

# Alabama's Early Intervention System Handbook



Alabama's  
Early  
Intervention  
System

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# Alabama’s Early Intervention System Handbook

## FEDERAL REGULATIONS

### Purpose and Applicable Regulations § 303.1 Purpose of the early intervention program for infants and toddlers with disabilities.

The purpose of this part is to provide financial assistance to States to—

- (a) Develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;
- (b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);
- (c) Enhance State capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families;
- (d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, inner-city, and rural children, and infants and toddlers in foster care; and
- (e) Encourage States to expand opportunities for children under three years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

(Authority: 20 U.S.C. 1400(d)(2), 1431(a)(5), 1431(b))

AEIS has established procedures that outline the goals, objectives, processes, and statutory requirements to be implemented within its system of services. This handbook is designed to serve as a guide to providers, state and local staff, partners, and other stakeholders to ensure that quality evidence-based services are provided to all eligible infants and toddlers and their families.

## Introduction

Alabama’s Early Intervention System (AEIS) provides services to children with disabilities, birth to three, and their families based on state and federal regulations and Alabama's 8 Core Values. These values, or guiding principles, ensure that recommended and evidence-based practices are incorporated into all services provided throughout the system. The Core Values, which are embedded in the AEIS Evidence-Based Practice Model, require that the system and services be:

- **Family Centered:** Services and support are aimed at helping the family support and care for their 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 the child while feeding, diapering, playing, and cuddling will have the greatest impact on how the child develops and learns.
- **Developmentally Appropriate:** A team of professionals will assist the family with understanding typical development and how their child is likely to develop based on factors that may include a medical diagnosis or delay. Services and home activities are designed to support the child’s development. The EI team will assist the family with the functional and developmental needs of the child and family “today”.
- **Individualized:** If a child is eligible for services, the Service Coordinator will assist the family in developing an Individualized Family Service Plan (IFSP), which will include individualized outcomes based on needs and the family’s priorities. From this plan, the family

and their 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 the child grows and develops and is based on the child’s progress toward meeting these outcomes.

- **Provided in a natural environment:** EI services are provided in a location where the child and family typically would be, such as the home, childcare, playgrounds, etc. Natural environments also include the daily activities and routines of the family.

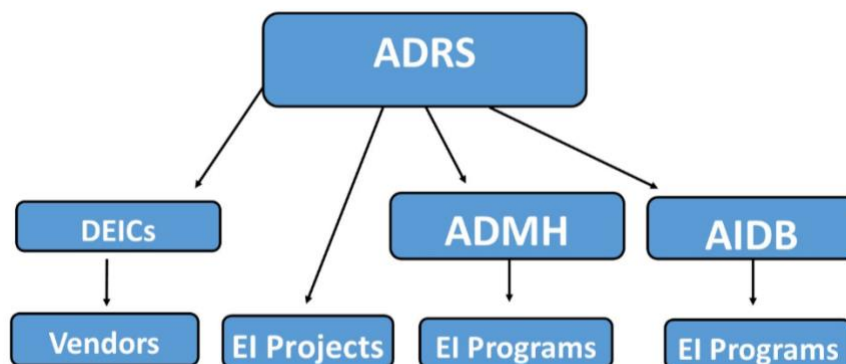
- **Trains/Equips the Parent/Caregiver:** AEIS is a program that supports and trains families and caregivers. EI will aid and support the family while teaching them skills to meet their child’s developmental needs. With the support of the team of professionals, they will work together to carry out these activities daily so that the child and family will meet their outcomes.
- **Collaborative:** The EI team will work closely with each other as well as with the family and their child to reach outcomes. The team can also work with other service providers which might include the child’s physician(s), therapists from other agencies, childcare providers, community partners, and other specialists. If the team feels services are outside the scope of EI, the Service Coordinator will assist the family in identifying resources to obtain those services.
- **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:** Evidence-based practice in early childhood is the process that pulls together the best available research, knowledge from professional experts, data, and input from children and their caregivers to identify and provide services evaluated and proven to achieve positive outcomes for children and families.

Infants and toddlers from birth to age 3 who either have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or are experiencing a 25% developmental delay in one or more of the following areas are eligible for services through AEIS:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Adaptive development skills

**AEIS Service Delivery:**

The structure of AEIS is a multi-agency model involving the Alabama Department of Rehabilitation Services or ADRS (the Early Intervention Part C Lead Agency), the Alabama Department of Mental Health (ADMH), and the Alabama Institute for the Deaf and Blind (AIDB). Each of these state-level agencies supports individual programs that, in turn, deliver services to infants/toddlers and their families.



## FEDERAL REGULATIONS

### § 303.13 Early intervention services.

(a) *General.* Early intervention services means developmental services that—

- (1) Are provided under public supervision;
- (2) Are selected in collaboration with the parents;
- (3) Are provided at no cost, except, subject to §§ 303.520 and 303.521, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
- (4) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including—
  - (i) Physical development;
  - (ii) Cognitive development;
  - (iii) Communication development;
  - (iv) Social or emotional development;or
  - (v) Adaptive development;
- (5) Meet the standards of the State in which the early intervention services are provided, including the requirements of part C of the Act;
- (6) Include services identified under paragraph (b) of this section;
- (7) Are provided by *qualified personnel* (as that term is defined in § 303.31), including the types of personnel listed in paragraph (c) of this section;
- (8) To the maximum extent appropriate, are provided in natural environments, as defined in § 303.26 and consistent with §§ 303.126 and 303.344(d); and
- (9) Are provided in conformity with an IFSP adopted in accordance with section 636 of the Act and § 303.20.

## Early Intervention Services

Early intervention supports and services focus on teaching the parents and caregivers ways to help the child learn and participate in everyday activities. The following early intervention services are set out in IDEA, Part C, to assist the child in developing to his or her full potential (a complete description of services is on the AEIS website at <https://www.rehab.alabama.gov/services/ei> under Policies and Procedures):

1. Assistive technology device and service
2. Audiology
3. Family training, counseling, and home visits
4. Health services necessary to enable the child to benefit from another early intervention service
5. Medical services only for diagnostic or other evaluation purposes
6. Nursing
7. Nutrition
8. Occupational therapy
9. Physical therapy
10. Psychological services
11. Service Coordination
12. Sign language and cued speech
13. Social work
14. Special instruction
15. Speech-language pathology
16. Transportation and related costs necessary for the child and family to receive an EI service
17. Vision

## Specialty Services

**Support for children with autism:** In September 2020, the following five practices were adopted by the Alabama Early Intervention System (AEIS) as best practices for working with families of children (under 3) with characteristics of Autism:

1. Caregiver-Implemented Intervention
2. Following the Child's Lead
3. Naturalistic Teaching
4. Modeling
5. Natural Reinforcement

This AEIS expectation means that when a Part C EI provider is working with a child with a confirmed diagnosis of autism or a child with characteristics of autism (along with the child's caregiver), it is the expectation of AEIS that these five practices are used during the provider visit.

What does this mean for an EI provider? Any Part C provider needing guidance regarding the above expectation can contact a Part C-ASD Mentor for one-on-one ASD mentorship. The Part C-ASD Mentor will provide the EI service, "Social Communication" (drop-down service in GIFTS), while mentoring the EI provider (the provider who provides intervention with the family on a regular basis) in the home, daycare, etc., while on a visit together. AEIS will allow EI programs to Verify for this additional, short-term service to pay the ASD Mentor for this time.

The process to request an ASD Mentor is as follows:

- Contact your state office monitor for an ASD Mentor in your area of the state.
- Call/Email the ASD Mentor to discuss issues and determine whether a joint home visit is required.
- If a joint visit is required, the Service Coordinator will add "Social Communication" to the IFSP, with frequency and length determined by the initial conversation, and the parent will sign the IFSP agreeing for this service to occur.
- A Provider Note will be required for both the provider and the ASD Mentor to Verify the additional service of "Social Communication."

Understanding that this is a new service for EI providers, representatives from the state office are available to meet with anyone (or program) interested in understanding more about the service.

### **Support for children with mental health/social-emotional concerns: Infant and Early Childhood Mental**

**Health Consultation in Early Intervention:** Healthy relationships and social-emotional development are the cornerstone for promoting overall wellness and are foundational to other areas of development in infants and toddlers. These healthy relationships and positive social-emotional development are most likely to occur when children:

- Feel safe, secure, responded to, and warmly connected to the adults who care for them.
- Can attend to and receive positive attention from the important people in their lives.
- Can communicate with and be understood by the adults caring for them (and later with their peers).
- Are able to regulate their emotions and adapt to changes in their environment and routines.

When infants and toddlers in EI are having difficulty or lacking any one of these building blocks, other areas of development may suffer as well. To help support EI providers in addressing these important areas of a young child's life, the Alabama Department of Mental Health provides Infant and Early Childhood Mental Health Consultation (IECMHC), which is a prevention-based service available state-wide to all EI programs/team members. IECMHC is a relationship-based approach that builds EI team members' capacity and skills to better address children's behavioral challenges, social emotional concerns that may be trauma-based, and equip them to better meet the demands of working with these vulnerable children and families. IECMHC is not an EI service but a support that is provided *alongside* EI.

The Goals of IECMHC in EI are:

- ▶ EI personnel become better able and more confident in identifying and addressing social-emotional development and behavioral concerns in young children.
- ▶ EI personnel can better support families through a relationship-based approach.
- ▶ EI Personnel increase their own reflective capacity, which may affect their ability to manage stress, engage in self-care and increase job satisfaction.
- ▶ Families enrolled in EI have additional support when needed to address their child's and/or own mental health needs.

There are three tiers of IECMHC in EI Regardless of the Consultation Tier, requests for IECMHC must be made using the IECMHC in EI Request form <https://mh.alabama.gov/wp-content/uploads/2023/06/IECMHC-Request-Form-Fillable-ver4.2.pdf> (instructions for submission are on the form) or by contacting ADMH IECMH Services at [iecmh.services@admh.alabama.gov](mailto:iecmh.services@admh.alabama.gov).

**Tier 1 Workforce Capacity Building** - IECMH Consultants can provide training to EI providers related to infants and toddlers' social-emotional development, attachment/ relationship issues, behavioral challenges, understanding trauma in young children, etc.

**Tier 2 Provider-Focused Support** -IECMH Consultants help EI personnel address work stress, prevent burnout, deal with difficult situations with EI caseloads (with children and with families), and learn how to better engage families. The IECMHC may conduct a Site Readiness Survey in collaboration with the team member(s) to determine how IECMHC can best support their particular needs, such as by the IECMHC attending EI team meetings, setting up regular "office hours" for case consultation where the EI team members can join scheduled Zoom meetings with the consultant to discuss issues on their caseload or work-related stressors, as well as scheduling one-on-one calls with individual team members and/or through email communications.

**Tier 3 Specific Child/Family Related Concerns** - this tier of consultation is provided at the request of a service coordinator when concerns have been identified by the family and team and IECMHC is identified as the best service to address it. For this tier of consultation, AEIS procedural safeguards are followed, and the service is added to the child's IFSP as a Non-EI service to address specific concerns/outcomes. These concerns/outcomes may be child-focused (such as behavioral or relational issues) or family-focused (such as helping a parent understand their own feelings /emotions related to their child receiving EI, helping them help an older sibling understand the EI child's medical diagnosis, or helping a mom presenting as possibly having postpartum depression or other concerns). See the IECMHC Request form for other child/family-focused reasons for requesting IECMHC.



## TIERS OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN EI

Tier 1	Who Can Request	Special Requirements
<b>Workforce Capacity Building</b>	Any EI team member or EI program administrator	None
Tier 2		
<b>Provider Focused Support</b>	Any EI team member or EI program administrator	A Site Readiness Survey may be completed by the IECMHC with the EI team member(s) present during the initial consultation meeting to help identify what support the program/team needs.
Tier 3		
<b>Child/Family Specific Consultation</b>	Service Coordinator (SC) for the child/family only	SC must: <ol style="list-style-type: none"> <li>1. Complete <i>IECMHC in EI Module 1: What IECMHC Is and Why It Is Important</i> before request or as soon as possible after request is made.</li> <li>2. Include with the request form all required documents identified on the form (i.e., IFSP, Release of Information signed by parent, etc.).</li> <li>3. Include IECMHC on the Non-EI Service page of the child's IFSP to address whichever concerns/outcomes have been identified as needing this service.</li> <li>4. Document in SC Notes of the child's EI chart/record, all communications the SC has with the IECMHC for as long as the service is provided.</li> </ol>

**What are the qualifications of ADMH IECMH Consultants?** All IECMHCs employed by ADMH and providing consultation to EI programs are masters level licensed mental health professionals who have received intensive specialized training in infant and early childhood mental health (birth to 8) so they can best support the families of these children and the professionals who work with them.

### AEIS Evidence-Based Practices

AEIS has adopted the Routines-Based Model (RBM) and the Naturalistic Developmental Behavioral Interventions Model (NDBI) for service delivery by all EI providers throughout the state. Implementation of these models, which includes the Routines-Based Interview and the Routines-Based Home Visiting components, is required.

## Summary of Evidence-Based Practices

### Routines-Based Interview (RBI):

The Routines-Based Interview is a semi-structured interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. Its purposes are to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional and family outcomes/goals for IFSP use.

### Routines-Based Home Visits (RBHV):

This model provides family-centered, support-based home visits to build families' capacity to meet their children's and the family's needs. This will result in children (a) receiving "intervention" in naturally occurring learning opportunities, (b) receiving more intervention, and (c) receiving intervention from the people they are already learning from. Therefore, children in Alabama's Early Intervention System (AEIS) can be expected to make greater gains in their functioning—through meaningful participation in their everyday routines. This increased functioning includes better learning. Routines-Based Home Visits replace visits in which the home visitor sets the agenda, brings in materials and leaves with them, and works directly with the child as though teaching the child or providing therapy to the child, with the caregiver observing or having other secondary roles.

### Naturalistic Developmental Behavioral Interventions:

The NDBI model is intended to bridge the "research to practice" gap to early detection and early intervention for Alabama's youngest children with ASD. The core strategies are based on Naturalistic Developmental Behavioral Interventions (NDBI) which are implemented in natural settings, involve shared control between child and therapist, utilize natural contingencies, and use a variety of behavioral strategies. The five adopted strategies include natural reinforcement, parent-implemented intervention, modeling, naturalistic teaching, and following the child's lead.

As required in the AEIS Personnel Standards, all Service Coordinators must become Alabama Approved in RBI implementation or, at the time of monitoring, be in the process of training to become Alabama Approved. In addition, all Service Providers, defined as direct service providers, therapists, developmental specialists, and contract staff providing one of the 17 deliverable services, must be Alabama Approved for Routines-Based Home Visiting. Participation in AEIS RBM Training Modules and additional training is required to become Alabama Approved.

It is also the AEIS expectation when a Part C EI provider is working with a child with a confirmed diagnosis of autism or a child with characteristics of autism (along with the child's caregiver) that the NDBI five practices be used during the provider visit.

## Data management

### FEDERAL REGULATIONS

#### § 303.124 Data collection.

(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 §§ 303.700 through 303.702 and 303.720 through 303.724.

(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 §§ 303.700 through 303.707 and 303.720 through 303.724.

(Approved by Office of Management and Budget under control number 1820-0550, 1820-0557 and 1820-0578)

(Authority: 20 U.S.C. 1416, 1418(a)-(c), 1435(a)(14), 1442)

AEIS has a database system in place (GIFTS or Giving Infants, Families, and Toddlers Support) that gathers data from providers on all components of the system, such as eligibility reasons, IFSP development, IFSP reviews, child outcomes, natural environment, numbers served, and other pertinent data.

Data entry is monitored by the state office data manager and compliance monitors to ensure validity and reliability. Business rules within the data system require the input of all required data as the service coordinator moves through the system. State office staff review the data on a regular basis through desk audits and monitoring site visits to ensure accuracy. The data is a replication of the physical record, so the rules for GIFTS are the same as the physical record. All new SCs must attend one-on-one training and standardized, statewide training (Journey I). A GIFTS training packet is provided at the GIFTS training, and the Monitoring Manual with additional handouts is provided at the Journey I training.

Data is analyzed routinely in preparation for submitting and implementing the SPP/APR to identify trends, both statewide and within programs, such as child count per county,

demographics of children served, child outcomes, family outcomes, and compliance issues. The Part C Data Manager is responsible for monitoring data quality reports. If data quality issues are found, the results are shared with the specific program monitors and TA is provided. Data specific to SPP/APR indicators is pulled from the GIFTS database for reporting to OSEP and stakeholders statewide. Subcommittees also analyze data related to their purpose and use the information for initiatives to improve the various aspects of the system (e.g., public awareness, personnel, financial, and program planning and evaluation). Program monitors review data prior to each program's monitoring visit. These data are used to determine compliance and performance and to provide assistance in addressing areas of concern. Error reports are run on a weekly basis, individual program outcome data is looked at twice a year, 618 data are run yearly, program level indicator data are looked at yearly, and various other data inquiries are run as needed by state office staff.

### AEIS Lead Agency

The Lead Agency for AEIS is the Alabama Department of Rehabilitation Services. AEIS operates in partnership with the Alabama Department of Mental Health (ADMH) and the Alabama Institute for the Deaf and Blind (AIDB) in providing services to eligible children and their families. Direct services are provided through local independent early intervention programs who contract with either AEIS, ADMH or AIDB. These local programs hire service coordinators, providers and/or vendors to deliver all services required by each child's IFSP (Individualized Family Service Plan).

## FEDERAL REGULATIONS

### § 303.22 Lead agency.

#### § 303.120 Lead agency role in supervision, monitoring, funding, interagency coordination, and other responsibilities.

Each system must include a single line of responsibility in a lead agency designated or established by the Governor that is responsible for the following:

- (a)(1) The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under part C of the Act.
  - (2) The monitoring of programs and activities used by the State to carry out part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under part C of the Act), to ensure that the State complies with part C of the Act, including—
    - (i) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out part C of the Act;
    - (ii) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under part C of the Act and these regulations;
    - (iii) Providing technical assistance, if necessary, to those agencies, institutions, organizations, and EIS providers;
    - (iv) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of the noncompliance;
- and
- (v) Conducting the activities in paragraphs (a)(2)(i) through (a)(2)(iv) of this section, consistent with §§ 303.700 through 303.707, and any other activities required by the State under those sections.

### Lead Agency continued:

- (b) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F of this part.
  - (c) The assignment of financial responsibility in accordance with subpart F of this part.
  - (d) The development of procedures in accordance with subpart F of this part to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers.
  - (e) The resolution of intra- and interagency disputes in accordance with subpart F of this part.
  - (f) The entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with § 303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in subpart F of this part.
- (Approved by Office of Management and Budget under control number 1820-0550)
- (Authority: 20 U.S.C. 1416, 1435(a)(10), 1442)

AEIS is a single point of entry system whereby referrals come into the state office and are then assigned to District Early Intervention Coordinators who may assist in determining eligibility and writing the IFSP. Once eligibility has been established, the local programs add the children to their caseload and begin the process of service provision.

AEIS is divided into seven districts, each housing District Early Intervention Coordinators and operating a District Coordinating Council. The councils are designed to assist programs and providers through training opportunities, forums, focus groups and other methods for supporting the delivery of quality services for eligible infants and toddlers.

## AEIS Interagency Coordinating Council

### FEDERAL REGULATIONS

**§ 303.125 State interagency coordinating council.**

Each system must include a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of this part.

(Approved by Office of Management and Budget under control number 1820-0550)  
(Authority: 20 U.S.C. 1435(a)(15))

AEIS has established an Interagency Coordinating Council whose role is to advise and assist the lead agency in the overall implementation of the system and to ensure that the State complies with IDEA regulations in providing early intervention services to eligible infants/toddlers and their families. Specifically, the Interagency Coordinating Council is to assist the lead agency in meeting the responsibilities to address the following objectives:

1. To develop a statewide, comprehensive coordinated, multi-disciplinary interagency system to provide early intervention services for infants, toddlers, preschoolers with disabilities and their families.
2. To identify and coordinate all available resources within the State from federal, state, local, and private sources.
3. To assign financial responsibility under this act to the appropriate agencies.
4. To develop procedures to ensure that services are provided to infants, toddlers, preschoolers with disabilities, and their families in a timely manner pending the resolution of any disputes among public agencies or services providers.
5. To resolve intra and interagency disputes.
6. To enter into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes this includes all additional components necessary to ensure meaningful cooperation and coordination.

In addition, the ICC has established subcommittees to carry out specific activities related to the operation of AEIS. These subcommittees include the following:

1. Financial Planning. The Financial Planning Subcommittee is charged with the responsibility to advise and assist the lead agency, and Interagency Coordinating Council on issues related to funding the interagency early intervention system. The primary purpose is to develop an interagency finance system that maximizes all federal, state, and local (public and private) dollars. Agencies may bring proposed new programs for discussion to this Subcommittee.
2. Public Awareness Subcommittee. The Public Awareness Subcommittee is charged with the responsibility to advise and assist the lead agency and Interagency Coordinating Council in the development, implementation, and coordination of a statewide interagency public awareness program that is focused on increasing enrollment in Alabama's Early Intervention System through the early identification of infants and toddlers with disabilities and their families; participation in Child Find initiatives; dissemination of information to all primary referral sources regarding the availability of

early intervention services; and procedures for determining the extent to which such information is disseminated to families of infants and toddlers.

3. Personnel Subcommittee. The Personnel Subcommittee is charged with the responsibility to advise and assist the lead agency and the Interagency Coordinating Council on matters relative to qualified personnel within the state for each early intervention discipline, and the development and implementation of a Comprehensive System of Personnel Development.
4. Program Planning and Evaluation Subcommittee. The PP&E subcommittee is charged with addressing issues that encompass the overall effectiveness of AEIS. The members review the monitoring handbook to assure that AEIS is adhering to federal regulations, is addressing individual concerns about the system, and is assuring a mechanism for monitoring appropriate state-level policies and procedures to determine if changes are needed that would improve AEIS.

### **Public Participation and Stakeholder Involvement**

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the federal Annual Performance Report as required by the US Office of Special Education Programs (OSEP). Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data, selection of targets, training initiatives, policy, and public reporting of program status. Not only do ICC members participate in these discussions, but other program representatives who attend the meetings and choose to participate offer their input (all meetings are open for public participation). In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups includes representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR and offering input and clarification at each quarterly meeting. All members are provided with an ICC orientation/training to inform them about ICC structure, history, and current issues/activities so that they can be well informed for when discussions occur.

The AEIS state office has a Leadership Team that coordinates system operation, the implementation of new initiatives, input from stakeholders, and other system efforts. In addition, there are District Coordinating Councils that provide feedback and input into system development. These councils are comprised of the same stakeholders as the state ICC but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Department of Public Health, local education agencies, the Department of Early Childhood Education, and families/caregivers).

Families are involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups, and special task forces. A standard survey is conducted annually by independent external evaluators that include specific questions for family input into system practice and child/family outcomes.

The AEIS state office has a Leadership Team that coordinates system operation, the implementation of new initiatives, input from stakeholders, and other system efforts. In addition, there are District Coordinating Councils that provide feedback and input into system development. These councils are comprised of the same

stakeholders as the state ICC, but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Department of Public Health, local education agencies, the Department of Early Childhood Education, families/caregivers) During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR/SSIP is discussed and input/feedback is solicited for system enhancement. The “Blocks of Information” quarterly newsletter is distributed to all providers which includes SPP/APR/SSIP updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC subcommittee work. Information is shared based on the feedback, requests, and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process through participation in stakeholder groups, surveys, focus groups and special task forces. A standard survey is conducted annually by an independent external evaluator which includes specific questions that provide family input into system practice and child/family comes as per the SSIP.

### **Fiscal**

Alabama's Early Intervention System receives funding from the U.S. Department of Education and Alabama's Education Trust Fund and is governed by the following legislation:

- [34 Code of Federal Regulations \(C.F.R.\) Part 303](#)
- [§21-3A Alabama State Law](#)
- [795-3-1 Alabama Administrative Code](#)

Alabama does not utilize a sliding fee schedule. AEIS has developed procedures for the use of Private Insurance as well as a Consent for Use of Private Insurance form. Also, EI programs will use the Consent for the Use of Public Benefits and the Consent for Use of Public Insurance. The notice regarding our system of payment is included in the EI Child & Parent Rights form. Alabama does not charge any fees to families for early intervention.

The use of a family’s private insurance to pay for early intervention services must be voluntary on the part of the parents and parents must give written consent for its use. After the initial consent, a new consent for the use of the family’s insurance is required when there is an increase in frequency, length, duration, or intensity in the provision of services in the child’s IFSP. (Please see the Consent for the Use of Private Insurance form.)

A parent’s refusal to consent to the use of their insurance does not relieve the provider from its obligation to provide appropriate early intervention services.

The provider understands that the family’s private insurance may not be utilized for any evaluation, whether for initial eligibility or other evaluation or assessment purposes under early intervention.

If there is any cost associated with the use of the parent’s private insurance then the early intervention provider agrees to cover the cost, e.g., co-payment, deductible, etc.

The following functions are required to be at public expense and for which no fee may be charged to the parents:

- 1) Implementing Child Find
- 2) Evaluation and assessment

- 3) Service Coordination
- 4) Administrative and coordinative activities related to
  - a. The development, review, and evaluation of the IFSPs and interim IFSPs
  - b. Implementation of the procedural safeguards and other components of the statewide system of early intervention services

With an approved “Exemption from Billing Private Insurance and/or Public Insurance” form on file, a provider is not required to request a parent to sign the Consent for the Use of Private Insurance form or the Consent for the Use of Public Insurance. The provider must submit this form annually for approval and continued exemption. With approval based on the information contained within the exemption request, private and/or public insurance funds will be considered unavailable.

The following information is available on the AEIS website at <https://www.rehab.alabama.gov/services/ei> under the “Coordination of All Available Resources” tab:

- Identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with IDEA Part C Use of Funds and Payor of Last Resort Requirements.
- Interagency Agreements
- Assignment of financial responsibility in accordance with IDEA Part C Use of Funds and Payor of Last Resort requirements.
- Resolution of intra- and interagency disputes.
- Entry into formal interagency agreements or other written methods of establishing financial responsibility defining the financial responsibility of each agency for paying for early intervention services and procedures for resolving disputes.
- Financial Responsibility for AEIS participating Agencies.
- Coordination with Other Funding Sources.
- Contracting or Otherwise Arranging for Services.



# CHAPTER ONE: Child Find, Eligibility, Assessment, and Outcomes

## FEDERAL REGULATIONS

### 303.301 Public awareness program—information for parents.

(a) Preparation and dissemination. In accordance with §303.116, each system must include a public awareness program that requires the lead agency to—

(1)

(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and

(ii) Disseminate to all primary referral sources (especially hospitals and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications; and

(2) Adopt procedures for assisting the primary referral sources described in §303.303(c) in disseminating the information described in paragraph (b) of this section to parents of infants and toddlers with disabilities.

(b) Information to be provided. The information required to be prepared and disseminated under paragraph (a) of this section must include—

(1) A description of the availability of early intervention services under this part;

(2) A description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and

(3) A central directory, as described in §303.117.

(c) Information specific to toddlers with disabilities. Each public awareness program also must include a requirement that the lead agency provide for informing parents of toddlers with disabilities of the availability of services under section 619 of the Act not fewer than 90 days prior to the toddler's third birthday.

## FEDERAL REGULATIONS

### 303.302 Comprehensive child find system.

(a) General. Each system must include a comprehensive child find system that—

(1) Is consistent with part B of the Act (see 34 CFR 300.111);

(2) Includes a system for making referrals to lead agencies or EIS providers under this part that—

(i) Includes timelines; and

(ii) Provides for participation by the primary referral sources described in §303.303(c);

(3) Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services; and

(4) Meets the requirements in paragraphs (b) and (c) of this section and §§303.303, 303.310, 303.320, and 303.321.

(b) Scope of child find. The lead agency, as part of the child find system, must ensure that—

(1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are identified, located, and evaluated, including—

(i) Indian infants and toddlers with disabilities residing on a reservation geographically located in the State (including coordination, as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities in the State based, in part, on the information provided by them to the lead agency under §303.731(e)(1)); and

(ii) Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and

(iii) Infants and toddlers with disabilities that are referenced in §303.303(b); and

(2) An effective method is developed and implemented to identify children who are in need of early intervention services.

**Public Awareness:** The Alabama Department of Rehabilitation Services, the lead agency for AEIS, has developed a comprehensive public awareness campaign for ongoing communication with referral sources, families, and the public. The resources available for dissemination include print materials, social media posts,

and videos that Service Coordinators and other AEIS programs and providers are responsible for sharing. The materials and resources are available on the AEIS website, [www.rehab.alabama.gov/services/ei](http://www.rehab.alabama.gov/services/ei).

### FEDERAL REGULATIONS

#### **303.303 (a)(b) Referral of specific at-risk infants and toddlers.**

The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who—

(1) Is the subject of a substantiated case of child abuse or neglect; or

(2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

(c) Primary referral sources. As used in this subpart, primary referral sources include—

(1) Hospitals, including prenatal and postnatal care facilities;

(2) Physicians;

(3) Parents, including parents of infants and toddlers;

(4) Child care programs and early learning programs;

(5) LEAs and schools;

(6) Public health facilities;

(7) Other public health or social service agencies;

(8) Other clinics and health care providers;

(9) Public agencies and staff in the child welfare system, including child protective service and foster care;

(10) Homeless family shelters; and

(11) Domestic violence shelters and agencies.

**Referral:** When an infant or toddler has been identified as possibly needing early intervention support and services, the next step is to make a referral to Alabama’s Early Intervention Child Find. This referral 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](mailto:rehab—childfind@rehab.alabama.gov). The following information is required to make the referral: the child’s name, date of birth, race/ethnicity, the reason for the referral, the parent’s contact information, the name and phone number of the person making the referral, and their relationship to the child.

**Processing The Referral:** Once Child Find receives the referral, it will be added to the caseload of a District Early Intervention Coordinator (DEIC) in the family’s community or a Service Coordinator in a local program within two days. The local contact person will call the family, provide additional information about the system, and make arrangements for an evaluation and assessment to determine if the child is eligible for EI services.

**Eligibility Criteria:** Infants and toddlers from birth to age 3 who either have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or are experiencing a 25% developmental delay in one or more of the following areas:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Adaptive development skills

Eligibility is determined after a family is assigned a service coordinator and the evaluation(s) to determine eligibility is completed. The evaluation(s) can be completed at home, daycare, or any other appropriate setting.

Eligibility for EI services must be determined before the initial and annual IFSPs are written. Eligibility is established when the child has either a 25% or greater delay, in at least one of the five areas of development, on two approved evaluations, a documented diagnosis likely to lead to developmental delay, or for the initial eligibility, by Informed Clinical Opinion. If Informed Clinical Opinion is used, eligibility must be established by

## FEDERAL REGULATIONS

### 303.111 State definition of developmental delay.

Each system must include the State's rigorous definition of developmental delay, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under part C of the Act. The definition must—

(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development; and

(b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1).

one of the other two methods (two evaluations or an eligible diagnosis) within six months, or the case must be closed.

**State definition of developmental delay:** Alabama's rigorous definition of *developmental delay*, consistent with §§303.10 and 303.203(c), that will be used by Alabama in carrying out programs under Part C of the Act to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act.

The state of Alabama has adopted the following definition of developmental delay:

*Infant or toddler with a disability* means an individual under three years of age who needs early intervention services because the individual—

(1) Is experiencing a developmental delay equal to or greater than 25%, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- Cognitive development.
- Physical development, including vision and hearing.
- Communication development.
- Social or emotional development.
- Adaptive development; or

(2) Has a diagnosed physical or mental condition that—

- Has a high probability of resulting in developmental delay; and
- Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

The eligible diagnosis of prematurity can only be used for children up to 18 months of age. In addition, a premature child's age is not adjusted after the age of 18 months. Other children "at risk" for developmental delay are not included in this definition.

**Procedures for Determining Eligibility:** Eligibility for EI services must be determined before the initial and annual IFSPs are written. Eligibility is established when the child has either a 25% delay or greater, in at least one of the five areas of development, on two approved evaluations, or a documented diagnosis likely to lead to developmental delay, or, for the initial eligibility, by Informed Clinical Opinion.

*\*To determine a child ineligible for EI, the team must complete two full 5-part procedures*

**Informed Clinical Opinion:** With no delay of 25% or greater confirmed, the basis for ICO must be 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: Eligibility must be re-determined based on Alabama's eligibility procedures within 6 months.

1. 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 affect the child's ability to function during a routine the child's family has identified as a concern.
2. A specialist (OT, PT, SLP) whose expertise best addresses a specific area(s) of concern evaluates the child and provides test results and a written opinion explaining why the child qualifies for early intervention services. The written opinion should include information regarding how these concerns affect the child's ability to function during a routine the child's family has identified as a concern.
3. 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 affect the child's ability to function during a routine the child's family has identified as a concern.

If Informed Clinical Opinion is used, eligibility must be established by one of the other two methods (two evaluations or an eligible diagnosis) within six months, or the case must be closed. Annual eligibility is established by the child having either a 25% delay, in at least one of the five areas of development, on two approved evaluations or a documented diagnosis likely to lead to developmental delay.

Initial Eligibility and Annual Eligibility can be based on developmental delays with two appropriate procedures conducted to confirm delays of 25% or greater in at least one domain on both procedures. The latest version of at least one of the following 5-part procedures must be administered: DAYC, ELAP, DP, IDA.

Initial Eligibility and Annual Eligibility can be based on documented diagnosis with one appropriate 5-part procedure that reflects the child's age performance relative to 25% delay (the latest version of at least one of the following 5-part procedures must be administered: DAYC, ELAP, IDA, BDI-III, DP). AEIS does not adjust for prematurity after 18 months of the child's DOB.

The AEIS/Eligibility Determination Report and Summary Form that meets federal criteria developed by the State Office must be used when completing the latest version of a 5-part assessment (DAYC, ELAP, IDA, Battelle, DP).

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 3<sup>rd</sup> evaluator and all evaluators must have different disciplines.

## FEDERAL REGULATIONS

### 303.113 Evaluation, assessment, and nondiscriminatory procedures.

(a) Subject to paragraph (b) of this section, each system must ensure the performance of—

(1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and

(2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler.

(b) The evaluation and family-directed identification required in paragraph (a) of this section must meet the requirements of §303.321.

#### Sec. 303.321 (a) (2)

(2) As used in this part—

(i) Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of infant or toddler with a disability in §303.21. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under this part;

(ii) Assessment means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under this part and includes the assessment of the child, consistent with paragraph (c)(1) of this section and the assessment of the child's family, consistent with paragraph (c)(2) of this section; and

(iii) Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

### Eligibility Consideration After Initial

**IFSP:** Continuing eligibility is determined at each annual IFSP review based on the same criteria as initial eligibility, except that Informed Clinical Opinion cannot be used. If a child is determined no longer eligible, their case will be closed, and the family will be provided resources for continued support. If the family has additional concerns later, they may re-refer their child for an evaluation to determine eligibility.

### AEIS Evaluation and Assessment

**Practices:** Once a child has been determined eligible, a child assessment must be conducted by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must include the following:

1. A review of the results of the evaluation;
2. Personal observations of the child;
3. The identification of the child's needs in each of the developmental areas.

The family-directed assessment must be voluntary, based on information obtained through an assessment tool and through an interview with those family members who elect to participate in the assessment, and include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

The family assessment must use the Routines-Based Interview and should help identify the family's resources, priorities, concerns, and supports as they relate to their child. The overall assessment should also identify where the child plays and learns, activities the family enjoys, and early intervention supports that are needed by the child and family to meet their identified needs.

During the evaluation and assessment process, the family and child will be working with at least two different professionals to learn as much as possible about the child's needs. The family will be able to discuss the kinds of community resources and support available. They can bring a friend or other family members with them who can give more information about the child or who can be there to provide support.

# Child and Family Outcomes

## FEDERAL REGULATIONS

**Federal Results indicator** (20 U.S.C. 1416(a)(3)(A) and 1442):

Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

**Child Outcomes:** Programs must collect and report information on child outcomes as directed by AEIS and use that information to improve results for children and families. As part of the State Performance Plan/Annual Performance Report (SPP/APR), states are required by OSEP to report on the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate improved child outcomes. Child outcomes address three areas of child functioning necessary for each child to be active and successful at home and in the community. These three outcomes are that children will:

1. Have positive social relationships;
2. Acquire and use knowledge and skills; and
3. Take appropriate action to meet their own needs.

The Child Outcome Summary Process (COS) is used to determine child progress at each annual review and at the exit from the system based on baseline data obtained at entry into the EI system. This process involves the following:

- The COS process is a team decision-making process involving practitioners and family members who know the child.
- The COS process provides a consistent way for teams to rate a child's functioning relative to age-expected behavior at a specific point in time.
- The team discusses information about a child's functioning in three outcome areas, resulting in a rating on a 7-point scale for each of the three outcomes.
- The team synthesizes information about a child, including what they learned from assessment tools as well as other sources. The COS form itself is **not** an assessment tool.
- Training and use of the decision tree and rating definitions are key for the process to produce consistent ratings.
- As a group, team members involved in the COS process have five essential types of knowledge:
  - Understand the content and breadth of the three child outcomes.
  - Understand age-expected child development.
  - Know the child's functioning across settings and situations.
  - Understand age expectations for child functioning with the child and family's culture, and
  - Understand how to use the 7-point scale.

Resources and training modules on the COS process can be found through the ECTA Center at <https://ectacenter.org/eco/pages/cos.asp>.

An interdisciplinary team of at least two members and the parents must agree on the child outcome ratings for each enrolled child at entry, annual evaluation, and exit. Entry ratings must be completed:

- A. For every newly enrolled child who is 30 months of age or younger within 10 days of the IFSP.
- B. Within ten days of the initial IFSP, the annual IFSP and exit.
- C. On each of the three child outcomes for each child.

Annual ratings must include the progress item for each outcome and be completed:

- A. Within ten days of each annual evaluation and IFSP.
- B. Independently of the entry ratings.
- C. On each of the three child outcomes for each child.

Exit ratings must include the progress item for each outcome and be completed:

- A. For each child exiting AEIS who had an entry rating and was enrolled in services for at least six months; and
- B. Before the IFSP closure date.

Documentation must:

- A. Provide information that reflects the rating decisions of the interdisciplinary team (use decision tree and age anchoring to help with the decision);
- B. Record ratings on the child outcomes summary form and in GIFTS;
- C. Include information related to the child's functional abilities across settings, situations, and people;
- D. Identify sources of information such as evaluation, observation, and parent report;
- E. Be entered into GIFTS within the timelines mentioned above.

#### FEDERAL REGULATIONS

Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Family Outcomes:** As part of the ongoing monitoring process and reporting to the Office of Special Education Programs (OSEP), family outcomes have been established to ensure that families are knowledgeable of their rights and are supported and equipped to help their child develop and learn. These three family outcomes have been established by OSEP and in Alabama, a family survey is conducted each year to determine families' level of understanding and preparedness. The three family outcomes are as follows:

- A. Families participating in Part C report that early intervention services have helped them know their rights.
- B. Families participating in Part C report that early intervention services have helped them effectively communicate their child's needs.

- C. Families participating in Part C report that early intervention services have helped them help their child develop and learn.

The survey results are utilized in ongoing monitoring. The target of at least 90% of all surveyed families rating their experiences as positive for each Family Outcome is expected to be met by all programs in the state. If ratings are below 90%, further exploration will occur to determine and correct root causes. A minimum response rate of 10% of families within a program is required to make a determination of compliance. If the return rate is less than 10%, TA will be provided to assist programs in increasing the return rate. If a program does not have 10% or more after a three-year period, then an action plan will be developed to improve results.

# CHAPTER TWO: Service Coordination, Voluntary Family Assessment, IFSP, and Transition

## FEDERAL REGULATIONS

### § 303.34 Service coordination services (case management).

(a) *General.* (1) As used in this part, *service coordination services* mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part.

(2) Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services required under this part across agency lines; and  
(ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.

(3) Service coordination is an active, ongoing process that involves—

(i) 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  
(ii) Coordinating the other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

(b) *Specific service coordination services.* Service coordination services include—

- (1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
- (2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;
- (3) Coordinating evaluations and assessments;
- (4) Facilitating and participating in the development, review, and evaluation of IFSPs;
- (5) Conducting referral and other activities to assist families in identifying available EIS providers;
- (6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
- (7) Conducting follow-up activities to determine that appropriate part C services are being provided;
- (8) Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;
- (9) Coordinating the funding sources for services required under this part; and
- (10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

## FEDERAL REGULATIONS

### § 303.321 Evaluation of the child and assessment of the child and family.

(a) *General.* (1) The lead agency must ensure that, subject to obtaining parental consent in accordance with § 303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives—

(B) 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.

(2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must—

- (i) Be voluntary on the part of each family member participating in the assessment;
- (ii) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- (iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(Authority: 20 U.S.C. 1435(a)(3), 1435(a)(5), 1436(a)(1)–(2))



**Service Coordination:** Service Coordinators in Alabama are tasked with conducting activities as per the IDEA Part C Federal Regulations. These activities include serving as the single point of contact to assist families in obtaining access to and coordinating needed early intervention services and other services identified in the Individualized Family Service Plan (IFSP). Service Coordinators should not only adhere to Part C of IDEA, but they should also align their practices with the state's evidence-based practice, the Routines-Based Model, specifically the Routines-Based Interview Process. In addition, according to the National Service Coordinator Training Workgroup as guided by the Council for Exceptional Children, Division of Early Childhood, it is imperative that Service Coordinators have essential knowledge and skill as related to their profession. These areas include:

- Infant/Toddler Development
- Family-Centered Practices
- Leadership/Teaming
- Coordination of Services:
- Transition:
- Professionalism

AEIS provides foundational training for Service Coordinators that covers the basic tenets of early intervention, but it is expected that Service Coordinators will continue their education to enhance their knowledge and skill.

It is also the responsibility of Service Coordinators to ensure that IFSPs, service coordination notes, and provider documentation reflect culturally competent practices by all team members with respect for the diversity of children and families. Family preferences based on beliefs, values, and routines must be respected and integrated into team decisions.

**Voluntary Family Assessment:** Family Assessments are completed for eligible families and are voluntary. Family Assessments include:

- Use of the Routines-Based Interview (RBI) assessment (ecomap must be used in conjunction with the RBI).
- Discussion of routines/challenges presented (waking, eating, playing, parent/caregivers' interaction).
- Discussion of important family resources (e.g., family, friends, social community support).
- Discussion of families' priorities for addressing concerns.
- The RBI Family Assessment must be completed annually.

**Individualized Family Service Plan:** An IFSP is a document that is developed with the parents that outlines the desired outcomes or goals for the child and family, and the supports and services that are necessary to assist the child and family in meeting these outcomes.

IFSPs must be individualized. Practitioners must represent multiple disciplines and work with the family as a team. Teams should use ongoing communication and/or group meetings to coordinate services. Services provided are based on the child and family's needs.

The federal regulations state the following: The individualized family service plan shall be in writing, provided in the native language or other mode of communication and a written notice must be provided. The IFSP must contain the following:

1. A statement of the infant’s or toddler’s present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;
2. A statement of the family’s resources, priorities, and concerns relating to enhancing the development of the family’s infant or toddler with a disability;
3. A statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family, including pre-literacy and language skills, as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;
4. A statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;
5. A statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
6. The projected dates for initiation of services and the anticipated length, duration, and frequency of the services;
7. The identification of the service coordinator from the profession most immediately relevant to the infant’s or toddler’s or family’s needs (or who is otherwise qualified to carry out all applicable responsibilities under this subchapter) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services; and
8. The steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

## FEDERAL REGULATIONS

### § 303.20 Individualized family service plan.

*Individualized family service plan or IFSP* means a written plan for providing early intervention services to an infant or toddler with a disability under this part and the infant’s or toddler’s family that—

(a) Is based on the evaluation and assessment described in § 303.321;

(b) Includes the content specified in § 303.344;

(c) Is implemented as soon as possible once parental consent for the early intervention services in the IFSP is obtained (consistent with § 303.420); and

(d) Is developed in accordance with the IFSP procedures in §§ 303.342, 303.343, and 303.345.

(Authority: 20 U.S.C. 1401(15), 1435(a)(4), 1436)

Service and support provided under EI are designed to assist the child and family achieve the IFSP outcomes. It’s important to understand that our services do NOT replace medical services, even if they are similar. Other services, in addition to EI, may be needed to meet all the needs of the child and family. EI providers are all required to meet the approved [ICC Personnel Standards](#).

Evaluators for initial eligibility must participate (as appropriate) in the initial IFSP meeting by:

- Evaluation and Assessment Report
- Having a knowledgeable representative attend
- Attending in person
- By telephone or virtual means

- IFSPs are developed in the presence of families.
- IFSPs are signed and dated by families, and information must correspond to data entered in GIFTS
- SC notes document activities and decisions at IFSP meetings
- SC must complete Entry/Annual/Exit Outcome Summary (COSF Summary must be completed & filed in record)

Child outcomes are based on the assessment of the child. *Assessment* means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility and includes the assessment of the child, and the assessment of the child's family, prior to the child's first IFSP meeting.

Family-defined functional outcomes are based on the following:

- Family-identified resources, strengths, and concerns (some concerns may be addressed with additional procedures assigned to a current or primary provider or by the assigned SC).
- Family and child routines.
- Family identified priorities to address concerns.
- Family-defined functional outcomes should address family-directed strategies for helping their children.
- The child should acquire and use knowledge and skills, including communication.
- The child should have positive social-emotional development.
- The child should develop and use appropriate behavior to meet needs.

Families report on the Family Survey their satisfaction with IFSPs being developed in their presence. If they report less than 90% satisfaction with the program, SC must develop an Action Plan and implement new strategies to address the issue.

**Implementation of the IFSP:** Eligibility determination and IFSP development is within 45 days of referral as per federal regulations. All early intervention services must be initiated or attempted within 30 days of the parent signing the IFSP indicating consent for the services and their begin dates. Provider notes must document timely service delivery (service provider notes with date) or attempts to schedule within 30 days of the service begin date. At least one service must reflect the begin date of the IFSP.

Services are provided in the family's natural environment as per IDEA. A description of Alabama's policy on natural environments is listed on the AEIS website at <https://www.rehab.alabama.gov/services/ei> under Policies and Procedures.

Services support family functioning, promote family confidence, and strengthen family-child relationships. Assessment identifies a child's needs for assistive technology and decisions are based on ongoing assessment data. Service delivery must be consistent with child development and the family/caregiver's need for training. Services are individualized to address the unique challenges of each child and family.

Coaching/consultation is used in service delivery. Service providers address functional outcomes on the IFSP which includes family/caregiver training. Provider notes must include the following:

- EI service provided
- Outcome(s) addressed during the session
- Date of visit

- Length of visit (begin and end times)
- Documentation of provider visits that adhere to frequency/length on IFSP
- Documentation of visits provided by LPTA and/or COTA
- Language easily understood by family/caregivers and other providers
- Strategies or techniques shared with family/caregiver which relate to outcomes
- Individualized family/caregiver plan to implement in-between visits
- Provider Signature (parent signature may be requested but is not required)
- Timeliness of documentation (not later than 30 days after the service is delivered)

### FEDERAL REGULATIONS

#### § 303.343 IFSP Team meeting and periodic review.

(a) *Initial and annual IFSP Team meeting.*

(1) Each initial meeting and each annual IFSP Team meeting to evaluate the IFSP must include the following participants:

(i) The parent or parents of the child.

(ii) Other family members, as requested by the parent, if feasible to do so.

(iii) An advocate or person outside of the family if the parent requests that the person participate.

(iv) The service coordinator designated by the public agency to be responsible for implementing the IFSP.

(v) A person or persons directly involved in conducting the evaluations and assessments in § 303.321.

(vi) As appropriate, persons who will be providing early intervention services under this part to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:

(i) Participating in a telephone conference call.

(ii) Having a knowledgeable authorized representative attend the meeting.

(iii) Making pertinent records available at the meeting.

(b) *Periodic review.* Each periodic review under § 303.342(b) must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.  
(Authority: 20 U.S.C. 1435(a)(4), 1436)

(g) *Service coordinator.* (1) The IFSP must include the name of the service coordinator from the profession most relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for implementing the early intervention services identified in a child's IFSP, including transition services, and coordination with other agencies and persons.  
(2) In meeting the requirements in paragraph (g)(1) of this section, the term "profession" includes "service coordination."

Service Coordinators must maintain adequate contact with families to support outcome achievement, meet other needs of the family and child, and determine satisfaction with service delivery. IFSP meetings should be conducted in settings and at times that are convenient for families. Services should be based on daily routines and activities. Settings for services should be in natural environments (unless justified).

**Periodic and Annual Review of the IFSP:** IFSPs must be reviewed in a timely manner or have documentation of exceptional circumstances. Reviews should be conducted at 6 months and may be completed by telephone or face-to-face. The 6-month and annual reviews must be completed no earlier than 30 days prior to the due date.

## FEDERAL REGULATIONS

### (h) Transition from Part C services.

(1) The IFSP must include the steps and services to be taken to support the smooth transition of the child, in accordance with §§ 303.209 and 303.211(b)(6), from part C services to—

(i) Preschool services under part B of the Act, to the extent that those services are appropriate;

(ii) Part C services under § 303.211; or

(iii) Other appropriate services.

(2) The steps required in paragraph (h)(1) of this section must include—

(i) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;

(iii) Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, in accordance with § 303.209(b) (and any policy adopted by the State under § 303.401(e)) and, with parental consent if required under § 303.414, transmission of additional information needed by the LEA to ensure continuity of services from the part C program to the part B program, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed in accordance with §§ 303.340 through 303.345; and

(iv) Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.

(Authority: 20 U.S.C. 1435(a)(10)(B), 1435(a)(16), 1436(a)(3), 1436(d), 1437(a)(9)–(10), 1440)

**Transition:** EI is required to assist eligible families in the process of transitioning their 3-year-old from EI services and supports into a preschool or for other appropriate services and informing families about potential placement options for their children. The process usually begins with the family and service coordinator developing a plan together. The service coordinator will then schedule a meeting for the family to discuss details of public preschool services with the local school. The child's placement is ultimately the family's decision, and they are never required to accept.

The Transition Plan portion of the IFSP should include goals and activities to support families and discuss local placement options and what transition will mean to a particular family.

The Transition Plan of the Individualized Family Service Plan (IFSP) should include the discussion of:

- Personal meaning of transition to family
- Available community placements for 3-year-olds
- Parent preference for placement
- Steps to help make a smooth transition

Transition Planning must be timely (beginning at 27 months but not earlier) and be based on family preference. Transition planning must include the following:

- Appropriate *target dates* for each step in the process developed at 27 months of age 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)
- Resource materials as a guide for transition
- Required participants invited, as appropriate, to meet for transition planning
- An Opt-out policy and a signature collected on the *Opt-out form* when families withhold notification to LEA (The family has 10 days to determine preference or notification is sent to the appropriate Local Education Agency.)
- Parent Signature when the transition plan is written

## FEDERAL REGULATIONS

### § 303.700 State monitoring and enforcement.

(a) The lead agency must—

(1) Monitor the implementation of this part;

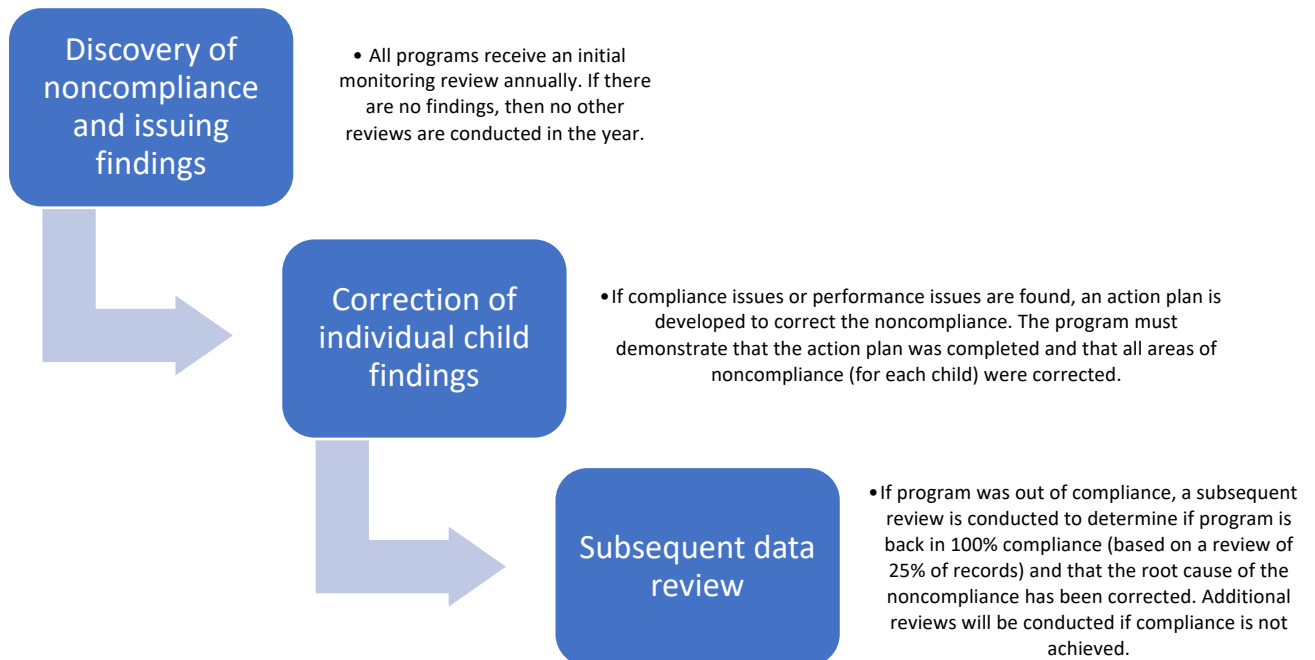
(2) Make determinations annually about the performance of each EIS program using the categories identified in § 303.703(b);

(3) Enforce this part consistent with § 303.704, using appropriate enforcement mechanisms, which must include, if applicable, the enforcement mechanisms identified in § 303.704(a)(1) (technical assistance) and § 303.704(a)(2) (imposing conditions on the lead agency's funding of an EIS program or, if the lead agency does not provide part C funds to the EIS program, an EIS provider), § 303.704(b)(2)(i) (corrective action or improvement plan) and § 303.704(b)(2)(iv) (withholding of funds, in whole or in part by the lead agency), and § 303.704(c)(2) (withholding of funds, in whole or in part by the lead agency); and

(4) Report annually on the performance of the State and of each EIS program under this part as provided in § 303.702.

**How the State makes findings of noncompliance:** If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to reestablish compliance within one year. Follow-up reviews are conducted after the determination of noncompliance to verify that the program is back in 100% compliance according to regulatory requirements and that every instance of noncompliance is corrected for each child involved. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written monitoring Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the monitoring. The report will include the cover sheet for the review report, a summary of the review, and an explanation of the compliance status.

The monitoring process is as follows:



- Notification to the Local Education Agency sent to the appropriate LEA (based on residence) within 14 days of writing the transition plan to request a meeting between the family and LEA prior to 33 months. The LEA Notification must be sent electronically.
- Parent permission when additional information is to be sent to the LEA
- Documentation of barriers to convening a meeting with the LEA
- Entry of transition data into the GIFTS database

A complete summary of Alabama’s Transition Requirements is listed on the AEIS website at <https://www.rehab.alabama.gov/services/ei> under Policies and Procedures.

### FEDERAL REGULATIONS

**§ 303.117 Central directory.**

Each system must include a central directory that is accessible to the general public (*i.e.*, through the lead agency’s Web site and other appropriate means) and includes accurate, up-to-date information about—

- (a) Public and private early intervention services, resources, and experts available in the State;
- (b) Professional and other groups (including parent support, and training and information centers, such as those funded under the Act) that provide assistance to infants and toddlers with disabilities eligible under part C of the Act and their families; and
- (c) Research and demonstration projects being conducted in the State relating to infants and toddlers with disabilities.

(Approved by Office of Management and Budget under control number 1820–0550)

(Authority: 20 U.S.C. 1435(a)(7))

**Central Directory:** AEIS has in place a statewide resource directory to assist families and community providers in locating resources for infants and toddlers with developmental delays. This directory includes public and private service providers, early intervention professionals, family support organizations, and other groups that provide services to infants and toddlers with disabilities and their families in Alabama.

The AEIS directory includes information on the nature and scope of services available, the addresses, telephone numbers, web addresses, and email addresses (when available) for the organizations, programs or persons listed, and other pertinent information. Inclusion in the directory does not imply an endorsement by the Alabama Department of Rehabilitation Services or its affiliated early intervention programs, but the directory is an important tool for families and others to find out more about resources in their own community.

Agencies and organizations interested in being listed as a resource for families of young children with disabilities may complete the information on the CRD form. The AEIS Central Resource Directory is available from the website of Alabama’s Early Intervention System, Department of Rehabilitation Services at <https://rehab.alabama.gov/services/ei>.

## CHAPTER THREE: Monitoring and Technical Assistance

### FEDERAL REGULATIONS

(b) The primary focus of the State's monitoring activities must be on—

(1) Improving early intervention results and functional outcomes for all infants and toddlers with disabilities; and

(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.

(c) As a part of its responsibilities under paragraph (a) of this section, the State must use quantifiable indicators and such qualitative indicators as are needed to adequately measure performance in the priority areas identified in paragraph (d) of this section, and the indicators established by the Secretary for the State performance plans.

(d) The lead agency must monitor each EIS program located in the State, using quantifiable indicators in each of the following priority areas, and using such qualitative indicators as are needed to adequately measure performance in those areas:

(1) Early intervention services in natural environments.

(2) State exercise of general supervision, including child find, effective monitoring, the use of resolution sessions (if the State adopts part B due process hearing procedures under § 303.430(d)(2)), mediation, and a system of transition services as defined in section 637(a)(9) of the Act.

(e) In exercising its monitoring responsibilities under paragraph (d) of this section, the State must ensure that when it identifies noncompliance with the requirements of this part by EIS programs and providers, the noncompliance is corrected as soon as possible and in no case later than one year after the State's identification of the noncompliance.

(Approved by Office of Management and Budget under control number 1820-0578)  
(Authority: 20 U.S.C. 1416(a), 1442)

Monitoring determines how programs assist families in developing and meeting appropriate functional outcomes and ensures that early intervention services enhance the child's development and the capacity of families to help their child learn. Monitoring also ensures that programs remain in compliance with state and federal regulations.

The Monitoring Manual describes all requirements of programs such as compliance with indicators, implementation of evidence-based practices, and family participation (the monitoring manual is available on the AEIS website at [rehab.alabama.gov/services/ei](http://rehab.alabama.gov/services/ei)).

The monitoring process emphasizes program quality, child and family outcomes, effectiveness, evidence-based practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery, and closure.

Monitoring involves the following components: (1) Validating compliance with all required indicators including OSEP compliance indicators; (2) Reviewing the family survey results; (3) Reviewing data; (4) Self-monitoring by the program; and (5) Interviews with families. Both compliance and performance indicators are used in making program determinations.



Compliance and performance indicators to be monitored include the following:

COMPLIANCE INDICATORS	PERFORMANCE INDICATORS
<ol style="list-style-type: none"> <li>1. Eligibility Determination</li> <li>2. Voluntary Family Assessment</li> <li>3. 45-Day Timeline - Reported to OSEP (100% compliance required)</li> <li>4. Timely Services - Reported to OSEP (100% compliance required)</li> <li>5. Transition -Reported to OSEP (100% compliance required)</li> <li>6. Procedural Safeguards</li> <li>7. Data Collection and Entry</li> <li>8. Comprehensive System of Personnel Development</li> </ol>	<ol style="list-style-type: none"> <li>1. IFSP</li> <li>2. Child Outcomes reported to OSEP</li> <li>3. Family Outcomes reported to OSEP</li> <li>4. Service Coordination</li> <li>5. Other</li> </ol>

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 monitoring. A cross-section of needs and demographics (diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program will have a record review process in place prior to the monitoring date. Monitors will expect programs to describe their ongoing internal review methods that should include, at a minimum, the AEIS Program Self-Assessment tool.

**Use of data system to identify noncompliance and/or improved results and functional outcomes:** GIFTS database was created to compile and report relevant data about referrals, eligibility, services, transition, and other information. GIFTS database reports quantifiable data by programs, counties, and districts to identify trends and strategies for collaborative service planning. These reports, with monitoring information and results, are generated for OSEP annually for the purposes of making a State Determination and determining the success of outcomes. GIFTS reports assist with program monitoring and TA and investigating family concerns. Programs also receive a "determination" based on monitoring results, family survey data, and other program information. EI program profiles are posted on the website annually.

Programs scheduled for monitoring are requested to submit documents six (6) weeks in advance of the monitoring date. These documents include the following:

- Pre-monitoring Information Checklist as a cover sheet for pre-monitoring packet
- Listing of Personnel Providing Services and Qualifications (includes training)
- Listing of Assistants, if applicable
- Listing of Professional Evaluators
- Report of Independent Audits Form (signed only; do not send audit report)

**Use of data system to inform monitoring priorities (e.g., districts/areas for focused monitoring, revision to policies, etc.):** Data from monitoring reviews, and family survey outcomes are utilized to inform monitoring priorities. As district and statewide trends are identified, action plans are developed, which could include additional monitoring, training initiatives, or changes to policies and procedures.

**Development of the monitoring schedule:** AEIS monitoring is implemented for all programs annually. Additional monitoring is conducted outside of the annual schedule in instances of long-term noncompliance, newly acquired information and/or as designated within the program's action plan. An AEIS primary monitor will be assigned to each program.

Record reviews are conducted by state-level monitors representing the Lead Agency and the two agency monitoring partners, the Alabama Department of Mental Health and the Alabama Institute for the Deaf and Blind. Monitoring is arranged annually based on mutually convenient dates and sites for primary monitors, contracting agency liaisons, and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historical performance, current data, or family concerns or complaints.

Record reviews may include but are not limited to:

- Selected data and record review (onsite or virtual) based on concerns, program performance, and demographics.
- Desk audit of selected records and documents requested by EI state office staff.

A primary monitor:

- Reviews randomly selected open cases of children served within the federal fiscal year reporting period.
- Reviews randomly selected ineligible cases and closed cases of children served within the federal fiscal year reporting period.
- Evaluates program timeliness of required activities and program services.
- Reports data for Annual Performance Report to OSEP.
- Develops action plans to remediate or correct findings.
- Provides results for future programmatic planning and improvement.
- Examines the basis of family complaints and due process information.
- Conducts random phone calls with families to determine if services are being provided as per the IFSP.

Specifically, database and record reviews ensure early intervention services are:

- Helping families meet functional family-defined outcomes.
- Providing developmentally appropriate services to eligible infants, toddlers, and families.
- Being provided per the IFSP.
- Based on AEIS core values (family-centered, individualized, natural environment, developmentally appropriate, train/equip the family and/or caregiver, collaborative, and evidence-based).
- Meeting requirements of Part C rules and regulations.

**Use of other components of the general supervision system to identify noncompliance and address results:**

Documents reviewed for monitoring include:

- APR/SPP Data
- Program Profiles
- Program Determinations
- Verification Trends
- IFSP and Transition Plans
- Voluntary Family Assessment page of IFSP
- Service Coordination Notes
- Report of Early Intervention Eligibility Determination
- Report of Continuing Eligibility Determination
- Provider Progress Notes (includes "No-show notes")
- GIFTS Database
- EI to LEA Notification Letter
- Opt-Out Form
- Physician Letter
- Correspondence As appropriate
- Permission for the Release of Information/Records (EI 91-1)
- Permission to Evaluate (EI 91-2)
- Request to attend IFSP Meeting (EI 91-3)
- Annual IFSP Attendance Form (if applicable)
- 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)
- Signed Complaints, Due Process, Mediation, and Resolution Meetings
- Consent for Use of Public Benefits/Public Insurance/Private Insurance
- GIFTS Database
- Monitoring Family Survey
- AEIS Public Awareness, Training, and Family Support Reports (should be sent to the state at least quarterly)
- DCC Minutes
- Child Outcome Summary Forms and Review of Progress for All Children Within the Program
- Program Written Procedures for Addressing Parent Complaints.

ADRS/EI may impose sanctions under the following circumstances:

- ADRS/EI determines service provider failed to reestablish compliance within specified periods of time and within the federally required year.
- Program fails to address recommendations or to meet the requirements of an Action Plan
- Program utilizes Part C dollars for activities that are not in compliance with Part C regulations.
- Program has ongoing compliance issues.

These sanctions include but may not be limited to:

- Repayment of misapplied federal and state funds based on federal and state regulations.
- Withholding state and federal funds until corrective action is taken to ensure Part C compliance.
- Additional monitoring review of all program records.
- Withholding referrals to programs for a specified period.
- Cancellation of a program contract.
- Other sanctions as deemed by the Lead Agency.

In cases of repeated findings of non-compliance in multiple components, the program's sub-recipient agency (DMH, AIDB) may impose sanctions independently of ADRS/EI. AEIS does not allow for pre-finding correction of noncompliance.

**Notification to providers of findings of noncompliance or the need for improved results:** Programs are notified immediately onsite and via a formal letter within 4 weeks of the monitoring visit.

**Timely correction of noncompliance:** Follow-up reviews are conducted either onsite or virtually to monitor the completion of the action plan and to review additional records to determine if the program is back into 100% compliance with federal regulations within one year, that each instance of noncompliance is corrected in a timely manner, and that root problems causing noncompliance to have been addressed.

**Criteria and methods used to determine that a finding of noncompliance has been corrected:** Criteria to determine correction of noncompliance includes completion of the action plan, evidence that additional records are in compliance with the federal and state regulations, and evidence that each instance of noncompliance is corrected for each individual child and that the program is in compliance with all federal regulations.

To ensure timely correction of noncompliance, AEIS provides technical assistance, monitors the completion of corrective action plans, and imposes sanctions as necessary.

**Program Determinations:** AEIS makes program determinations annually based on compliance with state and federal regulations, child performance, family input, and audit findings. The criteria are as follows:

1. Compliance Indicators (OSEP required): What was the program's performance on the compliance indicators?
2. Valid, reliable, timely data (OSEP required): Was the program in compliance with Data Collection (or regained compliance within one year)?
3. Correction of noncompliance (OSEP required): Did the program correct noncompliance within one year?

4. Performance Indicators:  
SETTINGS: Did Settings meet or exceed the state target or have appropriate justifications at the time of monitoring?  
FAMILY OUTCOMES: Did Family Survey results meet or exceed the state target in the 3 family outcome areas?  
CHILD OUTCOMES: Did the program meet the state target for progress in the 3 child outcome areas (as per OSEP's summary statements 1 and 2)?
5. Audit findings: Did the program have any audit findings related to the use of EI funds?

Should programs not meet requirements, actions are instituted that include the following (as per OSEP requirements):

**Needs Assistance for two consecutive years,**

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

- Advise programs of available sources of technical assistance to address areas in which the program needs assistance; or
- Identify programs as high-risk and impose conditions on the 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 B funds.

ADRS has the authority under State law as per IDEA to use enforcement actions and sanctions.

**Methods used to engage with EIS providers to improve early intervention results and functional outcomes for infants and toddlers with disabilities:** AEIS offers many opportunities for providers to have input into system development. All ICC subcommittees are open to, and are attended by, providers statewide. In addition, specific task groups are developed to address infrastructure changes such as monitoring, implementation of evidence-based practices, updates to public awareness activities, diversity/equity/inclusion initiatives, CSPD and personnel development. In addition, stakeholder surveys and professional development needs assessments are conducted annually and as needs arise.

**Methods for ensuring continued compliance and sustained improvement:** AEIS provides monitoring annually with TA provided annually and as needed.

## Technical Assistance

Program participation in technical assistance (TA) activities is required at the annual AEIS Update meeting and at other times as determined necessary by programs, state staff, review of trends, and other information pertaining to the delivery of services and family supports. The purpose of TA is to ensure that programs have opportunities to discuss with AEIS and contracting agencies issues, safeguards, or procedures. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, address training needs of personnel, and provide TA to address any compliance needs.

TA helps to inform all personnel annually regarding practices, policies and system information and is intended to provide consistent information statewide. Agency liaisons (AIDB, DMH, and EI/ADRS) participate in all TAs. Agency liaisons may provide independent TA to programs.

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-services or individual program requests
- Informal discussions with program (videoconference, teleconference, on-site forum)
- E-mail responses to program inquiries
- Review of TA or monitoring Action Plans
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Update

# Chapter FOUR: Personnel Standards and Comprehensive System of Personnel Development

AEIS has a system for Personnel Standards that ensures highly qualified and trained personnel provide services to eligible infants and toddlers with disabilities and their families. The standards designate the “minimum” requirements that individuals must achieve in each service area

to be considered qualified to deliver that service as well as training requirements per discipline. The standards are updated annually based on disciplinary board/organization changes at the state and/or national level as well as recommendations from the Personnel Subcommittee. The following components are included in the Personnel Standards Document:

- Initial staff orientation
  - Continuing Education Requirements:
  - Supervision:
- Conditional Approval for Developmental Specialists:
- Evaluator Qualifications:
- Requirements for Individuals Delivering Early Intervention Services

The AEIS Personnel Standards can be found at [www.rehab.alabama.gov/services/ei](http://www.rehab.alabama.gov/services/ei) under Other Documents for details related to personnel qualifications and requirements.

## FEDERAL REGULATIONS

### § 303.31 Qualified personnel.

*Qualified personnel* means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services. (Authority: 20 U.S.C. 1432(4)(F))

## FEDERAL REGULATIONS

### § 303.119 Personnel standards.

(a) *General.* Each system must include policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.

(b) *Qualification standards.* The policies and procedures required in paragraph (a) of this section must provide for the establishment and maintenance of qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services.

(c) *Use of paraprofessionals and assistants.* Nothing in part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy to assist in the provision of early intervention services under part C of the Act to infants and toddlers with disabilities.

(d) *Policy to address shortage of personnel.* A State may adopt a policy that includes making ongoing good faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraphs (a) and (b) of this section. (Approved by Office of Management and Budget under control number 1820–0550)

(Authority: 20 U.S.C. 1435(a)(9), 1435(b))

## FEDERAL REGULATIONS

### § 303.118 Comprehensive system of personnel development (CSPD).

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—

(a) Must include—

(1) Training personnel to implement innovative strategies and activities for the recruitment and retention of EIS providers;

(2) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under this part; and

(3) 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.

(b) May include—

(1) Training personnel to work in rural and inner-city areas;

(2) Training personnel in the emotional and social development of young children; and

(3) Training personnel to support families in participating fully in the development and implementation of the child's IFSP; and

(4) 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)  
(Authority: 20 U.S.C. 1435(a)(8))

## Comprehensive System of Personnel Development

AEIS has a system of personnel development that adheres to guiding principles, ongoing methodology and annually defined training and support. The system encompasses the following components:

### ● Family Involvement

GOAL: Families of young children with disabilities will be active participants in AEIS

#### *Guiding Principles*

- A. Families must have input regarding the effectiveness of EI services and AEIS initiatives.
- B. Families must have input regarding training activities that are provided to address their identified interests and needs.
- C. Families must be supported in such a way that their involvement in early intervention activities and training events is enhanced.
- D. Families should assume leadership roles in training and technical assistance activities.

### Ongoing Methodology for Family Involvement

1. Utilize family membership on District Coordinating Councils to plan workshop opportunities at the state, district, and local levels that address the most frequently requested training topics.
2. Inform families of opportunities for involvement in AEIS and routinely ask families if they would like to serve on state/local committees.
3. Provide reimbursement for family participation in EI by utilizing (when available): (a) the DCC parent activity fee, (b) the ICC parent reimbursement format, and (c) the DD Council Parent Involvement Fund.
4. Utilize parent co-presenters in training activities provided through the District Councils, the EI/Preschool Conference, and other CSPD training activities.

### ● Personnel Development

GOAL 1 Standards: AEIS will have personnel standards that are consistent with current licensure and certification requirements in the state.



### *Guiding Principles*

- A. Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel.
- B. Personnel qualifications for the delivery of each AEIS service must be established and monitored.

### **Ongoing Methodology for Personnel Standards**

1. Request input from national and state professional organizations and licensure boards on professional requirements for credentialing, licensure, and continuing education.
2. Annually review requirements for personnel qualifications under the AEIS Personnel Standards based on federal mandates and recommended practice.

**GOAL 2 Training:** AEIS will have highly qualified professionals delivering research/evidence-based services to eligible children and families.

### *Guiding Principles*

- A. Customized personnel training should be provided at the district level in response to local needs.
- B. Global training should be offered at the state level that advances the knowledge/skill of service providers based on the AEIS Personnel Standards, identified needs and AEIS adopted evidence-based practice.
- C. On-site technical assistance will be available to support the application of knowledge/skill in the field and to inform programs statewide of system updates, and changes in policy/procedures.
- D. There must be consistency in the interpretation and implementation of policies and procedures by direct service providers and vendors under the anchor agencies (ADRS, AIDB, and DMH) as provided through the required training outlined in the AEIS Personnel Standards.
- E. Developmental Specialists must have proficiency in core competencies for special instruction services in areas such as:
  - Foundations of Early Intervention (IDEA)
  - Collaboration and teamwork with families and professionals
  - Identifying family concerns and priorities
  - IFSP Process (development and implementation)
  - Supporting families in natural environments and routines
  - Weaving intervention services into a family's everyday routines, activities, and settings
  - Empowering parents to successfully guide and support their child's development
  - Making the most of natural learning opportunities in natural environments
  - Working with effective teams including professionals from diverse disciplines
  - Enhancing infant and toddler development in the three OSEP Child outcome categories (positive social-emotional skills; acquisition and use of knowledge and skills; and using appropriate behaviors to meet needs)
- F. Service Coordinators must have a working knowledge of the requirements of IDEA under AEIS, family-centered philosophy, and evidence-based practice in EI service delivery. Competencies include infant/toddler development, family-centered practices, leadership/teaming, coordination of services, transition, and professionalism.

- G. The inclusion of children with special needs in home and community-based settings must be cultivated.
- H. A variety of training venues should be offered for service providers and families.
- I. The impact of training activities should be measured.

### **Ongoing Methodology for Highly Qualified Professionals**

1. Utilize a systematic method of identifying statewide training needs.
2. Conduct annual District TAs to inform programs statewide of upcoming changes in policies/procedures, to inform of new training regarding evidence-based practice, to share data for use in individual program planning, and to provide opportunities for programs/service providers to have input into the state system.
3. Provide training opportunities through the Annual EI-Preschool Conference and District Coordinating Councils specific to identified needs.
4. Provide training (jointly with Part B as necessary) on transition requirements and recommended practice for EI and preschool providers.
5. Provide on-site technical assistance to service providers and program site supervisors statewide using monitors during TA visits, through the mentor system, and through ongoing telephone/written/email correspondence.
6. Require training for conditional Developmental Specialists immediately upon hire. Utilize the *Developmental Specialist Certification/Mentorship* as per the AEIS Personnel Standards.
7. Require foundational training for service coordinators that addresses state/federal requirements/regulations, family-centered philosophy, and recommended practice in EI service delivery (i.e., Journey through Early Intervention – Level 1).
8. Require continuing education for all personnel providing early intervention services within AEIS. Individuals with no certification or licensure requirement for continuing education are required to participate in 20 contact hours every 2 years of continuing education activities related to early intervention/pediatrics, working with children and families, or child development. Acceptable continuing education activities would include conferences such as the Early Intervention and Preschool Conference; AEIS *Developmental Specialist Certification/Mentorship*; workshops such as those sponsored by the AEIS District Coordinating Councils; and other related training activities for which certificates of contact hours are issued.
9. All early intervention personnel are required to complete the training “Journey Level II” within 6 months of hire and every three years of employment with AEIS. (Early Intervention Personnel are defined as direct service providers, therapists, early intervention administrators, and providers delivering one of the 17 deliverable services.)
10. Require personnel implementing eligibility evaluations to complete training and/or coursework in child development and on the specific tools to be utilized.
11. Provide AEIS orientation to District Council officers, new ICC members, and new ICC subcommittee members.
12. Offer CEU credits for selected CSPD training events (e.g., the annual Early Intervention and Preschool Conference) through all disciplines as approved by their boards and organizations.

13. Develop alternative methodologies for service providers and families to participate in state CSPD training such as virtual training, recorded training events, and web-based training.
14. Provide a statewide network of trainers and mentors at the local level that is consistent statewide.
15. Monitor the effects of AEIS training on staff behavior and service delivery through follow-up evaluations monitoring, and TA on implementation of RB Model and IFSP Functional Outcome development.
16. Develop and provide training on the use of data in program-level decision-making through the sharing of family survey data, sharing of outcome data, provision of program profiles, and TAs.
17. Maintain trainers in the field who have expertise in the EI vital message (8 core values), family-centered practice, Routines-Based Model, and the OSEP outcome areas.
18. Maintain a personnel database to identify individuals by discipline and their needs for training.
19. Require service coordinators to complete the Routines-Based Interview modules and to implement the model upon completion.
20. Require early intervention providers to complete the Routines-Based Home Visiting modules and to implement the model upon completion.

- **Recruitment and Retention**

GOAL 1 Preservice: Pre-service training in all EI-related disciplines will include content in early intervention/pediatrics.

*Guiding Principle*

Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

**Ongoing Methodology for Preservice Training**

1. Offer EI speakers to provide early intervention/pediatric information during college, junior college, and technical school class instruction.
2. Continue District Council activities to provide EI/pediatric instruction for physicians.
3. Participate in the Higher Education Consortium.

GOAL 2 Recruitment/Retention: AEIS will have innovative strategies and activities for the recruitment and retention of early intervention service providers.

*Guiding Principles*

- A. High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS.
- B. Early Intervention Program sites should be used as practicum and internship sites.
- C. Professionals who are willing to work in rural and inner-city areas should be identified and recruited.

### **Ongoing Methodology for Recruitment and Retention**

1. Utilize District Coordinating Councils to disseminate AEIS PA materials to educational sites.
2. Encourage programs to host practicum students from colleges and universities.
3. Maintain representatives from higher education on the Personnel Subcommittee to assist in recruitment and retention activities.
4. Encourage new vendor applications through DEICs.
5. Strengthen CSPD links with higher education related to the SE domain and knowledge/skills needed in preservice upon graduation/exit.

The CSPD Plan can be found at [www.rehab.alabama.gov/services/ei](http://www.rehab.alabama.gov/services/ei) under Information for Families and Other Stakeholders.

# Chapter FIVE: Procedural Safeguards

## FEDERAL REGULATIONS

### § 303.123 Procedural safeguards.

Each system must include procedural safeguards that meet the requirements of subpart E of this part.

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(Authority: 20 U.S.C. 1435(a)(13), 1439)

## CONFIDENTIALITY OF INFORMATION:

Parents have the right to restrict access to their child's records. They may withhold consent to disclose records for purposes unrelated to the provision of early intervention services. They also have the right to be told to whom the information has been disclosed.

Parents have the right to request the destruction of personally identifiable information, except for a permanent record of their child's name, date of birth, parent contact information, names of service coordinators, names of early intervention providers, and exit data.

## CONSENT:

Parents have the right to give consent before their child is screened to determine whether he/she is suspected of having a disability. They have the right to give consent before the evaluation and assessment of their child, before initiating the provision of early intervention services, before their public benefits or private insurance are used, and before disclosure of personally identifiable information. Consent must be in writing.

If consent is not given, the early intervention provider shall make reasonable efforts to ensure that the parent is fully aware of the nature of the evaluation and assessment or the services that would be available and understands that the child will be unable to receive the evaluation and assessment or services unless consent is given. The parents should understand that their right to give consent is voluntary and may be revoked at any time.

The parents may determine whether they, their child, or other family members will accept or decline any early intervention service in accordance with State law and may decline such a service after first accepting it, without jeopardizing other early intervention services.

## EVALUATION AND ASSESSMENT:

Parents have the right to an evaluation and assessment of their child. They have the right to have the evaluation and initial assessment completed within 45 days after receipt of a complete and timely referral. If exceptional circumstances occur which prevent the completion of the evaluation and assessment within 45 days, the early intervention provider will document the exceptional circumstances that occurred on behalf of the family.

## INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP):

Parents have the right to attend the meeting to develop an initial individualized family service plan and the meetings to evaluate current individualized family service plans. They must understand that they have the right to have other family members present, if feasible, such as an advocate or person outside of the family. Parents

have the right to have an initial individualized family service plan meeting conducted within 45 days of a timely and complete referral.

Parents have the right at the initial and annual IFSP meeting to have the service coordinator, person or persons directly involved in conducting the evaluations and assessments, and as appropriate, persons who will be providing services to their child and family present. If the individuals who conducted the evaluation and assessment are unable to be present, then they should be involved through a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting.

Parents have the right to a review of the individualized family service plan for their child and family to be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. In addition, parents have the right to a meeting conducted on at least an annual basis to evaluate the individualized family service plan for their child and family, and, as appropriate, to revise its provisions.

Parents have the right to have an individualized family service plan meeting conducted in a setting and at a time that is convenient to them, in their native language or other modes of communication used by the family, unless it is clearly infeasible to do so.

Parents and other participants have the right to receive written notice of the meeting arrangements early enough to ensure them an opportunity to attend.

Eligible children have the right to receive early intervention services before completion of the evaluation and assessment, with parental consent, through an interim individualized family service plan if it has been determined to be needed immediately by the child and the child's family.

#### **TRANSITION:**

Parents have the right to discuss transition planning with the service coordinator at 27 months of age or at the initial IFSP if their child is determined eligible after 27 months of age. They have the right to participate in the development of a written plan which reflects family preferences for transition, and the right to be informed about community placement options at age three. Parents must be informed about the transition process and be given the opportunity to opt-out of sending notification to their Local Education Agency.

#### **RECORDS:**

Parents have the right to inspect and review any records relating to evaluations and assessments, eligibility determinations, development and implementation of individualized family service plans, individual complaints dealing with their child, and any other area under the Individuals with Disabilities Education Act, involving records about their child and family, which are collected, maintained, or used by the early intervention provider, for the provision of early Intervention services.

The early intervention provider shall comply with a request to inspect and review without unnecessary delay and before any meeting regarding an individualized family service plan or hearing but in no case more than 10 days after the request has been made.

Parents have the right to request that the early intervention provider provide copies of those records containing the information if failure to provide those copies would effectively prevent the parent from exercising their right to inspect and review the records. They have the right to have a representative of their family review and inspect the records.

Parents have the right to inspect and review records relating to their child unless the early intervention provider has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce. They have the right to inspect and review only the information relating to their child or to be informed of that specific information when records contain information on more than one child.

Early intervention providers have the right to charge a fee for copies of records parent if the fee does not effectively prevent the parents from exercising their right to inspect and review those records; the early intervention provider may not charge a fee to search and retrieve information and must provide a copy of each evaluation, assessment of the child, family assessment, and Individualized Family Service Plan at no cost as soon as possible after each Individualized Family Service Plan meeting.

Parents have the right to be provided upon request a list of the types and locations of records being collected, maintained, or used by the early intervention provider for the provision of early intervention services. They have the right to ask for an explanation of any item in the records; the right to ask for an amendment of any record if it is found to be inaccurate, misleading or violates the privacy or other rights of their child; and they have the right to have a response to such request provided by the early intervention provider within a reasonable period of time.

Parents have the right to a hearing if the early intervention provider refuses to make the requested amendment. They have the right to have the information amended and be informed in writing of this amendment unless, as a result of the hearing, the early intervention provider decides that the information is inaccurate, misleading, or violates the privacy or other rights of the child. Parents have the right to place in the records a statement commenting on the information or setting forth any reasons for disagreeing with the decisions of the early intervention provider, if the early intervention provider, because of a hearing, decides not to amend the child's records;

Parents have the right to have an explanation placed in the records of their child, maintained by the early intervention provider as a part of the records of the child, if the record or contested portion is maintained by the early intervention provider. If the records of the child or the contested portion is disclosed by the early intervention provider to any party, the explanation must also be disclosed.

Parents have the right to release records to early intervention providers as needed for the evaluation and assessment and/or provision of early intervention services. Consent to release records shall allow an early intervention provider to exchange records without further notification or consent. Parents also have the right to receive an initial copy of all Early Intervention records maintained by the State lead agency.

**NOTICE:**

Parents have the right to written notice a reasonable time before the early intervention provider proposes or refuses to initiate or change the identification, evaluation, or placement of their child. This notice must be in the native language of the parents at a level understandable to the general public, unless clearly not feasible. If

the native language or other modes of communication of the parent is not written language, the early intervention provider shall take steps to ensure that the notice is translated orally or by other means to the parent in the parent's native language or other modes of communication. The early intervention provider must ensure that the parents understand the notice, and that written evidence of compliance with these requirements exists.

If a parent is deaf or blind or has no written language, the mode of communication must be that normally used by the parent. Parents have the right to have the notice describe the proposed action, explain why it is proposed, and all procedural safeguards that are available under the Individuals with Disabilities Education Act.

#### **SURROGATE PARENT(S):**

The lead agency shall ensure that the rights of children eligible under the Individuals with Disabilities Education Act are protected when no parent can be identified, when any early intervention provider, after reasonable efforts, cannot discover the whereabouts of a parent, or when the child is a ward of the state. It is the duty of the lead agency or other early intervention provider to assign an individual to act as a surrogate for the parent. This must include a method for determining whether a child needs a surrogate parent and assigning a surrogate parent to the child.

The lead agency or other early intervention providers shall ensure that a person selected as a surrogate has no interest that conflicts with the interest of the child he or she represents and has knowledge and skills that ensure adequate representation of the child. A person assigned as a surrogate parent may not be an employee of any State Agency or any early intervention provider involved in the provision of early intervention or other services to the child or family member. A person who otherwise qualifies to be a surrogate is not an employee solely because he or she is paid by an early intervention provider to serve as a surrogate parent.

A surrogate parent may represent a child in all matters related to the evaluation and assessment of the child, development, and implementation of the child's individualized family service plans, including annual evaluations and periodic reviews, the ongoing provision of early intervention services to the child, and any other rights established under the Individuals with Disabilities Education Act.

#### **COMPLAINT(S):**

Parents have the right to file a signed written complaint with the State lead agency alleging a violation of the Individuals with Disabilities Education Act that occurred not more than one year prior to the date the complaint is received by the State lead agency. The complaining party must forward a copy of the complaint to the early intervention provider serving the child.

Parents have the right to have the complaint investigated, to present additional information, to engage in mediation if desired, and to receive a written decision determining whether or not the Individuals with Disabilities Education Act has been violated. Such written decision shall address each allegation of the complaint, contain findings of fact and conclusions, and state the reasons for the State lead agency's final decision. Such written decision shall be issued within 60 days of receipt of the complaint by the State lead agency unless exceptional circumstances exist or the parties agree to extend the time to engage in mediation.



## **MEDIATION/DUE PROCESS/RESOLUTION MEETING:**

Parents have the right to request an impartial hearing to question an early intervention provider's identification, evaluation, or placement of their child, or to question the early intervention provider's provision of appropriate early intervention services to their child and family, including the imposition of any fee.

It is the right of any party to request mediation as an option to resolve a complaint. Mediation may not be used to delay or deny the right to an impartial hearing.

The resolution meeting must be held within fifteen (15) calendar days of a request for an impartial hearing that must be concluded within a resolution period that cannot exceed thirty (30) calendar days from the request.

The parents have the right to be told of any free or low-cost legal and other relevant services in the area if they request the information or initiate a hearing. Parents have the right to have the hearing conducted by a person not employed by ADRS or an early intervention provider involved in the provision of early intervention services or care of the child or otherwise having a personal or professional interest that would conflict with his or her objectivity.

Parents have the right to be advised and accompanied at the hearing by counsel and to be accompanied by individuals with special knowledge or training with respect to early intervention services for children. They have the right to have the hearing open to the public; to present evidence, and confront, cross-examine, and compel the attendance of witnesses.

It is the right of any party to prohibit the introduction of any evidence at the hearing that has not been disclosed at least five (5) business days before the hearing. Parents have the right to have a written or electronic transcription of the hearing, to obtain written findings of fact and a written decision within forty-five (45) calendar days after the lead agency receives a complete complaint from the parent and a resolution period ends. It is the right of any party to request an extension of time beyond the time frame set as described above. Parents also have the right to file a civil action in accordance with time limits required by federal regulations.

It is the right of the child, during the pendency of any proceeding involving a complaint, unless the early intervention provider and parents otherwise agree, to continue to receive the appropriate early intervention services currently being provided. If the complaint involves an application for initial services, with the consent of the parents, the child has a right to receive those services that are not in dispute.

## **DESTRUCTION OF RECORDS:**

The State lead agency and early intervention providers will maintain records containing personal identifiable information on the child and family in accordance with policies and state laws. Generally, the State lead agency and early intervention providers will retain such records for a minimum period of 5 years from the end of the fiscal year in which the child's case was closed and then such records will be destroyed with the exception of a permanent record of a child's name, date of birth, parent contact information, names of service coordinators and early intervention providers, and exit data.

**SYSTEM OF PAYMENT NOTICE:**

Parents have the right to give consent before the State lead agency or early intervention provider discloses, for billing purposes, their child's personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid).

Early Intervention may not require parents or their child to sign up for or enroll in public benefits or insurance programs as a condition of receiving EI services. Early Intervention must obtain the parent's consent prior to using the public benefits or their insurance if they are not already enrolled in an EI program. In addition, Early Intervention must obtain the parent's consent to use their public benefits or insurance to pay for EI services if that use would—

- (A) Decrease available lifetime coverage or any other insured benefit for them or their child under that program.
- (B) Result in them paying for services that would otherwise be covered by the public benefits or insurance program.
- (C) Result in any increase in premiums or discontinuation of public benefits or insurance for them or their child; or
- (D) Risk loss of eligibility for them or their child for home and community-based waivers based on aggregate health-related expenditures.

If parents do not provide consent, the State must still make available those EI services on the IFSP to which the parent has provided consent. They have the right to withdraw their consent to the disclosure of personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) at any time.

# Glossary

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