

# Alabama's Early Intervention System Service Coordinator Handbook

This handbook should be used as a reference guide and  
is NOT a substitute for in-program training.



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# TAB I: WHAT IS SERVICE COORDINATION?

- A. [Early Intervention Website](#) - Additional Information can be found on the AEIS website at [rehab.alabama.gov/individuals-and-families/early-intervention](http://rehab.alabama.gov/individuals-and-families/early-intervention).
- B. Journey I & II Trainings - Contact your agency monitor or Linda Bedgood ([linda.bedgood@rehab.alabama.gov](mailto:linda.bedgood@rehab.alabama.gov)) to schedule required Journey Trainings. [Supporting Documents](#) for Journey Training can be found on the Resource Library.
- C. [Central Resource Directory](#)

# SERVICE COORDINATION

Service Coordination services are the only early intervention services explicitly identified in the Individuals with Disabilities Education Act with specific responsibilities.

## **Service Coordinators coordinate:**

- across agency lines, serving as a single point of contact
- required evaluations and assessments
- access to treatment/services, making referrals, scheduling appointments
- services identified on the IFSP in a timely manner
- funding sources to pay for early intervention services
- the development of transition plans

## **Service coordinators help:**

- families of children with a disability gain access to early intervention services
- infants and families access treatment and supports from qualified providers
- with follow up services
- parents understand their rights and the procedural safeguards
- develop, review and evaluate the IFSP.

## **Service**

### **Coordination:**

- The Individuals with Disabilities Education Act requires it!
- Parents and Professionals advocated for it.
- Only role with specific requirements in the law.
- Only role that must be assigned to every family.

**Everything you do as a Service Coordinator is important, but NOT everything you do as a Service Coordinator is billable.**

# WHAT THE REGULATIONS SAY:

§303.34 Service coordination services (case management).

"Service coordination services mean:

(1) 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 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...that are needed by, or are being provided to, the infant or toddler with a disability and that child's family."

Specific service coordination services include-

Helping infants and families access necessary treatment and supports from qualified providers

Making appropriate referrals and scheduling appointments for assessments and services

Coordinating early intervention and other services (e.g., educational, social, and medical that are not provided for diagnostic or evaluative purposes)

Coordinating evaluations and assessments

Being involved in the development, review, and evaluation of the individualized family service plan (IFSP)

Conducting referral and other activities to assist families in identifying available providers

Coordinating, facilitating and monitoring the delivery of services in a timely manner

Conducting follow-up activities

Advising families of their rights and procedural safeguards

Coordinating funding sources for required services

Facilitating the development of transition plans

Services for infants and toddlers with disabilities are multidisciplinary (§303.24), which means the involvement of two or more separate disciplines with respect to—

(a) Evaluation of the child and assessments of the child and family; and

(b) The IFSP team in §303.340 must include involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator.

§303.344 (g)(1) states "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."

## TAB II: AEIS VITAL MESSAGE

- A. [A Vital Message About AEIS](#) - The focus of EI and the six core values:  
The Vital Message must be reviewed with the family at the initial and annual IFSP meetings.
  
- B. [Vital Message FAQ](#) - (revised documents coming soon)



## A Vital Message about Alabama's Early Intervention System



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

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

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



#### **Family Centered**

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

- **Developmentally Appropriate**

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

- **Individualized**

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

- **Provided in natural environment**

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

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

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

- **Collaborative**

Your EI team will work closely with each other as well as with you and your child to reach outcomes. The team can also work with other service providers which might include your child's physician(s), therapists from other agencies, child care providers, community partners, and other specialists. If you or your physician feel more services are needed which are determined to be outside the scope of EI, your Service Coordinator will assist you in identifying resources that might supplement EI services, using either your public or private insurance.

February 1, 2014

<b>Early Intervention is...</b>	<b>Early Intervention is not...</b>
Provided from birth to three years of age	Provided to serve children after their third birthday
Eligibility is based on 25% or greater delay in one of the five developmental areas, or a qualifying diagnosis	Therapeutic intervention provided for medical conditions that do not lead to a delay
Parent/caregiver training	A clinical therapy program
Provided in natural environment (i.e. home, daycare)	Provided in a center-based segregated environment
Individualized based on the specific needs of each child and family	Based solely on diagnosis or delay
Outcomes are family driven and based on family routines	Goals are medically based and set by providers
Frequencies are determined by the IFSP team	Frequencies are set by a physician or therapist
No cost to the family, use of public/private insurance or public benefits is voluntary	Families are responsible for out-of-pocket expenses
Collaborative with the medical community	The only service a child may need

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

- [www.aota.org](http://www.aota.org) – American Occupational Therapy Association
- [www.asha.org](http://www.asha.org) – American Speech, Language, Hearing Association
- [www.apta.org](http://www.apta.org) – American Physical Therapy Association
- [www.cec.sped.org](http://www.cec.sped.org) – Council for Exceptional Children, particularly the Division of Early Childhood
- <http://pediatrics.aappublications.org/cgi/reprint/104/1/124> - Article on the role of the pediatrician in EI
- <http://www.medicalhomeinfo.org/health/EI.html> - American Academy of Pediatrics web page on EI



**For more information and additional resources contact**

**Child Find  
1-800-543-3098  
or visit us at**

**[www.rehab.alabama.gov/ei](http://www.rehab.alabama.gov/ei)**

February 1, 2014

## TAB III: REFERRAL

- A. [Child Find Referral Form](#) - A child is referred to AEIS by completing and submitting this referral form. All information is required to process a referral. The 45 day timeline begins once the referral is entered into Child Find. There is no waiting list for Early Intervention services
- B. [Child Find Referral Information Sheet](#) - This guide provides instructions for completing the Child Find Referral Form.
- C. Accepting Referrals - The AGENCY agrees to accept any Child Find referral of a child that is located within their service area.



# Alabama's Early Intervention System

## Child Find Referral Form

To make a referral by phone: 1-800-543-3098

Mail to: ADRS/EI, 602 S. Lawrence St., Montgomery, AL 36104 or Fax to: Child Find Fax # (334) 293-7393 or email to: [margaret.pouncey@rehab.alabama.gov](mailto:margaret.pouncey@rehab.alabama.gov) and [patricia.bozeman@rehab.alabama.gov](mailto:patricia.bozeman@rehab.alabama.gov) and [tonya.gandy@rehab.alabama.gov](mailto:tonya.gandy@rehab.alabama.gov) for more information visit: <http://rehab.alabama.gov/individuals-and-families/early-intervention>

\*Please print clearly and complete all blanks - no stamps or labels\*

### INFANT/TODDLER INFORMATION

1. SSN# (if available): \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_ 3. Sex: F  M
4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI/Name: \_\_\_\_\_
5. Is your child of Hispanic or Latino origin? Y  N  6. Child's Primary Race: \_\_\_\_\_
- \* If Primary Race is Two or More Races:  Hispanic/Latino  American Indian/Alaska Native  Asian
- (Mark appropriate boxes)  Black/African American  Hawaiian/Pacific Islander  White
7. Home Language: \_\_\_\_\_ 8. Medicaid: Y  N  Medicaid # \_\_\_\_\_
9. Private Insurance: Y  N  10. CHIP/All Kids Y  N

### CHILD RELATION INFORMATION

11. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_
12. Relation Type: \_\_\_\_\_ 13. Is this Primary relation? Y  N  14. Is address same as child's? Y  N
15. Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ 16. County: \_\_\_\_\_
17. Physical Address (if different from above): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ 18. County: \_\_\_\_\_
19. Primary contact #: ( ) \_\_\_\_\_ 20. Alternate contact #: ( ) \_\_\_\_\_  
Alternate contact #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ Ext #: \_\_\_\_\_
- Primary Contact Email address: \_\_\_\_\_

### REFERRAL SOURCE INFORMATION

21. Person making referral: \_\_\_\_\_ 22. Referral Source: \_\_\_\_\_
23. County: \_\_\_\_\_ 24. Phone: \_\_\_\_\_ 25. Fax: \_\_\_\_\_
26. Reason for referral: \_\_\_\_\_
27. How family became aware of Child Find: \_\_\_\_\_ Additional Information: \_\_\_\_\_
- Refer to Service Coordinator/Caseload ID # (leave blank if unknown): \_\_\_\_\_
- Date Mailed/Faxed to Child Find: \_\_\_\_\_ Sender's Name/Phone #: \_\_\_\_\_

### PHYSICIAN/CRNP USE ONLY

28. I certify that the child named above has a confirmed diagnosis of \_\_\_\_\_
29. Printed Name of Physician/CRNP: \_\_\_\_\_ 30. Phone #: \_\_\_\_\_
31. Signature of Physician/CRNP: \_\_\_\_\_ Today's date: \_\_\_\_\_

### STATE OFFICE USE ONLY

- New Case ID#: \_\_\_\_\_ SS# or T#: \_\_\_\_\_
- Referral taken by: \_\_\_\_\_ Date taken: \_\_\_\_\_ Received by:  phone  email  fax Processed by: \_\_\_\_\_ Official referral/entry date: \_\_\_\_\_
- ATTACHMENT: \_\_\_\_\_  Signed release of information

## **Alabama's Early Intervention System (AEIS) - Child Find Referral Info Sheet**

**IMPORTANT NOTE: Question #'s 2 through 7 and 11 through 27 are required information**

**INCOMPLETE REFERRALS WILL NOT BE ACCEPTED (FILL IN ALL REQUIRED BLANKS)**

1. Please provide the SS# if available, however, if the number is unavailable we can assign a pseudo number in order to process the referral.
5. Please answer either yes or no. We cannot process the referral without this information.
6. Enter the primary race that the family identifies. If the child is of multiple races, check all boxes that apply.

*American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. (Does not include persons of Hispanic/Latino ethnicity)*

*Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent. This includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Does not include persons of Hispanic/Latino ethnicity)*

*Black or African American – A person having origins in any of the Black racial groups of Africa. (Does not include persons of Hispanic/Latino ethnicity)*

*Hispanic or Latino - A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

*Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Does not include persons of Hispanic/Latino ethnicity)*

*White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Does not include persons of Hispanic/Latino ethnicity)*

*Two or More Races – A person having origins in two or more of the six race categories listed immediately above. (Does not include persons of Hispanic/Latino ethnicity)*

7. If the family is multi-lingual and English is one of the languages spoken, please enter English. If English is not spoken in the home, please enter the language spoken so that an interpreter can be obtained, if needed.

8. Not required, but please enter if available.

11. Enter the first and last name of the primary caregiver of which the child lives with.

12. How is this person that the child lives with related to the child? (mother, father, aunt, foster parent, etc.)

13. Is the person named the child's primary caregiver?

14. Does the child live with the person named?

15. Enter the address where correspondence for this child should be sent.

17. Where does the family live (if different from mailing address)? This determines which program will serve the child.

19. Provide all available contact information for the family.

21. The name of the person making this referral.

22. The organization affiliated with the person making the referral or description of who that person is (for example, Children's Hospital, ABC Therapy Company, DPS, grandfather).

23. -25. Demographic and contact information for the referral source.

27. Who told the family about Early Intervention? Please choose one of the following:

*Agency, APC Parenting Kit, Audiologist, Certified Registered Nurse Practitioner, Child Care, Developmental Follow Up Clinic, Doctor, Early Head Start, EI Program, EI Recipient's family, Head Start, Healthy Child Care Alabama, High Risk Clinic, Hospital, Hurricane Katrina Evauuee, Interpreter, Media, Military, Nurse-Family Partnership, Other, PA Materials, Parent Assistance Line (PAL), Parent (Previously Received EI Services), Receiving Service in Other State, Relative/Friend, School System, Self, Social Media (Facebook, Twitter, Etc.), Social Worker, SSA, Therapist, Web Site*

In additional information, please enter any other information that may be useful in helping us serve this child. Please enter when this referral was sent to Child Find and who sent it along with their phone number so that we can call if there are any questions.

28. This section can only be completed by a physician or nurse practitioner who is making the referral. In order to expedite eligibility determination, a physician/nurse practitioner can provide documentation of any diagnoses the child may have. We must have the physician/nurse practitioner's name and signature along with the diagnosis.

## Tab IV: ELIGIBILITY

- A. [Permission to Evaluate](#) - The permission to evaluate form must be signed by the parent/guardian prior to eligibility evaluation.
- B. [Eligibility Determination Report](#) (EDR) - EDR form should be used to document all developmental assessments used for eligibility. If a domain specific evaluation is completed, a full narrative report should be used instead of this form. The EDR summary form should be completed and signed by the service coordinator once eligibility has been determined.
- C. [Notice that Infant/Toddler is Ineligible for EI](#) - This form should be completed and sent to the family, along with copies of evaluation reports, when a child is determined ineligible for EI service. Clearly summarize why the child is not eligible for AEIS. Do not use symbols; such as, > or < within the narrative section. Do not write, "See attached report". Make sure that you include the evaluation/assessment report with this notice. Do not send protocols. This information should be discussed with the parents prior to sending this notice. This notice should not be the first time the parent hears that their child is not eligible for services.
- D. Timelines ---- Eligibility must be determined and, if eligible, IFSP written within 45 calendar days from the referral date (referral date = Day 1).
- E. Eligibility must be entered into [GIFTS](#) as soon as possible (prior to 45th day, if possible, if entered on or after Day 45, GIFTS will require you to enter an exceptional circumstance regardless of eligibility being determined within timeline)
- F. [Definition of Developmental Delay Policy](#) (see Resource Library online)
- G. [Evaluation and Assessment Policy](#) (see Resource Library online)



## PERMISSION TO EVALUATE

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Based on your interest in Early Intervention services, we need your permission to evaluate your child for

Initial eligibility (tests/procedures to determine initial eligibility to include vision and hearing screening)

Ongoing eligibility (tests/procedures to prepare for the annual IFSP meeting)

Other \_\_\_\_\_  
Please specify

Please check your response:

I give permission for my child to be evaluated.

I do Not give permission for my child to be evaluated.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Enclosed: Early Intervention Child & Parent Rights

# ALABAMA'S EARLY INTERVENTION SYSTEM ELIGIBILITY DETERMINATION REPORT

**Program:** \_\_\_\_\_

**Initial eligibility**       **Annual eligibility**

This report reflects this child's current strengths and the team's concerns for one or more developmental areas and is based on age-appropriate procedures conducted by qualified personnel to determine eligibility for Alabama's Early Intervention System.

**Child's Name:** \_\_\_\_\_ **Sex:** M or F      **Parent/Caregiver:** \_\_\_\_\_

**DOB:** \_\_\_\_\_      **Age today (months):** \_\_\_\_\_      **Corrected Age (to 18 months):** \_\_\_\_\_

**Test:** \_\_\_\_\_      **Date of Evaluation:** \_\_\_\_\_

**Report of child history:** \_\_\_\_\_  
 \_\_\_\_\_

Area	Results (Months)	Report <u>25%</u> <u>Delay</u>	Evaluator Observations/Clinical Opinion
<b>Physical (movement)</b>			<b>Strengths:</b>  <b>Concerns:</b>  <input type="checkbox"/> <b>Parent has concern</b> <input type="checkbox"/> <b>Parent has no concern</b>
<b>Cognitive (learning)</b>			<b>Strengths:</b>  <b>Concerns:</b>  <input type="checkbox"/> <b>Parent has concern</b> <input type="checkbox"/> <b>Parent has no concern</b>
<b>Communication (language)</b>			<b>Strengths:</b>  <b>Concerns:</b>  <input type="checkbox"/> <b>Parent has concern</b> <input type="checkbox"/> <b>Parent has no concern</b>
<b>Adaptive (self-care)</b>			<b>Strengths:</b>  <b>Concerns:</b>  <input type="checkbox"/> <b>Parent has concern</b> <input type="checkbox"/> <b>Parent has no concern</b>
<b>Social/Emotional (relationships)</b>			<b>Strengths:</b>  <b>Concerns:</b>  <input type="checkbox"/> <b>Parent has concern</b> <input type="checkbox"/> <b>Parent has no concern</b>

**Functional Vision screen results:**       **Pass**       **Not Pass**       **This evaluator did not complete**

**Functional Hearing screen results:**       **Pass**       **Not Pass**       **This evaluator did not complete**

**Evaluator Name/Signature/Credential:** \_\_\_\_\_

Service Coordinator completed

Evaluator completed

Functional Vision Screen Results:  Pass  Not Pass

Functional Hearing Screen Results:  Pass  Not Pass

## SUMMARY OF AEIS RESULTS/ELIGIBILITY DETERMINATION REPORT

Initial eligibility  Annual eligibility

Child's Name: \_\_\_\_\_ Program: \_\_\_\_\_

Choose one of the following paragraphs which best states the basis of eligibility:

The evaluation and assessment team indicate that this child is eligible for Alabama's Early Intervention based on the following developmental delay(s) which were identified as being 25% or greater (2 procedures completed):

Physical

Adaptive

Cognitive

Social/Emotional

Communication

A documented diagnosis of \_\_\_\_\_ has been confirmed and it is the clinical opinion of the eligibility team that this child is eligible for Alabama's Early Intervention services (complete one 5-part procedure and attach physician documentation).

The evaluation/assessment team indicate this child is not eligible for Alabama's Early Intervention services because a documented diagnosis does not exist that presents a high probability of resulting in a development delay nor is there an indication that a delay exists that is equal to or greater than 25% in any of the five developmental areas for this child. There is no additional information or result that warrants a recommendation for services by Alabama's Early Intervention System.

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

Eligibility determination not complete. Parent/caregiver withdrawal before eligibility could be completed.

The service coordinator has reviewed these evaluation results, medical, educational or other records to complete this summary and assures that the native language or native mode of communication of this family was used unless clearly not feasible to do so.

Service Coordination Signature/Credentials: \_\_\_\_\_

Date Summarized: \_\_\_\_\_ (Date of eligibility determination)



Notice that Infant/Toddler is Ineligible for Early Intervention Services

Date: \_\_\_\_\_

Dear \_\_\_\_\_

The multidisciplinary evaluation team has evaluated your child's potential eligibility for early intervention under the Individuals with Disabilities Education Act (IDEA). It has been determined that your child, \_\_\_\_\_ does not meet the eligibility criteria for Alabama's Early Intervention System.

Evaluation procedures, tests, records and/or reports and their results that were reviewed prior to making this decision are as follows:

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If you would like to discuss the above information, please contact me at \_\_\_\_\_.

You have the right to appeal this decision. Please refer to the enclosed Early Intervention Child & Parent Rights form which explains your right to request mediation, resolution hearing, due process or to file a complaint.

Sincerely,

EI Service Coordinator

Enclosure: Early Intervention Child & Parent Rights  
Eligibility Evaluation/Assessment Report

## TAB V: PROCEDURAL SAFEGUARDS FORMS

- A. **Release of Information** - The release of information form documents the parent/guardian's permission for the EI program to release or receive sensitive information about their child. Only check the items that the parent agrees to. The parent chooses the expiration date, if no date is selected the form is in effect as long as the child is served by AEIS. If the child leaves the system and then comes back in at a later date, a new form will need to be signed by the parent with the opportunity for a new expiration date.
- B. **Child and Parent Rights** - The Child and Parent Rights describes the rights and responsibilities of a parent of a child involved in Early Intervention. This document is first discussed during the evaluation process. Parents should be given an opportunity to ask questions and then sign a copy of this form for the child's file.
- C. **Record of Access** - This document provides a written record of all parties accessing a child's EI file. You must ensure that anyone accessing the record fits into categories 1--6. If not, make sure you have written permission from the parent in the child's file for that individual/agency. The Service Coordinator does not have to sign this form.
- D. **Request for Parent to Attend IFSP Meeting** - A discussion with the parent should have so that the SC could determine a time, day, and location that is convenient for the parent. Please indicate what type of IFSP meeting is to occur. Per federal regulations, the following are part of the initial/annual IFSP meeting: parent, other family members as requested by parents, if feasible to do so; advocates, if parent requests; service coordinator; E/A individuals (either in person, by phone, knowledgeable representative or records at meeting); EI service provider as appropriate. For periodic (six month or additional): parent, service coordinator, other family members as requested by parents (if feasible to do so), and advocates, if parent requests. Initial and Annual IFSP and Transition must be face to face. You must attach Child and Parent Rights to this document if sent by mail or email.
- E. **Notice of Intent** - Anytime there is a change in the IFSP then this form must be used; except if the change is face-to-face. Do not use the NOI to change outcomes. You must attach Child and Parent Rights if sent by mail or email.
- F. **Annual Review Attendance Form** - This form must be signed by parent and in file if parent and team agrees that all providers do not have to be present at the Annual IFSP meeting.
- G. **Dear Dr. Letter** - This document is used to inform the child's physician of the child's plan by using the state approved form. It should only be used when there is a signed release of information form on file.
- H. **System of Payment Forms** - These forms are used to provide parental consent to bill Medicaid, AllKids or private insurance for EI services. You do not have to get parents to sign the private insurance form if you have no plans to bill insurance. You must include in consent to bill public benefits (ALLKids), the phrase "billing records", which should be written in after the sentence ending, "...agree in writing to the release of any and all EI records including:". Any agency billing private insurance must provide families with private insurance with a copy of the coordination or all available benefits policy.





## EARLY INTERVENTION-PERMISSION FOR THE RELEASE OF INFORMATION/RECORDS



Child's Name: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Child's Date of Birth: \_\_\_\_\_  
 Child's Social Security Number: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_

I give my permission for the following individual or agency to release information about my child and/or family for Early Intervention evaluation, assessment, or services. I know this information will be private and will be used to provide Early Intervention services. I also know my permission is voluntary and at any time can be refused to any individual or agency listed.

The individual or agency allowed to release information is:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The information should be sent to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The individual or agency allowed to release information is:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The information should be sent to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information may be released:

- \_\_\_ Screening/Intake Info/CF Referral
- \_\_\_ Eligibility evaluation/assessment reports
- \_\_\_ IFSP(s)
- \_\_\_ EI Service(s) Progress Notes
- \_\_\_ Ongoing evaluation/assessment reports
- \_\_\_ Health/Medical Records (specify below):  
 \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

The following information may be released:

- \_\_\_ Screening/Intake Info/CF Referral
- \_\_\_ Eligibility evaluation/assessment reports
- \_\_\_ IFSP(s)
- \_\_\_ EI Service(s) Progress Notes
- \_\_\_ Ongoing evaluation/assessment reports
- \_\_\_ Health/Medical Records (specify below):  
 \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

The above information will not be released to any other individual or agency except as listed above without prior written permission by the parent. Photocopies of this release form will be considered as an original.

Parent's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Expiration date of Release form (if parent so chooses to select a date): \_\_\_\_\_



## EARLY INTERVENTION CHILD AND PARENT RIGHTS



Federal law creates specific rights for eligible children and responsibilities of parents to protect those rights. The following is an explanation of those rights and the procedural safeguards available to ensure that early intervention providers and parents understand their rights under the law. If you would like further explanation of any of these rights, you may contact your service coordinator, \_\_\_\_\_ at \_\_\_\_\_ or the Alabama Department of Rehabilitation Services, Division of Early Intervention, P.O. Box 4280, Montgomery, Alabama 36103-4280, [Street Address: 602 South Lawrence Street, Montgomery, Alabama 36104], Telephone Number: (334) 293-7500.

**CONFIDENTIALITY OF INFORMATION:** 1) Right to restrict access to the child's records by withholding consent to disclose records for purposes unrelated to the provision of early intervention services; 2) Right to request destruction of personally identifiable information 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; 3) Right to be told to whom information has been disclosed.

**CONSENT:** 1) Right to give consent before your child is screened to determine whether he/she is suspected of having a disability, before evaluation and assessment of a child, before initiating the provision of early intervention services, before your public benefits or insurance or private insurance are used, and before disclosure of personally identifiable information. Consent must be in writing; 2) 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; 3) The parent understands that the granting of consent is voluntary and may be revoked at any time; 4) The parent 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:** 1) Right to an evaluation and assessment of the child as provided by this program; 2) Right to have the evaluation and initial assessment of the child 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):** 1) Right to attend the meeting to develop an initial individualized family service plan and the meetings to evaluate current individualized family service plans; 2) Right to have other family members present if feasible; 3) Right to have an advocate or person outside of the family present; 4) 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 the child or family shall be present; 5) The right, if the individuals who conducted the evaluation and assessment are unable to be present, to involve their participation through a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting; 6) Right to have an initial individualized family service plan meeting conducted within 45 days of a timely and complete referral; 7) The right to a review of the individualized family service plan for a child and the child's family to be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review; 8) The right to a meeting conducted on at least an annual basis to evaluate the individualized family service plan for a child and the child's family, and, as appropriate, to revise its provisions; 9) The right to have an individualized family service plan meeting conducted in a setting and at a time that is convenient to the family, in the native language of the family or other mode of communication used by the family, unless it is clearly infeasible to do so. The right of the family and other participants to receive written notice of the meeting arrangements early enough to ensure them an opportunity to attend; 10) The right of an eligible child to receive early intervention services before completion of the evaluation and assessment, if parental consent is obtained, an interim individualized family service plan is developed, and the early intervention services have been determined to be needed immediately by the child and the child's family.

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)-TRANSITION:** 1) Right to discuss transition planning with the service coordinator at 27 months or at the initial IFSP if child is determined eligible after 27 months of age; 2) Right to participate in the development of a written plan which reflects family preferences for transition; 3) Right to be informed about community placement options at age three, about the transition process and to be given the opportunity to opt-out of sending notification to their Local Education Agency.

**RECORDS:** 1) Right to inspect and review any records relating to evaluations and assessments, eligibility determinations, development and implementation of individualized family service plan, individual complaints dealing with the child, and any other area under the Individuals with Disabilities Education Act, involving records about the child and the child's 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



## EARLY INTERVENTION CHILD AND PARENT RIGHTS



but in no case more than 10 days after the request has been made; **2)** 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 the right to inspect and review the records; **3)** Right to have a representative of the parent review and inspect the records; **4)** Right to inspect and review records relating to the 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; **5)** Right to inspect and review only the information relating to the child or to be informed of that specific information when records contain information on more than one child; **6)** Right of an early intervention provider to charge a fee for copies of records which are made for parents 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; **7)** 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. **8)** Right to ask for an explanation of any item in the records; **9)** 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 the child and the right to have a response to such request provided by the early intervention provider within a reasonable period of time; **10)** Right to a hearing if the early intervention provider refuses to make the requested amendment; **11)** Right to have the information amended and be informed in writing of this amendment, if, 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; **12)** 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, as a result of a hearing, decides not to amend the child's records; **13)** Right to have an explanation placed in the records of the child maintained by the early intervention provider as a part of the records of the child, as long as the record or contested portion is maintained by the early intervention provider; and 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; **14)** 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; **15)** Right to receive an initial copy of all Early Intervention records maintained by the State lead agency.

**NOTICE:** **1)** 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 the child or the provision of appropriate early intervention services to the child and the child's family; **2)** Right to have that notice in the native language of the parents at a level understandable to the general public, unless clearly not feasible; **3)** If the native language or other mode 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 mode of communication, the parent understands the notice, and written evidence of compliance with these requirements exists; **4)** If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent; **5)** 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):** **1)** 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; **2)** The duty of the lead agency or other early intervention provider includes the assignment of 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; **3)** The lead agency or other early intervention provider 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; **4)** 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 of the child. 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; **5)** 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.

**MEDIATION/DUE PROCESS/RESOLUTION MEETING:** **1)** Right to request an impartial hearing to question an early intervention provider's identification, evaluation, or placement of the child or to question the early intervention provider's provision of appropriate early intervention services to the child and the child's family, including the imposition of any fee; **2)** 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; **3)** Right to a resolution meeting held within fifteen (15) calendar days of a request for an impartial hearing that must be concluded within a resolution period that cannot



## EARLY INTERVENTION CHILD AND PARENT RIGHTS



exceed thirty (30) calendar days from the request; **4)** Right to be told of any free or low-cost legal and other relevant services in the area if the parent requests the information or the parent initiates a hearing; **5)** 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; **6)** 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; **7)** Right to have the hearing open to the public; **8)** Right to present evidence and confront, cross-examine and compel the attendance of witnesses; **9)** 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; **10)** Right to have a written or electronic transcription of the hearing; **11)** Right to obtain written findings of fact and written decision within forty-five (45) calendar days after the lead agency receives a complete complaint from the parent and a resolution period ends; **12)** Right of any party to request an extension of time beyond the time frame set in number 10; **13)** Right to file a civil action in accordance with time limits required by federal regulations; **14)** 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; **15)** Right, if the complaint involves an application for initial services, with the consent of the parents, to have the child receive those services that are not in dispute.

**COMPLAINT(S):** **1)** 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; **2)** 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.

**DESTRUCTION OF RECORDS:** The State lead agency and early intervention providers will maintain records containing personal identifiable information on your 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 your 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:** Your consent must be obtained before the State lead agency or early intervention provider discloses, for billing purposes, your 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 you or your child to sign up for or enroll in public benefits or insurance programs as a condition of receiving EI services and must obtain your consent prior to using the public benefits or insurance of you or your child if you or your child are not already enrolled in such a program;

Early Intervention must obtain your consent to use you or your child's public benefits or insurance to pay for EI services if that use would—

- (A) Decrease available lifetime coverage or any other insured benefit for you or your child under that program;
- (B) Result in you 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 you or your child; or
- (D) Risk loss of eligibility for you or your child for home and community-based waivers based on aggregate health-related expenditures.

If you do not provide consent, the State must still make available those EI services on the IFSP to which you have provided consent. You have the right to withdraw your consent to 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.

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**Child's Name**

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**Parent Signature**

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**Date**



## RECORD OF ACCESS TO INFANT/TODDLER RECORDS

Infant/Toddler's Name: \_\_\_\_\_

Early Intervention policies and procedures provide safeguards to protect the individual confidentiality of infant/toddler's records. The following categories of persons are authorized to review any personally identifiable data related to the Individuals with Disabilities Education Act (IDEA):

### Categories of Persons Authorized to Review Records

1. Parent/Guardian
2. Surrogate Parent
3. Alabama Department of Rehabilitation Services Staff
4. Other Appropriate State Agency Staff
5. Service Provider(s)
6. U.S. Department of Education Staff

Print Name of Person Reviewing Record	Cat 1-6	Reason for Review	Date of Review	Signature of Reviewer
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



**REQUEST FOR PARENT TO ATTEND  
INDIVIDUALIZED FAMILY SERVICE PLAN MEETING**

Date: \_\_\_\_\_

Dear \_\_\_\_\_

As we discussed, we need to meet regarding the Individualized Family Service Plan (IFSP) for your child, \_\_\_\_\_. You indicated that the following day/time/location is convenient for you:

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for the IFSP meeting:    \_\_\_Initial    \_\_\_6 month    \_\_\_Annual  
   \_\_\_Additional    \_\_\_Transition

Family members or other individuals (advocates) that you feel would be helpful in planning your child's early intervention services/supports:

_____	_____
_____	_____
_____	_____

The name and/or title of Early Intervention providers who will be present at the meeting are:

_____	_____
_____	_____
_____	_____

If your plans change and you are unable to meet as planned, please call me at \_\_\_\_\_.

Sincerely,

Early Intervention Service Coordinator

cc: IFSP team



# Notice of Intent Regarding Early Intervention

Date: \_\_\_\_\_

Dear \_\_\_\_\_

This is to notify you that action for your child, \_\_\_\_\_  
is being \_\_\_\_\_proposed or \_\_\_\_\_refused.

The action(s) and reason(s) are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

El service as currently found on the IFSP:

El Service	Begin Date	End Date	Frequency	Length	Intensity	Method	Setting

Proposed El service change to IFSP:

El Service	Begin Date	End Date	Frequency	Length	Intensity	Method	Setting

If you would like to discuss the above information, please contact me at \_\_\_\_\_.

You have the right to appeal any decision made at the IFSP meeting concerning the above proposed or refused action(s). Please refer to the enclosed Early Intervention Child & Parent Rights form which explains your right to request mediation, resolution hearing, due process or to file a complaint.

Sincerely,

El Service Coordinator

Attendance at the Annual IFSP Review



Child's Name: \_\_\_\_\_ Parents Name \_\_\_\_\_

SC Name: \_\_\_\_\_ Date Annual IFSP due: \_\_\_\_\_

According to EI regulations, you may have the following people at the Annual Individualized Family Service Plan (IFSP) team meeting(s):

1. The parent or parents of the child
2. Other family members, as requested by the parent, if feasible to do so
3. An advocate or person outside of the family, if the parent requests that the person participate.
4. The service coordinator designated by the public agency to be responsible for implementing the IFSP.
5. A person or persons directly involved in conducting the evaluations and assessments (can be completed by conference call, having a knowledgeable authorized representative at the meeting, and or making pertinent records available at the meeting).

Also...

6. As appropriate, a person or persons providing early intervention services to you and your family.

*AEIS defines "As Appropriate" -A person who is relevant to the ongoing discussion of current services and or recommended services, who needs to be present at the Annual IFSP meeting in order to plan for annual review.*

It is the decision of the family and the IFSP team that the following individuals **will attend** the Annual IFSP meeting:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Alabama's Early Intervention System



DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient, \_\_\_\_\_,

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

and his/her family are being served by Alabama's Early Intervention System(AEIS). Each family develops an Individualized Family Service Plan, or IFSP, with other members of the eligible child's team. We welcome your input in the team's planning process. In addition to AEIS service coordination, the following services have been identified by family need and by other members of the multidisciplinary evaluation team:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Assistive Technology   | <input type="checkbox"/> Family training/counseling      | <input type="checkbox"/> Audiology        |
| <input type="checkbox"/> Health Services        | <input type="checkbox"/> Medical Services for Evaluation | <input type="checkbox"/> Nursing          |
| <input type="checkbox"/> Nutrition Services     | <input type="checkbox"/> Occupational Therapy            | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychological Services | <input type="checkbox"/> Social Work Services            | <input type="checkbox"/> Vision           |
| <input type="checkbox"/> Special Instruction    | <input type="checkbox"/> Speech/Language Therapy         | <input type="checkbox"/> Other(see below) |

In today's Individualized Family Service Plan meeting, the team also decided

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Please contact me if you have any questions or if I can be of service.

\_\_\_\_\_  
AEIS Service Coordinator

PHONE (\_\_\_\_) \_\_\_\_\_

El Service Coordinator: This form and current Permission to Release must be on file

**A Division of the Alabama Department of Rehabilitation Services**



### CONSENT FOR THE USE OF PRIVATE INSURANCE

As the parent of \_\_\_\_\_, I voluntarily give consent for the use of the following private insurance policy to be accessed for the purposes of payment for the below early intervention service(s) as found on my child’s Individualized Family Service Plan (IFSP): \_\_\_\_\_

Private Insurance Policy

I understand that any co-payment or deductible will be responsibility of the early intervention provider as long as this service is provided under early intervention. Services that I obtain that are not part of my child’s IFSP will be my responsibility, i.e. to pay for co-payments and deductibles as are my insurance premiums. I have been fully informed of all information relevant to the use of insurance and I understand and agree in writing to the release of any and all EI records including:

\_\_\_\_\_

El Service	Frequency	Length	Duration	Intensity	Date of Consent

\_\_\_\_\_  
Parent’s signature

\_\_\_I do not give consent on this date of \_\_\_\_\_ and understand this refusal does not relieve the provider from its obligation to provide appropriate EI services.

Parent’s signature: \_\_\_\_\_

# Coordination of All Available Resources

## **System of Payment (34 CFR §§ 303.203(b)(1), 303.510, 303.520 and 303.521)**

Alabama will 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 within the EI Child & Parent Rights form. Alabama does not charge any fees to families for early intervention.

### **Permissive use of funds by the lead agency (§303.501)**

Consistent with §§ 303.120 through 303.122 and §§ 303.220 through 303.226, ADRS will use funds under this part for activities or expenses that are reasonable and necessary for implementing Alabama's early intervention program for infants and toddlers with disabilities including funds—

(a) For direct early intervention services for infants and toddlers with disabilities and their families under this part that are not otherwise funded through other public or private sources (subject to §§ 303.510 through 303.521);

(b) To expand and improve services for infants and toddlers with disabilities and their families under this part that are otherwise available;

### **Payor of last resort (§303.510)**

(a) *Nonsubstitution of funds.* Except as provided in paragraph (b) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Department of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local, or private source (subject to §§ 303.520 and 303.521).

(b) *Interim payments—reimbursement.* If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, funds under this part may be used to pay the provider of services (for services and functions authorized under this part, including health services, as defined in § 303.16 (but not medical services), functions of the child find system described in §§ 303.115 through 303.117 and §§ 303.301 through 303.320, and evaluations and assessments in § 303.321), pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

(c) *Non-reduction of benefits.* Nothing in this part may be construed to permit a State to reduce medical or other assistance available in the State or to alter eligibility under Title V of the Social Security Act, 42 U.S.C. 701, *et seq.* (SSA) (relating to maternal and child health) or Title XIX of the SSA, 42 U.S.C. 1396 (relating to Medicaid), including section 1903(a) of the SSA regarding medical assistance for services furnished to an infant or toddler with a disability when those services are included in the child's IFSP adopted pursuant to part C of the Act.

## **Methods to ensure the provision of, and financial responsibility for, Part C services (§303.511)**

(a) General. Alabama ensures that it has in place methods for State interagency coordination, as previously included in Part III, Section M, page 74 of the application of 1997-1999, and which this document supersedes. Under these methods, Alabama's Commissioner of Rehabilitation Services ensures that the interagency agreement or other method for interagency coordination is in effect between each of Alabama's public agencies and ADRS in order to ensure—

(1) The provision of, and establishing financial responsibility for, early intervention services provided under this part; and

(2) Such services are consistent with the requirement in section 635 of the Act and Alabama's application under section 637 of the Act, including the provision of such services during the pendency of any dispute between ADRS and any other State agencies.

(b) The methods in paragraph (a) of this section meets all requirements in this section and is set forth in Alabama Administrative Code and in signed interagency agreements between respective agency officials that clearly identify the financial and service provision responsibilities of each agency (or entity within the agency); or when necessary other appropriate written methods may be determined by the Governor of Alabama, or the Governor's designee, and approved by the Secretary through the review and approval of the State's application.

§303.511(c) The resolution of inter and intra-agency disputes is found in the Alabama Administrative Code, 795-3-1.

§303.510 formerly, §303.527 (Payor of Last Resort), is referenced in all existing Memorandums of Agreements established by the Lead Agency.

## **Policies related to use of public benefits or insurance or private insurance to pay for Part C services (§303.520)**

(a) Use of public benefits or public insurance to pay for Part C services.

(1) Alabama may not use the public benefits or insurance of a child or parent to pay for part C services unless Alabama provides written notification, consistent with § 303.520(a)(3), to the child's parents, and Alabama meets the no-cost protections identified in paragraph (a)(2) of this section.

(2) With regard to using the public benefits or insurance of a child or parent to pay for part C services, Alabama—

(i) Alabama does not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program;

(ii) Alabama does obtain written consent, consistent with §§ 303.7 and 303.420(a)(4), to use a child's or parent's public benefits or insurance to pay for part C services if that use would—

(A) Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;

(B) Result in the child's parents 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 that child or that child's parents; or

(D) Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.

(iii) If the parent does not provide consent under paragraphs (a)(2)(i) or (a)(2)(ii) of this section, Alabama makes available those part C services on the IFSP to which the parent has provided consent.

(3) Prior to using a child's or parent's public benefits or insurance to pay for part C services, Alabama must provide written notification to the child's parents. The notification includes (as described in the Child & Parent Rights document)—

(i) A statement that parental consent must be obtained under § 303.414, if that provision applies, before ADRS or EIS provider discloses, for billing purposes, a 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);

(ii) A statement of the no-cost protection provisions in § 303.520(a)(2) and that if the parent does not provide the consent under § 303.520(a)(2), ADRS must still make available those part C services on the IFSP for which the parent has provided consent;

(iii) A statement that the parents have the right under § 303.414, if that provision applies, to withdraw their consent to 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; and

(iv) A statement of the general categories of costs that the parent would incur as a result of participating in a public benefits or insurance program (such as the required use of private insurance as the primary insurance).

(4) Alabama does not require a parent to pay any direct costs that the parent would incur as a result of Alabama using a child's or parent's public benefits or insurance to pay for part C services (such as co-payments or deductibles, but families accessing Medicaid are ~~or the~~ required to use ~~of~~ private insurance as the primary insurance). These costs must be identified in Alabama's system of payments policies under § 303.521 and are included in the notification provided to the parent under paragraph (a)(3) of this section; otherwise, Alabama ~~does~~ not charge those costs to the parent.

(b) Use of private insurance to pay for Part C services.

(1)(i) Alabama does not use the private insurance of a parent of an infant or toddler with a disability to pay for part C services unless the parent provides parental consent, consistent with §§ 303.7 and 303.420(a)(4), to use private insurance to pay for part C services for his or her child or Alabama meets one of the exceptions in paragraph (b)(2) of this section. This includes the use of private insurance when such use is a prerequisite for the use of public benefits or insurance. Parental consent must be obtained—

(A) When ADRS or EIS provider seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and

(B) Each time consent for services is required under § 303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP.

(ii) Alabama does not require a parent to pay any costs that the parent would incur as a result of Alabama's use of private insurance to pay for early intervention services (such as co-payments, or deductibles), but parents are still responsible for paying premiums for their insurance.

(iii) When obtaining parental consent required under paragraph (b)(1)(i) of this section or initially using benefits under a child or parent's private insurance policy to pay for an early intervention service under paragraph (b)(2) of this section, Alabama provides to the parent a copy of Alabama's system of payments policies as identified in the Child & Parent Rights and Consent for Use of Public & Private Insurance forms which explains the potential costs. This document outlines the potential costs that the parent may incur when their private insurance is used to pay for early intervention services under this part (such as premiums, or long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the insurance policy).

(2) The parental consent requirements in paragraph (b)(1) of this section do apply because Alabama has not enacted a State statute regarding private health insurance coverage for early intervention services under part C of the Act, that expressly provides that—

(i) The use of private health insurance to pay for part C services cannot count towards or result in a loss of benefits due to the annual or lifetime health insurance coverage caps for the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy;

(ii) The use of private health insurance to pay for part C services cannot negatively affect the availability of health insurance to the infant or toddler with a disability, the parent, or the child's family members who are covered under that health insurance policy, and health insurance coverage may not be discontinued for these individuals due to the use of the health insurance to pay for services under part C of the Act; and

(iii) The use of private health insurance to pay for part C services cannot be the basis for increasing the health insurance premiums of the infant or toddler with a disability, the parent, or the child's family members covered under that health insurance policy.

(3) Alabama has not enacted a State statute that meets the requirements in paragraph (b)(2) of this section, regarding the use of private health insurance coverage to pay for early intervention services under part C of the Act, therefore, Alabama will not reestablish a new baseline of State and local expenditures under § 303.225(b) in the next Federal fiscal year following the effective date of the statute.

(c) Alabama does not charge any fees for families for early intervention; therefore, Alabama does not have a definition of inability to pay. The lack of consent may not be used to delay or deny any services under this part to that child or family.

(d) Proceeds or funds from public insurance or benefits or from private insurance. (1) Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of [34 CFR 80.25](#).

(2) If Alabama receives reimbursements from Federal funds (e.g., Medicaid reimbursements attributable directly to Federal funds) for services under part C of the Act, those funds are considered neither State nor local funds under § 303.225(b).

(3) If Alabama spends funds from private insurance for services under this part, those funds are considered neither State nor local funds under § 303.225.

(e) Alabama does not receive funds from parents or family members as stated under Alabama's System of Payment.

### **System of payments and fees (§303.521)**

(a) General. Alabama has adopted a system of payments under § 303.500(b), and the system of payments policies are in writing here (within this document), which specifies the functions and services, that, are subject to the system of payments, and include—

(1) Alabama does not charge any fees for early intervention.

(2) Alabama does not charge any fees for services—therefore, there is no sliding or cost participation fees charged to families.

(3) Alabama's does not charge any fees for early intervention services; therefore, Alabama does not need further definition of the ability to pay (including its definition of income and family expenses, such as extraordinary medical expenses), its definition of inability to pay, and when and how Alabama makes its determination of the ability or inability to pay—all due to the fact that Alabama does not charge families for early intervention;

(4) Alabama ensures that—

(i) Fees will not be charged to parents for the services that a child is otherwise entitled to receive at no cost (including those services identified under paragraphs (a)(4)(ii), (b), and (c) of this section);

(ii) The inability of the parents of an infant or toddler with a disability to pay for services does not result in a delay or denial of services under this part to the child or the child's family because Alabama does not charge any fees for early intervention.

(iii) Does not apply - Families will not be charged any more than the actual cost of the part C service (factoring in any amount received from other sources for payment for that service); and

(iv) Does not apply - Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance;

(5) Does not apply - Provisions stating that the failure to provide the requisite income information and documentation may result in a charge of a fee on the fee schedule and specify the fee to be charged; and

(6) Provisions that permit, but do not require, ADRS to use part C or other funds to pay for costs such as deductibles, or co-payments. Alabama requires providers to pay for deductibles or co-payments using part C or other funds, pursuant to payor of last resort requirements.

(b) Functions not subject to fees. The following are required functions that must be carried out at public expense, and for which no fees may be charged to parents:

(1) Implementing the child find requirements in §§ 303.301 through 303.303. Show citation box

(2) Evaluation and assessment, in accordance with § 303.320, and the functions related to evaluation and assessment in § 303.13(b).

(3) Service coordination services, as defined in §§ 303.13(b)(11) and 303.33.

(4) Administrative and coordinative activities related to—

(i) The development, review, and evaluation of IFSPs and interim IFSPs in accordance with §§ 303.342 through 303.345; and

(ii) Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subpart D of this part and this subpart.

(c) States with FAPE mandates, or that use funds under Part B of the Act to serve children under age three. If a State has in effect a State law requiring the provision of FAPE for, or uses part B funds to serve, an infant or toddler with a disability under the age of three (or any subset of infants and toddlers with disabilities under the age of three), the State may not charge the parents of the infant or toddler with a disability for any services (e.g., physical or occupational therapy) under this part that are part of FAPE for that infant or toddler and the child's family, and those FAPE services must meet the requirements of both parts B and C of the Act. Alabama does not have a FAPE mandate.

(d) Family fees. (1) Alabama does not charge parents fees for services.

(2) Alabama does not collect family fees as outlined in our System of Payment.

(e) Procedural Safeguards. (1) Although Alabama does not collect family fees; Alabama's system of payments does include written policies to inform parents that a parent who wishes to contest the imposition of any fee, may do one of the following:

(i) Participate in mediation in accordance with § 303.431.

(ii) Request a due process hearing under § 303.436 or 303.441, whichever is applicable. (iii) File a State complaint under § 303.434.

(iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under this part, including the right to pursue, in a timely manner, the redress options described in paragraphs (e)(2)(i) through (e)(2)(iii) of this section.

(2) Alabama informs parents of these procedural safeguard options as outlined in its Child & Parent Rights document and the Consent for Use of Public & Private Insurance forms, by either—

(i) Providing parents with a copy of Alabama's system of payments policies when obtaining consent for provision of early intervention services under § 303.420(a)(3); or

(ii) Including this information with the notice provided to parents under § 303.421.

Alabama has developed the following policy:

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 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.





## CONSENT FOR USE OF PUBLIC BENEFITS

El Program, \_\_\_\_\_ is requesting permission to bill Medicaid for early intervention evaluations and services for your child, \_\_\_\_\_.  
Your consent is required.

I give permission for my child's early intervention evaluations and services to be billed to Medicaid. I give permission to this El program to release and/or receive information from the Medicaid Agency. I know this information will be private and will be used to provide early intervention services. I understand that I may incur cost by participating in Medicaid; such as the required use of private insurance as the primary insurance. I have been fully informed of all information relevant to the use of Medicaid and I understand and agree in writing to the release of any and all early intervention records including:  
\_\_\_\_\_.

I also know my permission is voluntary and at any time can be withdrawn.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

I do not give permission for my child's early intervention evaluations and services to be billed to Medicaid.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CONSENT FOR USE OF PUBLIC INSURANCE

El Program, \_\_\_\_\_ is requesting permission to bill ALLKids for early intervention evaluations and services for your child, \_\_\_\_\_.  
Your consent is required.

I give permission for my child's early intervention evaluations and services to be billed to ALLKids. I give permission to this EI program to release and/or receive information from ALLKids. I know this information will be private and will be used to provide early intervention services. I have been fully informed of all information relevant to the use of ALLKids and I understand and agree in writing to the release of any and all early intervention records including:

\_\_\_\_\_.

I also know my permission is voluntary and at any time can be withdrawn. I understand that any co-payment or deductible will be the responsibility of the early intervention program as long as the service is provided under early intervention. Services that I obtain that are not part of my child's IFSP will be my responsibility, i.e. to pay for co-payments and deductibles as are my insurance premiums.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

I do not give permission for my child's early intervention evaluations and services to be billed to ALLKids.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Tab VI: VOLUNTARY FAMILY ASSESSMENT, COSF, & SEAM

- A. Approved Routines Based Tool on File - A family centered assessment tool administered through in-depth conversation about daily activities. The Routines Based tool should produce specific outcomes that will directly address the family's priorities and concerns (Ex. FRAMES, FGRBI, RBI).
- B. Ecomap - (cannot be used as a stand alone tool) An ecomap is a graphic representation of the family surrounded by both informal (family, friends, community activities, etc.) and formal supports (doctor, school/daycare, other therapist, etc.). Connections from all relevant support and services are linked to the family by a thick line (representing a strong relationship) or a dotted line (representing a stressful relationship).
- C. [Child Outcome Summary Form](#) - The Child Outcomes Summary Form (COSF) is used to document children's functioning in three outcome areas: positive social-emotional of knowledge and skills, and use of appropriate behaviors to meet needs. The COSF process is a team process for summarizing information related to a child's progress on each of the three child outcome areas on a 7-point scale. The COSF is documented in GIFTS at entry, exit and each annual review. GIFTS printout of COSF should be included in the child's EI file. You should not enter COSF data at entry if the child is within 6 months of their 3rd birthday.
- D. Development of Outcomes - The outcome selection is directly related to the routines-based interview. Outcomes can be child-level or family-level. The child-level is what the parents will work on and the family-level is additional information or supports that are needed. Based on the outcomes and needs of the family, services are developed and documented on the plan service page. Outcomes are reviewed as needed, but at least every 6 months.
- E. Social Emotional Assessment Measure (SEAM) - the SEAM assessment tool is required of children who are eligible for early intervention within the first 6 months. See **SEAM FAQ** for additional information on administration and documentation of the SEAM. The SEAM must be administered in person.

## SEAM FAQ

The state office has received questions regarding the SEAM. We wanted to clarify this information for you as you move forward with your implementation. The questions and responses are as follows:

### 1. What are the requirements for administering the SEAM after the initial assessment?

As you know, the SEAM assessment tool is required of all children who are eligible for early intervention within the first 6 months. This information is subsequently entered into GIFTS where concerns are noted. GIFTS will ask you whether there were any concerns identified on the SEAM. This would be ANY concerns found on the SEAM, not just those for which the parent chooses as a focus area from the SEAM evaluation form. If there are concerns, then you will be prompted to administer the SEAM again at the annual review. If there are no concerns identified at that time from the SEAM (e.g., the concerns have been resolved), then you will enter “no” (there are no concerns) and not administer the SEAM again. If there are additional or the same concerns found on this second administration of the SEAM, then you will record them in GIFTS and you will be prompted to administer the SEAM again at the next 6 month review.

### 2. If there are concerns identified on the SEAM, but the family does not choose any as a focus area, do we have to have an outcome related to these concerns on the IFSP?

Only areas identified by the family as a “focus area” are required to have a related IFSP outcome, even if other concerns are noted from the administration of the SEAM. Service Coordinators should also help to lead and guide the family regarding any areas of concern found on the SEAM during the IFSP development.

### 3. Can we use paraprofessional to conduct the SEAM assessment?

It is the opinion of the state office that paraprofessionals will not be allowed to administer the SEAM. Other team members may administer the SEAM, but if anyone does so other than the service coordinator, they must inform the service coordinator of the results in order for the IFSP to be developed appropriately.

### 4. What is required for getting permission from the family for administering the SEAM?

On the existing Permission to Evaluate Form, check “other” and write in “SEAM” when the form is initially completed.

### 5. What are the timelines for following the new SSIP requirements?

- Pre eligibility: Get permission to evaluate signed for the SEAM (using the same form as the eligibility evaluation, using the “other” option).
- Initial entry: Complete the Child Outcome Summary Form (COSF) as part of the IFSP initially, annually and at exit (at exit only if the child has been in the system for at least 6 months).
- Within first 6 months of eligibility: Administer the SEAM for EVERY CHILD ELIGIBLE FOR AEIS within the first 6 months of service and then at 6 month reviews for those children with concerns.
- Every 6 months: Administer the SEAM if there are concerns on the previous administration.
- After eligibility decision: Make referrals to Help Me Grow as follows (with parent permission):
  - When child is ineligible for EI services
  - When child is exiting the system
  - Optional: When the service coordinator is in search of resources for a child/family being served and family wants to be connected with the 211 system.

- At Annual Review:
  - 1) Complete a SEAM assessment **IF:**
    - a. There was a greater than 25% delay in social-emotional development on the child's re-evaluation for Annual Review (even if just on one 5-part)
    - b. There were areas of "Concern" on the previous SEAM assessment
  - 2) Follow Steps #1-3 under "Within 1<sup>st</sup> 6 months of EI service" above
  - 3) Mark the information in GIFTS (Pages – Plan Browse – Pages – SEAM Browse – New)
    - a. Choose "1<sup>st</sup> Annual" in Assessment Type drop down box
    - b. Check all of the domains that had a "Concern". If there are no concerns, do not mark any of the areas.

Continue to administer the SEAM at 6-month intervals for children that fall into one of the categories under "At Annual Review" Step #1

#### 6. What should be entered into GIFTS regarding SEAM findings?

- If there are any concerns identified on the SEAM (not just focus areas), then an indication that there were concerns will need to be documented in GIFTS.
- If there were concerns identified on the SEAM and entered into GIFTS previously, then you would complete another SEAM at the next IFSP review (i.e., every 6 months after the initial administration of the SEAM).
- If there were no concerns identified on the initial administration of the SEAM, then you would indicate in GIFTS that there were no concerns and then you would not give the SEAM again (unless concerns were brought up during the course of providing services).

#### 7. Do we complete a SEAM on ALL children?

Yes, the SEAM should be administered to all children who are eligible for services within AEIS. You should use discretion as to which questions to ask the parents based on your knowledge of the child's developmental level. You are only required to do the SEAM on NEW IFSPs written on or after your district's implementation date, not on children already in the system. As of August 1, 2017, all districts should be implementing the SEAM on new children found eligible for EI.

#### 8. What are the specific procedures for administering the SEAM?

##### **Within 1<sup>st</sup> 6 months of EI service**

- 1) Choose best SEAM assessment for the child
  - a. Infant vs. Toddler
  - b. Ages listed vs. not listed
- 2) Meet with the parent/caregiver and administer the SEAM
  - a. Mark each section based on the family's responses
  - b. If the family is concerned, mark "Concern"
- 3) At the end of the assessment, go back through and discuss the areas marked as "Concern" with the family
  - a. If the family would like work on a concern, then mark it as "Focus area"
    - i. **Make a functional outcome with the family about this focus area**
  - b. If the family is not interested in making this concern a "Focus area", then just leave it marked "Concern"
- 4) Mark the information in GIFTS (Pages – Plan Browse – Pages – SEAM Browse – New)
  - a. Choose "1<sup>st</sup> 6 month" in Assessment Type drop down box
  - b. Check all of the domains that had a "Concern". If there are no concerns, do not mark any of the areas.

**At Annual Review**

- 4) Complete a SEAM assessment **IF**:
  - a. There was a greater than 25% delay in social-emotional development on the child's re-evaluation for Annual Review (even if just on one 5-part)
  - b. There were areas of "Concern" on the previous SEAM assessment
- 5) Follow Steps #1-3 under "Within 1<sup>st</sup> 6 months of EI service" above
- 6) Mark the information in GIFTS (Pages – Plan Browse – Pages – SEAM Browse – New)
  - a. Choose "1<sup>st</sup> Annual" is Assessment Type drop down box
  - b. Check all of the domains that had a "Concern". If there are no concerns, do not mark any of the areas.

Continue to administer the SEAM at 6-month intervals for children that fall into one of the categories under "At Annual Review" Step #1

**9. Can the SEAM be administered over the phone?**

According to the SEAM developers, the tool is designed to be administered in a child's home, child care center, intervention program and other community setting. In addition, although the SEAM is not a screener, OSEP requires that screeners be administered face-to-face with the family. The state office has chosen to follow the guidance of the SEAM authors and OSEP's requirement and will require that the SEAM be administered face-to-face in the natural environment.

**10. Does the SEAM have to be administered within the first 6 months of entry into the system and at annual reviews if similar concerns have already been identified in another area (e.g., communication) and are already being addressed on the IFSP?**

The SEAM is intended to identify all social-emotional concerns, including those that might have already been identified through another assessment (e.g., communication). The SEAM is designed to look at the needs through a different lens, to help further clarify the underlying cause of the delays in order to address them most effectively. Ongoing use of the SEAM for those children who have identified concerns will also help monitor progress and identify any new concerns that might arise. As such, it is the decision of the state office that a SEAM must be administered for all children, regardless of similar concerns in other areas, and if there are concerns identified on the SEAM, they must be entered into GIFTS. An annual re-assessment using the SEAM will need to be conducted as long as there are still concerns identified. If the concern is already being addressed as an outcome on the IFSP, and there are no other social-emotional concerns, then a service provider note can be written to explain why there are no other social-emotional outcomes on the plan.

**11. Can programs bill for administering the SEAM?**

Administering the SEAM can be billed under the Medicaid EI option under H2027. Service Coordinators and SIs who administer the SEAM should do a separate note indicating that they administered it. The assessment done with the family must be present in the record. If you have questions, you may contact Amy Blakeney at [amy.blakeney@rehab.alabama.gov](mailto:amy.blakeney@rehab.alabama.gov).

# TAB VII: INDIVIDUALIZED FAMILY SERVICE PLAN and TRANSITION PROCESS

- A. [Individualized Family Service Plan \(IFSP\)](#) - The IFSP is a written plan for providing early intervention services to an infant or toddler with a disability.
1. Initial IFSP - Must be written within 45 days of Child Find referral unless it is due to exceptional circumstances on the family's behalf. The Initial IFSP must be developed in person with the family.
  2. 6 month-reviews - The 6-month review is a required IFSP review and must be completed within 6 months of the Initial or Annual IFSP. It can be completed up to 30 days prior to 6 months. The 6 month can be completed in person or via phone at the family's discretion.
  3. Annual IFSP - Ongoing eligibility must be determined and the Annual IFSP completed prior to the expiration of the Initial Plan. The Annual IFSP can be written up to 30 days prior to expiration of the previous plan. The Annual IFSP must be written in person with the family. The Attendance at the Annual IFSP Review Form must be completed and signed by the family if all service providers are not in attendance.
  4. Exceptional Circumstances - If any plan is late, exceptional circumstances must be entered into GIFTS and documented in service coordinator notes.
- B. [Transition](#) - The development of the transition plan at 27 months of age provides for a smooth transition from EI to preschool (or appropriate services) and exiting the program. Transition planning begins no earlier than 9 months prior to a child turning 3 years old (27 months or at initial IFSP meeting). See [Decision Tree](#) and [FAQ Document](#) for more details.
1. Transition Planning (see IFSP transition section of IFSP for more details on these steps) - It is the Service Coordinator's responsibility to ensure that the parent/guardian evaluates, initials and dates each section.
    - SC will discuss steps necessary to transition toddler from EI to another community-based service.
    - SC explains local placement options and LEA program (notification, eligibility criteria and how service delivery is different from AEIS services).
    - LEA (and State Education Agency) is notified electronically within 14 days of transition planning meeting using the EI Notification to LEA form letter that child will turn 3 within 9 months.
    - The EI to Preschool Meeting with LEA is convened to discuss child's educational preschool needs and introduce family to school system personnel or meeting is convened with an alternate community placement agency (if appropriate).
  2. [Opt-Out Policy](#) (REMEMBER: Families do not Opt-Out of Transition, they are ONLY Opting-out of LEA notification.)
    - Families that do not wish to have notification sent to the local school system have the opportunity to "Opt-Out".
    - Families have 10 days from the transition planning meeting to decide whether or not they want to "Opt-Out".
    - If family does not sign the Opt-Out Form within 10 days, LEA notification letter must be sent to the LEA within 14 days of the transition planning meeting.



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

Program: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of IFSP Meeting: \_\_\_\_\_ Begin/End Dates: \_\_\_\_\_ / \_\_\_\_\_

Basis of Eligibility:  Developmental Delay  Eligible Diagnosis \_\_\_\_\_  
 Informed Clinical Opinion Updated: \_\_\_\_\_  Developmental Delay  Eligible Diagnosis \_\_\_\_\_

Child's Present Level of Development: (✓ confirmed 25% or greater delay)  
 Physical  Cognitive  Communication  Adaptive  Social or Emotional  Vision  Hearing

Parent/Caregiver: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact#: \_\_\_\_\_ Alternate#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AL Zip: \_\_\_\_\_ County: \_\_\_\_\_

Child Has:  Medicaid # \_\_\_\_\_  EPSDT  Private Insurance  All Kids  No Coverage

Vital Message provided & reviewed with family

Date IFSP sent (parent and providers): \_\_\_\_\_  mailed  delivered  emailed

We will review your child's progress, change plan services or add new information as needed. You may request a review at any time and required reviews will be based on *target* dates indicated below. (§303.342)

<p><b>Six-month review:</b></p> <p>_____</p> <p style="text-align: center;">Date due          Date completed</p>	<p><b>Purpose:</b> Discuss progress, evaluate progress, and change plan if needed</p>
<p><b>Annual Review (in person):</b></p> <p>_____</p> <p style="text-align: center;">Date due</p>	<p><b>Purpose:</b> Discuss progress, evaluate progress, and change plan if needed</p>
<p><b>Transition Meeting at 27 months or initial IFSP if child is 27 months or more:</b></p> <p>_____</p> <p style="text-align: center;">Date due          Date completed</p>	<p><b>Purpose:</b> Discuss where your child will continue to do his/her best when he/she turns 3. Discuss notification to a Local Education Agency (pre-school) or other community placements.</p>
<p><b>Transition Planning Meeting with LEA prior to 33 months unless parent opts out:</b></p> <p>_____</p> <p style="text-align: center;">Date due          Date completed</p>	<p><b>Purpose:</b> Discuss your child's educational pre-school needs and introduce your family to school system personnel <u>OR</u> meet with an alternate community placement agency of your choice.</p>





# Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

## AEIS VOLUNTARY FAMILY ASSESSMENT REPORT (add pages as needed)

Federal regulations require the use of a family assessment tool and also an interview [§303.321(c)(2)(iii)]. This process identifies resources, priorities, and concerns and the supports and services necessary to enhance a family's capacity to meet the developmental needs of their child.

I chose to voluntarily participate. \_\_\_\_\_ (parent initial)  I chose not to participate. \_\_\_\_\_ (parent initial)

**RESOURCES FOR FAMILY:** (friends, recreation opportunities, relatives, day care, clinics, agencies, etc.). Intervention is about helping you enhance the development of your child and improving your lives. Existing supports may play a part in your family's plan. \*indicate any changes made at 6-month or additional review

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD/FAMILY CONCERNS AND PRIORITIES:** (Examples: "Morning is chaotic getting my child ready for the day", "My child is frustrated because he cannot say what he wants".) So we know what to help you work on, describe what concerns you most about your child or your family's situation during daily (eating, bathing, etc.) and family routines (trips, shopping, church, etc.) and the importance of addressing each.

\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_  
\_\_\_\_\_ # \_\_\_\_\_

Service Coordinator Signature: \_\_\_\_\_

For Initial Plan/Assessment Tool: \_\_\_\_\_ Date: \_\_\_\_\_  
 For Annual Plan: Ongoing personal contact with parents and/or family member Date: \_\_\_\_\_



# Alabama's Early Intervention System

## Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

**CONCERNS ADDED AT:  6-MONTH REVIEW**

_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____

**CONCERNS ADDED AT:  ADDITIONAL REVIEW**

_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____
_____	# _____



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

Outcomes are based on parent identified resources, priorities and concerns. Consideration must be given to pre-literacy and language skills as developmentally appropriate. Services are based on peer-reviewed research to the extent practicable. Service(s) are provided in natural environments to the maximum extent appropriate OR a justification explains why early intervention services cannot be achieved satisfactorily in a natural environment. Multiple outcomes can be addressed by a single provider at the same time. If a parent is not satisfied with progress at review, revise this outcome. (§303.344)

<p><b>OUTCOME:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;"><b>Family Evaluation</b></p> <p><input type="checkbox"/> 6-month <input type="checkbox"/> Additional Review</p> <p>Date: _____</p> <p>Parent initial: _____</p>	<p style="text-align: center;"><b>Family Evaluation</b></p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Additional Review</p> <p>Date: _____</p> <p>Parent initial: _____</p>
<p><b>Procedure(s):</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p><input type="checkbox"/> added at 6-month review _____ <input type="checkbox"/> added at additional review _____</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are pleased there was some progress but want a revision during this IFSP review <input type="checkbox"/> We are not pleased with progress and want a revision during this IFSP review <input type="checkbox"/> We no longer consider this outcome a priority</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are pleased there was some progress but want a revision during this IFSP review <input type="checkbox"/> We are not pleased with progress and want a revision during this IFSP review <input type="checkbox"/> We no longer consider this outcome a priority</p>



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

### EARLY INTERVENTION SERVICES PAGE (add pages as needed)

Service Coordination: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Frequency/Length: \_\_\_\_\_/\_\_\_\_\_ Intensity: Individual  
 Setting: \_\_\_\_\_ Potential Payer(s) of Services: 1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Method:  Direct Child/Family Service  Support/Information to Family

EI Service: \_\_\_\_\_

Intensity:  Individual  Group

Begin/End Date: \_\_\_\_\_

Frequency/Length: \_\_\_\_\_

Method:  Direct Child/Family Service  Consultation  
 Support/Information to Family

Potential Payer(s) of Services: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (Evaluations at public expense)

Setting: \_\_\_\_\_

Early Intervention Service(s) is in natural environment  
 Justification if not in the natural environment

Parent signature indicates written consent to a change in EI service determined at the following review:

6-month  additional

Add new service:

\_\_\_\_\_

Parent Signature/Date

End Service:

\_\_\_\_\_ (effective date)

\_\_\_\_\_

Parent Signature/Date

EI Service: \_\_\_\_\_

Intensity:  Individual  Group

Begin/End Date: \_\_\_\_\_

Frequency/Length: \_\_\_\_\_

Method:  Direct Child/Family Service  Consultation  
 Support/Information to Family

Potential Payer(s) of Services: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (Evaluations at public expense)

Setting: \_\_\_\_\_

Early Intervention Service(s) is in natural environment  
 Justification if not in the natural environment

Parent signature indicates written consent to a change in EI service determined at the following review:

6-month  additional

Add new service:

\_\_\_\_\_

Parent Signature/Date

End Service:

\_\_\_\_\_ (effective date)

\_\_\_\_\_

Parent Signature/Date



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

### TRANSITION PLANNING

Transition planning begins no earlier than 9 months prior to a child turning 3 years old (27 months or at initial IFSP meeting). Target dates are based on when a child enters AEIS. Local Education Agency (LEA) is notified and a meeting scheduled to discuss transition unless a parent opts-out in 10 days (a plan is always written to reflect any parent choice). (§303.209)

<b>Target Date: (27 months)</b> _____ <b>Parent is informed about the transition process and how it may impact this child when she/he turns 3 years of age.</b>	<b>Family Evaluation</b>
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC)  Procedure(s): SC will discuss steps necessary to transition toddler from EI to another community-based service. SC will explain:  <input type="checkbox"/> eligibility criteria for 3-5 year old programs <input type="checkbox"/> similarities/differences in EI and 3-5 year old programs <input type="checkbox"/> settings, optimal choices based on toddler's current needs	<input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are not pleased with progress <b>Explain:</b> _____ _____  <b>Parent initial/date here:</b> _____
<b>Target Date: (27 months)</b> _____ <b>Parent is informed about the service and placement options available in home community when child turns three years old.</b>	<b>Family Evaluation</b>
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC)  Procedure(s): SC explains local placement options and LEA program (notification, eligibility criteria and how service delivery is different from AEIS services). <input type="checkbox"/> SC explains other placement options for toddlers in this family's community such as: Head Start, daycares, mother's day out programs, other options to promote development. <input type="checkbox"/> SC provides resource materials as a further guide for transition. <input type="checkbox"/> SC explains the opt-out policy and form and timelines associated with opting-out of notification (including making a parent referral to LEA).	<input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are not pleased with progress <b>Explain:</b> _____ _____  <b>Parent initial/date here:</b> _____



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

Target Date: (27 months) _____ Parent makes choice regarding placement options for child at age 3.	Family Evaluation
<p>Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator (SC)</p> <p><b>Procedure(s): Parent chooses from the following:</b></p> <p><input type="checkbox"/> Parent chooses to opt-out of notification to LEA and has signed an opt-out form presented during this meeting. (Notification <b>will not</b> be sent) Parent will make a Parent Referral to LEA if they change their mind later and want child considered for LEA pre-school.</p> <p><input type="checkbox"/> Parent requests 10 days to determine if they wish to opt-out of notification to LEA but has not yet signed the opt-out form. (Notification will be sent if this form is not returned to SC)</p> <p><input type="checkbox"/> Parent expresses interest in notification to LEA and has given written permission to release additional documentation to LEA such as IFSP and evaluation reports.</p> <p><input type="checkbox"/> Parent expresses interest in notification to LEA but has not given written permission to release additional documentation to LEA.</p> <p><input type="checkbox"/> SC may notify LEA (and include personally identifiable information like parent/contact names, address, telephone, DOB) and request a convenient Transition Planning Meeting with parent/LEA.</p> <p><input type="checkbox"/> SC may notify LEA but does not request to schedule a Transition Planning Meeting because the child is already 33 months of age. (The LEA will contact the family to explore further options.)</p> <p><input type="checkbox"/> Parent chooses for their child to remain at home or a community placement option(s) other than LEA or in addition to LEA, and SC agrees to meet with parent and alternate placement agency if parent chooses. (may choose more than one)</p> <p>Choices _____</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome</p> <p><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</p> <p><input type="checkbox"/> We are not pleased with progress</p> <p>Explain: _____ _____</p> <p>Parent initial/date here: _____</p>



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

<b>Target Date: (27 months)</b> _____ <b>LEA (and State Education Agency) is notified using the EI Notification to LEA form letter that child will turn 3 within 9 months.</b>	<b>Family Evaluation</b>
<p>Service(s) Provided: Service Coordination            Team Member Responsible: Service Coordinator</p> <p>Procedure(s):            Name of Local Education Agency: _____</p> <p><input type="checkbox"/> SC sends the "EI Notification to LEA" letter to the appropriate LEA for child which is based on <u>current</u> residence. (State Office reports these data quarterly to State Department of Education.)</p> <p><input type="checkbox"/> SC follows up with LEA to ensure it has received notification and schedules a meeting prior to 33 months. SC requests parent to sign Release of Information form if they choose to send additional information to LEA. (State Office notifies State Education Department unless family opts-out)</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome</p> <p><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</p> <p><input type="checkbox"/> We are not pleased with progress            Explain:            _____            _____</p> <p>Parent initial/date here at 33 month meeting _____</p> <p><i><input type="checkbox"/> Service Coordinator check box if parent did not attend 33 month meeting</i></p>
<b>Target Date: (33 months)</b> _____ <b>A Transition Planning Meeting with LEA is convened to discuss child's educational pre-school needs and introduce family to school system personnel OR meeting is convened with an alternate community placement agency (if appropriate).</b>	<b>Family Evaluation</b>
<p>Service(s) Provided: Service Coordination            Team Member Responsible: Service Coordinator</p> <p>Procedure(s):</p> <p><input type="checkbox"/> SC accompanies parent to Transition Planning Meeting at LEA.  <input type="checkbox"/> LEA answers questions about services and explains parent rights for Part B (preschool).  <input type="checkbox"/> Parent chooses to move forward with LEA eligibility determination.</p> <p><input type="checkbox"/> SC accompanies parent to meet with alternate community placement agency (if appropriate)</p> <p>Name of alternate community placement agency: _____</p>	<p><input type="checkbox"/> We are pleased to have achieved this outcome</p> <p><input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome</p> <p><input type="checkbox"/> We are not pleased with progress            Explain:            _____            _____</p> <p>Parent initial/date here at 33 month meeting _____</p> <p><i><input type="checkbox"/> Service Coordinator check box if parent did not attend 33 month meeting</i></p>



## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

Target Date: (33 months) _____ SC discusses with parent other activities which may facilitate a smoother transition.	Family Evaluation
Service(s) Provided: Service Coordination Team Member Responsible: Service Coordinator  Procedure(s): <input type="checkbox"/> SC suggests additional supportive activities which may help the child adjust to a new environment.  Steps or recommendations may include: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> We are pleased to have achieved this outcome <input type="checkbox"/> We are pleased with progress but we will continue to work on this outcome <input type="checkbox"/> We are not pleased with progress Explain: _____ _____  Parent initial/date here: _____





# Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

### NON-EARLY INTERVENTION SERVICES

To the extent appropriate with regard to medical and other services, the service coordinator and family should identify services that the child and family needs or is receiving through other sources but are neither required nor funded by Part C. If those services are not currently provided, the following describes steps to be taken by the service coordinator or family to assist in securing those services. Examples include: local support groups, certain CRS clinics, medical clinics, socialization groups, private therapy of parent choice to supplement recommended EI services. Early Intervention (Part C) is not responsible for payment, monitoring, or provision of Non-EI Services. (303.344(e))

No Non-EI Service at the initial/annual IFSP Date: \_\_\_\_\_

No Non-EI Service at the 6-month review Date: \_\_\_\_\_

Non-EI Service in place at time of initial/annual IFSP Meeting:  
(Service/Agency responsible) \_\_\_\_\_

Non-EI Service in place at time of 6-month review:  
(Service/Agency responsible) \_\_\_\_\_

Non-EI Service parent would like to access at initial/annual IFSP meeting:  
(Service/Agency responsible) \_\_\_\_\_

Assistance in accessing Non-EI service or support:  SC will assist parent with information re: community-based support  
 Parent will make contact with community-based support  
 SC will assist family in making arrangements

Other assistance:  
\_\_\_\_\_

Non-EI Service parent would like to access at 6-month review:  
(Service/Agency responsible) \_\_\_\_\_

Assistance in accessing Non-EI service or support:  SC will assist parent with information re: community-based support  
 Parent will make contact with community-based support  
 SC will assist family in make arrangements

Other assistance:  
\_\_\_\_\_



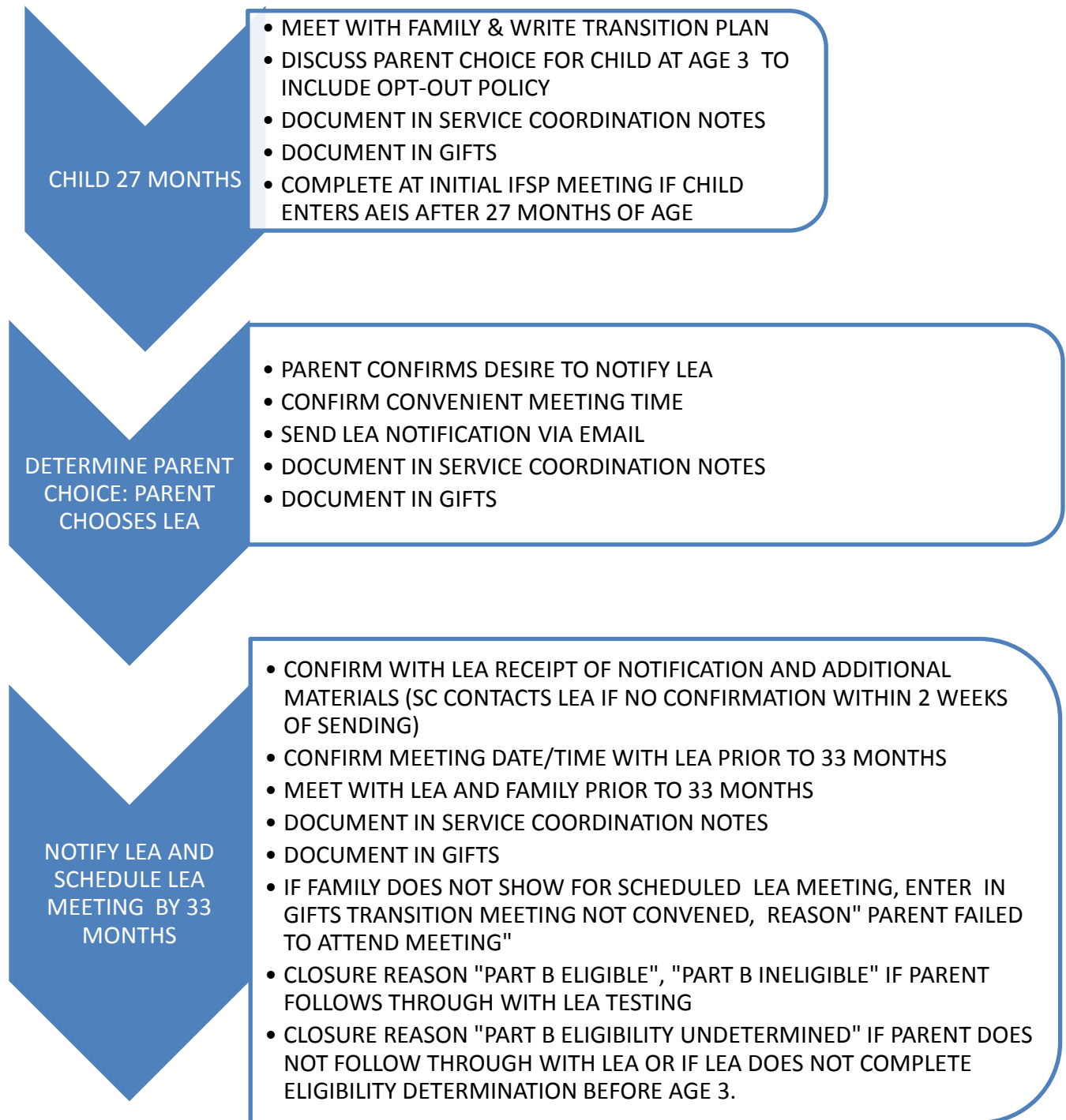
## Alabama's Early Intervention System Part C Individualized Family Service Plan (IFSP)

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  For Initial Plan  For Annual Plan

Planning teams include parent(s), caregiver(s), evaluators, advocates, family and providers who are ready to help achieve outcomes. Other team members may be identified at any time and added to the team. Team members may consider revisions to the current plan when they feel it is needed. (Add second signature page if needed.)

NAME	TEAM MEMBER	DATE:	DATE:	DATE:
		SIGNATURE INITIAL/ANNUAL IFSP	SIGNATURE 6-MONTH REVIEW (note if by phone or by other acceptable means)	SIGNATURE 27 MONTH TRANSITION MEETING
	Service Coordinator			
	Evaluator			
	Evaluator			
	Relative/ Friend/ Advocate			
	PARENT			
	PARENT			

## TRANSITION PLANNING FOR PARENT CHOOSING LEA



## TRANSITION PLANNING FOR PARENT OPTING-OUT ANY AGE

CHILD 27 MONTHS

- MEET WITH FAMILY & WRITE TRANSITION PLAN
- DISCUSS PARENT CHOICE FOR CHILD AT AGE 3 TO INCLUDE OPT-OUT POLICY
- DOCUMENT IN SERVICE COORDINATION NOTES
- DOCUMENT IN GIFTS
- COMPLETE AT INITIAL IFSP MEETING IF CHILD ENTERS AEIS AFTER 27 MONTHS OF AGE

DETERMINE PARENT CHOICE:  
PARENT CHOOSES TO OPT-OUT OF LEA NOTIFICATION

- FAMILY SIGNS OPT-OUT FORM
- SEND NOTHING
- DOCUMENT IN SERVICE COORDINATION NOTES
- DOCUMENT IN GIFTS
- CLOSURE REASON "FAMILY OPTED OUT OF TRANSITION"

PARENT DOES NOT RETURN SIGNED OPT-OUT FORM IN 10 DAYS

- SEND LEA NOTIFICATION LETTER VIA EMAIL
- DOCUMENT IN SERVICE COORDINATION NOTES
- DOCUMENT IN GIFTS
- DO NOT SEND ADDITIONAL INFORMATION
- IF FAMILY DOES NOT SHOW FOR SCHEDULED LEA MEETING, ENTER IN GIFTS TRANSITION MEETING NOT CONVENED, REASON" PARENT FAILED TO ATTEND MEETING" .
- CLOSURE REASON "PART B ELIGIBLE", "PART B INELIGIBLE" IF PARENT FOLLOWS THROUGH WITH LEA TESTING
- CLOSURE REASON "PART B ELIGIBILITY UNDETERMINED" IF PARENT DOES NOT FOLLOW THROUGH WITH LEA OR IF LEA DOES NOT COMPLETE ELIGIBILITY DETERMINATION BEFORE AGE 3.

## TRANSITION PLANNING WHEN CHILD ALREADY 33 MONTHS

CHILD 33-34.5 MONTHS

- AT THE INITIAL IFSP, MEET WITH FAMILY & WRITE TRANSITION PLAN
- DISCUSS PARENT CHOICE FOR CHILD AT AGE 3 TO INCLUDE OPT-OUT POLICY
- DOCUMENT IN SERVICE COORDINATION NOTES
- DOCUMENT IN GIFTS

DETERMINE PARENT CHOICE:  
PARENT CHOOSES TO OPT-  
OUT OF LEA NOTIFICATION

- FAMILY SIGNS OPT-OUT FORM
- DOCUMENT IN SERVICE COORDINATION NOTES
- DOCUMENT IN GIFTS
- STOP HERE! SEND NOTHING (NO LETTER, NO INFORMATION SENT)
- CLOSURE REASON "FAMILY OPTED OUT OF TRANSITION"

PARENT CHOOSE LEA OR  
DOES NOT RETURN SIGNED  
OPT-OUT FORM IN 10 DAYS

- SEND LEA NOTIFICATION LETTER VIA EMAIL
- CHOOSE OPTION ON LETTER FOR NO MEETING REQUESTED DUE TO AGE OF CHILD
- HAVE PARENT SIGN RELEASE OF INFORMATION IF PLAN IS TO SEND ADDITIONAL INFO (EVALUATION, IFSP, ETC.)
- DOCUMENT IN SERVICE COORDINATION NOTES
- DOCUMENT IN GIFTS
- CLOSURE REASON "PART B ELIGIBILITY UNDETERMINED"

# **TRANSITION: FREQUENTLY ASKED QUESTIONS**

(Regarding Transition from Part C Early Intervention to Part B Preschool Programs)

## **Early Intervention Questions**

### **1. When should the service coordinator first bring up the topic of transition with a family?**

Transition from Early Intervention at age 3 is one of the most important events for a child and family. Discussions about transition should be part of **ongoing discussions** with a family while they are in Early Intervention but the transition “plan” cannot be conducted until the child is 27 months old (not a day earlier).

### **2. What should these discussions include?**

Early discussions should include what the **process of transition** involves, who should be contacted based on parent preference, how a parent may opt-out of any information to the LEA, eligibility criteria for children admitted to programs at age 3, the variety of placement options in communities, other community support programs that continue helping families achieve their goals and the parental rights associated with preschool programs or other systems such as Head Start. (Preschool or Part B *Special Education Rights* can be found on line at [www.ALSDE.edu](http://www.ALSDE.edu)).

### **3. When does a written transition plan have to be in place?**

A written Transition Plan must be completed at 27 **months** (if child is in system) or with the IFSP when a child enters AEIS after 27 months and is determined eligible. Note: The Transition plan cannot be completed prior to 27 months.

### **4. What must be included on the Transition Plan?**

The transition plan should include goals and procedures (steps) in the best interest of a child and be based on a family's preferences. In summary, the transition plan should indicate in writing appropriate and complete steps to ensure a family is informed about:

- ✓ Target dates for all activities
- ✓ Discussion about future placement options
- ✓ Discussion about the transition process and how it affects families
- ✓ Discussion about the **Opt-Out Policy** and parent's decision
- ✓ Assistance to parent for *Parent Referral* to LEA depending on when child entered AEIS
- ✓ Timely LEA notification and request LEA meeting by 33 months (if not opting-out)
- ✓ Discussion of opportunities that will prepare child and family for adjustments

The EI service coordinator is responsible for scheduling and ultimately convening a meeting with family and LEA prior to child turning 33 months old (regardless of summer schedule). The Alabama State Department of Education Preschool Coordinator advises all LEAs to designate an appropriate person to acknowledge EI notification and attend the Transition Planning Meeting. (Please note more specific guidelines for OPT-OUT are at the end of this FAQ).

## 5. How is the LEA notified by Early Intervention personnel for a child who is potentially eligible?

The Early Intervention service coordinator notifies a designated LEA representative by e-mailing an *Early Intervention Notification Letter to the Local Education Agency*. Parents are required to sign an Opt-Out Form if they choose not to have any information sent to an LEA. Service coordinators will automatically send the *Early Intervention Notification to Local Education Agency* letter if a parent fails to sign an Opt-out Form after 10 days.

The *Early Intervention Notification to Local Education Agency* letter must be sent by email. This letter serves to notify the LEA and begin the process of convening a Transition Planning Meeting. The invitation cites the age of a child, length of time in early intervention services, a timeline for meeting, and a request for confirmation. The service coordinator may include more information (IFSP, evaluations, provider notes) only if a parent provides written permission.

## 6. How does the LEA representative acknowledge receipt of an invitation to the Transition Planning Meeting?

The LEA representative acknowledges receipt of an Early Intervention notification and invitation to convene a meeting by sending a **“read receipt”** via e-mail to the Service Coordinator. LEA is requested to respond within two weeks.

## 7. Can EI's Transition Planning Meeting be combined with the LEA Referral Meeting?

**Yes**, if the parents agree. More recent guidance from the Alabama State Department of Education Special Education Services to LEAs indicates this is no longer the most common practice. If the two meetings are combined, the LEA must notify the family by sending a *Notice and Invitation to a Meeting /Consent for Agency Participation* form. Some parents mistakenly interpret this form as an invitation to a replacement meeting for the Transition Planning Meeting. Service Coordinators must make the distinction in these meetings clear to families.

## 8. Who is required to attend the EI/LEA Transition Planning Meeting?

The only individuals who must attend this meeting are the parent, a service coordinator and **ONE LEA representative** who is knowledgeable about the referral process.

## 9. For Early Intervention, is a written transition plan required if the family indicates they are not interested in having their child served by the LEA?

**Yes**, by law, a written plan must be in place for transition even if parents do not want their child enrolled in a Part B preschool program. A Transition Plan should therefore reflect family preferences and include information that they are Opting-Out or agree to Notification to an LEA. Children may also transition to other placements. Steps in supporting families should reflect parent preferences.

## 10. Who is directly responsible for advising families about the transition process?

The **EI service coordinator** is responsible for insuring that a written plan is in place when the child is 27 months or when the initial IFSP is written when the child is 27 months or older when entering AEIS.

**11. Are Early Intervention Eligibility criteria the same as for LEA preschools?**

**No.** Eligibility criteria are different. Children who received early intervention services may not be Eligible for preschool services when LEA Eligibility is determined. The focus for Early Intervention is family-centered practices and a child's "functional development". EI is about family training. Part B programs consider delays that may impact "educational performance". Although family input is valuable to the success of an IEP, a child's developmental and educational needs are central.

Part B Eligibility determination includes at least the following: "The standard score in one developmental domain must be at least two standard deviations below the mean (70 or below) (roughly equivalent to a 30-32% delay) on a standardized, norm-referenced instrument; or the standard scores on two or more developmental domains must be at least one and a half standard deviations below the mean (77 or below) (roughly equivalent to a 25% delay in two areas) on a standardized, norm-referenced instrument." (Eligibility criteria as stated in the *Alabama Administrative Code* (AAC) Special Education Section for Eligibility in the area of Developmental Delay. This may vary, and depends on the area of exceptionality being considered.

**12. Is Early Intervention responsible for determining Eligibility for preschool special education and related services?**

**No.** Early intervention is responsible for ongoing assessments and updating a child's current level of functioning while receiving early intervention services. EI evaluations and assessments *may be* used for LEA Eligibility if the IEP team agrees.

**13. Does the service coordinator send a notification letter to the LEA if a parent changes their mind after they have signed the Opt-Out form?**

**No.** Once the Opt-Out form is signed, no notification letter should be sent, even if the family changes their mind before the child is 33 months of age. However, the service coordinator should encourage the family to make a parent referral and inform them of the timeliness and procedures for a parent referral. The service coordinator can also facilitate the family meeting with the LEA and send any records to the LEA (with proper releases signed) that the family chooses. The service coordinator can attend any meetings in which the family invites them, as well.

**14. What should happen if a child moves out of the school district where the LEA notification was originally sent?**

The service coordinator is responsible for notifying the LEA who was sent the notification of the family's move and provide current contact information. The original LEA is then responsible for transferring the child's information to the new LEA. The EI service coordinator should not send a 2<sup>nd</sup> LEA Notification Letter. The new LEA and current service coordinator should then continue the transition process.

**Part B/Preschool Questions**

**1. Must the LEA acknowledge receipt of a notification from EI?**



**Yes, acknowledgement is required.** This acknowledgement must occur via e-mail. Service coordinators must document this in the child's record. Service coordinators are responsible for following up with the LEA if they do not receive confirmation that the notification has been received within two weeks.

**2. Is an Early Intervention service coordinator required to attach the *Early Intervention to Preschool Transition Planning Meeting Documentation* form to the *EI Notification to the LEA*?**

**No.** This is not required of EI. However, EI service coordinators, in collaboration with some LEAs, agree to do so to speed transition planning. Service coordinators are not monitored for this document but the activity is left to the discretion of programs.

The ***Early Intervention to Preschool Transition Planning Meeting Documentation* form** is a required form for the IEP Team at Transition Planning Meetings. This form verifies that the parent has given permission to refer the child to the LEA and documents that all required persons (parents, EI representative, LEA representative) attended the meeting.

**3. What is the timeline for acknowledging the EI notification?**

There are no specific timeline requirements; however, it should occur in a *reasonable length of time (i.e., within ten days to two weeks)*. EI service coordinators are required to document LEA acknowledgement or the service coordinator's attempts to follow-up with the LEA (for federal reporting purposes).

**4. What date should be recorded for the LEA as in receipt for the EI Notification letter?**

The date of receipt is the **actual date** that the EI Notification to the LEA letter is received by the LEA. This should not be confused with the dates of the LEA Transition Planning and Referral meeting dates.

**5. Must EI notify the LEA regarding children who received Early Intervention services?**

**YES, unless** a parent signs an Opt-Out Form. Otherwise, a service coordinator is REQUIRED to notify an LEA regarding a child turning 3. Without written permission to release information, however, a service coordinator may not send personal identifiable information such as IFSP or evaluations. If a child enters AEIS at 33 months or later, a service coordinator may notify an LEA but there is no expectation that a meeting will be convened. These children are entered into the SDE data base as "parent referrals" and not entered on the EI to Preschool Tracking Log.

**6. Must the Special Education Coordinator attend a Transition Meeting?**

**No,** but a LEA *designee* must attend. This may or may not be the coordinator of special education.

**7. May a Transition Planning Meeting be combined with a LEA Referral Meeting?**

**Yes,** if it is agreeable with the parents or guardians. The LEA should notify the EI service coordinator that the IEP team's preference is to combine these meetings. The EI service coordinator may discuss this with the parent and can work out those details with the family.

**8. Must the LEA notify the parents when these meetings are combined?**

**Yes.** The LEA must send a *Notice and Invitation to a Meeting/ Consent for Agency Participation* form indicating that at the Referral Meeting, a referral may be accepted and a determination made for additional evaluations if they are needed.

The LEA may phone the parent/guardian to schedule the Referral Meeting since there has not been any prior contact between the family and LEA personnel at this time. A copy of the *Notice and Invitation to a Meeting/ Consent for Agency Participation* should be mailed to the parent *even if a phone call is made* to schedule the meeting (provision of prior written notice). A Transition Planning Meeting should not be canceled by an LEA if the scheduled Referral Meeting is postponed.

#### **9. When are Transition Planning Meetings convened?**

A Transition Planning Meeting, having been scheduled with the **parent, EI and LEA, should be convened as soon as possible after** a date is agreed upon but *prior to the child turning 33 months*. However, parents are asked to make their own Parent Referral if they enter AEIS after 33 months of age and no Transition Planning Meeting will be arranged. The LEA will arrange to begin the process at the Referral phase (not included in Part B Indicator 12 data).

#### **10. If the two meetings are combined, who must attend from the LEA?**

If the Transition Planning Meeting and Referral Meeting are combined, the LEA **must** have the IEP Team in place for the meeting.

#### **11. Why is notification made sometimes after the child is 27 months old?**

Some children enter the EI system after the child turns 27 months.

#### **12. Must the LEA accept evaluations/assessments from EI for Eligibility?**

**No.** The IEP Team must consider all evaluations/assessments from EI and may accept any current evaluations/assessments that meet the requirements for Eligibility. Due to the rapid development of young children, it is suggested that data used for Part B Eligibility should be no older than six months. IEP Teams must use data that the IEP Team determines to meet the criteria outlined in the *Alabama Administrative Code*.

#### **13. Must EI evaluate a child to determine his/her status/Eligibility for preschool special education services?**

**No,** some EI programs **may update** assessments/evaluations prior to notification or transition to the preschool program, but it is not required. The IEP Team or the Eligibility Committee determines Eligibility for preschool.

#### **14. If a child is legally blind, will he/she automatically be eligible for services at age three?**

**No,** the child must have a significant delay as outlined in the definition of Visual Impairment **and** need specially designed instruction or meet the criteria for another area of disability as outlined in the AAC. There are a few children who have diagnoses (e.g., hearing impairment, visual impairment, spina bifida) that do not need specially designed instruction because the diagnosis does not prevent them from participating in developmentally appropriate activities.

**15. Must the IEP be developed prior to the child's third birthday if the LEA has accepted the EI Notification to LEA letter?**

**Yes.** The IEP has to be ready to implement on the third birthday if the LEA has accepted the referral and the child has been determined to be eligible for special education services according to the *Alabama Administrative Code*. Under such circumstances, an IEP should be developed prior to the child's 3<sup>rd</sup> birthday.

**16. Must the IEP be developed and ready to implement on the third birthday if the process begins with a Parent Referral, regardless of having been served in EI?**

No, by definition a Parent Referral is not the same as an EI Notification. The Team begins the Referral process when a parent makes a **parent referral** instead of EI sending a formal notification.

**17. Must the LEA wait until the child turns three to begin the process?**

**No**, the referral to placement process must begin upon acceptance of the referral.

**18. Must the LEA begin services for an eligible child on his/her birthday when their birthday is during a school break (e.g., summer)?**

When the LEA accepts a referral and the child is determined to be eligible prior to the 3<sup>rd</sup> birthday the IEP must start on the third birthday *unless* the IEP Team determines that services can begin at a later date (such as first day of next school year). **The decision to delay the beginning of services must be made by the IEP Team** and cannot be a decision made by the LEA based on its current school calendar. All children moving from AEIS to LEA do not receive services during the summer. The decision must be documented in the IEP.

**19. Must a general education teacher participate as a member of the IEP Team for preschool aged children?**

**Yes.** Preferably, this should be a teacher of the child.

**20. Who may the LEA designate as the general education teacher since publicly funded programs for typical three- and four-year-olds are not universally available to all children?**

If the child does not attend an early childhood program, the LEA must designate someone who **meets the state requirements** for providing services to typically developing preschool children. Some examples include K-3<sup>rd</sup> grade teachers certified in early childhood, Head Start teachers who meet the state requirements to be employed as a Head Start teacher, or a childcare teacher who meets the state requirements to be employed as a childcare teacher. The general education designee must meet the state standards required for their current job, that is, early childhood public school teacher, Head Start teacher, or childcare teacher.

**21. If the child is going to be served at home, will a general education teacher be a required member of the IEP Team?**

**Yes, a general education teacher must always be a member** of the IEP Team. The least restrictive environment (LRE) is not decided until the IEP Team meets and determines the appropriate place for the special education services to be provided.

**22. Can an Individualized Family Service Plan (IFSP) be used for a three- or four-year-old?**

**No**, the AAC does not allow the use of an IFSP for a child aged three or older.

**23. Can an eligible three-year-old receive only a related service (e.g., occupational therapy)?**

**No**, related services are provided to assist the child to benefit from special education services. An IEP must be developed for all children determined eligible for special education services. The IEP must include goals, benchmarks, and services (including related services such as occupational therapy) as determined by the IEP Team. Related services such as occupational therapy would be provided to assist a child in benefiting from the special education.

**24. What is the minimum number of hours of services that a preschool child must receive?**

There is **no minimum** number of hours of services. The IEP Team determines the amount of service needed to implement the goals.

**25. When parents place children in childcare centers, does the LEA have to provide services at the childcare center?**

Not necessarily. The IEP Team should **consider the LRE** (Least Restrictive Environment) for implementing the services delineated in the IEP. The IEP Team should consider where the child would be if he/she did not have a disability. The IEP Team should also consider the location where the EI services were provided. OSEP expects preschool children to be provided special education services with typical peers to the degree appropriate.

**26. When a child is attending Head Start, who is responsible for providing the special education instruction, services, and supports?**

The LEA is ultimately responsible for providing the special education services, related services, support, and materials that are delineated in the IEP. However, some **Head Start programs may choose to provide services that will support a child with special needs.**

**27. Must LEAs provide transportation for three- and four-year-olds, even when the LEA does not transport other typically developing three- and four-year-old children?**

**Yes**, if it is required for the child to benefit from the special education services. Transportation is a related service just as occupational therapy, physical therapy, etc., and the IEP Team must consider on an individual basis if it is required for the child to benefit from special education.

**28. Is it appropriate to provide preschool services in kindergarten classrooms?**

Each decision should be made **based on the individual needs** of the child. In most situations, kindergarten classrooms are not appropriate for three- and four-year-olds. Also, kindergarten classrooms cannot be the placement for children who do not meet the kindergarten age requirements. Children must be 5 by September 1. There is a wide gap in development between a typical three-year-old and a kindergartner. Developmentally appropriate practices must be implemented with all young children and most activities occurring in kindergarten are not developmentally appropriate for three- and four-year-olds. The LRE requirements under Part B of the IDEA state that preschool children with disabilities are expected to be educated in a preschool setting with typically developing peers.

**29. Must the IEP address all five developmental domains (motor, cognition, communication, adaptive, and social)?**

**No**, the IEP Team should prioritize the needs of the child and focus on skills that will facilitate the child's ability to function independently, become a member of the classroom community, engage in learning experiences, establish interpersonal relationships, communicate, and meet pre-academic expectations. Area(s) addressed in the IEP are dependent on the needs of the individual child.

**30. What is "educational performance" for preschool children?**

Educational performance for preschool children refers to developmentally appropriate academic, social-emotional, self-help, adaptive, motor, and/or communication skills. That is, can they participate or do the things that typically developing preschool children can do?

**31. Must the LEA invite the EI service coordinator and/or providers to the IEP meeting?**

At the request of the parent, an invitation to the initial IEP Team meeting, must be sent to the EI service coordinator.

**32. Can EI programs continue to serve children after they turn three years old?**

No. Part C funding does not pay for services at age 3. Some programs that provide EI services have other sources of funding that may allow them to provide some services to certain children after they turn three. However, this is unusual and varies from program to program depending on the guidelines of that agency.

**Opt-Out Policy for AEIS**

**WHY AN OPT-OUT POLICY:** Families sometimes *choose not to have their contact information sent to the LEA*. We report this information to OSEP annually. A state policy must be in place for parents to understand their rights and to continue to ensure a smooth transition. Parents can "opt-out" of sending information to the LEA by signing an "Opt-out form" within 10 days of discussion. Generally, 1 of 10 families chooses to opt-out. AEIS is expected to provide an LEA limited contact information unless a parent signs an Opt-Out form. **The "Opt-out" discussion must take place PRIOR to the Transition Planning Meeting with the LEA. Basics of Opting -out of notification to LEA:**

- (a) Parent decides within 10 days of writing the transition plan with the service coordinator
- (b) If a parent signs Opt-Out" Form within 10 days, NO information should be sent to LEA
- (c) If a parent does not return a signed Opt-Out Form within 10 days, the SC will notify the LEA but will not send any additional information to LEA. The SC will attempt to convene a Transition Planning Meeting with the LEA as usual.
- (d) If a parent signs an Opt-out Form but later changes their mind and wants the LEA to consider a referral for their child, ask the parent to contact the LEA to make a PARENT REFERRAL. A Parent Referral alters LEA timelines. LEAs usually develop an IEP quickly after they determine Eligibility for Part B.

**The following are definitions or explanations for language found throughout this document:**

AEIS- Alabama's Early Intervention System

IDEA- *Individuals with Disabilities Education Act*. Law which governs regulations for federal compliance (for AEIS and preschool)

OSEP- Office of Special Education Programs. Federal agency tasked with regulatory compliance for IDEA.

LEA- Local Education Agency (agency/school system responsible for pre-school program)

SDE- This is the Alabama State Department of Education. Responsible for public preschool programs.

PART C OR EARLY INTERVENTION- This is the term for *federal/state funded* birth to 3 year-old programs. There are private programs which do not participate in AEIS and are not subject to these regulations. These private programs may include programs operated by private organizations/boards or the military for base residents. Services through AEIS are not mandatory and family participation is voluntary. Visit [www.rehab.state.al.us/ei](http://www.rehab.state.al.us/ei) for more.

PART B (OR LEA) PROGRAM- This is the term for states' public 3-5 year old preschool program under IDEA. Part B's mission is to provide free and appropriate education for children eligible based on Part B criteria. It is not a mandatory program and participation is voluntary, on the part of the parent. Visit [www.alsed.edu](http://www.alsed.edu) for more.

ELIGIBILITY- criteria to be met for consideration of services. Criteria in Early Intervention must be confirmed in at least one domain by two different procedures indicating a 25% or greater delay or a documented medical diagnosis likely to result in delays in the future. For Part B (3-5), the Eligibility requirement is 2 standard deviations from the norm in one domain or 1.5 standard deviations in two domains on **standardized tests**. Eligibility criteria differ slightly in the two systems. Eligible children in AEIS *may not be eligible* for LEA.

TRANSITION PLAN and OPT-OUT- A written plan developed by families and AEIS service coordinators at 27 months (or later if child enters AEIS late) which describes family choices and preferences to ensure a smooth transition at age 3. Parents may choose community placement options such as home or day care. If a child enters AEIS and is determined eligible *after* 27 months of age, the Transition Plan should be written with the initial IFSP. A parent preference may be to opt-out of LEA notification. EI service coordinator must notify the appropriate LEA unless a parent **signs** an Opt-Out Form. Families are given 10 days to consider this option when transition planning is initiated.

EI TRANSITION PLANNING MEETING- AEIS is responsible for *arranging and convening a Transition Planning Meeting* with an appropriate LEA. Only one (1) LEA representative is required to meet with family and AEIS. The goal of this meeting is to discuss appropriate transitioning if a child is eligible for Part B services. A target date for the Transition Planning Meeting with the LEA is prior to 33 months. **For AEIS, convening this meeting is the most important indicator of data to be reported to the Office of Special Education Programs (Indicator 8).** **Service coordinators do not cancel the AEIS Transition Planning Meeting if an LEA does not arrange for the entire IEP team to be present.** Only one LEA representative is required to attend.

LEA REFERRAL MEETING- Meeting is *arranged by LEA* to determine acceptance of a referral and begin the journey in the education system. This meeting has traditionally been combined with the AEIS meeting with the LEA. When meetings are combined, the presence of an IEP Team is required.

LEA ELIGIBILITY DETERMINATION MEETING - Meeting arranged by an LEA following *LEA* evaluations to determine if a child at age 3 will be eligible for their services. (LEA may use recent EI evaluations to help determine eligibility but there is no requirement for EI to update testing.)

IEP MEETING (Individualized Education Plan Meeting) - Meeting arranged by LEA to write an IEP for a child eligible for Part B services.

IEP (Individualized Education Plan) - Written plan for *pecially designed instruction* for a child eligible for Part B services.

# Early Intervention Notification to Local Education Agency



Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_(child name) DOB: \_\_\_\_\_ 3<sup>rd</sup> Birthday: \_\_\_\_\_

Entry to AEIS (initial IFSP date): \_\_\_\_\_

Parent: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

County: \_\_\_\_\_

Dear \_\_\_\_\_,

*\_\_\_\_\_ I am notifying your LEA that the above mentioned child was ELIGIBLE (eligibility Date: \_\_\_\_\_) for EI less than 90 days prior to his/her third birthday. No transition meeting will be scheduled.*

\_\_\_\_\_ I am extending an invitation to you or a designated LEA representative to attend a Transition Planning Meeting.

Based on the family's current residency and their understanding of the school districts for their neighborhood, they have asked me to notify you of their child's impending third birthday and their wish to have Part B eligibility determined by your team. While assisting this family in developing a Transition Plan, I have provided information about the transition process and community placement options available to the child at age three, including information about your Local Education Agency (LEA) as an important option.

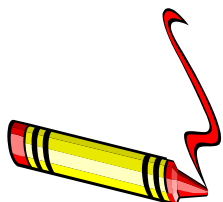
The purpose of the Transition Planning Meeting is to introduce you to the parents, provide them an opportunity to ask questions about the LEA and discuss your referral process and eligibility guidelines. Based on federal requirements, we should agree to convene a Transition Planning Meeting prior to the child turning 33 months or as soon as possible based on the IFSP date. For purposes of the Transition Planning Meeting it is necessary that only one LEA representative be present. Of course, if it is convenient for your IEP team to combine this meeting with the LEA Referral Meeting, we will be happy to accommodate based on the convenience for the family, but please allow additional time. Convenient times for this family to meet are:

\_\_\_\_\_  
Please acknowledge receipt of this notification by e-mail.

Service Coordinator Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sincerely,

**Alabama's  
Early  
Intervention  
System**



EI Service Coordinator





---

Name of Early Intervention Program/EI District Office  
Alabama's Early Intervention System

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **Opting Out of Notification to the Local Education Agency (LEA):**

Our program is required by federal law (the Individuals with Disabilities Education Act, "IDEA") to release limited contact information (your name, your child's name, address, telephone number, and date of birth) as a way to notify your local school system of your child's potential eligibility for special education services at age three.

Following discussion with your Service Coordinator, you as a parent may "opt out" of this notification and not have the limited contact information sent. By signing this document, you indicate your preference that we not send any information (your name, your child's name, address, telephone number, and date of birth) to your local school system. If this "Opting Out of Notification to the Local Education Agency" form is not received by our early intervention program within the next ten (10) days, your limited contact information will be sent to the appropriate local education agency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Coordinator Signature

\_\_\_\_\_  
Date

Alabama's Early Intervention System  
602 South Lawrence Street, Montgomery, AL 36104

Effective date - November 3, 2009

## TAB VIII: VERIFICATION

- A. [Verification Procedures](#) - Guidelines for completing verification validation process for your caseload. (\*Please note [Extensive Travel Policy](#)\*).
- B. [Verify Certificate](#) (See Resource Library- Programmatic Policy - Not All Service Coordinators will use these forms or submit verify).
- C. Medical Diagnosis List - see [GIFTS](#) for current listing (From Main GIFTS screen, click on SERVICE COORDINATION, then REPORTS, then PLAN DIAGNOSIS DESCRIPTION).

## Verification Procedures FY2018

1. Print a copy of the Verification Report as found in the GIFTS software. Review it thoroughly to be sure that it is correct. If corrections are needed, contact Tonya before you go further. Once you've verified that the report found in GIFTS is correct, complete the Monthly AEIS Verification Certificate.
2. Send the Monthly AEIS Verification Certificate only (**do not send the verification report from GIFTS!**) to Tonya Gandy via email as an attachment to: [tonya.gandy@rehab.alabama.gov](mailto:tonya.gandy@rehab.alabama.gov). You will receive a reply email that will confirm that it was received. If I do not reply to you, please follow up with me because I probably did not receive your email. *This method will prevent you from needing to encrypt or password protect the email since there will be no sensitive information shared.*
3. The Verification Report may only be submitted to the EI State Office one time unless directed to resend; therefore, please make sure that it is accurate when submitted.
4. Your Verification Report **must** be received by Tonya Gandy by the 10<sup>th</sup> day of each month. If the 10<sup>th</sup> falls on a Saturday, it is due on the 9<sup>th</sup> and if the 10<sup>th</sup> falls on Sunday, it is due on the 11<sup>th</sup>. **Failure to comply could result in loss of payment for that month.** (Note: If the state office has to issue a reminder to a program who has failed to turn in the verification report on time, it will be reported to the agency liaison.)
5. If a child does not show up on your Verification Report and you feel the child should be on it, please **do not** write in that child's name and change the total number on your report without first speaking with Tonya Gandy. This situation requires investigation as to why that child may not be showing up.

In order to complete the Verification Report, a Service Coordinator must validate each open case on their individual caseload(s) in GIFTS by choosing:

(You DO NOT combine the amount of time provided by another agency with the time that your agency provided services.)

- SERVED-1 hour
- SERVED-1 hour & 15 minutes-2 hours & 45 minutes
- SERVED- 3 hours or more
- VALID ATTEMPT
- NOT SERVED
- SERVICE COORDINATION ONLY

In addition to validating the services that are provided by your program, you must also validate the services that are provided by another program in which you provide Service Coordination. To do this, you will choose one of the following for those children:

- OTHER AGENCY SERVED-1 hour
- OTHER AGENCY SERVED-1 hour & 15 minutes-2 hours & 45 minutes
- OTHER AGENCY SERVED- 3 hours or more
- OTHER AGENCY VALID ATTEMPT
- OTHER AGENCY NOT SERVED

Once **all** Service Coordinators have completed these steps, the program's Verification Report must be completed from the Verification module in GIFTS.

**NOTE: If you validate a child incorrectly, you must EMAIL Tonya Gandy the Case ID, what you selected incorrectly and the change you are requesting.**

6. During the month in which eligibility is determined and the IFSP (initial or annual) is written, a child can be verified as “Served 1 hour & 15 minutes-2 hours & 45 minutes” for that month even if IFSP services have not been provided yet. Verification is based on tasks necessary for a child’s involvement in AEIS such as, establishing eligibility, voluntary family assessment, writing the IFSP.

\*\*\*Please remember to comply with the Timely Delivery of Services policy.

7. Verifying a child with Service Coordination ONLY

“Service Coordination Only” means...

- ✓ Service Coordination Only is the ONLY service listed on the plan.
- ✓ Be sure to choose “Service Coordination Only” when adding it to the plan not “Service Coordination”
- ✓ A child may be verified for Service Coordination ONLY for up to 6 consecutive months within the fiscal year...but you MUST show at least one hour a month of valid service coordination documentation.  
**(Please note travel is not included as part of the hour)**
- ✓ Service Coordination Only is ALWAYS for an entire month. If SCO is listed on the plan for any part of a month, the child will verify as SCO for that entire month. Please take this into consideration when planning begin and end dates with the family.

**Service Coordination Only** is not:

- ✓ The only service that is provided that month because for whatever reason other services were not or could not be delivered.
- ✓ The child receives another EI service every other month, etc.
- ✓ The child turns 3 and an EI service was not provided before the 3rd birthday for whatever reason

8. Verifying a child as Valid Attempt

A program may verify a child **1 time per quarter** when a valid attempt to serve the child has been made. The Quarters are as follows:

**1<sup>st</sup> Quarter**

**October – December**

**2<sup>nd</sup> Quarter**

**January – March**

**3<sup>rd</sup> Quarter**

**April – June**

**4<sup>th</sup> Quarter**

**July – September**

**Valid Attempt** is defined as: Documentation of Service Coordination and /or provider contacts and/or attempts to contact (last contact should be within 3 business days of appointment);

and at least one of the following within the file:

- ✓ No show by parent;
- ✓ Multiple rescheduling of visits;
- ✓ Traveling back/forth in attempt to deliver service(s)

**Make-Up Visits:** Providers have the opportunity to reschedule a make-up visit with a family into the following month, and verify that child as long as at least an hour of service occurs before the Verification

submission date, which is the 10th day of every month. You **MUST** indicate on the Verification Report that the child verified (using case ID#, not name) is a make-up visit, along with the date the service was rendered. You must also document in the child's record all attempts to provide the service within the month for which the child is being verified so that it is very clear why a make-up visit was required. A make-up visit must be a separate visit from the regularly scheduled visits and is not to be counted toward verification for the current month's service provision. Visits cannot be combined unless approval to do so for each specific case has been given by Tonya Gandy. Requests for these exceptions must be made at least 3 days prior to the Verification submission date.

**Valid Attempt is not:**

- ✓ Parent withdrawal from EI due to child making great progress;
- ✓ Holiday program closure so staff were unable to serve all families;
- ✓ Families typical routines do not fit the staffing structure of the EI program;
- ✓ EI program not taking into account family's vacation schedule;
- ✓ IFSP review occurs and family no longer has concerns so no services were provided that month;
- ✓ Child hospitalized so services were not provided.

9. For children who are not "Service Coordination Only", there must be an early intervention service provided **every** month in order to verify for that child. If the **ONLY** service listed on the plan has a frequency of every other month or quarterly, you must mark the child as "Not Served" during the months that the child does not receive a service.

**10. INSTRUCTIONS ON VALIDATING A CHILD TRANSFERRED FROM ONE CASELOAD TO ANOTHER.**

1. When transferring to a Service Coordinator within or outside of your program, you *do not* validate that case(s) *before* transferring. When you are ready to validate your caseload for verification, that case will show up for you to validate.
  - a. As the transferring service coordinator, if you did nothing with the case before transferring, it will show up in the caseload validation but...**DO NOT VALIDATE THAT CASE...LEAVE IT BLANK.**
  - b. As the transferring service coordinator, if you wrote the IFSP, provided or attempted to provide an EI service, etc...in that month, it will show up in the caseload validation...so **VALIDATE THE CASE AS SERVED, NOT SERVED or VALID ATTEMPT.**
  - c. As the receiving service coordinator within the program, if there is already an IFSP...**REMEMBER...**since the transfer was within your program or agency, only one Service Coordinator may validate that case as **SERVED**...as long as an EI service was rendered.
  - d. As the receiving service coordinator outside the program, if both programs provided an EI service that month, both programs **MAY VALIDATE THAT CASE AS SERVED.**
  - e. As the transferring service coordinator, if there is an IFSP but you did not provide any services before transferring the case, **VALIDATE THE CASE AS NOT SERVED.**
  - f. As the receiving service coordinator, if there is an IFSP but you did not provide an EI service in that month, **VALIDATE THAT CASE AS NOT SERVED.**

**NOTE:** Children who are **Service Coordination Only** and those where **valid attempts** were made **will** be subject to review at TA and PAR.

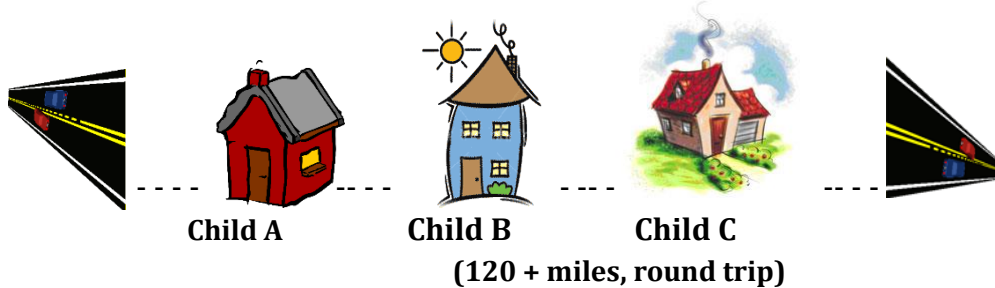
**REMEMBER:** Every attempt should be made to ensure that all services are being provided per the IFSP.

**\*\*\*PLEASE REMEMBER:** In order to validate a case you **MUST** have a valid IFSP, meaning the plan was entered **AND** date completed within **10 days** of the begin date of the plan.

11. **FY 2018 Procedures for Supporting Extensive Travel (added October 1, 2017)**

- ✓ Travel of 120 miles or more, round trip, will qualify for reimbursement to deliver services to one child.

**NOTE:** No matter how many children are being seen on the day of the extensive travel...only one child of your choice will qualify for the increased **tier** rate of reimbursement.



**For Example:**

1. On September 6, 2017 OT leaves home at 6:45 a.m. to see 3 children in rural Lucky County. OT travels 60 miles to her first visit for the day. From 8:00 a.m. to 9:00 a.m. OT sees Child A.
2. OT travels 20 miles to Child B's home. OT sees Child B from 9:30 a.m. to 10:30 a.m.
3. OT travels another 20 miles to Child C's daycare and provides OT services from 11:15 a.m. to 12:15 p.m.
4. Then OT travels 100 miles back to home. Total mileage for the day is 160.

Child A received 1 hour of service in September. Tier \$303 (Eligible to claim \$358 tier).

Child B received 1.5 hours of services in September. Tier \$358 (Eligible to claim \$398 tier).

Child C received a total 3 hours of services in September. Tier \$398 (Not eligible for travel reimbursement)

**EI Agency chooses Child B for the increased tier rate of reimbursement.**

- ✓ **Please remember:** If you are already verifying a child for 3 hours or more of service, you will not qualify to be reimbursed for the travel of 120 miles or more, round trip.
- ✓ It must be documented by case ID# each month on the Verification Certificate.

- ✓ It must be documented on the Provider Note the date the service was provided in which the extensive travel reimbursement was used.  
**Example: Document somewhere on provider note, "Extensive Travel Reimbursement used".**
  
- ✓ There must be a MapQuest, Google Map, etc. in the child's record showing the mileage information.
  
- ✓ This documentation must be available for periodic review.
  
- ✓ Valid Attempts will not qualify for Extensive Travel Reimbursement.

**THE VERIFICATION PROCEDURES STATED ABOVE ARE THE ONLY INSTANCES WHEN A CHILD MAY BE VERIFIED!**

## Tab IX - Medicaid Option Billing

A. [Medicaid Chapter 108](http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx) - (please see Medicaid website for most current revisions: [http://www.medicaid.alabama.gov/content/Gated/7.6.1G\\_Provider\\_Manuals.aspx](http://www.medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx) )



## TAB X: SELF ASSESSMENT

- A. [TA/PAR Checklist](#) - This checklist is used by monitors to review charts at TA and PAR visits and can be used as a self-assessment tool for individuals and/or programs.
- B. [PAR Handbook](#) - (see website for current PAR Handbook)

## PAR/TA REVIEW CHECKLIST

**Compliance Issues:** \_\_\_\_\_

**Date Compliance issues were corrected:** \_\_\_\_\_

\_\_\_\_\_ Database Review only     **PAR TA**    Date: \_\_\_\_\_    \_\_\_\_\_ Monitor Review

**CHILD NAME:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_  
**SC:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **REFERRAL DATE:** \_\_\_\_\_

**REFERRAL REASON:** \_\_\_\_\_  **IN TRANSITION**     **NOT IN TRANSITION**

**INITIAL ELIGIBILITY DETERMINATION**     **MEETS TIMELINE**    **ELIGIBILITY DATE:** \_\_\_\_\_

**EVALUATION WAS DELAYED W/ FAMILY EC**                       **EVALUATION WAS DELAYED BY PROGRAM**

**ELIGIBLE BASED ON DD: Areas 25% delay:**     **IDA**     **DAYC2**     **Battelle**     **PLS-5**     **ELAP**     **Peabody**     **DP-3**  
 **Other** \_\_\_\_\_

**Communication**     **Motor**     **Cognitive**     **Social-Emotional**     **Adaptive**     **Vision & Hearing Completed**     **Eligible by ICO**

**ELIGIBLE BASED ON DX:** \_\_\_\_\_     **Medical Documentation in record**

**INITIAL ELIGIBILITY REPORT IS WRITTEN TO MEET ALL CRITERIA**

**REPORT DOES NOT MEET CRITERIA IN THE FOLLOWING AREAS:**

**Signature of Summarizer**     **Names of Evaluators & Credentials**     **Dates of Procedures**

**Medical Information is Referenced in Report**     **Evidence of 2 Procedures (if DD)**

**Other** \_\_\_\_\_

**MEETS 45 DAY TIMELINE (100%)**    **Total # IFSPs** \_\_\_\_\_    **Initial IFSP** \_\_\_\_\_    **Attach EC** \_\_\_\_\_  
 Timely Periodic reviews on time (Y or N): 6-month \_\_\_\_\_    1<sup>st</sup> Annual \_\_\_\_\_    2<sup>nd</sup> Annual \_\_\_\_\_

**Plan Has Signatures & Dates**                       **Plan Mailed—Delivered—Emailed**                       **No Current Plan Services**

**TIMELY SERVICES**     **YES**     **PROGRAM ATTEMPTED-PARENT DELAY**     **PROGRAM DELAY**

Current Services	Frequency	Intensity	Begin Date	End Date	Setting	Delivery Date	Parent EC
1							
2							
3							
4							
5							

**Service Delivery Success:**     **High**     **Moderate**     **Low**     **Too soon to tell**     **Child ill frequently**

**Parent Participation:**                       **High**     **Moderate**     **Low**     **Too soon to tell**

**Natural Environments:**     **Daycare**     **Home**     **Provider Location—Justification**     **Yes**     **No**

**TRANSITION PROCESS**

**Family Opted Out of Notification to LEA (Signed form)**

School System \_\_\_\_\_

**Transition Plan written on time (by 27 months or ASAP on entry) DATE:** \_\_\_\_\_

**Notification to LEA/invitation to meet with Part B: DATE:** \_\_\_\_\_

**Transition Planning Meeting with Part B convened: DATE:** \_\_\_\_\_

**Transition Planning Meeting scheduled with Part B: DATE:** \_\_\_\_\_

**Transition problems/delays:** \_\_\_\_\_

**PROCEDURAL SAFEGUARDS**

**All safeguards are appropriate**

Safeguards are out of compliance:

**Record of Access**     **Child/Parent Rights**

**Permission to Evaluate**     **Request to Attend Meeting**

**Notice of Intent if services changed**

**Release of Information**     **Notice of Ineligibility**

**System of Payment Form**

**Annual IFSP Review Form**

**Service Coordinator informs physicians of child's plan using approved letter**     **YES**     **NO**

**VOLUNTARY FAMILY ASSESSMENT:**  Complete  Tool  Family identified concerns  Family identified Priorities to address concerns  Family Resources  
 Other: \_\_\_\_\_

**FAMILY-DEFINED OUTCOMES INCLUDE STRATEGIES TO HELP CHILDREN, FAMILIES AND CAREGIVERS TO:**

- Achieve independence     Develop social relationships     Engage with others/materials

**FAMILY DEFINED OUTCOMES REFLECT**

Functionality for child and family life based on routines ___ Yes ___ No	Contextual settings (not test) ___ Yes ___ No	Jargon free, clear and simple ___ Yes ___ No	Discipline free, avoids use of passive words: tolerate/receive/improve) ___ Yes ___ No	Positive wording ___ Yes ___ No
Comments RE: Outcomes: _____ _____ _____ _____ _____ _____ _____ _____ _____				

**PROVIDER NOTES**

Outcomes written verbatim ___ Yes ___ No	Outcomes addressed are identified ___ Yes ___ No	Provider notes reflect family training ___ Yes ___ No	Provider notes reflect adequate caregiver plans ___ Yes ___ No
Comments: _____ _____ _____ _____ _____			

**SERVICE COORDINATION NOTES**

Maintain adequate contact with families ___ Yes ___ No	Review provider notes accuracy/compliance ___ Yes ___ No	Follow-up with family needs ___ Yes ___ No
Comments: _____ _____ _____ _____		

**Family survey/concerns reported for PAR or family complaint (State Monitors Only)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# TAB XI: EARLY INTERVENTION PERSONNEL

- A. [EI Program Contact Information](#)
- B. [District Office Staff](#)
- C. EI State Office Staff - **need updated version**
- D. [ICC Members](#)
- E. ICC Subcommittees, Roles, and State Staff Contact

\*Contact information can be found in the [Resource Library](#).

## ICC Subcommittees, Roles, and Contact Person

All subcommittees are open to the public and everyone is encourage to attend.

- A. **Financial Planning Committee:** To advise and assist the lead agency , and the Interagency Coordinating Council (ICC) on issues related to funding the interagency early intervention system. Contact Amy Blakeney (State Liaison) at 334-293-7021.
- B. **Public Awareness Committee:** To advise and assist the lead agency and the ICC in the development, implementation, and coordination of a statewide interagency public awareness program is focused on increasing enrollment in AEIS. Contact Shannon Foster (State Liaison) at 334-293-7066.
- C. **Personnel Committee:** to advise and assist the lead agency and the ICC on matters relative to qualified personnel within the state for each early intervention discipline, and the development of CSPD. Contact Jeri Jackson (State Liaison) at 334-293-7088.
- D. **Program Planning and Evaluation:** To advise and assist the lead agency and ICC with addressing issues that encompass the overall effectiveness of AEIS. Contact Felicia Carswell (State Liaison) at 334-293-7024.

## TAB XII : PUBLIC AWARENESS, TRAINING & FAMILY SUPPORT

- A. [AEIS Public Awareness/Training/Family Support Activity Reporting Form](#)
- B. [The Pathway of Early Intervention](#)
- C. [FAQs about AEIS](#)
- D. [A Step Ahead brochure](#)
- E. [AEIS Developmental Checklist](#)
- F. [An Eligible Family's Guide to Early Intervention](#)
- G. [Help Me Grow release/referral form](#)

\*All public awareness, training, and family support documents can be found in the [Resource Library](#).

# TAB XIII: POLICIES

- A. [Coordination of All Available Resources](#)
- B. [Developmental Delay](#)
- C. [Early Intervention Services](#)
- D. [Evaluation & Assessment](#)
- E. [General Information](#)
- F. [Natural Environments](#)
- G. [Opt-Out](#)
- H. [Public Participation](#)
- I. [Transition](#)
- J. [Transition Planning Procedures](#)

\*All policy documents can be found in the [Resource Library](#).

# TAB XIV: MISCELLANEOUS

- A. **Sample Progress Notes**
- B. **[Evaluator Training and Observation Checklist](#)**
- C. **[EligibleParent's Concern Factsheet/Dear Betsy Letter](#)** (required to be given to family)
- D. **[What is District Coordinating Council](#)** (required to be given to family)
- E. **District Map**
- F. **GIFTS Staff Entry Table** (GIFTS Trainer use Only)



## EI PROVIDER NOTES

### Expected Content of Provider Notes

In addition to the basic requirements typically completed at the top of the provider's note (i.e., child's name, date of service, time from/to, type of service, IFSP outcomes being addressed in the session, etc.), all EI Provider notes should also include the following:

1. **Parent/childcare provider's update since last visit:** any changes in child's medical /health status, new skills mastered, progress toward outcomes, problems/new concerns.
  
2. **What did the EI provider observe:** (i.e., child's behavior/temperament, skills, progress toward IFSP outcomes).
  
3. **What IFSP outcomes were addressed:** by the EI provider and/or caregiver during the visit and **how**. Include description of the kind of **support, teaching, modeling was needed/given** during the session (give more details than "we worked on \_\_\_\_\_" –tell how & who). Examples:
  - a. (Observation) Matthew crawled around the living room and tried to pull up to couch but fell each time. (What was addressed and how) **PT showed Susan (his mom) how to help Matthew pull to stand at furniture and to place her hand at his back for support.**

This might be a session in which the service provider/parent are working toward an outcome about Matthew walking on his own. While the intervention example above is certainly addressing motor skills, the outcome itself could have an entirely different focus- could be so he can play with toys independently (and not rely on others to get them for him).

- b. (Observation) Mrs. Williams (childcare teacher) put Lily in a highchair with tray on it and Lily immediately started crying and reaching to be taken out. (What was addressed and how) **Special instructor gave her a book Mrs. Williams reported was a favorite and started showing her the pictures and demonstrating how to push the buttons to make music.** Lily calmed down and started playing with the book and was able to sit there until Mrs. Williams brought her the snack and juice cup. **Special instructor talked with Mrs. Williams about whether she thought this would be something she could do when alone with the children, and she said yes.**

This intervention could be addressing the childcare teacher's concern that Lily isn't tolerating sitting in her highchair long enough to eat or it may be that the teacher wants her to be able to entertain herself while in highchair so that she can get the food ready and tend to the other children.

4. **What was the parent/childcare provider's involvement** with the child and/or the EI provider during the session? Did EI provider demonstrate, then have the parent/caregiver try it? Did the parent engage the child? If so, how?

**IMPORTANT REMINDER: Make certain the content of your notes address the most current outcomes on the IFSP. It is okay to address other things during the session but the focus is on addressing one or more outcomes and not what the next developmental skill is for the child.**

### Putting a provider note all together

#### Matthew:

Update since last visit: Matthew's mom, Susan, reports that Matthew had an ear infection for last few days but is now on antibiotic and feeling better today.

Today: **(OBSERVATION)** Matthew is crawling around house & exploring. **(WHAT WAS ADDRESSED/HOW AND CAREGIVER'S PARTICIPATION)** PT showed Susan how to help Matthew pull to stand at furniture and to place her hand at his back for support. Susan practiced this with Matthew a few times and said she was comfortable doing it. When playing with ring-stacker, PT provided hand-over-hand to place rings. Matthew then tried to do by himself. Matthew imitated a few sounds made by PT and his mom: 'mama', 'meow' and 'bye-bye'. When looking at a book he pointed to the picture of a dog when his mom asked "where's the dog?".

(Include additional activities here and finish with...)

Caregiver Plan: Reviewed with Susan the four Positioning for Play handouts we had used in today's visit. She is encouraged to try these during the different routines and activities coming up in the next two weeks, Susan will email me or call me if she has any questions before the next visit which will be 6/30 at 2:00 p.m.

### Putting a provider note all together

#### Lily:

Update since last visit:-Mrs. Williams (Lily's teacher) said Lily's mom told her today that Lily had an MRI last week and that they should get the results this week. She also reports that Lily has been doing better holding and drinking from her sippy cup.

During today's visit: (OBSERVATION) Mrs. Williams (teacher) put Lily in a highchair with tray on it and Lily immediately started crying and reaching to be taken out. **(WHAT WAS ADDRESSED/HOW AND CAREGIVER'S PARTICIPATION)** Special instructor gave Lily a book Mrs. Williams reported was a favorite and started showing her the pictures and demonstrating how to push the buttons to make music. Lily calmed down and started playing with the book and was able to sit there until Mrs. Williams brought her the snack and juice cup. Special instructor talked with Mrs. Williams about whether she thought this would be something she could do when alone with the children, and she said yes.

(Include additional activities here and finish with...)

Caregiver plan: as discussed today, put together a basket of special toys Lily enjoys and have them available to her only when she is sitting in the highchair. Give her the toy before she starts fussing so that she doesn't associate the fussing with getting the toy but with sitting in the chair. If she fusses immediately, tell her she can have (whatever the toy/book is) when she stops crying. If she stops for even one minute, give it to her then and praise her. Picture schedule left for teacher to use as demonstrated during today's visit.

# Early Intervention Progress Note

Child's name: Sam Hill

Date of Service: 10-15-15

EI Service as listed on the IFSP: Occupational Therapy

Time of Service: 10:30am – 11:15am

Location: Home

## IFSP Outcome(s):

1. During meal time Sam will use a spoon to feed himself.
2. Sam will eat a variety of soft foods without choking.

## Summary of Today's Session:

I saw Sam at home with mom, Lisa. Lisa reported Sam had shown regression in his ability to tolerate textures during mealtime and only once with his bottle. I showed Lisa how to position Sam in his high-chair to ensure body and head alignment to decrease the risk of choking during mealtime. Lisa provided Sam with yogurt and soft cereal. Provided Lisa with instructions on where to place Sam's fingers using the utensil to successfully feed himself. I demonstrated for Lisa hand-over-hand assistance while feeding Sam yogurt. I instructed Lisa to continue providing hand-over-hand assistance during meal time to ensure proper hand placement to increase his ability in understanding how to use utensils independently. Sam demonstrated his ability to eat soft cereal without choking. I reiterated the importance of positioning during meal-time to avoid choking.

## Parent/Caregiver Suggested Plan of Activities:

1. Continue to offer Sam various textures of food during mealtime to decrease the risk of choking.
2. Provide hand-over-hand assistance during mealtime using utensils.

Team Member Signature: \_\_\_\_\_

CPT Code: \_\_\_\_\_

Provider Note For: Sam Hill

Why does this meet PAR criteria? And, how do we know the provider writing the note understands the AEIS six core values? Core Values are in **BOLD** below.

Ask these questions when writing or reviewing provider notes?

Is the service **INDIVIDUALIZED**?

Does the service provide **FAMILY TRAINING**?

Is the service **FAMILY CENTERED**?

Is the service provided in the **NATURAL ENVIRONMENT**?

Is the service being provided **DEVELOPMENTALLY APPROPRIATE**?

Is their **COLLABORATION** within the visit?

1. The IFSP outcomes are listed (verbatim) at the top of the page. The outcomes listed are functional, family defined (**INDIVIDUALIZED and FAMILY CENTERED**) and based on family routines.
2. The location of where the visit took place (**NATURAL ENVIRONMENT**) and who was present was mentioned at the beginning of the note (At home with mom, Lisa)
3. (**FAMILY TRAINING**) is documented clearly within the note. The OT “showed” Lisa positioning, provided Lisa “instructions” on where Sam fingers should be placed on utensils and “demonstrated” to Lisa hand over hand assistance while feeding Sam.

4. The intervention/strategies being provided to work towards IFSP outcomes should be **DEVELOPMENTALLY APPROPRIATE**. Date of birth is not required information for a provider note, but based on what is written and mentioned within Evelyn's note it would appear that outcomes listed are not only functional, family defined, based on a family routine, but also **DEVELOPMENTALLY APPROPRIATE**.
5. **COLLABORATION** between the OT and Sam's mom, Lisa is noted within the note. Documentation shows they are clearly working together to address the IFSP outcomes. Note: **COLLABORATION** is monitored and usually noted mostly within service coordination notes.

**Sam's note also has all the basic, required information too:**

Name

Service provided

Date service was provided

Begin and end time of service

Location

Provider signature

CPT code

# Early Intervention Progress Note

Child's name: Evelyn Jones  
EI Service as listed on the IFSP: Special Instruction  
Location: Home

Service: Family Support  
Date of Service: 10-15-15  
Time of Service: 1pm to 1:45 pm

## IFSP Outcome(s):

1. During meal time Evelyn will drink from her Sippy cup.
2. During play time Evelyn will walk across the room to play catch with her siblings.

## Summary of Today's Session:

I saw Evelyn at home today with her mom, Judy and her brother, Bobby. Evelyn is holding her head up without assistance and is crawling on all 4's. I had Judy bring Evelyn's sippy cup out, and she held it using both hands. I assisted her in guiding the cup to her mouth and I demonstrated for Judy the strategy. Judy was able to model the strategy back, indicating she understood. Evelyn has a hard time with sucking, so I suggested Judy get sippy cups that have a harder spout that would increase strength in jaw muscles. I showed Judy how to massage the outer and inner area of the mouth that would help with strengthening oral muscles. I stood Evelyn up at her play station. I had Judy balance her while standing. I showed Judy how to position Evelyn in a kneeling position at toys. Also, showed Judy how to position Evelyn's feet to move forward to take steps. Judy demonstrated strategies and said she felt comfortable with applying these strategies.

## Parent/Caregiver Suggested Plan of Activities:

1. Get harder spout sippy cups or put apple sauce in with juice in the soft sippy cup and see if its harder to come out and she will have to suck on it.
2. Stand her up at toys, help her keep her balance but make her do most of the work. You're just there to guide her. While standing, hold both hands while moving backwards allowing her to take steps forward.

Team Member Signature: \_\_\_\_\_

CPT Code: \_\_\_\_\_



Provider Note For: **EVELYN JONES**

Why does this meet meet PAR criteria? And, how do we know the provider writing the note understands the AEIS six core values? Core Values are in **BOLD** below.

Ask these questions when writing or reviewing provider notes?

Is the service **INDIVIDUALIZED**?

Does the service provide **FAMILY TRAINING**?

Is the service **FAMILY CENTERED**?

Is the service provided in the **NATURAL ENVIRONMENT**?

Is the service being provided **DEVELOPMENTALLY APPROPRIATE**?

Is their **COLLABORATION** within the visit?

1. The IFSP outcomes are listed (verbatim) at the top of the page. The outcomes listed are functional, family defined (**INDIVIDUALIZED and FAMILY CENTERED**) and based on family routines.
2. The location of where the visit took place (**NATURAL ENVIRONMENT**) and who was present was mentioned at the beginning of the note (At home with Evelyn's Mom, Judy and her brother, Bobby).
3. (**FAMILY TRAINING**) is documented clearly within the note. The SI "demonstrated" and "showed" Judy strategies to address the outcomes. And, the SI had Judy "demonstrate" the strategies as well. It is clear in this note the

SI is demonstrating and showing Judy what to do, and then making sure she, not only understands, but actually “demonstrates” the strategy to the SI. Judy also stated she was “comfortable” with the strategy.

4. The intervention/strategies being provided to work towards IFSP outcomes should be **DEVELOPMENTALLY APPROPRIATE**. Date of birth is not required information for a provider note, but based on what is written and mentioned within Evelyn’s note it would appear that outcomes listed are not only functional, family defined, based on a family routine, but also **DEVELOPMENTALLY APPROPRIATE**.
5. **COLLABORATION** between the SI and Judy is noted within the note. Documentation shows they are clearly working together to address the IFSP outcomes. Note: **COLLABORATION** is monitored and usually noted mostly within service coordination notes.

**Evelyn’s note also has all the basic, required information too:**

Name

Service provided

Date service was provided

Begin and end time of service

Location

Provider signature

CPT code

And, this note list’s “Family Support” at the top of the page because the Medicaid Option will be billed for this service.

# Early Intervention Progress Note

Child's name: Susie Stone

Date of Service: 1-15-16

EI Service as listed on the IFSP: Speech Therapy

Time of Service: 9:30am – 10:30am

Location: Daycare

## IFSP Outcome(s):

1. During snack time, Susie will tell her caregivers what fruit she wants to eat.
2. During play-time, Susie will ask for a toy she wants to play with.
3. During meal time, Susie will let teacher know when she is hungry by signing "eat", "drink" and "all done".

## Summary of Today's Session:

I saw Susie at the daycare with her teacher, Ms. Jones present. Ms. Jones stated that recently Susie has been throwing items and hitting other students. I explained to Ms. Jones that Susie throwing items could be associated with her lack of speech. I provided Ms. Jones with ideas and techniques to try when Susie gets frustrated. I also discussed with Ms. Jones on how to ignore some behavior if Susie is not hitting or hurting self or others. I also discussed with Ms. Jones to give Susie a choice between two items such as "doll" and "block" and give her what she points to. I modeled this technique using Susie's doll and her Barbie car. Susie was able to indicate which toy she preferred at that moment. I also modeled for Ms. Jones and Suzie some signs to use when Susie indicates she is hungry or finished eating. The teacher practiced signing with Susie using hand-over-hand techniques. Ms. Jones stated she felt comfortable with signs I demonstrated and will continue to work with Susie using these signs.

## Parent/Caregiver Suggested Plan of Activities:

1. Provided handout with the signs that teacher should practice with Susie. Encourage teacher to provide hand over hand before giving the desired object to Susie.
2. Provide two to three items to encourage choice making decisions to promote independence.

Team Member Signature: \_\_\_\_\_

CPT Code: \_\_\_\_\_

## Provider Note For: Susie Stone

Why does this meet PAR criteria? And, how do we know the provider writing the note understands the AEIS six core values? Core Values are in **BOLD** below.

Ask these questions when writing or reviewing provider notes?

Is the service **INDIVIDUALIZED**?

Does the service provide **FAMILY TRAINING**?

Is the service **FAMILY CENTERED**?

Is the service provided in the **NATURAL ENVIRONMENT**?

Is the service being provided **DEVELOPMENTALLY APPROPRIATE**?

Is their **COLLABORATION** within the visit?

**NOTE:** SLP is being provided in Susie's daycare, and therefore would be considered **CAREGIVER TRAINING** (which is an understood and approved variation of the core value **FAMILY TRAINING**). The IFSP outcomes addressed at the daycare should also be **CAREGIVER CENTERED** as well (also a variation of the core value **FAMILY CENTERED**). It is important to understand these variations because it is important that EI providers understand that EI philosophy dictates that "**training**" the person in charge of a child's care has to occur no matter the setting, and that the training has to be something the caregiver cares about, needs assistance with, prioritizes, etc.

1. The IFSP outcomes are listed (verbatim) at the top of the page. The outcomes listed are functional, family defined (**INDIVIDUALIZED and FAMILY CENTERED**) and based on family routines.

2. The location of where the visit took place (**NATURAL ENVIRONMENT**) and who was present was mentioned at the beginning of the note (At Daycare with the, Ms. Jones, Teacher).
3. (**FAMILY TRAINING...in this case CAREGIVER TRAINING**) is documented clearly within the note. The SLP “provided” Ms. Jones with “ideas and techniques” to try when Susie gets frustrated. The SLP worked with Ms. Jones by “modeling” how to provide choices for Susie, and incorporating signs with Susie to use to communicate when she is hungry or when she is finished eating. Ms. Jones then “practiced” using sign and stated she felt comfortable with using them.
4. The intervention/strategies being provided to work towards IFSP outcomes should be **DEVELOPMENTALLY APPROPRIATE**. Date of birth is not required information for a provider note, but based on what is written in Susie’s note, it would appear the outcomes listed are not only functional, family defined, based on a family routine, but also **DEVELOPMENTALLY APPROPRIATE**.
5. **COLLABORATION** between the SLP and Susie’s Daycare Teacher is noted within the note. Documentation shows they are clearly working together to address the IFSP outcomes. Note: **COLLABORATION** is monitored and usually noted mostly within service coordination notes.

**Susie’s note also has all the basic, required information too:**

Name	Provider signature
Service provided	CPT code
Date service was provided	
Begin and end time of service	
Location	

# Early Intervention Progress Note

Child's name: Kim Byrd

Date of Service: 12-4-15

EI Service as listed on the IFSP: Occupational Therapy

Time of Service: 9am – 10am

Location: Home

## IFSP Outcome(s):

1. Kim will dress herself during morning routine.
2. During morning routine, Kim will brush her teeth with assistance.

## Summary of Today's Session:

I saw Kim at home with her mom, Karen and dad, Bill today. To assist Kim with dressing, Karen provided me with Kim's dolls. We practiced dressing and undressing the doll. Using the doll, I demonstrated arm and leg raising for Kim and Bill. Karen acknowledged understanding by modeling the strategies shown. When asked to lift arms, Kim attempted to raise the dolls arm in an effort to assist with dressing. She required help to put the dolls arm in the armhole. I discussed with parents the importance of assisting Kim with dressing the doll. After getting Kim's doll completely dressed, Karen assisted Kim in putting on a clean shirt and shorts. When modeled raising the dolls arm, Kim raised hers. When modeled extending the dolls legs, Kim extended hers. Using Kim's doll, I modeled for both parents brushing techniques. Because Kim's mouth is extremely sensitive, I discussed and demonstrated how gently massaging the inner lips will allow Kim to tolerate contact using the toothbrush. After demonstration was shown using Kim's doll, we gave the toothbrush to Kim so she could brush the doll's teeth. Once Kim was done, the parents attempted to model strategies with Kim using hand-over-hand techniques. Kim kicked and screamed, however, I told both Karen and Bill to not to be discouraged and reminded them to continue strategies.

## Parent/Caregiver Suggested Plan of Activities:

1. Improve independence while dressing, by having Kim practice with doll.
2. Massage inner lips 3 to 5 times daily to desensitize oral muscles.
3. During morning routines, provide Kim with a toothbrush and allow her to massage her own mouth.

Team Member Signature: \_\_\_\_\_

CPT Code: \_\_\_\_\_

Provider Note For: Kim Byrd

Why does this meet PAR criteria? And, how do we know the provider writing the note understands the AEIS six core values? Core Values are in **BOLD** below.

Ask these questions when writing or reviewing provider notes?

Is the service **INDIVIDUALIZED**?

Does the service provide **FAMILY TRAINING**?

Is the service **FAMILY CENTERED**?

Is the service provided in the **NATURAL ENVIRONMENT**?

Is the service being provided **DEVELOPMENTALLY APPROPRIATE**?

Is their **COLLABORATION** within the visit?

1. The IFSP outcomes are listed (verbatim) at the top of the page. The outcomes listed are functional, family defined (**INDIVIDUALIZED and FAMILY CENTERED**), and based on family routines.
2. The location of where the visit took place (**NATURAL ENVIRONMENT**) and who was present (At home with mom, Karen and dad, Bill) was mentioned at the beginning of the note.
3. (**FAMILY TRAINING**) is documented clearly within the note. The OT “demonstrated” and “modeled” strategies for Karen and Bill that would address the ISFP outcomes. The OT also had Karen and Bill “demonstrate” the strategies as well. It is clear in this note the OT is

“demonstrating” and “showing” Kim’s parents what to do, and then observes them attempting the strategies. The OT also encourages both Karen and Bill to not get discouraged when Kim kicks and screams.

4. The intervention/strategies being provided to work towards IFSP outcomes should be **DEVELOPMENTALLY APPROPRIATE**. Date of birth is not required information for a provider note, but based on what is written and mentioned within Kim’s note it would appear that outcomes listed are not only functional, family defined, based on a family routine, but also **DEVELOPMENTALLY APPROPRIATE**.

Kim’s note also has all the basic, required information too:

Name

Service provided

Date service was provided

Begin and end time of service

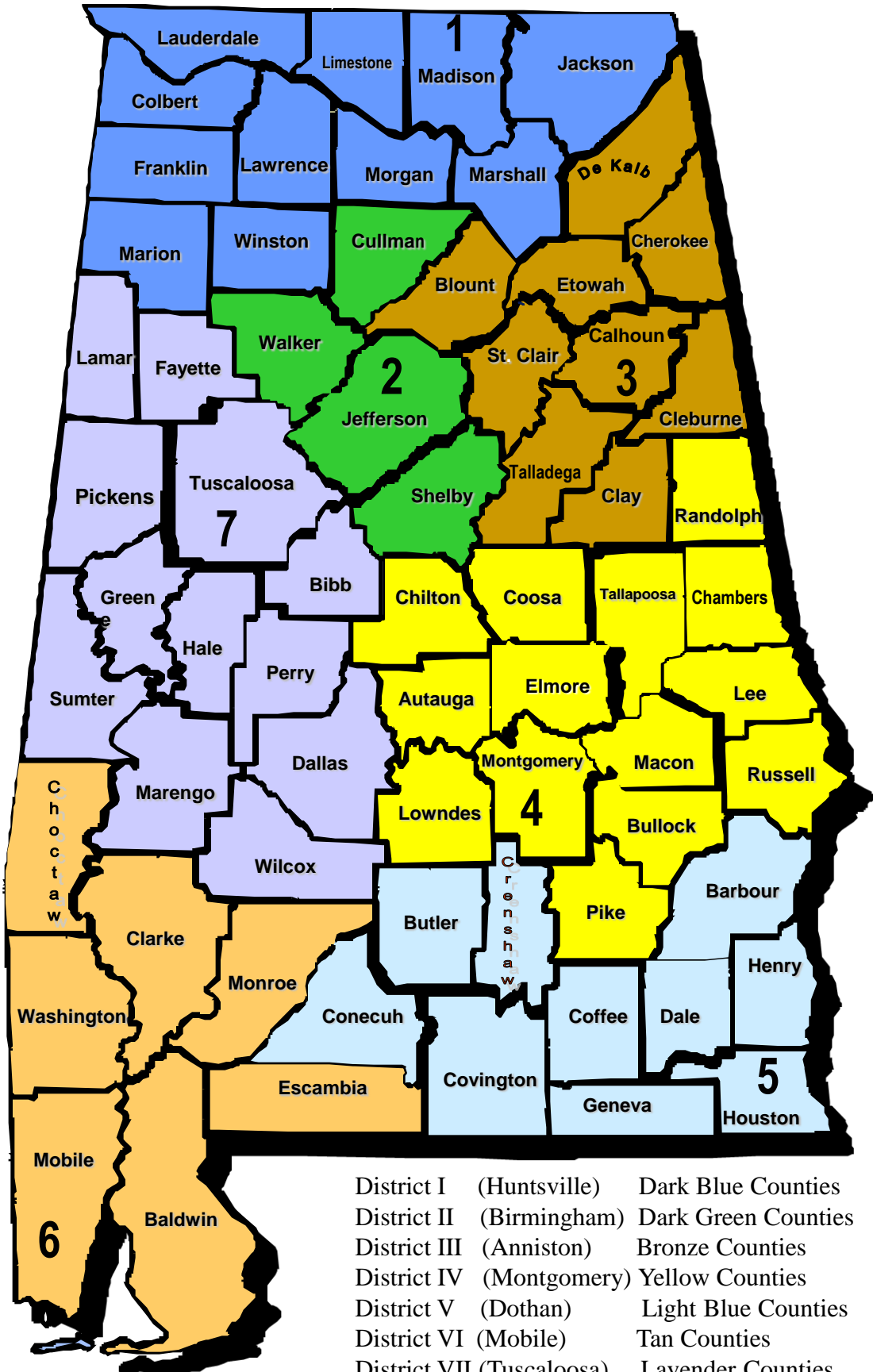
Location

Provider signature

CPT code



# Alabama State Map – Listed by EI Districts



- District I (Huntsville) Dark Blue Counties
- District II (Birmingham) Dark Green Counties
- District III (Anniston) Bronze Counties
- District IV (Montgomery) Yellow Counties
- District V (Dothan) Light Blue Counties
- District VI (Mobile) Tan Counties
- District VII (Tuscaloosa) Lavender Counties

# **AEIS GIFTS Staff Table Entry Form**

---

**Last Name:**

**First Name:**

**MI:**

**Social Security Number:**

**Gender:**

**DOB:**

**Race/Ethnic Origin:**

**Job Title:**

**Unit/District Number:**

**Office (Provider) Name:**

**Provider Physical Address:**

**City:**

**STATE:**

**Zip:**

**Primary Phone Number:**

**Email Address:**

**Supervisor's Name:**

**Program (Name) Affiliation:**

**Counties Serving:**

**\*\*If more than one caseload is needed, please specify:**

**Person(s) needing Administrative or View Only Access:**

**GIFTS Trainer:**

**Date Trained:**

**GIFTS User Agreement given to new user: Y**

**N**