



OSEP Summary of Important Points to Remember adapted for South Carolina

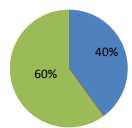
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National Data Demonstrates That Early Intervention Works

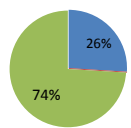
Early Child Outcomes Data

GOAL: Increased child outcomes, more young children enter inclusive kindergarten classrooms ready to succeed

60% exit by 3 years of age and earlier with skills expected of same age peers



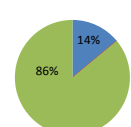
74% 0-3 year olds in Part C with disabilities show an increased rate of development



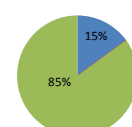
South Carolina Data Demonstrates That Early Intervention Works

Increased Rate of Development

86% of children who exited BabyNet showed an increased rate of development in 1 OSEP Category (Taking Appropriate Actions to Meet Needs)



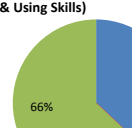
85% of children who exited BabyNet showed an increased rate of development in 2 OSEP Categories (Social Emotional Skill & Acquiring & Using Skills)



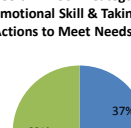
South Carolina Data Demonstrates That Early Intervention Works

Same Age Peers

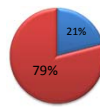
66% exited BabyNet by 3 years of age and earlier with skills expected of same age peers in 1 OSEP Category (Acquiring & Using Skills)



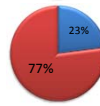
63% exited BabyNet by 3 years of age and earlier with skills expected of same age peers in 2 OSEP Categories (Social Emotional Skill & Taking Appropriate Actions to Meet Needs)



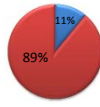
South Carolina Data Demonstrates That Early Intervention Works



Know Their Rights- 79% of families reported that BabyNet helped them



Effectively Communicate My Child's Needs- 77% of families reported that BabyNet helped them



Help My Child Develop and Learn- 89% of families reported that BabyNet helped them



Comprehensive Child Find and Screening






Comprehensive Child Find System	
The State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA)	In S.C. DSS sends referrals of all children with substantiated child abuse (as well as children directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure §303.303)??
The Early Hearing Detection and Intervention (EHDI) system	Added as a new source for referral to early intervention
The Home Visiting Program under Maternal and Child Health	Added as a new program with which Part C must coordinate for its child find activities
The Children's Health Insurance Program (CHIP) (303.302)	Added as a new program with which Part C must coordinate its child find activities

Comprehensive Child Find System

- Primary referral sources must refer a child to the Part C program as soon as possible, but in no case more than seven days, after the child has been identified. (§303.303(a)(2)(i))

Screening

- If a lead agency chooses to include screening as part of its evaluation process, the lead agency must:
 - Provide the parent with prior written notice of its intent to screen the child and obtain parental consent before administering the screening. The notice must explain the parent's right to request an evaluation at anytime during the screening process. (§303.320(a)(1)(i))



Screening


- The lead agency must provide notice of the screening results to the parent and, if the screening results indicate that the child is suspected of having a disability, the State must conduct an evaluation after obtaining parental consent. (§303.320(a)(2)(i))

Screening

- If screening indicates that the child is not suspected of having a disability, the lead agency or EIS provider must ensure that notice of that determination is provided to the parent and that notice describes the parent's right to request an evaluation. (§303.320(a)(2)(ii))

Evaluation and Assessment



Evaluation and Assessment

- Lead agencies may use medical records to establish eligibility for Part C services without conducting an evaluation of the child, if:
 - The records indicate that the child's level of functioning in one or more of the developmental areas constitutes a developmental delay that meets the State's definition adopted under §303.21.

Formal and Informal Norm-Referenced or Curriculum-Based tests, Parent report, Clinical opinion, Observations, Other records, etc.

Evaluation

➔

Eligibility

Evaluation and Assessment

- Informed Clinical Opinion (ICO)**
 - Qualified personnel must use ICO when conducting and evaluation and assessment of the child.
 - The Lead Agency must ensure that ICO may be used as an independent basis to establish a child's eligibility under this part even when other instruments do not establish eligibility.
 - In no event may ICO be used to negate the results of evaluation instruments used to establish eligibility.** (§303.321(3)(ii))

Evaluation and Assessment (cont.)

- Regardless of whether a medical record is used to establish eligibility, the lead agency or EIS [early intervention system] provider must conduct the initial assessments of the child and family to identify the need for services. (§303.321)

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graph LR
    E1[Evaluation] --> ENB1[Eligible for BabyNet]
    ENB1 --> A1[Assessment]
    A1 --> IFSP1[IFSP]
    
    EA[Evaluation and Assessment] --> ENB2[Eligible for BabyNet]
    ENB2 --> IFSP2[IFSP]
            
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Evaluation and Assessment, and IFSP-- Teams

- The term **multidisciplinary** has two different applications as defined in §303.24.
 - With respect to the evaluation of the child, **multidisciplinary** may be one individual who is qualified in more than one discipline or profession.
 - With respect to the IFSP Team, **multidisciplinary** requires the IFSP Team to include the parent and at least two individuals from separate disciplines or professions and one of these individuals must be the service coordinator.

Evaluation and Assessment Teams

- 1 individual qualified in two different disciplines or professions

IFSP Teams

- 1 must be a service coordinator
- 1 other discipline/profession

Evaluation and Assessment

- Native Language**
 - When conducting evaluations and assessments, the native language for a child who is limited English proficient is the language of the child's parents but may be the language of the child, if determined developmentally appropriate by the qualified personnel conducting the evaluation and assessment.

(§§303.25(a) and 303.321(a)(5) – (6))

Evaluation and Assessment, and Service Delivery– qualified personnel

- Qualified personnel:** personnel who have met State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services. (§303.31)
- The term “qualified personnel” is used in requirements for:
 - Evaluations (§303.321(a)(2)(i))
 - Informed clinical opinion (§303.321(a)(2)(iii))
 - Assessment of the child and family (§303.321(c))
 - Early intervention services (§303.13(a)(7) and (c))



§303.24 IFSP Multidisciplinary Teams

Multidisciplinary means the involvement of two or more separate disciplines or professions and with respect to—

- (a) Evaluation of the child in §§303. 113 and 303. 321(a)(1)(i) and assessments of the child and family in §303.321(a)(1)(ii), may include one individual who is qualified in more than one discipline or profession; and
- (b) **The IFSP Team in §303.340 must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals must be the service coordinator (consistent with §303.343(a)(1)(iv)).**

IFSP and Service Delivery

- **Natural Environment:** The IFSP must include a statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate or, a justification as to why an early intervention service will not be provided in the natural environment. (§303.344 (d))
 - Any justification for not providing a particular early intervention service in the natural environment must be based on the child’s outcomes that are identified by the IFSP Team.

Other Services


§303.344 Content of an IFSP. (e) Other services. To the extent appropriate, the IFSP also must--

- (1) Identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded under this part; and
- (2) If those services are not currently being provided , include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.



Transition

- Each lead agency is required to inform ALL parents served under Part C about preschool programs under Part B. That information must be provided no fewer than 90 days before the toddler’s third birthday. (§303.301(c))



SC FFY 2010 Transition/Exit Statistics

- 3% of all SC Children were Served by BabyNet (n=4625)
- 100% of Children Exited BabyNet with Transition Planning and Notifications & Referrals (n=1625)
- 87% of Children Exited BabyNet with a Transition Conference (n=1413)



Transition Agreements

- All lead agencies, including those where the SEA is the lead agency, must establish an interagency or intra-agency agreement with the Part B preschool program to address early childhood transition. (§303.209(a)(3)(ii))
- These agreements must include the specific substantive Part B and Part C transition requirements and any opt-out, if an opt-out policy was adopted by the State.

Transition Plan

- A transition plan is required for ALL children transitioning out of the Part C program, regardless of whether they are potentially eligible for Part B services. (§303.209(d))
- The transition plan must be established in the IFSP not fewer than 90 days and, at the discretion of all parties, not more than 9 months, before the toddler turns three. (§303.209(d)(2))

Transition Plan

- Each member of the family must be included in the development of the transition plan. (§303.209(d)(1)(ii))
- The transition plan must include the steps, services, and program options necessary to support the transition of the toddler exiting the Part C program. (§303.209(d)(1)(i) and (d)(3))

IFSPs WITH STEPS & SERVICES TIMELINE

**Timeline for establishing transition plan in the IFSP*

CLOCK STARTS

(9 months)
27 months
or 2 years 3 months



CLOCK STOPS

(90-Days)
33 months
or 2 years 9 months

Transition Notification LEA & SEA Notification (§303.209(b))

Status of Toddler Who is Potentially Eligible for Part B	Lead Agency Notifies LEA / SEA
Exiting Part C by age three (§303.209(b)(1)(i))	At least 90 days prior to toddler's third birthday
Determined eligible for Part C 45 – 90 days prior to turning age three (§303.209(b)(1)(ii))	As soon as possible after the eligibility determination
Referred to Lead Agency less than 45 days prior to turning age three (§303.209(b)(1)(iii))	No evaluation / assessment / IFSP required, but MUST notify the SEA & LEA if the child may be eligible for Part B (with parental consent, if applicable under §303.414)

Transition Conferences

- For a child exiting Part C and potentially eligible for Part B services, the transition conference must be held, with family approval, at least 90 days and not more than 9 months prior to the toddler's third birthday. (§303.209(c)(1))
- For a child exiting Part C and not potentially eligible for Part B, the lead agency (with family approval) makes reasonable efforts to convene the transition conference. (§303.209(c)(2))

TRANSITION CONFERENCE TIMELINE

**Timeline for holding a conference to discuss transition options*



Additional Changes



IFSP - Procedural Safeguards, Parents' and Children's Confidentiality Rights and Dispute Resolution

- Personally Identifiable Information (PII)
 - General rule: Parental consent is required before a participating agency may disclose PII to a 3rd party under the Part C regulations unless a specific exception applies. (§303. 414)
 - These regulations identify (rather than incorporate by reference) the IDEA-specific and FERPA-related exceptions to this rule.

Service Delivery? - Procedural Safeguards, Parents and Children's Confidentiality Rights and Dispute Resolution

- Early Intervention Records
 - Access Rights: Participating agency must comply with a parent's request to inspect and review the early intervention records of his/her child in no more than 10 days after the parent makes the request. (§303.405)
 - Copies of records: Participating agency must provide, at no cost to the parent, a copy of each evaluation, assessment of the child, family assessment, and IFSP as soon as possible after each IFSP meeting. (§303.409)

Procedural Safeguards, Parents and Children's Confidentiality Rights and Dispute Resolution

- The due process hearing officer may grant specific extensions of time beyond the 30-day timeline at the request of either party in States that implement Part C due process procedures. (§303.437(c))

IFSP - Use of Public Insurance

- The State may not require parents to sign up for or enroll in a public benefits or insurance program as a condition for their child to receive Part C services and the State must obtain parental consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in a public benefits or insurance program. (§303.520(a)(2)(ii))
- The State must obtain parental consent to use a child's or parent's public benefits or insurance if the child or parent is already enrolled in such a program and the use of such benefits or insurance to pay for Part C services would result in any of the specific costs listed in §303.520(a)(2)(ii)(A)-(D).

Use of Public Insurance

- **Notice requirement:** When the State uses a child's or parent's public benefits or insurance to pay for Part C services (regardless of whether consent is required), the State must provide notification to the parent, which must include all of the provisions listed in §303.520(a)(3).

Use of Private Insurance

- Parental consent is required for the use of a parent's private insurance to pay for Part C services unless a State has enacted a State statute regarding private health insurance coverage for Part C services that expressly includes all of the provisions in §303.520(b)(2).
- Parental consent must be obtained:
 - When the lead agency or EIS provider seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and
 - Each time consent for services is required under §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP. (§303.520(b)(1)(i))

Conclusion



Breakout Room Phone Numbers

[Note: Some Numbers are same, but code is different.]

Breakout Room #1:

Dial in: (218) 632-0550, Access code:157134#

Breakout Room #2:

Dial in: (661)673-8600, Access code: 887816#

Breakout Room #3:

Dial in: (530)881-1200, Access code: 873136#

Breakout Room #4:

Dial in: (530)881-1200, Access code: 437962#