BabyNet

South Carolina's Early Intervention System

http://www.scfirststeps.org/BabyNet.html

Policy and Procedure Manual

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I. OVERVIEW

A. Individuals with Disabilities Education Act (IDEA)

BabyNet is the South Carolina IDEA Part C early intervention system. Congress originally enacted the IDEA in 1975 to afford children with disabilities the opportunity to receive a free appropriate public education, just like other children. Part C of the law describes services to be provided to children ages' birth to three. The US Department of Education, Office of Special Education Programs (OSEP) is responsible for funding and oversight of state IDEA Part C programs.

IDEA Part C services are designed to facilitate early identification and intervention with children with actual or potential delays in development in order to achieve improvement in developmental status. Current, detailed legislative information, regulations, and reference material is available at the National Dissemination Center for Children with Disabilities website: *www.nichcy.org*.

B. Lead Agency

SC First Steps to School Readiness is the Part C lead agency for South Carolina effective January 1, 2010.

C. Participating Agencies

BabyNet is a collaborative interagency effort of the lead agency and the following state agencies:

- Department of Health and Environmental Control (DHEC)
- Department of Disabilities and Special Needs (DDSN)
- School for the Deaf and the Blind (SDB)
- Department of Health and Human Services (DHHS)
- Department of Mental Health (DMH)
- Department of Social Services (DSS)
- Department of Education (SDE)

Each of these agencies is party to the BabyNet Interagency Memorandum of Agreement (MOA) that describes roles and responsibilities of each within the BabyNet system (see Appendix 9 or BabyNet website).

D. BabyNet policies and procedures

1. Revisions and updates

   a. The manual will require revision and updating as issues emerge, as the statute and regulations are revised, and annually to assure proper guidance on critical program functions.

   b. The manual will be posted on the BabyNet website. When factual errors or IDEA Part C violations are discovered, the manual will be updated immediately. BabyNet providers (agencies and contractors) will be notified by email when such corrections have been made.

c. The manual will be reviewed annually. An updated version of the manual will be posted each July. Previous versions will remain on the website until July of each year.

E. Definitions

1. Age adjustment: This is done to compensate for premature birth when determining developmental status. Adjustment for prematurity should be done for children born at less than 38 weeks gestation. Adjustment should continue until the age two years.

   Adjustment is made by first calculating prematurity in weeks (= 40 – gestational age in weeks), then subtracting prematurity in weeks from chronological age.

   Example: Adjusted age for baby born at 30 weeks gestation who is now 8 ½ months old is 6 months.

   Prematurity in weeks = 40 – 30 = 10
   adjusted age = 34– 10 = 24

2. Developmental domain: One of five categories of development that must be assessed as part of the IDEA Part C enrollment process. Developmental domains are:

   a. Cognitive;

   b. Physical (including vision and hearing);

   c. Communication;

   d. Social or emotional; and

   e. Adaptive.

3. Early intervention services: Developmental services that are designed to meet the developmental needs of infants and toddlers with disabilities.

4. Early intervention service (EIS) agency: Entity responsible for implementation of BabyNet program within specified geographic area, or for specified populations.

5. IDEA: Individuals with Disabilities Education Act.

6. Informed clinical opinion (ICO): For purposes of this manual, ICO refers to a specific process for determining eligibility when use of assessment tools are not appropriate based on child's age (under 4 months) or other circumstances.

7. Intake/Service Coordinator: EIS staff member(s) responsible for assuring completion of required activities from referral through eligibility determination.

8. Local Coordination Team: Regional or service area team with local level representatives of the BabyNet collaborating agencies, other BabyNet service providers and other local partner agencies.

9. Natural environment: Setting that is part the of child's normal routine, including the home, and community settings in which children without disabilities participate.

10. Parent: A natural or adoptive parent of a child; an individual appointed as guardian or given legal custody; a foster parent; a person acting in the place of a biological

parent including grandparent, stepparent or other relative; or a surrogate parent appointed in accordance with procedural safeguards.

11. Part B: Sections of IDEA describing services to be provided to eligible children three to five years of age through local education agencies (school districts).
12. Part C: Sections of IDEA describing services to be provided to eligible children ages' birth to three.
13. Participating agency: Parties to the BabyNet Interagency Memorandum of Agreement (MOA) located in Appendix 9 and on BabyNet website.
14. Procedural safeguards: Operational statements to assure compliance with legislatively mandated rights and privileges of persons receiving IDEA Part C early intervention services.
15. Service providers: Any provider of one or more BabyNet services.
16. Services: Services provided through BabyNet, including: any of the 16 required IDEA Part C services; additional services covered by BabyNet; or other hospital or community based services provided as part of the IFSP or in response to identified family needs.
17. Service coordinator: Person responsible for working directly with the family to plan, coordinate and monitor provision of BabyNet services and other services required to meet the child's needs.
18. Special instruction (definition per 34 CFR § 303.12 (a) (13):
    a. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
    b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
    c. Providing families with information, skills, and support related to enhancing the skill development of the child; and
    d. Working with the child to enhance the child's development.
19. System point of entry (SPOE): Locations where EIS staff or contractors responsible for initiation of Part C services are located. See current list in Appendix 1.
20. Surrogate parent: A person appointed to represent the child in all matters related to BabyNet evaluations and assessments, development and review of IFSPs, on-going provision of BabyNet services and any other rights under IDEA Part C.

II. BABYNET SERVICE SYSTEM

A. Eligibility Criteria

SC residents under age three are eligible for IDEA Part C services through the BabyNet system when established risk and/or developmental delay are documented.

1. Children are eligible for BabyNet services based on established risk if they have a professionally diagnosed condition (physical or mental) known to be associated with delays in one or more developmental domains. A child is eligible based on established risk if:
    a. Documented condition is on the list of BabyNet covered medical conditions (included in the appendices); or
    b. The designated BabyNet pediatric consultant determines that the child's diagnosed condition meets established risk criteria (i.e., is known to be associated with delays in one or more developmental domains).
2. Children are eligible for BabyNet services based on developmental delay, with or without a diagnosed condition, when one of the following is documented:
    a. Results of the Assessment, Evaluation, and Programming System (AEPS) curriculum based assessment reveals child is functioning at or below the cut-off in one or more developmental domains*; OR
    b. Explanation of reason(s) why use of the above measure does not accurately reflect the child's developmental status and "Informed Clinical Opinion" process requirements listed under ELIGIBILITY DETERMINATION are met.

(*Developmental domains are cognitive; physical (including vision and hearing); communication; social or emotional; and adaptive.

B. BabyNet Services
    1. General information
        a. Children eligible for BabyNet are entitled to all services listed on the Individualized Family Service Plan (IFSP).
        b. Service coordination, special instruction, and services required to determine eligibility are available at no cost to the family as required by IDEA Part C.
        c. Individual arrangements may be required for services listed on the IFSP that are not listed below:
    2. The BabyNet system has mechanisms for assuring access to services listed on the IFSP including:
        a. Assistive technology;
        b. Audiology;
        c. Special instruction;
        d. Health services;
        e. Medical services (diagnostic and evaluation services only);
        f. Nursing services;
        g. Nutrition services;

h. Occupational Therapy (OT);

i. Physical therapy (PT);

j. Psychological services;

k. Service coordination*;

l. Social work services;

m. Speech/language services;

n. Transportation and related costs; and

o. Vision services (including orientation and mobility services).

p. Planning, delivery and evaluation of selected services for children with autism spectrum disorders; and

q. Language interpreter services.

A complete description of these services, and BabyNet policies related to authorization and payment is included Appendix 5.

C. Service Settings and Resources

Part C services are generally provided in the child's natural environment unless there is a specific reason why services in other locations would better meet the child's clinical needs. The natural environment is the child's home and/or those community settings (excluding medical facilities) in which children *without* disabilities participate.

Service provision in the natural environment is a priority in order to assure that developmental services are incorporated into a child's everyday life in ways that will naturally emphasize the acquisition of functional skills.

Federal Part C dollars ('BabyNet Service Funds') are required to be used as payor of last resort. All other sources of funding for services must be explored before BabyNet Service Funds are used. For children eligible for Medicaid and enrolled in a Managed Care Organization (MCO), the BabyNet Service Coordinators must ensure that the provider is:

a. under contract with BabyNet

b. enrolled in the MCO network, and

c. provides services in the natural environment

prior to listing the provider on the IFSP.

D. General Service Provision Guidelines

1. All services provided through BabyNet must be based on the unique needs of the child/family. The family should serve as the primary "interventionist" in the child's life. They are the experts in relation to the needs of the child and family. The family and personnel involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.

2. The principles listed below govern delivery of <u>all</u> IDEA Part C and BabyNet services. They must be kept in mind during planning and implementation of any BabyNet

system service, regardless of *specific* reference to these requirements in instructions, manuals or forms.

a. Parents must be involved in, and approve, all decisions related to services provided to their child. They must be informed of rights and privileges under IDEA Part C.

b. Confidentiality of personally identifiable information must be maintained at all times.

c. Every effort must be made to assure that all contact with the family is in the family's native language, or the mode of communication used by the parent. (This includes sign language interpretation for deaf parents, regardless of child's status.)

d. Evaluation, assessment, IFSP development, and service coordination will be available at no cost to the family, with the exception of certain services related to autism.

e. The enrollment process must be completed within 45 calendar days of referral for services.

f. Written consent must be obtained prior to provision of services, and for any release of information about the child or services provided to the child.

g. The parent can:

(i) Refuse, cancel or postpone services at <u>any</u> time.

(ii) Review and amend child's record if information that is incorrect or misleading is identified.

(iii) File administrative complaints and/or request mediation due process hearing to resolve disputes about services.

(iv) Appeal dispute resolution decisions.

h. Arrangements must be made for provision of all services included in the IFSP for children found to be eligible for program services (although this does <u>not</u> mean that BabyNet must directly provide or pay for all such services.)

i. Services are to be provided in the child's natural environment to the maximum extent appropriate to meet his/her needs;

j. The family must be provided written notice ("written prior notice") before changes are made to current IFSP services.

3. Conduct

a. All service providers are expected to:

(i) Provide services in accordance with goals outlined on the IFSP.

(ii) Provide services only when intervention is necessary.

(iii) Notify parents/caregivers in advance of missed or late sessions, or immediately if delay is due to unforeseen circumstances.

(iv) Maintain professional relationships and boundaries with families served within the BabyNet system.

(v) Provide services in a manner that is family-centered, inclusive and culturally competent.

b. Service providers are prohibited from:

(i) Bringing children/minors or other individuals not directly involved in the provision of care to the child or family to the service site. Parents may not be requested to waive this policy. With prior consent of the family, internship students gaining practical experience, and are supervised by the contractor are excluded from this provision.

(ii) Soliciting business from parents or caregivers.

(iii) Soliciting business from or for a private agency, spouse, or relative.

(iv) Selling or marketing products while representing BabyNet.

(v) Providing services to members of their immediate family or individuals in which a professional relationship would be compromised.

(vi) Loaning or giving money to a caregiver/family/child while involved in a professional relationship with a caregiver/family/child.

(vii) Giving or receiving of gifts from those involved in a professional relationship with a caregiver/family/child.

(viii) Imposing personal or religious beliefs on others.

(ix) Using alcohol or illicit drugs while working with caregivers, families or children, or in a manner that will affect provision of BabyNet services.

4. Service provider reporting and recordkeeping requirements

a. All BabyNet providers are required to maintain clinical services notes in the child's BabyNet record. Providers serving BabyNet children per agreement with the lead agency must maintain the following information in the child's record:

(i) Prescription for service;

(ii) Evaluation Report;

(iii) IFSP and subsequent reviews;

(iv) Clinical service notes to include documentation of the services provided to the child and the education provided to the caregiver during each session;

(v) Recommendations and justification for continuing or discontinuing services;

(vi) Evidence of the goals and objectives therapist is addressing;

(vii) Quarterly Progress Summary and documentation that the Quarterly Progress Summary is submitted to Service Coordinator;

(viii) Evidence of billing including copy of BNSF authorization, Insurance Explanation of Benefits, remittance advice, or denial as applicable;

(ix) Any additional information required by Medicaid or professional scope of practice.

b. Private providers are required to submit a progress report to the Service Coordinator quarterly (and on request when additional information is needed) for each child served.

The report must contain all information included on the *Quarterly Progress Summary* form.

c. The provider *Quarterly Progress Summary* report will be due the first quarter after the first date of service/evaluation.

Example: The Initial IFSP or IFSP Review was developed and service provider identified on 05/06/10. The service provider completed an evaluation on 05/16/2010. The Quarterly Progress Summary will be due 3 months from then on 08/16/10. The Intake/Service Coordinator should explain the quarterly summary requirement to the provider and document that explanation was given.

d. If summaries are not received within one week after the due date, the Service Coordinator shall notify provider that the *Quarterly Progress Summary* is past due, and document that notification was sent.

If the *Quarterly Progress Summary* is not received the following week, the Service Coordinator shall notify their supervisor to follow up with provider.

If obtaining provider summaries continues to be a problem, the Provider Relations Coordinator with the BabyNet State Office should be notified for follow up as needed.

III. PUBLIC AWARENESS AND CHILD FIND

A. Introduction

An effective public awareness and child find system is necessary to assure earliest possible identification and referral of children that might benefit from early intervention services.

B. Public Awareness

1. Public awareness activities are those related to disseminating general information regarding the BabyNet system. Public awareness activities include: exhibiting at conferences, delivery of brochures, speaking engagements and Public Service Announcements (PSA). They should be conducted in conjunction with the local BabyNet Coordination Teams to maximize local resources to prevent duplication of effort, public awareness activities.
2. Take place in non-traditional settings such as the free medical clinic, shelters, and the Salvation Army.
3. Be discussed at each local BabyNet Coordination Team meeting and recorded in the meeting minutes.

C. Child Find

1. Child find activities include screening activities and identification programs that are conducted in the community, including non-traditional settings, to identify infants and toddlers who may be potentially eligible for BabyNet.
2. To maximize local resources and to prevent duplication of effort, child find activities should be coordinated through local BabyNet Coordination Teams, and in conjunction with local representatives of BabyNet participating agencies in each EIS agency service area.

3. EIS child find activities should be recorded, distributed to local team members and available on request of the lead agency.
4. Each EIS must assure representation from Early Head Start programs, if they exist in the service area.
5. In addition, at a minimum, child find coordination activities should include state and local governmental agencies that provide services to children under age three and:
    a. Local education agencies (includes Head Start services);
    b. First Steps;
    c. Early Care Educators;
    d. Community programs to include any local parenting programs and early care educators;
    e. Migrant Head Start (if available); and
    f. Programs for homeless children and families;
6. Distribution of child find materials will be coordinated as specified by the lead agency.
7. Working with Primary Referral Sources

    General information about IDEA Part C services will be made available to primary referral sources and the general public within each EIS agency service area.. This may be accomplished by providing written literature about BabyNet, as well as making presentations regarding the BabyNet System to primary referral sources specified in federal regulations as: hospitals (pre-natal and post-natal), physicians, parents, day care programs, local educational agencies, public health facilities, other social service agencies, other health care providers, to include free medical clinics.

    The manner in which this will be accomplished will be described in the local interagency coordination team meeting minutes.

D. Procedures

1. Referrals will be accepted at all designated BabyNet system point of entry (SPOE) locations. The reason for referring a child to the BabyNet System is to determine child's need for, and parent's interest in, initiating further action to determine BabyNet eligibility.
2. Referrals shall be accepted by phone, fax, and written correspondence or in person. The BabyNet referral form will be given to local primary referral sources for use when making referrals (though use of a specific form is not required to make a referral).
3. All contact with the family must be in the family's native language or in the mode of communication used by the parent. SPOE personnel should be aware of and sensitive to the family's culture, ethnicity and language.
4. Children three years of age or older will NOT be considered a referral; however, they will be referred to the Local Education Agency (LEA) and will be informed of any other community resources that may benefit their family.

IV. RECEIPT OF REFERRALS

A. Information in this section covers a majority of BabyNet referrals. Alternate or additional actions may be required if:

1. The child is temporarily living in a county other than the county of residence (this includes children who are referred during hospitalization); or
2. The child's parents or guardians are unable to participate in BabyNet planning activities; or
3. The child is known to be homeless; or
4. The child has been referred by DSS as required when children under age three are the victims of substantiated child maltreatment.

B. Referral sources

Anyone can refer an infant or toddler under age three to BabyNet. Most referrals come from family members, childcare providers, and individuals or agencies providing health and social or support services to children and families.

All agencies participating in the BabyNet interagency memorandum of agreement should refer all children served who are under age three and might benefit from BabyNet services.

In addition, the state Division of Social Services is legislatively required to refer children for IDEA Part C (BabyNet) services when children under age three are the victims of substantiated child maltreatment.

C. Referral content

1. BabyNet referral of a child under age three requires communicating the following information to a designated BabyNet system point of entry office (see list in Appendix 1):
   a. Child's first and last name;
   b. Date of birth;
   c. Child's address and phone number (and/or other contact information sufficient to allow BabyNet intake staff to contact the family); and
   d. Name of parent, legal guardian, or primary caretaker.

   This is referred to as "directory information". It can be shared for purposes of IDEA Part C eligibility determination and/or Part B notification without explicit parental permission.

   This information can be communicated verbally (in person or via telephone), or in writing (letter, fax, or email). A BabyNet referral form is not required to make a referral.

2. Procedures based on age at referral
   a. 29 months or under at referral

      Follow guidelines for referral and intake

b. 29 - 36 months at referral:

Coordinator will discuss the IDEA requirement of **immediate** referral to pre-school services and send required directory information to the local education agency (LEA) using the Transition Referral form. When the family is not in agreement with a referral to the LEA, only directory information is on the Transition Referral form and sent to the LEA. When the family agrees to transition referral, and signs the *BabyNet Consent to Release/Obtain Information*, all available BabyNet information is sent to the LEA.

Families will also be informed of DSN and SDB services. Referrals to DSN and SDB will be initiated at the family's request.

Enter Transition Referral Date on BabyTrac when the Transition Referral is sent to the LEA.

c. 36 months or older at referral: The family is provided with contact information for the LEA

3. One of the following must be documented in the BabyNet record and BabyTrac within 45 calendar days of receipt of referral:
   a. Child does not meet eligibility criteria;
   b. Family is not interested in BabyNet services for referred child; or
   c. Child has a completed and signed IFSP.
4. Each EIS agency is responsible for assuring that SPOE offices have established procedures for:
   a. Entering referrals into BabyTrac within two working days of referral receipt;
   b. Assigning an Intake/Service Coordinator by the end of the working day following receipt of the referral to assure prompt follow up.; and
   c. Setting up an early intervention/educational record upon receipt of the referral.

D. Initial Family Contact

1. Based on the reason for referral and child/family needs, initial contact must include the following as indicated:
   a. Inform the family of referral;
   b. Confirm reason for referral;
   c. Briefly describe BabyNet services;
   d. Conduct developmental screening using an approved tool

   If the PEDS or ASQ results indicate that the child referred due to suspected developmental delay is functioning within normal limits but the family continues to have concerns regarding the child's development, the Intake/Service Coordinator will arrange an intake/orientation visit to further discuss the program, determine family interest in BabyNet services, and, if appropriate, proceed with

collecting information required for eligibility determination and IFSP development.

2. If the family declines BabyNet services during initial telephone contact (i.e. before intake/orientation visit):
   a. Discuss community programs or resources.
   b. Send the family the *Written Prior Notice* form indicating that the family is not interested in BabyNet services. Enclose the *Notice of Child and Family Rights in the BabyNet System.*
   c. In seven days from the date the *Written Prior Notice* was sent to the family, enter exit date and exit reason, 'Withdrawal by Parent or Guardian' on BabyTrac.

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E. Hospitalized children, or children in temporary residences at time of referral
   1. Under these circumstances, referral sources may send referral information for hospitalized children to the BabyNet office serving the child's county of residence, or to the office nearest the hospital or temporary residence. The SPOE office that receives the referral is responsible for initiating contact with the family to determine the most appropriate way to proceed with the eligibility determination process based on child's status and their preferences.
   2. Completion of the intake and eligibility determination process can be coordinated by either SPOE office (one nearest the child's current location or in the child's county of residence) depending on what will best meet child/family needs. Records must be transferred between offices as needed when the child leaves the hospital or returns to the county of residence.
   3. If the parent chooses to decline all services until the child returns home, the Intake/Service coordinator should (as indicated):
      a. Provide *Written Prior Notice* indicating that the family is not interested in BabyNet services at this time.
      b. Provide the family with a copy of the *Notice of Child and Family Rights in the BabyNet System*.
      c. Provide information to assist the family to make a referral in the county of residence.
      d. Provide courtesy notice to the BabyNet office serving the child's county of residence that a referral might be forthcoming.
      e. In seven days from the date the *Written Prior Notice* was provided to the family, close the referral in BabyTrac with Exit Reason, Withdrawal by Parent or Guardian.
   4. If the parent chooses to complete the eligibility process the initial IFSP will contain all Part C services needed to improve development, or service coordination may be the only service for six months, until the child returns home, or until hospital discharge planning begins.

F. Surrogate parents

A surrogate parent may be needed if the child's parents or guardians are unable to participate in BabyNet planning activities. See Procedural Safeguards manual for specific guidelines for identifying and obtaining services of a surrogate parent.

G. Homeless children

Follow-up with children and families known to be homeless may require non-traditional methods of contact that might include working with local law enforcement officers, soup lines, Salvation Army, homeless shelters, etc.

Intake/Service Coordinators and other BabyNet staff must make reasonable efforts to locate and serve homeless children. Contact the appropriate Service Coordination Supervisor if more information is needed.

H. DSS Referrals

1. CAPTA Requirements

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that state social service agencies refer children under age three for IDEA Part C (BabyNet) early intervention eligibility determination when:

a. The child is the victim of substantiated child abuse or neglect; and/or

b. The agency determines the child to be affected by illegal substance abuse (including prenatal drug exposure); and/or

c. Developmental delays are suspected or confirmed.

The intent of the CAPTA legislation is to assure that the children described above are screened to determine need for IDEA Part C services. CAPTA does <u>not</u> require evaluation or early intervention services under Part C for all children that meet the above criteria.

Parents of children referred to BabyNet as required by CAPTA retain all rights of any parent in the BabyNet system unless there is a court-ordered treatment plan requiring cooperation with BabyNet.

2. DSS referrals and follow up

CAPTA referrals from the DSS caseworker will include:

a. All reasons for DSS referral; and

b. Appropriate contact person and information for the referred child.

3. DSS case worker role

The DSS caseworker is responsible for:

a. Including the reason for BabyNet referral; and

b. Notifying Intake/Service Coordinator at referral if DSS can override parent refusal of service (e.g. based on court ordered participation; or

c. Notifying Intake/Service Coordinator if BabyNet intake participation is included in the parent's DSS Treatment Plan; and

d. Including a copy of the court order or official documentation if DSS has legal custody of the child; and

e. If any of these circumstances exist, the caseworker should also notify the Intake/Service Coordinator about steps to be taken (if any) should the parent fail to cooperate with planning and implementing BabyNet services.

4. The Intake/Service Coordinator is responsible for:

a. Processing the referral following the same procedures as for any other child;

b. Notifying the DSS caseworker if the parent refuses all BabyNet services during the intake process or declines service(s) once planned or initiated at any point during the 45-day process;

c. Notifying the DSS caseworker of the results of the screening, assessment, and eligibility determination; and

d. Notification can be by telephone or by sending the DSS caseworker a copy of the *Written Prior Notice* or other documentation.

V. ORIENTATION AND INTAKE

A. The Intake/Service Coordinator must arrange a face-to-face visit in order to meet the 45-day deadline for IFSP completion. This initial visit must be completed within fourteen calendar days of referral. The purpose of the intake/orientation visits:

1. To describe IDEA Part C and BabyNet services and the purpose of the program to the family;

2. Determine family interest in pursuing eligibility determination process; and

3. Begin collection of information needed to determine eligibility and initiate services. (Some of these activities may be completed prior to the face-to-face visit during the initial family contact.)

B. Program description

1. Give the family a copy of the *Family Guide to BabyNet System* and *Notice of Child and Family Rights*. Using these documents as guides, review general information about BabyNet services, including:

a. Eligibility criteria;

b. Enrollment process up to and including development of the initial IFSP;

c. Transition when BabyNet services end at age three; and

d. BabyNet status as "payor of last resort" -- when child has Medicaid or health insurance coverage, consent for use these resources must be accessed prior to BabyNet payment for services.

2. When the family declines BabyNet system services in the course of the intake/orientation visit, the Intake/Service Coordinator:

a. Provides *Written Prior Notice* to the family indicating that they are not interested in BabyNet services.

b. Provides the family a copy of the *Notice of Child and Family Rights.*

c. In seven days from the date the *Written Prior Notice* was provided to the family, close the referral in BabyTrac with Exit Reason, Withdrawal by Parent or Guardian.

3. If the family wants to proceed with the enrollment process, the Intake/Service Coordinator:
   a. Obtains written consent for:
      (i) Releasing and obtaining medical information as needed to provide, arrange, and/or coordinate BabyNet services (*Consent to Release and/or Obtain Information* form*);*
      (ii) Screenings, evaluations and assessments required for eligibility determination (*Consent for Screening, Evaluation and Assessment* form); and
      (iii) Billing third party payment sources (including Medicaid) as appropriate (*Insurance Resources/Consent to Bill* form).
   b. Requests that the family identify a place to keep documents related to BabyNet program services, including the *Family Guide*, *Notice of Child and Family Rights*, Service Coordinator contact information, etc.
   c. Informs the family of on-line sources of documents and other information related to BabyNet services.
4. Child information to be collected or completed as part of the intake process:
   a. Pertinent health information (*Birth and Early Health History* form*)*; follow up with sending *Primary Health Care Provider Summary* form.
   b. Family Hearing and Vision Questionnaire. If vision or hearing evaluations have occurred, Intake/Service Coordinator should request results of such evaluations (with parental consent). If high risk factors are identified on the Family Vision and Hearing Questionnaire, discuss with family the need for follow up with primary care physician.
   c. Selected sections of the IFSP:

#	Topic
1	Child Information
2	General Contact Information
3	Service Coordination Provider
5	Child Current Health Status – Family View
6A	Family View of Infant/Child Present Level of Functioning
7	Family Resources, Priorities and Concerns (if parent consented)
9	Other Services
11	Service Coordination Goals (as appropriate)
12	Transition Planning (as appropriate)

5. Developmental screening (PEDS or ASQ) if not completed previously when available information indicates that the child may be functioning within normal limits. The

screening is done to rule out need for the more comprehensive Assessment, Evaluation and Programming System, (AEPS), curriculum based assessment (CBA).

If the screening tests are completely within normal limits; the parents have no specific concerns, and the child is not otherwise eligible for BabyNet services, a CBA is not required. The Intake/Service Coordinator should:

a. Inform the family that the child is not currently eligible for BabyNet services;

b. Discuss other referrals or services that might address concerns related to the referral;

c. Discuss re-referral at any time before the child turns three;

d. Give family *Written Prior Notice* stating that the child is found not eligible, and, (if the family needs additional copy), a copy of the *Notice of Child and Family Rights in the BabyNet System.*

6. Curriculum based assessment, or arrangements for completing, according to initial CBA procedures.

C. Other intake information

1. Missed appointments. If the family doesn't keep the scheduled appointment for initial discussion, the Intake/Service Coordinator should make at least one attempt to contact the family. Send *Written Prior Notice* indicating that attempts to contact have been unsuccessful. Include a copy of the *Notice of Child and Family Rights in the BabyNet System*. In seven days, close the child on BabyTrac with exit reason, 'Unsuccessful attempts to contact'.

   The Intake/Service Coordinator always has the option of additional contacts before closing. The guidelines above are not meant to *automatically* limit attempts to contact.

2. Re-Referrals: Whenever the family declines services, the child may be referred again at any time prior to the third birthday. Information obtained and documented as part of the intake process may be used for up to 60 days if updated verbally with the parent.

3. Prior to re-opening a BabyTrac record on a child previously referred, the Intake/Coordinator (or designee) will print the Profile section of BabyTrac and place in the child's BabyNet record to reflect the initial referral, previous IFSP activity and services, and exit information.

VI. [INITIAL CURRICULUM BASED ASSESSMENT (CBA)]

The CBA is the method for assessing and documenting child status across five developmental domains as required by IDEA Part C. CBA results are used as a source of information in determining BabyNet eligibility for children referred due to suspected developmental delay. For children determined BabyNet eligible based on established or diagnosed condition, the most appropriate service coordination provider completes the

CBA. Completion of the CBA is required prior to development of the initial IFSP. (See Appendix 12 for listing of approved CBA tools.)

The initial CBA provider agency (DSN, SCSDB or DHEC) is determined by the reason for the referral as summarized in the table below:

Initial CBA Assignment Summary Table	
Agency	**Initial CBA Assignment Criteria**
DSN	Child has established or qualifying condition, other than sensory impairment (and has been determined eligible for BabyNet services.)
SCSDB	Child has confirmed vision or hearing impairment.
DHEC	All other children (i.e. those referred for suspected developmental delay).

A. Children referred under **Established Risk/Qualifying Condition** category (Section VII B)

1. For children referred due to established risk or qualifying condition, completion of the CBA is not required prior to eligibility determination. Established qualifying condition refers to a professionally diagnosed and documented condition with known cause and developmental consequences included in the list of covered conditions in Appendix 3. This also includes other conditions determined to meet the same criteria by the DHEC Division of Children with Special Health Care Needs pediatric consultant.
2. The presence of an Established Condition is an indicator of the need for special instruction.
3. DDSN is responsible for conducting the initial CBA and development of the initial IFSP when BabyNet eligibility is determined under Established Condition, other than sensory impairment. If a DSN Board or contract agency feels they are unable to complete the referrals received, they must communicate their concerns to the DDSN central office.
4. SDB is responsible for conducting the initial CBA and development of the initial IFSP when the child has an established condition of a confirmed sensory impairment (vision or hearing). Section II of the Family Vision and Hearing Questionnaire provides a complete listing of diagnosed conditions that should be referred to SDB.
5. Once eligibility is established the Intake/Service Coordinator must, within two working days, complete the following:
    a. IFSP Section 8 to document Eligibility Determination.
    b. Contact the family to review findings. Discuss with family the option of Special Instruction to determine interest. If child has sensory impairment (vision or hearing), explain that SCSDB is the provider agency and will develop the IFSP. Contact SCSDB to inform that a referral is being sent and submit referral packet.

c. When family is interested in Special Instruction from a DDSN contract agency, explain that this provider will develop the initial IFSP.

d. Determine if family has a preference in DSN provider.

e. When family is interested in DSN Special Instruction and does not have a preference in provider, consult Provider Matrix to determine which contract agency will receive the referral.

f. When provider is identified, inform provider of referral and submit referral packet to provider agency.

6. When family refuses Special Instruction, develop the initial IFSP and provide Service Coordination. The provider agency will contact the family as soon as possible, but not to exceed four working days and begin arrangements for the CBA and development of the initial IFSP.

B. Children referred due to Suspected Developmental Delay category (Section VII B)

1. For children referred due to suspected developmental delay, DHEC is responsible for completion of the initial CBA. This includes children referred due to a diagnosed condition that is not on the BabyNet list of covered diagnoses in Appendix 3. The AEPS curriculum based assessment will be utilized for eligibility determination.

2. The Intake/Service Coordinator completes the AEPS during the intake/orientation visit(s) or makes arrangements for completion of the AEPS according to DHEC Region or SPOE area procedures.

3. Once BabyNet eligibility is established, the Intake/Service Coordinator must, within two working days, complete the following:

a. IFSP Section 8 to document Eligibility Determination

b. Contact the family to review findings.

c. If Special Instruction indicator(s) are present, discuss the option of SI to determine family interest. When family is interested in Special Instruction from a DSN Board or contracted provider, determine family preference in provider, inform provider of referral, and submit referral to provider agency.

d. When the family is interested in DSN Special Instruction but does not have a preference in provider, consult Provider Matrix to determine which agency will receive the referral.

e. When provider is identified, inform provider of referral and submit referral packet to provider agency.

f. When no Special Instruction Indicator(s) are present or if the family refuses Special Instruction, inform the family that DHEC BN will develop the initial IFSP and provide service coordination.

4. The service coordination provider agency will contact the family as soon as possible, but not to exceed four working days of referral to begin arrangements for development of the initial IFSP.

C. Developing the Provider Matrix

1. Each BNSM will be responsible for setting up a Provider Matrix for each county in the Region by:
   a. Listing each CBA/SI/SC provider agency;
   b. Determining the number of staff members in each agency that conduct CBA/SI/SC; and
   c. Placing a referral number beside each provider until each staff member has a referral.
2. Once all providers have been assigned a referral, start the rotation over. (See example that follows).
3. The BN Supervisor for the DSN Board or contract agency must inform the SPOE office of any changes in the number of staff members available for referrals as soon as they occur, or no later than the next scheduled local BabyNet Coordination Team meeting.

EXAMPLE

PROVIDER MATRIX

Matrix to determine DDSN CBA/SI/SC Providers

DDSN contractor	*# CBA Staff*	*Referral number and agency assignment for <u>AUGUST</u> (* indicates break in assignment rotation)*																	
Agency #1	*10*	*1*	*4*	*7*	*10*	*12*	*14*	*16*	*18*	*20*	*21*	*	*24*	*27*	*30*	*32*	*34*	*36*	*38*
Agency #2	*8*	*2*	*5*	*8*	*11*	*13*	*15*	*17*	*19*	*	*22*	*25*	*28*	*31*	*33*	*35*	*37*	*39*	*
Agency #3	*3*	*3*	*6*	*9*	*	*23*	*26*	*29*	*										

- *There are three DDSN contractors in the county, with a total of 21 staff members available for referrals.*
- *The SPOE office received 39 referrals during the month.*
- *Agency #1 was assigned the 1st, 4th, 7th, 10th …21st and 24th, 27th 30th …38th referrals for a total of 17.*

  In the same manner, Agency #2 was assigned 16 referrals, and Agency #3 got 6 referrals.
- *Agency # 2 got the 39th (last) referral of the month, thus the following month; the first referral would begin with Agency #3.*

D. Transmitting the Referral Packet

1. The Intake/Service Coordinator must send the following information to the provider when referring for development of the initial IFSP:
   a. Birth and Early Health History
   b. Insurance Resources form (signed)

c. Consent to Release/Obtain Information (signed)

d. Consent to Screening, Evaluation, and Assessment (signed)

e. Family Hearing and Vision Questionnaire;

f. Continuation Notes

g. Medical Records received to date.

h. IFSP sections completed to date:

#	IFSP TOPIC
1	Child Information
2	General Information
3	Service Coordination Provider (Intake/Service Coordinator name, phone
5	Child Current Health Status-Family View
6A	Family Resources, Priorities and Concerns
8	Eligibility
9	Other Services
12	Transition Planning

2. The referral packet will be sent with the BabyNet Record Transmittal Cover Sheet.
3. SCSDB requires that this information be faxed (mailed copies will not be accepted) to SCSDB Early Intervention Services at 803-896-8279. This information must include a fax number to be used for confirmation of receipt of referral. A confirmation will be sent within 24 hours. If the Intake/Service Coordinator has not received a confirmation from SCSDB within 24 hours, they should re-fax the referral.
4. This information should be transmitted in the most cost efficient manner possible to DSN Boards and contracted providers to reduce program costs.

VII. ELIGIBILITY DETERMINATION

A. Initial Eligibility

1. DHEC is responsible for eligibility determination by an interdisciplinary team. The Intake/Service Coordinator will conduct an eligibility review meeting to confirm that the child meets eligibility requirements for established risk or developmental delay.

B. Eligibility must be determined by a team that includes, at a minimum:

1. Intake/Service Coordinator; and
2. At least one other person representing a different discipline or role relevant to identified needs of the child, including the physician, nurse practitioner or other licensed health care provider who provides written confirmation (any format) of the established risk condition (qualifying diagnosis).

Additional persons with knowledge of the child's developmental needs may participate on request of the family.

C. Eligibility Criteria

See SECTION II

D. General Process

1. The assigned intake/service coordinator is responsible for requesting and compiling information needed for eligibility determination by the eligibility review team, including:
   a. Written materials and reports gathered during the intake process from service providers and others familiar with the child's development;
   b. Reported and direct observation of child's behaviors, abilities, and emerging skills;
   c. Family concerns and priorities; and
   d. Informed clinical opinion documentation.
   e. Completion of IFSP Section 8 (Eligibility).

E. Informed Clinical Opinion

1. *Local Eligibility Review* Team may establish BabyNet eligibility solely based on informed clinical opinion process for children *less than 4 months of age.*
2. For *children over 4 months* of age, Service Coordinator will compile information utilized and local eligibility review team decision and submit to [designated EIS or lead agency representative] to establish child's eligibility for BabyNet services.
3. Eligibility determined through this process is recorded as eligibility based on developmental delay determined by "informed clinical opinion". Informed clinical opinion is not an additional criterion for eligibility. It is a method of documenting multidisciplinary agreement that developmental delay is appropriate for BabyNet interventions when other methods are determined unreliable.
4. Documentation required (see ICO form):
   a. Reason the assessment tool findings are invalid;
   b. How the use of other developmental data (including current health status, medical history, physician concerns, and observations of the child in his/her daily routine) were used to reach the eligibility decision.

   Local eligibility teams may establish BabyNet eligibility using the informed clinical opinion process for children under 4 months of age. For children over 4

months of age, aforementioned information must be forwarded to the BabyNet Regional Consultant for BabyNet Central Office to establish eligibility.

5. For children less than 4 months of age, (chronological or adjusted), not eligible based on established risk/qualifying condition, the Intake Service Coordinator will:

    a. Administer the PEDS developmental screening to determine the need for further assessment.

    b. When the PEDS indicates the need for further assessment, the AEPS will be administered and scored. There are no cutoff scores for children under 4 months of age, but this information will be used as one piece of information in the ICO process.

    c. Collect required information necessary to complete the Documentation of ICO Chronological or Adjusted Age Up to 4 Months form, (BN 019-rev). Child must exhibit the number of indicators, based on chronological (or adjusted, if applicable) age, listed on the form for eligibility to be considered by the team.

    d. Present aforementioned information to local Eligibility Review Team for discussion and eligibility determination. Team will also consider the use of other developmental data including current health status, medical history, physician concerns, parent concerns and observations of the child in his/her daily routine in making their determination.

6. For children over 4 months of age, and not eligible based on established risk /qualifying condition or developmental delay as measured by the AEPS, and previous evaluation results (completed no more than 60 days prior to referral), parent concerns, current health status, medical history, and physician concerns contradict the results of the AEPS, the Intake Service Coordinator will:

    a. Collect required information necessary to complete the Documentation of ICO Chronological or Adjusted Age Over 4 Months form (BN 019a) to include the reason the AEPS tool findings are invalid and how the use of other developmental data including current health status, medical history, physician concerns, parent concerns and observations of the child in his/her daily routine might lead to eligibility using the informed clinical opinion process.

    b. Send information to the SPOE Supervisor for review. If the SPOE Supervisor is unable to reach an opinion regarding the child's eligibility, the SPOE Supervisor will confer with BabyNet State Office team, including the designated BabyNet program Pediatric Consultant or Technical Assistant Specialists at TECS to verify eligibility.

F. Special Instruction Indicators

Once BabyNet eligibility is established, the Eligibility Review Team will determine the presence of Special Instruction indicators to assist in the determination of the most appropriate service coordinator. When the child is eligible due to developmental delay using the informed clinical opinion process, the Eligibility Review Team will make recommendations for Special Instruction based on the information presented at the time

of the meeting. If further consultation is needed, the Supervisor for the SI provider agency will be contacted.

Special Instruction is indicated if:

1. Child has a qualifying diagnosis (and therefore needs developmental monitorship);
2. Child scores at or below AEPS cut-off in cognitive, social, or social communication domains;
3. Child scores at or below AEPS cut-off in any other two domains; or
4. There is lack of timely access to required natural environment providers, (ST, OT, ST, etc.).

G. Following Eligibility Determination:

Within two working days of the child's eligibility determination, the Intake Service Coordinator must:

1. Contact the family to review findings; and
2. If special instruction indicator(s) are present, discuss the option of special instruction to determine family interest and preference in provider; and
3. Determine agency responsible for development of the initial IFSP and service coordination per chart below and follow manual guidelines in Section VI.

Agency	Development of INITITAL IFSP and Ongoing Service Coordination assigned for:
DDSN	• Any child participating in the MR/DD waiver; or • Eligible for DDSN services (regardless of need for special instruction); or • Requiring Special Instruction *without confirmed* vision or hearing impairment
SDB	• All children with confirmed vision or hearing impairment • All children with parents who are deaf and/or blind
DHEC	• All other children not in need of special instruction or other DDSN services (respite, family support)

H. When child does not meet BabyNet eligibility criteria:

Within two working days the Intake/Service Coordinator must contact the family to:

1. Review findings with the family and discuss options and next steps;
2. Discuss other interventions as appropriate
3. Assist with referrals as needed;

4. Provide a copy of the IFSP with sections completed through the point of eligibility determination, including the CBA report, Section 6B, *Assessment of Child's Present Level of Functioning*, *Written Prior Notice* documenting reason for denial of eligibility, and a copy of the *Notice of Child and Family Rights* if needed (copy should have been provided during intake process, family can view or download from BabyNet website); and
5. Remind the parents that referral can be made again any time before the child's third birthday.

I. When the Eligibility Review Team is unable to make a final determination:

The Intake/Service Coordinator should review the information with the immediate supervisor and/or designated EIS or lead agency staff member.

J. Continuing Eligibility

1. Once enrolled (i.e. after initial IFSP meeting), continuing eligibility will be determined annually as part of the IFSP evaluation. Enrolled children will remain eligible for BabyNet services if the IFSP team agrees that services will help to maintain developmental progress, and:
    a. Qualifying condition persists; or
    b. Results of annual CBA reveal child is functioning at or below the cut-off in one or more areas of the AEPS or a >15% delay in any developmental domain as measured by other curriculum based assessments or standardized evaluations.

K. Once continued eligibility is established as part of the annual IFSP evaluation, Special Instruction is indicated whenever:

1. Child has a qualifying diagnosis (and therefore needs developmental monitorship); or
2. Child scores at or below AEPS cut-off in cognitive, social, or social communication domains; or
3. Child scores at or below AEPS cut-off in any other two domains; or
4. There is lack of timely access to required natural environment providers, (ST, OT, ST, etc.)

VIII. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

A. Within two working days of the child's eligibility determination, the Intake Service Coordinator must:

1. Contact the family to review findings; and
2. Determine agency responsible for development of the initial IFSP, service coordination agency and/or special instruction.

B. IFSP documentation

1. General information

The IFSP contains all IDEA Part C required information that is necessary to plan services to be provided through BabyNet:

Section	Title
1	Child Information
2	General contact information
3	Intake and Intake/Service Coordinator
4	IFSP tracking
5A	Family's view of child's current health
5B	Health care providers
6A	Family view of child's present level of functioning
6B	Assessment of child's current level of functioning
6C	Other team members view of child's present level of functioning
7	Family resources, priorities and concerns
8	Eligibility
9	Other services
10A	Child/Family-centered goals
10B	Periodic reviews of goals
11	Service coordination goals
12	Transition planning
13	BabyNet services
14	Initial and annual IFSP consent and team signatures
15	Medical & therapy updates

C. Initial IFSP development

1. The initial IFSP must be developed by a team that includes:
   a. The Service Coordinator (who is responsible for arranging and conducting the meeting).
   b. Parent(s).
   c. CBA provider (or designee qualified to report and interpret CBA findings).
   d. Others as needed or as requested by the family.
2. Face to face interaction between the parent and Service Coordinator is required for the initial team meeting. Other involved service providers are encouraged to attend the meeting. However, when other service providers cannot participate in the face-to-face meeting, their participation by telephone is acceptable.
3. The Service Coordinator is responsible for preparations for the initial IFSP meeting to include:

a. Scheduling the meeting on a date convenient for the family and other members of the team that is no later than 45 days after date referral was received.

b. Formal notice to family using the *Written Prior Notice* form at least seven calendar days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers can be notified by any means. If family and Intake/Service Coordinator agree to an earlier date, the meeting may occur prior to the seven calendar days. This should be documented by parent signature on Written Prior Notice form. Documentation that Written Prior Notice is provided must be in service notes.

c. Reviewing meeting purpose and process with the family.

d. The Service Coordinator must document at least three attempts to contact the family, (at least one of these contacts must be written) over seven calendar days in effort to schedule the initial IFSP meeting. If the family fails to respond to these efforts, the Service Coordinator will send *Written Prior Notice* and Notice of Child and Family Rights (if needed) to the family and close the child to BabyNet services in seven calendar days if no response from family.

e. The Service Coordinator will enter exit data on BabyTrac including exit reason, 'Unsuccessful attempts to contact family' and complete record closure procedure as described in Section X., Documentation and Records Management, subsection F.

4. The Service Coordinator is responsible for assuring that the following activities are completed during and after the initial IFSP meeting:

   a. Review of information gathered to date.

   b. Complete the following sections of the IFSP

#	TOPIC
4	IFSP Tracking
5	Child current health status
6-C	Other team member views of present level of functioning
10	Child/Family-centered goals
11	Service Coordination goals (as appropriate)
12	Transition planning (as appropriate)
14	Signatures

   c. Complete and document the Early Childhood Outcome process including required data input as specified in Appendix 11.

   d. Enter Initial IFSP Date, Transition Plan Begin Date, and all service information on BabyTrac.

   e. Implementation of the IFSP becomes the responsibility of the ongoing Service Coordinator. This includes the identification of providers and scheduling evaluations/services.

f. Service Coordinator will send copy of IFSP to family, service providers, and primary care physician.

D. 6-month IFSP Review

Six months after the initial IFSP and annual IFSP reviews, the Service Coordinator will:

1. Review Quarterly Progress Reports from IFSP service providers.

2. Discuss child's status and progress with family and providers. If any party identifies the need for changes in IFSP goals or services, the Service Coordinator will arrange an IFSP team meeting to include family and relevant providers.

3. The Service Coordinator must notify all IFSP team members of the review date, time and location.

   a. Formal notification, and documentation in service notes, must be sent to the family using the *Written Prior Notice* form at least seven calendar days prior to the meeting.

   b. BabyNet service providers must be notified as soon as the meeting is scheduled. Providers may be notified by any means.

   c. When the family and Service Coordinator agree to an earlier date, the meeting may occur prior to the seven calendar days. The parent signature on the *Written Prior Notice* documents agreement to an earlier date.

4. Face-to-face interaction between the parent, Service Coordinator and service provider is encouraged for the 6 Month review. However, when participants cannot participate in a face-to-face meeting alternate forms of communication are acceptable.

   a. When the 6 Month review takes place by telephone or alternate form of communication, the Service Coordinator should PRINT the name of the person(s) attending, including the name of the Parent/Guardian, and the attendance method code in Section 14 of the IFSP.

   b. After documenting the results of the 6 Month review in IFSP Section 10-B, the Service Coordinator will make a copy of the 6 Month Review for the child's file and mail or hand-deliver the IFSP pages to the parent for their signature. The parent should sign and date the 6 Month Review on the day they review the document and agree to the changes. The date of the 6 Month Review entered on BabyTrac is the date parent signs the document. Per IFSP instructions, if the plan is not signed and dated by the parent, it is not complete and services may not be initiated.

5. When the 6 Month Review takes place by face-to-face interaction between the parent, Service Coordinator and providers, the Service Coordinator documents results in IFSP Section 10-B.

6. The parent, providers, and Service Coordinator sign and date the IFSP Section 14.

7. The Service Coordinator enters the 6-month review date and makes applicable service changes on BabyTrac.

8. The Service Coordinator will send copy of the IFSP change review to family, service providers, and primary care physician.

E. Annual IFSP Review

1. The IFSP must be evaluated annually in order to formally assess progress in meeting stated goals and to prepare new document. Face to face interaction between the parent and Service Coordinator is required for the annual IFSP review meeting. Other involved service providers are encouraged to attend the review meeting. However, when other service providers cannot participate in the face-to-face review meeting, participation by alternate forms of communication is acceptable.

   This review must include:

   a. Service Coordinator review of reports, assessment information, and records pertinent to the child's progress and service needs; and

   b. Discussion of this information and child's progress with the family;

   c. Transition planning (review held closest to the child's second birthday); and

   d. Completion of new IFSP.

2. Participants in the annual IFSP review must include:

   a. Parent(s) of the child or caregivers;

   b. Other family members or advocates as requested by the parent;

   c. On-going Service Coordinator (or designee familiar with activities related to child's implementation of the IFSP);

   d. Persons conducting any evaluations or assessments since last IFSP evaluation review, or their designee**,** unless written reports are available to team members**;** and

   e. All BabyNet Service Providers currently serving the family and child.

   Appropriate personnel from the local Department of Social Services should be invited to the meeting if the family/child is receiving child protection, foster, adoption, or managed treatment services under DSS supervision.

3. The annual review must be completed every 364 days.

   A service change review conducted not more than 30 days prior to the scheduled annual review may serve as the annual review if the review team included:

   a. The Service Coordinator (who is responsible for arranging and conducting the meeting);

   b. Parent(s); and

   c. IFSP service providers (present or represented).

   The next six-month review of the IFSP is then reset to not more than six months from the date annual evaluation of the plan. Therefore, there is no need to review and then evaluate the IFSP twice in a 30-day period.

Example: The last review of the IFSP was held March 1st. If the projected date of the annual evaluation of the plan is September 1st, a change review may occur on any date between August 1st and August 31st as needed and still count as the annual evaluation provided that all service providers participated in the review. This would be indicated in the Periodic Review of Goal, Section 10 B of IFSP as ***both*** *a change review and the annual review. The next six-month review of the IFSP would be due on the corresponding date between February 1st and 28th of the following year.*

4. The Service Coordinator should begin requesting and compiling required materials at least eight weeks prior to the review date to assure timely availability.

   The following activities must be completed prior to the IFSP meeting:

   a. Review of Quarterly Progress Summary reports from all providers serving the child. (BabyNet contracted providers are required to submit the information contained in these reports within 15 days of the end of each quarter. See Section II, *BabyNet Service System*, regarding provider responsibilities and procedures to be followed if reports are not submitted as required.)

   b. Determining a meeting date, time and location convenient to all team members.

   c. Request updated *Provider Health Care Summary* form, if needed.

   d. Meeting with the family prior to the scheduled meeting to:

      (i) Discuss the process of the Annual IFSP Meeting, including participants, tasks and scheduling using the *Family Guide to the BabyNet System*.

      (ii) Review current IFSP and update IFSP Sections 1 and 2

      (iii) Complete IFSP Sections 5, 6A, 7, 9, 11 and 12.

      (iv) Complete hearing and vision screening using the *Family Hearing and Vision Report* unless the child has had an evaluation by audiologist, ophthalmologist or optometrist within the past six months (180 days). Service Coordinator should request results of such evaluations (with parental consent).

      (v) Review *Insurance Resources* form and update as needed.

      (vi) Update of Consent for Screening, Evaluation, and Assessment, Release of Information, Insurance Resource and/or other forms as required.

   e. Notifying family and other team members of annual review date, time and location. Formal notice and documentation in service notes, to family using the *Written Prior Notice* form at least seven calendar days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers can be notified by any means. If family and Service Coordinator agree to an earlier date, the meeting may occur prior to the seven days. The parent signature on the *Written Prior Notice* documents agreement to an earlier date.

   f. Payment authorizations for each invited BabyNet provider.

5. A CBA must be done within four weeks of the scheduled annual IFSP evaluation. The service-coordinating agency is responsible for completing the annual CBA using procedures developed by each agency. *Written Prior Notice* to the family is required for the annual CBA.

   It is not necessary for the same CBA provider to be used from one administration of the tool to the next. However, the same CBA tool should be used from administration to administration unless there is documentation in the service notes to support:

   a. The IFSP team determines need to change tool based on service provider quarterly progress reports 90-days prior to annual evaluation of the IFSP; or

   b. Service Coordination has been transferred to or from SDB; or

   c. There is clinical (child-focused) reason for changing tools, (for example, needs of child indicate that a more detailed curriculum based assessment is required).

F. IFSP Service changes

1. An IFSP service change review is required when any party requests a change in services listed on the current IFSP (addition, elimination, or change in duration or frequency of listed service). The purpose of the review is to:

   a. Discuss reasons for proposed changes;

   b. Revise the IFSP as needed; and

   c. Obtain parental consent for the changes.

2. The Service Coordinator must notify all IFSP team members of the review date, time and location.

   a. Formal notice, and documentation in service notes, must be sent to the family using the *Written Prior Notice* form at least seven days prior to the meeting.

   b. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers may be notified by any means.

   c. If family and Service Coordinator agree to an earlier date, the meeting may occur prior to the seven days. The parent signature on *Written Prior Notice* documents agreement to an earlier date.

3. Face-to- face interaction between the parent, Service Coordinator and provider is encouraged for any service Change Review. However, when participants cannot participate in a face-to-face meeting, alternate forms of communication are acceptable.

   a. When the Change Review takes place by telephone or an alternate means, the Service Coordinator should PRINT the name of the person/s participating from another location, including the name of the Parent/Guardian, and the attendance method code in Section 14 of the IFSP.

   b. After documenting the results of the Change Review in IFSP Section 10-B, the Service Coordinator will make a copy of the Change Review for the child's file and mail or hand deliver the IFSP pages to the parent for their signature. The

parent will sign and date the Change Review on the date they review the document and agree to the changes. The date entered on BabyTrac for the Change Review is the date the parent signs the document. Per IFSP instructions, if the plan is not signed and dated by the parent, it is not complete and change in services may not be initiated.

c. When the Change Review takes place by face-to-face interaction between the parent, Service Coordinator and providers, the Service Coordinator documents the results in IFSP Section 14 and obtains signatures of all participants.

d. The Service Coordinator enters the Change Review date and makes all applicable service changes to BabyTrac.

e. The Service Coordinator will send copy of the IFSP Change Review to parent, service providers, and primary care physician.

G. Provider changes

Provider changes after initial assignment of on-going service coordination agency and service coordinator are often required during the course of BabyNet service delivery. Formal service change reviews (described above) are required if the changes will result in any change to services and/or goals listed on the IFSP.

If a new service coordinator or provider will implement the IFSP as currently written, a service change review may be held, but is not required. However the current Service Coordinator, their supervisor or designee must assure that:

1. The family understands why change in personnel is required;
2. The family is introduced to the new Service Coordinator or provider;
3. The new Service Coordinator or provider reviews the current IFSP goals and services; and
4. Other service providers are made aware of the change in IFSP team composition.

H. Service Authorization

Prior authorization is required for BabyNet reimbursement of services listed on the IFSP. Only services listed on the child's current IFSP may be authorized. The Service Coordinator is responsible for authorizing services using the BabyNet Payment Authorization Form. See Service Guide appendix for detailed description of authorization process and service reimbursement information.

I. Monitoring delivery of IFSP services. (See also BabyNet General Supervision Plan)

1. The Service Coordinator is responsible for:

a. Monthly contact with families to assess concerns, child status, family and provider adherence to IFSP activities and plans;

b. Reviewing all Quarterly Progress Reports submitted by the provider as they are received;

c. Updating Service Notes.

J. The BabyNet Service Coordinator of record at the time of exit will complete and document, including required data input, the Early Childhood Outcomes process within ten days of exit as described in *Appendix 11, Early Childhood Outcomes* for all children who:

1. Were age 30 months or less when the initial IFSP was developed; and
2. Entered BabyNet services since August, 2006; and
3. Have been continuously enrolled in BabyNet system for at least six months of service.

IX. TRANSITION TO PRESCHOOL SERVICES

A. Required IDEA Part C transition activities

1. Transition planning is documentation in the BabyNet record of the following for each child served by BabyNet:

a. Steps (activities) to be completed and person(s) responsible;

b. Services required or desired to implement the plan; and

c. Plans to identify and obtain needed services.

The plan is documented in the IFSP, with additional service notes as needed.

2. Transition notification is transmission of directory information for children receiving Part C services at 24 months.

3. Transition referral is transmission of directory information to the appropriate LEA for children "potentially eligible for Part B services" after age 24 months and no later than age 30 months (2 ½ years).

4. Transition "conference" refers to multiple activities required to assure a smooth transition from IDEA early intervention to pre-school services.

B. Transition planning

1. Definition: See Section A.
2. At the initial intake visit the Intake/Service Coordinator discusses transition with the family. The family is made aware that BabyNet eligibility ends at age three. The Service Coordinator continues to discuss transition at the Initial IFSP meeting by informing and educating the family on what transition means and how to prepare for transition of their child to Part B or other community services. This

discussion is documented on the Transition Planning page, (Section 12), of the initial IFSP.

3. The Service Coordinator continues to discuss transition steps at each review and annual evaluation of the IFSP. Items listed on the Transition Planning page of the IFSP will be completed by the timelines provided to facilitate the child's transition to Part B or other community services.
4. The Service Coordinator is responsible for reviewing information necessary to facilitate family consideration of options and make decision for pre-school services. Transition discussions should include:
   a. Options for pre-school services including:
   (i) Developmental Disabilities Programs (e.g. through DDSN);
   (ii) School for the Deaf and Blind;
   (iii) Child care facilities; and/or
   (iv) Local school district.
   b. Family expectation related to transition;
   c. Preparing the child for changes in service delivery including steps to help the child adjust to and function in a new setting;
   d. Training for parents regarding future placements and other matters related to the child's transition.
   e. Purpose of transition conference;
   f. Explanation that eligibility for BabyNet services does not guarantee eligibility for any other program. Discuss and educate parents about the differences between BabyNet services and educationally related services under Part B of IDEA. (See Comparison Chart at end of section IX.)
5. Transition planning information is documented in the Transition section of the IFSP. Documentation must include:
   a. Steps (activities) to be completed and person(s) responsible;
   b. Services required or desired to implement the plan; and
   c. Plans to identify and obtain needed services.

   (See IFSP form and instructions.)

C. Transition notification

1. Definition: See Section A.
2. By the 5th day of each month, the BabyNet Data Manager will:
   a. Generate "24 month report" from BabyTrac. This report contains "directory information" (child's name, date of birth, address, and telephone number) for all active children with an IFSP in the assigned geographic area who:
   (i) Turned 24 months of age in the previous month; or

(ii) Had an initial IFSP developed at age over 24 months during the prior month.

b.Generate "30 month report" from BabyTrac. This report contains "directory information (child's name, date of birth, address, and telephone number) for all active children with an IFSP in the assigned geographic area who:

(i) Turned 30 months of age in the previous month; or

(ii) Had an initial IFSP developed at age over 30 months during the prior month.

c. Send this information to:

(i) The LEA Director of Special Services for Students with Disabilities (Special Ed Director) listed on the SC Department of Education website (http://ed.sc.gov/agency/Standards-and-Learning/Exceptional-Children/old/ec/documents/Coordinator_list.pdf); and

(ii) Other designee(s) specifically requested by the LEA for lead agency notification.

Example: Between May 1 and May 5, the lead agency will generate a report for all children with an IFSP who turned 24 months of age between April 1 and April 30 or whom had an initial IFSP completed between April 1 and April 30.

Between May 1 and May 5, the lead agency will generate a report for all children with an IFSP who turned 30 months of age between April 1 and April 30 or whom had an initial IFSP completed between April 1 and April 30.

d. If no children in a school district qualify for notification, a "zero" report will be sent.

e. The BabyNet Data Manager will retain a hard copy of reports sent.

D. Transition referral

1. Definition: See Section A.
2. Each service coordinator is responsible for sending directory information for <u>all children in the caseload</u> to the appropriate LEA after 2 years (24 months) and no later than age 2½ years (30 months) in a hard copy using the BabyNet Transition Referral Form. When consent has been obtained, the service coordinator sends additional information about the child and BabyNet services to date.
3. If the parents have identified a pre-school service provider other than the LEA, the Transition Referral Form is also sent to the selected provider.

   If consent has been obtained, the service coordinator may send additional information about the child and BabyNet services to date.
4. If the parents indicate that they are <u>not</u> interested in pre-school services, the Service Coordinator:

   a. Gives the family contact information for the LEA Director of Services for Students with Disabilities (Special Ed Director) for future reference;

b. Informs the family that they can contact the LEA at any time to receive information about Part B services; and

c. Informs the family that directory information will be sent to the LEA to assist with LEA child find activities.

d. Completes the Transition Referral Form including only directory information and checking 'no' indicating that the family does not want information shared with the LEA and does not want to participate in the Transition Conference.

e. Sends the Transition Referral Form to the LEA.

f. Enters the Transition Referral Date as the LEA Referral Date on BabyTrac.

Further contact about these services is the LEA responsibility.

5. When referrals are received for children age 29 months old or older, BabyNet program eligibility may not be determined before transition referral is required. However, LEAs want immediate notification when BabyNet receives a late referral so that they can initiate contact as soon as possible. In this instance, the Intake/Service Coordinator (or other designated SPOE office staff member) must:

   a. Discuss the BabyNet System age limits and proceed with eligibility determination and referral processes based on family's choice; and

   b. Alert the LEA of the late referral using the Transition Referral Form and checking 'Late Transition Alert' on the form.

E. Transition conference

1. Definition: See Section A.

2. Scheduling and facilitating the transition conference is the responsibility of Part C BabyNet Service Coordinator and requires the approval of the family. The transition conference includes:

   a. Transmission of relevant information for children receiving IDEA Part C to the IDEA Part B agency; and

   b. Assisting the family to identify and plan for services; and

   c. Informing families of available Part B services.

3. If the parent is not interested in IDEA Part B services through the LEA or Head Start, the Service Coordinator remains responsible for:

   a. Reviewing transition planning information listed above (Section B); and

   b. Entering Transition Conference Decline Date on BabyTrac.

4. When the parent is interested in Part B services and approves a transition conference, the Service Coordinator must schedule a transition conference between the parent, Part C and Part B.

5. When the parent consents to the transition conference but chooses not to attend, the conference will be held as scheduled between Part C and Part B.

6. If the parent consents to transition services, but declines to participate in a transition conference, an exchange of information must occur between Part C and Part B.
7. Written Prior Notice of the transition conference is required
8. The BabyNet service coordinator must document completion of required "transition conference" activities no later than age 33 months (2 years 9 months, 90 days prior to the child's third birthday) for all children with an IFSP in their caseload.
9. Transition conferences may be completed by telephone or face-to-face and must be documented using the Transition Conference form. The service coordinator is responsible for documenting the transition conference information on BabyTrac.
10. Procedures for arranging transition conference meetings or conference calls between BabyNet and LEA (regardless of parent participation) will be based on agreements with each LEA.

    These arrangements will be reviewed and updated annually with each local interagency coordination team and included in the team meeting minutes. This requires information from each LEA regarding appropriate contact people and preferences for handling children who turn three when school is not in session. The LEAs are responsible for notifying the BabyNet Coordination Teams when updates are needed.

F. Other Transition Issues

1. The BabyNet Service Coordinator may choose to participate in initial IEP meeting if the family has specifically requested their presence.
2. In most cases, the family will be better served if the BabyNet Service Coordinator has facilitated contact with the OSEP funded Parent Training Institute (PTI). The current SC grantee is Parents Reaching Out to Parents (803-772-5688, 800-759-4776, or PROParents@proparents.org.
3. When a child is closed to BabyNet services between 30 and 36 months of age, the Service Coordinator must contact the LEA within 10 days and inform of the closure.

Comparison Between Part B and Part C of IDEA

	Early Intervention/ BabyNet	*Local Education Agency (LEA)*
	Part C	**Part B**
Prior Notice	✓	✓
Parental consent	✓	✓
Confidentiality	✓	✓
Access to Educational Records	✓	✓
Complaint Procedures mediation, due process	✓	✓
Participation in identification, evaluation, assessment, and eligibility	✓	✓
Participation in plan (IFSP or IEP) development/placement	✓	✓
Review of plan	IFSP reviews every 6 months (or more often as requested by parents) and evaluated annually.	Review of IEP occurs periodically, but not less than annually
Service settings	Natural environment	Least Restrictive Environment Free Appropriate Public Education (FAPE) Independent education evaluation Participation in placement decisions Placement by parents in private schools at public expense Disciplinary actions

X. DOCUMENTATION AND RECORD MANAGEMENT

A. Components of the "BabyNet record"

The BabyNet Record is an educational record (not a medical record), to be kept in a confidential manner in accordance with applicable program policy, and state or federal statute and regulations.

It includes personally identifiable information about a child or the child's family that is generated by the BabyNet system and includes:

1. Signed copies of all consent forms;
2. Results of screening and evaluations conducted by BabyNet system staff (e.g. PEDS, ASQ, AEPS) or received from other providers;
3. All correspondence with the family including printed copies of email messages;
4. IFSP form and all related documentation;
5. Authorization forms;
6. Service notes; and
7. Any other information generated or obtained through the BabyNet System.

B. Confidentiality of information contained in the BabyNet record

The requirements for maintenance and access to educational records are stated within IDEA and the Family Educational Rights and Privacy Act (FERPA).

In addition to the federal requirements referenced above, handling, filing, storage, and archiving of BabyNet records of services provided must be completed according to specific guidelines of the agency serving the eligible child.

The lead agency is responsible for assuring retention of the entire BabyNet record according to IDEA and FERPA requirements.

C. Record content, forms and compilation

All BabyNet records will be include the content in the sequence described below.

a. TABBED DIVIDER: PROTECTED INFORMATION

b. TABBED DIVIDER: CLIENT PROFILE, HX

(i) BabyTrac profile sheet

(ii) Medicaid screen

(iii) Developmental screening forms (ASQ, PEDS, etc), CBA tool

(iv) *Family Hearing and Vision Questionnaire*)

(v) *Insurance Resources* form

c. TABBED DIVIDER: CORRESPONDENCE/OTHER

(i) *Primary Health Care Provider Summary* form

(ii) Prescriptions, letters, notes, memos to and/or from family, physicians, or other providers.

(iii) *Written Prior Notice* form

(iv) *Transition Referral* form

(v) *Transition Conference* form

(vi) *Request for and Follow-up of Services*

(vii) *Child Outcome Summary* form

(viii) *Child Outcome Data Entry* form

(ix) *Record Transmittal Cover Sheet*

d. TABBED DIVIDER: FINANCIAL

(i) *BabyNet Payment Authorization* forms

(ii) *Interpretative Services Log*

(iii) *Transportation Log*

(iv) *Assistive Technology Request*

e. TABBED DIVIDER: CONTINUATION

f. All service coordination notes

g. TABBED DIVIDER: OTHER PROVIDERS
Any reports from medical specialists, Audiologists, Pediatricians, etc.

h. TABBED DIVIDER: HOSPITAL
Any birth records, hospital stay or surgical reports.

i. TABBED DIVIDER: SERVICES

(i) *Provider Quarterly Progress Notes*

(ii) PT, OT, and/or SLP reports or progress notes

(iii) Special Instruction reports, records, assessments and evaluations

j. TABBED DIVIDER: ELIGIBILITY

(i) *Consent for Screening, Evaluation and Assessment*

(ii) *Consent for Obtaining and/or Releasing Information*

(iii) *Birth and Early Health History*

(iv) *ICO Documentation Form*

(v) *Assignment of Surrogate Parent*

k. TABBED DIVIDER: IFSP
Individualized Family Service Plan (IFSP)

D. Record Entry Format

The guidelines contained here are consistent with Medicaid guidelines. Service coordination agencies (DHEC, DDSN, and SDB) may have additional record entry requirements.

1. Service notes and other entries made by BabyNet staff must be:

a. Typed or handwritten in dark ink (permissible to note allergies in red);

b. Easily legible;

c. Kept in chronological order;

d. Include date (month, day, year) note is written; and

e. Signed by the service provider with professional title. If space is limited, it is acceptable to use initials by each entry if the legal signature appears at least once on the same page.

2. Service notes written into the record more than seven days after the activity that is described must be identified as late entries.

3. Each EIS agency must maintain a list of any abbreviations or symbols used in the records. This list must be clear as to the meaning of each abbreviation or symbol. ONLY abbreviations and symbols on this approved list may be used.

4. When errors are made in service notes the service provider must clearly draw **one** line through the error, write the word, "error", enter the correct information, and add service provider signature or initials and date. If additional explanation is appropriate, this may be included. The information contained in the error must remain legible. No correction fluid or erasable ink may be used.

5. If a record review reveals that a service note was not signed when written, the note must be signed immediately and that signature given the current date. A current service note must be written to explain the difference between the signature date and the date the note was actually written;

E. Service Note Content

1. All service notes must contain information sufficient to demonstrate completion of reimbursable services. This requires the following at a minimum:

a. The contact person;

b. Type of contact;

c. Location of contact;

d. Length of contact time (in billable units);

e. Actions completed results and planned follow-up activities.

Additional information may be required by third party payors depending on service or service provider. The information listed above will assure compliance with minimal Medicaid requirements.

2. Service notes must be individualized to the specific child represented by the BabyNet record.

a. Persons referenced in service notes or any supporting correspondence must be identified by relationship to the child at least once on each page

b. The content of the service note will contain sufficient detail to clearly communicate the purpose of the note and to document billable activity

3. Written correspondence, pertinent oral communications, completed reports/forms and completion/updates to the IFSP must be documented in service notes to include identification in the record of any referenced documents;

4. Service notes should be limited to description of actions taken and/or observations relevant to the child or family's needs and provision of BabyNet services.
5. Service notes will document the units of time (15 minutes per unit) required to complete the billable activity. A unit of service generally represents 15 minutes of time spent delivering the service. Documentation of activities must support the number of units billed.

F. Transferring Records

- The BabyNet Service Coordination Supervisor or appropriate state BabyNet Program Manager is available for assistance as needed with any of the steps outlined below.
- Interagency notifications should be done by email as much as possible to expedite the process.
- BabyNet Records Transmittal Cover Sheet is to be used for **all** record transfers.
- Designees may be used as appropriate for Service Coordinator, Supervisor, and/or Program Manager activities.
- Records of children receiving service coordination provided by SC Department of Health and Environmental Control (DHEC) will be maintained by DHEC at the time of closure according to agency specific policies.
- Records of children receiving service coordination provided by SC School for the Deaf and Blind (SCSDB) will be maintained by SCSDB at the time of closure according to agency specific polices.
- Records of children receiving service coordination provided by SC Department of Disabilities and Special Needs (DDSN) contracted agencies will be sent to BabyNet State Office within 90 days of closure to all BabyNet services.
- The DDSN contracted provider Service Coordinator will send the entire BabyNet Record to BabyNet State Office for storage and archiving according to IDEA Part C and other applicable federal guidelines. Record should be scanned and sent electronically to BNRecords@scfirststeps.org. When scanning is not available, the record may be mailed or hand delivered to SC First Steps BabyNet Office.
- Records mailed or hand delivered to BabyNet State Office must be securely filed in charts affixed with labels having the child's full name, date of birth, BabyTrac number and county of residence.
- *Written Prior Notice* must be sent to the family by the Service Coordinator of record prior to any record transfer or closure activity as specified in the following procedures.
- Exit data must be entered on BabyTrac Profile page by the Service Coordinator of record prior to sending the BabyNet Record to BabyNet State Office.
- Records received by BabyNet State Office not meeting these requirements will be returned to the appropriate agency Program Manager.

RECORDS TRANSFER PROCEDURES

1. When a child is lost to follow up prior to intake, assessment or initial IFSP development, the Service Coordinator will complete the following activities and document in service notes:

   a. Document three failed attempts to contact the family, during a period not to exceed seven working days, to schedule the intake, assessment, or initial IFSP meeting. At least one attempt must be in writing.

   b. Send the Written Prior Notice to the family closing to the BabyNet System.

   c. In seven calendar days, enter the exit data on BabyTrac Profile page.

   d. DHEC and SCSDB will retain the child's record at the time of closure according to agency specific policies.

   e. DDSN contracted agencies will, within 90 days following closure to BabyNet system, send the complete BabyNet Record to BabyNet State Office.

   f. DDSN providers will retain the original record or a copy according to agency specific policies.

2. When a child is lost to follow up after intake, assessment or initial IFSP development, the Service Coordinator will complete the following activities and document in service notes:

   a. Document three failed attempts to contact the family and determine that family is lost to follow up according to agency specific guidelines. At least one attempt must be in writing.

   b. Send *Written Prior Notice* to family closing to the BabyNet system and all BabyNet services.

   c. Inform all service providers that the child will be closed to BabyNet services.

   d. In seven calendar days, close the child to BabyNet services on BabyTrac by entering the ACTUAL END DATE on all services listed on the Service page.

   e. Enter exit data on the BabyTrac Profile page.

   f. Enter the exit COSF outcome data as applicable according to guidelines.

   g. DHEC and SCSDB will retain the child's record at the time of closure according to agency specific policies.

   h. DDSN contracted agencies will, within 90 days following closure to BabyNet System services, send the complete BabyNet Record to BabyNet State Office.

   i. DDSN providers will retain the original record or a copy according to applicable agency specific policies.

3. When a child transfers between ongoing Service Coordination Providers (no change in SPOE area), the Service Coordinator will complete the following activities and document in service notes:

   a. Discuss the need for change in service coordination provider with the family and identify a specific provider based on provider availability and family preference.

   b. Inform the receiving provider that records will be transferred and the reason for the transfer.

c. Confirm that receiving provider will accept the transfer. If confirmation is not received within three working days of email notification, contact the state level program manager for assistance.

d. Send *Written Prior Notice* to the family notifying of change in Service Coordination.

e. Inform all BabyNet Service Providers working with the family of the change in Service Coordination and new IFSP team member.

f. Send a copy of the BabyNet Record with the Records Transmittal Sheet to the receiving provider.

g. Upon confirmation from the receiving provider, change Service Coordination provider on Profile page in BabyTrac.

The receiving provider (Service Coordinator and/or Supervisor based on agency protocol) will complete the following activities and document in service notes:

a. Confirm provider ability to accept the transfer.

b. Review information sent by referring provider.

c. Request that the referring provider make the change in service coordination provider on Profile page in BabyTrac.

d. Complete the BabyTrac transfer once initiated by the referring provider.

e. Notify the referring provider that the transfer is complete.

f. Initiate contact with family within four working days.

g. Follow procedures for completing the IFSP Change Review.

4. When a child transfers between ongoing Service Coordination Providers (change in SPOE area), the Service Coordinator and/or Supervisor based on agency protocols will complete the following activities and document in service notes:

a. Obtain change of address information from family.

b. Discuss the need for change in service coordination agencies with the family and identify a specific provider within the receiving county based upon provider availability and family preference.

c. Inform the receiving provider that records will be transferred due to family's relocation.

d. Confirm that receiving provider will accept the transfer. If confirmation is not received within three working days of email notification, contact the agency state level program manager for assistance.

e. Send *Written Prior Notice* to family notifying of change in Service Coordination provider.

f. Inform all Service Providers of the change in Service Coordination due to family's relocation.

g. Close the child to provider services by entering ACTUAL END DATE on BabyTrac Service page.

h. Send a copy of the BabyNet Record to the receiving provider.

i. Send a copy of the Records Transmittal Sheet, change of address, and new Service Coordination provider information to the transferring SPOE office.

j. Transferring SPOE office will follow agency specific protocol for transferring the SPOE record to the receiving SPOE office.

The receiving provider (Service Coordinator and/or Supervisor based on agency protocol) will complete the following activities and document in service notes:

a. Confirm provider ability to accept the transfer.

b. Review information sent by referring provider.

c. Request that the referring provider make the change in service coordination provider on Profile page in BabyTrac.

d. Complete the BabyTrac transfer once initiated by the referring provider.

e. Notify the referring provider that the transfer is complete.

f. Initiate contact with family within four working days.

g. Follow procedures for completing and IFSP Change Review.

5. When a child exits BabyNet due to a planned closure prior to age three, (e.g. has met IFSP goals, is no longer eligible, or the family notifies that they are no longer interested in BabyNet services, etc.), the Service Coordinator will:

   a. Send *Written Prior Notice* to the family informing of planned closure.

   b. Notify all BabyNet Service Providers of planned closure.

   c. Close the child to BabyNet services on BabyTrac in seven calendar days by entering the ACTUAL END DATE on the Service page.

   d. Close the child to the BabyNet system by entering exit data on the BabyTrac profile page.

   e. Enter the exit COSF outcome data as applicable according to guidelines.

   f. DHEC and SCSDB will retain the child's record at the time of closure according to agency specific policies.

   g. DDSN contracted agencies will, within 90 days following closure to BabyNet System, send the complete BabyNet Record to BabyNet State Office.

   h. DDSN will retain the original record or a copy according to agency specific policies.

6. Special Circumstances

For children who are adopted while receiving BabyNet services, the Service Coordinator will:

a. Notify BabyNet State Office via email at BNRecords@scfirststeps.org of the legal adoption.

b. BabyNet State Office will request that the BabyNet Service Coordinator send a copy of the court order declaring legal adoption and name change.

c. Upon receipt of court order, BabyNet State Office will open a new BabyTrac record and enter previous profile, service, and IFSP information under child's new name and delete the old BabyTrac record.

d. BabyNet State Office will notify SPOE of the need to follow their agency protocol for adoption records.

Other instances requiring special consideration and not addressed in current BabyNet Policy should be referred to the appropriate state level BabyNet Program Manager.

XI. SECTION XI DISPUTE RESOLUTION

a. Written complaints

A complaint is a written, signed statement of fact filed by an individual or organization alleging that the BabyNet Program has violated state or federal law, or regulation.

The alleged violation must have occurred not more than one year prior to the date the complaint is received by the BabyNet lead agency, unless:

i. A longer period so reasonable;

ii. The alleged violation continues for that child or other children; or

iii. The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the BabyNet lead agency receives the complaint.

Response to formal complaints submitted in writing to the lead agency will be conducted according to guidelines contained in the BabyNet Procedural Safeguards manual. It includes Dispute Resolution Guidelines for Complaint Investigation and Resolution Procedures as required by IDEA Part C (34 CFR 303.510.-303.512).

b. Verbal reports

i. Staff and contractors of participating agencies are expected to initiate action to address verbal reports of issues and concerns related to the delivery of BabyNet services.

ii. The service coordination must be informed if an issue is reported related to current services. The Service Coordinator must attempt to respond to reported concerns. If the service coordinator is unable to resolve the issue, it should be reported to the appropriate supervisor. If the supervisor is unable to resolve the issue, it must be reported to the supervisor in the service coordinating agency.

iii. If resolution is not reached at the agency level, the BabyNet State Office Consultant should be contacted. As lead agency representatives, they are responsible for taking further actions required to assure resolution.

iv. Factual information related to the report must be documented in the BabyNet record if the reported concern involves eligible children.

v. If a verbally reported concern results in a written, signed complaint, the response will be as described above.

vi. Detailed information about the BabyNet dispute resolution process is contained in the BabyNet Procedural Safeguards Manual.

XII. ROLE OF BABYNET SERVICE PROVIDER

A. General

All IFSP team members must consider guidelines contained in the section when during development and review of all IFSPS. BabyNet attempts to achieve outcomes that are important to the family for the development of their child. The family is the primary foundation that supports their child's development in all areas. In order for therapy to be successful, it is essential for families to be involved in the process of identifying desired outcomes and incorporating the use of meaningful interventions into their daily living activities. This means that an important goal of therapist-family collaboration is to support the child's participation in family routines, activities, and places including those that occur outside the home environment. Therapists must document adaptations and interventions provided in natural environments to the family/caregiver to support the child's attainment of outcomes listed in the child's individualized family service plan.

Parents and caregivers have the greatest opportunity to provide meaningful interventions for their children within the contexts of the routines and activities that children engage in throughout the day. These opportunities for intervention occur when families creatively adapt or integrate therapy suggestions into their child care methods and when therapists work collaboratively with families to design interventions that can be easily incorporated into family activities and routines. Intervention should be considered as a means of achieving the functional outcomes that have been determined by the Individualized Family Service Plan (IFSP) team. Specific strategies should be collaborative among therapists and interdisciplinary, avoiding unnecessary duplication of similar emphasis by multiple therapists. For example, an occupational therapist can provide specific recommendations to facilitate upper extremity performance to the physical therapist that can be incorporated into a single, comprehensive motor plan. In some circumstances, both therapies are needed to provide input about specific adaptations and interventions that contribute to identified outcomes. However, motor intervention with young children often involves non-specific strategies that are used by both disciplines.

B. Evaluation and Assessment

Evaluations and assessments are two terms that are used in discussions regarding a child's development. They are often used interchangeably but they actually have different meanings within the context of Part C of the Individuals with Disabilities Education Act (IDEA) (CFR 303.322).

Evaluation in Part C under IDEA means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility including determining the status of the child in each of the developmental areas. Assessment means the ongoing procedures used by appropriate qualified personnel after the child's eligibility has been determined to identify the child's unique strengths and needs and to develop appropriate interventions to address those needs. Optimally, these interventions will be implemented by families and therapists within the context of family routines, activities and places in order to maximize opportunities for child learning and development.

The evaluation/assessment process should begin with an exploration of the family's specific concerns about their child and family and a discussion about their desired outcomes. The family's concerns and outcomes, coupled with the findings from the global evaluation, will determine the specific developmental areas that are in question, and the need for services or additional evaluations/assessments in those areas. In combination with assessment information about the family's routines, activities, and priorities, these developmental or discipline-specific evaluations/assessments are used to develop family-centered outcomes, functional goals, and specific intervention strategies.

Evaluation/assessment includes professional observation and interpretation of the quality of a child's performance of developmental tasks and how these are integrated into the daily routines of the family. This requires family participation throughout the evaluation/assessment process to ensure the therapists' observations are a meaningful reflection of the family's perspective.

Following the evaluation/assessment, an IFSP is usually developed with the required team members present to provide input. The IFSP must be reviewed every six months to assess progress in meeting the established outcomes. During this process, the expected outcomes will be reviewed to determine which services are warranted, and the frequency and duration of those services.

Evaluation/assessment reports must be provided within 10 working days and include:

i. Child's name and birth date;

ii. Date of evaluation;

iii. Name and discipline of evaluator;

iv. For eligibility determination, evaluation reports must include the tests/methods used, the results of the tests/methods, including a level of delay and/or age equivalency in months for each domain that was tested and a narrative interpretation of the results;

v. Summary of the child's strengths and needs in any of the five developmental domains that were evaluated (adaptive, cognitive, communication, motor, and social emotional);

vi. Recommendation for any further assessment in any of the five developmental domains listed above and rationale for that recommendation; and

vii. Service recommended. Written justification of the need for the service and the anticipated contribution of that service to a functional outcome.

c. Determining IFSP Goals

IFSP goals are not traditionally- written goal statements. Rather, they reflect the ideas of what the family views as most important for themselves and their child. The family may (or may not) view isolated improvements or changes in their child's developmental skills as most important at a particular point in time. Other needs or concerns may be more important. For example, a family may be concerned about their child's nutrition or about the baby's sleeping patterns. Or, a family's primary concerns may relate to finding quality child care, reasonable housing, or other issues that impact the child's developmental outcome but do not specifically target developmental skill acquisition.

Goals stated by families are more likely to focus on activities and routines (e.g., eat out at a restaurant, be able to participate in bath-time easily) than on isolated developmental skills such as sitting or walking, talking, performing self-care skills such as feeding self, etc. As such, family goals may target the context in which developmental skills are used and can be described as "functional" because the contexts require the use of developmental skills for a meaningful or functional purpose.

i. Goals, including those that focus on performance of isolated developmental skills, may not initially be stated in measurable ways. For example, a family is unlikely to state that they want their baby to wake up during the night only two times or to eat a nutritional meal at breakfast, lunch, and dinner. Families are more likely to state goals in global terms such as "sleep through the night" or "eat enough food." Similarly, families are likely to state goals such as "talk better," "walk," "eat at a restaurant," "not cry during church services," "be good at the grocery store," or "go to the playground." These

global goals are translated by the IFSP team into steps. Goals are written in measurable terms.

ii. All BN qualified personnel, including therapists, have the responsibility for communicating effectively with families so that providers understand what families mean and what they want to have happen. In this way, a global outcome statement such as "talk better" is translated into an outcome of "expressing wants in ways that other people understand." The outcome may then be broken down into steps such as "indicating a choice when presented with two choices" or "using words and gestures so that other people understand easily what (the child) wants."

1. Use of open-ended questions. Asking families to describe what happens now and what they would like to see happen can be helpful. For example, if a family says they would like to be able to eat in a restaurant, asking an open-ended question such as "tell me what happens now" or "describe what happens when you take (the child) to a restaurant" can help provide a picture of what is going on within this context. Follow-up questions such as "what would you like to have happen" or "what needs to occur for this to go better or to happen more easily" can help the team determine what to target and how to begin to address issues. For example, if a family describes that the child slides out of the highchair and becomes uncomfortable and starts to cry, the therapist can begin to target improved positioning in a restaurant as an outcome and can define related steps. One step might relate to devising better ways for a child to be positioned when in a restaurant while a second step might target improved sitting balance or increased trunk tone, etc. – whatever component is identified as preventing the child from sitting well in standard restaurant equipment/chairs.

2. Observational assessment. Sometimes it is difficult to fully understand a situation without being able to observe the specific situation. Therapists may need to accompany a parent and child; for example, to a restaurant to understand what happens when the child is within this context. In this case, the therapist's assessment would target those factors that facilitate the child's success, and those that inhibit or prevent the child's performance, in this environmental setting. Subsequent intervention would likely focus on consultative strategies, perhaps augmented by direct therapy, so that adaptations could result in immediate short-term success and longer term therapy remediation would lead to long-term success in the respective environmental setting.

3. Ecological inventories/Activity analyses. Environmental settings may need to be broken down into component parts. For example, an environmental setting such as a neighborhood playground may be broken down into slides, swings, see-saws, merry-go-rounds, etc. Each of these sub-settings can then be analyzed in terms of what skills are required for participation. For example, a child would need to go to the swings, sit on (or be placed on) the swing, stay on the swing when being pushed, indicate when they no longer wish to swing, get off (or be taken off) the swing, go to another activity. The therapist can then analyze what the child is currently able to do and not do in relation to each of the steps identified through the activity analysis. The therapist can figure out adaptations that will make an activity, such as swinging, effective (or

possible) immediately in the short-term and what skills need to be developed or practiced to make the activity effective in the long-term.

4. Meaningful conversations with families on an ongoing basis are necessary to ensure that the goals are actually being addressed and that they continue to be important for the family. These conversations should occur at least at the six-month and annual reviews of the IFSP. At these times, families should be asked whether the outcome is still important or whether revisions are necessary. Revisions may be necessary because the objectives have been attained or because the family no longer is interested in a particular outcome and/or wishes to state the outcome in a different way.

iii. Families may state goals that may not match the expertise of a therapist. For example, moving to different housing, accessing health or social service resources such as WIC, obtaining respite care, or finding child care may not seem like goals for which therapists have particular expertise or which are billable through BabyNet. In these cases, therapists are responsible for notifying the child's BN Service Coordinator who can assist the family in addressing the identified needs.

iv. Some goals may not initially seem as though they may be addressed through the expertise of a therapist. However, therapists may have input to provide in order for the outcome to be addressed successfully. For example, if a family stated an outcome of finding child care, therapy consultation to the child care provider might be helpful to ensure that the provider was knowledgeable about both the child's needs and ways of addressing those needs. Additionally, therapy expertise might be necessary to ensure that a child could participate in the activities taking place in the child care setting. A therapist might do an assessment in order to identify needs for adaptive equipment or to make suggestions for adapting activities or the materials used in those activities.

d. Service Delivery Options

i. Direct intervention involves the therapist providing one-on-one interaction with the child and family or with a small group of children. Direct intervention is appropriate when specific approaches and techniques are needed to promote a child's attainment of a particular outcome. These techniques are individualized to the child and require the skills of a trained therapist to administer. In virtually all areas of therapy, direct intervention consists of various components, including:

1. Promotion of opportunities for practice or refinement (e.g., teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently);

2. Remediation or work on improving the child's capacity to do a component of the skill through use of therapeutic techniques (e.g., stretching to improve range of motion, massage to free up joints, changing the environment, providing a sensory stimulus);

3. Expert alteration of the task (e.g., provision of adaptive equipment for mobility or self feeding);

4. Direct intervention provided with another service provider (e.g., collaborative intervention).

5. All of the intervention modalities depend on the therapists' expert understanding of the foundation of the task, ongoing observation of the response to intervention strategies, and varying the selection and use of intervention strategies depending on the response of the child. Direct intervention should never be provided without consultation to family members and other team members.

ii. Consultation consists of an evaluation/assessment by a therapist with subsequent direction to the child's parents, caregivers, educators or other professionals, regarding activities or program modifications which can be incorporated into play, self care, and/or family routines and activities. Consultative interventions are designed to enable others to integrate intervention strategies into their interactions with the child and family to address issues that are identified. Consultation may be provided in conjunction with direct intervention or as a separate intervention. Consultation involves the therapist using his or her knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may involve directions for positioning, suggesting activities that promote the acquisition of certain functional skills, modifications to an existing program to improve endurance and speed, recommendations for orthotics, and/or making suggestions for environmental changes. Often, consultative intervention can be provided when two interventionists work together with the family or through a meeting or phone discussion.

E. Determining Need for Services:

Children with developmental delays will generally follow one of three patterns: typical, with global delay (typical/global); typical with uneven severity of the delay (typical/variable); or atypical.

i. A child with global delay has delays that are relatively equal in all domains, in contrast to a child with a delay in one or more areas that is more severe than other areas. An example of a child with a typical/global delay is an 18 month old child whose motor, cognitive, social, and adaptive skills are at the 9 month level. An 18 month child whose motor, cognitive, social, and adaptive skills are at 12 months, while language skills are at 6 months is an example of a child with a typical/variable delay. These two scenarios are considerably different from the child whose development is not only delayed, but also "atypical" or different in quality when compared with children of any age. Examples of atypical development include toe walking, scissoring of legs during ambulation, a persistent clenched fist or echolalia. The constellation of therapeutic services will be different for each of these children.

ii. Many of the children in BabyNet do not have, and are not likely to have, a medical diagnosis or clear cause for delay. Therefore, many children with global developmental delays may not benefit from direct OT, PT, or ST. Other interventions and supports are available through BabyNet and through other federal, state, and community programs. All of these options should be addressed during the IFSP discussions to help the family understand the array of services that may be available to them.

iii. The inclusion of specific therapies in the IFSP should never be based solely on the presence of a medical diagnosis or delay. For example, all children with cerebral

palsy do not need PT just because they have cerebral palsy, and all children with language delays do not need ST just because they have a language delay. Therapy should be linked to specific family established outcomes, regardless of the underlying cause. An important point to remember is that intervention can be either direct or consultative, and occur at varying frequencies -- not just once or twice a week. There are many children who require therapeutic intervention, but only at periodic intervals.

iv. Frequency of therapy should depend on the amount of time necessary for the family to incorporate new techniques into family routines and for the therapist to reevaluate or assess the child's response to therapeutic interventions. If the only time the child is performing functionally relevant therapeutic activities is during the session with the therapist, therapy is not likely to be beneficial and therefore not supported by BabyNet. To extend that premise, if the child is making progress at a rate that requires the therapist to vary the treatment and the home program monthly, multiple weekly visits are not supported by BabyNet.

v. In general, a need for therapy services depends on the answers to several questions.

1. Is a particular skill, like walking, delayed more than the child's general overall development (typical/variable)? If no, therapy is probably not indicated. If yes, is there a reason why (e.g., vision, hearing, poor endurance due to health problems, lack of movement, lack of strength, sensory problems, lack of opportunity to practice)? The answer to that "why" will indicate whether direct intervention may or may not be helpful.

2. Are the prerequisites for that skill emerging or present? If so, are they typical? Examples of typical emerging or present prerequisites include: a child is not walking but can assume sitting and coming to stand or a child is not chewing but is munching and lateralizing the tongue. In these instances, direct intervention is likely not needed. If the prerequisite skills are not emerging, is there a reason why (e.g., vision, hearing, endurance, sensory problems, weakness, lack of opportunity to practice)? Can these areas be improved medically, by family education, or environmental change? Direct intervention may be helpful here. Is the major limitation lack of practice or lack of endurance? If so, consultation and development of a program to be carried out by early interventionists and caregivers may be more appropriate.

3. Is the reason for the lack of emergence of a skill remediable? If it is, then the focus should be on that remediation. Frequently, remediation is medical and outside the realm of BabyNet services (e.g., surgery, medications, injections, etc.). If, however, the reason for lack of development of a functionally important skill is remediable (e.g., lack of strength of an innervated muscle) then direct intervention is likely to be helpful. If not, therapy should be focused on a different means of establishing the function. For example, the focus of OT in a child with pervasive developmental disorder is to help the child tolerate and learn from sensory stimuli and therefore to be able to tolerate sensorimotor and social exploration, not to "normalize behavior." If a child is not talking because they are profoundly hearing impaired, the focus of therapy will be on multi-modal communication. If the reason for the lack of development

of a functionally important skill is remediable, then therapy is likely to be helpful.

4. In general, for a child to benefit from OT, PT and ST the following should be considered:

    a. A child whose development is typical and globally delayed (typical/global) will probably not need extensive PT, OT, or speech/language services. The functional outcomes for a child with global developmental delays can usually be met with a home activity program and periodic monitoring through consultation.

    b. A child whose development is delayed with specific areas out of proportion form overall development (an uneven severity of the delay – typical/variable) will likely benefit from direct intervention and consultation in the domains of greater delay.

    c. A child with atypical development will generally benefit from direct intervention and consultation in the atypical domain.

    d. A child with a specific medical diagnosis will probably benefit from direct intervention and consultation, although the provision of services should be based on functional deficits and functional goals, and not only on the presence of a diagnosis.

    e. A child who has delays based solely on the lack of experience or "immaturity" will probably benefit more from special instruction than from other services; although, consultation from a specific therapy service may be helpful in addressing specific issues or to provide examples of intervention strategies.

    f. A child for whom any adaptation to a task or for whom adaptive equipment is being considered will probably benefit from consultative OT, PT, ST.

Direct intervention must be based on family-centered outcomes and functional goals. OT, PT, or ST is probably not indicated when the only outcome is nonspecific developmental progress or "age-appropriate" development.

5. Many children with delays in development can acquire competence through practice. Sufficient opportunities for practice are likely to occur not through direct therapy but through maximizing opportunities for using a particular skill within the activities and routines in which a child participates throughout a day. Opportunities for practice depend on individuals such as parents, child care personnel, or other people who spend a portion of time with a child during a day. For example, a child who is able to pull to standing or to stand is likely to acquire competence in these skills through practice. Opportunities for practice include "creating" opportunities, for example, for pulling to standing by holding toys (or other incentives up far enough that a child needs to pull to stand to get the incentive.) Therapists can help create these opportunities by working collaboratively with parents and other caregivers so they understand the importance of creating opportunities.

f. OTHER

i. Generally, professionals/programs (including special instruction/early intervention) are not obligated to make up that time when:

    1. A family declines a scheduled service by calling to say that the child is ill or that they will be away;
    2. A family is not home at the agreed upon day and time;
    3. A family calls to change days/times at the very last minute.

ii. Professionals/programs must document the reason that the family did not receive services that day in the continuation notes.

iii. There may be some situations in which it would be reasonable and beneficial to try to reschedule a cancelled visit. For example, if a physical therapist is scheduled to visit a child once a month after the child has been to his monthly orthopedist appointment, but the orthopedist reschedules the child's appointment to two days later, then it is reasonable that the physical therapist also reschedule his/her visit.

iv. If a visit must be missed due to the professional's absence and the service is listed on the child's IFSP or if a professional/program is proactively planning to provide services knowing that a team member will be absent due to illness, vacation, maternity leave, etc., programs should:

    1. Offer to have some team members substitute for other team members;
    2. Use someone else who is not usually a part of the child's team to substitute for someone who is part of the team;
    3. Offer services on days, including weekends, when services are not normally provided.

v. There are other creative ways that professionals/programs can use to make-up services, the only three requirements are that in each case:

    1. There is documentation that the family is in agreement;
    2. BN Payment Authorizations are current and cover the make-up services;
    3. The program does not "make up" for one type of service with another type of service that was not included on the IFSP.