

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES CHILD DEVELOPMENT DIVISION	GM: 12.4
Children's Integrated Services Guidance Manual	Chapter 12: Early Intervention
Updated as of: September 19, 2019	

Children's Integrated Services Early Intervention General Guidance for CIS-EI Data People

General Terms

Cohort: A cohort is a group of individuals having a statistical factor (such as age or class membership) in common in a demographic study. For Early Intervention purposes, the cohorts are the records that make up the data for the federal and state reports. In other words, the cohort is made up of the child records that fall within a specific time period and meet the requirements of whatever the report is asking. For example, in Indicator 1 of the APR, the state is asked to report on whether all new services were delivered within 30 days for all children served by CIS-EI. The cohort is made up of the child records of children who had new services added to their service grids between July 1 and June 30th of the reporting year.

DXC: The billing software run by the Department of Health that acts as the "checkbook" for Early Intervention. The state's Microsoft Access Database transfers data once a week into DXC, where it is compared with the state Medicaid system. Vouchers that allow billing to go through for CIS-EI are created here.

FITP: Acronym for Family Infant Toddler Program. This was the name of Vermont's Part C program before CIS-Early Intervention was adopted. Some of the older programs (mainly DXC) still refer to EI as the FITP.

IDEA Part C: Acronym for the Individuals with Disabilities Education Act Part C, which is the name the federal government uses to describe the program that is known as CIS-EI in Vermont.

Loop: Every referral we receive must result in some form of exit—either No One Plan Resulting (NOPR), or the client exits after receiving services. Some children enter and exit EI several times, so the state describes each referral-exit time frame as a 'loop in the program' or 'loop' for short. The loop must follow the logical order rules: first a referral is received, and then there is either a NOPR to close the loop, or there is an initial One Plan date followed by a service grid, eventually followed by an exit date to close the loop. A loop can only have one referral date, one initial One Plan date and one exit date. There is no limit to the number of service grids a loop can have, so long as the service grid is dated on or after the initial One Plan date.

Loop Error: A Loop Error is the term used when the referral-exit sequence breaks the rules of the loop order and results in an illogical flow. The logical order rules state that a loop is comprised of a referral date, and then either a NOPR date to close the loop, or an initial One Plan date followed by a service grid, eventually followed by an exit date to close the loop. A loop can only have one referral date, one initial One Plan date and one exit date. There is no limit to the number of service grids a loop can have, so long as the service grid is dated on or after the initial One Plan date.

MMIS: Acronym for Medicaid Management Information System. This is the billing software where data from CIS-EI is transferred to in order to communicate with the larger Medicaid/DXC system.

OSEP: Acronym for the Office of Special Education Programs. This is the federal body that provides oversight to IDEA Part C across the United States.

Query: A tool in Microsoft Access Database used by the state to retrieve data with specific parameters. The state is building and using queries to pull the data that is used for reporting, data cleaning and other purposes.

Common Reports

Annual Performance Review: Submitted to OSEP on February 1.

- **Indicator 1:** % of infants and toddlers with IFSPs who receive Early Intervention services on their IFSPs within 30 days of the date of signed consent.
- **Indicator 2:** % of infants and toddlers with IFSPs who primarily receive Early Intervention services in the home or in community-based settings.
- **Indicator 3:** % of infants and toddlers with IFSPs who demonstrate improved A) positive social-emotional skills; B) acquisition and use of knowledge and skills; and C) use appropriate behaviors to meet their needs.
- **Indicator 4:** % of families participating in Part C who report that Early Intervention services have helped the family A) know their rights; B) effectively communicate their child's needs; and C) help their child develop and learn.
- **Indicator 7:** % of eligible infants and toddlers with IFSPs for whom A) an initial evaluation, B) initial assessment, and C) an initial IFSP meeting were conducted within 45 days of the referral.
- **Indicator 8:** % of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
 - A. Developed an IFSP with transition steps and services at least 90 days, and, at the discretion of all parties, not more than six months prior to the toddler's third birthdate.
 - B. For toddlers potentially eligible for Part B preschool services, notified (consistent with any opt-out policy adopted by the state) the state educational agency and the local educational agency where the toddler resides at least 90 days prior to the toddler's third birthdate.
 - C. Conducted the transition conference, with the family's approval, at least 90 days, and, at the discretion of all parties, not more than 6 months prior to the toddler's third birthdate.

618 Report Actives: Submitted to OSEP on April 1. This report uses the cohort of children who are actively being served by Early Intervention on December 1. Of those children, this report breaks down the:

- Gender count of the specified cohort
- Location of service by age group (birth to 1, 1-2, 2-3)

- Location of service by ethnicity

618 Report Exits: Submitted to OSEP on November 1. This report uses the cohort of served in the last reporting period. Of those children, this report breaks down the:

- Reason for exit by ethnicity
- Reason for exit by gender

Demographic Information

Ethnicity: The fact or state of belonging to a social group that has common national or cultural tradition. The state reports the ethnicity of the children served by Early Intervention in the 618 Actives and Exit Report.

General questions related to Ethnicity:	
Why do we need to collect Ethnicity Data?	CIS-EI is funded primarily by the Federal government through the IDEA Part C grant. In order to receive the funds, Vermont must report on certain data points, one of which is ethnicity.
Why are the categories the way they are?	The Federal Department of Education has been collecting data on race/ethnicity since 1977. The current categories were established in 2007 after a ten-year review process.
How is the Ethnicity data used in Vermont's EI?	The ethnicity data is compiled into a report that is submitted to the Office of Special Education Program that shows the gender, ethnicity and age group served by Vermont's CIS-EI program by their primary location of service. The intent of this report is to illustrate who in Vermont is served as compared to other states. The data is aggregated at a statewide level and never broken down by region or individuals.
Do we really need to collect this data?	Yes. In addition to the federal requirements, this data point is a building block in many of the queries currently written for data reporting. Without it, we will be pulling inaccurate numbers.
Why does 'Hispanic Override All'?	According to the federal government, the 1970 census had a massive undercount of Americans of Spanish origin or decent. In the 20 years that followed, research was done that suggested this group of people would appropriately self-identify if asked in a two part question.

	<p>When asked if this would result in an inaccurate overcount, the Department of Education wrote in 2007</p> <p>“...the Department has determined that the best approach for racial and ethnic information to be reported by educational institutions and other recipients is to include individuals who are Hispanic/Latino of any race only in the ethnic category. The Department wants to minimize the reporting burdens for educational institutions and other recipients...”</p> <p>For more information on how the categories got to be the way they are, a good resource to check out is: https://www2.ed.gov/policy/rschstat/guid/raceethnicity/questions.html</p>
<p>I am uncomfortable about asking for ethnicity. Can I just guess?</p>	<p>No.</p> <p>The family should be asked and make their own determination.</p>
<p>Families don't see themselves in any of the categories listed below. What should I do?</p>	<p>Unfortunately, at this time we are limited in the options that we have available to us as Vermont is unable to update these definitions. The family should review the categories below carefully and choose the one that they feel best represents them.</p>
<p>I am uncomfortable asking families about identifying their ethnicity. What is a script I can use to ask for ethnicity from a family?</p>	<p>We're going to ask you some questions about yourself and your child such as: name, age, address, gender, and ethnicity. We'll keep this information confidential and it will not be used for immigration purposes or reported to the authorities. The only people who see this information will be members of your care team and others who are authorized to see your record. This information is compiled into a report that is submitted to the Office of Special Education Program that shows the gender, ethnicity and age group served by Vermont's CIS-EI program. This report is used to compare Vermont's data to other states, and is never broken down by regional or individual records.</p>

- **Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Refers to Hispanic and/or Latinx.
- **American Indian or Alaskan 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/Latinx ethnicity.)
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the 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/Latinx ethnicity.)
- **Black or African American:** A person having origins in any Black racial groups of Africa. (Does not include persons of Hispanic/Latinx ethnicity.)
- **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/Latinx 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/Latinx ethnicity.)
- **Two or More Races:** If one of the races reported is Hispanic, report this child as just Hispanic. Any other combinations that do not include Hispanic should be reported in this category.

Referral Information

Referral: For the purpose of the state’s EI data collection and reporting, a referral is defined as the data collected at the beginning of an Early Intervention loop that includes the child’s data captured on the CIS-01 and the CIS-01 Supplemental forms. This consists of:

- Full name
- Date of birth
- Social security number or UID
- Gender
- Town that the child lives in
- Supervisory Union that the child lives in
- Primary service coordinator
- Date of referral—this is the date that original referral was received by the local Early Intervention office.
- Ethnicity
- Insurance status
- Custody status
- Primary language
- Educational surrogate status
- Source of referral
- Referring concern

Active Information

Initial Evaluation Date: This is the date that the 5 Domain Evaluation/Assessment was completed to determine eligibility for CIS-EI. This evaluation must occur within 45 days of the referral to CIS-EI. The exception to this rule is children who are 'medically eligible', who may have the 5-Domain Assessment occur when the child is healthy or old enough.

Interim One Plan Date: This is the date that the team meets with the family to sign the eligibility form when a child is referred into CIS-EI with an observable and measurable delay due to a medical condition making them “medically eligible”. The team develops a one plan to address the severity of the child’s needs, and a 5 Domain Assessment will occur at a later date to develop additional goals and services.

Initial Meeting to Develop the One Plan: Also known as: Initial One Plan Meeting, or Active Date. At minimum, this is the date of the first meeting where eligibility for CIS-EI is discussed using the evidence from the 5 Domain Assessment, and the family signs off on the eligibility form. Most of the time, the team is able to complete the One Plan, and the family consents and signs off on services. In some cases, another meeting is needed to finish the plan and give consent for any potential services. This differs from the Interim One Plan Meeting Date because a 5 Domain Assessment has occurred.

Initial Date of Signed Consent: This is the date that the family agrees and gives their written consent to any services.

Service Grid Information

Date of Signed Consent: Also known as DOSC. This is the date that the family agrees and gives their written consent to any new or changed services.

Outcome Types – Select **one and only one** outcome type

New Outcome: A check box on the current service grid that indicates if this is a new or added service for which the family gave consent on the date of signed consent.

New Frequency: A check box on the current service grid that indicates if this service has changed frequency for which the family gave consent on the date of signed consent.

Outcome Continuing: A check box on the current service grid that indicates if this service has not changed from previous service grids.

Service Ended: A check box on the current service grid that indicates if this service has ended and that the family gave consent to end the service on the date of signed consent. **The end date should *not* be put into the “Actual Start Date” field.** This causes confusion as to whether the service began or ended on that date.

Projected Start Date: This is the date that the new service is projected to begin. This field is included for benefit of the family.

Actual Start Date: This is the date that the service actually began. Services should begin within 30 days of the date of signed consent. **The date the service ends should *not* be put into this field.** This field should show the date the service actually began.

Payer: This indicates who the primary payer of the service is.

- **Medicaid:** Children with Medicaid Insurance should select this box for every service.
- **Private Insurance:** Children with Private Insurance should select this box for every service.

- **POLR:** Acronym for Payer of Last Resort. This refers to the CIS-EI fund which ensures that the program is of little-to-no cost to the family. At this point in time, checking this box ensures that a service can still be paid for using Early Intervention funds if Medicaid or Private Insurance denies the service claim.

**Children’s Integrated Services Early Intervention Frequently Asked Questions
for CIS-EI Data People**

<p>How does the state define ‘Family Circumstance’?</p>	<p>Family circumstances are circumstances that are attributable solely to a situation within, or at the express request of, the family over which the provider has no input or control.</p> <p>FSD involvement often falls under family circumstance. State review of case timelines may be needed to determine this designation.</p> <p>Exceptional weather circumstances are allowable when a provider agency is closed due to extreme weather, or travel conditions pose a substantial hazard. This must be well documented in the child’s file.</p> <p>All circumstances must have written documentation recorded in the child’s file. “Well documented” means at least one full sentence describing the exact circumstances.</p>
<p>How does the state define ‘Provider Circumstance’?</p>	<p>Provider circumstances are circumstances that are attributable solely to a situation within, or at the express request of, the provider over which the family has no input or control.</p>
<p>How does the state define availability with regards to Family vs Provider circumstance?</p>	<p>There must be a provider who can offer:</p> <ol style="list-style-type: none"> 1) at least 3 different dates 2) reflecting a diversity of times and days of the week (not, for example all Tuesdays at 3pm) 3) over the course of the 30 days (not, for example, all within the last week of those 30 days). <p>If the family cannot make any of those 3 dates, then the delay is due to family circumstance because the providers have done their due diligence for availability.</p> <p>If the provider cannot meet these three requirements when offering dates to the family, any delay is caused by provider circumstances. Clear documentation of attempts to schedule, including specific dates, must be recorded in the child’s file.</p>

	<p>State review of case timelines, including specific dates, may be needed to determine this designation.</p>
<p>How do we correctly fill out the 'Payer' section of a service grid?</p>	<p>Regions should always check POLR for every EI service covered by the bundle, and whatever insurance type the child has. This is so that either the child's private insurance or Medicaid will be billed first, and if it is rejected by that institution, POLR will cover it.</p> <p>If the regions have questions about this, we can answer them on a case-by-case basis. Please attach EI Financial Assistance form, available on the CIS website: https://cispartners.vermont.gov/forms</p>
<p>How should it be handled if there is no provider available immediately?</p> <p>Should a region send in a grid with a blank provider space or wait until they know what type of provider it would be?</p>	<p>No, regions should never submit a service grid to the state with a blank "provider" field.</p> <p>Regions should find out who has the shortest waiting list before completing the One Plan with the family. In other words, service coordinators should evaluate their options for who/where could start services the soonest and bring that information to the meeting with the family.</p>
<p>What if a family is reluctant to give their child's SSN to us?</p>	<p>While the Early Intervention program is offered to families at little-to-no cost, the providers who serve them are not volunteers who work for free. We do need the child's SSN to ensure that providers are paid properly.</p> <p>The SSN is one of the 5 data points that are necessary for entry into the CIS EI database, and without it, the FITP voucher cannot be created, and thus billing cannot proceed.</p>

	<p>Some regions have found that reassuring families that their child’s information is not shared or sent to other agencies, and is only used as a data point in compliance with HIPAA, is an effective strategy to get the number.</p>
<p>What is considered a late referral? Why does this matter?</p>	<p>The late referral process revolves around the transition timeline for children who are referred to EI close to their third birthdate.</p> <p>According to federal guidelines, “late referrals” are referrals that are received by EI 135 days or fewer before a child’s third birthdate. These referrals necessitate a parallel process of intake and transition in order to meet all the transition timelines.</p> <p>For the purposes of reporting Indicators 8A, 8B, and 8C, a “late referral” is a child who was served by CIS-EI for 90 days or fewer. This time is measured between the date of the Initial One Plan Meeting and the third birthdate.</p> <p>This means that it is possible to receive a referral for a child that is 135 days from the third birthdate that could still be counted in the reporting cohort because the Initial One Plan Meeting date was more than 90 days before the third birthdate.</p>
<p>ASD Suspicion/Diagnosis:</p> <p>Do regions need to send the state any type of notification if a family has been notified of suspected ASD, but declines further pursuit of the matter or does not agree with the concern?</p>	<p>The state can only pay for ASD services when the family has acknowledged the suspicion and accepts services OR an official diagnosis has been made by a doctor.</p> <p>When a provider shares that a child may have ASD, and suggests services for treatment, if the family accepts, the region should send the notification of the diagnosis to the state. Sending a notification of suspected or diagnosed ASD to the state is the only way providers can bill for ASD services.</p> <p>If the family rejects the suspicion of ASD, then we cannot deliver or pay for services treating the child with suspected ASD. In this case a notification to the state is not necessary.</p>

<p>We have a child who we think needs a service more than 4x a month.</p> <p>Why does the state need to know?</p> <p>What does the state need to know?</p>	<p>The state must be informed of services delivered to children more than 4x a month because of financial oversight requirements. As the state is moving forward with working with CMS/DXC/MMIS/Medicaid on payment reform, we need to make sure that we are in compliance with any standards they have. We are also looking to eventually get rid of Prior Authorizations, and this data will help.</p> <p>If a provider recommends that a child receive any individual service (SI-I, SLP, PT, OT, OMSLP, etc.) more than 4x a month, and that child DOES NOT have a Dx of ASD, then the Part C Coordinator (Danielle Howes) needs to approve the high frequency.</p> <p>To do this, she needs a small paragraph of justification from the provider or the evaluation summary as justification detailing the present levels of functioning. You can email this to her directly at Danielle.Howes@vermont.gov (make sure you CC the interim Data Manager, Samantha.higgins@vermont.gov so that she can make sure the notification is recorded properly in the database) or via GlobalScapes—whatever is easier for you.</p> <p>The single exception to this is:</p> <ul style="list-style-type: none"> • When the child DOES have a diagnosis of ASD, • the SLP or the Specialized Instructor (SI-I, developmental educator, or DE) provider • may provide services up to 8x a month without submitting any justification.
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<p>What do we do when we have a client who wants their private insurance billed for the services, but cannot afford the copay or deductible?</p>	<p>The state of Vermont will pay for Early Intervention services that are recorded on the service grid that are not covered by private insurance.</p> <p>The family should fill out the CIS EI Financial Assistance Request form (found here on the CIS Partner’s website (https://cispartners.vermont.gov/sites/cis/files/Forms/CIS_EI_Request_For_Financial_Assistance.pdf)) and then that document and any co-pay documents are uploaded to the CIS-EI_Payments folder in globalscapes. Some regions receive these co-pays in the form of bills from the family themselves, and others receive them through the EOB (explanation of Benefits) that the provider receives. Either will work for us. When the state receives the request, we verify that</p> <ul style="list-style-type: none"> a) the child is in EI, b) that the provider is on the latest service grid that we have on file and c) that the dates of the request match the frequency of what we have on the service grid. <p>If everything matches, the state will pay the bills, and everything should be all set. The state billing person will reach out to you with questions if any come up.</p> <p>You can reach out to AHS.DCFCDDCISEI@vermont.gov if you have questions about specific bills or children- that is our centralized email. Some insurance companies are more complex to work with than others, and they may have some tips and tricks that make things a little easier.</p>
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If there are questions you would like to see answered here, please email Sam at Samantha.higgins@vermont.gov with the subject line “GOT Question” or ask during the monthly regions EI data calls.