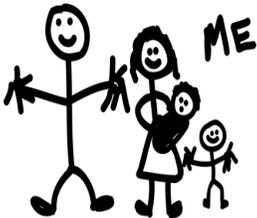


# ALABAMA'S EARLY INTERVENTION SYSTEM'S PROVIDER APPRAISAL REVIEW HANDBOOK AND DOCUMENT

(EFFECTIVE October 1, 2020)

ALABAMA DEPARTMENT OF REHABILITATION SERVICES  
Division of Early Intervention

602 South Lawrence St.  
Montgomery, AL 36104



**THIS DOCUMENT IS SUBJECT TO CHANGE AS ALABAMA'S EARLY INTERVENTION SYSTEM  
CONTINUES TO DEVELOP AND AS FEDERAL REGULATIONS DICTATE.**



## 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.

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



#### ○ **Family Centered**

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

#### ○ **Developmentally Appropriate**

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

#### ○ **Individualized**

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

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

○ **Routines-Based**

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

○ **Evidence-Based Practices**

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

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

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)**

## **ADMINISTRATION, SUPERVISION, AND MONITORING METHODS UTILIZED FOR SERVICE COORDINATORS AND PROVIDERS OF SERVICES UNDER PART C**

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

The Lead Agency, Alabama Department of Rehabilitation Services (ADRS) Division of Early Intervention is responsible for general administration and supervision/monitoring of compliance for community-based early intervention programs (and District Early Intervention Coordinators) providing services under Part C of the Individuals with Disabilities Education Act (IDEA). Assisting ADRS/Division of Early Intervention (DEI) in monitoring are contracting agencies' liaisons from the Department of Mental Health (DMH), the Alabama Institute for Deaf and Blind (AIDB) and the Early Intervention Division (under ADRS). Administrative methods for supervision and monitoring for continuous improvement includes Technical Assistance (TA) and Provider Appraisal Reviews (PAR) to ensure compliance with Part C regulations. As Lead Agency, ADRS/EI is responsible for ensuring that programs adhere to requirements under IDEA, Part C regulations. ADRS/EI provides guidelines in the selection of data and records for review but reserves the right to request additional documentation if determined necessary to fulfill these responsibilities.

### **TECHNICAL ASSISTANCE PROCESS (TA)**

Program participation in technical assistance (TA) activities is required at least twice annually. The purpose of TA's is to ensure that programs have opportunities to discuss with AEIS and contracting agency any issues, safeguards or procedures. An AEIS primary monitor will be assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel and monitor Action Plans from previous reviews, and provide TA to address any compliance needs etc.

TA's help to inform all personnel annually regarding practices, policies and system information and provide consistent information. Agency liaisons (AIDB, DMH and EI/ADRS) participate in all TA's and Provider Appraisal Reviews. Agency liaisons are also required to participate in TA's if program is in a status of "Out of Compliance". Agency liaisons may provide independent TA's to programs.

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

- Record reviews (on-site review, database, desk audits; specific data review of outcomes/service delivery patterns/family survey results/program profiles/and other pertinent information)
- District Training (district forum for discussing system concerns or interests)
- In-services or individual program requests
- Informal discussions with program (videoconference, teleconference, on-site forum)
- E-mail responses to program inquiries
- Review of TA or PAR Action Plans
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Updates

## SELECTION OF RECORDS FOR TA

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

Record reviews may include but are not limited to:

- Selected data and record review based on concerns, program performance and demographics. (A minimum of 3 files per service coordinator to include initial IFSP and transition records.)
- Desk audit of selected records and documents requested by EI state office staff
- Onsite review
- Review by polycom
- Database review

## PREPARATION FOR TECHNICAL ASSISTANCE AND RECORD REVIEW

### TA DOCUMENTS

Programs scheduled for TA are requested to submit documents six (6) weeks in advance of the TA date.

- Complete the following documents for TA: (found in the back of Manual)
  - Pre-TA Information Checklist as cover sheet for pre-PAR/pre-TA packet
  - Listing of Personnel Providing Part C Services and Qualifications (includes training)
  - Listing of Para-professional Personnel if applicable
  - Listing of Professional Evaluators

## DETERMINING COMPLIANCE AT TA

At an EI program's TA, the program's compliance status will be evaluated as either "In Compliance" or "Out of Compliance". Compliance status will be based on a review to determine if state and federal rules and regulations have been followed and if best practices are implemented. A partial database review is also a part of this overall review. If there are findings based on limited data and record review, more records may be reviewed to help reestablish compliance. It is possible for a program to reestablish compliance on the same day of a finding if subsequent review reflects best practices and are in compliance. When reporting on the correction of noncompliance, AEIS must report, that it has verified that each program or provider with noncompliance is 1) correctly implementing the specific regulatory requirements based on a review of updated data such as data subsequently collected through on-site monitoring or through a database; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the program.

If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to be taken to reestablish compliance by a target date. Follow-up reviews are based on the length of Action Plans and may require additional scheduling but may be reviewed as a desk audit for specific documentation. If a program is unable to reestablish compliance by the Action Plan target date, a Provider Appraisal Review (PAR) will be scheduled. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish compliance within one year. This is based on OSEP's review of annual state data. TA reports will be provided to the program EI Coordinator or administrator by the primary monitor within 4 weeks following the TA.

ADRS/AEIS also reserves the option to conduct a PAR at any time based on:

- Family complaints for service issues
- Unresolved programmatic issues (including staffing concerns)
- Other issues which could impact services to families or affect compliance with state and federal regulations
- Not completing an Action Plan

## **PROVIDER APPRAISAL REVIEW (PAR)**

Provider Appraisal Reviews (PAR) document how programs assist families in developing and meeting appropriate functional outcomes and ensure that early intervention services enhance the capacity of families to improve their children's development PAR also ensures that programs remain in compliance with state and federal regulations. A PAR team consists of EI state office monitor, a fiscal agency representative, and may include other EI state office approved personnel. A PAR examines documentation accumulated by a program and focuses on compliance indicators defined by OSEP and subject to federal regulations and state criteria for evaluation, timelines and service delivery.

The PAR process emphasizes program quality, child and family outcomes, effectiveness, best practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery and closure. PAR involves the following: (1) validating compliance with all required indicators including 100% target indicators (2) Reviewing the family survey (3) reviewing 100% of data and (4) self-monitoring by the program. A primary monitor:

- Arranges family survey 6 weeks prior to PAR
- Reviews database-100% of caseloads
- Reviews randomly selected open cases to include service coordination only cases
- Reviews randomly selected ineligible cases and closed cases
- Evaluates program timeliness of required activities and program services
- Reports data for Annual Performance Report to OSEP
- Develops action plans to remediate or correct findings
- Provides results for future programmatic planning and improvement
- Examines basis of family complaints and due process information

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

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

## **PAR COMPONENTS:**

In addition to the OSEP 100% Target Indicators there are seven (7) components for which information is collected in a Provider Appraisal Review and describe indicators that determine compliance based on federal and state regulations.

- OSEP 100% Target Indicator Timely IFSP
- OSEP 100% Target Indicator Timely Delivery of Services
- OSEP 100% Target Indicator Timely Transition Planning
- Child Find Referral and Eligibility Determination
- Family Assessment
- Individualized Family Service Plan Service Delivery and Natural Environments
- Procedural Safeguards
- Data Collection
- Comprehensive System of Personnel Development (CSPD)
- Public Awareness and DCC Collaboration

AEIS expects programs to maintain policies that verify and assure appropriate services for families. Any program policy such as an attendance policy must be available to monitors for review.

When two or more agencies collaborate to provide appropriate services, collaborative agencies must ensure that compliance standards are met. Collaborative agencies, service providers, and service coordinators will be held equally accountable for providing service documentation.

## **PREPARATION FOR PROVIDER APPRAISAL REVIEW**

### **PRE-PAR DOCUMENTS**

Programs scheduled for PAR are requested to submit documents six (6) weeks in advance of the PAR date.

- Complete the following documents for pre-PAR: (found in the back of Manual)
  - Pre-PAR Information Checklist as cover sheet for pre-PAR packet
  - Listing of Personnel Providing Part C Services and Qualifications (includes training)
  - Listing of Para-professional Personnel if applicable
  - Listing of Professional Evaluators
  - Report of Independent Audits Form (signed only; do not send audit report)

## **SELECTION OF RECORDS FOR PAR**

Program personnel are responsible for ensuring required documentation and records are available. A 100% data review is completed during a pre-PAR period. AEIS will randomly select records and provide programs with a list of the names on the day of PAR. A cross-section of needs and demographics (diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program will have a record review process in place prior to PAR date (supervisor review, peer review etc.) Monitors will expect programs to describe ongoing internal review methods utilized. At least 10 records but no more than 15% of their program's total caseload will be selected for review however; monitors reserve the rights to select additional records if needed. Targeted records will be reviewed for detailed discussions on how service delivery determinations were made, identified challenges, strategies that were successful, family involvement status, specific interventions that promote improvement and other factors that effect programs quality improvement. All records selected will be subject to a complete or partial review.

## **DETERMINING PROGRAM QUALITY & COMPLIANCE AT PAR**

A program will participate in a PAR at least every three (3) years regardless of status at a prior Technical Assistance and Record Review. Compliance will be determined based on review of records and data at PAR.

Data, as entered in GIFTS by service coordinators are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to reestablish compliance within one year. Follow-up reviews are based on the length of Action Plans and may require additional scheduling but may be reviewed as a desk audit for specific documentation. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish compliance within one year. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR. The report will include the Cover Sheet for Provider Appraisal Review Report, Summation of Provider Appraisal Review and Explanation of Compliance Status.

## **SANCTIONS**

ADRS/EI may impose sanctions under the following circumstances:

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

These sanctions include but may not be limited to:

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

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

## **PROGRAM SELF-ASSESSMENT**

Programs are expected to self-assess their records on a continuous basis. Programs must use AEIS TA/PAR checklists or develop their own methods to self-assess to ensure compliance. Monitors will expect programs to describe their ongoing internal review process and methods.

## **FAMILY SURVEY**

To ensure that families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer. Family surveys are generally conducted each time a program participates in a PAR, but for various reasons, monitors may not schedule a family survey. The goal of the family survey is to determine families' satisfaction with their EI experience and providers' capabilities to train and equip them so they may help their children achieve functional outcomes. There is a focus on families' perspectives of service coordination, service delivery, community-based resources, plan development and procedural safeguards. AEIS staff and monitors use information and trends data to identify program and systemic issues that warrant further review. Families additionally indicate preferences for workshops, training needs, and other assistance that is shared with ICC subcommittees for utilization. A copy of the family survey will be provided as part of reporting to the program.

Service coordinators are responsible for notifying families about the survey 7-10 days prior to a pre-PAR date. A “parent letter” is included in PAR Handbook materials which should be copied to a program’s letterhead. Responses of less than 90% satisfaction to individual questions require a program to identify in writing new strategies to address the 10% or more.

## **PUBLIC AWARENESS AND DCC COLLABORATION**

Family participation ranges from IFSP development to offering stakeholder input. In addition to the family survey described above, programs have a responsibility to encourage family involvement in all aspects of system planning and implementation. Programs must inform families about local council activities and encourage their participation in public awareness opportunities and community events. Training and support for families should be based on the needs identified by families and communities (family survey results report family priorities).

Programs are expected to create and support outreach initiatives about AEIS, sharing information with the general public and primary referral sources to improve the efficiency of services and to increase awareness of the mission of AEIS, Child Find and the availability of early intervention services and supports. It is expected that Early Intervention programs and district councils will coordinate outreach and support and include families when possible. The Public Awareness Subcommittee of the ICC addresses the PA activities and focus for the system.

Documentation of outreach activities is required. Service coordinators and other program personnel may conduct early intervention public awareness activities and report activities using a current Public Awareness Activity Report Form which is included in PAR Handbook.

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

GIFTS database was created to compile and report relevant data about referrals, eligibility, services, transition, and other information. GIFTS database reports quantifiable data by programs, counties and districts to identify trends and strategies for collaborative service planning. These reports with monitoring information and results are generated for OSEP annually for purposes of making a State Determination (federal equivalent of PAR) and determining the success of outcomes. GIFTS reports are utilized to assist with TA and investigation of family concerns. Programs also receive a “determination” based on monitoring results, family survey data, and other program information. EI program profiles are posted on the website annually.

## **FINANCIAL AUDITS**

Contracting agencies (DMH, AIDB, ADRS/EI) are responsible for reporting and verifying independent program audits which occur during a PAR cycle. Findings will be shared with ADRS internal auditors for necessary follow-up. ADRS Internal Audit Team will provide technical assistance, training and reports based on their review of program financial records. The Part C Assistant Coordinator will report findings to the ADRS Internal Audit Section. (See form in back)

All programs are required to submit an annual budget and quarterly expenditure report to ADRS Internal Audit Division. Programs are also required to submit an annual cost per child report and administrative cost plan to ADRS Accounting Division based on required timelines.

## NEW PROGRAMS

New programs must participate in a PAR for two (2) consecutive years, extensive technical assistance (TA), and must demonstrate compliance.

### DOCUMENTATION REVIEWED DURING OR IN PREPARATION FOR TA/PAR

APR/SPP Data  
Program Profiles  
Program Determinations  
Verification Trends  
IFSP and Transition Plans  
Voluntary Family Assessment page of IFSP  
Service Coordination Notes  
Report of Early Intervention Eligibility Determination  
Report of Continuing Eligibility Determination  
Provider Progress Notes (includes “No-show notes”)  
GIFTS Database  
EI to LEA Notification Letter  
Opt-Out Form  
Physician Letter  
Correspondence As Appropriate  
Permission for the Release of Information/Records (EI 91-1)  
Permission to Evaluate (EI 91-2)  
Request for Parent to Attend IFSP Meeting (EI 91-3)  
Annual IFSP Attendance Form (if applicable)  
Notice of Ineligibility (EI 91-4)  
Notice of Intent Regarding EI (EI 91-5)  
Record of Access (EI 91-6)  
Early Intervention Child & Parent Rights (EI 91-7)  
Parent signed complaints, due process, mediation, resolution meetings  
Consent for use of Public Benefits/Public Insurance/Private Insurance  
GIFTS Database  
PAR Family Survey  
AEIS Public Awareness, Training and Family Supports Reports (should be sent to state at least quarterly)  
DCC Minutes  
Child Outcome Summary Forms and review of progress for all children within program

Pre-PAR Forms: (Cover Sheet/Listing of Professional Personnel/Listing of Professional Evaluators/Listing of Para-Professional Personnel/Report of Program Independent Audits) (see ICC approved standards)

## PAR COMPONENTS

### 100% OSEP Target Indicator: Timely Services

#### All early intervention services are initiated or attempted within 30 days of service begin dates.

- Provider notes document timely service delivery (service provider notes with date) or attempts to schedule within 30 days of service begin date (“No-show” note)
- At least one service must reflect the begin date of the IFSP
- Service coordination notes document barriers to providing timely service delivery
- Justifications for delays are entered in GIFTS as they occur. (Delays can be justified based on family reasons but cannot be based on programmatic issues)

### 100% OSEP Target Indicator: Eligibility Determination and IFSP Completed Within 45 Days

#### Eligibility determination and IFSP development is timely (within 45 days of referral).

- SC documents family contacts and attempted contacts to arrange eligibility determination
- SC sends correspondence to families regarding closure of referral if there is no response
- SC arranges eligibility determination within 45 days
- SC requests medical documentation if qualifying diagnosis is to be the basis of eligibility (must be signed by physician and received from a medical facility prior to determining eligibility (Ex. medical records/discharge summary/EPSTDT))
- SC arranges IFSP Meeting within 45 days for eligible children
- SC enters exceptional circumstances for delays in GIFTS by day 44

### 100% OSEP Target Indicator: Timely Transition

#### Transition Planning is timely (begins at 27 months but not earlier) is and based on family preference.

- SC writes transition plan with appropriate *target dates* for each step in the process which is developed at 27 months of age (but no more than 9 months prior to the 3<sup>rd</sup> birthday) or at the initial IFSP meeting when a child enters AEIS after 27 months of age (all children in AEIS who are eligible and are 27 months of age must have a written plan) (*ex. If child turns 27mths on Jan 3<sup>rd</sup>, you have from Jan 3<sup>rd</sup> – Feb 2<sup>nd</sup> to complete the transition meeting.*)
- SC provides resource materials as a guide for transition.
- SC invites required participants, as appropriate, to meet for transition planning (Request to Attend IFSP)
- SC presents family with the Opt-out policy and obtains signature on *Opt-out form* when families withhold notification to LEA (policy: family has 10 days to determine preference or notification is sent to appropriate LEA)
- SC requests parent to sign IFSP Signature page under Transition Meeting (27 mth) when transition plan is written
- SC sends Notification to LEA letter to the appropriate LEA (based on residence) within 14 days of writing the transition plan requesting to schedule a meeting for family and LEA prior to 33 months
- LEA Notification must be sent electronically. Read receipt of LEA Notification must be in file
  - SC obtains parent permission (Release of Information) when other written materials are to be sent to the LEA
  - SC schedules and make reasonable effort to convene a second meeting (at discretion based on extenuating circumstances)
- SC exerts reasonable efforts at parent request to hold a conference with community-based programs indicated on Transition Plan for children not potentially eligible for Part B or when parents opt-out of notification to LEA
- SC documents/reports barriers to convening a meeting with the LEA
- SC enters timely transition data in GIFTS (as each required step is accomplished)
- SC attends Transition Planning Meeting with family and LEA to discuss Part B services
- SC requests family to initial and date when a step in the process is completed (on plan)
- SC must convene a meeting prior to 33 months with the LEA (*Meeting with the LEA can be scheduled and convened anytime between the 27<sup>th</sup> and 32<sup>nd</sup> month.*)
- SC must have ongoing communication with a parent to assure that the parent is knowledgeable of expectations (e.g. transition planning meetings) and must be documented in the service coordination notes

## COMPONENT: Child Find Referral, Initial and Annual Eligibility Determination

### Service Coordinator demonstrates adequate and timely communication with families to ensure appropriate Child Find and referral procedures:

- Provide and discuss Child and Parent Rights (parent signs/dates) (initial) \*All signatures must be original\*
- Families sign/date Permission to Evaluate prior to eligibility determination (initial and annual)
- SC documents timely contacts (or attempts) with families (initial and annual)
- SC corresponds via mail with families if there is no response to phone contact (initial and annual)
- SC closes a referral when all attempts to establish contact within 45 days are unsuccessful (initial)

### Initial Eligibility and Annual Eligibility can be based on developmental delays with the following:

- Two appropriate procedures are conducted to confirm delays of 25% or greater in at least one domain on both procedures. (at least one of the following 5-part procedure must be administered: DAYC2, ELAP, IDA, Battelle2, DP-3)
- Report of appropriate evaluation completed prior to referral date by external entity may be used but must reflect child's age; date of evaluation, and reports should not be more than 90 days old.
- When there are conflicting results between the 2 evaluations procedures used to determine eligibility, a 3<sup>rd</sup> tool must be used. The 3<sup>rd</sup> tool must be completed by a 3<sup>rd</sup> evaluator. All evaluators must have different disciplines

### Initial Eligibility and Annual Eligibility can be based on documented diagnosis with the following:

- Medical documentation pre-dates eligibility.

### For Initial Eligibility qualified evaluators (personnel standards) use Informed Clinical Opinion with the following:

#### Basis is 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:

- Borderline performance (22-24%) on two age-appropriate procedures. One procedure should be completed by a specialist (OT, PT, SLP). The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
- Specialist (OT, PT, SLP) whose expertise best addresses a specific area(s) of concern evaluates the child and provides test results and written opinion explaining why the child qualifies for early intervention services. The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
- Physical or mental condition (a physician or the specialist within his/her discipline may establish the description of the condition) that does not meet standards for qualifying diagnosis. The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.

Child is re-evaluated within 6 months of eligibility date, and if not determined eligible based on standard procedures/diagnosis, is exited from AEIS.

*\*Any questions about original signatures or electronic signatures must be discussed with state office staff.*

### Ongoing assessment results are communicated in an understandable and useful manner for families. Initial and Annual Eligibility Reports address all of the following:

- Statements of child's performance relative to 25% delay
- Confirmation of 25% delay(s) on two procedures or medical documentation plus one 5-part procedure. Total score for communication (receptive and expressive) and physical development (fine and gross) are combined
- Hearing and Vision Screening
- Name, credentials and signatures of evaluators on individual reports and/or physician documentation \*All signatures must be original\*
- Name and signature of service coordinator (as summarizer)
- Summary date is same as eligibility date (in GIFTS)
- Brief report of child history
- Evaluator observations and concerns per domain
- Parent observations and concerns per domain
- A detailed report must be completed when a domain specific evaluation (PLS, Peabody, etc.) is administered. ***(Do not use the EDR format created by AEIS state office)***

- Dates of evaluations
- Basis of eligibility is clear
- Confirmation of native language or native mode of communication used unless clearly not feasible to do so
- Accurate calculation for test result including prematurity
- SC is expected to provide families and team members a copy of the Eligibility Determination Report
- Child is not determined eligible nor ineligible based solely on *one* procedure (team must conduct two procedures or have qualifying documented diagnosis)
- Child is discharged if eligibility standards are not met
- AEIS/EDR and Summary form which meets federal criteria developed by the State Office must be used when completing a 5-part assessment (DAYC, ELAP, IDA, Battelle, DP-3)
- To determine a child ineligible for EI, team must complete two full 5-part procedures

### **COMPONENT: Voluntary Family Assessment**

#### **Family Assessments are completed for eligible families and are voluntary:**

- SC documents on IFSP that families voluntarily participate (participation must occur face to face)
- Family Assessment includes:
  - Use of interview and at least one assessment tool (e.g. RBI, Frames, Safer) (eco-map if used, must be in conjunction with another assessment tool)
  - Discussion of routines/challenges presented (waking, eating, playing, parent/caregivers' interaction)
  - Discussion of important families' resources (e.g. family, friends, social community supports)
  - Discussion of families' priorities for addressing concerns (e.g. 1. feeding 2. communication)
- SC completes a Family Assessment annually (no tool is required for annual assessment)

**Service Coordinator documents if family chooses not to participate in Voluntary Family Assessment in service coordination notes and on the Voluntary Family Assessment page of the IFSP**

### **COMPONENT: Individualized Family Service Plan, Natural Environments**

**IFSP is developed within 45 days of referral date or there is documentation of exceptional circumstances (documented in GIFTS and in-service coordination notes).**

#### **The IFSP format approved for use in Alabama includes:**

- Completed cover page
- Voluntarily Family Assessment Report
- Family-identified Outcomes
- Procedures to address outcomes
- Family evaluation of outcomes (parent initials, date, and indication of which review)
- Early Intervention Services Page includes service, frequency/length, intensity, begin/end dates, setting, method, potential payers of service, statement of natural environment or justification statement, parent consent to change or end service (GIFTS data must correspond)
- Transition Plan
- Non-Early Intervention Services Page
- Signature-Planning Team Page (name, team member role, signatures for each meeting)

- Service Coordinator explains and reviews with family the mission and philosophy of Alabama's Early Intervention System and "A Vital Message About Alabama's Early Intervention System" (document on IFSP/page 1.)

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

- Evaluation and Assessment Report
- Having a knowledgeable representative attend (i.e. service coordinator)
- Attending in person **OR**
- By telephone

#### **IFSPs are developed in the presence of families.**

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

Families report on Family Survey their satisfaction with IFSPs developed in their presence. If families report less than 90% satisfaction for program, SC must address the PAR Action Plan by implementing a new strategy.

SC provides copies of signed IFSPs to families and EI service providers (document on IFSP/page 1).

IFSPs are reviewed in a timely manner or there is documentation of exceptional circumstances. Reviews should be conducted at:

- 6-months: may be completed by telephone or face-to-face
  - Completed no earlier than 30 days prior to due date
  - Exceptional circumstances on behalf of the family are entered in GIFTS if delayed
- Annual:
  - Completed no earlier than 30 days prior to due date
  - Exceptional circumstances on behalf of the family are entered in GIFTS if delayed
  - Required participants “as appropriate” defined as 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 in a face-to-face manner (which may include visual conferencing by not teleconferencing)
  - Annual IFSP Attendance Form must be on file (if applicable)
  - May be individually convened on a staggered basis until finalizing the annual plan (annual review date) in a face-to-face manner (which may include visual conferencing but not teleconferencing) if deemed appropriate by all team members

**Family-defined functional outcomes are based on the following:**

- Family identified resources, strengths and concerns (some concerns may be addressed with additional procedures assigned to a current or primary provider or by the assigned SC)
- Family and child routines
- Family identified priorities to address concerns

**Family-defined functional outcomes should address family-directed strategies for helping their children:**

- achieve independence
- develop social relationships
- engage with others or materials

**Services and supports to meet functional outcomes are appropriate. Services support family functioning, promote family confidence, and strengthen family-child relationships. Assessment identifies a child’s needs for assistive technology and decisions are based on ongoing assessment data:**

- Service delivery is consistent with child development and family/caregiver need for training
- Service is individualized to address unique challenges for each child and family
- Non-EI supports or services (not considered Part C services and not paid for by Part C) may include information or referrals to community-based resources which may help them meet their needs. (Families are provided information about local and other community based and accessible supports and activities for families and children.)

**Coaching/consultation is used in service delivery. Service provider addresses functional outcomes on IFSP which includes family/caregiver training (attempted visits are documented by service provider as “No-show” note). Progress notes include:**

- EI service provided
- IFSP outcome(s) are listed on provider note
- Outcome(s) listed on the provider notes are identical to the outcome(s) listed on the IFSP (must be verbatim)
- Outcome(s) addressed during the session are identified (checked/circled/highlighted)
- Date of visit
- Length of visit (begin and end times)
- Documentation of provider visits adhere to frequency/length on IFSP (reason noted if visit is shortened)
- Documentation of supervised visits when services are provided by a SI Aide (every 6<sup>th</sup> visit or every 90 days must be supervised). Documentation must include who was present within the content of the note (*ex: Mom, child and SI supervisor were present during today’s session*) and the note must be signed by the supervisor and the SI Aide.
- Documentation of visits provided by LPTA and/or COTA (every 6<sup>th</sup> visit or every 90 days must accompany form Appendix A: 6<sup>th</sup> Visit/90 Day Supervisory Form if supervisory visit is not completed jointly and on-site) The supervisory note must meet PAR criteria

- Used language easily understood by family/caregivers and other providers
- Strategies or techniques shared with family/caregiver which relate to outcomes (summary of visit activities)
- Individualized family/caregiver plan (to implement in-between visits)
- Provider Signature (parent signature may be requested but is not required)
- Timeliness of documentation (not later than 30 days after service delivered)

**The SEAM assessment tool is required of all children who are eligible for early intervention:**

- Administer the SEAM within the first 6 months of service
- Every 6 months administer the SEAM if there are concerns on the previous administration

**Service Coordination Only is defined as the ONLY service listed on the plan.**

- SC may verify for Service Coordination ONLY for up to 6 consecutive months within the fiscal year and MUST show at least one hour a month of valid service coordination documentation.

**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

**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: 1.) No show by parent (ex. at the house/no one is home). 2.) Multiple rescheduling of visits. 3.) Traveling back/forth in attempt to deliver services (ex. Visit is cancelled in route to location).

**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.
- 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 (Oct-Dec); 2<sup>nd</sup> quarter (Jan-March); 3<sup>rd</sup> quarter (April-June); 4<sup>th</sup> quarter (July-Sept) (**NOTE: Children who are Service Coordination Only and valid attempts are subject to review at TA and PAR.**)

**IFSPs, service coordination notes and provider documentation reflect culturally competent practices by all team members with respect for the diversity of children and families. Family preferences based on beliefs, values and routines are respected and integrated into team decisions.**

**IFSP meetings are conducted in settings and at times that are convenient for families.**

- SC notes document locations or scheduling efforts
- Families report on Family Survey that meetings are convenient (90% or greater verify)

**Services are based on daily routines and activities. Settings for services are in natural environments (unless justified):**

- services are provided in natural environments
- services are appropriately justified when not provided in natural environments (on IFSP and decision documented in SC notes)
- All steps in the justification policy are completed and documented

**Service Coordination maintains adequate contact with families to support outcome achievement, meet other needs of family and child, and determine satisfaction with service delivery.**

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

- Frequency and length of services are not based on the availability of program staff
- Distinct pattern of services is not evident

**Service Coordinator reviews provider progress notes for accuracy and compliance.**

**Service Coordinator maintains contact with and assists family in accessing community supports as appropriate to help achieve outcomes or meet other needs of family and child.**

**SC documents that families receive a copy of the “AEIS Eligible Parents’ Questions/Concerns Fact Sheet” at point of contact or at the initial IFSP meeting.**

**COMPONENT: Procedural Safeguards**

**Permission for Release of Information/Records is completed for individual requests and are signed and dated by families/surrogate parents when information is being released or requested.**

\*Transference of information within the AEIS system, usually program to program, is protected and no additional release is required.

**Permission to Evaluate is completed appropriately to determine or assess the following for:**

- Initial eligibility
- Annual eligibility
- Other (ex. formal screeners and/or assessments are used e.g. ASQ, SEAM)

**Request for Parent to Attend IFSP Meeting is completed appropriately to inform families and team member of scheduled IFSP meetings and include:**

- Dates, times and location of meeting
- Purpose of meeting
- Initial IFSP meeting
- 6-month review
- Annual review
- Additional review
- Transition planning

**Notice of Intent is completed appropriately to propose/refuse an action regarding IFSP services.**

- Proposed actions and reasons for changes are specified
- Proposed dates for actions are specified
- Proposed/or refused change to current EI services are specified

**Notice of Ineligibility is completed appropriately to confirm with families that child is determined *ineligible* for:**

- Initial eligibility
- Annual eligibility
- When child is no longer eligible

**Other appropriate procedural safeguard forms are signed and available for review:**

- Record of Access identifies individuals who review individual records.
- System of Payment forms (public benefits/public insurance)
- System of Payment forms (private insurance) parent must give consent when services increase
- Programs billing private insurance must provide Coordination of All Available Resources document
- Policies regarding use of electronic records and documentation
- Physician Letter (if applicable)
- Annual IFSP Attendance Form (if applicable)
- Statement of Understanding (DEIC’s only)

**Families are fully informed regarding Early Intervention Child and Parent Rights.**

- Child and Parent Rights forms are used to discuss rights and are signed and dated by families
- Families report on Family Survey that service coordinators explain rights satisfactorily.

\* Families report on Family Survey their satisfaction with SC explaining their rights. If families report less than 90% satisfaction for program, SC must address the PAR Action Plan by implementing a new strategy to improve.

**Program staff are aware of and can articulate procedures for:**

- Accessing a surrogate parent
- Complaint procedures
- Mediation and due process procedures
- Resolution meetings
- Location of Administrative Code
- Agency maintains, for public inspection, a complete and current list of employees/positions with access to personally identifiable information.

**Confidentiality of family information is ensured by maintaining records in a secure location.**

**Native language or other mode of communication is used for *evaluation procedures, procedural safeguards and IFSP meetings (unless clearly not feasible) for families who are not proficient enough to understand or use English.***

- Use of native language or mode of communication documented on evaluation report
- Barriers encountered to finding interpreters and alternate strategies for testing explained

**Identified monitoring issues and noncompliance findings are corrected no later than 1 year from identification.**

- Program verifies they have corrected individual findings when possible
- Program verifies they have corrected practices re: previous findings

**COMPONENT: Data Collection**

**Required GIFTS data are entered and updates are submitted accurately and in a timely manner.**

- Entry/Annual/Exit Outcome Summary (“IFSP Complete” date cannot be entered until entry data is complete; Closure cannot be entered until exit data is complete)
- Eligibility data (corresponds to summary date on eligibility report; “IFSP Complete” date cannot be entered until eligibility data is complete)
- Timely service dates/justifications (Service delivery dates must be entered within 60 days; periodic database review will be completed by state office staff)
- IFSP plan services (plans reflect current and accurate services)
- Exceptional circumstances (for referral and initial plan, must be entered by day 44 after referral)
- Transition Planning data (enter data as each step-in process is accomplished)
- Initial and Annual(s) IFSP must be entered into GIFTS within 10 days of the IFSP Begin Date

**Monthly Verification is submitted to Child Find per guidelines.**

- All or most Verification Reports are submitted accurately
- Verification is submitted on time (AEIS require submission on the 10<sup>th</sup> of each month; contracting agency may require a different timeline)

**Program personnel enter data using GIFTS database.**

- Program utilizes SC or other personnel to enter data
- Program demonstrates adequate and timely entry
- The service coordinator name must be listed as the person responsible for service coordination on the planned service page in GIFTS database. (Do not list “STAFF” as the service coordinator name)

**COMPONENT: Comprehensive System of Personnel Development**

**Service coordinators participate in required CSPD trainings.**

- Journey I (within 6 months) \*must be employed as a service coordinator for a minimum of 3 months\*
- Message Revitalized: Journey II (within 6 months of hire and every three years for all providers)
- Other CSPD mandatory trainings

**Service providers participate in *required* continuing education. (Personnel Standards)**

- Message Revitalized: Journey II (All EI program providers and vendors (within 6 months of hire and every three years for all providers)
- Special Instructors/Family Trainers/Home Visitors complete 16 hours every 2 years after initial training
- Licensed Professionals or Certified Professionals have current licenses/certificates

Other CSPD mandatory trainings

**Program completes a previously recommended training (usually on Action Plan).**

**Program personnel meet standards set forth in the ICC approved personnel standards (Personnel credentials are available for review).**

**Appropriate personnel are acknowledged on a temporary basis (i.e. Conditional Special Instructors) while working toward satisfying highest requirements recommended for the profession or discipline**

- Program currently has conditional status special instructors enrolled in SI workshop (Candidates must enroll in the next available workshop and must complete SI Workshop within 1 year of hire date)
- Program currently has permanent status special instructors (w. ECSE, VI, HI certificate/or completed webinar)
- Evaluators meet criteria to administer evaluations (see evaluator training/observation checklist)

### **COMPONENT: Public Awareness and DCC Collaboration**

**Families are informed about leadership and advocacy skills building opportunities and encouraged to participate. The program educates the general public and families about Alabama's Early Intervention System through initial and ongoing outreach and by maintaining contacts with primary referral sources:**

- Group exhibitions/presentations (health fairs, etc.)
- Media (publications, TV, etc.)
- Legislative activities (writing campaigns, contacts with legislators, etc.)
- Other public awareness activities (clinics, physicians, day cares, Early Head Start Centers, etc.) using outreach materials (available on website) and collaborating with District Councils (conducting collaborative/planning/outreach initiatives and co-sponsoring district family training)

\*Publications developed by program should acknowledge ADRS as lead agency, ADRS website and toll free #

**The program reports community outreach activities by utilizing the AEIS Public Awareness/Training/Family Support Activity Form:**

- Fax to state office (334) 293-7375
- Programs are required to report quarterly

**PRE-PAR/PRE-TA INFORMATION FORM**  
(Submit as cover sheet for Pre-PAR/Pre-TA package)

\_\_\_\_\_  
Service Coordination Agency

Initial appropriately the information submitted (attach for each):

\_\_\_\_ List of Professional Personnel

\_\_\_\_ List of Para-Professional Personnel

\_\_\_\_ List of Evaluators

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**Program Assurances:**

\_\_\_\_\_ Personnel have attended or scheduled for mandatory trainings:

- Service Coordinators: Journey I (**certificates attached**)
- Service Coordinators: Journey II/The Message Revitalized (**certificates attached**)
- Service Providers: Journey II/The Message Revitalized (**certificates attached**)
- Special Instructors (status report):
  - \_\_\_# have completed the special instructor webinar within one year of role assignment (attach documentation for *permanent status* special instructors)
  - \_\_\_# is currently enrolled in the special instructor webinar (begin date: \_\_\_\_\_)

\_\_\_\_\_ Verification that "Parent" Letters (for Family Survey) sent to families 10 days prior to pre-PAR.  
(This letter must be sent for PAR only)

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

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Number Program Contract: \_\_\_\_\_ Current Number Served: \_\_\_\_\_

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

Counties Served by Program \_\_\_\_\_

Date Pre-PAR Information Submitted: \_\_\_\_\_

Name/Signature of Person Submitting Pre-Par Information: \_\_\_\_\_





**LISTING OF PARA-PROFESSIONAL PERSONNEL**

El Agency \_\_\_\_\_

Name	Roles defined in Part C Standards (e.g. SI aide)	Please note highest level of education and/or certification for role performed (Certified Home Interventionist, GED, High School Diploma, Other)	Contact hours earned during past 2 years for trainings (Per personnel standards, 16 contact hours of continuing education activities related to EI, working with children and families or child development must be completed.

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

\_\_\_\_\_  
Program Administrator

**REPORT OF PROGRAM INDEPENDENT AUDITS**  
(Please read carefully)

El Agency: \_\_\_\_\_

Fiscal sub-recipient: DMH    AIDB    ADRS/EI PROJECT

Methodology for independent audits: \_\_\_\_\_

\_\_\_\_\_ For all independent audits conducted during this PAR cycle (up to 3 years of audits), there were no findings for inappropriate use of Part C dollars for services and supports provided by early intervention staff.

\_\_\_\_\_ For all independent audits conducted during this PAR cycle (up to 3 years of audits), there were findings for *inappropriate* expenditure of Part C dollars for services and supports provided by early intervention staff (as defined in the PAR document and ICC Approved Personnel Standards).

FY: \_\_\_\_\_ (Please specify here): \_\_\_\_\_

\_\_\_\_\_

FY: \_\_\_\_\_ (Please specify here): \_\_\_\_\_

I understand that this report will be forwarded to the Part C Assistant Coordinator who will in turn share findings with the ADRS Internal Audit Section.

\_\_\_\_\_  
Program Administrator

## PRE-PAR FAMILY SURVEY LETTER FORMAT

**\*Please use program letterhead stationery. Mail to families 7-10 days prior to Pre-PAR date.**

(add date)

**Dear Parent,**

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

Your input is very important in this process!

In the next few weeks, you may receive a telephone call with a request for you to answer some questions about our program. The individual making this call is assisting us in completing the evaluation process. Please take the time – no more than five or ten minutes – to answer the questions that are asked. This survey is being completed independently of our program by a company called Southeast Research and all of your responses are confidential.

Thank you for your cooperation and support.

(Signature and title of program administrator or EI Director)

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

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

### *Monitoring*

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

### *Consumer Data Protection*

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

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

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

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

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

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

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

- You agree to never share your GIFTS login credentials with anyone.
- You agree to never 'remember' your login credentials on a computer used to access the GIFTS system. You must manually type your password at each login.
- You agree that if physical control of your computer used to access GIFTS is lost, you will immediately change your GIFTS password.
- Any paper documentation containing sensitive information must be protected at all times. These documents will not be left unattended unless secured within a locked area with restricted access. Under no circumstances will paper documentation be left unattended within the passenger area of a vehicle.
- Any electronic storage media containing PII or PHI data will be treated the same as paper documents containing the same information. This storage media must not be left unattended unless in a secured area. In order to provide additional security, it is recommended that any storage media be encrypted to prevent unauthorized access. This includes laptops, notebooks, tablets, USB drives, etc.

- When any electronic storage media is retired, there must be an assurance that no data may be recovered. For computer hard drives this means the drive must be physically destroyed or a suitable tool must be used to ensure recovery of sensitive data is not possible. A suitable tool is one that meets DoD 5220-22-M requirements.
- Unless encrypted, you will not electronically transmit sensitive information to ADRS, employees, or contractors.
- You may communicate with consumer via email, text messaging, or other electronic forms of communication *without* encryption only if the consumer agrees to such communication in writing.
- You may not maintain a copy of any paper or electronic files for personal use. When you separate employment or the consumer's records are no longer needed, all consumer records must be returned to employer or properly disposed of.

### Notification

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

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

Your Early Intervention GIFTS contact is Tonya Gandy at [Tonya.Gandy@rehab.alabama.gov](mailto:Tonya.Gandy@rehab.alabama.gov) or 334-293-7158.

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

Program Name: \_\_\_\_\_

Internet Browser to be used to access GIFTS: \_\_\_\_\_

Computer Brand: \_\_\_\_\_

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

Computer Owner: \_\_\_\_\_

Virus Detection Software Utilized: \_\_\_\_\_

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

Requestor name (please print) \_\_\_\_\_

Requestor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Approval \_\_\_\_\_ Date: \_\_\_\_\_

Early Intervention State Office Approval \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be updated annually (after October 1 and before November 1 of every fiscal year). Please forward (email, fax or postal mail) this document to your Early Intervention contact and remember to keep a copy for your records.**

*\*Revised 10/01/2020*

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

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

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

\_\_\_\_\_  
**Update on recent medical appointments/information per caregiver:**

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

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

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Signature of Licensed Assistant**