early Head Start Programs; Local Education Agencies (LEAs); and child care providers.

At a minimum, EI providers must be able to demonstrate receiving and making referrals to appropriate community services and supports. Those children who are evaluated and found ineligible for EI services will be referred to appropriate programs that will benefit the child and

family, such as Early Head Start, etc., given family consent. Once the referral is made, it is the responsibility of the EI service coordinator to assure appropriate follow-up. Technical assistance regarding community services and supports will be available through training sponsored by DHS. Referrals to community services and supports will be entered into the EI data system.

When community services and supports are identified in a child's IFSP, the EI provider is responsible for demonstrating service coordination with that agency or program. Other activities, such as consulting to an agency, may also be appropriate when included in the IFSP in order to ensure the appropriate modifications or accommodations have been made to assure maximum participation by the child in that agency's program. This would be included under the category of "other" on the IFSP.

Each community has unique programs and supports available. Such programs and supports may be available through libraries, churches, community centers, local social service agencies, hospitals, etc. It is the responsibility of EI providers to develop knowledge of such community supports and facilitate families in accessing them.

If a child is placed in a community setting in order to meet an IFSP goal, then the means by which EI will provide support to that setting must be delineated in a general MOA that is developed between EI and the community setting. The specifics regarding the strategies to facilitate the child's involvement in the community setting will be defined in the IFSP, as well as the payment source if one is indicated.

Building community networks often involves interacting with other community agencies or organizations around community issues, ideas or projects that are not directly related to an individual child and thus are not directly billable. As participation in such interactions ultimately benefits children and their families, EI providers have a responsibility to engage in community activities.

In addition, EI providers must participate in activities to build public awareness about the Early Intervention system and to build relationships with community agencies. This may be done, for example, through presentations to local child care settings, collaboration in a play group with local Parents as Teachers Program, serving on a Board for Head Start, as outreach to a local parent group, etc. Participation in all public awareness activities must be documented and available for the DHS review. Community participation will be considered as a key factor in the certification process. Technical assistance around public awareness is available through DHS.

3.4.1 Early Intervention and CEDARR Collaboration

All CEDARR Family Centers (CEDARR stands for **C**omprehensive, **E**valuation, **D**iagnosis, **A**ssessment, **R**eferral and **R**eevaluation) provide information and support services to families of Children with Special Health Care Needs. Linking families to appropriate resources (e.g., clinical specialists or services) and providing time-limited care coordination are central aspects of the CEDARR system of care.

The CEDARR Program Initiative includes two broad delivery system components:

- CEDARR Family Centers, and

- CEDARR Certified Direct Services (e.g., Home Based Therapeutic Services (HBTS), Kids Connect, formerly known as Therapeutic Child and Youth Care, and Personal Assistance Services and Supports (PASS)).

The CEDARR Family Center Certification Standards more fully describe the role of the CEDARR Family Centers and the related Certification Standards. They are available on line on the DHS website reached at www.dhs.ri.gov

CEDARR Direct Services are specific services developed pursuant to the CEDARR Initiative and available to Medicaid beneficiaries when included as part of an approved CEDARR Family Center Family Care Plan. Development of CEDARR Direct Services is based on two principles:

1) Identification of current service needs and gaps in health care services for children and families with special health care needs; and

2) Establishment and operation of an accountable system for the purchase of appropriate, high quality services to meet those needs.

The CEDARR Family Centers are intended to serve as "family-centered, comprehensive sources of information, clinical expertise, connection to community supports, and assistance to aid the family". The CEDARR Family Centers will be required to coordinate their efforts with Early Intervention Providers and the Early Intervention Providers are required to coordinate their efforts with the CEDARR Family Centers and these efforts must be documented in both the IFSP and CEDARR Family Center's Family Care Plan (FCP).

CEDARR Family Centers will be integral to the successful integration of the Early Intervention System into DHS' ongoing programs and initiatives following its transition from HEALTH. When an EI provider and a CEDARR Family Center are concurrently involved with a family, there must be ongoing communication and collaboration to ensure a seamless and comprehensive system for families of Children with Special Health Care Needs.

CEDARR Family Centers and EI providers are required to make appropriate referrals and coordinate with each other.

3.4.2 Collaboration between EI Certified Providers and EI Specialty Providers

EI Specialty providers are agencies that DHS' has agreements with in order to assure the provision of services that meet the specialized needs of children and families, such as Autism Spectrum Disorders, Mental Health services, Vision and Hearing services. Certified EI providers must refer to EI specialty providers when indicated based on child and family needs, given parental consent. The child's multidisciplinary team evaluation/assessment and IFSP should accompany the referral to the specialty provider.

Once the referral has been accepted by the specialty provider, the child's EI service coordinator and designated staff from the specialty program must schedule a co-visit with the family. The purpose of this co-visit is to clearly identify how the specialty provider will address the needs identified in the referral. It is expected that certified and specialty providers will collaborate continually through the exchange of information. Services provided by the specialty provider must be documented in the IFSP and entered into the EI data system.

The EI service coordinator will be responsible for the coordinating the scheduling of all activities with the specialty provider and the family to maximize communication. When a specialty provider participates in the provision of an EI service, he/she is considered part of the multidisciplinary team. The certified EI provider *and* the Specialty provider must bill individually for their respective staff members who are providing each service and each must enter data into the EI data system.

Specialty providers can participate in and bill for the following:

- Evaluation
- Assessment
- IFSP Development
- IFSP Review
- Specialty services applicable to needs of the populations being served (as determined by DHS*)
- Transition

*MOAs with Specialty providers are not required. However, DHS has separate agreements with each Specialty provider to determine what specialty services are billable.

If a child is referred to a specialty provider, and is not enrolled in a certified EI provider site, the specialty provider will obtain parental permission to make a referral to a certified EI provider within two days.

3.4.3 Early Intervention and Collaboration with Parent Consultant Program

Families are encouraged to actively participate in all Early Intervention services as their participation is an important factor in each child's progress. Supports and services are coordinated through a partnership between families and professionals. Complete and accurate information is provided to families in a supportive manner on a regular basis. Racial, cultural, and family differences are recognized, respected and honored.

EI providers must have a Parent Consultant on staff that is hired, trained, supervised and supported through a contractual agreement held by DHS.

Every Early Intervention provider must have at least one parent consultant per 250 children enrolled in EI. Each parent consultant has had a personal experience with an Early Intervention provider. They are able to provide interested families with resources, support, information, opportunities to connect with other families in the system, ways to get involved and workshops about a variety of topics. Parent Consultants work closely with EI staff to enhance the program by providing the "family perspective". Their role becomes especially important to many families as families prepare to transition out of EI. Parent Consultants also survey families about their experience in EI so they can provide direct feedback to providers and DHS. The information gathered will assist each certified provider, as well as DHS in identifying opportunities for improvement.

3.4.4 Early Intervention and Collaboration with the 'Medical Home'

A medical home provides health care services that are accessible, family-centered, continuous, and culturally competent.

It is the responsibility of a certified EI provider to collaborate with a child and familys' medical home or to work with a family to establish a medical home. EI providers must communicate with primary health care providers around desired outcomes of evaluation, assessment, and services provided. A commitment to share information is required by EI providers in order to enhance quality of services delivered to the child and family.

4.0 REQUIRED COMPONENTS OF STATEWIDE EI SYSTEM

In an effort to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of EI services for infants and toddlers with disabilities and their families, DHS requires certified EI providers to demonstrate capacity to implement the EI system components introduced in this Section.

4.1 Public Awareness

Public awareness is an ongoing, systematic approach to communication with the general population, primary referral sources, and families for the purpose of raising their understanding of the community supports and services available to all eligible children and families. The goal of public awareness is to increase knowledge of the state's EI system, provide information regarding early indicators of children who may be eligible for EI system, describe available services including evaluation services, describe and publicize the Central Directory, and present referral procedures for children and families suspected of being in need of EI.

A public awareness committee with collaborative membership, DHS staff, ICC representatives, RIPIN and EI providers will work to address these responsibilities through numerous activities including:

- Development of improved and streamlined EI materials containing child find information to be distributed in public areas
- Requirements for EI providers to report current public awareness activities specific to EI system
- Outreach/education efforts to the physician/pediatrician community

Additionally, all public awareness activities complement, reinforce, and coordinate those procedures used by the Family Outreach Program (FOP) to convey information about universal screening, child care information, health care options/benefits, as well as linkages between child and family needs and community-based resources. The Parent Consultant program provides an additional opportunity for dissemination of EI communication materials and programmatic information.

Specific details and required elements of the Public Awareness component are further described in Section 5.1.

4.2 Comprehensive Child Find

All infants and toddlers in Rhode Island determined eligible for EI shall be promptly and accurately identified, located and referred. To ensure the identification of all EI eligible children, including Indian children residing on a reservation within the state, infants and toddlers who are homeless, and those who are wards of the state, multiple community linkages and avenues into EI are essential. These linkages include CEDARR Family Centers, RIte Care, Head Start/Early Head Start, and Universal Newborn Screening, Vulnerable Infant Program (VIP), and direct referrals from many sources, including Family Outreach Programs (FOP), pediatricians, hospitals, and families themselves.

Specific details and required elements of the Child Find component are further described in Section 5.2.

4.3 EI Personnel

With respect to ensuring staff competency, the EI provider shall have policies and procedures in place for all employees consistent with DHS certification. This requires that:

1) Licensed and certified professionals conform to continuing education requirements specified by their respective credentialing bodies
2) Educational backgrounds and experience align with position qualifications
3) Appropriate training and agency orientation sessions are completed
4) Recent employment experience is relevant for target population
5) Employment background checks, Background Criminal Investigations (BCIs) and CANTS are performed for all potential employees.

Specific details and required elements of the EI Personnel component are further described in Section 5.3.

4.4 Evaluation and Assessment

The purposes of the evaluation and assessment process include eligibility determination, the gathering of information for planning purposes as well as answering a family's questions regarding their child's development. Multidisciplinary team members are chosen based on the areas of developmental concern and families questions. For each initial evaluation and assessment, evidence based practice dictates that at least <u>two</u> members of a multidisciplinary team and a family member must actively participate in the process. Members of the multidisciplinary team may conduct evaluations and assessments during separate visits only when considered necessary and appropriate by the team, including the family. In all circumstances, written prior notice is required and must be documented in child's record, see Section 5.3.7.2 for Prior Written Notice Procedures. EI providers shall ensure that evaluations and assessments are implemented in collaboration with other agencies where relevant.

Measures used must provide information about the child's level of functioning in each of the following areas: cognition, physical development, including vision and hearing; communication; social and emotional development and adaptive development. Emphasis must be placed on assessing and describing the child's participation in family routines and everyday activities, and not merely his/her testing performance.

4.4.1 Definitions

"Evaluation" means the procedures used by qualified personnel to determine a child's initial eligibility for EI services. Many factors, including family factors, with family consent, are used in determining eligibility. The evaluation includes determination of the child's level of functioning in each of the following developmental areas: cognition, physical development (including vision and hearing), communication, social and emotional development and adaptive development.

"Child Assessment" refers to the initial and ongoing procedures used by qualified personnel throughout the child's eligibility period for EI to identify the child's unique strengths and needs and the services appropriate to meet those needs. This assessment along with the family assessment, when available forms the basis for the goals and outcomes development in the IFSP.

"Family Assessment" means a family assessment, conducted with the voluntary consent of the parent(s). A family assessment, conducted by personnel trained to use appropriate methods and procedures, may identify the needs of the family as related to appropriately supporting the development of the child. This includes the family's description of its resources, priorities, and concerns. It also identifies the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. To gather this information, a variety of methods may be used by multidisciplinary teams (e.g., family self-report questionnaires, structured interviews, informal discussions, etc). This process could also include information about community services and supports to meet non-developmental family needs.

Specific details and required elements of the Evaluation and Assessment component are further described in Section 5.4.

4.5 Individualized Family Service Plan (IFSPs)

The State of Rhode Island assures that each eligible child and family will receive evaluation and assessment, IFSP development and implementation, service coordination and procedural safeguards. For each child evaluated for the first time and determined eligible for EI services, a family assessment and an initial IFSP meeting with required participants including service coordinator, evaluation/assessment staff, family and others as requested by family, should be held no later than forty-five (45) days after referral. Written prior notice is required and must be documented in the child's record.

The family and appropriate qualified personnel providing EI services must develop the IFSP jointly. The IFSP is based on the multidisciplinary evaluation and assessment of the child and family and includes services as defined in Section 3.2 and based on scientific research to the extent practicable, necessary to enhance the development of the child and the capacity of the family to meet the needs of the child.

Specific details and required elements of the IFSP component are further described in Section 5.5.

4.6 Transition

All EI providers must adopt procedures to ensure a smooth transition for children from EI to Local Education Agency (LEA) and/or appropriate community services and supports. Optimally, this process begins with an overview of transition when the child is determined eligible for EI services. Parent education and parent-to-parent support must be provided regarding the general transition process when child is enrolled in EI. At 24 months, each family must be given a copy of "Transition from Early Intervention: A Family Guide".

When the child is 28 months old, a certified EI provider is required to notify the Local Educational Authority (LEA). Parental consent for referral to other community services and supports is requested by the service coordinator and once received is sent to the appropriate agencies.

Additionally, ALL Medicaid eligible children, with parental consent, must be referred to a CEDARR Family Center at 30 months of age.

Parents will be informed that eligibility for EI and for special education are different and that not all children receiving EI services are eligible for preschool special education services. However, since eligibility for special education is not yet known and since all families should be connected to appropriate community services and supports, a transition-planning meeting will be held for all families. It is the responsibility of EI providers to help families access all available resources and to establish a transition plan including steps to exit from the system, regardless of whether or not a child is eligible for preschool special education services.

The EI service coordinator must make reasonable efforts to convene and document a meeting among the EI provider, the family, and other appropriate community services and supports, to discuss the services that the child may be eligible to receive. In particular, DHS requires certified EI providers to link Medicaid eligible children to a CEDARR Family Center, given family consent as part of the transition plan.

Specific details and required elements of the Transition component are further described in Section 5.6.

4.7 Procedural Safeguards

DHS certified EI providers are responsible for assuring procedural safeguards that meet the requirements of IDEA, Part C. The intent of procedural safeguards is to assure that: (1) parents are fully informed of all recommendations being advanced by EI staff, (2) that such recommendations and direct services cannot be initiated or changed without written parental consent; (3) that parents are allowed the opportunity to inspect and review records; and (4) that in those instances in which disagreement occurs between provider staff and parents regarding any procedural safeguard violation, an impartial mediation and hearing procedures will be available for resolving such issues.

DHS is responsible for establishing procedural safeguards and assuring effective implementation of safeguards by each provider involved in the provision of EI services.

Specific details and required elements of the Procedural Safeguard component are further described in Section 5.7.

5.0 DESCRIPTION OF THE EI SYSTEM COMPONENTS

Applicants must demonstrate written policies and procedures that address all aspects of the EI system. The applicant's protocol shall address each of the components introduced in Section 4 of these Certification Standards. An applicant must describe its approach to addressing the various responsibilities and tasks within EI service provision. This can be established through written statements demonstrating an understanding of the content and purposes of the EI system and through provider protocols, policies, statement of purpose, worker orientation/training materials and/or procedures for EI service provision.

5.1 Public Awareness Procedures

DHS oversees a Central Directory of local and statewide services and supports. The purpose of the central directory is to ensure that EI providers, staff members and families have access to information on Early Intervention services resources, experts available in the state, research and demonstration projects being conducted in the state. The Central Directory contains information (location, description, contact information, etc.) to enable individuals to determine the nature and scope of services and assistance available from each source listed and to contact these resources as appropriate.

The state distributes this directory to EI providers who in turn will assure its delivery to all parents of children enrolled in EI. It is updated annually or more frequently, if needed. This information is available in all geographic areas in the state. It is available in both English and Spanish at www.dhs.ri.gov.

Certified providers must demonstrate that all families will receive the Central Directory at the time of intake. Service coordinators within EI Providers are responsible for providing ongoing service and supports information to families.

Performance Standards for the Public Awareness component are further described in Section 6.1.

5.2 Comprehensive Child Find Procedures

Child Find efforts are coordinated with all state child find resources (e.g. Part B of IDEA, Maternal and Child Health {MCH}, Medicaid (EPSDT), Supplemental Security Income {SSI}, Developmental Disabilities Assistance and Bill of Rights Act), and with the assistance of the Interagency Coordinating Council (ICC). DHS assures that as a result of this coordination, unnecessary duplication of effort will be avoided and resources available to each public agency will be maximized.

Additionally, new requirements of the Child Abuse Prevention and Treatment Act (CAPTA), as enacted by Congress in 2003, require states to assure a referral for screening of children under age three (3) who were "involved in a substantiated case of child abuse or neglect" to early intervention service providers and partners funded under Part C." The CAPTA requirement helped to emphasize an already recognized need for coordination between the Department of Children, Youth and Families (DCYF) and the EI system. Protocols for systematic referrals, screening and evaluation have been developed by DHS and DCYF, in collaboration with the ICC.

Performance Standards for the Comprehensive Child component are further described in Section 6.2.

5.2.1 Coordination

Certified EI providers must demonstrate that all primary referral sources will receive timely feedback from the EI provider regarding whether or not the child was found eligible for EI. Feedback must be provided in a written format to the primary referral source within 45 days of referral and must be documented in each child's record.

Each EI provider, upon receipt of a referral, must appoint a service coordinator as soon as possible.

Certified EI providers must accept all referrals for children up to their third birthday. For children who are older than 34 months, the focus of service coordination should be on coordinating evaluations and program planning with post-EI community services and supports. Families may also choose to work directly with their Local Education Agency (LEA) and other community services and supports at this time. EI providers will facilitate a referral to the LEA and other appropriate community services and supports to all families who choose this option.

For those children who are referred to EI when 34 months of age or older every effort must be made to coordinate the evaluation/assessment process with the LEA. These efforts must be documented in the child's record.

In general, when there is presumed eligibility for EI services, diagnosis of an established condition, a child should be referred directly to a full service EI provider. If presumed eligibility does not exist, then families are offered the option of a developmental and family screening through the FOP. Families may, however, choose the more comprehensive evaluation and assessment. EI providers will partner with DHS in assuring broad outreach to Health care providers and child care providers informing them of the process for referring their clients to EI.

5.2.2 Universal Screening

DHS has a cooperative agreement with DOH who contracts with the Visiting Nurses Associations (VNA) and the 7 birthing hospitals (Health care providers) throughout the state to serve as the primary mechanism through which universal screening is conducted. An assessment (Level I screening) is conducted for each child born, which includes: child characteristics, parental demographics, parental characteristics, and established conditions. This data is collected to identify low resource, vulnerable families identify children with known established conditions, and to identify any family that might desire support or benefit from community resources.

Infants with known established conditions are referred by the hospital to Early Intervention and children with multiple established conditions are referred for home visiting to the Family Outreach Program for a Level II screening. Visiting nurses are trained in assessment to conduct a screening that gathers information of the child's developmental competence, family strengths, needs, and support systems, and the characteristics of the care giving environment. Upon

completion of this in-home screening, the FOP refers identified families to EI when appropriate or to other community based services and supports.

5.2.3 Referral Process

Direct referrals permit families, state and community agencies, health insurers, and health care providers to refer infants and toddlers directly to EI for family evaluation and assessment. Direct referrals are made within two (2) days after the child is identified as being in need of EI evaluation and assessment. This referral can be made by telephone, fax, letter, or in person.

Referrals will be accepted by EI providers for children up to their third birthday. For children who are 34 months or older, the focus of service coordination should be on coordinating evaluations and program planning with potential community services and supports available after the child's discharge from EI. In some cases, families may also choose to work directly with their Local Education Agency (LEA) and other community services and supports at this time. EI providers will facilitate a referral to the LEA and other community services and supports for all families.

In general, when there is presumed eligibility for EI a child should be referred directly to a full service EI provider. If presumed eligibility does not exist, then families are offered the option of a developmental and family screening through the FOP or referral to a CEDARR Family Center. Families may, however, choose the more comprehensive evaluation and assessment. EI providers will partner with DHS in assuring broad outreach to health care providers and child care providers informing them of the process for referring their patients to EI.

When referrals come from community agencies or health care providers, it is expected that families are involved in the decision to make a referral to EI, as families can decline a referral to EI. Additionally, families may choose any full service provider regardless of their home address.

5.3 Early Intervention Personnel

The work of EI staff must be systematically organized with clear delineation of the staff roles, reporting relationships and supervision within the EI system service components. If the agency is a multi-service organization, an applicant must illustrate how EI fits into the organization as a whole. Detailed job descriptions must be provided for Clinical Supervisors, Service Coordinators, and all other qualified personnel. Protocols must include clear delineation of the role of each staff position and scope of practice.

Job descriptions must address the following areas:

1. Reporting relationships
2. Functional tasks and responsibilities
3. Required skills, training, and experience
4. Licensure or certification qualifications, when applicable

It is the responsibility of an EI provider to conform to DHS certification requirements regarding staff credentials, training, personnel management and guidelines. The EI provider shall demonstrate that it meets the specific staffing requirements. The applicant must therefore give written assurances that these standards will be provided and maintained as a requirement for receiving and maintaining certification.

Certified EI providers must demonstrate acceptable staffing ratios for Qualified Professionals, including Supervisors, Service Coordinators and Paraprofessionals, as well as staff utilized though contractual agreements. Additionally, documentation of relevant education, qualifications and experience of staff and contracted providers must be maintained at certified providers sites for review by DHS and parents as requested.

Performance Standards for the EI Personnel component are further described in Section 6.3.

5.3.1 Qualified Professionals

All qualified professionals in the EI system, whether employed on a full-time or part-time basis, or under a contractual agreement, for whom certificates, licenses, or registrations are required by state law and regulation, must hold current certificates, licenses, or registrations. Only those professionals that hold such certificates, licenses, or registrations and meet the highest requirements in the state applicable to a specific profession or discipline may be considered qualified professionals. Compliance with continuing education requirements necessary to maintain certificate, license or registration in relevant disciplines, as well as completion of Introduction to EI course within six months of date of hire is required. Qualified professionals include:

Audiologist	Master's Degree with specific course content from an accredited program and is licensed by Department of Health
Early Childhood Educator	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as an Early Childhood Teacher
Marriage and Family Therapist	Completion of a graduate degree from an accredited program and is licensed by Department of Health
Mental Health Counselor	Completion of a graduate degree from an accredited program is licensed by Department of Health
Physician/Psychiatrist	Doctorate in Medicine with state licensure and Board certification in appropriate medical or surgical specialty; must be licensed by Rhode Island Board of Medical Licensure and Discipline
Nurse	Licensed as a Registered Nurse by Department of Health and has graduated from Board approved and accredited nursing program
Registered Dietician	Bachelor's Degree in nutrition or dietetics from an accredited/approved program and is licensed by Department of Health

Occupational Therapist	Bachelor's Degree from an approved, accredited Occupational Therapy program and is licensed by Department of Health
Occupational Therapy Assistant	Certified Occupational Therapist Assistant Associate's Degree and passing National Occupational Therapist Examination for Occupational Therapist Assistant
Optometrist and Ophthalmologist	Degree from an approved school or college of optometry and is licensed by Department of Health
Orientation & Mobility Specialist	Bachelor's degree from an AER approved university or college, O & M program, certified by the ACVREP Board of Directors
Physical Therapist	Bachelor's Degree from a Board approved school of Physical Therapy and licensed by Department of Health
Physical Therapy Assistant	Physical Therapist Assistant Associate's Degree from accredited college or university and certified as Physical Therapist Examination Assistant
Psychology	Doctoral Degree in psychology or equivalent programs licensed by Department of Health
Social Work	MSW from an accredited program, certified and is licensed by the Rhode Island Board of Social Work
Special Educator	Bachelor's Degree from an accredited program and is certified by the Rhode Island Department of Education as a Special Educator - Blind/Partially Sighted, Deaf/Head of Hearing, Early Childhood
Speech and Language Pathologist	Master's Degree with specific course content from an approved program or its equivalency and is licensed by Department of Health
Speech and Language Pathology Assistant	Completion of eighteen (18) graduate credits from an accredited program and registration with the Rhode Island Department of Health

Other accepted qualified professionals will be considered if the following criteria are met:

- Master's Degree in a relevant field for EI
- Course work that is relevant to EI (at least four 3-credit courses)
- At least one year's experience working in the EI field or one year's experience working with infants and toddlers with special needs

- A letter signed by the program's clinical supervisor, stating that they have complete confidence in the ability of the staff person in question to perform all the functions of a Qualified Professional.

In order to expedite this process, a review of qualifications for the applicants will begin as soon as an EI Director or Clinical Supervisor submits to DHS all qualifying information, e.g., resume, statement of qualifications, copy of master degree diploma, copy of school transcript, and any other pertinent documentation.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for qualified professionals.

5.3.2 Supervisors

Certified EI providers must employ a least one Supervisor per site. These clinical supervisors must meet the requirements of a qualified professional and have a minimum of 3 years working with young children and their families. Discipline specific supervision should be provided in accordance with RI DOH practice acts and RI Department of Education Certification Requirements. In addition to compliance with continuing education requirements to maintain a current certificate or license, a minimum of eight (8) hours per year within the following areas is required; (1) Supervisory skill building, (2) Quality improvement, (3) Ethical and risk management issues, and (4) Collaborative problem solving and completion of the Introduction to EI course within six (6) months of date of employment.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for Supervisors.

5.3.3 Service Coordinators

All service coordinators in the EI system, whether employed on a full-time or part-time basis, or under a contractual agreement, must hold a minimum of a Bachelor's degree in Early Childhood Education, Child Development, Early Childhood Special Education, Social Work, Psychology, Communication Disorders, Nutrition, a related EI field, or a Bachelor's Degree in a non-related field but with at least three years of experience working with infants and toddlers with special health care needs. A minimum of 12 hours per year of training with a focus on working with young children with disabilities and their families and completion of the Introduction to EI course within six months of the date of employment, is required.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for Service Coordinators.

5.3.4 Paraprofessionals

All paraprofessionals in the EI system, whether employed on a full-time or part-time basis, or under a contractual agreement, must hold a minimum of an Associate Degree in Human Services or a related field and minimum of one (1) year experience providing services to families with infants and toddlers; or high school diploma or equivalent and minimum three (3) years experience providing services to families with young children, or Child Development Associates with 1 year of experience providing services to families with infants and toddlers. A minimum of 12 hours per year of training with a focus on working with young children with disabilities

and their families and completion of the Introduction to EI course within six months of the date of employment is required.

The use of paraprofessionals in EI who are appropriately trained and supervised in accordance with state law, regulations, and policy to assist in the provision of EI services (i.e. billing, interpreter services) is considered by DHS to be a career opportunity. EI providers employing paraprofessionals will have available, EI providers ongoing professional development activities related to EI specific services, policies and procedures governing their duties, records of the paraprofessionals completion of training for the work assignments, continuing education and relevant coursework completed. Therefore, provider support of paraprofessionals to further their formal education is strongly encouraged.

Please see *Early Intervention Services and Reimbursement Table* located in the Technical Resource Documents for a listing of billable services for paraprofessionals.

5.3.5 Supervision

A certified EI provider must demonstrate that there will be a minimum of at least one (1) Supervisor per site in order to assure appropriate monitoring and support of Service Coordinators. Additionally, supervisors provide group and individual supervision as well as deliver direct services to children and families.

5.3.6 Provider Orientation and Training

DHS, in collaboration with its partners, provides a comprehensive system of personnel development to assure qualified EI staff throughout the EI system. EI providers assure participation of their staff at appropriate education and training events in order to meet professional standards. All qualified professionals, including Supervisors, Service Coordinators and paraprofessionals must complete an annual professional development plan. These plans shall be made available to DHS upon request. Personnel files shall contain documentation of all completed agency orientation and trainings.

DHS requires that basic training for all EI staff must be arranged by the provider and must include, but not be limited to the following:

- State-wide Resources available to families and Children with Special Health Care Needs
- A valid certification in First Aid for children and young adults including management of airway and rescue breathing (CPR)
- Ethics and confidentiality

Education reimbursement is offered and intended to offset the lost revenue for hours of personnel development related to the development of competencies in Early Intervention. The basic training requirements listed above are excluded from education reimbursement. Please see Request to Access Education Reimbursement form for details and procedure.

5.4 Evaluation/Assessment Requirements

Certified EI providers must demonstrate that evaluations and assessments are conducted in collaboration with other agencies where indicated. Comprehensive multidisciplinary

evaluations/assessments of the child as well as a family assessment, with the consent of the family, are conducted in a timely manner in order to assure an initial IFSP meeting be held within 45 days of referral. Written prior notice is required to conduct evaluations/assessments and must be documented in the child's record.

The service coordinator, who coordinates the evaluation and assessment process, assumes responsibility for the following activities:

- Serving as the single point of contact in assisting parents to obtain required services and assistance
- Assisting parents in gaining access to all services identified in the IFSP
- Coordinating the provision of services both within and across agencies
- Facilitating the timely delivery of services
- Coordinating the performance of assessments
- Facilitating the development, review, and appropriate modification of the IFSP
- Assisting families in identifying available service providers external to EI providers
- Coordinating with medical and Health care providers
- Facilitating the development of appropriate transition plans

Qualified multidisciplinary team members, trained to use appropriate methods and procedures, conduct evaluations and assessments. The evaluation for eligibility determination includes a review of medical history and the use of two or more measures, including norm-referenced, criterion-referenced, parent report, and/or direct observational measures. A family assessment must be completed and documented in IFSP with family consent.

Evaluation and assessment measures used must provide information about the child's level of functioning in each of the following areas: cognition, physical development, including vision and hearing; communication; social and emotional development and adaptive development. Emphasis must be placed on assessing and describing the child's participation in family routines and everyday activities, and not merely his/her 'testing performance'.

Performance Standards for the Evaluation and Assessment component are further described in Section 6.4.

5.4.1 Evaluation/Assessment Tools

If the evaluation and assessment process are combined initially, as may be the case when eligibility must be determined, at least one measure used in the evaluation and assessment must be norm- or criterion-referenced. A norm-referenced test is a test that compares the individual child's performance to a clearly defined normative group (i.e., comparing a two year old child's performance to that of a thousand other two year olds on the same tasks). A criterion-referenced

measure compares an individual's performance to established criterion or standard of performance. In most cases use of both a norm-referenced and criterion-referenced measure will provide the most complete information to determine eligibility and begin assessment of a child's current functioning for program planning.

If a criterion-referenced tool is used for the determination of eligibility, it must provide a developmental age or ages in the required domains. If a child has been referred to EI at 28 months of age or older, it is critical that norm-referenced measures be considered and that the evaluation be coordinated with the LEA so it may also be used for eligibility determination for preschool special education services. Selection of the other tool(s) is based on the judgment of the evaluation team with family input as appropriate. In cases where eligibility is known, as is the case with a documented established condition (SEC), it is recommended that criterion-referenced measures be used to link the assessment to goals in the IFSP. Descriptive and specific documentation in the IFSP is required in order to justify the concern of the team and the need for EI services.

5.4.2 Informed Clinical Opinion

In those rare cases when a child's functioning is not measurable using norm-referenced tools or criterion-referenced measures, informed clinical opinion may be used to determine eligibility for EI. The evaluation and assessment report must clearly delineate the child's level of functioning in each required domain so that an independent evaluation team would make the same eligibility determination on the basis of the written report or clinical observation of the child.

- When a child is determined eligible by informed clinical opinion, the IFSP team shall review the child's progress in six months and determine whether additional evaluations/assessments should be completed. This may include a referral for an outside evaluation or an updated developmental assessment by the IFSP team. The team must decide whether or not this child will remain eligible for the next six months based on the informed clinical opinion or whether there is sufficient evidence to establish eligibility under another condition or whether or not to discharge the child.

5.4.3 Use of Outside Evaluations

EI providers must use evaluations completed by other agencies in eligibility determination if they meet the evaluation/assessment requirements and have been completed in the last three months. The evaluation/assessment requirements are: completed by two qualified professionals, completed using at least two measures, and consideration of the five domains. If these evaluations do not meet the evaluation standards or have not been completed within the last three months, additional evaluations are to be completed if the child is not eligible based on a single established condition. However, when an outside evaluation is used to determine eligibility, EI must still complete an assessment for the development of the IFSP. This assessment must be conducted by a multidisciplinary team of at least two qualified personnel. If an outside evaluation also contains information that may be appropriate for IFSP development, such information must be reviewed and included in the IFSP. Outside evaluation must be included in the child's record.

EI evaluation teams must consider any outside evaluations that parents may have and wish to have considered; however, the EI evaluation and IFSP team hold the responsibility of

determining eligibility and services. If parents, as members of the EI teams, disagree with the decisions made by other team members, then they may access procedural safeguards.

5.4.4 Non-Discriminatory Procedures

Each EI provider must ensure that the following standards of evidence and nondiscriminatory practice are met:

- Tests, assessments, and other evaluation procedures are administered in the native language of the child and parent or other mode of communication, unless not feasible

- Any evaluation or assessment procedure is selected and administered so as not to be racially or culturally discriminatory

- Evaluation and assessment procedures are consistent with the unique demographic, cultural, racial, and ethnic characteristics of the population serviced.

- No single procedure is used as the sole criterion for determining a child's eligibility for services;

- Evaluation/assessment team members use informed clinical opinion to interpret all evaluation data.

Certified EI providers must document that qualified personnel conduct evaluations and assessments.

5.5 Individual Family Service Plans (IFSPs)

The initial IFSP meeting must occur within forty-five days of the date of referral. All initial meeting not held within 45 days must include a written justification in the IFSP.

Additionally, EI certified providers must demonstrate that all IFSP meetings are:

- Conducted by face-to-face contact. Other means acceptable to the family and other participants may be used in extenuating circumstances and must be documented in the child’s record

- In the native language of the family or other mode of communication used by the family, unless not feasible. When not feasible to conduct the IFSP in the language of the family, an interpreter must be present to facilitate the family’s full participation and decision making as part of the IFSP team.

- In settings and at times that are convenient to families.

In accordance with federal law, written notification should be provided to the family and all other participants by the service coordinator at least 7 days prior to the date of all IFSP meetings.

Performance Standards for the IFSP component are further described in Section 6.5.

5.5.1 Participants in IFSP Meetings

Each initial IFSP meeting, which is conducted within forty-five (45) days after referral and annual IFSP meetings thereafter, shall minimally include the following participants:

- Parents of the child
- Family members as requested by the parent
- Advocates or persons outside of the family as requested by the parent
- Service coordinator working with the family since the initial referral of the child or the person designated by the provider to implement the IFSP
- At least one professional who participated in the evaluation and assessment process
- Any additional community services and support program representatives as determined by the needs of the child and agreed to by the family

If any persons listed above are unable to attend the meeting, arrangements are made for other methods of participation (e.g., telephone calls, availability of pertinent records, a knowledgeable authorized representatives, etc.).

5.5.2 Periodic Review

Given the dynamic nature of the developmental course of infants, toddlers, and their families, IFSPs require ongoing review, discussion, and revision by parents and service coordinators. EI providers have developed procedures that promote and facilitate continuous, collaborative planning by professionals and families.

In addition to such ongoing exchanges, each IFSP must be formally reviewed every six months, or more frequently if conditions warrant, or if a family requests such a review. Participants in this progress review minimally include the parent, service coordinator, and others as requested by the parent. This review occurs through a meeting or other means acceptable to the parents and other participants. The objective of this meeting is to review the degree to which progress is being made toward achieving outcomes, and whether modifications or revisions of outcomes or services are needed. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

EI providers must demonstrate that each IFSP must be formally reviewed every six months, or more frequently if conditions warrant, or if a family requests such a review. Participants in this progress review minimally include the parent, service coordinator, and others as requested by the parent. This review occurs through a meeting or other means acceptable to the parents and other participants. The objective of this meeting is to review the degree to which progress is being made toward achieving outcomes, and whether modifications or revisions of outcomes or services are needed. The review may be carried out by a meeting or by another means that is acceptable to

the parents and other participants. Written prior notice is required and must be documented in child's record.

5.5.3 Annual Meeting to Evaluate the IFSP

The purpose of the annual IFSP meeting is to evaluate, revise and update the IFSP based on ongoing assessment of the child's progress. Participants in this meeting shall include those represented in the initial IFSP meeting. The results of any current evaluations and other information available from the ongoing assessment of the child and family must be used in determining what services are needed and will be provided. EI providers must demonstrate policies and procedures for completion of an annual IFSP meeting. Seven days written prior notice is required and must be documented in the child's record.

5.5.4 Content of an IFSP

The individualized family service plan shall be in writing and contain:

- A statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social and emotional development, and adaptive development, based on objective criteria

- A statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability

- A statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary

- A statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services

- A statement of the natural environments in which early intervention service will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment

- The projected dates for initiation of services and the anticipated length, duration, and frequency of the services

- The identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services

- The steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services

All IFSPs must be completed on the most recent IFSP form issued by DHS. It should be noted that DHS believes that the process of completing the IFSP is an important as the written product. The expected process is that outcomes are written together with the families and other caregivers rather than being written by professionals and given to parents for review and approval. The written IFSP should be as unique as the family who participated in its development and should function as a working document. See Technical Resource Documents for IFSP form.

5.5.5 Interim IFSP

EI services may be initiated for eligible children prior to the completion of the evaluation/assessment process provided:

- Written prior notice of the meeting is sent and documented
- Written parental consent is obtained
- An interim IFSP is developed that includes the name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons
- The specific EI services that have been determined to be needed immediately by the child and child's family
- The date of completion of the evaluation and assessment process is specified and agreed to by the parent

Certified EI providers must complete Interim IFSPs in all instances of the immediate need for services and in the case of referrals of children 34 months or older. An interim IFSP is appropriate to use in lieu of an Initial IFSP only when a child is referred at 34 months or older in order to provide support for transition to Local Education Agency (LEA) and/or community services and supports. To complete an interim IFSP, an evaluation to determine eligibility and an initial IFSP meeting to determine services immediately needed must occur.

An interim IFSP does not negate the forty-five day (45) timeframe for the initial IFSP meeting for all children under 34 months of age. See Technical Resource Documents for Interim IFSP form.

5.5.6 Accessibility and Convenience of Meetings

IFSP meetings shall be conducted:

- By a meeting or other means acceptable to the parents and other participants
- In settings and at times that are convenient to families
- In the native language of the family or other mode of communication used by the family, unless not feasible

- In accordance with written notification provided to the family and all other participants by the service coordinator at least seven days prior to the date of the meeting

5.5.7 Parental Consent

All IFSP meetings must be conducted in a manner to ensure the contents are fully explained to the parents. Informed written consent must be obtained before the provision of the EI services described in the IFSP. If parents do not provide consent for a particular EI services or withdraw consent after initially providing consent, that service may not be provided. Additionally, all EI services to which parents consent must be provided in a timely manner.

It is important to note that information contained within the IFSP, such as diagnoses, medical conditions, test results, and service goals should be presented in language and in a format that is easily understood by families. The final content of the IFSP is jointly determined and agreed to by the family and the multidisciplinary team.

5.6 Transition Procedures

EI providers must demonstrate that each child's transition team is comprised of: (1) the child's parent(s), (2) the EI service coordinator, (3) representative from the school department, (4) representative(s) from appropriate community services and supports as determined by the team. Written prior notice of the meeting must be given seven (7) days in advance and documented in child's record. The meeting is scheduled and convened by the service coordinator. Parent education and parent-to-parent support is given regarding the general transition process beginning when the child is approximately 24 months of age. Each family should be given a copy of "Transition from Early Intervention: A Family Guide."

At 28 months old the child must be referred to the LEA. The first transition-planning meeting should occur when the child is thirty months of age.

For children who may be eligible for preschool special education and who will turn three years of age between May and September, these timelines must be adjusted to ensure that six months of planning time is still available to the transition team. Therefore, all transition activities, beginning with the referral, should occur earlier (e.g., referral at 26 months instead of 28 for a child with a July birthday).

Children who are referred to EI after 28 months should be referred as soon as possible to the LEA and other community services and supports. The service coordinator should not wait for an EI evaluation/assessment to schedule the transition-planning meeting.

If a child is referred to EI at 34 months or older, the primary work of EI is to support the family through transition. The service coordinator should refer to the LEA and other community services and supports immediately and use an interim IFSP with an outcome of transitioning the child and family. In these cases, an immediate transition-planning meeting is convened with the appropriate team within two (2) weeks to decide how to evaluate the child for special education eligibility and to plan for transition into community services and supports.

If the child has a surrogate parent while in EI, the transition plan needs to include steps to ensure a timely assignment of an educational surrogate advocate. An educational advocate is accessed when the service coordinator notifies the Department of Children Youth Families (DCYF) caseworker and requests that the paper work process be initiated. This must be documented in the child's record.

In summary:

1) At 28 months a referral is made to the Local Education Agency (LEA) and appropriate community services and supports
2) At 30 months EI provider service coordinator will schedule and convene the transition planning meeting with appropriate transition team members as outlined in Section 5.3.6
3) Between 30 – 36 months the LEA holds an eligibility meeting
4) Between 30 – 36 months if the child is eligible for special education, the IEP meeting is convened
5) Between 30 –36 months if the child is not eligible for special education, the EI provider service coordinator and transition planning team members refer the family to appropriate community services and supports
6) Between 30-36 months ALL Medicaid eligible children must be referred to a CEDARR Family Center, given parental consent.

Performance Standards for the Transition component are further described in Section 6.6.

5.6.1 Transition Plan

EI providers must demonstrate that the result of the transition meeting is a written Individual Transition Plan. Written plans must include:

- Type and extent of evaluation data required to determine the child's status and eligibility for preschool programs under Part B services at age three, or referral to other appropriate community services and supports, as well as the person(s) responsible for performing the evaluations

- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and participate in a new setting

- Family participation goals

- Parental consent for the transferring of confidential information to the LEA and/or appropriate community services and supports—including evaluation, assessment, and IFSP information

- Procedures for preparing an Individualized Education Program (IEP) and provision of those services by 36 months, if the child is deemed eligible for special education

- Specific timelines for completing the above activities

If the child is eligible for preschool special education, the LEA will convene an IEP meeting as part of the transition process. Appropriate EI staff should be invited to these meetings, with

parent permission and it is appropriate that they attend. The purpose of transition planning and timelines is to ensure that there is enough time to gather the information needed for eligibility determination and for IEP development. Children who are eligible should have an IEP meeting by their third birthday in order to have services begin right away, or on the first day of school following a summer birthday. Some children will be recommended for a more intensive extended school day or school year placement. Only an IEP team can decide if a child is eligible for preschool special education and "extended school day or year" services.

5.7 Procedural Safeguards Procedures

Certified EI providers must assure and document that a copy of the *Family Rights and Responsibilities* booklet is provided to all families at intake. Service Coordinators must review these rights and responsibilities and complaint procedures with each family involved in EI. See Technical Resource Documents for this resource as well as a sample prior written notice form.

Performance Standards for the Procedural Safeguard component are further described in Section 6.7.

5.7.1 Opportunity to Examine Records

EI certified providers must demonstrate that the parent(s) of eligible children are afforded the opportunity to inspect and review records relating to evaluation and assessment, eligibility determination, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and family.

5.7.2 Prior Notice: Native Language

Certified EI provider must demonstrate that written notice is given to the parent(s) of their child at least seven (7) days prior to initiation or change of the identification, evaluation, modification of EI services to the child or family. This means that parents must be notified seven days prior to evaluation, assessments, IFSP meetings and reviews, and transition meetings. If the parent is deaf or blind, or has no written language, the notice must be in the language or mode of communication normally used by the parent.

This notice must be in sufficient detail to inform the parent(s) about the action being proposed or refused, must include the reasons for the actions proposed, and must include all procedural safeguards.

The notice must be written in language understandable to the general public, and/or must be conveyed in the parent's native language or normal mode of communication. If the parent's native language or mode of communication is not written, or if the parent is deaf or blind, the provider must ensure that the notice is translated orally or by other means normally used by the parent, that the parent understands such notice, and that written documentation be maintained that such notice has occurred. See Technical Resource Documents for sample prior written notice form.

5.7.3 Parent Consent

Certified EI providers must demonstrate that written parental consent is be obtained before:

- Conducting the initial evaluation and assessment
- Initiating the provision of EI services

If consent is not given by the parent, the EI provider shall make reasonable efforts to ensure that the parent:

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

5.7.4 Confidentiality

EI providers must demonstrate policies and procedures that ensure the protection of any personally identifiable information collected, used, or maintained, including rights of parents or guardians to written notice of, and written consent to the exchange of information, consistent with federal and state law.

5.7.5 Notice to Parents

Each provider must demonstrate protection of any personal identifiable information collected, used or maintained, including the right of parents to written notice of and written consent to the exchange of information is consistent with state law. This information is communicated to parents and families in the native language or other mode of communication of the family of the eligible child.

The notice describes children on whom personally identifiable information is maintained, the type of information sought, the methods used to collect the information including sources from whom information is gathered, and the manner of utilization of information. The notice also outlines policy and procedures the provider will follow regarding storage and disclosure to third parties, the retention and destruction of personally identifiable information, and describe all rights of parents and children regarding this information, including the rights ensured by the Family Education Rights and Privacy Act (FERPA).

5.7.6 Access Rights

Each EI provider shall permit parents to inspect all records related to their child. Requests for record reviews by parents shall be complied with promptly, and in no case shall exceed forty-five (45) days. Record reviews must be facilitated, upon request, prior to IFSP meetings, hearings related to the child's identification, evaluation, or placement or provision of EI services and at any time within the identification, evaluation, and program planning process. Parents or their designated representative may also request copies of records containing information if failure to provide that information would effectively prevent the parent from the right to inspect and review records. Parents or their representatives have the right to a response to reasonable requests for explanations and interpretations of records. The provider will presume the parent

has the authority to inspect and review his/her child's records unless the provider has been advised that the parent does not have that authority under State law governing guardianship, separation and divorce.

5.7.7 Record of Access

Certified EI providers must demonstrate that all participating agencies which maintain confidential or personally identifiable information on children and their families keep a record of parties obtaining access to those records collected, maintained or used (except access by parents and authorized employees of the provider), including: (1) the name of the party requesting access; (2) the date of access; and (3) the purpose for which the party is authorized to use the records.

5.7.8 Records on More Than One Child

Certified EI provider must ensure that if any EI record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.

5.7.9 Lists of Types and Locations of Information

Each EI provider shall provide parents on request a list of the types and locations of EI records collected, maintained or used by certified providers, specialty providers and any other participating agency.

5.7.10 Fees

Certified EI providers may charge fees for copies if the fees do not prevent parents from exercising their right to inspect or review records. Providers may not charge for searching and/or retrieving such records.

5.7.11 Consent for Disclosure

Written parental consent must be obtained before personally identifiable information is disclosed to any individual not employed by the provider, or to any other provider, or for any other purpose than to comply with this application. The provider may not release information from the records to participating agencies without the consent of the parent unless authorized to do so under FERPA. In the event that the child's multidisciplinary team believes failure to release requested information would be harmful to the welfare of the child, the provider may request a due process hearing to determine if the information may be released without parental consent.

5.7.12 Destruction of Information

Certified EI providers must demonstrate the ability to maintain permanent record information (including name, address, phone number, attendance and levels) without time limitation. Other information must be destroyed if the parent so requests. The provider must inform the parent when personally identifiable information is no longer needed to provide services to the child.

5.7.13 Parent Rights to Decline Service

Parents of an eligible child may determine whether they, their child or other family members will accept or decline any EI services under Part C in accordance with State Law. Additionally, parents may decline such service after first accepting it without jeopardizing other EI services

5.7.14 Surrogate Parents

DHS shall ensure that the rights of eligible children are protected if:

- No parent can be identified
- Voluntary decision by parent
- After reasonable efforts, the EI provider cannot discover the whereabouts of a parent or the parents decline decision making authority in the provision of EI services
- Child is a ward of the State

DHS shall be responsible for determining the need for a surrogate and the assignment of an individual to act as a surrogate for the child in accordance with existing state law. Such policies shall ensure that a person selected as a surrogate parent:

- Has no interest that conflicts with the interests of the child he or she represents
- Has knowledge and skills that ensure adequate representation of the child

A person assigned as a surrogate parent may not be an employee of the State lead agency or other State agency or be a person or an employee of a person from any provider involved in the provision of EI services or other services to the child or family member of the child. Appointed surrogates shall not be considered employees of the provider because of being paid by the provider to act as a surrogate.

A surrogate may represent a child in all matters related to:

- Evaluation to determine eligibility and assessment of the child and family
- Development and implementation of the child's IFSP, including annual evaluations, assessments, and periodic reviews
- Ongoing provision of EI services to the child
- Any other rights under IDEA Part C

See Technical Resource Documents for surrogate parent request forms and procedures.

5.8 Procedural Safeguard Violation Procedures

Any individual or organization, including an individual organization from another state may file a complaint that any public agency or private service provider is violating a requirement of Part C of IDEA by filing a written complaint with DHS. The complaint must be written and signed and include a statement of the State, other public agency, or certified EI provider that is identified as violating a requirement of Part C rules and regulations. The complaint must also include the facts upon which the complaint is based.

The alleged violation must have occurred not more than one year before the date the complaint is received by DHS unless a longer period is reasonable because: (1) the alleged violation occurs for that child or other children; or (2) the individual filing the complaint is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received.

After the complaint is filed, DHS will give the parent or other individual/agency the opportunity to provide information regarding the issues in the complaint. DHS will investigate and resolve the complaint, utilizing mediation and/or a due process hearing that includes a review of all relevant information and an independent on-site investigation if necessary.

5.8.1 Mediation

DHS assures parents or other affected parties have a right to access mediation services in order to address disputes related to the identification, evaluation, or provision of appropriate early intervention services under Part C of IDEA. The Early Intervention mediation process is voluntary on the part of all parties. Mediation may not be used to deny or delay a parent's right to an administrative proceeding or State complaint, or to otherwise deny the parent's or other party's rights under Part C of IDEA. The mediation must be conducted by a qualified and impartial mediator trained in effective mediation techniques.

The DHS maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services, and coordinates the assignment of an appropriately qualified mediator. DHS will coordinate the assignment of an appropriately qualified mediator.

Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute. The assigned mediator shall prepare a written mediation agreement, which identifies the agreement reached by the involved parties. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent administrative proceeding or civil proceeding. DHS shall bear the cost of the mediation meeting, except any legal representation that parents or other parties may choose to have present.

5.8.2 Due Process Hearing

A parent may request a due process hearing regarding Early Intervention's proposal or refusal to initiate or change the identification, evaluation, placement or provision of appropriate early intervention services by submitting a written request for a due process hearing.

The written request, submitted by the parent or the parent's attorney, must include the name and address of the child, name of the parent submitting the request, description of the facts related to the problem and proposed ways to resolve the problem, if known.

When a hearing is requested by the parent, DHS will inform the parent of the right to mediation and of any free or low cost legal services available to the parent. DHS will be responsible for assigning an impartial hearing officer. The hearing officer assigned must have knowledge about the provision of Part C and about the needs of and services available for eligible children and their families. The hearing officer will 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.
- Provide a record of the proceedings, including a written decision.

The impartial person may not be an employee of any agency involved in the provision of early intervention services or care of the child or child's family. The impartial person may not have a personal or professional interest conflicting with his/her objectivity in the complaint resolution process. Parties involved in administrative hearings/due process proceedings have the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under Part C of IDEA.
- Present evidence and confront, cross-examine, and compel the attendance of witnesses.
- Prohibit the introduction of any evidence at the due process hearing that has not been disclosed to the parent at least five days before the hearing.
- Obtain written or electronic verbatim transcription of the proceeding and obtain written findings of fact and decisions.

Due process hearings are conducted at a time and place that is reasonably convenient to the parents. During the proceeding, the child will continue to receive appropriate early intervention services currently provided unless parent and public agency otherwise agree. If a complaint involves application for initial services, the child receives those services that are not in dispute.

5.8.3Resolution of Procedural Safeguard Violation

DHS will issue a letter of findings within 60 days of receipt of the complaint. An extension of the timelines will be permitted

only if exceptional circumstances exist with respect to a particular complaint.

The letter will address each allegation with findings of fact, reasons for final decisions, and instructions to the agency or individual to correct any violations found during the investigation. DHS staff will identify the corrective actions necessary to achieve compliance and offer technical assistance and negotiation. If the complaint involved the delivery of appropriate services and the agency/provider is found to have failed to provide appropriate services, DHS will identify how the agency/provider must remedy the violation, 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.

6.0 PERFORMANCE STANDARDS

An applicant for certification must demonstrate that it brings to the EI system a sound combination of management and clinical skills, experience, and the capability to reliably support the provision of Early Intervention. As part of the commitment, an applicant must demonstrate its capacity to effectively provide each of the EI system components. Applicants are to demonstrate their approach to meeting these requirements in writing. Further guidance as to how to complete the application is included as a Technical Resource Document.

Fully certified EI providers will be in compliance with the Certification Standards and meet performance standards for EI services provided. DHS utilizes these performance standards as well as data collected in the EI data system, parent survey data and other methods for oversight, monitoring, quality assurance, utilization review and to report to the United States Department of Education, Office of Special Education Programs (OSEP) and other interested parties. Accordingly, the following sections outline the performance standards for services EI certified providers.

6.1 Public Awareness Performance Standard

This performance standard requires that the EI provider must complete and document three (3) public awareness activities in a calendar year, for example outreach work to underserved populations, health education fairs, workshops or conferences. The public awareness committee will coordinate these efforts. This is to assure that all eligible infants and toddlers are identified, evaluated, and enrolled, with particular attention to reaching those traditionally underserved and with the highest needs. EI providers must submit an annual plan to the public awareness committee and an annual report to DHS documenting public awareness activities no later than January 1st of each calendar year. Conducting less than three (3) within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes.

All public awareness materials and presentations must be reviewed by DHS prior to dissemination.

6.2 Comprehensive Child Find Performance Standard

This performance standard requires that each EI provider must provide feedback to primary referral sources regarding eligibility for EI in 80% of referrals received from primary referral sources. This feedback must be provided in the form of a written communication to the primary referral source within 45 days of referral and must be documented in each child's record.
Failure to provide feedback to primary referral source in 80% referrals may result in provisional certification status and associated reimbursement schedule changes.

6.3 EI Personnel Performance Standard

This performance standard requires that 100% of EI services are provided by appropriate personnel as set forth in *EI Services and Reimbursement Table*. EI providers must document evidence of appropriate personnel on the Services Rendered Form and in the EI data system. Failure to utilize appropriate personnel for 100% of EI services may result in provisional certification status and associated reimbursement schedule changes.

6.4 Evaluation and Assessment Performance Standard

This performance standard requires that EI providers must evaluate and assess the child's level of functioning in the five domains: cognition, physical development, including vision and hearing, communication, social and emotional development and adaptive development in 100% of evaluations for eligibility and ongoing assessments. EI providers must document evidence of evaluations and assessments in the IFSP and the EI data system. Failure to evaluate and assess children in all domains 100% of the time may result in provisional certification status and associated reimbursement schedule changes.

6.5 Individual Family Service Plans (IFSPs)

This performance standard requires that EI providers must demonstrate that IFSPs are formally reviewed every six months or more frequently as changes to the IFSP are warranted. Providers must document this review process in the both IFSP and the EI data system in at least 80% of current IFSPs. Failure to document this process in both the IFSP and EI data system may result in provisional certification status and associated reimbursement schedule changes.

6.5.1 Initial IFSP Meeting Performance Standard

This performance standard requires that each EI provider, upon receipt of a referral, must appoint a service coordinator as soon as possible. An EI provider must complete the assessment and eligibility evaluation if needed, as well as the initial IFSP meeting for all eligible infants and toddlers within forty-five (45) days from referral. Use of an interim IFSP, does not change this 45 day requirement. If the evaluation and assessment cannot be completed within forty-five (45) days, EI providers must document the circumstances on the IFSP and in the EI data system. Completion of the assessment, evaluation and initial IFSP meeting within forty-five (45) days must occur for more than 80% of EI referrals. Failure to do so may result in provisional certification status and associated reimbursement schedule changes.

6.5.2 Content of an IFSP Performance Standard

This performance standard requires that EI providers deliver all EI services within timelines specified in the IFSP. Failure to initiate EI services according to timelines specified in IFSPs for at least 70% of EI services may result in provisional certification status and associated reimbursement schedule changes. All cancellations and 'no-shows' must be documented on Services Rendered Form (SRF) and EI data system. Family cancellations and 'no-shows' will not be calculated in this standard. DHS will generate reports using data from the EI data system for oversight and monitoring and quality assurance.

6.5.3 Natural Environment Performance Standard

This performance standard requires that the EI provider must deliver the majority of services, to the maximum extent appropriate and as determined by the IFSP team, in natural environments, including home and community settings in which children without disabilities participate. For each service listed in the IFSP that is not delivered in a natural environment the majority of the time, a justification statement is required on the IFSP and in the EI data system. The majority is defined as greater than 50% of EI services. Failure to deliver less than 80% of IFSP services in natural environments may result in provisional certification status and associated reimbursement schedule changes.

6.5.4 Child Outcomes Performance Standard

DHS will design a means of measuring child outcomes to be administered ot each EI eligible child at intake and upon discharge or exit from the program. Data to be collected will include:

- Demonstrated positive social emotional skills, including social relationships
- Acquisition and use of knowledge and skills (including early language and/or communication)
- Demonstrated appropriate behaviors to meet needs

This data must be entered into the EI data system. Failure to document this data for *all* EI eligible children may result in provisional certification status and associated reimbursement schedule changes.

6.6 Transition Performance Standard

This performance standard requires that the EI provider must implement a timely transition plan to support infant and toddlers transition to pre-school and appropriate community services and supports. Implementing less than 90% of transition plans according to timelines may result in provisional certification status and associated reimbursement schedule changes. Documentation must be provided in the IFSP and EI data system.

6.7 Procedural Safeguard Performance Standard

This performance standard requires the EI provider to respond to incidences of procedural safeguard violations as outlined in Section 5.7 within one (1) week to DHS. Failure to assure all procedural safeguards to the satisfaction of DHS may result in provisional certification status and associated reimbursement schedule changes.

6.8 Additional Monitoring and Reporting

DHS may also request additional reports, documentation, and site visits, as necessary to monitor compliance with these Certification Standards and services provided by the Early Intervention provider

6.9 Ethical Standards

Clearly articulated Principles of Ethical Care and Professional Conduct must be publicly posted at all Certified EI provider sites. Protocols will identify standards of ethical practice for all EI staff. The latter shall include, but will not be limited to, the following issues:

- Grievance policies and procedures
- Discipline Policies

7.0 QUALIFIED ENTITY

A certified EI provider must be able to demonstrate compliance with core State requirements as to organizational structure and process. These requirements pertain to areas such as incorporation, management of administrative and financial systems, human resource management, information management, quality assurance/performance measures and others. State requirements in these areas are consistent with the types of expectations or standards which would be set forth and surveyed by health care accrediting bodies and which are generally held to be critical to effective, consistent, high quality organizational performance and care provision.

Applicants for certification are not required to systematically address in detail each of these areas in their certification applications. Rather, these are set forth as fundamental requirements for certified entities. In many areas applicants will be asked to provide assurances that their agency systematically addresses each of the standards identified. In certain areas, more specific description regarding the manner in which the agency meets the standard may be required. The Application Guide (see Appendix B) provides guidance as to how the application should be structured and the areas that need to be addressed.

In not requiring applicants to explicitly address the elements in Section 7, the State is seeking to simplify the effort needed to develop an application; these certification requirements remain in place. The State reserves the right to review certified entities for compliance with these certification requirements.

7.1 Administration

Specific standards regarding administration are as follows:

1) The Executive Officer, under supervision of the governing body, is responsible for financial management, achieving program outcomes, meeting client needs, and implementing the governing body's strategic goals.

2) A current chart of organization, which clearly defines lines of authority within the organization, must be maintained and provided as part of the certification application.

3) The management of the organization is involved in the planning process for performance improvement and is involved in planning for priorities and setting goals and objectives for the written Quality Assurance/Performance Improvement plan.

4) There is a written corporate compliance/strategic plan in place that is adopted by the governing body.

7.2 Financial Systems

The organization must have strong fiscal management that makes it possible to provide the highest level of service to infants and toddlers and their families. Fiscal management is conducted in a way that supports the organization's mission, values, goals and objectives in accordance with responsible business practices and regulatory requirements. Financial management requires a set of sophisticated financial planning and management capabilities if the organization is to remain viable. The organization must be able to obtain relevant data, process and report on it in meaningful ways, and analyze and draw meaningful conclusions from it. Managers must use financial data to design budgets that match the constraints of the organization's resources, and provide ongoing information to aid the governing body in managing and improving services. Therefore, the financial managers must have the ability to integrate data from all of the client and financial accounting systems (e.g., general ledger, Medicaid and commercial insurance billing and appointment scheduling). Data must also be utilized to make projections for planning and budgeting purposes.

7.3 Human Resources, Staffing

Human Resource activities within the organization are conducted to ensure that proper staffing for optimum service delivery to infants and toddlers and their families occurs through hiring, training, and oversight of staff activities. The activities are organized to serve the governing principles of the organization and compliance with these Certification Standards. The organization provides clear information to staff about job requirements and performance expectations, and supports continuing education, both internal and external, that is relevant to the job requirements of the individual. In addition, all staff receive training about major new organizational initiatives and about key issues that may affect the organization overall.

Specific standards regarding Human Resources and Staffing are as follows:

1) The organization's personnel practices must contribute to the effective performance of staff by maintaining sufficient staffing ratios through direct hiring and/or contractual agreements with qualified individuals and agencies who are culturally and linguistically competent to perform clearly defined jobs and address EI system needs.

2) Personnel records are kept that contain a checklist tickler system to track appropriate training, credentialing and other activities. A copy of all required current staff licenses and certifications must be kept on file.

3) EI providers must perform annual written performance appraisals of staff based on input from families and supervisors, as appropriate. These must be available in the personnel files for review by DHS upon request.

4) Policies and procedures contain staff requirements for cultural competency that are reflected in the job descriptions.

5) Staff is hired that match the requirements set forth in both the appropriate job description and in the policies and procedures.

6) Each staff's record contains a job title and description reflecting approved education, experience and other requirements, caseload expectations, supervisory and reporting relationships, and annual continuing education and training requirements. Supervisory job descriptions establish expectations for both contributing to the organization's goal attainment and for communicating the goals and values of the organization. All job descriptions include standards of expected performance and personnel development plans.

7) The organization provides a clear supervisory structure that includes clearly delineated spans of control and caseloads as appropriate. The roles of team members are defined with a clear scope of practice for each. Supervisors receive specialized training and coaching to develop their capacities to function as experts in their clinical and/or technical fields. The organization holds supervisors accountable for communicating organizational goals, as well as for clinical and technical supervision. This includes:

    a) Protocols for communication and coordination with all interested parties (e.g., special education, primary care physician, or other specialists).

    b) Clear procedures for addressing unmet education or licensure requirements will be stated. Credentialing records will be maintained annually to document compliance.

8) Credentials of qualified personnel are in accordance with IDEA and shall be contained in the job descriptions. An individual hired into a position has his or her credentials verified through primary source verification, as appropriate, and records maintained in the staff's record.

9) Staff is required to participate in training activities on an ongoing basis, as specified by the provider agency and individual job descriptions.

7.4 Quality Assurance/Performance Improvement

An EI provider is required to have policies and procedures and demonstrable activities for quality review and improvement (e.g. formal Quality Assurance or Performance Improvement Plan). The organization ensures that information is collected and used to improve the overall quality of service and performance of the program. The Quality Assurance/Performance Improvement (QA/PI) program that the organization develops strives to: improve the systems related to the delivery of service to the infants and toddlers and their families; include the preferences of infants and toddlers and their families in the provision of services; and measure the process and outcomes of the program services. The QA/PI program is an ongoing process of planning, monitoring, evaluating, and improving the system in order to improve the outcomes of service provided to infants and toddlers and their families.

Standards regarding Quality Assurance/Performance Improvement are as follows:

1) The organization has a Quality Assurance/Performance Improvement (QA/PI) program that includes a written performance improvement plan with annual review of goals and objectives, data analysis, outcomes management, records review and operational/systems improvement. Written records are maintained for PI program activities and made available to DHS upon request

2) The QA/PI program contains specific timetables for activities and measurable goals and objectives, which consider client concerns and input.

3) Effective data analysis is conducted that includes an assessment of client or organizational needs, identification of service gaps, and integration of that data into organizational decision-making processes.

7.5 Early Intervention Data Management System

The Lead Agency uses data to affect the performance, stability, and quality of EI services provided to infants and toddlers and their families. The EI data system is the main source of programmatic information and must be utilized effectively and efficiently by certified EI providers. -

Standards regarding personally identifiable information management, as well as Medicaid and Commercial insurance billing is as follows:

1) Certified EI providers must utilize the most current version of the EI data system as prescribed by DHS.

2) The organization obtains, manages, and uses information to enhance and improve its performance. Information it maintains is timely, accurate, and easily accessible, and in an electronic format. Evidence exists that information gathered and maintained is used in decision-making for the organization.

2) The organization maintains a written plan for information management which includes: client record-keeping policies and procedures; confidentiality policies and procedures; and record security policies and procedures. The plan provides for the timely and accurate collection of data and sets forth a reporting schedule.

3) The organization shall ensure that its information management systems are protected from unauthorized outside access and shall meet all applicable HIPAA regulatory requirements.

4) The information management plan specifies standard forms and types of data collected for client referral, intake, evaluation/assessment, services, and discharge.

5) The information management plan has an incident reporting and client grievance-reporting component.

6) Information management processes are planned and designed to meet the organization's internal and external reporting and tracking needs, and are appropriate to its size and complexity. Mechanisms exist to share and disseminate information both internally and externally.

    a) The organization maintains signed releases for sharing of information.

    b) Where necessary, Memorandum of Agreement (MOA) exist.

    c) Reports are available on an appropriate schedule (weekly, bi-weekly, monthly, quarterly, etc.) for use by service providers, service coordinators, supervisors, managers, CEO, and the Governing Body for assessing client and organizational progress.

    d) Reports to authorities (state, federal, and other funding and regulatory entities) for review are submitted accurately, in the required formats and on a timely basis.

7) The organization has written policies and procedures regarding confidentiality, security, and integrity of information, and has mechanisms to safeguard records and information against loss, destruction and unauthorized access or disclosure.

    a) The organization has policies and procedures in place to safeguard administrative records, clinical records, and electronic records.

    b) Electronic records are backed up, transmitted data is encrypted and secure, and access is password protected.

8) Each child's information is accessible and reviewed in a consistent and timely manner, with enough information to support family needs, to justify services delivered, and to document a course of treatment and service outcomes.

7.6 Health and Safety, Risk Management

The organization supports an environment that promotes optimal safety and reduces un-necessary risk for infants and toddlers and their families, family members and staff. The service delivery model of EI calls for specific policies and procedures to assure that services are provided in a safe and effective manner for both the child and the staff.

Standards regarding Health, Safety, and Risk Management are as follows:

1) The organization's policies and procedures designate managers who monitor implementation of Health and Safety policies and report to the Quality Assurance Performance Improvement program committee and the Lead Agency.

2) The organization will have protocols for identification and monitoring of safety risks, family crises, medical emergencies and difficult situations.

3) Health and safety policies and procedures are clearly communicated to agency staff, visitors, and infants and toddlers and their families.

4) Programs will have an effective incident review process.

5) OSHA guidelines

6) All Federal and State mandate

EARLY INTERVENTION

Application Packet
August 5, 2005

INSTRUCTIONS

The Application Packet is comprised of five sections and an appendix.
Section One is introductory and includes the cover sheet, transmittal letter, and brief organizational overview.

Section Two provides a framework of agency philosophy that will underlie the program. In this section, the applicant is asked to (1) describe their understanding of the goals of Early Intervention (EI) and why they wish to be an EI provider, (2) describe their approach to family-centered care, (3) describe their approach of providing EI services in a natural environment, and (4) describe their approach to providing EI services that are community based and cultural competent in nature.

Section Three is a series of narratives in which the applicant is asked to share their understanding of how EI will work within the applicant agency. These narratives should show evidence of a careful review of the EI Certification Standards but should also show how EI will be integrated into the unique context of the applicant agency. Please respect the page limits shown in the instruction box for each narrative.

Section Four is Readiness and asks the applicant to lay out the tasks and timeline for accepting EI clients.

Section Five is a set of Memoranda of Agreement. These Memoranda are designed to capture key agreements with Department of Human Services (DHS) about how the program will operate within the applicant agency. Read each of them carefully. Some require the applicant agency to fill in information before signing. The Memoranda cover the following topics: (1) Responsibility for Exterminating Medicaid Eligibility (2) Appropriate Referrals; (3) Ethical Conduct; (4) Collaboration with Community Services and Supports; (5) Client Rights; (6) Management Standards; and (7) Service Monitoring and Reporting.

Section Six lists the required attachments to the application.

The application packet is available as an electronic file and applicants are encouraged to secure this file from DHS and to use it as the framework for the application itself. If an applicant chooses not use the electronic file, the format and materials must be reproduced in the order that the Application Packet is laid out. Please also label each section of the proposal so that it corresponds with the Application Packet. The electronic file is available at: www.dhs.ri.gov/.

Please submit five (5) copies of the completed application to:
Deborah Florio
Administrator Child and Family Health
Center for Child and Family Health
600 New London Avenue
Aimee Forand Building 038
Cranston, RI 02920

Section One: COVER SHEET FOR EARLY INTERVENTION (EI) CERTIFICATION APPLICATION

Name of Agency_____

Individual authorized to conduct business on behalf of agency:

Name: _____ **Title:**_____

Application Contact Person: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code**_____

Telephone: _____ **FAX:**_____

Email Address: _____

Federal Employee Identification Number: _____

Medicaid Provider Number (if applicable):_____

Section One: LETTER OF TRANSMITTAL

Review the content of this Letter of Transmittal. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention (EI), _____, the applicant agency, agrees to comply with all of the program requirements and Certification Standards as issued by the Department of Human Services. We, the applicant agency, recognize that there may be periodic amendments to the requirements and standards and agree that we will also comply with these amendments.

In addition, _____, the applicant agency, understands that we must develop a specific policy manual for the EI program as well as other specific materials to support the program. We have reviewed the minimum contents of the policy manual and the list of required materials and agree to create both the policy manual and program materials prior to accepting referrals. While these materials are not required for submission with the application, once provisional certification is received, these products will be made available for DHS review or, all materials required for certification are included with this application.

_____ _____

Signature of officer or authorized agent Date

Section One: ORGANIZATIONAL OVERVIEW

Background on Applicant: Describe your organization. Include:

- Organizational Mission Statement
- A brief description of services that are currently provided
- A list of licenses, current certifications, and accreditations
- An overview of the corporate structure, whether for profit or non-profit. If non-profit include a list of the Board of Directors and their affiliations (Organizational Chart)
- Organizational Chart

Page limit: 1

Section Two: COMPONENTS OF EI
(Sections 1.3, 4.0, 5.0 and 6.0)

Organizational Capacity: Summarize your agency's understanding of the components of the EI program, demonstrating your qualifications to become an EI provider. Include in this description, your agency's understanding of the importance of natural environment, family centered, community based and cultural competent in relation to each of the EI System components.

Provide written policies and procedures that address all aspects of the EI System.
EI components include:

- Public Awareness
- Comprehensive Child Find
- EI Personnel Requirements
- Evaluation and Assessment
- Individualized Family Service Plan
- Transition and
- Procedural Safeguards

Page limit 3

Section Three: PUBLIC AWARENESS PROCEDURES
(Sections 4.1, 5.1 and 6.1)

- **Public Awareness Activities:** Describe which methods your agency will employ to provide and document three (3) public awareness activities during a calendar year. Include in your description how these efforts will be coordinated with the Public Awareness committee.

Page limit: 1

Section Three: COMPREHENSIVE CHILD FIND PROCEDURES (Sections 4.2, 5.2, and 6.2)

- **Comprehensive Child Find Procedures:** Describe the process which in your agency will:

1. Appoint a service coordinator upon receipt of a referral.
2. Provide a written evaluation assessment to the primary referral source whether or not the child referred was found eligible for EI within 45 days of the referral.
3. Accept all referrals for children up to their third birthday.
4. Policies outlining coordination of evaluations and program planning with potential community services available after the child's discharge from EI for children who are 34 months and older.
5. Explain your agency's procedure for a referral to the Local Education Agency and other appropriate potential community services.
6. Procedures to record required documentation in the child's record.
7. Describe your agency's procedures pertaining to the offering the options of a developmental and family screening through the Family Outreach Program (FOP) or referral to a CEDARR Family Center if presumed eligibility does not exist.
8. Explain how you could partner with DHS in assuring broad outreach to state and community agencies, health insurers, health care providers and childcare providers, to inform them of the EI referral process for their clients.

Page limit 2

Section Three: Early Intervention Personnel
(Sections 4.3, 5.3, and 6.3)

- **Early Intervention Personnel:** Submit detailed job descriptions for your agency's Clinical Supervisor, Service Coordinators, and all other qualified personnel. Each job description must address the following: (1) Reporting relationships, (2) Functional tasks and responsibilities, (3) Required skills, training, and experience and (4) Licensure or certification qualifications, when applicable.
- Explain the agency's understanding of the service coordinator's responsibilities at the time of intake and for providing ongoing services and supports information to families.
- Describe the process, procedures, or policies in which your agency will follow to document evidence of appropriate personnel on the Services Rendered Form and in the EI data system.

Page limit: 3

Section Three: EVALUATION AND ASSESSMENT REQUIREMENTS (Sections 4.4, 5.4 and 6.4)

- **Evaluation and Assessment:** Explain how your agency will collaborate with other agencies to provide comprehensive multidisciplinary evaluations and assessment. Include in your narrative the procedures for the following:
  1. Obtaining the consent of the family, and.
  2. Explain the documentation policy for recording on information in child's record.
  3. Describe how the service coordinator's will meet the following required responsibilities:
     - Being the point of contact
     - Coordinator of all IFSP services, and performance assessments
     - Facilitate the development, review & modification of the IFSP
     - Assist families in gaining access to all services, in a timely manner
     - Coordinate with medical & health care providers
     - Facilitate in the development of appropriate transition plans
  4. Describe the procedure(s) to be used for evaluation and assessment by the agency's qualified multidisciplinary team members. Emphasis must be placed on assessing and describing the child's participation in family routines and everyday activities, and not merely his/her 'testing performance'.
  5. Explain your agency's understanding of the process when a child is determined eligible by informed clinical opinion, including the 6-month review requirements.

Page limit 3

Section Three: IFSP DEVELOPMENT, REVIEW, AND EVALUATION PROCEDURES
(Sections 4.5, 5.5, and 6.5)

- **Service Plan Development, Review, and Evaluation Procedures**: Provide a narrative description of the development, review and evaluation of the IFSP service plan that summarizes your understanding of the steps to be followed and how these steps will be carried out in your agency. Include the specific techniques and tools that will be used to develop such a service plan in the family/child's natural environment.

  Include in your narrative:

  - Explain how the participants of the initial evaluation team will be chosen
  - Protocol for obtaining the required written consent need for the assessment, evaluation and development of the IFSP.
  - Protocols for the written notification provided to the family and all other participants of the IFSP by the service coordinator at least 7 days prior to date of all IFSP meetings.
  - Protocols/techniques/tools used for the development of IFSP.
  - Procedures for monitoring, review and modifying the IFSP.
  - Procedures for the development of an interim IFSP when necessary to provide immediate EI services to the child and child's family.

Page limit: 3
(not including

Section Three: TRANSITION PROCEDURES
(Sections 4.6, 5.6, and 6.6)

- **Transition Procedures:** Explain how your agency will collaborate with other agencies and the child's family to prepare, develop, review and modify an Individual Transition Plan according to the child's age at transition, regardless of whether or not a child is eligible for preschool special education services.

Include in your narrative:

- Composition of the child's transition team
- Procedures for the required referral to CEDARR for all Medicaid eligible children as part of the transition plan.
- Policies for the required 7 day written notice prior to the transition meeting and required documentation in the child's record
- Parent's education and parent-to-parent support
- How the age of the child and the timing of the transition according to the school calendar will affect a transition plan timeline.
- Protocols/techniques/tools used for the development of Individual Transition Plan to meet the family participated goals
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to participate in a new setting.
- Policies and procedures for the transferring of confidential information to the LEA and/or appropriate community services and supports-including evaluation, assessment, and IFSP information
- Procedures for preparing an Individualized Education Program (IEP) and provision of those services by 36 months, if the child is deemed eligible for special education.

Page limit: 3
(not including assessment tools)

Section Three: PROCEDURAL SAFEGUARDS PROCEDURES
Family Rights and Responsibilities
(Sections 4.7, 5.7-5.7.3, 5.7.14, 5.7.15 and 6.7)

- **Procedural Safeguards Procedures- Family Rights and Responsibilities:**
  Describe the process, procedures, or policies in which your agency will**:**

  1. Assure and document that all families at intake receive a copy of the *Family Rights and Responsibilities* booklet.
  2. Assure the parent(s) of eligible children are afforded the opportunity to inspect and review records related to evaluation, assessment, eligibility determination, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and family.
  3. Assure that written notices written in their native language will be given to the parent(s) of the child at least (7) days prior to evaluation, assessments, IFSP meetings and reviews, and transition meetings. If the parent is deaf or blind, or has no written language, the notice must be in the language or mode of communication normally used by the parent.
  4. Obtaining parental consent before conducting the initial evaluation and assessment or initiating the provision of EI services. If consent is not given by the parent, the EI provider's responsibilities to make reasonable efforts to ensure the parent is fully aware and understands of the nature of the evaluation, assessment and/or services that would be available unless consent is given.
  5. Assure that parents of an eligible child may determine whether they, their child or other family members will accept or decline any EI services under Part C in accordance with State law.
  6. Assure that the appointed surrogate parent(s) may represent a child in all matters related to their EI evaluation, assessment, development and implementation of services as described in section 5.7.15.

Page limit: 3

Section Three: PROCEDURAL SAFEGUARDS PROCEDURES
Confidentiality and Notice
(Sections 4.7, 5.7.4 – 5.7.5, and 6.7)

- **Procedural Safeguards Procedures – Confidentiality and Notice.** Describe the process, procedures, or policies in which your agency will**:**

  1. Ensure the protection of any personal identifiable information collected, used, or maintained, including right of parents or guardians to written notice of, and written consent to the exchange of this information is consistent with federal and state law.
  2. Ensure proper notice to parents and families in the native language or other mode of communication of the family of the eligible child, regarding the protection of any personal identifiable information collected, used, or maintained, including right of parents or guardians to written notice of, and written consent to the exchange of this information is consistent with federal and state law.
  3. Describe all rights of parents and children regarding this type of information, including the rights ensured by the Family Education Rights and Privacy Act (FERPA).
  4. If any major identification, location, or evaluation activity should occur, the notice must be published or announced in newspapers or other media, or both, with circulation adequate to notify parents and families throughout the state of the activity.

Page limit: 2

Section Three: PROCEDURAL SAFEGUARDS PROCEDURES
Access and Location of Information
(Sections 4.7, 5.7.6 –5.7.12, and 6.7)

- **Procedural Safeguards Procedures – Access and Location of Information:** Describe the process, procedures, or policies in which your agency will**:**

1. Permits parents to request and inspect all records related to their child in the timeframe described in section 5.7.6.
2. Ensure parents or their designated representative may also request copies of records containing information if failure to provide that information would effectively prevent the parent from the right to inspect and review records. A fee may be charge if the fees do not prevent parents from exercising their right to inspect or review records. Providers may not charge for searching and/or retrieving such records.
3. Ensure parents or their representatives have the right to a response to reasonable requests for explanations and interpretations of records.
4. Demonstrate that all participating agencies which maintain confidential or personally identifiable information on children and their families keep a record of parties obtaining access to those records collected, maintained or used (except access by parents and authorized employees of the provider), including: (a) the name of the party requesting access; (b) the date of access; and (c) the purpose for which the party is authorized to use the records.
5. Ensure that if EI record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.
6. Provide parents on request a list of the types and locations of EI records collected, maintained or used by certified providers, specialty providers and any other participating agency.
7. Ensure parental consent before the disclosure of any personally identifiable information is disclosed to any individual not employed by the provider, or to any other provider, or for any other purpose than to comply with this application.
8. Ensure that EI providers will maintain permanent record information without time limitation. Other information must be destroyed if the parent so request. The provider must inform the parent when personally identifiable information is no longer needed to provide services to the child.

Page limit: 2

Section Three: PROCEDURAL SAFEGUARDS PROCEDURES
Safeguard Violation
(Sections 4.7, 5.7.13, and 6.7)

- **Safeguard Violation Procedures**: Explain the agency's understanding of the procedure for any individual or organization, including an individual organization from another state to file a complaint that any public agency or private service provider is violating a requirement of Part C of IDEA by filing a written complaint with DHS.

Include in your narrative:

- Process for handling a written complaint
- Timeframe for handling such a complaint
- Assurance that the written procedures for handling an EI complaint will be followed as stated in the *Family Rights and Responsibilities Booklet*
- Department of Human Services' role in the complaint procedures with timelines for handling a request for mediation, due process hearing and the resolution of a procedural safeguard violation.

Page limit: 1

Section Three: CERTIFICATION PERFORMANCE STANDARDS ENFORCEMENT (Section 6.0)

Certification Performance Standards Enforcement: Provide a description your agency's understanding of the internal self-review process, as well as monitoring and on-site reviews by DHS to ensure that all policies and procedures are being followed.

Provide description of your agency's understanding of the sanction system for failure to comply with the IDEA Part C requirements identified during the during the monitoring process and the potential for the withholding of IDEA Part C funds if determined appropriate by DHS.

Page limit: 1

Section Three: THE MANAGEMENT OF EI SERVICES and STAFF COMPETENCY
(Sections 7.1 - 7.4)

Management of EI Services: Provide a description of roles and responsibilities within each of the four service components. Also describe the pattern of supervision, discipline, evaluation for EI staff and any important interactions/collaborations with other agencies.

Examples of necessary documents include:

- Defined organization chart with focus on EI services which demonstrates its relationship to the organization as a whole.
- Demonstrate appropriate staffing ratios for qualified Professionals, including Supervisors, Service Coordinators and Paraprofessionals, as well as staff utilized though contractual agreements.
- Describe how your agency plans to maintain sufficient staffing ratio to meet the EI program's capacity.
- Job descriptions for EI staff.
- Functional tasks and responsibilities of each within each of the service components
- Reporting relationships within each of the service components
- Required skills, training and experience of all personnel involved in the provision of EI
- Training and continuing education expectations
- Licensure and/or certification qualification for all personnel involved in the provision of EI

Page limit: 3

Section Four: READINESS

Projected timeline for accepting referrals: Provide a list of areas the applicant has not yet implemented, e.g. (1) of the materials required in the appendices to this packet which still need to be developed; (2) of the potential EI staff which need to be hired. Provide a time line for implementation of all tasks listed.

Page limit: 2

Task	Expected completion Date

Section Five: MEMORANDUM OF AGREEMENT I (Section 3.1)

Provider Responsibility for Determining Medicaid Eligibility: Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention (EI), _____, the applicant agency, certifies that we are aware a recipient's eligibility to receive Medicaid may change at any time. It is the responsibility of the provider to verify Medicaid eligibility. This can be accomplished by contacting the Recipient Eligibility Verification System (REVS) at 784-8100. We realize that loss of Medicaid coverage will result in non-payment of claims.

All certified providers must take the appropriate steps to secure third party payment for all services delivered through the EI. Payment/billing procedures should be included in contracts and MOAs, as appropriate. In all cases, it must be clear that DHS is the payer of last resort. The EI system payment is in accordance with the legislation, H8669, which was passed by the General Assembly effective July 1, 2004. This indicates that every individual or group hospital or medical expense insurance policy or contract providing coverage for dependent children, delivered or renewed in the State of Rhode Island on or after the effective date of the act, shall include coverage of EI services, which coverage shall take effect no later than January 1, 2005.

The EI system will not assume the responsibility of payment for any service, with the exception of intake and evaluation, delivered to a child until the child is determined to be eligible for EI, appropriate goals have been developed, and the services has been determined to be necessary to the obtainment of goals within the IFSP and the interim IFSP.

_____ _____

Signature of officer or authorized agent Date

Section Five: MEMORANDUM OF AGREEMENT II (Section 4.2)

Acceptance of Appropriate Referrals: Review the content of this Memorandum of Agreement. Have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention (EI)_____, the applicant agency, agrees to accept all appropriate referrals children under the age of three and to provide services on a timely basis as defined in Section 4.3.2 of the Certification Standards. We understand that we may decline to submit a Individualized Family Service Plan for a particular child only when we determine that:

- The child does not meet the eligibility criteria for the Early Intervention Program.
- The family has declined parental consent for EI participation.

We agree to document fully and forward to the CEDARR Family Center and the Department of Human Services any referral that is not accepted. We recognize that our rate of acceptance and rejection of referrals will be monitored and that a consistent record of rejection of referrals may lead to de-certification.

_____ _____

Signature of officer or authorized agent Date

Section Five: MEMORANDUM OF AGREEMENT III
(Section 6.7)

Ethical Conduct: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention (EI), _____, the applicant agency, will:

Publicly post a clear statement that captures the Principles of Ethical Care and Professional Conduct in a location that is accessible to both staff and parents. Said statement will include, but not be limited to, the following:

- Written description of EI Services provided
- Grievance procedures
- Discipline policies

_____ _____

Signature of officer or authorized agent Date

Section Five: MEMORANDUM OF AGREEMENT IV (Section 3.4)

Collaboration with Community Services and Supports: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention (EI), _____, the applicant agency, recognizes that we must have a constructive relationship with various community services and support providers. EI is one link in such a network. Other links include: Family Outreach Programs/VNA; primary care physicians; Women, Infants and Children (WIC); Department of Human Services Programs; Head Start/Early Start Programs; Local Education Agencies (LEAs); and child care providers. We recognize that this relationship has the following components:

1. The agency recognizes that we must be able to demonstrate receiving and/or making referrals to appropriate community services and supports.
2. Those children who are evaluated but found ineligible for EI services will be referred to appropriate programs that will benefit the child, given family consent.
3. If a child is placed in a community setting in order to meet an IFSP goal, then the means by which EI will provide support to that setting must be delineated in a general MOA that is developed between the Agency and the community setting.
4. EI providers must participate in activities to build public awareness about the Early Intervention system and to build relationships with community agencies.

We have contacted each of the CEDARR Family Centers and have developed letters of agreement with each that are attached to this application. We recognize that this relationship has the following components:

1. It is the responsibility of the CEDARR Family Center to assess the needs of the child and the family during the Family Care Plan process.
2. Prior to contacting our agency, the CEDARR Family Center will determine the interest and preparedness of the family in receiving EI services.
3. The CEDARR Family Center may provide the family with contact information for more than one EI provider.
4. It is the responsibility of our agency to provide an orientation to the parent and child so that they may make an informed choice.
5. In all cases, the family will make the choice of an agency as an EI provider.
6. We will document our collaboration with the CEDARR Family Centers.

_____ _____

Signature of officer or authorized agent Date

Section Five: MEMORANDUM OF AGREEMENT V
(Section 5.7.13)

Client Rights: Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention (EI), _____, the applicant agency, certifies that all of the materials concerning the EI Complaint and Hearing Process have been reviewed and that these materials are fully understood by agency personnel involved in the EI program. In addition, the applicant agency agrees to create specific materials that inform parents of these rights and to capture in policy, procedures, and documentation all of the appropriate steps in this process.

_____ _____

Signature of officer or authorized agent Date

Section Five: MEMORANDUM OF AGREEMENT VI
(Sections 7.0 –7.7)

Management Standards: Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency

To: The Rhode Island Department of Human Services

From:

In submitting this application to become a certified provider of Early Intervention, _____, the applicant agency, certifies that we have reviewed the list of management standards found in Section 7.0 – 7.7. We agree to comply with these requirements and understand that these requirements may be revised periodically.

_____ _____

Signature of officer or authorized agent Date

Section Six: REQUIRED APPLICATION ATTACHMENTS

Attach the below listed items (in addition to those requested in Sections 1 – 5) to the final application packet:

- Copies of certificates, licenses, or registrations, along with resumes or vitae for all EI staff.
- Copies of agency accreditation provided by national accrediting bodies
- Letters of agreement with CEDARR Family Centers
- MOAs for any contractual community support agencies for any EI services.
- Most recent audited financial statement for the corporate entity
- Copy of intake forms/ or intake packet
- Parental Consent Forms
- Standardized forms used for client case record
- Incident Reporting forms and log
- Complaints and resolution forms and processes
- Direct service Worker timesheets
- Progress Reports for individual goal and objectives within EI Service Plans