EARLY INTERVENTION PROGRAM

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EARLY INTERVENTION PROGRAM

On July 1, 1993, the Nassau County Department of Health (NCDOH) began the implementation of Article 25, Title II-A of the New York State Public Health Law, the Early Intervention Law.

This Manual provides information about the service delivery system at the NCDOH Early Intervention Program (EIP) for eligible children birth to age 3 years with developmental disabilities or developmental delays.

The NCDOH/EIP is committed to providing family-centered early intervention services to infants and toddlers and their families. It will serve as a guide for referral, service coordination, evaluation, the provision of services, transition planning and reimbursement. Comments and recommendations will be welcomed as we continue to update this manual as policies, regulations and payment methodologies are revised.

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Office Of Children With Special Needs
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THE ENTITLEMENT

The Early Intervention Law requires that primary referral sources refer any infant or toddler suspected of having a disability or developmental delay, or at risk of having a disability or developmental delay, to the Nassau County Department of Health Early Intervention Program. Parental permission is not required but the referral cannot be made over the objections of the family. Referrals are to be made within two working days of identification of such child.

WHO MUST REFER

Primary referral sources include: physicians, hospitals, evaluators, service coordinators, providers of early intervention services, child health providers, day care programs, local health units, school districts, social service districts, Early Childhood Direction Centers and public health facilities. Parents may refer their child directly at any time.

WHOM TO REFER

The decision to refer a child suspected of having a developmental delay or disability should be based on:

- direct experience, observation and perception of the child's developmental progress
- the results of a developmental screening or diagnostic procedure (the cost of screenings performed prior to referral are not reimbursable under the Early Intervention Program)
- information provided by the parent(s)
- request by the parent(s) that a referral be made

Children at risk of developmental delay who are referred to the NCDOH are directed to Child Find, formerly the Infant Child Health Assessment Program (ICHAP), for screening, home visiting and tracking.

BEFORE MAKING A REFERRAL

The primary referral source should inform the parent(s) of the following:

- benefits of early intervention
- that a referral is being made
- of their right to a multidisciplinary evaluation of their child at no cost to them
- that confidentiality of all transmitted information will be maintained
This information should be provided, whenever possible, in the parent's primary language.

**HOW TO MAKE A REFERRAL**

Referral may be made by calling:

Nassau County Department of Health  
Early Intervention Program  
(516) 227-8661

Providers must fax referral (EI5049) (Appendix A) following “Intake Form Instructions”  
(Appendix B)  
(516) 227-8662  Fax

**REFERRAL INFORMATION**

Only the following information may be transmitted with the referral:

- child's name, sex and date of birth
- name, address and telephone number of the parent(s) and, where applicable, the guardian, surrogate parent(s) or other person in parental relation to the child
- the reason for the referral: whether the child is at risk or has a suspected or confirmed delay
- name and telephone number of the referral source
- nature of the suspected disability or delay or identified risk factors (written parental consent required)
SERVICE COORDINATION

THE ENTITLEMENT

Any child from birth to three years old who is suspected of having a disability or developmental delay is entitled to initial service coordination. The role of the Service Coordinator is to assure that the child and family receive all the benefits of the New York State Early Intervention Program.

The Law requires that service coordination activities are provided at a time, place and manner reasonably convenient for the parent(s) and within required timelines.

ASSIGNMENT OF AN INITIAL SERVICE COORDINATOR

Upon referral of a potentially eligible child, the Nassau County Department of Health will assign an Initial Service Coordinator. The Coordinator will send an “Introductory Letter to the Parent(s)/Guardian” (Appendix C), a copy of THE EARLY INTERVENTION PROGRAM: A PARENT'S GUIDE, an “Assignment of Benefits & Medical Information Release Form” (EI5045) (Appendix D) and a “Health Status Report” form (EI5167) (Appendix E) to the parent(s). The service coordinator will contact the family and assist the child and the family from the time of the initial referral until the “Individual Family Service Plan” (IFSP) is developed. At that time the family may select an on-going service coordinator.

The initial and on-going service coordinator may be the same person. Parental choice is the determining factor. The Initial Service Coordinator will inform the parent(s) of their right to continue with the Initial Service Coordinator or to choose a different service coordinator from the list of ongoing service coordinators at the IFSP meeting.

QUALIFICATIONS OF SERVICE COORDINATORS

As stated in Section 69-4.4 of the New York State Regulations, all early intervention service coordinators, whether individual service coordinators or employees of an approved provider of service coordination services, are required to have all of the following qualifications:

◆ A minimum of one of the following educational or service coordination experience credentials:

  • two years experience in service coordination activities as delineated in regulation (voluntary or part-time experience which can be verified will be accepted on a pro rata basis); or,

  • one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or,

  • one year of service coordination experience and an Associates degree in a health or human service field; or

  • a bachelors degree in a health or human service field.
♦ Demonstrated knowledge and understanding in the following areas:

- infants and toddlers who are eligible for early intervention services;
- state and federal laws and regulations pertaining to the Early Intervention Program;
- principles of family centered services;
- the nature and scope of services available under the Early Intervention Program and the system of payments for services in the state; and
- other pertinent information.

All service coordinators must be approved by the New York State Department of Health (NYSDOH). Service Coordination personnel are required to attend mandated training programs as set forth in regulation; additional training may be required by the NYSDOH. On-going Service Coordinators will be required to enter into contract with the Nassau County Department of Health to provide this service.

CREDENTIALING OF ONGOING SERVICE COORDINATORS

Effective April 1, 2002, all Ongoing Service Coordinators (OSC) must have a Nassau County EI OSC provider number in order to provide and bill for Service Coordination.
Agencies are required to follow this procedure for requesting service coordinator approval:

♦ The agency must possess a NYSDOH EI approval letter indicating “Service Coordination”.

♦ Each Ongoing Service Coordinator (OSC) candidate must have an individual NYSDOH approval letter indicating “Service Coordination”.

♦ OSC must have attended OSC training sessions conducted by Training 2000+ on the NYSDOH curricula with a minimum of “Introduction to Service Coordination,” “IFSP,” “Cultural Competence” and “Advanced Service Coordination.”

♦ OSC must have a Nassau County DOH certificate of attendance at “Best Practice Revisions in Early Intervention” and “EI to CPSE Journey” trainings.

♦ OSC candidate must submit a resume documenting qualifications for service coordination as defined in NYS Regulation 69-4.5.

♦ Agencies employing or contracting with OSCs are responsible for training and providing OSCs with the NCDOH “Policy and Procedure Manual”, “Best Practice Manual,” ensure attendance at all DOH mandated training and validate that licensure/certification is current.

Submit “Ongoing Service Coordinator Credentialing Application” (EI 5205) (Appendix F) and required attachments to Quality Assurance. Questions may be directed to Quality Assurance Supervisor at (516) 227-8675.
ROLE OF THE EARLY INTERVENTION OFFICIAL/DESIGNEE (EIO/D) AND EARLY INTERVENTION PROGRAM (EIP) SUPERVISOR

Once a referral is received, the EIO/D and EIP supervisor are responsible for ensuring that the referral process is not delayed. The family cannot be requested to wait and re-refer their child after a certain date or wait until a certain date to be evaluated.

RESPONSIBILITIES OF SERVICE COORDINATORS

The Initial Service Coordinator shall:

♦ Provide information regarding the Early Intervention Program.

♦ Review the family's rights under state and federal law.

♦ Inform parents of the right to refuse a general release for disclosure of information.

♦ Parents may be offered to sign a selective consent/release form.

♦ Review selective consent form, (EI5148) (Consent for Participation in the Early Intervention Program, Child Find Program and Release of Information) with parents.

♦ Obtain written informed consent for the participation in the program and for release of information which includes right to withdraw consent to release information/or cease participation in program (EI 5148) (Appendix G).

♦ Inform the parent(s) of the availability of interim services for a child determined to be in immediate need and arrange for such services through the development of an Interim IFSP.

♦ Provide the parent(s) with the list of approved evaluators and assist the parent(s) in making a selection.

♦ Assist the parent(s) in arranging the evaluation.

♦ Review results of the evaluation with the family.

♦ Make arrangements for the IFSP (EI5149) (Appendix H) meeting.

♦ Prepare the IFSP (EI5170) (Appendix I) in collaboration with the participants.

♦ Maintain and appropriately distribute the written IFSP.

♦ Assist the parent(s) to identify and access available and appropriate services.

♦ Inform the family in writing of their right to mediation and/or an impartial hearing in the event of a disagreement between the family and the Early Intervention Official.

♦ Maintain progress notes (EI5137) (Appendix J) for all family and collateral contacts.

♦ Complete Kids Integrated Data System (KIDS) data entry forms (EI5170.6) (Appendix K).
For a child determined to be ineligible for Early Intervention Services, the Initial Service Coordinator will contact the family to review and discuss the findings. This contact can be by phone or in person. In addition the Service Coordinator will:

♦ Forward a letter of ineligibility (EI5151) (Appendix L) to the parent(s).
♦ Inform the parent(s) of programs and services other than EI services which may benefit the child or the family.
♦ Facilitate the referral of the child to other appropriate services when indicated.
♦ Inform the parent(s) of their due process rights to dispute the eligibility determination.

The On-going Service Coordinator shall:

♦ Coordinate delivery of the IFSP services with other services provided to the child.
♦ Follow up with selected provider(s) to ensure that services begin in a timely fashion (maximum 2-3 weeks after IFSP date).
♦ Assist in resolving any disputes which may arise between the family and providers of services.
♦ Obtain approval of parent(s) and EIO for any changes in the IFSP between regularly scheduled reviews.
♦ Conduct 6 month reviews of IFSP.
♦ Initiate transition procedures.

**GENERAL GUIDELINES FOR COMPLETION OF SERVICE COORDINATION NOTES**

♦ Identifying data at the top of the form should be **printed**.
♦ All notes must be dated with month, day and year. Service code must be entered and time spent in minutes noted in the appropriate columns.
♦ All notes should be written in black ink.
♦ The signature (first name and last name of the OSC) with professional title and OSC should follow each note.
♦ The signature following each note is to be directly after the last word of the note.
♦ If there are unused lines at the bottom of the note sheet, a diagonal line should be drawn to the bottom of that sheet.
SUBMISSION OF SERVICE COORDINATION NOTES AND VOUCHERS

Service coordination notes must be submitted with the corresponding vouchers and claim summaries in the following manner:

♦ All service coordination notes will be written on the “Ongoing Service Coordination Notes” form (EI5182) (Appendix M).

♦ Complete the revised “Service Coordination Claim Summary” form (EI5103) (Appendix N). This is a billing form only.

♦ Submit the following to the Department monthly:

1. Claim Voucher (Appendix O) with “Service Coordination Claim Summary” form (EI5103) (Appendix N).

2. Photocopies (provider retains the original in the child’s record) of “Ongoing Service Coordination Notes” (EI5182) (Appendix M).

3. To facilitate processing of your claim, the notes that must accompany the service coordination vouchers should be stapled together separately from the voucher but with a photocopy of the first page of that voucher attached.
# POST IFSP MEETING ONGOING SERVICE COORDINATION

**Please Note:** Detailed information about the OSCs responsibilities after the initial IFSP meeting can be found in the NYS Early Intervention Program Regulations, 10NYCRR 69-4.6 and 4.15(c).

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<tr>
<th>BILLABLE SC ACTIVITIES</th>
<th>NONBILLABLE SC ACTIVITIES</th>
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| Discussing with parents, both in-person and on the phone, such topics as:  
  * Family's rights and responsibilities under the EIP  
  * Family's due process rights  
  * Parents' satisfaction with the EI services child/family is receiving  
  * Attendance problems of child or parent  
  * Referrals needed by family to non-EI services, as written in the child's Individualized Family Service Plan | Providing clinical counseling services to parent (if needed, this activity would usually be indicated on the IFSP Services Worksheet as "Social Work Services" or "Psychological Services")  
Billing for any contact that takes less than 5 minutes (You may consolidate activities for the same child done on the same day that together add up to a full unit of service coordination - e.g., three phone calls at two minutes each; two or more activities that together total at least five minutes.)  
Billing for service coordination delivered to more than one child/family during the same period of time. (You may bill for only one child/family during a period of time.)  
Writing service coordination notes. |
| Writing a letter to or on behalf of the child/family, such as to schedule an appointment or to obtain needed services  
Calling family to confirm appointment or meeting | Performing any service coordination activity by the ongoing service coordinator on or before the day of the initial IFSP |
| Leaving one or more messages in the same day for a parent, an EIOD, a provider, or other person involved with the child/family where the total time spent is five minutes or more  
Speaking with parent, EIOD, provider, or other person involved with the child/family on the phone when he/she responds to the service coordinator's message | Leaving a message for a parent, an EIOD, a provider, or other person involved with the child/family where the total time spent is less than five minutes  
Receiving a message |
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<th>BILLABLE SC ACTIVITIES</th>
<th>NONBILLABLE SC ACTIVITIES</th>
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<tr>
<td>Speaking with EI service provider, the parent, or the EIOD on the telephone or in-person to ensure that the IFSP is being implemented as written, i.e., the service is being delivered at the agreed-upon frequency, intensity, and duration</td>
<td>Meeting/speaking with interventionist which does not eventually result in conveying of information back to parent</td>
</tr>
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<td>Contacting other EI service providers/EIOD when a parent is dissatisfied with the current provider or when a service agreed to in the IFSP is not being delivered</td>
<td>Completing an IFSP review form for a change in service (this is the role of the interventionist providing the service or recommending the change).</td>
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<td>Visiting prospective EI provider(s) with parent, if requested by parent</td>
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<td>Making referrals to non-EI services, including accompanying parent when requested by parent</td>
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<tr>
<td>Discussing information about child's IFSP, progress, medical status, etc., with child's primary health care provider (with written parental consent)</td>
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<td>Scheduling Six Month Review, Annual Review, or meeting to amend IFSP by talking to all participants</td>
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<td>Participating in Six Month Review, Annual Review, or meeting to amend IFSP</td>
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<td>Observing interventionist work with one child individually or in a group, if requested by parent or EIOD, for the purpose of monitoring service delivery</td>
<td>Observing interventionist working with more than one eligible child at the same time (such as by observing in a classroom) and billing for both children (You may bill for only one child/family during a period of time.)</td>
</tr>
<tr>
<td>Observing interventionist working with more than one eligible child at the same time (such as by observing in a classroom) and billing for both children (You may bill for only one child/family during a period of time.)</td>
<td>On a regular basis observing interventionist working with a child</td>
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<tr>
<td>Resolving a transportation problem for a specific child</td>
<td>Escorting child from bus</td>
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<tr>
<td>Assessing respite needs with parent and making request for respite to EIOD</td>
<td>Coordinating the arrival and dismissal of children by school bus</td>
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<td>Performing administrative/clerical activities, including:</td>
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<tr>
<td>* xeroxing</td>
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<tr>
<td>* filling out billing forms; data sheets</td>
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<tr>
<td>* scheduling interventionists who are employed by the same EI provider as the SC</td>
<td></td>
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<tr>
<td>* organizing paperwork</td>
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<tr>
<td>* mailing, faxing, or receiving a letter or form</td>
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### BILLABLE SC ACTIVITIES

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<tr>
<th>Assisting parent in developing and implementing a transition plan to CPSE or other appropriate services by:</th>
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<tr>
<td>* Explaining transition process to parent and developing transition plan with parent</td>
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<tr>
<td>* Obtaining informed written parental consent to notify CPSE or to refer child to CPSE or to other early childhood services</td>
</tr>
<tr>
<td>* Conducting in-person and phone conversations with personnel from CPSE/other appropriate early childhood services</td>
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<tr>
<td>* Attending CPSE transition meeting to develop IEP with parent, if requested by parent</td>
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### NONBILLABLE SC ACTIVITIES

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SCREENING & EVALUATION

THE ENTITLEMENT

An infant or toddler suspected of having a developmental delay is entitled to a screening and/or an objective multidisciplinary evaluation by a New York State approved evaluator to determine the child's eligibility for early intervention services. The evaluator shall obtain informed parental consent to perform the evaluation and screening prior to initiating the evaluation procedures.

SCREENING REQUIREMENTS

The evaluator may, with parental consent, perform a screening to assess the child's developmental status to determine what type of evaluation, if any, is warranted. A screening should ordinarily be conducted when no screening has been done in the previous 90 days or when the results of recent (within the past 90 days) screening are not available. However, a screening should not be conducted when a child is known to have a diagnosed condition with a high probability of developmental delay or disability or when there is an obvious indication that a multidisciplinary evaluation is needed.

Screenings shall be performed by an approved evaluator using appropriate instruments and/or procedures and informed clinical opinion. Screening shall be brief, efficient, objective, multidimensional and appropriate for the child's age and/or developmental status. Unless they choose not to participate, parent(s) should always be present and take part in the screening.

AUTHORIZATION OF EVALUATIONS

All evaluations must be authorized by the Early Intervention Official in order for the provider to be reimbursed for these services. Once the parent(s) selects an evaluator from the list of contracted NYS approved evaluators, the Nassau County Department of Health will send the evaluator a "Notice of Individualized Family Service Plan Meeting" (EI5149) (Appendix H) and an "Evaluation Summary" (EI5035.1, 2, 3) (Appendix P).

Any supplemental evaluations conducted after the initial IFSP must be authorized in the IFSP (EI5170) (Appendix I) or can be requested by completing the "IFSP Review Request" (EI 5093) (Appendix Q). The Nassau County Department of Health will send the evaluator a "Supplemental Evaluation Request" (EI5206) Appendix R).

EVALUATION REQUIREMENTS

A multidisciplinary evaluation shall be performed to determine the child's initial or on-going eligibility for early intervention services and service needs. The multidisciplinary team must include two or more qualified personnel from different disciplines. If, as a result of the core evaluation, the evaluator and parent(s) agree that supplemental evaluations are necessary to gather the information to develop the
Initial IFSP, up to four (4) supplemental evaluations may be conducted.

The **core evaluation team** should include a professional in the area of the child's suspected delay. The **core evaluation** should fully assess the suspected delay and supplemental evaluations should assess other areas that have been identified during the core evaluation.

Evaluations are to be conducted in environments that are appropriate to the needs of the child, are conducive to accurate results, and consider the preferences of the parent(s). The EI law and regulations emphasize rights and responsibilities of parents or designated surrogates to participate in all aspects of the evaluation. The local social services commissioner or designee may be present at the screening or evaluation of a child in his or her care and custody, or custody and guardianship, in lieu of a parent who elects not to participate.

The evaluation must be based on informed clinical opinion and employ age appropriate instruments and procedures. Instruments used as part of a multidisciplinary evaluation, whether norm or criterion referenced, shall be reliable and valid; have appropriate level of sensitivity and specificity; be sensitive to the child's and parent's culture and dominant language or other mode of communication. The evaluation must include at least the following:

- evaluation of the child's level of functioning in each of the following developmental domains:
  - (1) cognitive
  - (2) physical (including vision and hearing)
  - (3) communication
  - (4) social-emotional
  - (5) adaptive

- documentation of a recent physical exam (see Addendum A: Clarification Regarding the Physical Exam Component of the Multidisciplinary Evaluation, page 15)

- with parental consent, a review of pertinent records, including recent physical examinations, related to the child's current health status and medical history

- a parent(s) interview to ascertain the child's daily activities and behaviors in relation to the developmental domains

- assessment of the services required to meet the unique needs of the child in each of the five developmental domains

- evaluation of the transportation needs of the child

The parent(s) should be given the **option** of participating in a separate Family Assessment (EI5171) (Appendix S) process with the evaluation team. As stated in the NYS Regulations, it should be an "interactive process by which the parent and professionals share and gather information about the resources, priorities and concerns of the family related to enhancing the development of the child". **Thus, the focus of the family assessment is different from that of a social history.** (see Addendum B: Clarification Regarding Social Work and Family Assessment in Early Intervention, page 16)

The evaluator may use findings from other current examinations or evaluations performed for the child.
No single procedure or instrument may be used as the sole criteria or indicator of eligibility.

The evaluation must be completed without regard to availability of services, and may not include reference to any specific provider.

Recommendations regarding frequency, intensity and duration of specific services shall be made at the IFSP meeting.

The evaluation team shall submit the completed "Evaluation Summary" packet (EI5035) (Appendix P) and required attachments to the Health Department within ten (10) working days of completion of the evaluation. The results of the evaluation shall be fully shared with the parent(s) following the completion of the evaluation, in a manner understandable to the parent(s). The Initial Service Coordinator should be invited to attend any meeting at which the results are shared with the parent(s).

BILINGUAL EVALUATIONS

Early Intervention Program regulations include the following requirements to ensure that the performance of the multidisciplinary evaluation is sensitive and responsive to the dominant language or other mode of communication of the child and family (Title 10 of the NYS Code of Rules and Regulations, Section 69-4.8):

- all aspects of the multidisciplinary evaluation, including any instruments, tests and materials used in the evaluation process, must be administered in the dominant language unless it is clearly not feasible to do so;

- instruments used as part of the multidisciplinary evaluation, whether normative or criterion-referenced, should be sensitive to the child's and parent's culture and dominant language or other mode of communication; and,

- to the extent feasible and within the parent's preference, consent and confidentiality requirements, the written and oral summary of the evaluation must be provided in the dominant language or other mode of communication of the parent.

A bilingual evaluation should be performed when a determination has been made by the evaluator and the parent that the multidisciplinary evaluation must be administered in a language other than English to obtain an accurate assessment of the child's developmental status in one or more of the developmental domains. A determination to conduct a bilingual evaluation is appropriate under the following circumstance(s):

- the child is monolingual in a language other than English (e.g., has had no exposure to an English-speaking caregiver or strong English-language models and does not speak any English).

- the child is bilingual (e.g., the child has been exposed to two languages simultaneously and speaks some English, but lacks sufficient proficiency in English for an evaluation to be adequately performed in English). Dual language exposure for children may occur
from a variety of sources, including parents and other caregivers, siblings, child care settings.

The child's multidisciplinary evaluation is considered to be a bilingual evaluation under the following circumstances:

- the child's core evaluation and any necessary supplemental evaluation(s) are performed by one or more qualified personnel who are bilingual;

or,

- an interpreter is present during the core and any necessary supplemental evaluation(s) to assist a monolingual evaluator and the family with the evaluation process.

In addition, to the extent feasible and within the parent's preference, consent and confidentiality requirements, the written and oral summary of the evaluation must be provided in the dominant language or other mode of communication of the parent.

Note: When a bilingual evaluation is performed, the evaluator should complete and submit the "Bilingual Evaluation Justification" (EI5216) (Appendix T) including the multidisciplinary authorization number for the core evaluation and the authorization number for the bilingual evaluation.

THE ROLE OF THE EVALUATION TEAM AT THE IFSP MEETING

The principal contact person, a designated member of the evaluation team shall participate in the child's Individualized Family Services Plan (IFSP) meeting along with the parent(s), the Initial Service Coordinator and others requested by the parent(s). The designated evaluator must be fully familiar with the evaluation reports, results and recommendations. He/she must have conferred with the entire evaluation team and be prepared to help families develop outcomes and oriented strategies for their child’s IFSP. Parental permission must be obtained for attendance by any non-evaluation team representative and NCDOH must be so notified.
ADDENDUM A

CLARIFICATION REGARDING THE PHYSICAL EXAM COMPONENT OF THE MULTIDISCIPLINARY EVALUATION

Early Intervention Program regulations state that the multidisciplinary evaluation shall include an evaluation of the child's level of functioning in the five domains. The regulations further state that the evaluation of the child's physical development shall include a health assessment including a physical examination, routine vision and hearing screening except when: a physical examination has occurred within sufficient recency, and documentation of such examination is available; and no indications are present which suggest the need for re-examination.

When the multidisciplinary evaluation is submitted to NCDOH, written documentation of a physical examination may be in any standard format utilized for this purpose. The "Health Status Report" (EI5167) (Appendix E) developed by the NCDOH is acceptable and recommended. This will ensure that discussions about type, quantity and site of services take the child's current health and diagnosed condition into consideration. The Early Intervention Program is designed to include the child's primary health care providers in the coordination of evaluations and services to that child. A physical examination is part of the multidisciplinary evaluation and is required for all children receiving Early Intervention services.

It is the responsibility of the initial service coordinator to ascertain the identity of the child's primary health care provider. If the child does not have such a provider, the initial service coordinator should assist the family in obtaining primary health care. While ensuring that the child has a primary health care provider, the initial service coordinator must determine if the family has Medicaid or third-party insurance coverage, and should assist the parent in identifying and applying for any benefit programs for which the family may be eligible including Medicaid and Child Health Plus. In this way, all children being evaluated for the Early Intervention Program will have a medical home with a primary health care provider who will contribute to a health assessment that will become a part of the evaluation documentation.

At the initial home visit, the initial service coordinator will ensure that the parent(s) have received the "Health Status Report" (EI5167) (Appendix E) for completion by the primary health care provider as part of the evaluation. When scheduling the evaluation, the evaluator should remind the parent(s) to have the "Health Status Report" available at the time of the evaluation.

In extenuating circumstances, when it is not possible for the initial service coordinator to refer the family to a primary health care provider who can contribute a health assessment, the physical examination must still be completed as part of the multidisciplinary evaluation. Evaluations by a licensed physician "for the purpose of providing specific medical information regarding physical or mental conditions that may impact on the growth and development of the child" (NYS Regulations) may be reimbursed as a supplemental physician evaluation. However the initial service coordinator must document efforts to refer the family to primary health care and the ongoing service coordinator should continue to assist the family in establishing a medical home for the child. Lack of documentation of these efforts may result in denial of payment for the physical exam.
ADDENDUM B

CLARIFICATION REGARDING SOCIAL WORK & FAMILY ASSESSMENT IN EARLY INTERVENTION

DEFINITION OF TERMS

A. A parent interview focuses on the family's resources, priorities and concerns related to the child's development and obtains information about the child's developmental progress. It refers to the gathering of relevant information that evaluators require as a context for formal tests and clinical observations, and that providers should have to better understand evaluation results and family needs. The interview may be conducted by a social worker or other member of the core evaluation team. Parents, or other family members, are the informants, providing information about the EI infant or toddler and the family's priorities and concerns. Other sources of historical, developmental or medical information should include the primary pediatrician and any additional medical or other practitioner who has treated or assessed the child.

B. A family assessment must by EI regulation be offered to parent and is voluntary. According to the regulations, a family assessment must be "conducted by qualified personnel with training in appropriate methods and procedures..." and "be based on information provided by the family through a personal interview." The family assessment should be "family-directed and designed to determine the resources, priorities and concerns of the family related to enhancement of the child's development." Thus, the subject of the family assessment is not the professional's assessment of the family dynamics but the family's needs as identified by the family. The "Family Assessment" (EI5171) (Appendix S) should be used.

C. A social work supplemental evaluation is a non-physician supplemental evaluation. Among the services identified in the regulations as being provided by a social worker are the evaluation of a "child's living conditions and patterns of parent-child interaction" and the preparation of "a social/emotional developmental assessment of the child within the family context." Social work supplemental evaluations are the same as any other physician or non-physician supplemental evaluation (e.g., physiatry, audiology, occupational therapy, etc.) in that there should be a clear justification for it in the other evaluation reports, such as the parent interview or the developmental assessment.

IMPLICATIONS FOR BILLING

A. The parent interview is a required component of the core evaluation and may not be billed separately. A social worker may participate in the core evaluation and may take a history as part of the interview, while also recording the family's concerns and priorities.

The parent interview may be a separate report entitled Parent Interview, or the information may be incorporated into the same report as the developmental assessment. However, in the latter situation, the report must be signed by both clinicians who participated in the core evaluation.

B. If the family declines to participate in a family assessment, the evaluator is still entitled to full reimbursement for the core evaluation (so long as the other components of a core evaluation –
developmental assessment including "Health Status Report," (EI5167) (Appendix E) parent interview and review of pertinent records - are performed). If a need is identified at the IFSP meeting for further assessment with the family, this could be accommodated through the existing service taxonomy, e.g., one or more home - or facility-based individual visits with a qualified person, such as a social worker or psychologist; or a "Supplemental Evaluation Request" (EI 5206) (Appendix R) submitted.

In conclusion, a family assessment is considered part of the core and should not be billed separately as a supplemental evaluation.

C. The core evaluator bills for the core evaluation plus those supplemental evaluations which it provides. As with all supplemental evaluations done before the initial IFSP, the social work supplemental may be provided without prior EIOD authorization and is paid at the non-physician supplemental rate, as long as the total number of supplemental evaluations does not exceed four. With prior written authorization from an EIOD, a social work supplemental evaluation may be provided by the EI service provider subsequent to the IFSP.

OTHER CONSIDERATIONS

It is important to distinguish between service coordination and social work services. The program regulations clearly describe the service coordinator's qualifications, role, responsibilities and activities. The service coordinator is responsible for coordinating both early intervention and other services being received by the infant or toddler and the family and should serve as the single point of contact in helping parents to obtain the services/assistance they need. This would include helping the family by facilitating the evaluation and IFSP process.

SOCIAL WORK IN EARLY INTERVENTION

The regulations define social work services, which must be provided by a Certified Social Worker (CSW). Social work services include providing individual and family-group counseling with parents and other family members, as well as appropriate social skill building activities with the child and parents. Social work services authorized at an IFSP meeting are billed by session as opposed to service coordination which is billed according to the amount of time spent. If both service coordination and social work services are being offered by the same individual, that person must be clear which service is being provided at any given time and should bill and document the activity accordingly. A social work supplemental is not needed to determine the need for ongoing service coordination but may be helpful, though not required, in assessing the need for family support services.
INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

THE ENTITLEMENT

An infant or toddler found to be an eligible child is entitled to an Individualized Family Service Plan (IFSP). The IFSP is a plan for providing services to eligible children and their families. It is developed with the parent(s), Initial Service Coordinator, evaluator, Early Intervention Official designee, and anyone else the parent(s) chooses to have participate in the IFSP process. If the child is in the care, custody or guardianship of the local Social Services Commissioner, the Commissioner or designee must also be invited to attend the IFSP meeting.

THE IFSP MEETING

The date of the initial IFSP meeting with the family will be scheduled by the Initial Service Coordinator during the initial home visit. This should occur within 45 days of referral to the Health Department unless there are exceptional circumstances necessitating a delay. The Initial Service Coordinator will also notify the other participants as described above using the "Notice of Initial IFSP Meeting" (EI5149) (Appendix H).

The scheduling of subsequent IFSP meetings is the responsibility of the On-going Service Coordinator. The "Notice of Follow-Up IFSP Meeting" (EI5150) (Appendix U) is used for this purpose. Written notice must be provided in a timely fashion to all participants to ensure attendance.

KEY ELEMENTS OF THE IFSP

The IFSP (EI5170) (Appendix I) must include:

- a statement of the child's present level of functioning in five (5) developmental domains
- a statement of the major outcomes expected to be achieved for the child and the family, including timelines
- the criteria and procedures that will be used to determine progress toward achieving outcomes
- specific early intervention services necessary to meet the unique needs of the child and the family including transportation and the frequency, intensity, location and the method of delivering services
- a statement of the natural environments in which early intervention services shall appropriately be provided
- when early intervention services are delivered to an eligible child in a group
setting without typically developing peers, the IFSP shall document the reasons why the parent(s), early intervention official, service coordinator and evaluator agree that such placement is appropriate to meet the unique needs of the child

• if the child is in child care and if appropriate, a plan for qualified professionals to train the child care provider to accommodate the needs of the child

• other needed services, including medical services, which are not required or funded under Early Intervention law

• other public programs for which the family is eligible

• dates services are to start and expected duration

• the name of the On-going Service Coordinator selected by the parent(s) if other than the Initial Service Coordinator

• a transition plan to Committee on Pre-school Special Education (CPSE) or other activities as appropriate

APPROVAL OF THE IFSP

At the initial IFSP meeting, the IFSP is approved by the parent(s) and the Early Intervention Official Designee for a maximum period of six months. Services agreed to by all parties are approved for the start, intensity, frequency, duration and method of delivery indicated in the plan. If the parent(s) does not desire any of the recommended services they will not be included in the plan. If the parent(s) disagrees with any aspect of the plan, a "Consent Withheld Form" (EI5092) (Appendix V) is completed. If the Early Intervention Official Designee (EIOD) disagrees with services requested by the parent(s), they are not included, but the parent(s) are informed of their right to request mediation or an impartial hearing to resolve the dispute. Services not in dispute are provided as set forth in the IFSP. The Initial Service Coordinator is responsible for ensuring that the parent(s) understand their rights and are afforded assistance in exercising those rights.

REVIEW/MODIFICATION OF THE IFSP

The IFSP shall be reviewed at six month intervals unless otherwise specified and shall be evaluated annually to determine the progress toward achieving the outcomes and whether or not there is a need to modify or revise either the services being provided or the anticipated outcomes. The Service Provider shall complete a progress report for each authorized service for each Child receiving Provider Services and shall submit a copy to the DEPARTMENT, the Service Coordinator (if not an employee of the DEPARTMENT) and the parent in accordance with DEPARTMENT directives but at least three (3) weeks prior to the expiration of the initial IFSP, in six month intervals (EI5077) (Appendix W) thereafter, and more frequently (EI5078) (Appendix X) if indicated by unexpected progress or lack
thereof, or requested by the DEPARTMENT.

It is the On-going Service Coordinator's responsibility to coordinate the review of the IFSP with the family, in consultation with the service providers and Early Intervention Official Designee and confirm such in writing (EI5150) (Appendix U).

The six month review may be accomplished by telephone with the approval of the EIOD if there are no outstanding issues or problems with respect to the IFSP. The annual review to evaluate the IFSP must be conducted in a meeting with all parties in attendance. A review may be conducted whenever the parent(s) requests.

A request to amend the IFSP begins with a call to the On-going Service Coordinator who initiates the IFSP review process by mailing the IFSP Review Request/Amendment form (EI5093) (Appendix Q) to the parent/service provider requesting the review. The IFSP Review Request/Amendment is then completed by parent and or service provider and returned to the On-going Service Coordinator. If the On-going Service Coordinator is not also the EIOD the review request must be mailed to the EIOD for approval. If approved, the On-going Service Coordinator will coordinate with the parents the process to amend the IFSP.

Only Early Intervention Services authorized in the approved IFSP are funded by the Early Intervention Program.
THE ENTITLEMENT

An infant or toddler found to be an eligible child is entitled to all services delineated in the Individualized Family Service Plan (IFSP) (EI5170) (Appendix I). A child may not begin to receive services until the IFSP is approved, except in the instance where interim services have been approved by the Early Intervention Official. To the maximum extent appropriate to the needs of the child, early intervention services shall be provided in the child's natural environment.

EARLY INTERVENTION SERVICES

Early Intervention Services covered under this program are:

- Assistive Technology Device and/or Assistive Technology Services
- Audiology
- Family training, counseling, home visits and parent support groups
- Health Services**
- Medical Services (for diagnostic or evaluation purposes only)
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Respite Services
- Service Coordination
- Social Work Services
- Special Instruction
- Speech-Language Pathology
- Transportation Services and related costs
- Vision Services

**The term "health services" does not include:

- services that are surgical in nature (such as cleft palate surgery, surgery to club foot, or the shunting of hydrocephalus)
- services that are 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 immunizations and regular "well-baby" care) routinely recommended for all children
Only **qualified personnel** authorized by the regulations and approved by New York State may provide services under the Early Intervention Program.

**DATABASE CHECK FOR EARLY INTERVENTION PROVIDERS THROUGH STATE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT**

Section 4 24-a of New York State Social Service Law as amended by Chapter 587 of the Laws of 1997 requires database check from the State Central Register of Child Abuse and Maltreatment for early intervention evaluators, service coordinators and service providers who: will have regular and substantial contact with children receiving early intervention services; and who are being considered for contracts, and who are currently employed or have contracts with municipalities or provider agencies. (See New York State Department of Health Early Intervention Program Memorandum 2001-1 on website [www.health.state.ny.us/nysdoh/eip/](http://www.health.state.ny.us/nysdoh/eip/))

The CONTRACTOR shall forward to the DEPARTMENT annually, on or before January 1 of each year during the term of this Agreement, a complete list of its employees, agents and subcontractors providing Early Intervention Services, including names and areas of certification “Contract Deliverables” (EI5316) (Appendix Y). The CONTRACTOR SHALL NOTIFY the DEPARTMENT of any additions or deletions as they occur.

Independent providers must submit a copy of their current health status as required in their contract annually.

**AUTHORIZATION OF EARLY INTERVENTION SERVICES**

The Health Department will send a "Service Authorization Letter" (EI5317) (Appendix Z) to providers specifying services approved in the Initial IFSP (EI5170) (Appendix I). A separate letter will be sent for each type of approved service. This letter will report the total number of units authorized ("frequency") over the duration of the IFSP Summary Sheet (EI5170.6) (Appendix K) (e.g. 52 units of physical therapy). However, services are to be provided in accordance with the frequency, intensity and duration specified in the IFSP (e.g. 2 times a week for 30 minutes for 6 months). Services **must be** provided in the "location" specified in the authorization letter.

Services are authorized for six month intervals. All authorization dates are based on the date of the initial IFSP. Subsequent services are authorized from the day following the expiration date of the current IFSP. Any services provided after the expiration of the initial or subsequent IFSP, are not authorized and are not reimbursable. In such an instance, services will not be re-authorized until an IFSP meeting is held. The start date for the next authorization period will be the date of the IFSP meeting; the end date will be six (6) months from the expiration date of the previous six (6) month period. Exceptions must be approved in advance by a member of the Quality Management Team at (516) 227-8675.

The Provider shall furnish Provider Services to the Child in conformity with the IFSP. No service shall be provided prior to the receipt of specific written authorization (Appendix Z) from the DEPARTMENT for that service. It is the CONTRACTOR’S responsibility to verify that any service authorizations issued by the DEPARTMENT are in conformity with the IFSP and to notify the DEPARTMENT immediately
regarding any discrepancy. It is the responsibility of the CONTRACTOR to assure that scheduling of services is in conformance with the New York State Department of Health Billing policies regarding the maximum number of billable services per day.

**MAKE-UP POLICY**

When an authorized service is not provided due to such circumstances as illness or family problems, one session more than the number specified in the IFSP may be provided in each of the two (2) calendar weeks (Sunday – Saturday) following the missed session(s), not to exceed the number of sessions missed. These make-ups can only be scheduled during the current IFSP period. This applies to each approved EI service.

Regulations do not allow for a child/family to receive more than three (3) individualized services per day at any one location. Also note that two (2) services in the same discipline may not be offered on the same day and location without prior approval of the DEPARTMENT.

When scheduling a make-up, it is the responsibility of the provider to review the IFSP and confirm with the parent/caregiver that this limit will not be exceeded.

The Provider shall notify the Child's Service Coordinator and the DEPARTMENT by telephone or facsimile transmission within twenty-four (24) hours of a Child's absence from more than five (5) consecutive days of scheduled sessions or two weeks, whichever occurs sooner and shall indicate the reason for said absence if known on the “Notification of Non Delivery of Authorized Services” (EI5201) (Appendix AA).

When services are to be discontinued, the Department will send a notice to the providers specifying the authorization number of the discontinued service “Discontinued Approved Service Notification” (EI5318) (Appendix BB). Providers are required to submit a discharge summary (EI5078) (Appendix X) or (EI5077) (Appendix W) to the Department.

**PROVIDER IDENTIFICATION**

All providers of Early Intervention services in Nassau County are required to wear a photo identification tag including agency name (if applicable), provider’s full name and professional credentialing title. The identification should be clearly visible and worn above the waist.

**DAILY NOTES/ATTENDANCE SHEET**

*Guidelines for Completing the Daily Notes/Attendance Sheet* (EI5177) (Appendix CC)

All notes must be typed or written legibly in black ink only.

Fill in all blanks completely. This information is available on the child’s IFSP.

DOH EIOD: Fill in the name of the Department of Health Early Intervention Official Designee.
Ongoing Service Coordinator: Fill in the name of the ongoing service coordinator chosen by the family/caregiver. This individual can be from the Department of Health or an approved individual.

Service:

Type: Refers to type of session (e.g. Speech Therapy, Physical Therapy, etc.)
Location: Home, office, school and/or childcare.
Frequency: How often the child is seen.
Duration: Length of each session.

# of Authorized Sessions: The number of sessions authorized in the specific IFSP period.

Authorization #: The number assigned by the Department of Health and available directly to individual providers or provided to you by the referring agency or ongoing service coordinator. **Services cannot be initialed without first obtaining this number.**

Provider/Agency Name: Fill in the individual or agency assigned to provide services.

Provider: Fill in the name of individual providing services.

Professional Title: Fill in the appropriate professional title (e.g. Speech Pathologist, Occupational Therapist etc.

Each entry should include the date (month/day/year) and time of the session.

Session # should include a cumulative (actual treatment sessions) number of sessions that do not exceed the authorized number of sessions for that IFSP period.

A new page MUST be started for a new authorization period.

Each entry should specify the nature of the contract (scheduled visit, make up visit, **absence of provider or child, school holiday, phone contact or any other contact as is appropriate**). If a session is missed, the reason should be noted in the Daily Notes/Attendance Sheet. The following guidelines should be following when documenting sessions:

**Content of Daily Notes/Attendance Sheet**

**Daily Notes/Attendance Sheets are considered legal documents. Do not use white out or erasures. Initial any changes.**

Daily Notes/Attendance Sheets (EI5177) (Appendix CC) should be related to the expected outcomes that are developed at the IFSP meeting and should include the activities, strategies and materials used. In addition include the child’s response to the intervention, interaction with the parent or caregiver and any other pertinent or anecdotal information that is important to the description of the intervention.

Daily Notes/Attendance Sheet should contain the necessary information to support claims for third party or Medicaid reimbursement.
Daily Notes/Attendance Sheet should include recommendations.

Daily Notes/Attendance Sheet entry (which only reflects attendance at session) must be signed by the parent/caregiver (parent is defined as any person 18 years or older) after each session and the licensed professional with initials of profession after signature.

Daily Notes/Attendance Sheet should record intervention when done in conjunction with another provider. The name and discipline of this provider should be included in the Daily Notes/Attendance Sheet.

Daily Notes/Attendance Sheet should include communication with providers and caregivers. Record all communication with the providers and caregivers in the space reserved for comments on the Daily Notes/Attendance Sheet. Use codes printed on bottom of Daily Notes/Attendance Sheet (i.e. TC: Telephone Contact).

Daily Notes/Attendance Sheet should include only General Abbreviations, Assessment Abbreviations, Professional Abbreviations and Agency Abbreviations listed in the appendix of this manual.

Daily Notes/Attendance Sheets should be maintained in the child’s file in a manner that ensures appropriate access and confidentiality for a period of 3 years after the child reaches the age of 18.

**PROGRESS REPORTS**

In accordance with contractual agreements, providers of Early Intervention Services are required to submit progress reports for each authorized service to the Service Coordinator at three month intervals (EI5078) (Appendix X) or more frequently if requested by the Department of Health. Providers must use the Nassau County Provider Progress Report form. Progress Reports must be reviewed and signed by an agency’s designated professional. In order for services to be re-authorized, these reports must be received by the Department of Health three (3) weeks prior to the expiration of the current IFSP. Services provided after the expiration of the current IFSP will be unauthorized and will not be paid.

**INTENSIVE BEHAVIORAL SERVICES (ABA)**

All contracted agencies interested in providing ABA/IBI services in Nassau County must first be approved by the Nassau County Department of Health, Group Provider Information (EI5198) (Appendix DD). When an IFSP includes ABA, the OSC will review the intensity of these services and inform the family of their involvement in this plan. A review of the Clinical Practice Guideline For Autism/PDD submitted by NYSDOH EI Program should occur. The provider will follow these procedural guidelines for Applied Behavioral Analysis.
**Procedural Guidelines for Applied Behavioral Analysis**

*The Team Leader*

♦ Must be identified first. This Team Leader will be responsible for all team members.

♦ Will make available to parents, Ongoing Service Coordinator (OSC) and Early Intervention Official Designee (EIOD) a list of team members, their disciplines and agency.

♦ Will develop with parents a schedule of services, training sessions and team meetings. The name of therapists and their disciplines will be recorded on the ABA Services Plan (EI5091) (Appendix EE). This plan will be sent to Nassau County Department of Health to be maintained in child’s record.

♦ Will provide parents with a written plan (team book) to include the child’s individualized functional behavioral goals to be updated as needed.

♦ Will complete ABA Team Meeting Notes (EI5194) (Appendix GG), ABA Team Meeting and Suggestions (EI5255) (Appendix FF) and ABA Team Attendance Sheet (EI5195) (Appendix HH) at each meeting.

♦ Will submit Progress Reports and Team Meeting Notes at least every three months to the EIOD and parent:
  - ABA Team Member Progress Report (EI5284) (Appendix II)
  - ABA Team Leader 3 Month Progress Report Family Training (EI5285) (Appendix JJ)
  - ABA Team Leader 6 Month Progress Report (EI5287) (Appendix KK)

*The Parents/Caregivers Are Required To:*

♦ Participate in training and be committed to incorporating intensive behavioral strategies into daily family activities.

♦ Attend scheduled meetings.

♦ Assure the presence of a responsible adult during all sessions.

♦ Provide a place in the home where a therapist can work with minimal distractions.

♦ The provider will review and parents will sign the “Procedural Guidelines for Applied Behavior Analysis” (EI5191) (Appendix LL). Original is sent to DOH to become part of the IFSP, yellow copy to provider and pink copy to parent.
DEVELOPMENTAL GROUPS

NCDOH approval is required prior to implementing Developmental Groups. Providers must submit the “Group Provider Information” form (EI5200) (Appendix MM). Written DOH approval must be received. EI Developmental Groups may not be advertised or offered to families without DOH approval.
PAYMENT FOR SERVICES

SUBMISSION OF CLAIM FORMS

All claims for payment for all Early Intervention services must be submitted to the Health Department within 90 days of the end of the month being claimed. PAYMENT WILL NOT BE MADE FOR CLAIMS SUBMITTED AFTER THE 90 DAY PERIOD.

Providers submitting request for payment must use the standard Nassau County Claim Voucher accompanied by the appropriate Claim summary:

- Screening and Evaluation
- Bilingual Screening and Evaluation
- Service Coordination
- Provider Services
- Respite Services

SCREENING AND EVALUATION (INCLUDING BILINGUAL)

Complete the "Evaluation Claim Summary" (EI5173) (Appendix NN) or the "Bilingual Evaluation Claim Summary" (EI5172) (Appendix OO) form for up to a maximum of eight (8) children evaluated during the month and attach to one Nassau County Claim Voucher (Appendix O). Only eight (8) children can be submitted on a single Nassau County Claim Voucher. The total amount indicated on the Claim Voucher MUST equal the amount on the Claim Summary.

SERVICE COORDINATION

Complete a separate "Service Coordinator Claim Summary" (EI5103) (Appendix N) form for each child served during the month. All service coordination notes will be written on the "Ongoing Service Coordination Notes" form (EI5182.OSC) (Appendix M). The Service Coordination Claim Summary (EI5103) (Appendix N) and photocopies of the "Ongoing Service Coordination Notes" form (EI5182.OSC) (Appendix M) should be attached to the Nassau County Standard Claim Voucher (Appendix O). Only eight (8) children can be submitted on a single Nassau County Claim Voucher. The total amount indicated on the Claim Voucher MUST equal the sum of the individual Claim Summaries attached to that voucher.

All claims must include the Health Department Authorization Number in the space provided on the Claim Summary. The Authorization Number is identified for each service and the corresponding IFSP period in the computer generated letter (E5317) (Appendix Z) that authorizes you to provide the service. Claims with incorrect or missing Authorization Numbers will be returned.

Please note that when billing for service coordination, multiple phone contacts for the same child on the same date should be added together to equal one billing unit (e.g., a 2 minute phone contact, a 6 minute phone contact and a 5 minute phone contact on the same day = 13 minutes or one unit).
RESPITE SERVICES

A special grant from New York State Department of Health provides the funding for respite services under the Early Intervention Program.

Respite is:  **Temporary relief from caregiving responsibilities.**  It is intended to provide support to parents or other caregivers who may otherwise be overwhelmed by the intensity and constancy of caregiving responsibilities that may be necessary for a child with special needs. Respite may be provided in the child's home or in another appropriate location.

Respite is not:  **Ongoing daily child care,** such as day care or babysitting, to allow the parent to work outside the home or replacement for ongoing required nursing services.

As appropriate, respite services and models for respite services may be discussed with the parent at the IFSP.

The provision of respite services for an eligible child and family shall be determined in the context of IFSP development, based on the individual needs of the child and family and with consideration given to the specific criteria (Public Health Law Article 25, Title II, Section 64-4.18).

When respite is indicated on an IFSP, a “Request For Respite Services” form (EI5196) (Appendix PP) must be completed.

PROVIDER RESPITE SERVICES

Contracted respite providers will complete a separate "Provider Services Claim Summary" (EI5175) (Appendix QQ) or "Respite Services Claim Summary" form (EI5286) (Appendix RR) for each child served during the month. The Claim Summary should be attached to the Nassau County Claim Voucher (Appendix O).  Only eight (8) children can be submitted on a single Nassau County Claim Voucher. The total amount indicated on the Claim Voucher MUST equal the sum of the individual Claim Summaries attached to that voucher.

**All claims must include the Health Department Authorization Number in the space provided on the Claim Summary.**  The Authorization Number is identified for each service and the corresponding IFSP period in the computer generated letter (EI5317) (Appendix Z) that authorizes you to provide the service. Claims with incorrect or missing Authorization Numbers will be returned.

Please be sure to use the correct type of service and rate category codes indicated on the reverse side of the "Provider Services Claim Summary" form (EI5175) (Appendix QQ).
PARENT RESPITE REIMBURSEMENT

At the recommendation of the LEICC Family Support Committee, a parent reimbursement respite system is in place. Respite will be written into the IFSP and authorized in the KIDS system. Parents will be responsible for locating and paying the respite worker. The Service Coordinator will provide parents with the "Parent Respite Reimbursement Instructions" (EI5133) (Appendix SS), required claim forms, Parent Respite Letter (EI5128) (Appendix TT), Nassau County Claim Voucher (Appendix O), Parent Respite Log (EI5277) (Appendix UU) and Respite Services Plan of Care (EI5131.B) (Appendix VV). Parents will send completed claim voucher and logs to the DOH monthly.

TRANSPORTATION SERVICES

Public Health Law Article 25, Title II-A, Section 64-4.19 states that the municipality in which an eligible child resides shall provide payment for reasonable transportation costs to the parent or, if necessary, arrange and provide payment for suitable transportation services necessary for the child and parent to participate in early intervention services contained within the individualized family service plan.

Transportation must be included in the child's IFSP and clearly noted as to whether the parent will be driving or the child will be taking the bus (when existing bus route available). Parents are reimbursed for mileage (based on the Nassau County mileage chart) at the end of the IFSP period after attendance records have been submitted by the provider.

Transportation must be included on the IFSP Summary Sheet (EI5170.6) (Appendix K). Provider Name must be entered as either Servisair or Parent. A child can have both bus and parent transportation during the same IFSP period if he/she is going to one provider by bus and being driven to another provider by the parent. As with all services, if there are any changes during the IFSP period, this information must be submitted on the IFSP Summary Sheet (EI5170.6) (Appendix K).

When parents provide transportation, the provider name on the IFSP Summary Sheet (EI5170.6) (Appendix K) is "Parent Reimbursement," Service Type "P" for transportation. Enter start date and units (units is always one). The Health Department sends the parent form EI5071.x “Eligibility for Mileage Reimbursement” (Appendix WW) explaining the reimbursement process. The parent completes the form and returns it to the Health Department. The parent is not reimbursed until the end of the IFSP period after attendance records are received from the provider.

ASSISTIVE TECHNOLOGY DEVICES AND SERVICES

Under federal and state law and regulations assistive technology devices may be provided to children eligible for the early intervention program when these devices are necessary to increase, maintain or improve the functional capabilities of an infant or toddler in one or more of the following areas of development: physical development, communication development, cognitive development, social-emotional development and adaptive development.

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, including, but not limited to, switches, toy
adaptations, etc. (See guidance document for clarification.)

**Assistive technology service** means a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. (Refer to New York State Department of Health Early Intervention Memorandum 99-1. This Memorandum is available on the New York State Website: [www.health.state.ny.us/nysdoh/eip/](http://www.health.state.ny.us/nysdoh/eip/))

When a child's IFSP indicates a need for an assistive technology service and/or device, the therapist/evaluator must discuss the necessity for such an item with the Initial Service Coordinator (ISC) or Early Intervention Official Designee (EIOD). This service/device must be related to a functional outcome. The ISC or EIOD will mail the Assistive Technology Authorization (ATD) Form (EI5031) (Appendix XX) and the Amendment Request/Justification Form (EI5129) (Appendix YY). The therapist/evaluator completes the forms and mails the originals to the DOH with a prescription and a cost estimate (reflecting Medicaid rates) from the vendor. The ISC or EIOD will sign the ATD Request/Justification Form (EI5129) (Appendix YY). The request shall be reviewed and, if approved by the Assistive Technology Device Committee, a Service Authorization Letter (EI5317) (Appendix Z) and a Nassau County Claim Voucher (Appendix O) will be sent to the vendor. If the request is denied, a denial letter (EI5193) (Appendix ZZ) will be forwarded to the family, the therapist/evaluator and the ISC or EIOD. (For additional information see New York State Department of Health Early Intervention Memorandum 99-1.)
THE ENTITLEMENT

A transition plan will be developed for every child transitioning from the Early Intervention program to programs under Education Law 4410 and/or to other early childhood services. If the IFSP team feels that the child may be eligible for preschool special education services, with written parental consent, notification will be forwarded to the Committee on Preschool Special Education 120 days prior to the child's date of eligibility.

RESPONSIBILITIES OF THE EIOD/OSC

120 days prior to an E.I. child's first date of eligibility under Ed. Law 4410, the EIOD will forward a Transition Notification Packet to the child's family. For a child in foster care, Notification packet will be forwarded to the agency that holds custody and the assigned surrogate parent. At the IFSP meeting closest to the 120 days, the OSC will review the packet with the family and explore options/procedures. With parental consent only the Transition plan will be recorded in the child's IFSP. The Transition Notification Packet includes:

- Notification of child's potential eligibility for CPSE and need for parental consent in order to refer child to the CPSE. (EI5224) (Appendix AB)
- Transition Notice Form indicating: (EI5170.4) (Appendix AC)
  - when child is first eligible to transition
  - when child will no longer be eligible for E.I. services
  - parent's desire to notify CPSE
- Parent Referral Letter to CPSE (EI5202) (Appendix AD)
- Positive Connections Brochure outlining CPSE process (EI5311.P) (Appendix AE)
- Timeline of CPSE Process (EI5241) (Appendix AF)
- ECDC brochure
- Stamped return envelope, for parent's convenience

Upon receiving Transition Notice Parent Consent (EI5224) (Appendix AB) from parent, the EIOD shall notify the CPSE in which the child resides. Copies of said notification will be forwarded to the OSC, parent and, when applicable, the agency in custody of a child in the foster care system. All evaluations, IFSP’s and progress reports will be forwarded to the CPSE upon receipt of written parental consent. The CPSE will arrange necessary evaluations in order to determine the child's eligibility for CPSE services,
convene a CPSE meeting and develop an IEP, if warranted.

For those children whose parent(s) have refused to transition, or for those children found not eligible by the CPSE, the OSC will refer the child to the ECDC or other appropriate community resources.
ASSIGNMENT OF SURROGATE PARENTS/FOSTER CARE

SURROGATE PARENT ASSIGNMENT PROCESS

Introduction

Whenever the parent(s) is(are) unavailable to participate in the IFSP process due to life circumstances, including the child's placement in foster care, the Initial Service Coordinator (ISC) must assess whether a surrogate parent is needed and inform the NCDOH EIP. If a surrogate parent has to be appointed, the assignment must be made by the EIOD before an evaluation can take place as the surrogate parent is the only person authorized to sign the Participation Agreement.

If the child is not in foster care and there is a "person in parental relation," that person may sign all consents, including the Participation Agreement, and a surrogate parent does not need to be assigned. According to the NYS Regs., Sec. 69-4.1(hh), person in parental relations means:

1. the child's legal guardian;
2. the child's standby guardian after their authority becomes effective pursuant to section 1726 of the Surrogate's Court Procedure Act;
3. the child's custodian; a person shall be regarded as the custodian of a child if he or she has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown; or,
4. persons acting in the place of a parent, such as a grandparent or stepparent with whom the child lives, as well as persons who are legally responsible for the child's welfare,
5. except, this term does not apply to a child who is a ward of the State, and does not include a foster parent.

If the child is in foster care and the parental rights have not been terminated or voluntarily surrendered, the ISC must ensure that the foster care caseworker has made a good faith effort to contact the parent(s) in order to determine whether or not a surrogate parent is needed.

If the child is in foster care and is a "ward of the State" (i.e., the parental rights have been terminated or voluntarily surrendered) the parent(s) should not be contacted and a surrogate parent must be assigned.

PROCEDURE

For children in foster care, the steps described below should be followed in a timely manner so that an IFSP meeting can be convened within 45 days of the initial referral. All steps must be thoroughly documented on the form "Documentation Form - Determination Of Need For Surrogate Parent" (EI5152) (Appendix AG) ensure that all necessary activities have been carried out expeditiously.

The procedure for determining whether a surrogate parent is needed for a child in foster care and for
assigning the surrogate is as follows:

♦ On receipt of the referral of a child in foster care, the **initial service coordinator** must send the child's caseworker the "Foster Placement Agency Letter" (EI5153) (Appendix AH), "Letter To Early Intervention Official From Caseworker" (EI5154) (Appendix AI) and "Parent Surrogate Designation" (EI5155) (Appendix AJ).

- **If the caseworker was the primary referral source**, the "Foster Placement Agency Letter" (EI5153) (Appendix AH) will serve as confirmation of the referral and will provide the name and phone number of the initial service coordinator. The caseworker should complete the "Letter To Early Intervention Official From Caseworker" (EI5154) (Appendix AI) and return it to the **initial service coordinator** as soon as possible.

- The NCDOH EIP and the Department of Social Services recommend that the **foster care caseworker** proceed in the following way: When a caseworker identifies a child as having a possible developmental delay, the caseworker must make a referral to NCDOH EIP within two (2) working days. During this two day period the caseworker should make a good faith effort to contact the biological parent(s) in the most expeditious way possible to explain the reasons for wanting to refer the child to EI, to ask whether they have any objections to the referral, and to determine their availability to participate in the IFSP process. This should be clearly documented in the foster care case record. After making the referral, the caseworker must follow up with a letter to the parent(s). A sample letter can be found in the Appendix on Foster Care.

  If the parent(s) agree(s) to the referral or cannot be reached, the caseworker should call the NCDOH EIP intake at (516) 227-8861. However, if, at a later time, the parent objects to the referral, the caseworker must notify the service coordinator who will then close the EI case.

- **If someone other than the caseworker made the referral** (such as the foster parent or the child's doctor), the form "Foster Placement Agency Letter" (EI5153) (Appendix AH) will serve as notification to the caseworker that a referral to EI has been made and will provide the name and phone number of the initial service coordinator.

  If someone other than the caseworker already referred the child to EI and an attempt was not made to contact the parent(s), the caseworker needs to make a good faith effort to contact the parent(s) by following the procedure described in Section "A" above before a surrogate parent can be assigned and the evaluation process can begin. This would include completing the form "Letter To Early Intervention Official From Caseworker" (EI5154) (Appendix AI) and returning it to the **initial service coordinator**.

♦ The **initial service coordinator** should call the foster care caseworker to discuss whether a surrogate parent needs to be appointed and, if so, whom it should be.

If the caseworker has contact with a birth parent who wants to participate in the IFSP process, the caseworker should instruct the parent to call the **initial service coordinator** directly and should
give the parent this person's name and phone number. If the parent is unable to participate but would like to designate a specific person to be the surrogate parent, the caseworker should inform the parent that s/he can call either the initial service coordinator or the foster care caseworker who will convey the information to the initial service coordinator. This service coordinator will then either complete the "Parents Surrogate Designation" (EI5155) (Appendix AJ) form with the name provided by the parent or will send the form to the parent for completion along with a self-addressed, stamped envelope and instruction to complete and return the form to the initial service coordinator AS SOON AS POSSIBLE. If the parent does not choose to designate someone to be the surrogate parent, the initial service coordinator and caseworker will decide who should be assigned.

When the agreed-upon plan is for the parent(s) to call the initial service coordinator to discuss the designation of a surrogate parent or his/her participation in the IFSP process, the caseworker should give the parent(s) a deadline of 1-2 weeks by which s/he must make the call. If the parent(s) does (do) not call by that date, the initial service coordinator should immediately call the foster care caseworker to discuss whether the assignment of a surrogate parent has become necessary and, if so, who should be assigned.

Please Note: When the child is not in foster care, his/her birth parent(s) is (are) unavailable, and the child has no person in parental relation [refer to NYS Regs. Sec. 69-4.1(hh) for the definition of this term], the EIOD will need to assign a surrogate parent from the list of possible choices in the next paragraph.

CHOICE OF A SURROGATE PARENT

The surrogate parent may not be an employee of any agency involved in the provision of early intervention or other services to the child. Since a foster parent is not considered to be a "person in parental relation" and technically is not an employee of a foster care agency, she/he may be selected as the surrogate parent after consultation with the caseworker or another representative from the foster care agency. The initial service coordinator should advise the foster parent that if s/he agrees to be the surrogate, his/her name, address and phone number will become part of the child's Early Intervention case record to which the birth parent may have access if s/he requests it. Other choices for surrogate parent are: a person voluntarily designated by the parent (as described above), a relative who has an ongoing relationship with the child, a friend of the parent who has an ongoing relationship with the child, and, if no suitable individual is identified from the aforementioned choices, a qualified volunteer.

The surrogate parent has the same rights and responsibilities as the parent in the Early Intervention Program and represents the child in all matters related to:

- screening, evaluation and assessment of the child
- development and implementation of the IFSP (EI5170) (Appendix I) including Annual Reviews and periodic reviews;
- the ongoing provision of early intervention services;
- the right to request mediation or an impartial hearing in the event of a dispute;
- any other rights established in the Early Intervention Program.
The initial service coordinator should submit the "Surrogate Parent Assignment By EIOD" (EI5156) (Appendix AK) form to the NCDOH EI Supervisor/EIOD along with a completed "Letter To Early Intervention Official From Caseworker" (EI5154) (Appendix AI) form (if completed), and the "Documentation Form - Determination Of Need For Surrogate Parent" (EI5152) (Appendix AG).

The EI Supervisor/EIOD will review the information submitted and indicate his/her approval of the surrogate by signing the "Surrogate Parent Assignment By EIOD" (EI5156) form (Appendix AK) and returning it to the initial service coordinator.

The initial service coordinator will keep a copy of the approved "Surrogate Parent Assignment By EIOD" (EI5156) (Appendix AK) form in the child's service coordination case record and send copies to the surrogate parent, the evaluator selected by the surrogate parent and the foster care caseworker. (At the conclusion of the IFSP meeting, the initial service coordinator should make sure that the ongoing service coordinator and all service providers receive a copy of the form as well and document same on the "Documentation Form - Determination Of Need For Surrogate Parent" (EI5152) (Appendix AG).

Once the evaluator has received the approved "Surrogate Parent Assignment By EIOD" (EI5156) form (Appendix AK), the surrogate parent is authorized to sign the "Consent for Participation in the EI Program" (EI5148) (Appendix G) and other consents that parents would sign, and the evaluation can proceed.

When reviewing the IFSP (EI5170) (Appendix I) at the Annual Review, the ongoing service coordinator shall, in consultation with the foster care caseworker, determine whether circumstances have altered so that a change in surrogate parent or the substitution of the birth parent is necessary. Also, if the child changes foster homes at any time and it appears that a new surrogate parent is needed, the service coordinator should contact the caseworker to determine who should be assigned, such as the new foster parent. In both situations, the service coordinator must complete a new "Surrogate Parent Assignment By EIOD" (EI5156) form (Appendix AK) and send them along with a letter of explanation to the EIOD, who will assign the new surrogate.

TRANSITION OF CHILDREN IN FOSTER CARE

At least 180 days prior to the child’s potential eligibility for services under Education Law 4410, the EIOD will forward a “Transition Notification Packet” to the agency holding custody (local commissioner of social services or designee) and the surrogate parent. At the IFSP closest to the 180 days, the OSC shall review the packet with the caseworker and surrogate parent and explore transition options/procedures.

CLARIFICATION REGARDING SURROGACY FOR CHILDREN IN FOSTER CARE

When providing service coordination for a child in foster care:
• It is the service coordinator's responsibility to consult with the child's foster care case worker regarding whether a surrogate parent is needed and if so, who should be assigned.

If, FOR ANY REASON, the biological parent is not able to sign the various parental consents and a surrogate parent is needed, the EI process may **NOT** begin until that person is assigned by an EIOD.

• Prior to initiating any evaluations on foster children, the evaluator must have on record a "Surrogate Parent Assignment By EIOD" (EI5156) form (Appendix AK) that has been authorized by the EIOD. **EVALUATIONS INITIATED PRIOR TO THE COMPLETION AND AUTHORIZATION OF THIS FORM WILL NOT BE REIMBURSED.**

• When a change in surrogate parent is necessary, the service coordinator should do the following:

1. Complete a new "Surrogate Parent Assignment By EIOD" (EI5156) form (Appendix AK).
   Obtain the EIOD's written approval and send the forms to the service providers.

2. Send the "Surrogate Parent Assignment By EIOD" (EI5156) form (Appendix AK) to the newly assigned surrogate parent.
NASSAU COUNTY DEPARTMENT OF HEALTH
POLICY FOR
CONFIDENTIALITY OF EARLY INTERVENTION RECORDS

In Accordance with the Federal Educational Rights and Privacy Acts (FERPA), child records and other materials contained therein which are personally identifiable, are confidential and may not be released or made available to persons other than those authorized. Nassau County Department of Health Early Intervention Program records are kept in locked files and are made available only to authorized individuals. No staff member may duplicate or remove from the premises any personally identifiable data relating to any child receiving Services without explicit permission from administrative staff. All approved providers must adhere to FERPA and must have a written confidentiality procedure.

Only administrators and office staff employed by Nassau County Department of Health Early Intervention Program, who have a need to know, will have access to children's records. Kathleen Walsh, Director, Office of Children With Special Needs, has authority for ensuring the confidentiality of personally identifiable information in records.

- All records shall be maintained to ensure confidentiality.
- Record access shall follow the specific guidelines put forth in the above document.
- Records containing personally identifiable information are maintained in a file that is locked when unattended. Records are disposed of by shredding.
- All file storage units have a notice that they contain confidential records and that access is limited.
- All individual records contain a separate page which documents the date of access, the person who accessed the record and the purpose of that access.
- Correspondence or record of one child shall not reveal the name of another Early Intervention Program child or family.
- County staff or provider shall not verbally convey information about a child or family without written parental consent.
- Records transported are secure to maintain confidentiality.
- No personally identifiable information is transmitted electronically i.e. computer or email.
- A DOH fax cover sheet including a confidentiality statement is used when sending faxes. Prior to sending a fax, the sender will make efforts to ensure that the recipient is expecting the fax within a limited time frame so that it can be received by the appropriate individual, and that the fax recipient has a secure site where the information being faxed would not be accessible to unauthorized personnel or the general public.
CONFIDENTIALITY TRAINING

Nassau County Early Intervention Program staff and volunteers with access to personally identifiable information will be trained annually to adhere to all confidentiality requirements. Included in training will be knowledge of and compliance with all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child’s parentage, etc.).

ACCESS TO AND AMENDING RECORDS

Requests for access to a child's record by a person, other than an authorized employee of Nassau County, shall be directed to the Director of Children with Special Needs in writing. If the request for access is approved, with written parental consent, a record of such access, the "Child Record Access Log" (EI5174) (Appendix AL), shall be maintained in the child's file, which will indicate the date, person and reason(s) for the access. Child records may be inspected at the place they are regularly maintained and procedures shall be utilized to ensure that such records are not destroyed or altered in any way.

- If a parent wishes to amend/access the record they must notify the OSC/EIOD of their wish to amend in writing to the EIO, Kathleen Walsh, Director, Office of Children With Special Needs, DOH, 60 Charles Lindbergh Blvd. Suite 100, Uniondale, NY 11553-3783, telephone number 516-227-8648.

- If the municipality decides not to amend the record as requested, inform the parent of this decision in writing and that the parent has the right to a hearing.

- The information in the record found to be inaccurate will be amended and the parent will be informed in writing.

- Annually notify parents that they are afforded the opportunity to inspect and review and amend any records pertaining to their child.

- Annually inform parents about the procedures to be followed to request an amendment to their child’s record as maintained by the provider or municipality. Inform the parent of the right to place in the record a statement commenting on information reflective of their views.

The opportunity for parents to review and inspect records includes the right to:

- Receive an understandable explanation about and interpretations of information included in any Preschool Education Program record upon request.

- Obtain a copy of any record within 10 working days of receipt of the request.

- A fee not to exceed 10 cents per page for the first copy and 25 cents per page for additional copies may be charged the parent to copy records, unless the fee prevents the parent from inspecting and reviewing the record. Nassau County Department of Health does not charge fee.
• No fee may be charged for records related to evaluations and assessments or for the search and retrieval of records.

• Obtain a copy of any record within 5 days if the request is made as part of mediation or impartial hearing.

  Have a representative review the record on the parent’s behalf.

All of the above rights extend to the commissioner of social services for children in the care and custody or custody and guardianship of the local social services districts.

**WRITTEN PRIOR NOTICE PROTOCOL**

As per Section 69-4.17 (Procedural Safeguards) of the Early Intervention regulations, Written Prior Notice (EI5325) (Appendix AP) must be issued to the parent of an eligible child 10 working days before the EIOD proposes or refuses to initiate or change the:

• Child identification information

• Evaluation (eligibility/ineligibility)

• Service provider and/or setting (home/community, office facility, etc.)

• IFSP meeting

• Service (addition, termination, frequency and/or duration)

• The form, Written Prior Notice, (EI5325) (Appendix AP) must indicate to the parent:

  • Action that is being proposed or refused

  • Reasons for such action

  • Reminder about procedural safeguards

Along with the Written Prior Notice, a new consent form MUST be sent for any change in type, duration and/or frequency of service.

• Documentation must be reflected to note that the notice was sent to the parent.

• Copy of the notice must be kept in the file.

If the initial IFSP is completed, and providers are added to the IFSP Service Summary sheet, a Written Prior Notice does not need to be sent out. However, if new services are added after the initial IFSP or there is a decrease/increase of an existing service, even though it was agreed, e.g. on the phone with the parent, a Written Prior Notice and consent form must be sent to the parent.
GUIDELINES FOR RECORDS CONTAINING SENSITIVE INFORMATION

Nassau County Department of Health Program Staff must adhere to the confidentiality requirements of the Preschool Education Program, including all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child’s parentage, etc.). When consent is given by a parent or guardian to release information, only information appropriate to a request should be released. Extraneous or sensitive information about the child and family must be protected.

HIV INFECTION, HIV RELATED ILLNESS AND/OR AIDS

Medical conditions such as HIV-Infection, HIV-Related Illness or AIDS (hereafter referred to as HIV-Infection) do not in and of themselves generally constitute a basis for referral to Preschool Education Program for services. Services for children with HIV-Infection, as well as for other children, should be based on the individual child's developmental status. However, unless medical documentation provided by a child's treating physician precludes the child's participation, a child with HIV-Infection is not to be restricted from services.

The following guidelines have been developed to comply with Article 27-F of the New York State Public Health Law, the federal Individuals with Disabilities Education Act (Public Law 94-142), and Section 504 of the Rehabilitation Act of 1973.

DEFINITIONS

The definitions below are based on information contained in the United States Surgeon General's Report on Acquired Immune Deficiency Syndrome, published in October 1986 by the Department of Health and Human Services, and from information provided by the federal Centers for Disease Control (CDC) in Atlanta, Georgia.

**HIV-Infection:** HIV-Infection means infection with the Human Immunodeficiency Virus, or any other agent identified as a probable cause of AIDS.

**HIV-Related Illness:** HIV-Related Illness is defined as any clinical illness that may result from or be associated with the HIV-Infection.

**AIDS:** AIDS refers to the condition in which HIV attacks a person's immune system and damages the ability to fight other disease. Without a functioning immune system to ward off other germs, the individual becomes vulnerable to infection by bacteria, fungi or other viruses. The AIDS virus is also referred to as HTLV-III, HIV or LAV.

A - Acquired
I - Immune
D - Deficiency
S - Syndrome
STATEMENT OF INFECTIBILITY

Medical research has determined that the modes by which HIV-Infeciton can be transmitted are:

• Through sexual contact with an infected person.
• Through sharing of needles with an infected person.
• Through direct contact with infected blood products.
• Perinatal transmission, either intrauterine or peripartum.

The Centers for Disease Control has stressed that HIV is transmitted only through direct contact with infected blood, semen or vaginal secretions and not through casual contact with an infected individual. It is their recommendation that children with HIV-Infeciton be allowed to attend school in most circumstances. Furthermore, the Report on Acquired Immune Deficiency Syndrome and subsequent research has concluded that none of the identified cases of HIV-Infeciton in the United States are known or are suspected to have been transmitted from one child to another in a household, school, day or foster-care setting.

CONFIDENTIALITY

Article 27-F of the New York State Public Health Law strictly protects the confidentiality of information about people who have HIV-Infeciton, or who have considered or undergone HIV testing. In accordance with this law, providers are obligated to maintain the confidentiality of this information if learned during the course of providing services so as to ensure that the person is not discriminated against as a result of his/her HIV-positive status. As such, the identity of any child with HIV-Infeciton cannot be disclosed to anyone without specific consent to the release of such protected information by the parent or legal guardian. This information may not be disclosed verbally or contained in any written records (e.g., evaluation, progress reports, etc.).

The consent for the disclosure of this confidential information can only be made by completion of the Authorization for Release of Confidential HIV-Related Information form (EI5176.A) (Appendix AM) which can be found later in this chapter. This form must be fully completed by the parent or legal guardian and must include the following information:

• To whom disclosure can be authorized.
• The reason consent for disclosure is given.
• The time period during which such consent will remain in effect.
• The signature of the parent or legal guardian of the child.
• The date signed.

When consent for disclosure is given, information regarding the child will be forwarded to the specific individual identified on the consent form. (EI5168.R) (Appendix AO). In addition, a copy of the Redisclosure of Confidential Information (EI5176.B) (Appendix AN), found later in this chapter, notifying the individuals that confidential information has been disclosed to them, must also be provided. Any unauthorized further disclosure (verbal or written) is in violation of New York State law and may result in a fine, jail sentence or both. It is important to note general authorization for release of
medical or other child-specific information is not sufficient authorization for the release of confidential HIV information.

UNIVERSAL INFECTION CONTROL POLICIES AND PROCEDURES

While HIV is transmitted only through direct contact with infected blood, semen or vaginal secretions, the following guidelines for universal infection control and hygienic practices should be followed by all Early Intervention providers to prevent the possible transmission of any infectious disease:

- Staff should utilize utensils (preferably disposable ones) when assisting children who are unable to feed themselves. Staff should not use their fingers or hands to assist children in feeding.

- Staff should use disposable gloves when assisting children in toileting (e.g., when changing diapers).

- Staff should use disposable gloves and should employ good hand washing practices after coming into contact with any blood or bodily wastes (e.g., a bloody nose). See the Infection Control Guidelines and Use of Disposable Gloves (found later in this chapter) for instructions on the proper use of gloves and hand washing.

- Staff should handle all material or equipment that may have been exposed to blood or bodily wastes in a precautionary manner. This material or equipment should be disinfected and wiped clean as soon as possible with soap and water and the general area should also be disinfected using bleach or another disinfectant.

- Staff should dispose of items soiled with blood (e.g., gauze pads) in a leak-proof plastic bag. Such refuse may then be disposed of in the usual manner with no additional or special precautions.

- Sharp items should be disposed of in containers designed for that function.

- All toys used by children must be disinfected on a regular basis.
NASSAU COUNTY EARLY INTERVENTION PROGRAM

NOTICE PROHIBITING REDISCLOSURE OF CONFIDENTIAL INFORMATION

This information has been disclosed to you from confidential records which are protected by New York State law. New York State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of New York State law may result in a fine, jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.

NOTE: This notice should be attached to any document which is released by a provider which discloses HIV information, either with or without parent consent as provided for by New York State law.
NASSAU COUNTY EARLY INTERVENTION PROGRAM
INFECTION CONTROL GUIDELINES

Sound health practices must be followed in all Early Intervention programs. The following guidelines have been developed in cooperation with the Nassau County Department of Health. The guidelines are considered essential to health management. However, they are not substitutes for immunizations, regular check-ups and other aspects of child health care. These rules are important to follow when providing home-based services as well as center-based services. Each provider of home-based services should ensure that staff receive training in infection control procedures.

Handwashing is the foundation of any infection control procedure. Thorough handwashing must be practiced by children and staff in each of the following instances and at other appropriate times:

- Before and after treatment session with child.
- Before eating or handling food.
- After toileting or assisting toileting.
- After contact with any body secretions (e.g., nasal or mouth secretions, stool, blood, urine, vomit or skin lesions).

The following equipment and supplies must be available at all times in areas where children are cared for and food is prepared:

- Running water.
- Soap (preferably liquid in dispensers).
- Disposable paper towels.
- Covered plastic-lined trash containers.
- First aid kit with disposable gloves.
- Bleach.

Bleach and cleaning up blood spills or other bodily wastes must be handled with disposable gloves. Gloves must be readily available and first aid is not to be delayed. Gloves should not be used when assisting a child to wipe tears or blow his/her nose.

Bloody clothing and other contaminated articles belonging to the child should be sealed in a plastic bag and sent home with the child. Blood spills and other bodily waste on contaminated surfaces and objects must be cleaned off with soap and water and disinfected with a freshly made solution of bleach and water (1 ounce of bleach in 9 ounces of water). After the cleaning process is complete, discard debris and gloves in a plastic bag and tie securely for disposal. Remember, all debris must be discarded before removing gloves. Wash hands thoroughly. A new pair of gloves should be used with each episode.

As required by the Nassau County Department of Health, strict environmental hygiene must be observed. Everyone involved with children is expected to participate in the infection control policies and procedures.
USE OF DISPOSABLE GLOVES

When Must Disposable Gloves Be Used?

• Giving assistance to someone who is bleeding.
• Cleaning up blood or other bodily wastes from various surfaces.
• When changing diapers or assisting a child with toileting.

PUTTING ON DISPOSABLE GLOVES

• A different pair of gloves must be used for each incident; never re-use a pair of gloves.
• Disposable gloves do not need to be sterile; they can be put on like any other type of glove.
• Some disposable gloves have powder inside for ease in putting on and to absorb moisture and reduce friction. Powdered gloves, however, do not provide any additional protection.

PRECAUTIONS WHILE WEARING GLOVES

• After the process of controlling the blood flow or cleaning soiled surfaces is completed, the wearer of gloves must not touch other people or surrounding surfaces (e.g., use paper towels; tissues). Any material used to clean blood must be discarded before removing gloves.

REMOVING DISPOSABLE GLOVES

• Pinch with two fingers the OUTSIDE of one glove with the other gloved hand. Turn the glove inside-out as you pull it off. The soiled side of the glove is now on the inside. Discard the glove in an approved waste receptacle.
• Reach INSIDE the second glove with two fingers of your bare hand and pinch it. Turn the glove inside-out as you pull it off. Discard it.
• Wash hands carefully with soap and water AFTER gloves have been removed. This is essential for good hygiene.
• DISCARD ALL CONTAMINATED MATERIALS AND USED GLOVES IN DESIGNATED PLASTIC-LINED RECEPTACLES. DISINFECT CONTAMINATED SURFACES with 1 ounce of bleach in 9 ounces of water.
PROPER HANDWASHING

The following guidelines have been developed by the Nassau County Department of Health and are considered essential to health management. Handwashing is one of the most simple and effective means to protect yourself and others from infectious disease:

Step 1: Remove wristwatch and rings.

Step 2: Turn on water.

Step 3: Wet hands with warm, running water. Running water is necessary to carry away dirt and debris.

Step 4: Apply soap, lather well.

Step 5: Wash hands, using a circular motion and light friction, for 15 to 30 seconds. Include front and back surfaces of hands, between fingers and knuckles, around and under fingernails and the entire wrist area.

Step 6: Rinse hands well under warm running water. Point fingers down under the water so that the water drains from the wrist area to the fingertips.

Step 7: Dry hands well with paper towels and turn off the water using the paper towels instead of bare hands.

Step 8: Discard paper towels in receptacle.
Nassau County and all Early Intervention service providers will strictly enforce the confidentiality requirements set forth in Federal IDEA, New York State Early Intervention Law and Regulations, FERPA and County contracts.

- All records shall be maintained to ensure confidentiality.
- Record access shall follow the specific guidelines put forth in the above documents.
- When applicable, the documents listed below shall be a part of each child's record.

**PROCEDURES**

1. Early Intervention staff and service providers will maintain the following documents in the child's permanent record:

<table>
<thead>
<tr>
<th>Document</th>
<th>Municipality</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Information</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Documentation of Receipt - A Parent's Guide, Program Information</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Parental Consent(s)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Evaluation(s)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>- Multidisciplinary</td>
<td>X</td>
<td>X</td>
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<tr>
<td>- Supplemental(s)</td>
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<td>X</td>
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<tr>
<td>- Medical Report(s)</td>
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<tr>
<td>- Other</td>
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<td>X</td>
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<tr>
<td>Health Insurance Information - Intake Form</td>
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<td></td>
</tr>
<tr>
<td>IFSPs</td>
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<td>X</td>
</tr>
<tr>
<td>Progress Reports</td>
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2. When requested by Nassau County Department of Health, providers will duplicate and submit a record of a specific child or group of children to the Department in the requested time frame.

3. Nassau County may request a review of original records at the provider site or the County site if so agreed.

4. All records must be maintained for a time period in accordance with Federal, State and Nassau County contracts.

5. Archived records must be available within two weeks.

WHEN WRITTEN CONSENT IS NEEDED

Documentation Responsibilities

• To release information to coordinate with other case management services. Initial Service Coordinator

• To release any confidential information. Initial Service Coordinator

• To obtain additional diagnostic information regarding condition of child after initial evaluation. Initial Service Coordinator

• To incorporate additional diagnostic information into IFSP records. Initial Service Coordinator

• To conduct the evaluation. Evaluator

• To use findings from other (current) examinations as part of the evaluation. Evaluator

• To interview others about the child. Evaluator

• To repeat any evaluations or conduct supplemental evaluations. Evaluator

• To send the evaluation summary or report to child’s health provider. Initial Service Coordinator

• To begin services contained in the IFSP. Provider

• To begin interim services (before initial evaluation is completed) Provider

• To transmit personally identifiable information to the community dispute resolution center. Early Intervention Official
Contractually, all Early Intervention providers must provide the Municipality with copies of all documents, notices, advertising, etc., for Municipality approval prior to use or distribution.

All material which mentions the Early Intervention Program, evaluation and/or services must contain a notice stating that the Early Intervention Program is funded and regulated by the State of New York and the County of Nassau.

PROCEDURES

1. Prior to contract, the Early Intervention Director or Quality Improvement Coordinator will discuss the Municipality policy with the applying provider.

2. When the provider receives an executed contract, the provider will receive a copy of the "Policy and Procedure Manual."

3. Prior to printing or distribution, the provider will send the material to the Municipality for review and written permission as contractually established.

4. If the material does not have the required language noting the fiscal responsibility of the Municipality and New York State it will be returned to the provider for revision.

5. The Municipality will not edit or make changes to any provider document.

6. Documents which are distributed without prior approval, which do not have appropriate notification of Municipality/New York State fiscal responsibility, will be brought to the notice of the provider.

7. The provider will be expected to withdraw any noncompliant material immediately.

8. Continued disregard of the policy may result in the withdrawal of an Early Intervention contract.

## APPENDICES

**Section I  Referral**

A. EI5049. ....................................................... Intake Form (Child/Family Information)
B. EI5049.B. ..................................................... Intake Form Instructions

**Section II  Service Coordination**

C. EI5321. ................................................ Introductory Letter to Parent/Guardian From Service Coordinator
D. EI5045. ................................................ Assignment of Benefits and Medical Information Release Form
E. EI5167. .................................................... Health Status Report
F. EI5205. .................................................... Ongoing Service Coordinator Credentialing Application
G. EI5148. .................................................... Consent for Participation in the Early Intervention Program/
                                                .................................................. /Child Find Program and Release of Information
H. EI5149. ................................................ Notice of Individual Family Service Plan Meeting
I. EI5170. ................................................ Individual Family Service Plan (IFSP)
J. EI5137. ................................................ Service Coordination Progress Notes
K. EI5170.6. ................................................. IFSP Summary Sheet
L. EI5151. ................................................ Letter of Ineligibility to the Parents
M. EI5182. ................................................ Outside Ongoing Service Coordination Notes
N. EI5103. ................................................ Service Coordination Claim Summary
O. EI5322. ................................................ Nassau County Claim Voucher

**Section III  Screening and Evaluation**

P. EI5035. ....................................................... Evaluation Summary Packet
Q. EI5093. ................................................... IFSP Review Request/Amendment
R. EI5206. .................................................... Supplemental Evaluation Request
S. EI5171. ..................................................... Family Assessment
T. EI5216. ................................................... Bilingual Evaluation Justification

**Section IV  Individual Family Services Plan (IFSP)**

U. EI5150. ....................................................... Notice of Follow-Up IFSP Meeting
V. EI5092. ................................................... Consent Withheld Form
W. EI5077. ................................................... 6 Month Provider Progress Report
X. EI5078. ................................................... 3 Month Provider Progress Report
### Section V Early Intervention Services

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Section VII  Transition
AB  EI5224. ................................................. Transition Notice-Parent Consent
AC  EI5170.4. ..................................................... Transition Notice Form
AD  EI5202. ....................................................... Parent Referral Letter to CPSE
AE  EI5311.P ....................................................... Positive Connections From EI To CPSE Brochure
AF  EI5241. ....................................................... Timeline of CPSE Process – Parent Check List

Section VIII  Assignment of Surrogate Parents/Foster Care
AG  EI5152. ........................................................ Documentation Form – Determination of Need for Surrogate Parent
AH  EI5153. ........................................................ Foster Placement Agency Letter
AI  EI5154. ........................................................ Letter to EIO from Caseworker
AJ  EI5155. ........................................................ Parent Surrogate Designation
AK  EI5156. ........................................................ Surrogate Parent Assigned by EIOD

Section IX  NC DOH Policy for Confidentiality of Early Intervention Records
AL  EI5174. ........................................................ Child Record Access Log
AM  EI5176.A ...................................................... Authorization for Release of Confidential HIV-Related Information
AN  EI5176.B ...................................................... Notice Prohibiting Re-Disclosure of Confidential Information
AO  EI5168.R ...................................................... Letter with Requested Child Records
AP  EI5325 ........................................................ Written Prior Notice
NEW YORK STATE MEMORANDUMS

NYS Memorandums and Guidance Documents may be accessed at the New York State Department of Health Website:

www.health.state.ny.us/nysdoh/eip/