

ALABAMA'S EARLY INTERVENTION SYSTEM MONITORING HANDBOOK

(EFFECTIVE October 1, 2023)

ALABAMA DEPARTMENT OF REHABILITATION SERVICES

Division of Early Intervention

602 South Lawrence St.

Montgomery, AL 36104



This document is subject to change as Alabama's Early Intervention System continues to develop and as federal regulations dictate.

Referrals can be made by calling the Child Find office at 800-543-3098, faxing the completed Child Find Referral form to 334-293-7393, or emailing it to rehab—childfind@rehab.alabama.gov. For more information on AEIS, go to www.rehab.alabama.gov/services/ei.

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A Vital Message about Alabama's Early Intervention System

Congress established the Early Intervention (EI) program in 1986, as part of The Individuals With Disabilities Education Act (IDEA), Part C, in recognition of "an urgent and substantial need" to: enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education; minimize the likelihood of institutionalization; maximize independent living; and, enhance the capacity of families to meet their child's needs.

Alabama's EI System is committed to providing quality services for eligible children, birth to three, and their families. The focus of EI is to train, equip and support parents/caregivers in being the first and best teachers for their child.

Eight Core Values of Alabama's Early Intervention System (AEIS)

- **Family Centered**

Services and supports are aimed at helping your family support and care for your child. Research indicates that a child's most effective teachers are those with whom they have a nurturing relationship and with whom they spend the most time, such as his or her mother, father, grandparent, childcare provider or primary caregiver. How these individuals interact with your child while feeding, diapering, playing, and cuddling will have the greatest impact on how your child develops and learns.

- **Developmentally Appropriate**

A team of professionals will assist you with understanding typical development and how your child is likely to develop based on factors which may include a medical diagnosis or delay. Services and home activities are designed to support your child's development. Your EI team will assist your family with the functional and developmental needs of your child and family "today".

- **Individualized**

If your child is eligible for services, your Service Coordinator will assist you and your family in developing an Individualized Family Service Plan (IFSP), which will include individualized outcomes based on needs and your priorities. From this plan, you and your Service Coordinator will identify a team of professionals, other family members, caregivers, and/or friends to help in reaching the outcomes included in the IFSP. This plan can and should change as your child grows and develops and is based on your child's progress toward meeting these outcomes.

- **Provided in natural environments**

EI services are provided in a location where your child and family typically would be home, childcare, playgrounds, etc. Natural environments also include the daily activities and routines of your family.

- **Trains/Equips the Parent/Caregiver**

AEIS is a program that supports and trains families and caregivers. EI will aid and support your family while teaching you skills to meet your child's developmental needs. With the support of your team of professionals, together we will work to carry out these activities on a daily basis so that your child and your family will meet your outcomes.

- **Collaborative**

Your EI team will work closely with each other as well as with you and your child to reach outcomes. The team can also work with other service providers which might include your child's physician(s),

therapists from other agencies, childcare providers, community partners, and other specialists. If you or your physician feel more services are needed which are determined to be outside the scope of EI, your Service Coordinator will assist you in identifying resources that might supplement EI services, using either your public or private insurance.

- **Routines-Based**

Routines based intervention provides assistance with routines identified by a family that are considered a concern/priority. Routines (or times of the day) are activities that happen naturally. They are how families organize themselves to get things done, spend time together and have fun. Every family has its own unique routines or times of the day. They help family members know who should do what, when, in what order, and how often.

- **Evidence-Based Practices**

Evidence-based practice in the field of early childhood is the process that pulls together the best available research, knowledge from professional experts, and data and input from children and their caregivers, to identify and provide services, evaluated and proven to achieve positive outcomes for children and families.

Early Intervention is...

- Provided from birth to three years of age.
- Eligibility is based on 25% or greater delay in one of the five developmental areas, or a qualifying diagnosis.
- Parent/caregiver training.
- Provided in natural environment (i.e. home, daycare).
- Individualized based on the specific needs of each child and family.
- Outcomes are family driven and based on family routines.
- Frequencies are determined by the IFSP team.
- No cost to the family, use of public/private insurance or public benefits is voluntary.
- Collaborative with the medical community.

Early Intervention is not...

- Provided to serve children after their third birthday.
- Therapeutic intervention provided for medical conditions that do not lead to a delay.
- A clinical therapy program.
- Provided in a center-based segregated environment.
- Based solely on diagnosis or delay.
- Goals are medically based and set by providers.
- Frequencies are set by a physician or therapist.
- Families are responsible for out-of-pocket expenses.
- The only service a child may need.

Many professional groups and organizations support the delivery of EI services and include EI in their standards. The links below demonstrate each organization's support of EI.

www.aota.org – American Occupational Therapy Association

www.asha.org – American Speech, Language, Hearing Association

www.apta.org – American Physical Therapy Association

www.cec.sped.org – Council for Exceptional Children, particularly the Division of Early Childhood

<http://pediatrics.aappublications.org/cgi/reprint/104/1/124> - Article on the role of the pediatrician in EI

<http://www.medicalhomeinfo.org/health/EI.html> - American Academy of Pediatrics web page on EI

OVERVIEW OF GENERAL SUPERVISION SYSTEM

AEIS has developed a reasonably designed State general supervision system as required by OSEP that includes eight integrated components. These components include the following:

- 1) Integrated monitoring activities;
- 2) Data on processes and results;
- 3) The SPP/APR;
- 4) Fiscal management;
- 5) Effective dispute resolution including credible allegations;
- 6) Targeted TA and professional development;
- 7) Policies, procedures, and practices resulting in effective implementation; and
- 8) Improvement, correction, incentives, and sanctions.

Information gathered through data reviews and onsite record reviews is used as follows: a) in making findings; b) for EIS provider improvement and correction of noncompliance; c) for SPP/APR reporting; d) for provision of TA; and e) for development of program profiles and making program determinations, including use of sanctions where needed. Currently, findings related to compliance indicators are issued based on onsite record reviews. Information from fiscal audits is used in program contract reviews and program determinations. Information from credible allegations, dispute resolutions, and identified concerns is used to inform targeted TA/professional development, issuing of findings and correction of noncompliance, including root causes and program-wide issues. Information and data from all sources listed above are utilized in systemwide improvements, including infrastructure, leadership, family support, professional development, and fiscal management.

This manual addresses the on-site monitoring process, targeted TA , implementation of state and federal practices, and improvements/corrections.

Program Profiles, Determinations and Sanctions

Program Profiles: AEIS is required by the Federal Office of Special Education Programs to develop annual program profiles for public reporting. These profiles contain each program's level of compliance with federal requirements and may be found on the ADRS/EI website. The indicators reported on the profiles include all OSEP indicators and the correction of noncompliance within one year.

Program Determinations: As per OSEP requirements, AEIS must make annual determinations about the performance of each EIS program and enforce Part C requirements consistent with 34 C.F.R. § 303.700(a)(2) and (3). When making an annual determination, AEIS considers performance in the following areas:

- A. Compliance Indicators
- B. Valid, reliable, timely data
- C. Correction of noncompliance within one year
- D. Performance Indicators:
 - SETTINGS: Did Settings meet or exceed state target or have appropriate justifications at time of monitoring?
 - FAMILY OUTCOMES: Did Family Survey results meet or exceed state target in the 3 family outcome areas?
 - CHILD OUTCOMES: Did the program meet or exceed the state target for progress in the 3 child outcome areas (as per OSEP's summary statements 1 and 2).
- E. Fiscal audit findings: Did program have any audit findings related to the use of EI funds?

The determination criteria are reviewed annually based on OSEP guidance and with the assistance of OSEP TA providers.

AEIS uses the same four categories in IDEA section 616(d) as OSEP in making determinations of the status of EIS program. These categories are:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

Enforcement: AEIS uses enforcement actions as listed in the federal regulations. Should programs not meet requirements, actions are instituted that include the following:

Needs Assistance for two consecutive years,

The State must take one or more of the following enforcement actions in §300.604:

- Require additional professional development and advise programs of available sources of technical assistance to address areas on which the program needs assistance; or
- Identify programs as high-risk and impose conditions on use of funds.

Needs Intervention for three or more consecutive years,

The State must take one or more of the following actions in §300.604:

- Require the program to prepare or implement a corrective action plan to correct the identified area(s); or
- Withhold, in whole or in part, further payments to programs.

Needs Substantial Intervention at any time,

The State must take the following enforcement action in §300.604:

- Withhold, in whole or in part, any Part C funds.

Sanctions: As required by OSEP, AEIS is to ensure that all federal requirements are met and that all instances of noncompliance are corrected within one year. ADRS/EI may impose sanctions under the following circumstances:

- ADRS/EI determines service provider failed to reestablish compliance within one year.
- The program fails to address recommendations or to meet the requirements of an Action Plan.
- The program utilizes Part C dollars for activities not in compliance with Part C regulations.
- The program has ongoing compliance issues (two or more years out of compliance).

These sanctions include but may not be limited to the following:

1. Repayment of misapplied federal and state funds based on federal and state regulations.
2. Withholding state and federal funds until corrective action is taken to ensure Part C compliance.
3. Withholding referrals to programs for a specified period of time.
4. Cancellation of a program contract.
5. Other sanctions as deemed necessary by the Lead Agency.

For repeated findings of non-compliance in multiple components, the program's sub-recipient agency (DMH or AIDB) may impose sanctions independently of ADRS/EI.

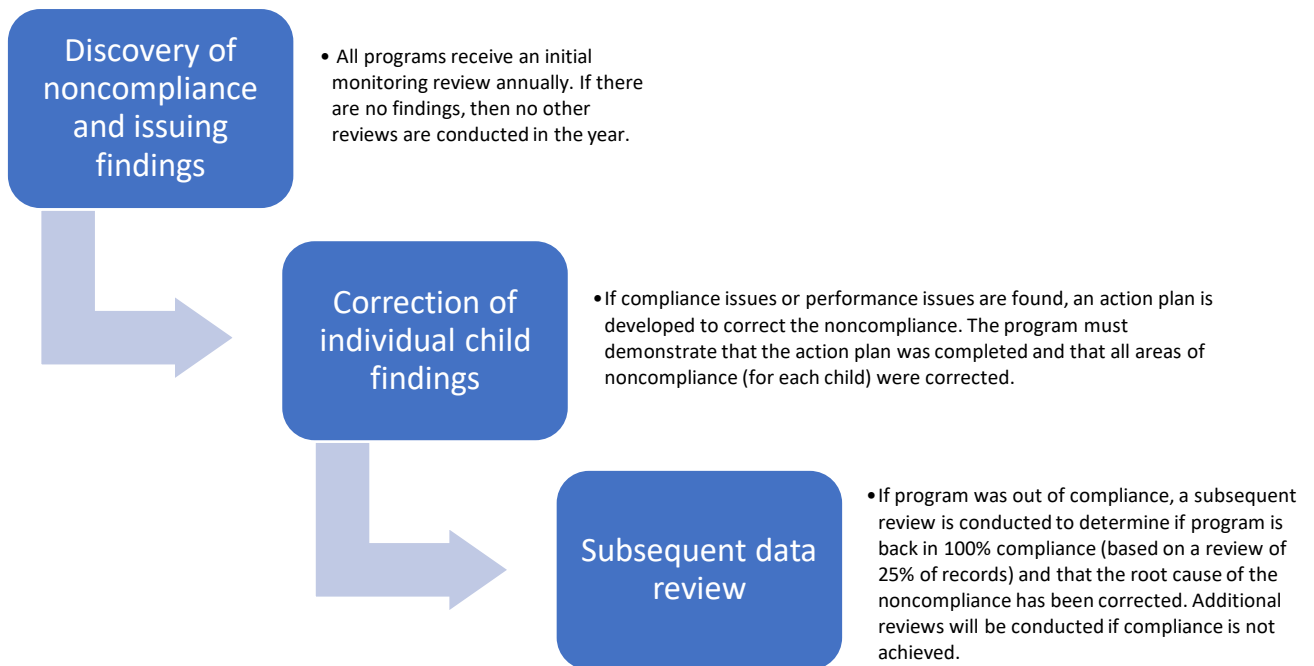
LEAD AGENCY FOR PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The Lead Agency, Alabama Department of Rehabilitation Services (ADRS) Division of Early Intervention, is responsible for general administration and supervision/monitoring of compliance for community-based early intervention programs providing services under Part C of the Individuals with Disabilities Education Act (IDEA). Assisting ADRS/Division of Early Intervention (DEI) in monitoring are contracting agencies' liaisons from the Department of Mental Health (DMH), the Alabama Institute for Deaf and Blind (AIDB), and the Early Intervention Division (under ADRS). Administrative methods for supervision and monitoring for continuous improvement include Technical Assistance (TA) and Monitoring Reviews to ensure compliance with Part C regulations. As Lead Agency, ADRS/EI ensures that programs adhere to requirements under IDEA, Part C

regulations. ADRS/EI provides guidelines in selecting data and records for review but reserves the right to request additional documentation if necessary to fulfill these responsibilities. ADRS has the authority under State law as per IDEA to use enforcement actions and sanctions.

MONITORING PROCESS

All community-based EI programs participate in a monitoring review every year regardless of status at a prior review. Monitoring reviews determine how programs assist families in developing and meeting appropriate functional outcomes and ensures that early intervention services enhance the capacity of families to improve their children's development. Monitoring also ensures that programs remain in compliance with state and federal regulations. As per OSEP requirements, AEIS focuses on both compliance and performance indicators. The following visual depicts the process for identifying and correcting noncompliance.



The monitoring process includes examining documentation accumulated by a program in relation to the compliance indicators defined by OSEP, federal regulations, fiscal monitoring and state criteria.

A monitoring team consists of an AEIS state office monitor and a fiscal agency representative and may include other EI state office approved personnel. A monitor's role is as follows:

- Review randomly selected open cases being served within the federal fiscal year being monitored, which includes service coordination only cases.
- Review randomly selected ineligible cases and closed cases.
- Evaluate program timeliness of required activities and program services.
- Report data for Annual Performance Report to OSEP.
- Approve program action plans developed to address noncompliance.
- Provide results for future programmatic planning and improvement.
- Verify resolution of informal family concerns, written formal complaints, credible allegations, and due process information.
- Conduct random calls with families to determine whether services are being provided as planned.

Specifically, record reviews ensure early intervention services are:

- Helping families meet functional family-defined outcomes.
- Providing developmentally appropriate services to Part C eligible infants, toddlers, and families.
- Based on the IFSP.
- Based on AEIS core values and evidence-based practices.
- Meeting requirements of Part C rules and regulations.

AEIS expects programs to maintain policies that verify and assure appropriate services for families. Any program policy, such as an attendance policy, must be available to monitors for review. When two or more agencies collaborate to provide appropriate services, collaborative agencies must ensure that compliance standards are met. Collaborative agencies, service providers, and service coordinators will be held equally accountable for providing service documentation.

ONSITE MONITORING PROCEDURES

PRE-MONITORING DOCUMENTS:

Programs scheduled for monitoring are requested to submit documents six (6) weeks in advance of the scheduled monitoring date as follows:

- Pre-monitoring Information Checklist as the cover sheet for the pre-monitoring packet
- Listing of Personnel Providing Part C Services and Qualifications (includes training)
- Listing of Para-professional Personnel, if applicable
- Listing of Professional Evaluators

SELECTION OF RECORDS FOR MONITORING

Program personnel are responsible for ensuring that required documentation and records are available. AEIS will randomly select records and provide programs with a list of the names on the day of the monitoring visit. A cross-section of needs and demographics (diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program has an internal record review process in place before the monitoring date (supervisor review, peer review, etc.) using the AEIS Self-Assessment Tool. Monitors will expect programs to describe ongoing internal review methods utilized.

Fifteen percent (15%) of the program's total caseload, but not less than ten records, will be selected for review and should be children who are being served within the current federal fiscal year (July 1 – June 30). Monitors reserve the right to select additional records if needed. Targeted records will be reviewed for detailed discussions on compliance, how service delivery determinations were made, identified challenges, successful strategies, family involvement status, specific interventions that promote improvement, and other factors that affect program quality improvement.

DETERMINING PROGRAM QUALITY, COMPLIANCE AND CORRECTION

AEIS defines identification of noncompliance (i.e., a finding) as the determination that an EIS program's policies, procedures, or practices, including those that are child-specific, are inconsistent with IDEA requirements as defined by the AEIS Compliance Indicators. Any indicator with one or more findings will be considered out of compliance for that indicator. There are other areas that are reviewed where an action plan will be required if not met. The compliance and other areas that are reviewed include the following:

- Evaluation, Assessment and Eligibility
- Voluntary Family Assessment
- 45 Day Timeline
- IFSP
- Timely Services
- Transition

- Child Outcomes
- Family Outcomes
- Service Coordination
- Procedural Safeguards
- Data Collection
- CSPD
- Other (Public Awareness and participation on District Council)

In order to demonstrate that noncompliance has been corrected, AEIS verifies that the EIS program: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or the State's data system (systemic compliance); and (2) if applicable, has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, and no outstanding corrective action exists under a State complaint or due process hearing decision for the child (child-specific compliance).

AEIS program providers, administrators and service coordinators, along with other stakeholders (i.e., families and other related state agencies), provide input annually on indicators, priorities, requirements and data elements for compliance through meetings such as the ICC, the Program Planning and Evaluation subcommittee, and required statewide TA. AEIS provides explanations of data and monitoring priorities for stakeholders to understand and provide input into the general supervision system. Both compliance and performance indicators are used in making program determinations.

Data, as entered in GIFTS by service coordinators and collected during onsite monitoring reviews, are used in making findings, reporting a program's annual performance to OSEP and making individual program determinations. If a program is found to be "Out of Compliance" (i.e., findings issued as per federal regulations), findings will be developed outlining actions to reestablish compliance within one year. Programs will be asked to submit a plan detailing how they will address and resolve each individual child-specific instance of noncompliance and resolve the root cause of non-compliance with federal regulations.

Follow-up reviews will occur after the initial monitoring visit or any needed TA and will include the submission of documentation by the program or an on-site review. Subsequent data reviews will consist of 25% of records pulled at the initial records review. In addition, documentation submitted by the program for a subsequent review must be from an active record and the content developed after the initial Monitoring & Record review. If found to be out of compliance during this subsequent review, another review of different records will be scheduled to determine if the program is in 100% compliance. The program will be required to submit a corrective action plan that identifies the cause of noncompliance and their plan for correcting it and ensuring it does not reoccur. The corrective action plan should also specify any area(s) where additional training or TA is needed. If not in compliance, other reviews will be scheduled until 100% compliance with regulatory requirements is achieved and the root causes of noncompliance have been addressed. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish 100% compliance within one year and correct every instance of noncompliance for each child. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written Monitoring Report with an Action Plan for correcting findings of non-compliance will be provided to programs within 30 days following the monitoring visit. The report will include the Cover Sheet for the Monitoring Report, a summary of the monitoring review, an explanation of compliance status, and associated federal regulations pertaining to the areas out of compliance.

DOCUMENTATION REVIEWED DURING OR IN PREPARATION FOR MONITORING

- Annual Performance Report Data as prepared for submission to OSEP
- Program Profiles
- Program Determinations
- Parent Interviews

- Verification Report & Procedures
- IFSP and Transition Plans
- Voluntary Family Assessment page of IFSP (RBI results)
- Service Coordination Notes
- Report of Early Intervention Eligibility Determination
- Report of Continuing Eligibility Determination
- Provider Progress Notes (includes “No-show notes”)
- EI to LEA Notification Letter
- Opt-Out Form
- Permission for the Release of Information/Records (EI 91-1)
- Permission to Evaluate (EI 91-2)
- Request for Parent to Attend IFSP Meeting (EI 91-3)
- Notice of Ineligibility (EI 91-4)
- Notice of Intent Regarding EI (EI 91-5)
- Record of Access (EI 91-6)
- Early Intervention Child & Parent Rights (EI 91-7)
- Parent-signed complaints, due process, mediation, and resolution meetings
- Consent for the use of Public Benefits/Public Insurance/Private Insurance
- Family Survey
- Child Outcome Summary Forms and review of progress for all children within the program
- Program procedures for addressing complaints.

PROGRAM SELF-ASSESSMENT

Programs are expected to perform a self-assessment to include record reviews for compliance indicators, performance indicators, and documentation of service provision based on evidence-based practices. This self-assessment must include a review of 25% of records and occur quarterly. Programs must use this AEIS Monitoring Manual and Self-Assessment Checklist developed for this purpose (see Appendices). Monitors will expect programs to describe their ongoing internal review process. Results from the self-assessment are intended for programs to make corrections before an official monitoring visit. Programs should also use the self-assessment to identify areas where additional training, support, or TA is needed.

TECHNICAL ASSISTANCE PROCESS (TA)

The purpose of TA is to ensure that programs have opportunities to discuss with AEIS and their contracting agency any identified issues related to service provision under Part C. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early Intervention, offer input into needs identified during the program’s self-assessment, and address training needs of personnel. Following the TA, a written report will be provided within (4) weeks outlining such information as what was provided, who was in attendance, and any next steps recommended.

Technical Assistance (TA) may include but IS NOT limited to any combination of the following:

- District Training (district forum for discussing system concerns or interests)
- In-service or individual program training
- Informal discussions with the program (videoconference, teleconference, onsite forum)
- Email responses to program inquiries
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Updates

GIFTS DATABASE (Giving Infants, Families, and Toddlers Support)

The GIFTS database was created to compile and report relevant data about referrals, eligibility, services, transition, and other pertinent information. The GIFTS database provides quantifiable data by programs, counties, and districts to identify trends and strategies for effective service planning. ADRS Computer Services designed the data system with built-in business rules to ensure data is entered promptly and accurately. Relevant GIFTS data and monitoring results are reported to OSEP annually. GIFTS reports are utilized throughout each fiscal year to assist with monitoring, TA and investigation of family concerns.

FINANCIAL AUDITS

All programs must submit a quarterly expenditure report to the Part C Assistant Coordinator. Financial audits are conducted by ADRS semi-annually, reviewing the previous two-year period, and results are communicated to the AEIS Director. Findings of noncompliance or unapproved use of Part C funds result in sanctions such as reimbursement of Part C funds to the state, reduced approved numbers of children served, or other sanctions as deemed appropriate. AEIS routinely reviews financial audit requirements and works with OSEP TA Centers to ensure proper general supervision.

PARENT CONCERNS AND RESOLUTION

All programs are required to inform families about their right to file complaints or to request mediation. Family concerns should be directed to the state office immediately. Complaints or concerns cannot be used to deny or delay services.

Monitoring Components

Eligibility, Evaluation and Assessment	
<p>Eligibility, Evaluation and Assessment procedures meet federal regulations as per AEIS compliance indicators.</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
Federal Regulations	<p><u>303.321</u></p> <p>(i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and</p> <p>(ii) If the child is determined eligible as an infant or toddler with a disability as defined in §303.21–(A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;</p> <p>(iii) The identification of the child’s needs in each of the developmental areas in §303.21(a)(1).</p> <p style="margin-left: 20px;">(i) Cognitive development.</p> <p style="margin-left: 20px;">(ii) Physical development, including vision and hearing.</p> <p style="margin-left: 20px;">(iii) Communication development.</p> <p style="margin-left: 20px;">(iv) Social or emotional development.</p> <p style="margin-left: 20px;">(v) Adaptive development</p> <p>(i) A child’s medical and other records may be used to establish eligibility (without conducting an evaluation of the child) under this part if those records indicate that the child’s level of functioning in one or more of the developmental areas identified in §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under §303.21.</p> <p>(ii) Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child. In addition, the lead agency must ensure that informed clinical opinion may be used as an independent basis to establish a child’s eligibility under this part even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under paragraph (b) of this section.</p> <p><u>303.322</u> Determination that a child is not eligible.</p> <p>If, based on the evaluation conducted under §303.321, the lead agency determines that a child is not eligible under this part, the lead agency must provide the parent with prior written notice required in §303.421, and include in the notice information about the parent’s right to dispute the eligibility determination through dispute resolution mechanisms under §303.430, such as requesting a due process hearing or mediation or filing a State complaint.</p>
AEIS Compliance Indicators	<p><input type="checkbox"/> A timely, comprehensive, multidisciplinary evaluation of the child was conducted and included the identification of the child’s needs in each of the five developmental areas:</p> <ol style="list-style-type: none"> 1. Cognitive development. 2. Physical development, including vision and hearing. 3. Communication development. 4. Social or emotional development. 5. Adaptive development <p><input type="checkbox"/> A multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet those needs was conducted.</p>

Eligibility, Evaluation and Assessment

- Initial Eligibility and Annual Eligibility are based on developmental delays with the following:**
 - Two appropriate procedures are conducted to confirm delays of 25% or greater in at least one domain on both procedures.(at least one of the following 5-part procedure must be administered: DAYC2, ELAP, IDA, Battelle2, DP-3)
 - Hearing and Vision Screener must be completed
 - Report of appropriate evaluation completed prior to the referral date by an external entity may be used but must reflect the child's age; date of evaluation, and reports should not be more than 90 days old.
- Initial Eligibility and Annual Eligibility are based on documented diagnosis with the following:**
 - One appropriate 5-part procedure reflects child's age performance relative to 25% delay (at least one of the following 5-part procedure must be administered: DAYC, ELAP, IDA, Battelle, DP-3)
 - Hearing and vision screener
 - Medical documentation pre-dates eligibility
- As appropriate, Initial Eligibility, is based on Informed Clinical Opinion by qualified evaluators (personnel standards) with the following:**
 - Basis is detailed and clearly documented in a report for eligibility determination with an indication that at least one of the following three criteria has been met and documented in the child's record:
 - Borderline performance (22-24%) on two age-appropriate procedures. One procedure should be completed by a specialist (OT, PT, SLP). The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
 - Specialist (OT, PT, SLP) whose expertise best addresses a specific area(s) of concern evaluates the child and provides test results and written opinion explaining why the child qualifies for early intervention services. The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
 - Physical or mental condition (a physician or the specialist within his/her discipline may establish the description of the condition) that does not meet standards for qualifying diagnosis. The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
 - Child is re-evaluated within 6 months of the eligibility date, and if not determined eligible based on standard procedures/diagnosis, is exited from AEIS.
- Initial and Annual Eligibility Reports address all of the following:**
 - Statements of child's performance relative to 25% delay
 - Confirmation of 25% delay(s) on two procedures or medical documentation plus one 5-part procedure Total score for communication (receptive and expressive) and physical development (fine and gross) are combined
 - Hearing and Vision Screening
 - Name, credentials, and signatures of evaluators on individual reports and/or physician documentation *All signatures must be original*
 - Name and signature of service coordinator (as summarizer)
 - A report of child history

Eligibility, Evaluation and Assessment	
	<ul style="list-style-type: none"> ○ Evaluator observations and concerns per domain ○ Parent observations and concerns per domain
Other areas for review	<p><input type="checkbox"/> When there are conflicting results between the 2 evaluation procedures used to determine eligibility, a 3rd tool must be offered. The 3rd tool must be completed by a 3rd evaluator. All evaluators must have different disciplines</p> <p><i>*Any questions about original signatures or electronic signatures must be discussed with state office staff.</i></p> <p><input type="checkbox"/> A detailed report is completed when a domain-specific evaluation (PLS, Peabody, etc.) is administered. <i>(Do not use the EDR format created by AEIS state office)</i></p> <p><input type="checkbox"/> Basis of eligibility is clear (e.g., age-equivalents or percentage of delay)</p> <p><input type="checkbox"/> Confirmation of native language or native mode of communication used unless clearly not feasible to do so</p> <p><input type="checkbox"/> Accurate calculation for test result including prematurity</p> <p><input type="checkbox"/> SC will provide families and team members a copy of the Eligibility Determination Report</p> <p><input type="checkbox"/> Child is not determined eligible, nor ineligible based solely on one procedure (team must conduct two procedures or have qualifying documented diagnosis)</p> <p><input type="checkbox"/> Child is discharged if eligibility standards are not met</p> <p><input type="checkbox"/> AEIS/EDR and Summary form which meets federal criteria developed by the State Office must be used when completing a 5-part assessment (DAYC, ELAP, IDA, Battelle, DP-3)</p>

Voluntary Family Assessment	
<p>Voluntary Family Assessment meets federal regulations as per the AEIS Compliance Indicators.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
Federal Regulations	<p><u>303.321(B)</u> A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.</p>
AEIS Compliance Indicators	<p><input type="checkbox"/> Family Assessment includes:</p> <ul style="list-style-type: none"> ○ Use of the Routines-Based Interview (RBI) assessment (ecomap must be used in conjunction with the RBI). Handwork is in the record and available for review. ○ Updated RBI and ecomap annually.
Other areas for review	<p><input type="checkbox"/> Discussion of routines/challenges presented (waking, eating, playing, parent/caregivers' interaction)</p> <p><input type="checkbox"/> Discussion of important families' resources (e.g., family, friends, social community supports)</p> <p><input type="checkbox"/> Discussion of families' priorities for addressing concerns (e.g., 1. feeding 2. communication)</p>

45 Day Timeline	
<p>The 45 day timeline meets federal regulations as per AEIS Compliance Indicators.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
Federal Regulations	<p><u>303.310 (a)</u> Except as provided in paragraph (b) of this section, any screening under <u>§303.320</u> (if the State has adopted a policy and elects, and the parent consents, to conduct a screening of a child); the initial evaluation and the initial assessments of the child and family under <u>§303.321</u>; and the initial IFSP meeting under <u>§303.342</u> must be completed within 45 days from the date the lead agency or EIS provider receives the referral of the child.</p> <p><u>(1)</u> Document in the child’s early intervention records the exceptional family circumstances or repeated attempts by the lead agency or EIS provider to obtain parental consent;</p> <p><u>(2)</u> Complete the screening (if applicable), the initial evaluation, the initial assessments (of the child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances described in paragraph (b)(1) of this section no longer exist or parental consent is obtained for the screening (if applicable), the initial evaluation, and the initial assessment of the child; and</p> <p><u>(d)</u> The initial family assessment must be conducted within the 45-day timeline in paragraph (a) of this section if the parent concurs and even if other family members are unavailable.</p>
AEIS Compliance Indicators	<p><input type="checkbox"/> The initial evaluation and the initial assessments of the child and family and the initial IFSP meeting are completed within 45 days from the date program receives the referral of the child.</p>

Individualized Family Service Plan

The IFSP meets federal regulations as per AEIS Compliance Indicators.

- Yes
 No

Federal Regulations	<p>303.342 (b) (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—</p> <p>(c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from the assessments of the child and family conducted under §303.321 must be used in determining the early intervention services that are needed and will be provided.</p> <p>(d) accessibility and convenience of meetings (1) IFSP meetings must be conducted— (i) In settings and at times that are convenient for the family; and (ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. (e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent, as described in §303.7, must be obtained, as required in §303.420(a)(3), prior to the provision of early intervention services described in the IFSP. Each early intervention service must be provided as soon as possible after the parent provides consent for that service, as required in §303.344(f)(1).</p> <p>303.346 Responsibility and accountability. Each public agency or EIS provider who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP.</p>
AEIS Compliance Indicators	<p><input type="checkbox"/> IFSP outcomes are written so as to be achievable within 6 months.</p> <p><input type="checkbox"/> Services and supports are based on the functional outcomes as written on the IFSP.</p> <p><input type="checkbox"/> Parent/caregiver signs the IFSP on the signature page of the IFSP.</p> <p><input type="checkbox"/> The Plan Services page must be signed by the parent/caregiver before services are changed.</p>
Other areas for review	<p><input type="checkbox"/> Coaching/consultation is used in service delivery.</p> <p><input type="checkbox"/> Service provider addresses functional outcomes on IFSP which includes family/caregiver training</p> <p><input type="checkbox"/> Attempted visits are documented by service provider as "No-show" note.</p> <p><input type="checkbox"/> Services are based on daily routines and activities.</p> <p><input type="checkbox"/> IFSPs, service coordination notes and provider documentation reflect culturally competent practices by all team members with respect for the diversity of children and families and family learning styles.</p> <p><input type="checkbox"/> Service provider notes indicate the use of family items in coaching/service delivery rather than bringing in outside items (i.e., toy bags).</p> <p><input type="checkbox"/> Services and supports meet functional outcomes as appropriate.</p> <p><input type="checkbox"/> Services support family functioning, promote family confidence, and strengthen family-child relationships.</p> <p><input type="checkbox"/> Assessment identifies a child's needs for assistive technology and decisions are based on</p>

Individualized Family Service Plan	
	ongoing assessment data: <input type="checkbox"/> Service delivery is consistent with child development and family/caregiver need for training. <input type="checkbox"/> Service is individualized to address unique challenges for each child and family <input type="checkbox"/> Families are provided information about local and other community-based and accessible supports and activities for families and children.)

Timely Services	
Timely Services meets federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulation	<u>303.342</u> Procedures for IFSP development, review, and evaluation. (e) Each early intervention service must be provided as soon as possible after the parent provides consent for that service, as required in §303.344(f)(1).
AEIS Compliance Indicator	<input type="checkbox"/> Must have documentation to support that services were initiated or attempted within 30 days of the IFSP begin date.

Transition	
Transition meets federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulations	Infants and toddlers with disabilities exiting Part C must have timely transition planning. <ul style="list-style-type: none"> A. The Lead Agency must develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday; 303.209 (d) (2) B. Notify (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and (303.209 (b)(1)(i) C. Conduct the transition conference with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. 303.209 (e) <ul style="list-style-type: none"> • Is based on family preference. (e) Option to inform a parent about intended disclosure. (1) A lead agency, through its policies and procedures, may require EIS providers, prior to making the limited disclosure described in paragraph (d)(1) of this section, to inform parents of a toddler with a disability of the intended disclosure and allow the parents a specified time period to object to the disclosure in writing.

Transition	
	(2) If a parent (in a State that has adopted the policy described in paragraph (e)(1) of this section) objects during the time period provided by the State, the lead agency and EIS provider are not permitted to make such a disclosure under paragraph (d) of this section and §303.209(b)(1)(i) and (b)(1)(ii).
AEIS Compliance Indicators	<input type="checkbox"/> Planning begins at 27 months but not earlier. <input type="checkbox"/> SC presents family with the Opt-out policy and obtains signature on <i>Opt-out form</i> when families withhold notification to LEA (policy: family has 10 days to determine preference or notification must be sent to appropriate LEA) <input type="checkbox"/> SC requests parent to sign IFSP Signature page under Transition Meeting (27 mth) when the transition plan is written <input type="checkbox"/> SC sends the LEA Notification letter to the appropriate LEA within 14 days of writing the transition plan requesting to schedule a meeting for family and LEA prior to 33 months <input type="checkbox"/> LEA Notification must be sent electronically
Other areas for review	<input type="checkbox"/> SC writes a transition plan with appropriate <i>target dates</i> for each step in the process which is developed at 27 months of age (but no more than 9 months prior to the 3 rd birthday) or at the initial IFSP meeting when a child enters AEIS after 27 months of age (all children in AEIS who are eligible and are 27 months of age must have a written plan) (<i>ex. If a child turns 27mths on Jan 3rd, you have from Jan 3rd – Feb 2nd to complete the transition meeting.</i>) <input type="checkbox"/> SC requests family to initial and date when a step in the process is completed (on plan)

Child Outcomes	
Child Outcomes meet federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulation	<input type="checkbox"/> Infants and toddlers with IFSPs demonstrate improved: <ul style="list-style-type: none"> • Positive social-emotional skills (including social relationships); • Acquisition and use of knowledge and skills (including early language/ communication); and • Use of appropriate behaviors to meet their needs. (20 U.S.C. 1416(a)(3)(A) and 1442)
AEIS Compliance Indicators	<input type="checkbox"/> Child Outcomes for the program meet or exceed state targets for the FFY as per federal requirements. <input type="checkbox"/> Child outcome information is completed before the child turns 3.
Other areas for review	<input type="checkbox"/> The COS documentation reflects family and team involvement.

Family Outcomes	
Family Outcomes meet federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulations	Families participating in Part C report that early intervention services have helped the family: <ul style="list-style-type: none"> • Know their rights; • Effectively communicate their children's needs; and • Help their children develop and learn. (20 U.S.C. 1416(a)(3)(A) and 1442)
AEIS Compliance Indicators	<input type="checkbox"/> Family Outcomes data meet or exceed state target for the Federal Fiscal Year on the federally required outcomes

Service Coordination	
Service Coordination meets federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulations	<p><u>303.34</u> Service coordination services (case management).</p> <p><u>(a)</u> General.</p> <p><u>(i)</u> Coordinating all services required under this part across agency lines; and</p> <p><u>(ii)</u> Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.</p> <p><u>(3)</u> Service coordination is an active, ongoing process that involves—</p> <p><u>(i)</u> Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and</p> <p><u>(ii)</u> Coordinating the other services identified in the IFSP under §<u>303.344</u>(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child’s family.</p> <p><u>(b)</u> Specific service coordination services. Service coordination services include—</p> <p><u>(1)</u> Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;</p> <p><u>(2)</u> Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;</p> <p><u>(4)</u> Facilitating and participating in the development, review, and evaluation of IFSPs;</p> <p><u>(5)</u> Conducting referral and other activities to assist families in identifying available EIS providers;</p> <p><u>(6)</u> Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;</p> <p><u>(7)</u> Conducting follow-up activities to determine that appropriate part C services are being provided;</p>
AEIS Compliance Indicators	<input type="checkbox"/> Service Coordinator reviews Next Step Form to ensure services are provided as per the IFSP. <input type="checkbox"/> The NSF is accurate and complete. <input type="checkbox"/> Parent/caregiver signature is included on the NSF.

Service Coordination	
Other areas for review	<input type="checkbox"/> There must be monthly documentation that includes a review of provider notes and check-in with families. <input type="checkbox"/> Used language easily understood by family/caregivers and other providers <input type="checkbox"/> IFSPs, service coordination notes and provider documentation reflect culturally competent practices by all team members with respect for the diversity of children and families. (i.e., Family preferences based on beliefs, values and routines are respected and integrated into team decisions). <input type="checkbox"/> Has completed the Child Outcome Summary Knowledge Check (certificate attached)

Procedural Safeguards	
Procedural Safeguards meet federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulations	<p><u>303.406</u> Record of access. Each participating agency must keep a record of parties obtaining access to early intervention records collected, maintained, or used under part C of the Act (except access by parents and authorized representatives and employees of the participating agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the early intervention records.</p> <p>(a) The lead agency must ensure parental consent is obtained before—</p> <p>(1) Administering screening procedures under <u>§303.320</u> that are used to determine whether a child is suspected of having a disability;</p> <p>(2) All evaluations and assessments of a child are conducted under <u>§303.321</u>;</p> <p>(3) Early intervention services are provided to the child under this part;</p> <p>(4) Public benefits or insurance or private insurance is used if such consent is required under <u>§303.520</u>; and</p> <p>(5) Disclosure of personally identifiable information consistent with <u>§303.414</u>.</p> <p>(b) Content of notice. The notice must be in sufficient detail to inform parents about—</p> <p>(1) The action that is being proposed or refused; (2) The reasons for taking the action.303.400(b)</p> <p>(8) Families are fully informed of their rights and procedural safeguards, as set forth in subpart E of this part and related resources.303.34 (ii) (8)</p>
AEIS Compliance Indicators	<input type="checkbox"/> Permission for Release of Information/Records is completed for individual requests and are signed and dated by families/surrogate parents when information is being released or requested. <input type="checkbox"/> Permission to Evaluate is completed appropriately to determine or assess the following for: <ul style="list-style-type: none"> ○ Initial eligibility ○ Annual eligibility ○ Other (ex. formal screeners and/or assessments are used e.g. ASQ, SEAM) <input type="checkbox"/> Request for Parent to Attend IFSP Meeting is completed appropriately to inform families and team member of scheduled IFSP meetings and includes: <ul style="list-style-type: none"> ○ Dates, times and location of meeting ○ Purpose of meeting ○ Initial IFSP meeting ○ 6-month review ○ Annual review ○ Additional review ○ Transition planning <input type="checkbox"/> Notice of Intent is completed appropriately to propose/refuse an action regarding IFSP services.

Procedural Safeguards	
	<ul style="list-style-type: none"> ○ Proposed actions and reasons for changes are specified ○ Proposed dates for actions are specified ○ Proposed/or refused changes to current EI services are specified <input type="checkbox"/> Notice of Ineligibility is completed appropriately to confirm with families that child is determined ineligible for: <ul style="list-style-type: none"> ○ Initial eligibility ○ Annual eligibility ○ When a child is no longer eligible <input type="checkbox"/> Record of Access identifies individuals who review individual records. <ul style="list-style-type: none"> ○ System of Payment forms (public benefits/public insurance) ○ System of Payment forms (private insurance) parent must give consent when services increase ○ Programs billing private insurance must provide Coordination of All Available Resources document <input type="checkbox"/> Annual IFSP Attendance Form when any team member is unable to participate <ul style="list-style-type: none"> ○ Statement of Understanding (DEIC's only) <input type="checkbox"/> Families are fully informed regarding Early Intervention Child and Parent Rights. <ul style="list-style-type: none"> ○ Child and Parent Rights forms are used to discuss rights and are signed and dated by families
Note	Transference of information within the AEIS system, usually program to program, is protected and no additional release is required.

Data Collection	
Data collection meets federal regulations as per AEIS Compliance Indicators.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Regulation	<p><u>303.124</u> Data collection.</p> <p>(a) Each statewide system must include a system for compiling and reporting timely and accurate data that meets the requirements in paragraph (b) of this section and §§<u>303.700</u> through <u>303.702</u> and <u>303.720</u> through <u>303.724</u>.</p> <p>(b) The data system required in paragraph (a) of this section must include a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under this part, including a description of the State's sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the Act and §§<u>303.700</u> through <u>303.707</u> and <u>303.720</u> through <u>303.724</u>.</p>

AEIS Compliance Indicators	<ul style="list-style-type: none"> <input type="checkbox"/> Required GIFTS data are entered and updates are submitted accurately and in a timely manner. <ul style="list-style-type: none"> ○ Eligibility data (corresponds to summary date on eligibility report; "IFSP Complete" date cannot be entered until eligibility data is complete) ○ Timely service dates/reason for late/no service delivery (Service delivery dates must be entered within 60 days). ○ IFSP plan services (plans reflect current and accurate services) ○ Transition Planning data (enter data as each step-in process is accomplished) <input type="checkbox"/> COS is entered prior to closure date.
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	<input type="checkbox"/> Closures must be completed timely (within 14 days).
Notes	<input type="checkbox"/> Initial and annual IFSPs must be entered into GIFTS within 10 days of the IFSP Begin Date or will not be eligible for verification. <input type="checkbox"/> Periodic database review will be completed by state office staff.

Comprehensive System of Personnel Development

CSPD meets federal regulations as per AEIS Compliance Indicators.

Yes
 No

Federal Regulations	<p><u>303.118</u> Comprehensive system of personnel development (CSPD).</p> <p>Each system must include a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State. A comprehensive system of personnel development—</p> <p><u>(a)</u> Must include—</p> <p><u>(1)</u> Training personnel to implement innovative strategies and activities for the recruitment and retention of EIS providers;</p> <p><u>(2)</u> Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under this part; and</p> <p><u>(3)</u> Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an early intervention service program under part C of the Act to a preschool program under section 619 of the Act, Head Start, Early Head Start, an elementary school program under part B of the Act, or another appropriate program.</p> <p><u>(b)</u> May include—</p> <p><u>(1)</u> Training personnel to work in rural and inner-city areas;</p> <p><u>(2)</u> Training personnel in the emotional and social development of young children; and</p> <p><u>(3)</u> Training personnel to support families in participating fully in the development and implementation of the child's IFSP; and</p> <p><u>(4)</u> Training personnel who provide services under this part using standards that are consistent with early learning personnel development standards funded under the State Advisory Council on Early Childhood Education and Care established under the Head Start Act, if applicable. (Approved by Office of Management and Budget under control number 1820-0550)</p>
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AEIS Compliance Indicators	<input type="checkbox"/> AEIS service coordinators and providers meet Alabama Personnel Standards <input type="checkbox"/> Service Coordinators meet Alabama requirements for Routines-Based Interview (RBI). <input type="checkbox"/> Service Providers meet Alabama requirements for Routines-Based Home Visiting. <input type="checkbox"/> Evaluators meet the criteria to administer evaluations (see evaluator training/observation checklist) <input type="checkbox"/> Service coordinators participate in required CSPD training. <input type="checkbox"/> Service providers participate in required CSPD training and continuing education as per the AEIS Personnel Standards. <input type="checkbox"/> Service Coordinator has passed the COS-Knowledge Check within 9 months to 1 year of employment with AEIS. <p style="color: red;">*For more details on CSPD requirements see ICC Approved Personnel Standards*</p>
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Other	
<p>Other areas meet federal regulations as per AEIS Compliance Indicators.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
Federal Regulation	<p>The State’s monitoring activities must be on—</p> <p>(1) Improving early intervention results and functional outcomes for all infants and toddlers with disabilities; and</p> <p>(2) Ensuring that EIS programs meet the program requirements under part C of the Act, with a particular emphasis on those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities.</p> <p><u>303.116</u> Public awareness program.</p> <p>Each system must include a public awareness program that—</p> <p>(a) Focuses on the early identification of infants and toddlers with disabilities; and</p> <p>(b) Provides information to parents of infants and toddlers through primary referral sources in accordance with §<u>303.301</u>.</p> <p>(Approved by Office of Management and Budget under control number 1820-0550)</p>
AEIS Compliance Indicators	<p><input type="checkbox"/> The program completes the AEIS Self-Assessment tool as required.</p>
Other areas for review	<p><input type="checkbox"/> There is an indication that program staff participate in the District Coordinating Council.</p> <p><input type="checkbox"/> There is evidence that the program participates in AEIS PA initiatives.</p>

Glossary

ADMH: Alabama Department of Mental Health	ICC: Interagency Coordinating Council
ADRS: Alabama Department of Rehabilitation Services	ICO: Informed Clinical Opinion
AEIS: Alabama's Early Intervention System	IDEA: Individuals with Disabilities Education Act
AIDB: Alabama Institute for the Deaf and Blind	I/ECMH: Infant/ Early Childhood Mental Health
ASD: Autism Spectrum Disorder	HI: Hearing Impairment
ASQ: Ages and Stages Questionnaire	IDA: Infant-Toddler Developmental Assessment
COS: Child Outcome Summary	IEP: Individual Education Plan
CSPD: Comprehensive System of Personnel Development	IFSP: Individualized Family Service Plan
DAYC-2: Developmental Assessment of Young Children	LEA: Local Education Agency
DCC: District Coordinating Council	MCHAT: Modified Checklist for Autism in Toddlers
DEIC: District Early Intervention Council	MEISR: Measure of Engagement, Independence, and Social Relationships
DHR: Department of Human Resources	OSEP: Office of Special Education Programs
DOI: Department of Insurance	OT: Occupational Therapist
DOT: Department of Transportation	PT: Physical Therapist
DP-3: Developmental Profile - 3	RBHV: Routines-Based Home Visiting
DPH: Department of Public Health	RBI: Routines-Based Interview
DS: Developmental Specialist	RBM: Routines-Based Model
EBP: Evidence-Based Practice	SC: Service Coordinator
ECE: Early Childhood Education	SDE: State Department of Education
ECSE: Early Childhood Special Education	SEA: State Education Agency
EDR: Eligibility Determination Report	SEAM: Social-Emotional Assessment/Evaluation Measure
E-LAP: Early Learning Accomplishment Profile	TA: Technical Assistance
FFY: Federal Fiscal Year (July 1 – June 30)	VFA: Voluntary Family Assessment
GIFTS: Giving Infants, Families, and Toddlers Support	VI: Visual Impairment
SFY: State Fiscal Year (Oct 1 – Sept 30)	
SLP: Speech-Language Pathologist	

APPENDICES

PRE-MONITORING INFORMATION FORM (Submit as cover sheet for Pre-Monitoring packet)

Service Coordination Agency

Initial appropriately the information submitted (attach for each):

____ List of Professional Personnel

____ List of Para-Professional Personnel

____ List of Evaluators

Program Assurances:

_____ Personnel have attended or scheduled for mandatory trainings:

- Service Coordinators: Journey I and Journey II (**certificates attached**)
- Service Coordinators: Routines-Based Interview (RBI) (**certificates attached**)
- Service Coordinators: Child Development 0 to 3 Modules (**certificates attached**)
- Service Providers: Journey II/The Message Revitalized (**certificates attached**)
- Service Providers: Routines-Based Home Visiting (RBHV) (**certificates attached**)
- Developmental Specialists (status report):
 - ___# have completed the Developmental Specialist Certification/Mentorship within six months of role assignment (attach documentation for *permanent status* Developmental Specialist)
 - ___# is currently enrolled in the Developmental Specialist Certification/Mentorship (begin date: _____)

_____ Verification that "Parent" Letters (for Family Survey) sent to families 10 days prior to the survey open date (possibly could be October 1)

_____ Verification that program's independent audits information related to use of Part C dollars is shared with contracting agency (DMH, AIDB, ADRS/EI) and actions are or have been implemented as directed by contracting fiscal agency. (Attach Report for Internal Audits Form)

Number Program Contract: _____ Current Number Served: _____

Contracting Agency (circle any that apply): DMH AIDB ADRS/EI PROJECT

Counties Served by Program _____

Date Pre-monitoring Information Submitted: _____

Name/Signature of Person Submitting Pre-monitoring Information: _____

LISTING OF PROFESSIONAL PERSONNEL

El Agency _____

Attach current certification/licensure for staff member. (Copy additional pages if needed)
Professionals such as PT, OT SLP, LPTA, & COTA with current licensure meet these criteria.

Professional's Name	*Role defined in Part C Personnel Standards e.g. DS, PT	Certification/Licensure/ Specify study area for professional without license or certification	Contact hours earned during past 2 years for trainings (Per personnel standards, 20 contact hours of continuing education activities related to EI, working with children and families or child development must be completed. <u>*Professional with licensure/certification, EI contact hours need not be listed</u>

I assure that the above listed personnel meet all of the certification and continuing education guidelines as outlined in the current ICC Approved Personnel Standards. I further assure that they have been provided with the appropriate training to address health, safety, sanitation, and emergency procedures.

Program Administrator

LISTING OF PROFESSIONAL EVALUATORS

El Agency _____

Paraprofessionals are not eligible to conduct evaluations unless they have a bachelor's degree related to Human Services studies [child related] and which meet ICC Approved Standards.

Evaluator Name	Role defined in Part C Personnel Standards (e.g. DS)	Tools administered	Mentor approval date for DAYC2, ELAP, Battelle, IDA

I assure that the above listed personnel as evaluators meet all current ICC Approved Personnel Standards. I further assure that they have been provided with the appropriate training to address health, safety, sanitation and emergency procedures.

Program Administrator

LISTING OF PARA-PROFESSIONAL PERSONNEL

El Agency _____

Name	Roles defined in Part C Standards	Please note highest level of education and/or certification for role performed (Certified Home Interventionist, GED, High School Diploma, Other)	Contact hours earned during past 2 years for trainings (Per personnel standards, 20 contact hours of continuing education activities related to EI, working with children and families or child development must be completed.

I assure that the above listed paraprofessional personnel meet all guidelines as outlined in the current ICC Approved Personnel Standards. I further assure that they have been provided with the appropriate training to address health, safety, sanitation and emergency procedures.

Program Administrator

FAMILY SURVEY LETTER FORMAT

***Please use program letterhead stationery. Mail to families 7-10 days prior to _____ (month survey will be available).**

(add date)

Dear Parent,

Our early intervention program is in the process of completing an evaluation to make sure that eligible families that we serve have access to a system of quality services and supports through Alabama's Early Intervention System.

Your input is very important in this process!

In the next few weeks, you will receive an email or contact from the University of Alabama at Birmingham with a request for you to answer some questions about our program through a survey that you can access either on your computer or smart phone. If you do not have an electronic device, UAB will be able to send you a hard copy to get your feedback. Please take the time – no more than ten minutes – to answer the questions that are asked. This survey is being completed independently of our program by the University of Alabama at Birmingham and all of your responses are confidential.

Thank you for your cooperation and support.

(Signature and title of program administrator or EI Director)

State of Alabama
Department of Rehabilitation Services
Alabama's Early Intervention System (AEIS)
GIFTS Utilization Agreement
(one agreement form required for each computer used to access GIFTS)

Any person accessing the Alabama Department of Rehabilitation Service Early Intervention GIFTS portal must read, agree to comply with the specified requirements, and sign this agreement before being granted access.

Monitoring

You acknowledge and understand that all data transmitted via state of Alabama network resources is the property of the State of Alabama. The State reserves the right to monitor and log all network activity. If any activity deemed harmful to State resources is detected, your access will be immediately terminated and an investigation will be initiated. Additionally, depending on the activity, a criminal investigation may be conducted by a referred law enforcement organization.

Consumer Data Protection

ADRS is committed to securing and protecting electronic client data as required by HIPAA, FERPA and other federal and state laws and regulations. All available practical technical means of protecting consumer data is used. All connections to the GIFTS system is transferred using strong encryption methods.

Additional security measures may be used at any time in order to best protect ADRS resources. Any changes in security protocol may require you to change your method of connection.

You agree that any device accessing the GIFTS system will have antivirus and anti-malware software installed and updated daily if the operating system supports these products. This includes computers using Microsoft Windows, Apple Mac, and Linux operating systems. Some of the more common product vendors are Symantec, McAfee, Trend Micro, and Kaspersky. It is critical that this product receive daily updates directly from the vendor.

For devices with operating systems which do not support antivirus software (e.g., Apple iOS and Android OS), you agree that these devices will not be jailbroken or rooted. You further agree that you will ensure the latest available operating system patches and updates are installed on these devices.

If a compromise of your computer is detected, you agree to immediately notify Early Intervention of the incident along with as much detail as possible.

You will be required to change your Citrix password at an interval of not more than 60 days and your GIFTS password at an interval of not more than 90 days. Your passwords must be complex.

You agree to the following minimal security practices where ADRS Early Intervention provided data is involved:

- You agree to never share your GIFTS login credentials with anyone.
- You agree to never 'remember' your login credentials on a computer used to access the GIFTS system.
- You must manually type your password at each login.
- You agree that if physical control of your computer used to access GIFTS is lost, you will immediately change your GIFTS password.
- Any paper documentation containing sensitive information must be protected at all times. These documents will not be left unattended unless secured within a locked area with restricted access. Under no circumstances will paper documentation be left unattended within the passenger area of a vehicle.
- Any electronic storage media containing PII or PHI data will be treated the same as paper documents containing the same information. This storage media must not be left unattended unless in a secured area. In order to provide additional security, it is required that any storage media be encrypted to prevent unauthorized access. This includes laptops, notebooks, tablets, USB drives, etc.
- When any electronic storage media is retired, there must be an assurance that no data may be recovered. For computer hard drives this means the drive must be physically destroyed or a suitable tool must be used to ensure recovery of sensitive data is not possible. A suitable tool is one that meets DoD 5220-22-M requirements.

- Unless encrypted, you will not electronically transmit sensitive information to ADRS, employees, or contractors.
- You may communicate with consumer via email, text messaging, or other electronic forms of communication without encryption only if the consumer agrees to such communication in writing and correspondence does not contain PII.
- You may not maintain a copy of any paper or electronic files for personal use. When you separate employment or the consumer’s records are no longer needed, all consumer records must be returned to employer or properly disposed of.

Notification

You, and your Program Director, agree to notify ADRS Early Intervention immediately when any of the following events occur:

- your employment is terminated for any reason
- your computer is compromised (e.g., virus or malware detected, lost or stolen, unauthorized use, etc.)
- your GIFTS login credentials are compromised
- any other event which may result in a compromise of Early Intervention data

Your Early Intervention contact is Tonya Gandy at Tonya.Gandy@rehab.alabama.gov or 334-293-7158.

You request approval to utilize the following computer for GIFTS access. You also understand that any changes to the information provided below must be forwarded to the Early Intervention contact immediately.

Program Name : _____

Internet Browser to be used to access GIFTS: _____

Computer Brand: _____

Computer Location (St, city, state, zip, Room #): _____

Computer Owner: _____

Virus Detection Software Utilized: _____

I have read the above GIFTS network utilization requirements and agree to comply with all of the terms and conditions.

Requestor name (please print) _____

Requestor Signature _____ Date: _____

Program Director Approval _____ Date: _____

Early Intervention State Office Approval _____ Date _____

This form must be updated annually (after October 1 and before November 1 of every fiscal year). Please forward a copy of this document to Tonya Gandy and be sure to keep the original for your records.

Revised 10/1/2022

**6TH VISIT/90 DAY SUPERVISORY FORM
("HAND OFF" COMMUNICATION BETWEEN COTA AND OT/LPTA AND PT)**

*****This form is to be completed by the licensed assistant and given to the supervising therapist PRIOR to the 6th visit/90-day supervisory visit*****

Child's Name: _____ **Date:** _____

Caregiver present for sessions and location for sessions (home, day care):

Update on child's progress as related to current IFSP outcomes:

Update on recent medical appointments/information per caregiver:

Update on concerns/questions that family may have regarding their child's progress or diagnosis:

Other relevant information regarding the visits with this child and family/caregiver since the last supervisory visit:

Signature of Therapist

Signature of Licensed Assistant

ALABAMA'S EARLY INTERVENTION SYSTEM PROGRAM SELF ASSESSMENT

To be completed on a quarterly basis for 25% of child records.

ALABAMA DEPARTMENT OF REHABILITATION SERVICES

Division of Early Intervention
602 South Lawrence St.
Montgomery, AL 36104



This document is subject to change as Alabama's Early Intervention System continues to develop and as federal regulations dictate.

Referrals can be made by calling the Child Find office at 800-543-3098, faxing the completed Child Find Referral form to 334-293-7393, or emailing it to rehab—childfind@rehab.alabama.gov. For more information on AEIS, go to www.rehab.alabama.gov/services/ei.

AEIS PROGRAM SELF ASSESSMENT TOOL

DATE OF REVIEW: _____ CHILD ID: _____

SERVICE COORDINATOR: _____

CHILD'S REFERRAL DATE: _____ CHILD'S ELIGIBILITY DATE: _____

ELIGIBLE BASED ON DD - Areas 25% delay:

- Communication Motor Cognitive Social-Emotional Adaptive Vision & Hearing

ELIGIBLE BY INFORMED CLINICAL OPINION (ICO)

ELIGIBLE BASED ON DX: _____

Concerns/issues identified:

Activities conducted to correct the issues:

Areas where TA would be helpful:

Child Specific Monitoring Components

Complete for each child reviewed based on monitoring manual details.

ELIGIBILITY DETERMINATION	
Initial eligibility and annual eligibility based on developmental delays used two appropriate procedures, approved tools, and include hearing and vision. <input type="checkbox"/> IDA <input type="checkbox"/> DAYC2 <input type="checkbox"/> Battelle <input type="checkbox"/> PLS-5 <input type="checkbox"/> ELAP <input type="checkbox"/> Peabody <input type="checkbox"/> DP-3	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Initial Eligibility and Annual Eligibility based on documented diagnosis has one 5-part evaluation that reflects child's age performance relative to 25% delay.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Initial Eligibility based on Informed Clinical Opinion is determined by qualified evaluators (as per the personnel standards) and meets the three required criteria.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Initial and Annual Eligibility Reports address all required components.	<input type="checkbox"/> YES <input type="checkbox"/> NO
A detailed report is completed when a domain specific evaluation (PLS, Peabody, etc.) is administered. <i>(Do not use the EDR format created by AEIS state office)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

VOLUNTARY FAMILY ASSESSMENT	
Family assessment includes the Routines-Based Interview, a discussion of routines/challenges, identification of family resources, and determination of priorities.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family assessment includes the ECO map.	<input type="checkbox"/> YES <input type="checkbox"/> NO

45 DAY TIMELINE	
Individualized Family Service Plan meets 45-day federal requirement.	<input type="checkbox"/> YES <input type="checkbox"/> NO

INDIVIDUALIZED FAMILY SERVICE PLAN	
Family-defined outcomes include strategies to help children in the following areas: <input type="checkbox"/> Develop and maintain social relationships <input type="checkbox"/> Engage with others/materials to develop new knowledge/skill <input type="checkbox"/> Use appropriate behaviors to meet needs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family defined outcomes reflect strategies for family support, including linkages with community-based resources.	<input type="checkbox"/> YES <input type="checkbox"/> NO
IFSP outcomes are written so as to be achievable within 6 months.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coaching/consultation is used in service delivery as documented in provider notes.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child outcomes and priorities are participation-based and are written functionally based on routines.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Outcomes specify the behavior, criteria for acquisition and timeframe.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service provider notes address functional outcomes on IFSP which includes the family/caregiver and are based on daily routines and activities.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service provider notes include the caregiver signature.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service provider notes indicate the use of family items in coaching/service delivery rather than bringing in outside items (i.e., toy bags).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family-defined functional outcomes are jargon-free, use active words, and reflect state and federal requirements as outlined in the monitoring manual.	<input type="checkbox"/> YES <input type="checkbox"/> NO

TIMELY SERVICES	
IFSP Services are delivered within 30 days unless exceptional family circumstances.	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRANSITION	
Transition process meets state and federal requirements as in monitoring manual. <input type="checkbox"/> Child in transition <input type="checkbox"/> Child not in transition <input type="checkbox"/> Family opted out <input type="checkbox"/> Transition plan written on time <input type="checkbox"/> Notification to LEA/Invitation to meet with LEA on time <input type="checkbox"/> Transition meeting scheduled with LEA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Exceptional Family Circumstances

CHILD OUTCOMES	
<p>Service delivery has moderate to high success based on achievement of outcomes and ratings on the Child Outcome Summary Process.</p> <p><input type="checkbox"/> Child made substantial progress on COS (i.e., moved up a level in one or more of the three OSEP child outcome areas) = High Success</p> <p><input type="checkbox"/> Child achieved functioning at level of same age peers on COS in one or more of the three OSEP child outcome areas = High Success</p> <p><input type="checkbox"/> Child showed some progress, but did not move up a level on the COS = Moderate Success</p> <p><input type="checkbox"/> Child showed no progress or digressed = Low Success</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Too soon to tell</p> <p><input type="checkbox"/> Child frequently ill</p>
<p>Parent participation is moderate to high based on SC and provider notes.</p> <p><input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Too soon to tell</p>
<p>The Child Outcome Summary Process reflects team and family participation and is completed at entry, annual review, and exit.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

SERVICE COORDINATION	
<p>There is monthly documentation that includes a review of provider notes and check-in with families.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Service Coordinator and provider notes include all required components as per the monitoring manual, including matrix, family training and adequate caregiver plans.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>IFSPs, service coordination notes and provider documentation reflect culturally competent practices with respect for the diversity of children and families, family learning styles, and family decision-making.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

PROCEDURAL SAFEGUARDS	
<p>Transference of information within the AEIS system utilizes Permission for Release of Information/Records for individual requests and are signed and dated by families/surrogate parents when information is being released or requested.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Permission to Evaluate is completed appropriately to determine or assess initial and annual eligibility and other formal screeners/assessments.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Request for Parent to Attend IFSP Meeting is completed appropriately to inform families and team member of scheduled IFSP meetings.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Notice of Intent is completed appropriately to propose/refuse an action regarding IFSP services.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Notice of Ineligibility is completed appropriately to confirm with families that child is determined ineligible during initial or annual determination.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Other appropriate procedural safeguard forms are signed and available for review as follows:</p> <p><input type="checkbox"/> Record of Access identifies individuals who review individual records.</p> <p><input type="checkbox"/> System of Payment forms (public benefits/public insurance)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

PROCEDURAL SAFEGUARDS	
<input type="checkbox"/> System of Payment forms (private insurance) parent must give consent when services increase <input type="checkbox"/> Programs billing private insurance must provide Coordination of All Available Resources document <input type="checkbox"/> Annual IFSP Attendance Form (if applicable) <input type="checkbox"/> Statement of Understanding (DEIC's only)	
Families are fully informed regarding Early Intervention Child and Parent Rights and how they can report formal or informal concerns.	<input type="checkbox"/> YES <input type="checkbox"/> NO

DATA COLLECTION	
Required GIFTS data are entered and updates are submitted accurately and in a timely manner.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Program Components

Complete only once during monitoring self-assessment (i.e., not child specific)

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT	
AEIS service coordinators and providers meet Alabama Personnel Standards.	<input type="checkbox"/> YES <input type="checkbox"/> NO
SERVICE COORDINATORS meet Alabama requirements for Routines-Based Interview (RBI), which include the following: <ol style="list-style-type: none"> 1. Completing the RBI Modules 2. Participating in a live review to determine fidelity 3. Achieving 80% scoring based on the live review 	<input type="checkbox"/> YES <input type="checkbox"/> NO
SERVICE COORDINATORS have passed the COS-Knowledge Check within 9 months to 1 year of employment with AEIS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
SERVICE PROVIDERS meet Alabama requirements for Routines-Based Home Visiting, which include the following: <ol style="list-style-type: none"> 1. Completing the RBHV modules 2. Scoring an 80% passing grade on the RBHV module post-test 	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVALUATORS meet criteria to administer evaluations (see evaluator training/observation checklist).	<input type="checkbox"/> YES <input type="checkbox"/> NO
SERVICE COORDINATORS participate in required CSPD training as follows: <ul style="list-style-type: none"> • Journey I (within 6 months) *must be employed as a service coordinator for a minimum of 3 months* • Journey II (within 6 months of hire and every three years for all providers) • Child Development module • Other CSPD mandatory training 	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT	
<p>SERVICE PROVIDERS participate in required continuing education as per the AEIS Personnel Standards as follows.</p> <ul style="list-style-type: none"> • Journey II (All EI program providers and vendors must participate in Journey II within 6 months of hire and every three years) • Developmental Specialists/Family Trainers/Home Visitors complete 20 hours every 2 years after initial training • Licensed Professionals or Certified Professionals have current licenses/certificates. • Other CSPD mandatory training 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Conditional Developmental Specialists are acknowledged on a temporary basis and are working toward satisfying AEIS requirements, including those in the AEIS Personnel Standards.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER	
<p>Program staff participate in the District Coordinating Council.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Program participates in AEIS public awareness initiatives.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO