

ANNOTATION OF THE SIXTEEN EARLY INTERVENTION COMPONENTS

Component 1: State Definition

Each state is responsible for defining their eligible population within the parameters set forth by the law. Eligible children must be between birth through two years of age who are in need of early intervention services. States may determine children eligible if they exhibit a developmental delay, have a diagnosed physical or mental condition likely to result in a delay and, if the state chooses to include the at risk population, have specific risk factor(s) likely to result in a delay.

Eligibility must be determined by a multidisciplinary team using multiple sources of information and is re-determined annually. A multidisciplinary team of qualified personnel must include the Service Coordinator, the family, and representatives from two early intervention disciplines. Eligibility may be determined using existing information, parent report and any other assessments necessary to address the concerns of the family. If there is enough existing information to determine eligibility, no additional assessments are necessary. Whether the team determines the child to be eligible or not, the process is recorded and the count of referred children not eligible maintained.

Component 2: Central Directory

The early intervention system must maintain an easily accessible Central Directory of resources statewide to assist professionals and families with children with special needs.

Component 3: Timetables For All Eligible Children

States are required to comply with the federal timeline which stipulates that eligibility determination, including any required evaluation and assessment, and the child's first Individualized Family Service Plan (IFSP) meeting, must occur within 45 calendar days from the point of initial referral. Additionally, services as listed in the IFSP are to be provided in a timely manner. An exception to these timelines can be made at the request of the family and any extensions and the reason for them should be documented.

Component 4: Public Awareness Program

A systematic plan for increasing public awareness about the early intervention system must be in place and may include Public Service Announcements, brochures, posters, video and print materials, and advertisements.

Component 5: Comprehensive Child Find

States must implement procedures to identify children in need of early intervention services. Possible activities include health fairs, free screenings, visits to clinics and other agencies serving families, brochures and posters. Since Part C is an interagency effort, a state's child find efforts must be well coordinated with other federal programs as identified in 303.321(c).

Component 6: Evaluation, Assessment, And Nondiscriminatory Procedures

Every child referred to the early intervention system shall have a multidisciplinary, comprehensive evaluation, including assessment activities, related to the child and the child's family. Information from evaluations and assessments performed prior to the referral may be used.

- Evaluation refers to those activities necessary to determine initial and ongoing eligibility for services within the Early Intervention System.
- Assessment is intended to identify each child's unique strengths and needs, in order to plan accordingly through the IFSP process for services within the Early Intervention System.

Informed written consent from the family is required in advance of any evaluation and assessment activities. An eligibility determination team consisting of the parent, the intake or ongoing service coordinator and at least two other disciplines is required to determine eligibility from multiple sources of information. The procedures used to determine eligibility must be nondiscriminatory.

Component 7: Individualized Family Service Plan (IFSP)

IFSP - Important Assumptions & Principles

- The family is the core of the IFSP team.
- The IFSP is meant to be a flexible and fluid process documented in the plan.
- Due process and procedural safeguards must be implemented throughout the early intervention (EI) system and the IFSP process.

The IFSP process and document must meet the federal requirements including:

- be based on multidisciplinary evaluation and assessment.
- be developed jointly by the family and appropriate qualified personnel.

- a statement of the child's present levels of development in five areas:
 - cognitive development,
 - physical development, including vision and hearing,
 - communication development,
 - social or emotional development, or
 - adaptive development, based on acceptable objective criteria.
- a statement of the family's concerns, priorities, and resources related to enhancing their child's development (the voluntary family-directed assessment).
- major outcomes to be achieved for the child and family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.
- a statement of the specific early intervention services necessary to meet the unique strengths and needs of the infant or toddler and the family, and a statement of the medical and other services that the child needs that are not required under Part C; including the frequency, intensity, method, and location for delivering services and payment arrangements, if any.
- a statement of the natural environments in which early intervention services will be appropriately provided.
- the projected dates for initiation of services and the anticipated duration of services.
- the name of the service coordinator from the profession most relevant to the infant's or toddler's and the family's needs, or who is otherwise qualified to carry out all the applicable responsibilities of implementation of the plan and coordination with other agencies and persons.
- the steps to be taken supporting transition of the toddler with a disability or developmental delay to services under Part B, to the extent such services are considered appropriate, or to other community-based services.
- be developed within 45 calendar-days of referral of the child to the local system point of entry.
- be reviewed at least every 6 months and evaluated annually, and may be revised at any time.

Component 8: Comprehensive System Of Personnel Development

Each state must provide for a comprehensive system of personnel development which must:

- be consistent with the comprehensive system of personnel development required under Part B;
- provide for pre-service and in-service training to be conducted on an interdisciplinary basis to the extent appropriate;
- provide for the training of a variety of personnel needed to meet the requirements of the law, including public and private providers, primary referral sources, associate level professionals and service coordinators;
- ensure that the training provided relates specifically to:

- 1) understanding the basic components of early intervention services available,
- 2) meeting the interrelated social or emotional, health, developmental and educational needs of eligible children,
- 3) assisting families in enhancing the development of their children and participating fully in the development and implementation of Individual Family Service Plans.

A personnel development system may include:

- implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;
- promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
- training personnel to work in rural areas; and
- training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program.

Component 9: Personnel Standards

Each state participating in the federal Part C of the Individuals with Disabilities Education Act must establish qualifications to assure that personnel providing early intervention services are adequately prepared and trained. Alternative staffing patterns and the use of waivers, where applicable is permitted. Some states have accomplished this requirement through lists of the types of personnel that can provide early intervention services with the required entry-level qualifications for each.

Component 10: Procedural Safeguards

Procedural safeguards protecting the rights of families are guaranteed by law. It is the lead agency's responsibility to ensure that families are adequately informed of their rights and that procedural safeguards are implemented throughout the early intervention process. When the federal legislation was passed and the corresponding regulations written, it was with the intent that the procedures developed by individual States result in speedy resolution of complaints because an infant's development is rapid and, therefore, undue delay could be potentially harmful.

The notice provided to families should be in the language and method of communication most understandable to the parent. Verbal notice should be provided in the natural flow of conversation and in the context of emphasizing parental opportunities, responsibilities, and freedom of choice.

Parental consent is "informed" when:

The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication that the parent can best understand;

The parent understands and agrees, in writing, to the carrying out of the activity for which the parental consent is sought, and the consent describes that activity and lists records (if any), including physical documents and recorded information, that will be released and to whom; and the parent understands that the granting of consent is voluntary and may be revoked at any time

Parents should be informed of their rights in the following manner:

Both oral and written notice should be provided at multiple points in the family's involvement with the Part C system. Repetition is necessary because the information is complex, and parents may need to hear and discuss their rights several times in order to fully understand them. At a minimum, both oral and written notice of rights should be provided when:

1. the family has its initial contact with the early intervention system;
2. the initial evaluation and assessment is proposed or refused;
3. the eligibility determination is made;
4. the IFSP is being developed or reviewed; and
5. a change in services or placement is proposed or refused

Parents should be informed of the following rights:

- the right to a timely, multi disciplinary assessment;
- the right, if eligible, to appropriate early intervention services for the child and family;
- the right to refuse evaluations, assessments, and services;
- the right to notice before a change is made or refused in the identification, evaluation, or placement of the child, or in the provision of services to the child or family;
- the right to confidentiality of personally-identifiable information;
- the right to review and correct Early Intervention records;
- the right to utilize an advocate or lawyer in any and all dealings with the early intervention system;
- the right to utilize administrative and judicial processes to resolve complaints.

Component 11: Supervision and Monitoring of Programs

The Lead Agency (State specific) is responsible for the administration of the early intervention system. This includes any and all supervision and monitoring activities to ensure that the required federal components of the law are being implemented. Early intervention providers, agencies, institutions or organizations participating in the early intervention system are monitored by the state.

Component 12: Lead Agency Procedures For Resolving Conflict

The Lead Agency (State specific) shall establish procedures for responding to complaints and resolving conflicts and must ensure the right to due process procedures for all families involved in the early intervention system. This includes the right to an impartial hearing, administrative appeal, civil action and mediation in order to resolve individual child complaints. While a complaint is pending, the child must continue to receive appropriate early intervention services.

Component 13: Financial Policies And Procedures

According to the law, "the Lead Agency shall establish and implement policies and procedures to assure the timely reimbursement of the costs of early intervention services and the method and rate of reimbursement." The legislation is based on the belief that early intervention services can be supported through existing programs. Part C funds are to be used as a last resort. There are many funding sources available to support the early intervention system and an even larger number of rules that regulate the expenditure of those funds. Federal regulations require the active participation of by the state's Title XIX (Medicaid) and Title V (MCH) programs for those children eligible or enrolled in multiple programs.

Component 14: Interagency Agreements

The Lead Agency (State specific) is responsible for establishing agreements with other state agencies involved in the provision of services to families and children and/or the early intervention system in order to define financial responsibility for the provision of service, establish procedures for a timely resolution of disputes, and ensure effective cooperation and coordination

Component 15: Policy For Contracting/Arranging For Service

Policies and procedures pertaining to the contracting for, or making other arrangements with, public or private providers of early intervention services are the responsibility of the Lead Agency for the early intervention system. Such arrangements may be through contracts to individual agencies providing early intervention services or through a fee for service arrangement with individual practitioners. Any provider of an early intervention service must meet the state's identified personnel standards.

Component 16: Data Collection

The state is responsible for determining the methods by which required state and federal information will be collected and maintained. An early intervention record must be established for each child enrolled in the state's Part C system. All early

intervention records are covered under the Family Education Rights and Privacy Act (FERPA).

Providers of early intervention services must also maintain a record that details the provision of service, planning and other activities related to the individual children served. This record must support the billing activity for the provider.

In relation to the Health Insurance Portability and Accountability Act (HIPAA), Congress, according to the 82483 Federal Register, Volume 65, NO. 250, December 28, 2000, states: "We have excluded education records covered by FERPA, including those education records designated as education records under Parts B, C and D of the IDEA, from the definition of protected health information." Some state lead agencies may designate early intervention records as also needing to comply with HIPAA, but that is a state or local decision, not something required by the US department of Education.

States report on the number of infants and toddlers with disabilities and their families in the state including but not limited to:

- a. The number of children/families eligible for early intervention services
- b. The number of children/families receiving early intervention services
- c. The types of services provided
- d. The number of children referred who are not eligible
- e. A list of FTEs of personnel providing early intervention services.

While the above list of data is required, states need to develop a data system (electronic or paper) beyond the minimum requirements in order to do program planning and evaluation. Some sort of data system is necessary to support the state's ability to meet their general supervision requirements and help in monitoring the effectiveness of their Part C system.