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Early Intervention (serving children birth to age 3)

Part C Early intervention must be provided in accordance with Part C of the 2004 IDEA and in accordance with the reauthorized Part C regulations in effect September, 2011. (<https://www.federalregister.gov/articles/2011/09/28/2011-22783/early-intervention-program-for-infants-and-toddlers-with-disabilities>), and the State of Vermont Special Education Rules adopted June 1, 2013 and effective July 1, 2013. (http://education.vermont.gov/new/html/pgm_sped.html)


Early Intervention services are provided to children experiencing cognitive, physical, communication, social/emotional or adaptive delay or who have a diagnosed medical condition that has a high probability of resulting in developmental delay. Contractors are required to keep on file at the Early Intervention site for reference and guidance, copies of the current federal and state laws, regulations, rules and state policies and procedures related to Part C Early Intervention and Part B Special Education for Preschool Children.

Ensure all client-specific information is stored and shared in a secure, HIPAA and FERPA compliant manner as applicable (see Attachment F and <http://www2.ed.gov/policy/gen/reg/ferpa/index.html>)

Submit resumes of staff to the State to assure the Office of special Education that all Early Intervention staffs meet the Vermont Part C requirement of holding a bachelor's degree in early childhood or a related field.

Part C Early Intervention services include:

1. Documentation and compliance with CIS program requirements and Federal Part C regulations for service delivery including:
 - A. Ensuring that all eligible children will have on file a written plan that meets Part C regulations, specifically 34 CFR §303.342 through §303.345;
 - B. Ensuring families are informed of their procedural safeguards and receive a copy of their rights;

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- C. Ensuring compliance with 303.409(c) that after each One Plan/IFSP meeting that all families are provided a copy of each: evaluation, child assessment, family assessment, and the initial or revised One Plan as soon as possible at no cost to families and within 10 calendar days;

- D. Ensuring compliance with §§303.113, 303.321(a)(1)(i), in §303.321(a)(1)(ii) that all multidisciplinary evaluations will be conducted by two or more qualified staff with separate disciplines and may include an individual who is qualified in more than one profession;

- E. Ensuring that the One Plan (formerly IFSP) team includes the parent, and **two** or more individuals from separate disciplines and one of these must be the service coordinator. Consistent with §303.340 and §303.343(a)(1)(iv)).


- F. Complying with transition regulations as outlined in the inter-agency agreement found on the CIS web page
 - i. Regulations require, with parental consent, scheduling and convening a transition conference for children who were determined potentially eligible for Part B preschool services at least 90 days prior to the child's third birthday. including providing a copy of all relevant documentation from the child's file to the school. Documentation of the date the conference was convened must be maintained in the child's file. For children not determined potentially eligible for Part B services, the contractor shall follow CIS Guidance;

- G. Informing families of Vermont Part C System of Payments (SOP) and provide families with the SOP brochure and use the approved System of Payment authorization form. Consistent with §303.520;
 - i. Provide ongoing support to ensure the child and/or parent/guardian has access to health insurance and utilizes their medical and dental home appropriately;
 - ii. Referring a family to the State office immediately if a complaint is not resolved by the Early Intervention supervisor/director to the family's satisfaction. Assuring and documenting that families are regularly

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informed of their rights under IDEA, Part C dispute resolution;


- H. Assuring and documenting that families are regularly informed of their rights under IDEA, Part C dispute resolution;
 - I. Participating in any required trainings such as the EI orientation and any identified training need based on monitoring or the determination process
 - J. Using the AOE/AHS draft template to develop and implement the Regional Child Find Agreement. The Agreement addresses the regional responsibilities outlined in the Interagency Agreement between the Agency of Human Services/DCF/CDD and Vermont Department of Education (revised version 2014). All agreements must be submitted to the CIS Part C Program Administrator at the Child Development Division. Additionally:
 - i. Agreements with Supervisory Unions, as they are developed, should include the delineation of the roles and responsibilities of those agencies required to engage in Child Find and identification, carrying out the federal and state regulations for the Part C Early Intervention Program and transition planning.
 - ii. Assure that there is a process in place for dispute resolution at the community level, prior to informing the State office or the Interagency Coordinating Council (ICC) of unresolved complaints.
2. Conducting outreach including:
- A. Assuring the DCF Family Services Division (FSD) district office in the region is aware of and referring to Part C Early Intervention Services as defined under the Child Abuse Prevention and Treatment Act (CAPTA). DCF FSD must be informed that these services are provided to eligible children under the age of three who have had a substantiated case of abuse and or neglect. Referrals from FSD will be received in the same manner as all CIS referrals and a developmental screening will be done unless they are referred with a developmental concern or their family is requesting a full evaluation.

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- B.** Additionally, children who are identified as being at “high risk” or “very high risk” with an open case with FSD and are referred to Early Intervention from FSD will receive a developmental screening unless they are referred with a developmental concern or their family is requesting a full evaluation; and
- C.** Locating and identifying eligible children who are homeless and Native American children for Part C services.
- 3.** Timely, accurate and complete data submission ensures federal reporting timelines are met. The contractor must also respond to any special data requests by the State for monitoring and federal and state reporting. Timely and accurate submission enables data to be transferred to the Department of Vermont Health Access to ensure provider payments are processed in a timely manner including:

 - A.** Monthly child count data reports to the CIS/EI Part C administrator postmarked or sent by secure email/fax by the 8th of each month. This data is used for federal reporting and monitoring purposes for actives, exits and referrals including children under CAPTA;
 - B.** Written notification of children identified as potentially eligible for Part B (§303.209) are sent to schools between 6 months and 90 days prior to a child’s third birthday. Copies of these notifications are to be submitted to the State with the monthly child count data reports by the 8th of each month. Information sent to schools and to the State office must include: child’s name, date of birth, parents contact information including names, address(es) and phone number(s) (§303.401);
 - C.** Copies of the Child Outcome Summary Forms must be completed in accordance with the State timelines and submitted to the State with the monthly child count data reports by secure email/fax by the 8th of each month.
 - D.** Updated accurate service grids for prior authorization shall be submitted in a timely manner to assure timely payments through Payor of Last resort. “Accurate” includes;

 - i. actual start dates of service,
 - ii. identifying a single primary location of service for each direct service listed on the grid, and
 - iii. when a service is added, changed, or deleted, an updated service grid must list all current services being delivered, changed, and/or ended.

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- E. Annual child count data to the CIS/EI Part C administrator, due at a date to be determined annually by the State and occurring in November to meet federal reporting requirements and timeline.

- 4. Monitoring service delivery data including:
 - A. Reviewing and keeping on file and on-site copies of: the Vermont Part C/Early Intervention State Performance Plan, Annual Performance Report including the State Systemic Improvement Plan, any Monitoring Reports, Corrective Action Plans related to findings of non-compliance. Copies must be made available to the CIS administrative team and key partners who are participating in carrying out the Part C/ Early Intervention services.
 - i. Findings of non-compliance must be corrected within one year of identification;
 - ii. All Quality Improvement Plans are submitted for approval in accordance with the timelines issued by the State Part C Administrator.
 - iii. making available and discussing these data and plans with the CIS administrative team and key partners who collaborate in carrying out the Part C/ Early Intervention services to:
 - iv. review and develop regional goals, support program compliance and performance, and correct non-compliance and improve performance;
 - B. Submitting resumes of staff to the State to assure the Office of Special Education that all Early Intervention staffs meet the Vermont Part C requirement of holding a Bachelors degree in early childhood or a related field.

- 5. Adhering to Fiscal Certification 34 CFR §303.202 requirements including:
 - A. Ensuring Part C funds are not used to satisfy a financial commitment for services that would otherwise have been paid for from another private or public source consistent with 34 CFR §303.510; and
 - B. Obtaining updated signed parental consent any time a new service is added, or a current service is changed; and
 - C. Obtaining and submitting to the State written parental consent to bill private insurance or Medicaid is kept in the child's file.