

**Arkansas Department of Education/Division of
Elementary and Secondary Education
Office of Special Education**

**Policies and Procedures for the
Early Intervention First Connections
Program**

**Under Part C of the Individual with
Disabilities Education Act**



2024

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PREFACE

Arkansas Policies and Procedures for early intervention are designed to assure adherence to the governing rules and regulations outlined in Part C of the Individuals with Disabilities Education Act (IDEA). These Policies and Procedures also align with goals outlined in the [State's Systemic Improvement Plan](#) (SSIP) and serve as a guideline for the provision of high-quality early intervention that supports parents and other caregivers in enhancing their child's early learning and development through participation in typical child and family activities. This document sets forth policies and procedures supporting timely identification, assessment, and provision of early intervention in the State's comprehensive, multidisciplinary, coordinated interagency early intervention network by describing federally mandated components as well as state-established procedures to provide for individual protections and procedural safeguards, as required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended in 2004 and reauthorized in September of 2011 and Arkansas Act 937, as amended in 1993.

In accordance with Section 427 of the US Department of Education's General Provision Act (GEPA), First Connections Program under the Arkansas Department of Education (ADE) Division of Elementary and Secondary Education (DESE) ensures equal access and participation to all children and families regardless of their status, gender, race, national origin, disability, resources, primary language, or age to programs and services offered pursuant to the Individuals with Disabilities Education Act (IDEA). For activities supported by state and/or federal assistance, ADE will fully enforce all federal and state laws and regulations designed to ensure equal access and to overcome barriers to equitable participation. ADE will take all steps necessary through notices, dispute resolution procedures, outreach activities, appointment of liaisons, or otherwise to achieve these goals.

At the state level, Arkansas has implemented numerous elements to ensure access and participation, including, when needed providing language interpreters (eg: sign, cued, Spanish) and translating various publications into Spanish and other languages as needed (e.g.: family outcomes surveys, child find materials, Individualized Family Service Plans, notices to families, procedural safeguards, etc.). The Program has information publicly available on its Web site and collaborates with the State Interagency Coordinating Council (SICC) and other programs as applicable (eg: Title V Children with Special Health Care Needs (CSHCN), Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Parent Training and Information Center (PTIC), Child Care, McKinney-Vento Homeless Education program, School for Deaf, School for the Blind, the Department of Child and Family Services (DCFS), and Part B) to carry out Child Find activities to ensure Program information is available to all families. The agency ensures all workshops, conferences, and public meetings are held in accessible facilities. Each public and private agency or program providing early intervention to Part C Program-Eligible s and toddlers (birth to 36 months of age) must do so under the Arkansas state policy.

Under Part C of IDEA, a statewide, comprehensive, coordinated, multidisciplinary, interagency system has been developed and implemented to provide early intervention for infants and toddlers with disabilities and their families. Federal funds supplement the coordination of payment for First Connections' services from state, local, and private sources (including public and private insurance coverage). The framework provided in federal regulations and in state policy enhances Arkansas's ability to provide quality early intervention and expand and improve existing early intervention provided to infants and toddlers with disabilities and their families. A network of dedicated providers strives to meet the needs of infants and toddlers with disabilities and their families. Arkansas seeks to enhance the capacity of state and local agencies and early intervention (EI) providers to identify, evaluate and meet the needs of all infants/toddlers, including historically underrepresented populations, particularly minority, low-income, inner-city, and rural infants/toddlers, and infants and toddlers in foster care.

FIRST CONNECTIONS POLICIES AND PROCEDURES FOR EARLY INTERVENTION

ARKANSAS STATEWIDE SYSTEM OF EARLY INTERVENTION

First Connections is the name of Arkansas' early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). The Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education Programs (ADE/DESE/OSE) is the governor-appointed Lead Agency for First Connections.

The Lead Agency is responsible for submitting the annual Part C grant application and collaborating with the State Interagency Coordinating Council (SICC) to facilitate the development, operation, and expansion of the statewide comprehensive early intervention system that ensures timely provision of high-quality early intervention to families and infants and toddlers birth to the third birthday. The Lead Agency ensures that early intervention services are available to families of all Part C Program-Eligible infants and toddlers with disabilities, including Native American infants and toddlers with disabilities and their families residing on a reservation geographically located in the State, infants and toddlers with disabilities and their families who are homeless, and infants and toddlers with disabilities who are wards of the State. The Lead Agency ensures that the early intervention services necessary to reach child-participation goals and objectives on a current Individualized Family Service Plan (IFSP) developed with the family are provided without regard to status, race, ethnicity, national origin, or disability within the provisions of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

The Lead Agency is responsible for ensuring that all regulatory requirements outlined in Part C of the IDEA are met, submitting an Annual Performance Report (APR) and State Performance Plan (SPP) to the Office of Special Education Programs (OSEP), and making those plans publicly available.

First Connections, carries out integrated General Supervision to monitor appropriate use of federal funding (fiscal management) for high-quality early intervention and to monitor adherence to regulatory requirements and quality service provision by agencies, institutions, organizations and early intervention providers used by the state to carry out Part C functions, identify noncompliance, and ensure that noncompliance identified through monitoring is verified as corrected. First Connections is also responsible for ensuring that child and family rights and procedural safeguards are met and ensure that families have information about and access to dispute resolution processes including mediation, formal written state complaint, and due process hearing.

First Connections supports early intervention professionals by providing ongoing professional development and technical assistance to support early intervention professionals in using evidence-based early intervention practices, to the extent practicable.

FIRST CONNECTIONS' MISSION and PRINCIPLES

OVERARCHING GOAL OF EARLY INTERVENTION UNDER IDEA, PART C

“To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings—in their homes with their families, in child care, in preschool or school programs, and in the community.” -- Early Childhood Outcomes Center

MISSION and PRINCIPLES of FIRST CONNECTIONS

MISSION: First Connections collaborates with families to facilitate the child’s participation in family and community activities through intervention linked to specific family-centered goals which support the family’s enhancement of their child’s development.

PRINCIPLES:

- Parents and family members are a child’s first teachers; with supports and resources all families can enhance their child’s learning and development.
- Infants and toddlers learn best in their natural environment through every day experiences and interactions with familiar people in familiar contexts with typically developing peers.
- All children, no matter what their physical, cognitive, or emotional level of development, need meaningful opportunities to develop skills, establish a sense of self, and lay a foundation for life-long learning.
- All children learning together fosters the potential of every child; children with disabilities have the right to play and learn alongside children without disabilities.
- The family and IFSP team collaboratively plans and writes strategies/activities, services, and supports to enhance the child’s participation and learning in natural environments and every day activities, using the child’s and family’s strengths to overcome challenges and to accomplish goals that reflect family priorities for their child’s development.
- Active family/caregiver participation in the early intervention process is critical to a child’s development with support and training from qualified early intervention service providers.
- Early intervention is designed to meet the needs of infants and toddlers who have a developmental delay or disability while offering supportive services to the family, like parent education/training to help parents understand their child’s developmental abilities in order to promote their child’s development.

1000 COMPREHENSIVE CHILD FIND 34 CFR §303.302

The Lead Agency, with assistance from the State Interagency Coordinating Council, coordinates on a state and local level with other programs to identify, locate, and evaluate all infants and toddlers eligible for services. This effort includes all infants and toddlers underserved, including minority, low-income, homeless, hearing impaired, non-English speaking, rural families, infants/toddlers with disabilities who are wards of the state, and those Division of Children and Family Services (DCFS) infants/toddlers birth to three years of age identified who are a subject of a substantiated case of child abuse or neglect or identified as having been directly affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

The First Connections Child Find system is consistent with IDEA. An ongoing Child Find effort exists to inform the community about the right to and the availability of early intervention services for infants and toddlers with disabilities and/or developmental delays.

1100 PROCEDURES (34 CFR §303.302)

The Child Find system policies and procedures ensure that infants and toddlers in the state who are eligible for early intervention under Part C of IDEA are identified, located, and evaluated through statewide and regional Child Find campaigns that are coordinated with the Arkansas Department of Education, ADE Children & Family Services, Early Hearing & Detection & Intervention (EHDI), Maternal & Child Health, Child Care programs, Medicaid, Children Medical Services and/or by primary referral sources through staff and /or contracted early intervention service coordinators. A report will be generated on an annual basis, which will identify infants/toddlers referred, their county of residence, the referral source, and the outcome of the referral.

A data collection process has been developed and implemented and is regularly updated to determine infants/toddlers who are receiving First Connections services. An annual report will be generated which will identify the services included on each IFSP and evidence of services being provided in a timely manner.

Note: Use of data is subject to confidentiality requirements.

1200 COORDINATION

The lead agency, with the assistance of the State Interagency Coordinating Council (AICC), assures that the Child Find system is coordinated with other state agencies responsible for administering the various education, health, and social service programs relevant to this part, and tribes and tribal organizations that receive payments under this part, including efforts in the:

- Program authorized under Part B of IDEA
- Maternal and Child Health program under Title V of the Social Security Act
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the Social Security Act
- Head Start Act; and Early Head Start

- Supplemental Security Income program under Title XVI of the Social Security Act
- Division of Medical Services
- Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
- Child Protection and child welfare programs, including programs administered by and services provided through the foster care agency and the state agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA)
- Child care programs in the state
- The programs that provide services under the Family Violence Prevention and Services Act
- Early Hearing Detection and Intervention (EDHI) systems
- Children's Health Insurance Program (CHIP)
- Other related state and local entities

The lead agency, with the advice and assistance of the AICC, has taken steps to ensure that there is not a duplication of efforts by the various agencies involved in the state's Child Find system under this part and that the state makes use of the resources available through each public agency to implement the Child Find system in an effective manner.

1300 CENTRAL DIRECTORY (34 CFR §303.117)

First Connections information is maintained on the Web site for parents and professionals. Additionally, a toll-free information line is maintained in the central office.

A central directory of early intervention services, which is available to the public at no cost, is maintained on the First Connections Web site:

<https://www.firstconnectionsar.org/resources>

The central directory will be maintained and updated annually by the Part C Coordinator, using the following process:

- An information update form will be mailed to all Local Provider Programs annually
- All information will be due by June 1st of each year
- Data entry will be completed by July 1st of each year
- The central directory will be available in alternate format (large print, Braille, audio tapes, reader, etc.) upon request

1400 PUBLIC AWARENESS (34 CFR §303.301)

A statewide public awareness program is provided through cooperation between the Arkansas Department of Education and the State Interagency Coordinating Council. The Public Awareness activities ensures access to Program Information to the public as a continuous, on-going effort, and uses a variety of methods to inform parents, professionals, and the general public of early intervention services:

- Television advertisements
- Radio service announcements

- Newspaper releases and advertisements
- Pamphlets and brochures
- Posters are disseminated by First Connections and Local Provider Programs to physicians, hospitals, health departments, day cares, and throughout local communities
- A toll-free number at 1.800.643.8258
- A First Connections' Web site is maintained for public information and access purposes

A component of public awareness provides that, as part of Transition Planning, all EI providers will inform parents of infants and toddlers with disabilities of the availability of preschool services not fewer than 90 days prior to the toddler's third birthday.

1410 AVOIDING DUPLICATION OF EFFORTS

To monitor statewide Child Find and public awareness efforts and to avoid unnecessary duplication, representatives of the advisory council (see [COORDINATION, AR # 1200](#)) report Child Find and public awareness activities quarterly to the State Interagency Coordinating Council.

2000 REFERRAL / FAMILY ENGAGEMENT PROCEDURES

General

Anyone can make a referral for early intervention. Referrals may be made by the family or any other primary referral source on the First Connections Referral Portal which serves as a single point of entry to minimize duplication and expedite service delivery.

Referrals received via fax, phone, or received by Local EI Provider Programs for children under the age of three referred for early intervention are entered into the data system within two (2) days of receipt.

The service coordinator assigned to each referral provides parents with an initial notice about their rights under IDEA, confidentiality provisions, and a summary of the record maintenance, destruction, retention and storage policies of the Lead Agency. Parent consent is required under 34 CFR §303.402 prior to disclosing personally identifiable information to the referral source, parent choice of provider, and any other entities.

2100 INDIVIDUALS WHO MAY SERVE AS “PARENT” FOR PURPOSE OF EARLY INTERVENTION:

If for any reason the biological parent(s) is unable or unwilling to make the decisions related to early intervention for his or her infant/toddler, one of the following may serve as “parent” (34 CFR §303.30) to make decisions and to grant consent for early intervention planning and services:

- Foster or adoptive parent
- An individual acting in the place of a biological parent (grandparent, stepparent, or any other relative ***with whom the child lives***) regardless of whether or not that relative is related biologically or through marriage
- An individual who is legally responsible for the child’s welfare who is not an employee of the Division of Child and Family Services (DCFS), First Connections, the Lead Agency or any LEA or any other public agency involved in providing EI services, education, or care to the infant/toddler or his/her family
- Guardian generally authorized to act as the child’s parent (but not the state if the child is a ward of the state)

If more than one individual meets the definition of *parent*, the biological or adoptive parent must be presumed to be the parent unless that parent’s authority to make educational decisions for the child has been restricted or circumscribed by the court.

For information about families involved with DCFS in an out of home placement when parent rights have not been terminated and reunification is the goal, see Section # 2800 [DCFS2825collaboration](#)

2200 MAKING A REFERRAL

Referrals are entered on the First Connections Referral Portal which serves as a single point of entry to minimize duplication and expedite service delivery. The Referral Portal and information can be found at: <https://www.firstconnectionsar.org/refer-a-child>

A referral from a physician is not required, and anyone can make a referral. Referral sources who have questions or need assistance submitting a referral may contact First Connections by calling 800.643.8258.

Referrals received via fax, phone, or received by Local EI Provider Programs for children under the age of three referred for early intervention are entered into the state-approved data system within two (2) days of receipt.

2250 INITIAL CONTACTS ON NEW REFERRALS

Upon receipt of a child's referral, the assigned initial service coordinator must document in the referral record in the state-approved data system an attempt to contact the family by phone within two (2) business days from the date of the referral.

Initial contacts with the family regarding the child's referral for early intervention should:

- Be made within 48 hours of receipt of referral
- Answer the family's questions about the referral
- Explain early intervention program as parent support, information, coaching/training so that parents have the tools to support their child's early learning and development
- Identify family's concerns
- Verify the parent's desire to participate in early intervention
- Verify child/family information (address, child's date of birth, etc.) on the referral
- Identify the child's current services such as childcare, outpatient clinic therapy, etc. (children enrolled in an EIDT program receiving therapy services through the EIDT are not eligible to participate in Part C Early Intervention through First Connections)
- Verify child/family information (address, child's date of birth, etc.) on the referral
- Schedule the Family Engagement Meeting ("intake") at a time/place convenient to the family
- Explain next steps to parent/guardian
- Be documented in the child's referral record in the state-approved data system

If family declines participation in early intervention or scheduling the Family Engagement Meeting (intake) or if the child is already receiving EIDT services:

- Provide the family with information about how they can self-refer at any time if they change their mind or have a need for early intervention
- Ask the family if there are referrals to other programs that they want the service coordinator to make for them and explain common sources of support for parents of children with disabilities such as the Title V CSHCN Program, CES Waiver, HIPPY Home Visiting for 2 year olds, Early Head Start, etc.

- If the parent does want the service coordinator to make referrals to other programs on their behalf, obtain parent consent to release/share information on the required form (one signed/dated form for each program/agency to which a referral is made), upload signed consent form(s) to the child's record in the database, case note all referrals made on behalf of the family)
- Close the referral in the First Connections database as "parent refused" (if parent declined) or as "child ineligible" (if child is receiving EIDT services)
- Send Response to Referral Source notification to referral source

If family opts to proceed and schedules Family Engagement Meeting (intake):

- Explore family resources, priorities, and concerns and document in the child record
- Explain to the family that they will receive a letter of Prior Written Notice at least seven (7) days in advance of their scheduled Family Engagement Meeting but if the family would like to meet sooner, they may write a statement on their notification letter to document that they agreed to meet before receiving Prior Written Notice (upload documentation in child's electronic record in the state approved data system)
- Provide the family with the name and contact information for their service coordinator so that if they need to reschedule or cancel the Family Engagement Meeting, they can
- Let the family know that you'll be sending them a Provider Directory of the early intervention programs in their area that provide developmental evaluations so that they can be prepared to select a Provider Program at their Family Engagement Meeting
- Confirm date and time of Family Engagement Meeting with the parent
- Thank them for their time
- Send Prior Written Notice and the Provider Directory
- Document in child record in the state approved data system

2275 UNABLE TO CONTACT FAMILY

When the initial service coordinator assigned to a new referral is unable to contact the family regarding a referral, the initial service coordinator will follow these procedures.

When the Initial SC is Unable to Contact the Family:

After the initial phone call made within two (2) business days of the receipt of a referral for early intervention, if the family is not reached:

- Initial SC will mail family an "initial referral notice" letter with response enclosure informing the family that their infant/toddler has been referred to Early Intervention Program (if sent via traditional mail, include a self-addressed, stamped envelope)
- Include in the information sent, a program brochure/information
- Document all contact attempts in the state approved data system

If no response to the "initial referral notice" within 7 days:

- Attempt 2nd contact by phone
- Mail family a second referral notice with response enclosure
- Document all contact attempts in the state approved data system

If no response to the 2nd referral notice within 7 days:

- Mail the family the referral notice via certified letter requesting family contact within 7 days or their infant/toddler referral will be closed.
- Upload certified mail documentation in child record and certified letter sent date in the state approved data system.

If no response to the certified letter within 7 days:

- Close infant/toddler referral in the data system as “unable to contact”
- Send the Response to Referral Source notice to referral source (unless the referral source was the family, a family friend, neighbor, etc.)

Referrals in which the family cannot be reached within this 23–25-day timeline are close as “unable to contact.”

2300 REFERRALS MADE 45 DAYS OR FEWER BEFORE THIRD BIRTHDAY

If an infant/toddler is referred to First Connections 45 days (or fewer) before their third birthday, the First Connections service coordinator:

1. Contact the family about the referral and answer any questions the family has about the referral.
2. Inform the family that early intervention ends at the child’s third birthday but that support and services for children at age 3 are available.
3. Let the family know that someone from the 3-5 program will be contacting them.
4. Forward the referral to the LEA in the area in which the child and family live. The LEA assists in determining the eligibility for Early Childhood Special Education (ECSE) services under Part B (see AR# 6120 [LATE REFERRALS TO FIRST CONNECTIONS](#)).

2350 REFERRALS MADE 135-46 DAYS BEFORE TODDLER’S THIRD BIRTHDAY

If an infant/toddler is referred to First Connections 135-46 days before their third birthday, the process from referral to initial IFSP (in 45-days) is carried out as usual, however, in addition to the usual procedure, the First Connections service coordinator:

1. Informs the family that early intervention ends at the child’s third birthday and that the family’s early intervention team will assist them in planning for supports and services for children at age 3.
2. Provides the family with the ECSE (“Part B”) Program information at the Family Engagement Meeting (FEM – formerly called “intake”).
3. Provides the family with the FC Transition Guide at the FEM and begins supporting the family in developing their Transition Plan at FEM.
4. Obtains parent consent at the FEM on the required form to share information with the LEA in the area in which the child and family live.
5. Schedules the Transition Conference with the Meeting to Determine Program Eligibility (initial IFSP) and conducts both meetings simultaneously.

6. Invites the LEA Representative (or, if parent refuses referral to Part B, the representative of another program for children 3-5 to which the child may transition)
7. If Part C Program Eligible, send LEA Notification for the child and develop the initial IFSP and add to the Transition Plan (if needed).

NOTE: At the combined Meeting to Determine Program Eligibility / Transition Conference, the LEA Representative may identify with the family additional evaluations that will be needed to determine Part B Program Eligibility. First Connections will not be providing additional evaluations beyond the required comprehensive developmental evaluation for children determined Part C Program Eligible fewer than 89 days (or fewer) prior to the child's 3rd birthday unless the pay source of that IFSP service requires an evaluation in order to pay for the service.

2400 REFERRAL FOR INFANT/TODDLER INPATIENT

Contact family or referral source to determine timeframe for discharge, current needs, and interventions possibly needed upon discharge of the infant/toddler. NOTE: the family may choose to complete the Family Engagement Meeting ("intake") or choose to postpone completing the FEM. Document the Exceptional Family Circumstance in the referral record in the state approved data system. Delays in the 45-day timeline from referral to initial IFSP are not counted against the EI Provider Program or service coordinator in cases of documented Exceptional Family Circumstance (EFC). The FEM would be convened and completed as soon as possible after the EFC has been resolved.

2500 REFERRALS FROM EARLY HEAD START (EHS)

Early Head Starts are a vital referral source and must receive feedback on referrals made on the Referral Follow Up Form to indicate when a family cannot be reached on a new referral, when a family declines, and when a family has scheduled the FEM. For this limited information disclosure to the referral source, parent consent is not required.

The service coordinator will obtain consent to release/share information with the EHS program at the initial meeting (Family Engagement Meeting or FEM). With parental consent to share/release information documented in the child's electronic record, the service coordinator forwards a copy of the child's IFSP to the EHS Special Services Coordinator or other designated representative within fourteen (14) calendar days of the IFSP date (or changes made to an IFSP at an IFSP review) so that EHS has a copy of any current IFSP. With parent consent, an EHS representative is to the Meeting to Determine Part C Program Eligibility, to IFSP meetings, and to the Transition Conference.

2600 REFERRAL OF A CHILD WHO HAS A MEDICALLY DIAGNOSED CONDITION (INCLUDING PRENATAL EXPOSURE TO TOXIC SUBSTANCES) LIKELY TO RESULT IN A DEVELOPMENTAL DELAY

Children who are referred with documentation of a medically diagnosed condition likely to result in a developmental delay are Part C Program Eligible even if the child is not exhibiting a significant developmental delay at the time of the referral (ie: less than 25%

delay in any one area). The service coordinator explains that early intervention necessary to support the child and family in an area of urgent need may be provided on an Interim (temporary) IFSP while waiting for the completion of the comprehensive developmental evaluation and prior to the Meeting to Determine Program Eligibility because the child is Program Eligible in the MD category.

If the family has an urgent need, the Interim IFSP meeting may be combined with the Family Engagement Meeting when the required “third role/third person” for an IFSP meeting is included in the meeting to develop the Interim IFSP with the family; a therapist representing the discipline that aligns most closely with the family’s main concerns and priorities or an evaluation interpreter can serve in this role (see [Interim IFSP](#); see [Evaluation Interpreter](#)).

2650 REFERRAL OF A CHILD WHO HAS ALREADY HAD A RECENT COMPREHENSIVE DEVELOPMENTAL EVALUATION COMPLETED OUTSIDE OF THE PART C EARLY INTERVENTION PROGRAM

Children who are referred with a recently completed comprehensive developmental evaluation (conducted not more than 6 months from the date of the child’s referral for early intervention) are not required to have another developmental evaluation conducted. With a copy of the developmental evaluation completed prior to the child’s referral for early intervention, the service coordinator may:

- (a) schedule the Meeting to Determine Program Eligibility after FEM has been completed;
- or
- (b) combine the FEM and the Meeting to Determine Program Eligibility

When the required “third role/third person” for an IFSP meeting is included; an evaluation interpreter may be used since the evaluating therapist is outside of the Part C network or a therapist representing the discipline that most closely aligns with the parent’s primary concerns and priorities may fill this role. The functional child assessment and initial COS rating is completed and that information along with the existing developmental evaluation and the family’s goals, priorities, and concerns are used to determine Program Eligibility, write the Statement of Program Eligibility, and to develop the initial IFSP. (see: [Statement of Program Eligibility](#); [Evaluation Interpreter](#))

2700 REFERRAL FROM EARLY INTERVENTION DAY TREATMENT (EIDT) PROGRAM (FORMERLY CALLED DDTC/CHMS)

Children who are enrolled in an EIDT program and who are receiving therapy/ies from the EIDT program are not eligible to participate in “Part C” early intervention through First Connections because that is a duplication of services. When a child who is currently receiving EIDT services is referred for early intervention, the initial contact with the family is not intended to “change the parent’s mind” but simply to provide the family with information about early intervention in a Part C program. If the parent is not interested in leaving EIDT services to participate in Part C early intervention, the referral is closed, and the parent is provided information about how to self-refer at a later time if there is a need

or interest.

EIDT Programs must refer infants/toddlers to First Connections only when:

- Child is found ineligible for center-based services
- Child is on a waiting list for center-based services
- Child is being discharged from center-based services
- EIDT program long-term closure when the child is not transferring to another EIDT program
- Parent declines or withdraws from center-based services

7650 SPECIAL CIRCUMSTANCES: INFANT/TODDLER EXIT CONFERENCE FOR EIDT DISCHARGED:

The coordinator of services at the EIDT should make the referral for early intervention at the time the EIDT exit conference is being planned/scheduled and (with documented parent consent to share/release information) should upload/attach to the referral pertinent records such as recent evaluations, assessments, and progress notes.

The coordinator of services at the EIDT should invite the First Connections service coordinator to attend the EIDT's exit conference (with parental consent). At the EIDT program's exit conference, the FC service coordinator will complete the FEM, offering the family choice of provider for the comprehensive developmental evaluation unless the child has already had a comprehensive developmental evaluation completed within the past 6 months through the EIDT or other designated program/provider. (See #2250 [REFERRAL OF A CHILD WHO HAS ALREADY HAD A RECENT COMPREHENSIVE DEVELOPMENTAL EVALUATION COMPLETED OUTSIDE OF THE PART C EARLY INTERVENTION PROGRAM](#))

2800 REFERRAL FROM DEPARTMENT OF CHILD AND FAMILY SERVICES (DCFS):

General: When a child maltreatment investigation is initiated involving any infant/toddler in the home under the age of three (regardless of whether all of the children are named as alleged victims), DCFS will refer all infants/toddlers in the home under the age of three to First Connections for a developmental screening (Ages and Stages) to ensure Division compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three.

In cases of DCFS referral on an investigation or "open case," parent participation in early intervention is still voluntary, and the parent may decline participation. The First Connections service coordinator sends the Response to Referral Source notification to the DCFS Family Service Worker (FSW) on the referral and closes the referral as "parent refused."

In cases of DCFS referral on an open investigation or otherwise "open case," parent consent to share early intervention records with DCFS, police, or other investigating authorities is not required.

2825 CROSS AGENCY COLLABORATION TO SUPPORT FAMILIES WHEN PARENTAL RIGHTS HAVE NOT BEEN TERMINATED AND REUNIFICATION IS THE GOAL:

When parental rights have not been terminated and reunification is the goal, the service coordinator and DCFS family service worker are required to collaborate and work together to include and involve the biological parent/s whenever possible in early intervention meetings to determine program eligibility, to develop an IFSP, to conduct progress reviews and update the IFSP, and for early intervention service delivery as well as for transition planning for children approaching age 3.

2850 DCFS REFERRALS AND CHILDREN WHO ARE “WARDS OF THE STATE:”

In cases of DCFS referral on an open investigation or otherwise “open case,” the DCFS Family Service Worker or any other representative of DCFS or other State Agency may not serve as “parent” to provide consent for an evaluation or any early intervention decisions for a child that has been removed from the home. Persons identified in IDEA, Part C who may “act as parent” for the purpose of early intervention include: foster parent, adoptive parent, biological parent, a person acting as parent including a relative with whom the child lives regardless of whether the relative is a “biological relative” or not.

Individuals meeting the above requirements to serve as parent may elect to receive supportive assistance in the form of Educational Surrogate training through First Connections by requesting the training from their service coordinator or the Part C Coordinator. Educational Surrogate training provides individuals serving in place of a child’s biological, adoptive, or foster parent information on the Part C early intervention process and timelines, how to develop an IFSP, child and family rights, and how to resolve disagreements.

In the event that the child is a ward of the state without any adult with whom the child lives who can act as parent to access early intervention supports and services, the First Connections service coordinator contacts First Connections Part C Coordinator in writing within fourteen (14) calendar days to have the Lead Agency appoint an Educational Surrogate who is certified by First Connections and has completed Educational Surrogate training for any child who is a ward of the State and has no adult with whom the child lives who can serve as parent to access early intervention. (see 34 CFR §303.422 (g), [EDUCATIONAL SURROGATE](#), AR #7400).

In any situation in which an individual (guardian, family member, foster parent) or a Lead Agency-appointed Educational Surrogate is acting as parent on behalf of the infant/toddler, that individual will be discharged when the biological or adoptive parent is ready and able to resume involvement.

2875 DCFS REFERRALS AND REQUIRED DEVELOPMENTAL SCREENING:

The initial service coordinator assigned to the DCFS referral must conduct a developmental screening (with documentation of parent consent on the required form) as part of the Family Engagement Meeting (FEM). The service coordinator communicates the

results of the developmental screening with the parent and documents:

- (a) parent consent for screening on the required form
- (b) type of developmental screening conducted
- (c) date of developmental screening
- (d) upload/attach screening in the child's record

Based on the results of the developmental screening conducted as part of the FEM, the parent and service coordinator will:

- (a) determine that the child is not at this time showing major concerns (no scores in the "black" zone on an ASQ-3 or ASQ-SE score sheet)
- (b) the child is showing a possible concern (a score in the "black" zone in any ONE area of development on an ASQ-3 or ASQ-SE score sheet)

If the child is not showing any major concerns at the time of the FEM, the family may choose to:

- (a) close referral and provide a copy of the screening results and reason for closure to the DCFS FSW
- (b) complete the comprehensive developmental evaluation process and initial COS rating and functional child assessment to determine Part C Program Eligibility or Ineligibility

The family of a child referred by DCFS may choose to have an IFSP with service coordination services as the only service regardless of the child's eligibility in the DD or MD categories (IFSP Team uses [ICO of IFSP Team Only program eligibility category](#)).

Service coordination services will:

- (a) assist the family in setting a Family Goal for their IFSP
- (b) assist the family in accessing desired community resources outside of Part C, including making referrals on behalf of the family (with documented parent consent)
- (c) continue monitoring the child's development by meeting with the family every 3 months to complete a developmental screening quarterly; the service coordinator will alternate each quarter between ASQ-3 and ASQ-SE developmental screening but may elect to do the MEISR-COS functional child assessment instead, if warranted

2880 DCFS FASD UNIT AND GARRETT'S LAW REFERRALS:

Fetal Alcohol Syndrome Disorders (FASD) is an umbrella term used to describe the range of effects or disorders that can occur in an infant/toddler whose mother consumed alcohol during pregnancy. DCFS family service workers and health service workers will refer infants/toddlers who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening Unit will help determine if early intervention specific to FASD is needed and will refer to

First Connections. DCFS and health service workers will refer infants/toddlers with prenatal exposure to toxic substances to First Connections in compliance with Garrett's Law regardless of whether the child is experiencing a significant developmental delay at the time of the referral. (see #2875 [DCFS REFERRALS AND REQUIRED DEVELOPMENTAL SCREENING](#))

2900 FAMILY ENGAGEMENT MEETING (FEM) OR "INTAKE:"

General: After initial contact with the family, if the family wants to participate in early intervention, the service coordinator schedules the Family Engagement Meeting (formerly called "intake") with the family at a time and location convenient to the family and sends Prior Written Notice of the meeting to the family at least seven (7) calendar days in advance of the meeting.

However, parents also have the right to meet at times and places convenient to them, and if a parent chooses to meet sooner (meet before receiving Prior Written Notice), the family may choose to do that. The service coordinator then has the parent write a statement on their Prior Written Notice that the family agreed to meet before receiving written notice. The parent must sign and date the written statement on their notice; the service coordinator uploads/attaches this documentation in the child's electronic record in the state-approved data system.

The required participants in the FEM are the service coordinator and parent, however, the parent may invite or include anyone they'd like to include and should be made aware of this right.

The Family Engagement Meeting (formerly called "intake") is the beginning of the early intervention process for parents and is conducted in a manner that (a) prepares families to participate in early intervention, and (b) builds relationships with families. Service coordinators do this by:

- Arranging for an Interpreter (if needed).
- Sending the Provider Directory for the county in which the child and family live to the family prior to the FEM so that the family has time to consider which Provider Program they want to select to conduct the required developmental evaluation
- Taking time to hear the family's story and learn about the family's strengths and challenges
- Learning about the child with a disability within the context of the whole family unit
- Taking time to go over sections of the Parent Participation Agreement with families and give examples if needed so that parents understand what their active role in early intervention looks like
- Taking time to go over sections of the Child and Family Rights guide and then in the context of the meeting, explaining those rights in the process (example: when obtaining consent for the required developmental evaluation, refer back to that right and remind the family that any time any action will be taken, they'll be asked to provide consent in writing. Go over the 3 sections of the consent form and explain they're giving consent for the evaluation to

assess their child's strengths and needs in all areas of development in the top section. In the middle section they're giving consent for the service coordinator to share their information with the Provider Program they've selected to conduct the evaluation, and for that Provider Program to share the evaluation report with the service coordinator. In the final section, the parent is documenting that they were provided a choice of Provider.

- Checking for understanding throughout the process and answering families' questions.
- Explaining the purpose and process of the developmental evaluation so that families know what to expect.
- Explaining next steps after the developmental evaluation has been completed, how the whole team will meet to go over the results and determine Program Eligibility together as a team that includes the family.
- Explaining that the family will receive a notice that summarizes the FEM and that this "Notice of Meeting Outcome" is a right of families; the family will receive a notice like this after each meeting.

2950 COMPLETING THE FAMILY ENGAGEMENT MEETING (FEM):

The primary task accomplished at the Family Engagement Meeting (formerly called "intake") is obtaining parent consent and family choice of Provider to complete the required developmental evaluation and preparing families to participate in early intervention by helping them know their rights and their active role in early intervention.

Completing the FEM includes:

- Family-directed assessment of the family's priorities and goals for their child and family and the family's concerns that are documented in the child's electronic record. Assessment of the family's current resources (and at the parent's request and documented consent making referrals to programs or resources to meet family-identified goals).
- Based on parent concerns and with parent documented consent on the form used to obtain consent for evaluation, conduct a developmental screening. (optional)
- Parent signs agreement on the FC Parent Participation Agreement (when a family chooses not to participate, the referral is closed and the family is supported in finding other programs to provide services).
- Obtain the child's PCP name and information.
- Obtain family's consent for the required developmental evaluation.
- Family selects first and second choice of Provider Program to conduct the required developmental evaluation.
- Inform family of use of public or private insurance and the family's options and family completes the public or private insurance form(s) to grant consent as warranted (forms are in [SYSTEM OF PAYMENTS](#), AR# 8000).
- Family self identifies child's race/ethnicity.
- Support the family in identifying who to include on their early intervention team (MIECHV Home Visitor, Title V CSHCN program, PCP, childcare provider, other family members,

etc. If the child is 27 months old or older, obtain consent to share information with the LEA and explain transition at age 3 and how the service coordinator helps the family plan for what's next). Explain how Personally Identifiable Information (PII) is protected and as part of these confidentiality rights, the parent will be asked to complete consent/release of information forms to grant consent to share information with each person/program identified.

- Inform family that after the developmental evaluation has been completed, the service coordinator will contact the family to schedule the Meeting to Determine Program Eligibility no later than 45 days from the date of the child's referral.
- Explain to the family that they are part of the team along with the service coordinator and the evaluator to determine First Connections Program Eligibility. If the child is Program-Eligible, the initial Individualized Family Service Plan (IFSP) will be developed with the family; help the family know how to prepare for this meeting (think about your daily activities and the things you'd like for your child to be able to do, your goals for your child and family, questions that you have, child and family strengths and needs).

After the FEM:

- The service coordinator makes sure all information has been documented in the child's electronic record in the state-approved data system.
- A prescription from the child's PCP for the required developmental evaluation is obtained (either the Provider Program or the service coordinator may do this and upload the Rx into the child's electronic record).
- The service coordinator sends the data system-generated notice of meeting outcome to the family in parent's native language and to anyone present at the meeting who is not part of the family (ie: parent advocate, MIECHV home visitor, Title V CSHCN case manager) and document the contact in the child record.

3000 PART C PROGRAM ELIGIBILITY, EVALUATION, & ASSESSMENT

General:

First Connections uses a *multidisciplinary* approach to evaluation and assessment as required under IDEA, Part C. The multidisciplinary evaluation/assessment team involves two (or more) professionals from more than one discipline/professional area working with the family to identify the infant's/toddler's and family's strengths, priorities, concerns, goals, and current and prospective learning opportunities unique to that child and family. Information from the child and family assessment, COS rating, and the routines-based assessment gives the IFSP team (which includes the family) the information needed to create an individualized and meaningful plan for the family that gives the parents a clear path to supporting their child's participation in daily activities, social emotional development, and early learning.

Overview:

Each child referred to First Connections for early intervention receives a timely, comprehensive, multidisciplinary developmental evaluation (CMDE) that assesses the child's strengths and needs in all areas of development. A family-directed review of family resources, priorities, concerns, goals for their child and family, and family and child interests is also completed. Finally, a functional assessment of the child's participation in typical child and family activities is conducted via parent interview and Child Outcomes Summary (COS) rating is completed to assess child's strengths and needs in each of the three federal Child Outcomes areas.

All of this information is used by the IFSP Team, which includes the family, to determine Part C Program Eligibility in any one of the three Program Eligibility Categories:

1. [Developmental Delay](#) (DD) Category of Program Eligibility
2. [Medically Diagnosed Condition](#) (MD) Category of Program Eligibility
3. [Informed Clinical Opinion of the IFSP Team Only](#) (when a child is not Part C Program Eligible in either the DD or MD Category)

3100 DEFINITION OF TERMS (34 CFR §§303.203 (c), 303.21(a)(1), 303.24, 303.25, and 303.121)

1. Multidisciplinary

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

- a. Evaluation of the child in §§303.113 and 303.321(a)(1)(i) and assessments of the child and family in §303.321(a)(1)(ii), may include one individual who is qualified or certified in more than one discipline or professional area.
- b. The IFSP Team in §303.340 must include (at a minimum) the involvement of the parent and two or more individuals from separate disciplines or professions and

one of these individuals must be the service coordinator (consistent with §303.343(a)(1)(iv)).

A *multidisciplinary* approach involves professionals from more than one discipline/profession collaborating to identify the infant's/toddler's strengths and needs as well as current and prospective learning opportunities and environments. Multidisciplinary evaluation and/or assessment may include formal, informal, standardized, and criterion-referenced procedures, as well as observation and informed clinical opinion.

2. Native language (34 CFR §303.25)

Native language generally refers to the language and/or primary mode of communication used by an individual.

- (a) *Native language*, when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 601(1) of the Act), means –
- The language used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a)(2) of this section.
 - For evaluations and assessments conducted pursuant to §303.321(a)(5) and (a)(6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
- (b) *Native language*, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

3. Evaluation of the child and assessment of the child and family

General: First Connections ensures that, subject to obtaining written, documented parental consent in accordance with 34 CFR §303.420(a)(2), each child under the age of three referred for early intervention under Part C of IDEA and suspected of having a developmental delay or disability receives:

- A timely, comprehensive, multidisciplinary developmental evaluation of the infant/toddler.
- A family-directed assessment of the priorities, needs, and resources to identify intervention supports and services appropriate to enhance the family's capacity to meet the learning and developmental needs of the infant or toddler. The assessment of the child and family are described in this section and in AR#3360. The child and family assessment must occur prior to IFSP development.

Evaluation means the procedures used by appropriate, qualified personnel to determine an infant's/toddler's Part C Program Eligibility, consistent with the definition of an infant or toddler with a disability in 34 CFR §303.21.

- *Initial evaluation* refers to the child's comprehensive, multidisciplinary developmental evaluation (CMDE) to determine his or her initial Part C Program Eligibility in any one of the three First Connections Program Eligibility Categories in accordance with 34 CFR §303.321 (a)(3)(i). The CMDE includes observation of the child engaged in typical activities in his/her natural environment.
- *Evaluation* refers to discipline-specific evaluations administered with documented parent consent administered to Part C Program-Eligible children when the IFSP Team identifies that additional information about child strengths and needs in one specific area of development is needed to support the IFSP Team in program planning. Evaluations include observation of the child engaged in typical activities in his/her natural environment and is conducted as part of intervention service delivery.
- *Ongoing Evaluation* refers to use of evaluation instruments administered as part of service delivery to assess child progress, strengths, and needs.

Assessment means the initial and ongoing procedures used by qualified personnel to identify the infant's/toddler's unique strengths and needs throughout the period of the child's Program Eligibility and includes the assessment of the child and assessment of the family. The initial assessment occurs regardless of how Part C Program Eligibility is determined.

- *Initial assessment* refers to the assessment of the child and family conducted as part of the referral process and completed prior to development of the initial IFSP with the family. The assessment is completed through interview with the parent(s) and other caregivers that the family wishes to include to identify family priorities, concerns, goals for the child and family, interests, and resources. The initial assessment of the child includes a routines-based child participation assessment and the child's initial COS rating.
- *Ongoing assessment* is the multidisciplinary IFSP team's bi-annual and annual review of child progress, assessment and evaluation results, progress notes, observation of child behavior and abilities observed in context within typical child activities to evaluate the appropriateness / effectiveness of early intervention to support the child's progress in each of the three Federal Child Outcomes areas and achieve IFSP goals and objectives. Ongoing assessment also determines the effectiveness of early intervention service provided to support the family in knowing how to help their child participate, learn, and develop. The family is part of ongoing assessment, reporting on the child's progress in meeting IFSP goals and objectives, participating in daily activities, and applying age-level skills in different settings and situations that intervention strategies on the IFSP seek to develop.

3200 PART C PROGRAM ELIGIBILITY

Initial Part C Program Eligibility is determined by the IFSP Team which includes the family. The IFSP Team must consider the following sources of information in their determination of initial Part C Program Eligibility:

- (a) Parent priorities, concerns, goals, resources
- (b) Initial COS rating of the child
- (c) Results of the routines-based (functional) child assessment conducted via parent interview
- (d) Results of the CMDE

For initial Part C Program Eligibility determination, infants and toddlers birth to 36 months referred for early intervention are determined eligible for First Connections in any one of the three Program Eligibility Categories:

(1) Developmental Delay (DD):

Children are Part C Program-Eligible in the DD category when the results of evaluation demonstrate a significant developmental delay of 25% of the child's chronological age in any one (or more) area of development as identified by the results of a recent evaluation (conducted at referral, but for children referred with an evaluation provided outside of the Part C network the evaluation cannot have been conducted more than 6 months from the date of referral for early intervention.)

Areas of development (developmental domains):

- a) physical, including motor, hearing, and vision
- b) cognitive
- c) communication
- d) social or emotional
- e) adaptive skills

"Significant developmental delay" is defined by the State as a delay of 25% of the child's chronological age (or greater) in one or more area of development (a-e above). Scores on evaluation results must be converted from standard deviations, z-scores, etc. to chronological percent delay.

(2) Medically Diagnosed Condition (MD):

Children are Part C Program-Eligible in the MD category when they have a Medically Diagnosed Physical or Mental Condition which has a high probability of resulting in developmental delay, including prenatal exposure to toxic substances, in accordance with 34 CFR §303.21. Children determined Program-Eligible in this category must also have a comprehensive developmental evaluation to assess child strengths and needs in all areas of development. (For information on meeting urgent needs during the CMDE process, see "[Interim IFSP](#).")

Examples of medically diagnosed physical or mental conditions with a high probability of developmental delay include, but are not limited to:

- a. Genetic or congenital disorders, sensory impairments; inborn errors of metabolism; disorders reflecting a disturbance of the development of the nervous system; congenital infections; severe attachment disorders; disorders secondary to toxic substances including fetal alcohol syndrome;
- b. Down syndrome and other chromosomal abnormalities associated with intellectual disability;
- c. Congenital syndromes and conditions associated with delays in development, such as fetal alcohol syndrome, intra-uterine drug exposure, prenatal rubella, severe microcephaly and macrocephaly, metabolic disorders, intracranial hemorrhage, malignancy or congenital anomaly of the brain or spinal cord, spina bifida, seizure disorder, asphyxia, respiratory distress syndrome, neurological disorder, including brain trauma or brain infection;
- d. Sensory impairments, including visual and hearing;
- e. Maternal Acquired Immune Deficiency Syndrome (AIDS);

These diagnosed conditions are likely to result in significant developmental delays simply by virtue of their prognosis. Therefore, in accordance with federal regulations, infants or toddlers with diagnosed conditions such as these are by medical diagnosis are Program-Eligible for First Connections.

(3) Informed Clinical Opinion Only (ICO Only)

In accordance with 34 CFR §303.321(a)(3)(ii) children who do not meet Part C Program Eligibility in the DD or MD Program Eligibility Categories but who are experiencing delays and needs that are likely to progress or worsen without early intervention support may be determined Part C Program Eligible by the IFSP Team (which includes the family) through the Informed Clinical Opinion of the IFSP Team only.

The IFSP Team (which includes the family) will only use the ICO Only Program Eligibility Category for initial or annual determination of Part C Program Eligibility when the child has identified and documented needs and is not Program Eligible in the MD or DD Program Eligibility Categories.

The IFSP Team when determining a child Part C Program Eligible without a medically diagnosed condition and without a delay of 25% or greater on evaluation results must include in the child's electronic record a written statement of how/why the child is Program Eligible in the ICO Only Category. The written statement must include a description of at least two (2) of the following sources of information:

- Child has a greater than 25% delay in a subdomain (fine motor, gross motor, receptive language, expressive language) but the total for the domain is not a 25% delay

- Child has a COS rating lower than 6 in any one of the three Child Outcomes Areas despite not having a significant developmental delay documented on the evaluation report
- Child's functional child assessment results demonstrate low engagement or independence in at least two daily routines
- The IFSP Team has reviewed medical records that indicate ongoing health conditions that limit the child's ability to participate in early learning opportunities

For initial Part C Program Eligibility determination, qualified personnel administer approved evaluation instruments, observation of the infant/toddler in his/her natural environment engaging in typical child activities, as well as the informed clinical opinion of the evaluating therapist to identify and to describe in the evaluation report a developmental delay that limits the child's ability to participate in early learning experiences occurring in daily activities.

For evaluation instruments yielding measures in standard deviations, results must be converted to developmental ages (months) delay. Qualified developmental delays in the general range of a 25% of the child's chronological age (or greater) delay on evaluation instruments that yield scores in developmental ages (months) is considered a primary factor for eligibility determination in the DD Program Eligibility Category.

For children who do not have a significant developmental delay of 25% (or more) of the child's chronological age in any one developmental domain as evidenced on a recent evaluation report, the child may be determined Program-Eligible in the ICO Only Program Eligibility Category by the IFSP team from a review of the functional child assessment, medical and other records, COS rating, and other relevant sources of information used to support the results of the required developmental evaluation, not negate them. (see [ICO of the IFSP Team Only](#)).

3300 EVALUATION & ASSESSMENT (34 CFR §303.321, §303.25, §303.421)

General: Each child referred to the program will receive a timely, comprehensive, multidisciplinary developmental evaluation, and a comprehensive child and family assessment to identify the needs of each child's family to appropriately assist in the development of the child.

3310 DEFINITIONS OF *EVALUATION* AND *ASSESSMENT* (34 CFR §303.321)

- a. *Evaluation* means the procedures used by appropriate qualified personnel to determine an infant's/toddler's initial and continuing Part C Program Eligibility, including determining the strengths and needs of the infant or toddler in each of the developmental domains.
- b. *Assessment* is the ongoing procedures used by qualified personnel to identify the infant's/toddler's unique strengths, needs, priorities in each of the developmental areas through multidisciplinary team review of evaluation results,

progress notes, and observation to evaluate the appropriateness / effectiveness of EI services to meet measurable goals/outcomes on the IFSP throughout the period of the infant's/toddler's Part C Program Eligibility. The family is part of ongoing assessment, reporting on the child's progress in acquiring the skills that intervention strategies on the IFSP seek to develop.

- c. A *multidisciplinary* approach involves professionals from more than one discipline/profession collaborating to identify the infant's/toddler's strengths and needs. The composition of the multidisciplinary team includes the parent and at least two individuals from separate disciplines or professions and one of these individuals must be the service coordinator. Multidisciplinary evaluation and/or assessment may include formal, informal, standardized, and criterion-referenced procedures, as well as observation and informed clinical opinion.

3320 EVALUATION OF THE INFANT/TODDLER (34 CFR §303.321(b))

The initial evaluation/assessment of each child must be conducted by personnel trained to utilize appropriate methods and procedures and includes informed clinical opinion.

The evaluation process must also include:

- a. The administration of approved evaluation instrument(s) by qualified personnel
- b. Identifying the child's level of functioning in each of the five developmental areas in §303.21(a)(1):
 - cognitive development
 - physical development
 - communication development
 - adaptive development
 - social or emotional development
- c. Taking the child's history (including interviewing the parent/guardian)
- d. Observation of the child engaged in a typical child and/or family activity
- e. Review of pertinent medical, educational, or other records
- f. Gathering information from other sources such as family members, other care givers, medical providers, social workers, and educators (if necessary) to understand the full scope of the child's unique strengths and needs
- g. Assessment of the unique needs of the child's adult caregivers in helping the child be a more active, engaged, and independent participant in typical child and family activities
- h. Review of the results of the evaluation(s) and assessment(s) of the child and family conducted with the family and/or other caregivers invited by the family in accordance with 34 CFR §303.321(c)(1).

No single source of information, process, or procedure can be used as the sole criterion upon which to base the determination of Part C Program Eligibility. If the results of two evaluation instruments contradict each other, then a third procedure must be used to have a final determination of Program Eligibility unless the child meets Program Eligibility in another Eligibility Category (see: [MD](#), [ICO Only](#)).

If an infant/toddler is found to be ineligible for early intervention, written notice to parent/s is required, sent in the parent's native language and including information about their due process rights.

3330 ADJUSTMENTS FOR PREMATURITY

When conducting evaluations, evaluators must adjust for prematurity, as appropriate to the established guidelines:

GUIDELINES FOR ADJUSTING FOR PREMATURITY

1. Correcting age for infants and toddlers born prematurely ends when a child reaches the chronological age of 18 months. Adjusting for prematurity after 18 months chronological age may affect a child's Program Eligibility determination.
2. Evaluation Instruments used for infants born prematurely should be selected based on: (a) the chronological age of the child (under 18 months) and (b) validity of results (instrument considered valid when adjusted for prematurity)
3. When two instruments are paired for determining Part C Program Eligibility, both instruments must allow for adjusting for prematurity. Instruments which do not have validity when corrected age is applied to scoring are not considered appropriate for determining initial Part C Program Eligibility.

3340 SCORING THE EVALUATION

Evaluators must follow each instrument's protocol for scoring. However, if the score results do not yield a whole number, then the evaluator should round using the following principle: Any score that is .5 or higher should be rounded to the next whole number (ex: 18.5 becomes 19). Scores that are .4 or less should be rounded down to the next whole number (ex: 18.4 becomes 18). For instruments yielding measures in standard deviations, results shall be converted to developmental ages (months) delay.

3350 EVALUATION REPORT

General: The evaluation report must be written by the qualified personnel conducting the evaluation. The report is dated and signed (including credentials). The evaluation report must include information about the child's strengths, interests, and abilities as well as areas of need. The evaluation report must describe how the child's documented delay impacts their ability to participate in typical child/family activities.

The evaluation report must be entered into the child's electronic record in the state approved data system with a copy of the written evaluation report signed and dated by the evaluating therapist uploaded/attached within 21 calendar days of parent consent for the evaluation.

Regardless of the pay source of an evaluation completed for a child referred for early intervention or enrolled in First Connections, the Evaluation report must include:

- I. Name of evaluation instrument(s)
- II. Date, location, and any special circumstances of the evaluation
- III. Family Demographic Information
- IV. Participants in the Evaluation
- V. Child Background/History
- VI. Health/Vision/Hearing Summary
- VII. Evaluation of Developmental Domains (all 5 domains for a Developmental Evaluation; the specific domain(s) involved in other evaluations)
- VIII. Reason for Evaluation and Family Concerns
- IX. Summary of Evaluation Results that describe how the child's documented delay impacts their ability to participate in typical child/family activities
- X. Recommendations that support the IFSP Team
- XI. Signature, date, and credentials of evaluator

3360 Recommendations on Evaluation Reports

Recommendations on evaluation reports completed for children referred to or enrolled in First Connections are based on family-identified interests, goals for their child and family, and concerns about how their child participates in typical child/family activities gathered from family assessment and identified family needs, priorities, and concerns.

The evaluation report is a tool to guide the IFSP team in planning and, therefore, should not include recommendations for specific services and/or service levels. Services, including the frequency and intensity of those services necessary to reach child participation goals and objectives on the IFSP must be selected by the IFSP team (which includes the parents) after the IFSP has been developed.

Recommendations on the evaluation report include:

- Solutions to family issues, such as activities and routines in which the family would like the child to participate (or participate more fully).
- Skills needed for successful child participation in the family-identified activity or routine.
- Skills that the family (or other caregivers) could benefit from learning to assist in the child's development and participation in everyday routines.
- Assistive technology devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities.
- Ways to expand on existing learning opportunities/settings.
- Information needed to enhance the family's and/or caregiver's capacity to assist the child's development and enhance the child's participation in everyday activities.
- Referrals or linkages to people and community resources, that are not EI services, but that would assist the child/family in expanding their opportunities for involvement in community activities (like parent support groups, community non-profits, etc).

Recommendations on evaluation reports for evaluations conducted for children referred for early intervention or those enrolled in First Connections may not usurp powers granted to the IFSP Team (which includes the family). Recommendations on evaluation reports may not:

- A. Determine Part C Program Eligibility, which is determined based on multiple sources of information, including the child's COS rating and functional child assessment results
- B. Determine Eligibility for or recommend a specific service, which is the responsibility of the IFSP Team to determine based on the goals and objectives on the IFSP
- C. Recommend a specific service level, frequency, or intensity, which is the responsibility of the IFSP Team to determine based on the level of coaching and support the child's adult caregivers need to implement their IFSP strategies

3370 FAMILY ASSESSMENT

General: Family assessments must be family-directed and designed to determine the resources, priorities, and concerns identified by the family through both an assessment tool and a personal interview to identify the functional goals the family and other caregivers determine are meaningful to their typical family and community activities. The assessment assists the IFSP team in working with the family to determine supports necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler. The assessment also identifies the child's natural environment, and typical daily activities in which intervention strategies can be embedded.

Any assessment that is conducted must be voluntary on the part of each family member and/or caregiver participating in the assessment. Family assessment may include both formal and informal evaluation and assessment. The family assessment must:

- be conducted by personnel trained to utilize the appropriate methods and procedures
- be based on information provided by the family through personal interview
- incorporate the family's description of how and where their child spends his/her time and the typical child and family activities in which the child needs support in order to participate fully
- include the family's description of its resources, priorities, and concerns related to enhancing the child's development
- describe typical child and family activities and how the child currently participates.

3380 ONGOING CHILD ASSESSMENT

Ongoing assessment of child progress, new skills and interests, newly identified needs, and changing child and family circumstances takes place as part of scheduled home/community visits (delivered service sessions) and through IFSP Team meetings to

review child progress at least every 6 months (the family may request a review in between bi-annual reviews, if needed).

Ongoing assessment includes the IFSP Team completing the functional child assessment and Child Outcomes Summary (COS) 1-7 number rating using state-approved tools at least annually.

Ongoing assessment may include both formal and informal evaluation and assessment. When annual evaluations are required by the funding source in order to continue funding a service, annual evaluation takes place as part of regularly delivered service sessions and is billed as one or two service session (depending on the length of time required to conduct).

3400 TIMELINES

The initial IFSP must be developed for each Program-Eligible child and family within 45 calendar days of the date the child was referred for early intervention unless there is documentation of an Exceptional Family Circumstance (EFC).

When a parent selects a provider to complete an evaluation and that provider is unable to complete the evaluation, the Provider Program must notify the service coordinator within five (5) business days of receipt of request so that the family's selected alternate provider may be notified.

The results of the evaluation must be typed into the child's electronic record in the state-approved data system with a copy of the written evaluation report signed and dated by the evaluating therapist within twenty-one (21) calendar days of parent consent for the evaluation. While only the qualified therapist who conducted the evaluation can write the evaluation report, a designee may enter the results into the child's electronic record in the state approved data system. Appropriate designees include another employee of the Provider Program staff such as a therapy assistant, clerical, or an evaluation interpreter.

Should an Exceptional Family Circumstance make it impossible to complete the evaluation within the 21-day time period because the child or family is unable to meet to complete the evaluation, the provider must document the EFC in the child's electronic record in the state-approved data system and notify the service coordinator on record.

No early intervention services may be provided prior to completion of the required developmental evaluation, Meeting to Determine Program Eligibility, and development of the initial IFSP unless an Interim IFSP is developed for a child who is Part C Program Eligible at the time of referral and that family has an identified urgent need (see [Interim IFSP, #2600 REFERRAL OF A CHILD WHO HAS A MEDICALLY DIAGNOSED CONDITION \(INCLUDING PRENATAL EXPOSURE TO TOXIC SUBSTANCES\) LIKELY TO RESULT IN A DEVELOPMENTAL DELAY, #2650 REFERRAL OF A CHILD WHO HAS ALREADY HAD A RECENT COMPREHENSIVE DEVELOPMENTAL EVALUATION COMPLETED OUTSIDE OF THE PART C EARLY INTERVENTION PROGRAM](#)).

3500 NONDISCRIMINATORY PROCEDURES (34 CFR §303.323)

All individuals and public agencies conducting evaluations and assessments of children and families shall ensure, at a minimum, that:

- all evaluation and assessment materials and procedures are administered in the native language or other mode of communication utilized in the home, unless it is clearly not feasible to do so (in accordance with the definition of *native language* in CFR 34 §303.25);
- unless clearly not feasible to do so, all evaluations and assessments of the infant/toddler are conducted in the native language of the child (in accordance with the definition of *native language* in CFR 34 §303.25);
- unless clearly not feasible to do so, family assessments are conducted in the native language of the family members being assessed (in accordance with the definition of *native language* in CFR 34 §303.321(a)(6));
- any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
- young children are not separated from the parent or other caregiver for evaluation or assessment;
- the parent(s) or other caregiver(s) of the infant/toddler have the opportunity to be involved in the evaluation process at the level they choose;
- evaluations and assessments of the child are carried out in a location and with individuals familiar to the child;
- no single procedure is used as the sole criterion for determining a child's initial Part C Program eligibility (see [Program Eligibility Categories](#));
- evaluations and assessments must be conducted by qualified personnel;
- evaluations and assessments are conducted in the child's natural environment.

3600 EARLY INTERVENTION PROVIDED IN NATURAL ENVIRONMENTS (34 CFR §303.126)

General: *Natural environments* are places and the activities that occur in those places that the child would be involved in if that child did not have a disability.

To the maximum extent appropriate, early intervention services, including evaluation and assessment, must be provided in natural environments, defined as home and community

settings where children without disabilities participate (34 CFR §303.126).

Outpatient clinics, therapy rooms outside of a child's classroom, and center-based services where most of the children have disabilities are not natural environments.

Examples of natural environments include but are not limited to:

- Early Head Start
- Parks
- Libraries or community settings
- Churches or other community organizations
- Grocery stores
- Childcare or day care

Natural environment is more than just the location or setting:

- 34 CFR §303.26 “. . . allows for and supports providing services within family routines and activities.”
- 34 CFR §303.344(d)(1) “. . . requires that the identification of the early intervention service needed, as well as the appropriate setting for providing each service to an infant or toddler with a disability, be individualized decisions made by the IFSP Team based on that child's unique needs, family routines, and developmental outcomes.”
- 34 CFR §303.12(b)(3) indicates that EIS providers “. . . are responsible for consulting with and training parents and others concerning the provision of early intervention services described in the IFSP of the infant or toddler with a disability” and that this consultation and training will provide family members with the tools to facilitate a child's development even when a teacher or therapist is not present.

Natural environment is individualized so that the natural environment for one child may not be the natural environment for a different child. Any of the above-mentioned settings, however, would not be a “natural environment” for an infant/toddler whose family did not already make use of that community-based resource.

A clinic, hospital, service provider's office, or center in which the majority of children are not typically developing does not meet federal definition of *natural environment* as a typical environment for an infant or toddler without a disability; therefore, such a setting would not be the natural environment for an infant/toddler with a disability, except during a period of hospitalization for a prolonged illness.

The natural environment (setting) for each service provided will be recorded on the IFSP. The IFSP team, which includes the family, determines the early intervention service/s needed to meet family-directed, functional goals (outcomes) on the child's IFSP. The IFSP team then determines the appropriate setting and within the appropriate child and family routines/activities for providing early intervention in order to best enable the infant or toddler with a disability to develop the skills needed to meet his/her functional IFSP goals/objectives and to enable the child's caregivers to incorporate intervention strategies into typical child activities.

The decisions are based on:

- the developmental needs and chronological age of the infant/toddler as outlined in 34 CFR §303.13(a)(8)
- functional child outcomes and the child's unique needs
- family priorities and interests, child and family typical daily activities (or routines) as outlined in 34 CFR§303.344(d)(1)

3610 JUSTIFICATION FOR EARLY INTERVENTION PROVIDED IN A SETTING OTHER THAN THE CHILD'S NATURAL ENVIRONMENT (34 CFR §303.344(d)(1)(ii))

In certain situations, it may not be possible for an infant/toddler with a disability to achieve IFSP outcomes (goals) through early intervention in the natural environment. The IFSP team may elect to provide services in a specialized setting to achieve a specific IFSP outcome(s), providing justification on the IFSP for this choice. In these cases, developmental justification of need explaining why a service cannot be provided in the natural environment must be documented on the IFSP pursuant to 34 CFR §303.344(d)(1)(ii).

The provision of an early intervention service for an infant or toddler occurs in a setting other than the natural environment *only if* the routines-based, child-participation IFSP goals and objectives linked to that particular service cannot be achieved satisfactorily for a specific infant/toddler in a natural environment after documented attempts to modify the goals, adjust intervention strategies and activities, and improve caregiver implementation of intervention strategies have failed to support child progress toward IFSP outcomes.

If functional, child-participation outcomes cannot be met through intervention in the natural environment within typical child and family activities, justification based on the IFSP outcomes and the therapist's work with the child's adult caregivers must be documented in the child's electronic record.

The IFSP Team (which includes the family) must meet to complete the Developmental Justification of Need report. The report is developed as a team with the family and completed by the therapist who enters the Developmental Justification of Need into the child's electronic record in the state approved data system.

The Developmental Justification of Need to provide the service linked directly to unmet IFSP goals/objectives includes a description of each of the following:

- A. A description of modifications to the IFSP goals and/or objectives to align action steps/activities/strategies with child interests, strengths, typical activities and why despite modifications to the IFSP goals and/or objectives, the child has still not achieved objectives to make progress towards accomplishing the IFSP outcome(s) directly linked to that service.
- B. A description of the modifications made to the activities or routines in which intervention strategies are embedded during home/community visits (direct service

sessions) failed to support the child in achieving objectives to reach the IFSP outcome(s) linked to that specific service.

- C. A description of the therapist's work in the natural environment with the child's adult caregivers to equip the adult(s) present and participating in home/community visits (delivered service sessions) with the tools needed to support the child's participation and early learning and why that work failed to support the caregiver(s) in implementing IFSP strategies between therapy sessions.
- D. A description of adjustments and/or modifications the therapist made to the coaching/mentoring/training approaches in their work with the parent/caregiver present and participating in home/community visits (delivered service sessions) and why that work failed to support the caregiver(s) in implementing IFSP strategies between therapy sessions.
- E. The steps and activities (and timeline for each step and person responsible for each step) to move the child and the service linked to the unmet IFSP goals and objectives back to a natural environment within a review period of 3-6 months. (see: [Conversion Plan](#))
- F. Statement and date of agreement/approval and signature of each IFSP Team member (parent, service coordinator, therapist providing the service linked to the unmet IFSP goals/objectives that will be moved outside of the natural environment for a 3-6 month period).

3620 NATURAL ENVIRONMENT CONVERSION PLAN (34 CFR §303.344(d)(1)(ii)(A))

Any infant or toddler receiving an early intervention service (or services) in a setting other than his/her natural environment must have a Conversion Plan included in the IFSP. The Natural Environment Conversion Plan describes the process for moving the infant/toddler back into a natural environment once the specified IFSP outcomes (goals and objectives) on the child's IFSP linked to that particular service have been met, but not to exceed a review period of 3-6 months (34 CFR §303.344(d)(1)(ii)(A)).

The Natural Environment Conversion Plan will list specific steps, timelines, and persons involved in moving the child and the service back into a natural environment setting and activities. Natural Environment Conversion Plans are not to exceed a 6-month time period, but may be developed for a three-month time period if the IFSP team feels the child will meet the child-participation goals within a quarterly review period.

4000 INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) 34 CFR §303.114

General:

The Individualized Family Service Plan (IFSP), as defined in §303.20, is developed by a multidisciplinary team (the IFSP team) which is made up of the family and anyone the family wants to involve, the service coordinator, and professionals and/or direct service providers from disciplines most closely related to the needs of the infant/toddler and the functional child outcomes on the IFSP. The IFSP must meet the requirements of §303.340-§303.345 and include ongoing service coordination services as defined in §303.34. Goals and objectives on the IFSP reflect family priorities and concerns for their child's development and learning. The infant's/toddler's development and progress is monitored and assessed both formally and informally by the IFSP team, which includes the family and other caregivers, and periodic meetings are conducted to review and update the IFSP.

4100 IFSP REQUIREMENTS

Evaluations/assessments are used to help the family understand their child's strengths and needs in order to formulate intervention strategies included in the Individual Family Service Plan, upon which service(s) selected is based. For an infant/toddler who has been determined eligible, a meeting to develop the initial IFSP must be conducted within forty-five (45) days of the referral, except (34 CFR §303.310) if a family has not provided consent to the evaluation despite documented, repeated attempts to obtain parental consent. The service coordinator must ensure that the initial evaluation and initial IFSP are completed as soon as possible after parental consent is obtained. Family resources, any natural community resources, priorities, and concerns related to enhancing the development of the infant or toddler must be included in the IFSP, with concurrence of the family.

The Individual Family Service Plan (IFSP) is a written plan for providing early intervention services to a Part C Program-Eligible or toddler and the infant's/toddler's family (34 CFR §303.20). The IFSP must:

- a. Include the name of the service coordinator.
- b. Be developed by a multidisciplinary team made up of the family and two or more appropriate qualified personnel from at least two different disciplines involved in the provision of early intervention services, one of whom must be the service coordinator (34 CFR §303.343(a)(1)(iv)).
- c. Be based on multidisciplinary evaluation/assessment (34 CFR §303.321) of the infant/toddler and the assessment of the infant's/toddler's family.
- d. Be developed within 45 calendar days of the referral, which includes weekends, holidays, school closings, etc., except if a family has not provided consent to the evaluation despite documented repeated attempts to obtain parental consent. The EI provider must complete the initial evaluation and IFSP meeting as soon as possible after parental consent is obtained (*see PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION, AR#4200*).

- e. Be implemented as soon as possible (but no later than 30 days) from the date of signed parental consent for EI services in the IFSP is obtained (34 CFR §303.420).
- f. Include a statement of the specific EI services based on peer-reviewed research (to the extent practicable) that are necessary to meet the unique needs for the infant/toddler and family to achieve measurable results or outcomes identified in the IFSP (34 CFR §303.344).
- g. Include service delivery documentation for each EI service listed on the IFSP (34 CFR §303.344). Service delivery documentation includes:
 - A statement that each EI service is provided in the natural environment for that infant/toddler to the maximum extent appropriate or a justification as to why an EI service will not be provided in the natural environment (see [NATURAL ENVIRONMENTS](#), AR # 3600).
 - Length of time service is provided during each session of that service
 - Location indicating the place/places where a service will be provided
 - Duration or timeframe for when a service will no longer be provided (such as when the infant/toddler is expected to achieve the outcomes in his/her IFSP)
 - Frequency and intensity indicating how often each service will be provided and if the service is provided on an individual or group basis
 - Method to indicate how a service will be provided
 - Identify the funding source for each service, keeping in mind the guidelines for each funding source (Example: Medicaid, insurance, and Part C). If a child has public or private insurance, the family must consent prior to usage of private insurance to pay for Part C services (see [SYSTEM OF PAYMENTS](#), AR# 8000).
- h. Include other services necessary (medical or other) that the infant/toddler or family needs or is receiving through other sources that are neither required nor funded under Part C (34 CFR §303.344 (E)). If services necessary to enhance the development of the infant or toddler and the capacity of the family to meet the special needs of the infant/toddler are not currently being provided, the IFSP will include a description of the steps to take to assist the family in securing those other services and the funding source(s) to be used in paying for those services through public or private resources.
- i. Be regularly updated and reviewed. Providers of all IFSP services must enter delivered services notes (session notes of home/community visits or delivered service sessions) into the state approved database within 30 calendar days of the date of service delivery. (see [Service Documentation](#))

NOTE: Any service request for payment that exceeds the First Connections service funding guidelines must be sent with justification to the First Connections Prior Authorization Committee. The members are appointed by the Part C Coordinator.

4200 PROCEDURES FOR IFSP DEVELOPMENT AND REVIEW (34 CFR §303.342)

(1) Meeting to Develop Initial IFSP-Timelines.

For an infant or toddler who has been referred to the Part C Program and determined eligible, a meeting to develop the initial IFSP must be conducted within 45 days after receipt of referral.

The only acceptable exception to the federal 45-day timeline is an “Exceptional Family Circumstance” documented in the child’s electronic record in the state-approved data system:

1. Parent has not provided consent to the required developmental evaluation despite documented, repeated attempts to obtain parental consent.
2. Infant/toddler or parent is unavailable due to a documented exceptional family circumstance:
 - Child or family illness
 - Natural disaster (tornado, fire, flood)
 - Family is out of town for an extended period of time (7 or more days)
 - Religious or cultural holiday that the family participates in that causes the family to be unavailable for an extended period of time (7 or more days)

In either circumstance, the EI provider must document the EFC in the infant’s/toddler’s EI record. The activity (initial evaluation, family assessment, or IFSP meeting) must be completed as soon as the documented family circumstance no longer exists and/or as soon as possible after parental consent is obtained.

The evaluating therapist or their designee enters the evaluation results and uploads an attached copy of the written, signed, and dated evaluation report in the child’s electronic in the state approved database no later than 21 calendar days from parent consent for evaluation. (see [EVALUATION REPORT](#), AR #3350)

The Child and Family Assessment is completed as part of the comprehensive multidisciplinary developmental evaluation (CMDE) process. An individual certified to provide service coordination services completes this portion of the CMDE process and may complete this portion at the Family Engagement Meeting, at the Meeting to Determine Program Eligibility, or a separate meeting in between. The Family Assessment information collected at the Family Engagement Meeting regarding priorities, concerns, and resources is entered into the child’s electronic file by the family’s service coordinator. The functional child routines-based assessment and initial COS rating must be completed prior to:

- (a) Part C Program Eligibility Determination
- (b) Development of routines-based child-participation goals on the IFSP

Following the initial IFSP meeting, the service coordinator is responsible for entering the information on the First Connections database as soon as possible after the meeting

(during the meeting, when possible). The service coordinator is responsible for ensuring that the parent obtains a copy of all evaluations, child and family assessments, and the IFSP as soon as possible following the meeting if unable to provide copies at the close of the meeting.

(2) *Interim IFSP*

In certain circumstances, an infant or toddler referred for early intervention who is Part C Program-Eligible in the MD category or DD category presents *obvious immediate needs* that cannot wait for the evaluations process. An Interim IFSP may be developed with the family to address urgent needs for a period of time up to the development of the full, initial IFSP development no later than 45-days after the date of the child's referral for early intervention.

For an Interim IFSP meeting, minimum requirements for attendance include the parent, service coordinator, and since there is not yet an evaluating therapist, the required third person/role for this meeting could be filled by a developmental therapist who will be conducting the evaluation from the Provider Program the parent has selected, an evaluation interpreter, a therapist who will be providing the urgently needed service from the Provider Program the parent has selected.

At the Interim IFSP meeting, the SC, parent, and other EI professional will together write the Statement of Program Eligibility for the Program Eligibility Category the child meets (DD or MD) and discuss the urgent and priority needs identified by the family to determine that there is, in fact, a need for immediate early intervention services. (see: #2600 [REFERRAL OF A CHILD WHO HAS A MEDICALLY DIAGNOSED CONDITION \(INCLUDING PRENATAL EXPOSURE TO TOXIC SUBSTANCES\) LIKELY TO RESULT IN A DEVELOPMENTAL DELAY, #2650 REFERRAL OF A CHILD WHO HAS ALREADY HAD A RECENT COMPREHENSIVE DEVELOPMENTAL EVALUATION COMPLETED OUTSIDE OF THE PART C EARLY INTERVENTION PROGRAM](#) and [Statement of Program Eligibility](#)).

The team will complete the functional child assessment and initial COS rating and support the family in developing the Interim IFSP.

Minimum requirements that must be completed in the Interim IFSP are:

- Name of the SC
- Initial COS rating
- At least one child outcome goal (with action steps/objectives to meet it)
- The early intervention service(s) determined to be needed immediately by the child and family to meet that outcome
- Name of the EIS provider selected by the family to provide the service
- Signed parental consent for the service determined necessary to meet the urgent and priority need

Part C federal funding may be used to provide the service identified as necessary to reach priority goals on the Interim IFSP if other funding sources will not pay for that service prior to evaluation.

The use of an interim IFSP does not relieve the service coordinator and IFSP team from meeting the 45-day timeline required for completion of all evaluations, assessments, and creation of the initial IFSP. Extensions to the 45-day timeline are allowable **only** for documented Exceptional Family Circumstance (EFC) that must be documented in case notes of the child's electronic record in the state approved data system (see [TIMELINES](#), AR #3400; [Exceptional Family Circumstance](#)).

(3) Periodic Reviews.

A review of the IFSP for an infant/toddler and the infant's/toddler's family will be conducted every six (6) months or more frequently, if conditions warrant, or if the family requests such a review. The review may be carried out by a "face to face" meeting or by another means that is acceptable to the parents and other participants. The family reports child progress, changes in child and family status, interests, strengths, needs, priorities, concerns, and goals. The family reports progress on each objective on the IFSP, which must be updated on the child's record in the state approved data system. The purpose of the periodic review is to determine:

- The degree to which progress toward achieving the IFSP outcomes is being made
- Whether or not modifications or revisions of the IFSP outcomes or the action steps to reach outcomes is necessary.
- Whether or not modifications to the method of parent training, coaching, education in delivered services is necessary to equip the parent or other caregiver who is present and participating to have the skills to support their child's participation, early learning, and development.
- Whether or not a change in service setting is necessary to support the child in making progress toward IFSP outcomes and action steps (objectives) (see [Developmental Justification of Need](#)).
- Whether or not revisions of the EI services needed to reach the IFSP outcomes and action steps is necessary. Reason for revisions must be stated on the IFSP.

(4) Annual Meeting to Evaluate the IFSP.

A meeting of the full team must be conducted on at least an annual basis to develop a new IFSP. The parents must be provided written notice (in the family's native language) of the meeting in a reasonable time before the review is held. The result of any current

evaluation conducted and other information available from the ongoing assessment of the infant or toddler and family must be used in determining what services are needed and will be provided.

4210 ACCESS TO RECORDS (34 CFR §303.409)

Parents are provided, at no cost, a copy of any recent/new evaluation results, child or family assessments, and the current IFSP as soon as possible after the meeting, if not given a copy at the end of the meeting.

Parents have rights, called procedural safeguards, governing their rights to access records, obtain additional copies, to be notified of records destruction, and to amend records believed to be misleading and/or inaccurate. For a full description of parent's rights regarding their child's early intervention records, (see [PROCEDURAL SAFEGUARDS](#), AR# 7000).

4300 INITIAL OR ONGOING SERVICE COORDINATOR (34 CFR §303.343, §303.344)

A Service Coordinator (SC) may be initial or ongoing. The Initial SC makes initial contact with the family, discusses parental rights/procedural safeguards and obtains parental consent, initiates the infant's/toddler's file, offers choice of evaluators to the family, and facilitates the development of the initial IFSP with the family. It is the task of the initial SC to monitor timely completion of the required Developmental Evaluation and to convene the Meeting to Determine Program Eligibility within forty-five (45) days of the date of the child's referral for early intervention, except in cases of documented Exceptional Family Circumstance.

At the initial IFSP meeting, the family will be offered choice of Ongoing Service Coordinators. The family may opt to retain the Initial SC as the Ongoing SC. The family has the right to change service coordinators at any time. When the Service Coordinator is changed at an IFSP meeting, no further documentation is required other than making the change in the child's electronic record on the state-approved data system. A change in Service Coordinator outside of an IFSP meeting when Providers are being selected requires documentation on the required Student Move Form.

The Ongoing SC is responsible to ensure that the service(s) deemed necessary by the IFSP team to reach child-participation goals on the IFSP are implemented within thirty (30) days of parent consent. The Ongoing Service Coordinator provides a single point of reference for the family to coordinate early intervention, schedule and facilitate IFSP review meetings, and assist the family in planning for transition.

4400 MULTIDISCIPLINARY IFSP TEAM (34 CFR §303.24)

The multidisciplinary IFSP team *must*, at a minimum, be comprised of the parent and two (or more) individuals from separate disciplines or professions with one of these individuals being the service coordinator:

- Parent or parents of the infant/toddler and anyone the family identifies as “family” (see [EDUCATIONAL SURROGATE](#), AR #7400 and AR#2825 [CROSS AGENCY COLLABORATION TO SUPPORT FAMILIES WHEN PARENTAL RIGHTS HAVE NOT BEEN TERMINATED AND REUNIFICATION IS THE GOAL](#), and [AR#2850](#) for information on individuals who may serve as parent when a biological or adoptive parent is not available).
- The current Service Coordinator who is working with the family
- A person or persons directly involved in conducting the evaluations and assessments and qualified to interpret/explain evaluation results. If the evaluator is unable to attend, arrangements must be made for the person's involvement by other means such as; having a knowledgeable representative attend who can answer questions and explain results to the family and the IFSP team, participating in a telephone conference call and making pertinent records available at the meeting

Notes: If the service coordinator is also qualified to conduct evaluations/interpret evaluation results, he/she may not fulfill both roles in an initial IFSP meeting or an annual review meeting. The parent may choose to change the Service Coordinator at the initial IFSP meeting or anytime afterwards.

Other members of the multidisciplinary team **may** include any individual that the family of the infant/toddler wishes to include, such as, but not limited to:

- An advocate or person outside of the family, if the parent requests that the person participate
- The infant's/toddler's primary care physician or other healthcare professional
- As appropriate, persons who will be providing services to the infant/toddler and family

4410 PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES

Role of the Service Coordinator (34 CFR §303.34):

The service coordinator (or case manager) assists parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP. The responsibilities of the service coordinator include:

1. Informing families of their rights and procedural safeguards.
2. Participating in the multidisciplinary teams' assessment of the infant or toddler and the infant's/toddler's family, and in the development of integrated goals and outcomes on the IFSP.

3. Making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families.
4. Ensuring the timely provision of services.
5. Conducting follow up activities to determine that appropriate Part C services are being provided.
6. Coordinating the funding sources for services required under IDEA Part C.
7. Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area.
8. Training parents and others regarding the provision of those services.
9. Ensuring that as much as possible, services are provided in a natural environment.
10. Facilitating the development of a Transition Plan to preschool special education services for which the toddler may be eligible under Part B, or other appropriate community-based services in addition to preschool.

While the service coordinator is not required to coordinate the funding source for other services listed on the IFSP but not required by Part C, he/she is expected to coordinate the provision of services that are not directly early intervention services, but that are essential to the well-being of the child and the family, in accordance with §303.344(e) (such as educational, social, and medical services not provided for diagnostic or evaluative purposes).

Role of the Parent(s) (34 CFR §303.409):

As experts on their child, parents have a key role to play in early intervention and parental involvement is a critical ingredient for effective developmental intervention. Parents are full and equal participants acting as partners with the professionals on their IFSP team.

Responsibilities of parents include:

- Participating in the evaluation/assessment of their infant or toddler to enable the evaluator to gain a realistic picture of their child's skills by sharing information on their infant's/toddler's earlier development, how they perform in other settings, and how the infant/toddler interacts with others.
- Learning as much as possible about their infant's/toddler's disability to become an advocate for their child.
- Sharing their priorities and concerns for their child and family.

- Actively participating in IFSP meetings and making decisions regarding services and service providers and provision on behalf of their child.
- Learning strategies from EIS providers to incorporate into everyday learning opportunities that are part of the home/family routine to enhance the family's capacity to assist in their infant's/toddler's learning and development.
- Monitoring their child's progress in order to share successes and challenges with the IFSP team and to revise goals as needed on the IFSP.

Role of EIS Providers on the IFSP Team (34 CFR §303.31):

Providers who evaluated and/or those who work with the parent(s) and caregiver(s) of a Program Eligible infant/toddler with a disability are an important part of the Parent/Professional Partnership that makes up the IFSP Team. EIS providers (evaluators, therapists, classroom teachers, etc.) are highly qualified professionals who bring to the table professional expertise in early learning and child development as well as the developmental delay/disability the child is experiencing. They bring their unique perspective and experience to provide problem-solving solutions to help the team formulate strategies to meet the family's identified priorities and goals. The responsibilities of EIS providers on the multidisciplinary IFSP team include:

- Maintain up-to-date certification, knowledge, and skill in their own discipline
- Maintain accurate, up-to-date child/family EI records and forward them to the service coordinator at least two (2) days prior to any team meetings
- Participate in assessing child progress through initial, annual, and exit COS rating
- Participate fully in IFSP meetings and reviews
- Work with families by being willing to coach/train parents in how to help in their child's development and to engage in mutual problem-solving and to focus on the family/child's needs
- Practice good communication skills for listening, interviewing, and explaining with the ability to ask for assistance and to offering it

Role of the Evaluation Interpreter on the IFSP Team:

First Connections allows for a proxy to attend in the place of the evaluating therapist or the therapist responsible for IFSP service provision. The Evaluation Interpreter must be a qualified individual with the knowledge, abilities, and skills to support the other IFSP Team members in completing the tasks/duties required in that meeting including but not limited to:

- Answering the family’s questions about child progress, child strengths and needs, and/or about scores and information on the evaluation report
- Completing the COS Rating accurately as a team
- Determining a child’s Part C Program Eligibility in one of the [Program Eligibility Categories](#)
- Writing the [Statement of Program Eligibility](#) on the IFSP
- Assisting the family in developing routines-based, child-participation goals for the IFSP
- Breaking each IFSP goal down into action steps that are a developmental sequence/progression
- Selecting the early intervention service necessary to reach IFSP goals and objectives
- Identifying the appropriate service setting that aligns with the IFSP goals and objectives
- Working with the family to identify the level of support they will need to implement their IFSP strategies (service frequency/intensity)

4500 INITIAL, ANNUAL, & PERIODIC IFSP REVIEWS (34 CFR §303.343(a-b))

(1) Initial IFSP Meeting.

An initial IFSP meeting must be a “face to face” meeting of the multidisciplinary IFSP team (see [PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES, AR #4400](#)) held within forty-five (45) days from the date of referral. This meeting, with parent approval, may be conducted via video-conferencing in which documents being reviewed by meeting attendees are projected/viewed and discussed together. The meeting participants will consider the evaluation and functional child assessment results, COS rating, and parent priorities and concerns regarding the infant’s/toddler’s strengths and needs in order to develop the initial IFSP. The developmental therapist who conducted the required developmental evaluation must attend and participate in the initial IFSP meeting. If the person(s) who conducted the initial evaluations/assessments cannot attend, they are required to make pertinent records available at the meeting and may participate by one of the following alternate methods:

- By conference call
- By having a knowledgeable, authorized representative (evaluation interpreter) attend in their place and support the IFSP team in IFSP development

The initial service coordinator facilitates the development of the IFSP and offers the family choice of providers for services deemed necessary to reach developmental goals and objectives on the initial IFSP. The family may at this time (or at any subsequent time) choose a different service coordinator to serve as their ongoing service coordinator, or they may elect to continue working with the initial service coordinator (see [INITIAL OR ONGOING SERVICE COORDINATOR, AR #4300](#)).

(2) Annual and Bi-Annual IFSP Reviews.

Annual and bi-annual IFSP review meetings must be “face to face” meetings of the IFSP team (see [PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES, AR #4410](#)) to assess (formally and informally) the infant’s/toddler’s developmental progress in regard to goals and objectives on the current IFSP and to update and revise the IFSP as determined necessary by the multidisciplinary team. Family priorities and concerns

change as the infant/toddler develops and should be a primary factor in determining any changes in the IFSP.

(3) *Periodic Reviews.*

Periodic Reviews (also called “quarterly reviews”) are conducted every six (6) months or more frequently, if conditions warrant, or if the family requests such a review. These reviews may be carried out by any means that is acceptable to the parents and other participants. Periodic reviews do not have to be attended by the full IFSP team, though parents still maintain the right to invite any individual whom they want to involve.

In order for parents to be full and equal participants in the IFSP process, parents must receive a copy of their child’s evaluation, assessments, and IFSP at no cost to the parent(s) at the close of meetings or as soon as possible thereafter (34 CFR §303.409(c)).

4510 ACCESSIBILITY AND CONVENIENCE OF MEETINGS (34 CFR §303.420, §303.421)

Meeting arrangements will be made with, and prior written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend. Prior written notice is sent to the parents and other IFSP team members at least seven (7) days before the IFSP meeting. If the meeting is held early, at parent’s request, before the notice is sent, then a statement must be written on the notice and signed and dated by parent with this documentation uploaded to the child’s electronic record in the state data system. IFSP meetings must be conducted:

- In a setting convenient to the family
- At a time convenient to the family
- In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so (34 CFR §303.342(d)(1)(ii)).

Use of video-conferencing for virtual meetings is an acceptable practice when approved by the family. All meeting requirements must be met.

4520 INFORMED PARENTAL CONSENT (34 CFR §303.342(e))

The contents of the IFSP will be fully explained to the parent. The parent signature indicates “informed written consent” for the provision of early intervention services described in the plan.

When applicable, First Connections may make use of electronic signatures in accordance with Act 722 of 2007 permitting state agencies the use of electronic records and electronic signatures.

A parent’s electronic signature, captured during an “event,” (Family Engagement Meeting, IFSP meeting, Transition Conference, etc.) is directly uploaded/stored on the state-

approved data system. Electronic parental consent signatures must be accompanied by the electronic signature of the acting service coordinator signing as witness.

If the parent does not provide consent with respect to a particular early intervention service, or withdraws consent after first providing it, that service may not be provided. The early intervention services for which parental consent is obtained must begin as soon as possible but no later than thirty (30) days of parent consent for the service, unless there is documentation of an Exceptional Family Circumstance (EFC) preventing the child and family from starting services. (see [Exceptional Family Circumstance](#)).

4600 CONTENT OF THE IFSP (34 CFR §303.344)

(1) Information about the Infant's/Toddler's Status.

The IFSP must include a statement of the infant's/toddler's present level of physical development (including vision, hearing, and health status) as well as a description of the child's strengths and needs in each developmental domain: cognitive development, communication development, social/emotional development, and adaptive development, based on professionally acceptable objective criteria.

The level of development must be stated in months and indicate the level/percentage of chronological age delay currently demonstrated.

(2) Family Information.

The IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the infant or toddler.

(3) Child's Program Eligibility

The IFSP must include both the child's category of Program Eligibility and a statement of how the child meets Part C Program Eligibility in that Category. (see [Categories of Program Eligibility](#))

(4) Child Participation Outcomes (Goals and Objectives).

The IFSP must include a statement of the major outcomes expected to be achieved for the infant or toddler and the family (to include at least one family/caregiver goal). IFSP outcomes must relate directly to the priorities and concerns of family and the interests, routines, and strengths and needs of the child. Outcomes (goals) should be family-identified, functional, and likely to be achievable in range of months not to exceed six months and meet guidelines for quality child outcomes. Objectives are the action steps to reach the goal(s) on the IFSP. Each outcome must include the action steps or objectives necessary to reach the outcome (goal).

(5) Needed Service.

The IFSP must include a statement of the specific early intervention service necessary to assist the family and other identified caregivers in meeting the functional, routines-based, child participation outcomes on the IFSP. Services determined necessary by the IFSP team are related to enhancing the infant's/toddler's participation in typical activities and the child's development across domains (see AR#4610, [SERVICES TO](#)

SUPPORT THE IFSP, #4620 IDENTIFYING SERVICES TO REACH CHILD OUTCOMES).

4610 SERVICES TO SUPPORT THE IFSP

General: The IFSP is developed by the IFSP team in collaboration with the parents and other caregivers invited by the parent(s). The IFSP must reflect the priorities, goals, concerns of the family and the interests, typical routines, strengths, and needs of the Program-Eligible child. The family is supported by the EI professionals on their IFSP Team in developing the child and family goals and objectives on the to address family priorities and concerns.

Child goals and objectives are functional, routines-based, child participation goals designed to enhance the child's participation, engagement, independence, and social relationships within typical child and family activities in alignment with global child outcomes established by the Office of Special Education Programs (OSEP):

- Children have positive social-emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication [and early literacy])
- Children use appropriate behaviors to meet their needs

EI providers are responsible for consulting with and training parents and others concerning the provision of early intervention strategies described in the IFSP of the infant or toddler with a disability (34 CFR §303.12(b)(3)). Additionally, this consultation and training will provide family members with the tools to facilitate a child's development even when a teacher or therapist is not present (see AR#3600).

4620 IDENTIFYING SERVICES TO REACH CHILD OUTCOMES

Early intervention under IDEA, Part C uses a strengths-based approach: services are not solely identified based on deficit areas on evaluation reports. Services necessary to assist the family and other identified caregivers in promoting the child's development within typical child activities are selected after (a) the initial COS rating has been completed (b) the routines-based, functional, child participation outcomes (goals and objectives) have been developed with the family. The early intervention services necessary to reach IFSP goals and objectives are determined by the IFSP team, which includes the family, after a review of family concerns and priorities to include (but not limited to):

- The child's initial COS rating
- Child engagement and independence within typical child/family routines
- Family assessment and family interview that includes information about family priorities and concerns and the child's and family's typical activities and desired outcomes

- Observation of the child (and/or child and caregiver) engaged in typical activities
- The functional child outcomes (goals) developed in collaboration with the child's caregivers
- The action steps (objectives) on the IFSP to reach functional child goals
- Results of formal evaluation and formal and informal assessment of the child
- Other factors influencing child functioning within typical activities

4630 EARLY INTERVENTION SERVICE PROVISION

Early intervention supports and services are provided:

- In accordance with a current IFSP
- By qualified personnel who meet state standards related to their field of specialty and are licensed, certified and/or registered in their field of service
- Under public supervision (monitored), by certified personnel, in conformity with an active IFSP
- In a setting other than a natural environment ONLY when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment with adequate justification written on the IFSP when services are not provided in the natural environment (see [DEVELOPMENTAL JUSTIFICATION OF NEED](#))
- At no cost to the family (see [SYSTEM OF PAYMENTS](#), AR # 8000)

4700 TYPES OF EARLY INTERVENTION SERVICES

For definitions and general guidelines regarding the following early intervention services, (see *EI SERVICE GUIDELINES*, AR# 5000).

1. Assistive Technology/Adaptive Equipment (and AT Services)
2. Audiology
3. Family training, counseling, and home visits
4. Health services
5. Medical services
6. Nursing services
7. Nutrition services
8. Occupational therapy
9. Physical therapy
10. Psychological services
11. Service coordination services
12. Sign language and cued language services
13. Social work services
14. Special instruction (Developmental Therapy)
15. Speech-language pathology services
16. Transportation and related costs
17. Vision Services

Other services:

The services identified and defined above do not comprise an exhaustive list of the types

of services that may constitute early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in AR #4610, *SERVICES IDENTIFIED BY THE IFSP TEAM*.

5000 EI SERVICE GUIDELINES 34 CFR §303.13

General:

34 CFR §303.13 defines *early intervention services* as **developmental services** which may include but are not limited to special instruction (developmental therapy), family training, counseling and home visits, speech therapy, occupational therapy, physical therapy, transportation, nutrition, audiological, assistive technology, signed and cued language services, vision services, social work, service coordination (case management) services, health services, medical services, psychological services.

The definition of each service in these guidelines is consistent with the definition as stated in Part C of IDEA and the guideline established for each service is meant to be used as a tool in determining the parameters of the intervention provided, including:

- The type of intervention (service) needed (see [IFSP REQUIREMENTS](#), AR# 4600-4630)
- The level of intervention necessary to complete the outcomes determined in collaboration with parents as stated on the Individualized Family Service Plan (IFSP) (see [CONTENT OF THE IFSP](#), AR#[4600\(4\)](#), [SERVICES TO SUPPORT THE IFSP](#), AR#[4610-4630](#))
- The method by which the service will be provided (see AR# [4620-4630](#))
- Natural Environment Service Setting requirements (see AR#[3600-3620](#))
- The funding arrangements for the service provided (see AR# [8000](#))

The lead agency currently ensures that a mechanism is in place to fund a level of service, based on the informed clinical opinion of the IFSP team and provision of documentation of the basis for the decision. First Connections funds may not be used to duplicate a service already available within the state. It is the responsibility of the Service Coordinator to pursue all available resources prior to accessing First Connections funding for a service. If generic resources cannot be accessed to meet the identified need, First Connections funding may be utilized according to the specified guidelines (see [SYSTEM OF PAYMENTS](#), AR# [8000](#)). All rates are based on State lead agency administration of Federal Regulations Sec. §303.520 as First Connections funding is utilized as the payor of the last resort.

The services and personnel identified and defined in this service guideline do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification by the multidisciplinary team of another type of developmental, corrective, or supportive services that meet the needs of an infant/toddler as determined by the IFSP Team and incorporated into the IFSP.

Early intervention services are developmental services provided under public supervision and are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development and active participation in typical child and family activities. Early intervention services necessary to reach child-participation goals and objectives on a current IFSP must be

selected in collaboration with the parents and provided in conformity with a current IFSP (AR #4600).

All services must meet State standards, including the requirements of Part C of the Act. The services are provided by **qualified personnel** and, to the maximum extent appropriate, are provided in **natural environments** as defined in 34 CFR §303.26 and consistent with §303.126 and §303.344(d) (see [NATURAL ENVIRONMENTS](#), AR# 3600).

5100 REQUIRED DOCUMENTATION OF EACH SERVICE PROVIDED:

Service provision must be based on an identified need as documented on the Individualized Family Service Plan (IFSP). EI services are selected based on what is necessary to meet functional, routines-based, child-participation outcomes (goals and objectives) on a current IFSP. Each EI service on an IFSP must be clearly linked to the following:

- Functional child outcomes on a current IFSP
- Family priorities, concerns, and daily routines
- Results of the child and family assessment

Delivered Services Notes: The provider of each IFSP service must enter documentation of Prior Written Notice of service start and must enter Delivered Services Notes within 30 calendar days of each home/community visit (service session). Delivered services notes must include, at minimum:

- The service provided (amount, date, and times)
- Name of therapist providing the service
- Outcomes worked on in that session (goal or goals and/or objectives)
- Description of coaching/training/mentoring provided to the adult present and participating in the session
- Progress made by child
- Description of what the parent has agreed to work on between therapy sessions

If an IFSP service is provided via tele-intervention, the Provider of virtual services must provide each session using a 2-way audio and video capable platform accessible to the family. Documentation that must be kept on record for tele-intervention sessions include all of the items listed above and documentation in the child's electronic record in the state-approved data system:

- Parent consent for tele-intervention on the required form
- Parent checklist for each service session signed and dated by the adult who was present and participating

Service providers must also maintain in the child's electronic record and on site, all applicable narrative and/or documentation of:

- Receipt for the actual cost of item/service
- Receipt for the actual cost for reimbursement, submitted by the parent/guardian (when applicable).
- Verification of Training for parent/guardian
- As appropriate the signature of family/guardian and or caregiver

Prior approval by First Connections is required to exceed funding guidelines and will require justification. Request for renewal of same level of service (every six months or annually) will require monitoring to determine why infant/toddler is not progressing.

Exceeds Standards Documentation required includes:

- 1) Prescription from Physician
- 2) IFSP
- 3) Progress Notes
- 4) Narrative Justification
- 5) Evaluations
- 6) Other documentation as warranted

5200 EARLY INTERVENTION SERVICES & GUIDELINES

Assistive technology services

Any service that directly assists an infant or toddler with a disability (or his/her caregivers) in the selection, acquisition, or use of an assistive technology device, to include:

- Evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs
- Training or technical assistance for an infant or toddler with a disability and that child's family and caregivers
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities

Assistive technology/adaptive equipment are items, piece of equipment, or products/product systems used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability, whether the device/item is acquired commercially or

off the shelf, modified, or customized. All assistive technology/adaptive equipment devices must be prescribed, deemed necessary by the IFSP team, and included on the infant's/toddler's IFSP. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.

Unit of service: The actual item cost and/or the cost of the services necessary to obtain and/or provide assistance to the family.

Rate of Reimbursement:

A unit of service is reimbursed at the actual cost of the service or device plus a 10% administrative fee. A guideline of \$7,500.00 per year has been established. Prior Approval by First Connections Prior Authorization Committee is required. Documentation required: 1) Prescription, 2) Evaluations from therapist, 3) Medicaid/insurance denial, 4) Narrative justification, 5) goals and objectives to address need, 5) Itemized price list and description. The Prior Authorization Committee may require additional information.

Note: AT devices will be provided through the most cost-effective manner available (loan or lease unless it is clearly not feasible to do so) until such time as the infant/toddler is no longer eligible for the program or until the infant/toddler no longer benefits from the item.

Providers of assistive technology devices are expected to:

- (a) Provide professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the infant/toddler or caregiver in the use of an item furnished.
- (b) Assume liability for equipment, warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for adaptive equipment are not reimbursable as rental equipment.
- (c) Ascertain and recoup any third-party resource(s) available to the consumer (through collaboration with the service coordinator/case manager) prior to billing Part C funding. First Connections or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.
- (d) Submit the price for an item to be purchased or rented within five (5) business days of the service coordinator's request. The provider must maintain a record for each order. The documentation shall consist of:
 - The date of the order was received and the name of the service coordinator placing the order.
 - The price quoted for the item.
 - The date the quote was submitted to the case manager.
- (e) Maintain a record for each consumer. The record must document the delivery, installation of the item(s) purchased or rented, any education and/or instructions for the use of the equipment and/or supplies provided to the consumer and must include documentation of delivery of item(s) to the consumer. The documentation shall consist of:

- The parent/guardian's signature, or electronic verification of delivery
- The date on which the equipment and/or supplies were delivered

Audiology services

Audiology/Hearing services include identification of infants or toddlers with auditory impairment, determination of the range, nature and degree of hearing loss and communication function, referral for medical and other services for habilitation or rehabilitation, and determination of the infant's or toddler's need for individual amplification.

Audiological services may be necessary to determine eligibility or to assist in development and implementation of the Individualized Family Service Plan (IFSP). Audiological services are provided based on need as documented on the IFSP, which may include:

- Identification of infants/toddlers with auditory impairment using appropriate screening techniques
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures
- Referral for medical and other services necessary for the habilitation of infants/toddlers with auditory impairments
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services
- Provision of services for prevention of hearing loss
- Determination of the infant's/toddler's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Unit of service: A unit of service is one hour per day.

Rate of Reimbursement:

One hour is a unit of service, with a guideline of a total of twelve hours per year of all categories of consultation, combined. Prior Approval by the First Connections Prior Authorization Committee is required.

Developmental Therapy/Special Instruction

Developmental Therapy/Special Instruction are services that provide direct instruction to the parent/family member or other parent-identified caregiver and their infant/toddler to promote the infant's/toddler's participation in typical child/family activities and the child's acquisition of skills in a variety of developmental areas.

Service focuses on developmentally appropriate individualized skills training and support to foster, promote, and enhance infant/toddler engagement in daily activities, functional independence and social relationships. Assistance will be provided to parents/families in the identification and utilization of opportunities to incorporate intervention strategies in daily life activities that are natural and normal for the infant/toddler and families.

This service is provided to the infant/toddler and the infant's/toddler's parent/family and shall include activities which provide support and enhancement to the family including:

- Design of learning environments and activities to promote the infant's/toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- Working directly with the infant/toddler with a disability to enhance the child's development
- Curriculum planning, including planned interaction of personnel, materials, time, and space leading to achievement of outcomes on the IFSP for the infant/toddler with a disability
- Providing families with information, skills, and support related to establishing the skill level and enhancing the skill development of the infant/toddler
- Continuous monitoring by the Developmental Therapist of infant/toddler progress and mastery of functional skills to reduce or overcome limitations resulting from developmental delays

Unit of service: Fifteen (15) minutes of direct instruction to child and family/caregiver.

Rate of Reimbursement:

Developmental Therapy / Specialized Instruction - (guideline of 4 units per week).

Developmental Therapy Asst./Specialized Instruction – (guideline of 4 units per week).

Developmental Evaluation

Evaluation provides a tool for assessing a child's strengths and needs and mechanism for measuring the extent of a developmental delay to assess how the delay would impact the child's ability to participate in typical child and family activities.

A comprehensive multidisciplinary developmental evaluation (CMDE) that assess a child's strengths and needs in all five developmental domains is required for all children referred for early intervention and is one of the sources of information used to determine Part C Program Eligibility, current developmental status, and need for developmental / early intervention services. The CMDE may include developmental profile or other instruments to assess physical/motor, communication, cognitive, social-emotional, and self-help.

Unit of service:

A minimum of one hour of time and includes; two instruments, interpretation of test results, and a narrative evaluation report. If more units are requested, justification will be required. Payment for funding of re-evaluations within six months of full evaluation will require justification through the extension of benefits process.

Any dispute between IFSP team members regarding Program Eligibility, IFSP services, or service levels may be sent by the Service Coordinator to the FIRST CONNECTIONS Policy Committee for review and resolution.

NOTE: Independent evaluations may be conducted at the request of any team member when there is a dispute about Program Eligibility with the results provided to the Lead Agency dispute resolution team for review and inclusion in the dispute resolution process. This action must be approved by the First Connections Prior Authorization Committee.

Rate of Reimbursement: 1 unit per evaluation

The provider of the service must maintain on site, narrative documentation of the narrative report, testing protocols, and recommendations (if appropriate)

Family Training, Counseling, and Home Visits

All families who participate in the First Connections Program should receive the information needed to appropriately address family concerns related to enhancing the development of their infant/toddler and to meet the needs of their infant or toddler with a disability. Family Training, Counseling, and Home Visits are three separate support services provided by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development. Such services may include training in any area related to the special needs of the infant or toddler with a disability (such as, but not limited to, the use of specialized equipment or feeding techniques) and must be determined necessary by the multidisciplinary IFSP team.

Services may be provided in the home or community through a variety of learning modes and methods to include (but not limited to):

- Provision of printed materials, videos, tapes, etc.
- Assistance in locating and attending Workshops or Support Groups
- Interaction on a one-to-one basis through phone conversation or personal visit
- Identification of and assistance to access Internet based Web sites
- Referral to the appropriately qualified professional in the area of expertise needed

Topics of instruction may include but are not limited to:

A. General information, which may be provided through generic resources within the community and will assist the family in maximizing their infant's/toddler's development.

- the infant's/toddler's specific disability,
- typical developmental milestones,
- positive reinforcement techniques
- medical diagnosis
- procedural safeguards which are guaranteed to all participants
- appropriate parent/child interaction

B. Family Training needs which require direct instruction to the parent/family on the implementation of specific goals and objectives developed, should be included as a part of the instructional area of service provided (ex. Speech therapy services should include instruction to the family on implementation of the specific goals and objectives worked on in the therapy session).

- C. Family Training/Counseling in areas other than instructional services such as speech, physical, occupational, or developmental (special instruction) therapies may be accessed through consultation with the appropriately certified/licensed professional in the area of expertise needed (Nutritional, Behavioral, Vision, or Audiology Consultations).

Family Training is provided to the parents, family, or other parent-identified caregivers of a Part C Program-Eligible infant and toddler as a part of the total program and is accessed through a variety of resources. Instructional services are provided through Counseling and Family Support. Information is provided through generic resources available in the community, funding sources available within the state, or through the First Connections Program as the “payor of last resort.”

General information, which may be provided through generic resources within the community, will assist the family in maximizing their infant’s/toddler’s development. Resources include but are not limited to:

- Parent Training and Information Centers (ex. Focus, Inc., Arkansas Support Network, Arkansas Disability Coalition)
- Parent Support Groups (ex. Arkansas Autism Society)
- Arkansas Disability Coalition and Parent2Parent
- The Delta Project
- Arkansas Children’s Hospital
- Primary Care Physicians
- Arkansas Special Education Resource Center
- First Connections Service Coordinator

Family Training needs, which require direct instruction to the parent/family as based upon the IFSP, on the implementation of specific goals and objectives, should be included as a part of the instructional area of service provided.

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Developmental Therapy (special instruction)

Family Training/Counseling in areas other than instructional services such as speech, physical, occupational, or developmental (special instruction) therapies may be accessed through Consultation with the appropriately certified/licensed professional in the area of expertise needed

- Nutritional Services
- Psychological/Behavioral Services
- Vision Services
- Audiological Services
- Social Work Services

Family Training needs which require the purchase of materials, or assistance with costs associated with attendance at and participation in specific early intervention functions or workshops will be met through Individual/Family Support services.

It is the responsibility of the IFSP team, facilitated by the service coordinator, to make an informed decision based on the input of the family, regarding the type of family training needed. The team should:

- Look at the infant's/toddler's needs;
- Identify the needs for which the family training will ensure appropriate IFSP implementation;
- Identify family resources, priorities, and concerns related to enhancing the development of their infant/toddler, for which family training is needed;
- Identify the level of family training needed; and
- Identify the most appropriate generic resource(s) to meet the family's needs.

Factors to consider when determining the level of service needed include, but are not limited to:

- *The severity of the infant's/toddler's disability-* The parent of an infant/toddler with a mild language delay may need information on developmental milestones, while a parent of an infant/toddler with Autism may need more extensive information as well as parent training provided during occupational and speech therapies.
- *The developmental level of the parent-* If the parent of an infant/toddler is also disabled, a high level of service may be needed.
- *The age of the parent-* A teen-aged parent may need more information initially than a parent who has had parental experiences.

The need for Family Training, Counseling, & Home Visits is documented on the IFSP and must be based on family input regarding priorities, resources, concerns, and supports needed by the family to enhance the infant's/toddler's development. Family training needs must be recorded as family outcomes. Documentation will include itemized goals and objectives to address concerns on the IFSP, receipts, certificates, and sign-in sheets from trainings attended by parent.

The family rating of the training/information received will be documented, when the IFSP is updated, through completion of a family rating scale. Additionally, the initial/ongoing service coordinator will contact the family to determine if the needed information has been provided.

Health Services

Health services must be necessary to enable the otherwise Part C Program-Eligible or toddler to benefit from other early intervention services during the time that an infant/toddler is receiving the said First Connections service. Specific objectives must be

identified on the IFSP (Individualized Family Service Plan), to substantiate documented need.

Health Services may include payments to purchase services for an infant/toddler eligible for the First Connections Program and may include:

- Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services
- Consultation by physicians with other service providers concerning the special health care needs of Part C Program-Eligible s/toddlers that will need to be addressed in the course of providing other early intervention services

Health services do not include services that are surgical or purely medical in nature, such as cleft palate surgery, the shunting of hydrocephalus, hospitalization for management of congenital heart ailments, or prescribing of medicine/drugs for any purpose). Medical-health services such as immunization and well-baby care that are routinely recommended for all infants/toddlers are not eligible under this service.

Health services similarly does not include devices necessary to control or treat a medical condition, or services related to the implementation, optimization (mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

Nothing in policy, however, limits the right of an infant/toddler with a disability with a surgically implanted device (cochlear implant) to receive the early intervention services identified in the IFSP as being needed to meet the infant's/toddler's developmental outcomes or prevents the EIS provider from routinely checking that either the hearing aid or external components of a surgically implanted device (cochlear implant) or devices necessary to control or treat a medical condition (respirators, oxygen) are functioning properly.

Unit of service:

A unit of service is the actual cost per hour to provide the needed service. Less than one hour of service cannot be billed.

Rate of Reimbursement:

Actual cost of the service per occurrence. A guideline of \$5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required. Submit Physician recommendations, IFSP goals and objectives, and IFSP.

Medical Services

Individual Family/Support: Medical Services are those services provided by a licensed physician needed for diagnostic purposes only and must be necessary to assist the IFSP (Individualized Family Service Plan) team in developing and implementing an appropriate IFSP for the Part C Program-Eligible or toddler. Medical Services support may include payments to purchase services for an infant/toddler eligible under the FIRST CONNECTIONS Program.

Unit of service:

A unit of service is the actual cost per occurrence, to provide the needed service.

Rate of Reimbursement:

Actual cost of the service per occurrence. A guideline of \$5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required .

Nursing/Attendant Care Services

Nursing/Attendant Care services are those services necessary to enable an infant or toddler to benefit from other First Connections services during the time the infant/toddler is participating in First Connections.

Care Services may include payments to purchase nursing and/or attendant care services for an infant/toddler eligible under the First Connections Program. Nursing services must be necessary to enable the infant/toddler to benefit from other early intervention services and must be based on need as documented on the Individual Family Service Plan (IFSP), and may include:

- The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual, or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- Administration of medications, treatments, and regimens prescribed by a licensed physician.

Unit of service:

A unit of service is the actual cost per hour, to provide the needed service. Less than one hour of service cannot be billed.

Rate of Reimbursement:

Actual cost of the service per occurrence. A guideline of \$5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required.

Nutrition Services

Nutrition services involve developing and monitoring to make appropriate plans to address the nutritional needs of the infant or toddler and/or to make referrals to appropriate home

and community resources to carry out nutrition goals deemed necessary in the infant's/toddler's IFSP.

Nutrition services may be necessary to determine eligibility or to assist in development or implementation of the Individualized Family Service Plan (IFSP). Nutrition services are provided based on need as documented on the IFSP, and may include:

- Conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences.
- Developing and monitoring appropriate plans to address the nutritional needs of Part C Program-Eligible s/toddlers;
- Making referrals to appropriate community resources to carry out nutrition goals.

Unit of service:

A unit of service is a minimum of one hour of service per day. Less than one hour of service cannot be billed.

Rate of Reimbursement:

One hour per unit of service, with a guideline of twelve hours per year of all categories of consultation, combined. Prior Approval by FIRST CONNECTIONS is required. Documentation must include the PCP/nurse recommendation, goals and objectives to substantiate need, and the narrative justification

Occupational Therapy Services

Occupational Therapy services are services to address the functional needs of the infant/toddler regarding his or her adaptive development, adaptive behavior and play, sensory, motor, and postural development. They are designed to improve the infant's/toddler's ability to perform tasks at home, school, and community settings.

Services include:

- Identification, assessment, and intervention
- Adaptation of the infant's/toddler's environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and to promote the acquisition of functional skills
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability

Unit of service: Individual	15 minutes
Group	15 minutes with a maximum of 4 persons/group
Evaluation	30 minutes.

Rate of Reimbursement: *Based on Medicaid rates*

Parent/Staff Education

Family support for parent/staff education may include payment of fees and necessary expenses associated with parents/staff attending support groups, First Connections

conferences and workshops related to the needs of the infant or toddler eligible for First Connections services.

Parent/staff education services must be necessary to enable a family/staff to enhance the participation, engagement, independence, early learning, and/or development of the Part C Program-Eligible infant or toddler and to enable the child to benefit from other First Connections services. All parent/staff education services must be based on need as documented on the Individual Family Service Plan IFSP, and may include:

Fees and necessary expenses associated with

- Parents attending support groups
- In-state early intervention conferences and workshops related to the needs of the Part C Program-Eligible /toddler
- Committee meetings at the request of the First Connections program, for the purpose of providing parent input
- Interpretive services to insure access to services in the family's native language
- Purchase of books, tapes, and materials, which assist the parent in acquiring knowledge of their infant's/toddler's disability related to enhancing the infant's/toddler's development.

Unit of service: A unit of service is the actual cost per occurrence

Rate of Reimbursement:

Actual cost of the service per occurrence. A guideline of \$5,000 of all categories of family support combined, per year has been determined. Prior Approval by FIRST CONNECTIONS is required. Documentation required: 1) Evidence of attendance at Support Group meeting, 2) Registration form to conference or workshop, 3) Specific goals and objectives documenting need on the IFSP, 4) Itemized list of purchase items.

Physical Therapy Services

Physical therapy services are those services designed to promote sensorimotor function through enhancement of the infant's/toddler's musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective adaptation of his/her environment. Services include:

- Screening, evaluation and assessment to identify movement dysfunction
- Obtaining, interpreting and using information appropriate to program planning to prevention, alleviate or compensate for movement dysfunction
- Providing individual and/or group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems

Unit of service: Individual – A unit of service is 15 minutes
Evaluation – A unit of service is 30 minutes.

Rate of Reimbursement: *Based on Medicaid rates*

Psychological/Behavioral Services

Psychological/Behavioral services involve obtaining, integrating and interpreting information about infant or toddler behavior and family conditions related to learning, mental health, and development.

Psychological/Behavioral services may be necessary to determine eligibility or to assist in development or implementation of the Individual Family Service Plan (IFSP).

Psychological/Behavioral services are provided based on need as documented on the IFSP, and may include:

- Administering psychological and developmental tests and other assessment procedures
- Interpreting assessment results
- Obtaining, integrating, and interpreting information about infant/toddler behavior, and infant/toddler and family conditions related to learning, mental health, and development;
- Planning and managing a program of psychological services including psychological counseling for infants/toddlers and parent, family counseling, consultation on infant/toddler development, parent training, and education programs

Unit of service: A minimum of one hour of service per day. Less than one hour of service cannot be billed.

Rate of Reimbursement:

One hour per unit of service, with a guideline of twelve hours per year of all categories of consultation, combined. Prior Approval by FIRST CONNECTIONS is required.

Documentation required: 1) Teacher/therapist recommendation, 2) case notes, 3) Notice of Meeting Outcome, 4) Goals and Objectives on the IFSP to document need.

Service Coordination Services §303.34

Service Coordination services (case management) are those services required under Part C and provided at no cost to the family in order to assist the family of an infant/toddler with a disability to gain access to needed early intervention services and to educate families about their rights and procedural safeguards. Each infant/toddler with a disability and the child's family must be provided with a service coordinator who is responsible for coordinating and monitoring service provision and facilitating the development and ongoing review of the IFSP as well as facilitating the development of a Transition Plan prior to the toddler's third birthday (see [PARTICIPANTS IN IFSP MEETINGS & THEIR ROLES](#), AR#4410).

Sign Language and Cued Language Services 34 CFR §303.13(b)(12)

Sign language is a formal language employing a system of hand gestures for communication. Cued language is a visual communication system which relies on a

system of eight hand shapes (cues) that represent different sounds of speech. These cues are used while talking, to make the spoken language clear through vision. This system allows the child to distinguish sounds that look the same on the lips.

Sign language and cued language services includes auditory/oral language and transliteration services. These services also include formal training and direct support to families in learning sign or cued language so that they can provide accurate and consistent language stimulation during both structured and unstructured learning opportunities to provide immediate and early visual access to English to their infant/toddler. Additional services may include:

- Teaching sign language, cued language, and auditory/oral language
- Providing oral transliteration services (such as amplification)
- Providing sign and cued language interpretation

Services may be provided not only to the parents and other caregivers of Part C Program-Eligible infants and toddlers who are Deaf or hearing impaired but to eligible infants/toddlers with identified auditory- or language-related disorders (e.g., auditory neuropathy, autism, Downs syndrome, etc.) whose IFSP team has identified such services as necessary to meet that child's IFSP goals and objectives, participation goals, and developmental needs need in order to attain their maximum potential in language, speech and literacy.

Unit of service: A unit of service is a minimum of one hour.

Rate of Reimbursement: *Based on Medicaid rates*

Social Work Services

Social Work services evaluate the infant's or toddler's living conditions and patterns of parent/child interaction, conduct social or emotional developmental assessments of infants or toddlers within the family context, and coordinate community resources and services to enable the infant or toddler and the family to receive maximum benefit from First Connections services. Services do not include those activities which fall within the usual parameters of the function of the Service Coordinator (Targeted Case Management).

Social Work services may be necessary to determine eligibility or to assist in development and/or implementation of the Individualized Family Service Plan (IFSP). Social Work services are provided based on need as documented on the IFSP, and may include:

- Making home visits to evaluate an infant's/toddler's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the infant/toddler within the family context;
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant/toddler and parents;

- Working with those problems in an infant's/toddler's and family's living situation (home, community, and any center where First Connections services are provided) that affect the infant's/toddler's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the infant/toddler and family to receive maximum benefit from First Connections services.

Unit of service: A minimum of 1 hour per day. Less than 1 one hour of service cannot be billed.

Rate of Reimbursement: One hour per unit of service, with a guideline of twelve hours per year of all categories of consultation, combined. Prior Approval by the First Connections Prior Approval Committee is required. Documentation may include: 1) Therapist/teacher recommendations 2) case notes 3) Goals and Objectives to document need. The Prior Authorization Committee may request additional information.

Specialized Evaluations

Family support in the form of specialized evaluations includes specific evaluation procedures to assist in determining eligibility and developing and implementing the IFSP. These procedures must be necessary to appropriately provide needed services and are supplemental to the established services of developmental therapy, speech therapy, physical therapy or occupational therapy.

Specialized evaluation support may include payments to purchase specialized evaluation services for a Part C Program-Eligible infant/toddler. Specialized Evaluation services must be necessary for diagnostic purposes to assist the IFSP (Individualized Family Service Plan) team in developing/implementing an appropriate early learning plan for the child and the child's parents and caregivers. Specialized evaluation services are provided based on need as documented on the IFSP, and may include all necessary expenses associated with the required specialized evaluation such as fees, mileage, meals and lodging

Specific examples of specialized evaluations may include but are not limited to:

- Team evaluation to determine Autism
- Brain Stem Evoked Response
- Audiology Evaluation
- Genetic Evaluation
- Specialized Feeding Evaluation

Unit of service: A unit is the actual cost per occurrence to provide the needed service.

Rate of Reimbursement: Actual cost of the service per occurrence. A guideline of \$5,000 of all categories of family support combined, per year has been determined. Prior Approval by First Connections is required.

Speech-Language Pathology Services

Speech/Language Pathology services are those services for the identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills. Services are designed to address the functional needs of an infant or toddler and designed to improve the ability to communicate. They include:

- Diagnosis and appraisal of specific disorders and delays in those skills,
- Referral for medical or other professional services needed for habilitation, or rehabilitation
- Provision of services for habilitation or rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

These services must be indicated on the infant's/toddler's IFSP and recommended by the team as a result of an evaluation by an individual licensed by the Arkansas Board of Speech-Language Pathology and Audiology.

Unit of service: Individual –15 minutes

Group –15 minutes with a maximum of 4 persons per group.

Evaluation –30 minutes

Rate of Reimbursement: *Based on Medicaid rates*

Transportation and Related Costs

Transportation support involves coverage of cost of travel (mileage or travel by taxi, common carrier or other means) necessary to enable a Part C Program-Eligible or toddler and his/her family to receive and to participate in First Connections (Part C) services **not** reimbursable by Medicaid.

These services must be indicated on the Individualized Family Service Plan (IFSP) and must be expenses incurred over and above the family's normal expenditure (Travel to and from day care may not be reimbursed unless it is for the express purpose of participating in First Connections services). Costs include mileage for an individual/family if no other funding source is being used to provide transportation. Mileage cannot be paid if the infant/toddler is transported on a van/bus and Medicaid group reimbursement is being provided. A parent may not be reimbursed for travel if the parent is going to that location for another purpose, such as work.

Unit of service: A unit is one mile. Justification required on all transportation requests.

Rate of Reimbursement: *Medicaid transportation must be requested before First Connections funding.*

Vision Services

Visual services include evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays and abilities that affect early development. Vision services may be necessary to determine eligibility or to assist in development or implementation of the Individualized Family Service Plan (IFSP). Vision services are provided based on need as documented on the IFSP, and may include:

- Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders or both
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities

Unit of service: A minimum of one hour of service per day. Less than one hour of service cannot be billed.

Rate of Reimbursement: One hour per unit of service with a guideline of twelve hours per year of all categories of consultation combined. Prior Approval by First Connections is required. Submit team/therapist recommendation.

5300 INCLUSION OF OTHER SERVICES ON THE IFSP

The services identified and defined in AR# 5000 [EI SERVICE GUIDELINES](#) do not comprise an exhaustive list of the types of services that may constitute early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in AR#4610, [SERVICES TO SUPPORT THE IFSP](#) and AR #4620 [IDENTIFYING SERVICES TO REACH CHILD OUTCOMES](#).

6000 TRANSITION 34 CFR §303.209, §303.344

General

Early Intervention services for Part C Program-Eligible s/toddlers through First Connections ends when the toddler turns three years of age. Transition is discussed with families throughout their involvement in early intervention with the projected date of transition included on the initial IFSP. Every toddler with an active IFSP and his/her family is guaranteed Transition Planning and services to assist the toddler and family in a smooth exit from First Connections to:

- preschool special education services for toddlers eligible under Part B
or
- other appropriate services for toddlers with disabilities

Families are involved in the transition process and planning which may begin, at the discretion of all parties, as early as nine (9) months prior to the toddler's third birthday. The transition process must be completed not fewer than ninety (90) days prior to the toddler's third birthday and includes:

- LEA and SEA Notification for toddlers potentially eligible for Part B services (34 CFR §303.209(b))
- A Transition Plan incorporated within the IFSP for all toddlers (34 CFR §303.209(d)(2))
- A Transition Conference for all toddlers (34 CFR §303.209(c)(1))

6100 INTRA-AGENCY COOPERATION BETWEEN PART C AND PART B-619 WITHIN THE LEAD AGENCY (34 CFR §303.344)

Cooperation to ensure a timely and seamless transition for families and children exiting early intervention is outlined in an Intra-Agency Transition Agreement in [Attachment A](#).

The Intra-Agency Agreement establishes formal transition guidelines between Part C and Early Childhood Special Education (ECSE) under Part B-619. Use of these guidelines ensures communication across programs within the Lead Agency and establishes a foundation for effective cooperation. The primary goal is to benefit families and toddlers with disabilities by providing comprehensive and uninterrupted support and services to ensure a smooth transition for toddlers exiting birth to three early intervention through First Connections to other appropriate early learning services.

The Intra-Agency Agreement addresses collaboration to meet the requirements of this section, including any policies adopted by the Lead Agency under 34 CFR §303.401(d) which ensures that the parents of a toddler referred under Part C are afforded the right to confidentiality of personally identifiable information across programs, providers, and agencies.

The Intra-Agency Agreement addresses how other services on the IFSP will be provided as outlined in 34 CFR §303.344(e) in which the IFSP must contain other services to the extent appropriate which the toddler or family needs or is receiving through other sources but that are neither required or funded under Part C (e.g.: medical) or if the services are not being provided the steps the Service Coordinator or family may take to assist the infant or toddler and family in securing those other services.

The Intra-Agency Agreement also address assurances and requirements mandated in 34 CFR §303.101(b) which require the State to provide information and assurances to the Secretary, in accordance with subpart C which shall include information that demonstrates Arkansas meets the grant application requirements in 34 CFR §303.200 through §303.212 and assurances that the State also meets the requirements in 34 CFR §303.221 through §303.303.

6110 NOTIFICATION TO THE SEA AND LEA (34 CFR §303.209(B))

To meet the SEA and LEA notification requirement, First Connections must inform the SEA and LEA where the toddler resides if that toddler may be eligible for 3-5 services under Part B §303.401(d)(1).

First Connections considers all toddlers receiving early intervention on a current IFSP to be “potentially eligible” for Early Childhood Special Education (ECSE) services. First Connections will ensure that no fewer than 90 days before the third birthday of the toddler with a disability, the SEA and the LEA for the area in which the family and child reside receive written notification in accordance with 34 CFR §303.209(B).

When the LEA receives notification from First Connections that a toddler with a disability who has been receiving early intervention, the LEA must provide the family with ECSE Program Information and with the procedural safeguards notice under 34 CFR §300.504(a)(1).

For toddlers who may be eligible for ECSE services under Part B, timely LEA and SEA notification is critical to ensuring that the LEA where the toddler resides have adequate time to meet their respective Child Find and early childhood transition responsibilities under sections 34 CFR 612(a)(3), 612(a)(9), 612(a)(10)(A)(ii), and 614(d)(2)(B) of Part B of the Act and to develop and implement an initial IEP by the toddler’s third birthday as required by section 34 CFR 612(a)(9) of the Act and 34 CFR §§300.101(b), 300.124(b).

Arkansas does not have an “opt out” policy or option for families to opt out of LEA and SEA Notification. Notification to the SEA and to the LEA in the area in which the family and child reside is a limited disclosure of “directory information” consisting of:

- the toddler’s name
- the toddler’s date of birth
- parents’ names, address(es), telephone number(s)
- the name of the family’s service coordinator
- the family’s primary spoken language

6120 LATE REFERRALS TO FIRST CONNECTIONS (34 CFR §303.209)

- (A) If a toddler is referred to First Connections more ***than 45 days but less than 90 days*** before the toddler's third birthday, First Connections will conduct an initial evaluation, assessment and initial IFSP meeting. If the child is determined Part C Program Eligible, a Transition Plan is developed in the IFSP with the family, and as soon as possible after determining the toddler's Part C Program Eligibility, the SEA and the LEA for the area in which the toddler with a disability resides is provided written Notification.

In these cases, First Connections cannot develop a Transition Plan or conduct a Transition Conference within the required timeline (90 days prior to the 3rd birthday), though the acting service coordinator is expected to assist the family in planning for transition at the toddler's initial IFSP meeting (34 CFR §303.209(b)(1)(ii)).

- (B) If a toddler is referred to First Connections ***fewer than 45 days*** before the toddler's third birthday, First Connections will not conduct an initial evaluation to determine Part C Program Eligibility or develop the initial IFSP or provide early intervention services (34 CFR §303.209(b)(1)(iii)). First Connections, with parental consent required under 34 CFR §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides or other appropriate community services that meet parent-identified needs, goals, priorities, and interests.

6130 THE TRANSITION PLAN (34 CFR §303.344(H))

First Connections must ensure that there is a Transition Plan in the IFSP for all toddlers with disabilities. Families are to be actively involved in developing the Transition Plan as a member of the IFSP team. The meeting to develop the Transition Plan must meet the requirements of 34 CFR §§303.209(e), 303.342 and 303.343. Transition Plans in the IFSP must meet the following guidelines:

- A. A Transition Plan must be incorporated into the IFSP not fewer than 90 days, and at the discretion of all parties, not more than nine (9) months before the toddler's third birthday.
- B. The Transition Plan in the IFSP includes, consistent with 34 CFR §303.344(h), appropriate steps (activities) for the toddler with a disability and his/her family to exit from First Connections under Part C and any transition services or activities that the IFSP team identifies as needed by that toddler and his/her family. The plan also includes:
- Discussions with and training of parents regarding future placements and transition
 - Identification of transition services and activities that the IFSP team determines are necessary to support the toddler's transition
 - Specific steps that will be taken to prepare toddler for changes in service delivery and/or learning environment to help toddler adjust

- Confirmation of LEA and SEA Notification
- (if parent has provided consent) Confirmation that early intervention records have been transmitted to the LEA
- Options for the toddler for the period from the toddler's third birthday through the remainder of the school year 34 CFR §303.209(d)

C. The Transition Plan in the IFSP must have at least five (5) steps that include:

- At least one step or activity that supports the child's transition or change of learning environment, program, service system, etc.
- At least one step or activity that the parent or parent-identified caregiver will complete.

A meeting to develop the Transition Plan must meet the IFSP meeting requirements (see [MULTIDISCIPLINARY IFSP TEAM, AR #4400](#) and [ACCESSIBILITY AND CONVENIENCE OF MEETINGS, AR#4510](#)) (§§§303.209(e), 303.342(d-e) and 303.343(a)).

6140 THE TRANSITION CONFERENCE (34 CFR §303.209(C))

All toddlers with a disability receiving early intervention on a current IFSP are considered potentially eligible for Early Childhood Special Education (ECSE) services under Part B. Therefore, First Connections, with the approval of the family of the toddler, convenes a Transition Conference not fewer than 90 days, and at the discretion of all parties, not more than nine (9) months before the toddler's third birthday to discuss transition needs and any services the toddler may receive under Part B of the Act. If a family does not choose to refer their child to Part B services, the First Connections service coordinator must make every reasonable effort to convene a Transition Conference with the family and providers of other appropriate services to discuss options available for the child within the community.

The Transition Conference must meet the IFSP meeting requirements (see [MULTIDISCIPLINARY IFSP TEAM, AR #4400](#) and [ACCESSIBILITY AND CONVENIENCE OF MEETINGS, AR#4510](#)) (34 CFR §§§303.209(e), 303.342(d-e) and 303.343(a)). Required attendees at the Transition Conference include:

- Parent(s)
- Service Coordinator
- LEA Representative or representative of other preschool programs or services
- Early intervention service provider(s)

Non-required attendees at a Transition Conference:

- Other individuals as requested by the family if it is feasible to do so
- An advocate or person outside the family, if requested by the family

If one of the required attendees is unable to attend the Transition Conference, arrangements must be made for the person's involvement through other means such as a conference call, having a knowledgeable authorized representative attend, or making pertinent records and suggestions available at the meeting for the other team members to review and discuss.

Section 612(a)(9) of the Act and 34 CFR §300.124(c) of the Part B regulations require participation in the Transition Conference by the Early Childhood (EC) coordinator or other designated representative from the LEA in the area in which the family and toddler with a disability reside. The family's service coordinator sends the child's early intervention record at least twenty-one (21) calendar days in advance and sends Notice of Meeting to the LEA at least fourteen (14) calendar days in advance to allow participation in the Transition Conference.

See [ATTACHMENT A](#): Intra-Agency Agreement within the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education that supports transition between Part C and Part B-619.

6150 TRANSITION GUIDELINES: Transition from First Connections (Part C) to 3-5 Early Childhood Special Education Services (Part B-619)

TIME FRAME	OBJECTIVES	ACTIVITIES	PERSONS INVOLVED
Quarterly (January 1, April 1, July 1, October 1)	To notify the State Education Agency and local education agencies, that the toddler will turn 3 within a 6-9 month time period and is potentially eligible for preschool special education services.	Quarterly Notification sent to ADE Part B-619 Coordinator (SEA Notification) and LEA Notifications are sent to the Co-ops/Districts for toddlers enrolled in FC who turn 3 years of age during the next quarterly time frame and may be eligible for Early Childhood Special Education.	First Connections data manager. Part B-619 Coordinator. EC Special Education Representatives (Co-op/District)
27 to 30 months	The IFSP Team will develop the Transition Plan with the family around family priorities and goals.	The SC provides the family with the FC Transition guide at the IFSP meeting closest to the child's 2 nd birthday. The IFSP Team supports the family in identifying who to invite to their Transition Conference and obtains consent to share/release information for each. The IFSP Team supports the family in developing a plan with a minimum of 5 steps to support smooth transition for the child and family.	Service Coordinator EI Provider(s) Family Anyone the family wants to include Other non EI service providers (Home Visitors, childcare, Title V CSHCN program, etc.)
30 to 33 months	With the approval of the parent, the service coordinator	<i>EI Service Coordinator will:</i> <ul style="list-style-type: none"> Obtain consent to share/release information to 	Parents EI Service Coordinator

TIME FRAME	OBJECTIVES	ACTIVITIES	PERSONS INVOLVED
	will schedule the Transition Conference to include the IFSP Team and the local education agency at least 90 days (and at the discretion of all such parties, not more than 9 months) before the toddler's 3 rd birthday.	<p>the LEA and to any others the family wants to include in their Transition Conference (Head Start, HIPPI Home Visiting, etc.)</p> <ul style="list-style-type: none"> • Schedule the Transition Conference no later than 90 days prior to the child's 3rd birthday. • (with documented parent consent) send the EI record to the LEA at least 21 days prior to the Transition Conference. • Send meeting notice to all persons involved (14) days prior to the conference (Form FIRST CONNECTIONS-B). 	<p>EI Provider(s) EC Special Education Rep Anyone the family wants to include</p> <p>Other non EI service providers (Head Start, childcare, Title V CSHCN program, HIPPI Home Visiting, Family2Family or other parent advocate, etc.)</p>
<p>30-33 months</p> <p>no later than 90 days prior to the child's 3rd birthday</p>	Convene the Transition Conference	<p><i>El Service Coordinator will:</i></p> <ul style="list-style-type: none"> • Facilitate the Transition Conference • Discuss the toddler's progress during their participation in the EI Program and complete transition conference requirements. • Complete the Child Outcomes Summary Rating (may be done closer to 3rd birthday) if the toddler has received First Connections Services for at least 6 months. • Send Notice of Meeting Outcome to all participants after the meeting <p><i>The EC Coordinator or LEA Representative will:</i></p> <ul style="list-style-type: none"> • Provide the parent with a copy of their rights under Part B • Complete a Referral Form, unless previously completed • Explain Special Education Your Rights Under the IDEA and have parent sign Documentation of Parental Receipt of Rights • Explain evaluation purpose and process and eligibility for ECSE • Review existing data from EI, determine if additional data is needed to determine eligibility and complete the Existing 	<p>Parents EI Service Coordinator EI Provider(s) EC Special Education Rep Anyone the family wants to include</p> <p>Other non EI service providers (Head Start, childcare, Title V CSHCN program, HIPPI Home Visiting, Family2Family or other parent advocate, etc.)</p>

TIME FRAME	OBJECTIVES	ACTIVITIES	PERSONS INVOLVED
		<p>Data Review/Notice of Decision Form</p> <ul style="list-style-type: none"> • Have parent sign Informed Consent if additional data is needed • If no additional data is needed to determine program eligibility, complete the Evaluation/Programming Conference Decision Form/Notice of Decision and develop IEP /IPP (if appropriate) to be implemented on the toddler's 3rd birthday • Provide parents a copy of all due process forms • Ask parent if they would like the EI Service Coordinator in attendance at Evaluation / Programming Conference. • ECSE program has a maximum of 60 calendar days (from date on Notice of Meeting Outcome) to conduct additional required evaluation components. • Upon completion of the evaluation, the ECSE Program has 30 calendar days to hold an Evaluation /Programming Conference 	
36 months	Initiation of appropriate preschool special education services	The IEP must be implemented on the toddler's 3 rd birthday. Toddlers who turn 3 during the summer is not automatically entitled to ESY (special education services in summer). IEP committee must determine that the toddler needs extended year services to receive FAPE.	EC IEP Committee Team (which includes the family)

7000 PROCEDURAL SAFEGUARDS 34 CFR §303.400

GENERAL RESPONSIBILITY OF FIRST CONNECTIONS FOR ENSURING PROCEDURAL SAFEGUARDS (34 CFR §303.400)

Each early intervention professional and/or agency is responsible for the implementation of procedural safeguards that ensure the following:

1. Right to confidentiality of personally identifiable information, including the right of parents to written notice of and written consent to the exchange of such information among agencies
2. Opportunity to examine records relating to their infant/toddler and/or family: assessments, screenings, evaluations, eligibility determinations, IFSP, progress notes, etc.
3. Right of parent(s) to determine whether they, their infant/toddler, or other family members will accept or decline any early intervention service without jeopardizing receipt of other early intervention services
4. Written notice to the parents of the infant/toddler with a disability prior to initiating or changing or refusing to initiate or change the identification, evaluation, placement or services of their child
5. Procedures exist to ensure that notices are sent to parents to fully inform the parent in the parents' native language or other mode of communication, unless it is clearly not feasible to do so
6. Procedures are in place to appoint a qualified surrogate to protect the rights of infants/toddlers whenever the parents of the child cannot be found or the infant/toddler is a ward of the State
7. Timely administrative resolution of complaints, including parent's right to mediation and/or a due process hearing to settle disputes

7010 DEFINITIONS OF CONSENT, NATIVE LANGUAGE, AND PERSONALLY IDENTIFIABLE INFORMATION (34 CFR §303.25)

1. Consent

Consent means "informed consent," the parent's demonstrating formal, written approval of an activity after having been fully informed in advance and in their primary mode of communication or language otherwise understandable and in a manner that answers their questions sufficiently. Consent means that:

- Parent(s) have been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication

- The parent(s) must understand and agree in writing to the carrying out of the activity for which consent is sought; the consent describes the activity and lists the records (if any) that will be released and to whom
- The parent understands that granting consent is voluntary on their part and may be withdrawn at any time
- Parental consent is not required prior to disclosing personally identifiable information to the Division of Children and Family Services.

2. Native Language

Native language refers to the language used by a person of limited English proficiency. 34 CFR §303.25 and §303.321 provide that all evaluations and assessments of an infant or toddler be conducted in the native language of the infant or toddler (which may or may not be the native language of the parent(s)), if determined developmentally appropriate by qualified personnel conducting those evaluations and assessments.

3. Personally Identifiable Information 34 CFR §303.29, §303.402, §303.415

Personally identifiable information is any information, written or otherwise that would list or describe personal characteristics or other information that would make the infant's/toddler's (or parent's) identity easily traceable. Personally Identifiable Information is Information that includes:

- The name of the infant/toddler, the infant's/toddler's parent, or other family member
- The address of the infant or toddler
- A personal identifier, such as the infant's/toddler's or parent's social security number
- A list of personal characteristics or other information that would make it possible to identify the infant or toddler with reasonable certainty
- Photographic images

Before personally identifiable information is used for any purpose other than meeting a Part C requirement and before it may be disclosed, parental consent must be obtained (34 CFR §303.7, §303.414, §303.420).

7100 CONFIDENTIALITY OF INFORMATION (34 CFR §303.460)

Arkansas ensures that personally identifiable information (records) collected, used, or maintained on infants and toddlers eligible for Part C, will remain confidential. Parents will be notified of their rights and those of their infant or toddler, regarding confidentiality of information (records) including the rights of parents and infants/toddlers under the Family Educational Rights and Privacy Act of 1974 and implementing regulations in 34 CFR Part 99.

To protect personally identifiable information, records are safeguarded at the collection, maintenance, use, storage, disclosure, and destruction stages as per 34 CFR §303.415(a).

Personally identifiable information (record) is maintained on those infants or toddlers who are eligible for early intervention services, and for those infants/toddlers who have been determined ineligible for First Connections through an evaluation/IFSP process. The types of information maintained (record) are the infant's/toddler's name, date of birth, social security number, parent's name, address, and phone number, the infant's/toddler's current health status and medical history. The personally identifiable information (records) will be gathered from the referral source (with parent's consent) and/or from the parent. The information (record) will be used to determine the infant's/toddler's initial and continuing eligibility for early intervention services under this part. Information is maintained through a paper process as well as a computerized database.

Personally identifiable information will not be released without prior parental notice and parental consent. Under some circumstances the release of information is allowed due to applicable exceptions in State and Federal Law.

All participating agencies must store all personally identifiable information (records) in files which lock. These files must be locked during all non-work hours. Records will be released to a third party, only after written notice to parents and written consent is obtained. Before any major identification, location, or evaluation activity, the Lead Agency will publish a notice in the newspaper with the largest statewide circulation, informing the public of the proposed activity.

7110 SAFEGUARDING DOCUMENTS/RECORDS (34 CFR §303.412)

Each participating agency will protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages so that:

- (a) One official at each participating agency shall assume the responsibility for ensuring the confidentiality of any personally identifiable information.
- (b) All persons collecting or using personally identifiable information will receive training or instruction regarding Arkansas' policies and procedures
- (c) Each participating agency will maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

7120 OPPORTUNITY TO EXAMINE RECORDS (34 CFR §303.405)

The parents of an infant or toddler eligible for Part C, must be afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the infant or toddler, and any other area under Part C involving records about the infant or toddler and the infant's/toddler's family (34 CFR §300.560 through §300.576).

The agency/service provider must presume that parents have the authority to inspect and review records relating to their infant or toddler unless the agency has been advised that they do not have the authority under State law.

The agency/service provider must permit parents to inspect and review records related to their infant or toddler. The agency must comply with a request:

- (1) Without unnecessary delay (within 10 calendar days of parent request - 34 CFR §303.405(a))
- (2) Prior to holding an IFSP meeting or hearing

A parent's right to inspect and review records also includes:

- (3) The right to an explanation and interpretation of the records
- (4) The rights to have their representative inspect/review the records 34 CFR §303.406
- (5) The right to request copies of the records and information, if failure to obtain copies would effectively prevent parents from having the right to inspect and review those records
- (6) The right to request a list of the types and locations of records related to their infant/toddler that the agency collects, maintains, or uses 34 CFR §303.410(a)
- (7) The right to request an amendment to a record (34 CFR §303.410)

7130 AMENDMENTS TO RECORDS (34 CFR §303.410)

If a parent believes that information in his/her infant's/toddler's records is inaccurate, misleading or violates the privacy or other rights of their infant or toddler, the parent has the right to:

- Request the agency/service provider amend the information
- Request a decision from the agency/service provider within a reasonable time of receipt of the request

If the agency/service provider decides to refuse the amendment request, the parent must be advised (in writing) of their right to a hearing to challenge information in their child's early intervention record 34 CFR §303.411 (*see COMPLAINT RESOLUTION/DUE PROCESS, AR#7500*).

7140 FEES ASSOCIATED WITH RECORDS (34 CFR §303.409)

The parent must receive a copy of each evaluation, assessment, IFSP, or any other documentation used in the IFSP meeting to determine initial and/or ongoing eligibility and appropriate services after the IFSP meeting or as soon after the meeting as possible. For additional copies, an agency may charge a fee for copies of records made for a parent unless the fee would effectively prevent the parent from exercising their right to inspect and review those records. The agency may not charge a fee to search for or to retrieve information.

7150 RECORD OF ACCESS (34 CFR §303.406)

Each agency must keep a record of parties obtaining access to early intervention records (except access by a parent or authorized agency personnel). The record must include:

- (1) Name of party and position requesting access
- (2) Date of access
- (3) Purpose of access

7160 RECORDS ON MULTIPLE CHILDREN (34 CFR §303.407)

Parents have the right to know that when a record includes information on more than one infant or toddler, a parent will have access to only the information relating to their own infant or toddler.

7170 DESTRUCTION OF INFORMATION (34 CFR §303.416)

Each agency/service provider must inform the parent when personally identifiable information is no longer needed. A permanent record of each infant's/toddler's name, address, and phone number will be maintained on the electronic data base.

Records will be retained for five (5) years for each infant or toddler. The agency will attempt via US Mail to notify each parent whose infant's/toddler's records are to be destroyed. Additionally, a notice will be placed in the newspaper with the largest statewide circulation to inform the public that First Connections records for a specific fiscal year will be destroyed. The date of destruction and contact person will be included in the notice. The Lead Agency will give notice that is adequate to fully inform parents about the requirements including:

- (1) Notice will be provided in the native language of the various populations representative of Arkansas. Currently the state has public awareness information in English, Spanish, Vietnamese, Chinese, and Laotian.
- (2) A description of the infants/toddlers on whom personally identifiable information (records) is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information.

7200 PARENTS RIGHT TO DECLINE SERVICE/SERVICES (34 CFR §303.420)

The parents of a Part C Program-Eligible or toddler may determine whether they, their infant or toddler, or other family members will accept or decline any early intervention services in accordance with state law and may decline a service after first accepting it, without jeopardizing other early intervention services.

7300 PRIOR NOTICE- NATIVE LANGUAGE (34 CFR §303.421)

Parents have the right to be notified in writing before a public agency or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of an infant or toddler or provide appropriate early intervention services to an infant or toddler and the infant's/toddler's family.

Content of Notice:

This written notice must inform the parent of:

- (1) The action that is being proposed or refused
- (2) The reasons for taking the action
- (3) All of their rights under the law
- (4) The complaint procedures as established by the state, including a description of how to file a complaint and the timelines under those procedures

The notice must be—

- Provided in a reasonable time (no fewer than seven days prior to the proposed meeting, action, refusal, etc.)
- Written in language understandable to the general public
- Provided in the parent's native language, unless it is clearly not feasible to do so
(see *DEFINITIONS OF CONSENT, NATIVE LANGUAGE, AND PERSONALLY IDENTIFIABLE INFORMATION, AR #7010*)

If a parent has a visual or hearing impairment, or has no written language, the mode of communication must be that normally used by the parent, such as sign language, Braille or oral communication. If the parent is limited-English proficient and/or the native language or mode of communication is not a written language, the public agency or designated service provider shall take steps to ensure that:

- The notice is translated orally or by other means to the parent in their native language or other means of communication
- Parents understand the notice
- There is written evidence that these requirements have been met (signed by the parent)

7310 PARENT CONSENT (34 CFR §303.404)

Written parental consent must be obtained before:

- Conducting the initial evaluation and assessment of an infant or toddler
- Initiating the provision of early intervention services
- Changing, adding, or dropping any early intervention service/s

NOTE: For policy on electronic signatures, see INFORMED CONSENT, AR#4520. For a listing of individuals qualified to serve in the place of a parent who is unable to make early intervention service

decisions for the infant/toddler, see [REFERRAL / FAMILY ENGAGEMENT PROCEDURES](#), AR#2000.

If consent is not given, the public agency shall make reasonable efforts to ensure that the parent:

- Is fully aware of the nature of the evaluation and assessment of the services that would be available if consent were given
- Understands that the infant or toddler will not be able to receive the evaluation/assessment or services unless consent is given.

Since participation of infants and toddlers with disabilities and their families in the Part C program is voluntary, a parent may refuse an initial evaluation or assessment without the Lead Agency being able to use the due process hearing procedures to challenge the parent's refusal (34 CFR §303.420(c)).

7400 EDUCATIONAL SURROGATE (34 CFR §303.422)

For every child referred for an evaluation or enrolled in First Connections, there must be someone who can act on that infant's/toddler's behalf as a **parent** as defined under Part C of the IDEA:

- A natural, adoptive, or foster parent
- A guardian (but not the State if the child is a ward of the State)
- A relative (biological or non) or other individual acting in the place of a parent with whom the infant/toddler lives
- An individual legally responsible for the child's welfare

For an infant/toddler involved in DCFS (Division of Child and Family Services) substantiated case of abuse/neglect, see #2800 [REFERRAL FROM DEPARTMENT OF CHILD AND FAMILY SERVICES \(DCFS\)](#).

An infant or toddler is determined to require an Educational Surrogate to ensure his/her rights are protected when:

- No parent can be identified, and no individual meets the criteria (above) to serve in the place of the parent
- The agency, after reasonable efforts, cannot discover the whereabouts of a parent
- The infant or toddler is a ward of the state (which includes a foster child who does not have a foster parent meeting the definition of a *parent*)
- The child is an unaccompanied homeless youth as defined in section 725(6) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a (6))

If First Connections (working in collaboration with other agencies involved with the infant/toddler) determines that the infant/toddler needs an Educational Surrogate, the Lead Agency must make every reasonable effort to appoint a qualified Educational Surrogate for the infant or toddler within thirty (30) days of the determination.

Criteria for Selecting an Educational Surrogate

To best meet the needs of the infant/toddler determined to require an Educational Surrogate, the Lead Agency consults with the public agency with whom care of the child has been assigned (34 CFR §303.422 (b)(2)). The Lead Agency may also independently locate and select a Part C certified Educational Surrogate from the community in which the infant or toddler resides or may contact the local LEA, which maintains a list of surrogates.

In the case of an infant or toddler who is a ward of the State, the Educational Surrogate, instead of being appointed by the Lead Agency may be appointed by the judge overseeing the infant or toddler's case provided that the Educational Surrogate meets the requirements of 34 CFR §303.422(c).

In selecting an Educational Surrogate the agency shall ensure that the person selected:

- Has no interest that conflicts with the interests of the infant or toddler
- Is not an employee of the Lead Agency, the SEA or LEA or any other public agency involved in providing EI services, education, or care to the infant/toddler or his/her family
- Has received training in the duties and knowledge required to be an Educational Surrogate
- Has the knowledge and skills to represent the infant or toddler, including knowledge of IFSP development and the provisions of Part C early intervention
- (When feasible) Is of a similar cultural background and familiar with the infant's/toddler's disability and developmental needs

NOTE: A person who qualifies to be an Educational Surrogate under the above guidelines is not considered an employee of the public agency simply because he or she may be paid by that agency to serve as an Educational Surrogate.

The appointed Educational Surrogate serves as an infant's/toddler's advocate for early intervention decisions affecting the child. Early intervention decisions include identification, evaluation, placement, development and periodic reviews of the Individualized Family Service Plan (IFSP) and due process procedures. An Educational Surrogate has access to all early intervention records and represents the infant or toddler in all matters relating to:

- The evaluation and assessment of the infant or toddler
- The development and implementation of the infant's/toddler's IFSP, including periodic reviews
- The ongoing provision of early intervention services to the infant or toddler
- Transition Planning and the provision of FAPE to the infant/toddler (see AR#6000, [TRANSITION](#); Attachment A)

- Any other rights established under state and federal laws/regulations

If an infant or toddler has an Educational Surrogate, the service coordinator must notify this parent if the infant/toddler is screened and not suspected of having a disability (34 CFR §303.421) as well as notify the DCFS family service worker.

7500 DISPUTE RESOLUTION PROCEDURES

The University of Arkansas for Medical Sciences and the Departments of Education, Health, and Human Services agree to a dispute resolution process, which will ensure the timely resolution of intra- and interagency disputes related to planning and implementing services for infants and toddlers with developmental disabilities and their families. The Lead Agency agrees to pay for all expenses incurred in the mediation portion of the process.

The dispute resolution process is outlined as follows:

1. Each agency is encouraged to resolve disputes in the timeliest way possible and with those processes routinely used to resolve disputes. If that is not successful, then:
 - Either party to the dispute may request that the Lead Agency secure the services of unbiased, professional mediation services to assist in the resolution process.
 - Each agency will designate the responsible official authorized to request mediation. If mediation is not successful, or if any party is unwilling to participate in mediation, then;
 - The mediation will provide a statement of facts acceptable to both parties in the dispute, the facts in question, and issues resolved as well as issues in dispute.
2. During the pendency of a dispute, the Lead Agency shall assign financial responsibility to an agency, subject to the provisions of this section, or pay for the service, in accordance with the “payor of last resort” provisions.
3. The Lead Agency also assumes responsibility to:
 - Reassign agency financial responsibility if the Lead Agency determines that the original assignment of financial responsibility was inappropriately made
 - Make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility
4. In the event that either party is not satisfied with the decision of the arbitrator, the Lead Agency will initiate the review process, which will include:
 - Referring the dispute to the ICC
 - Implementing the procedures to ensure that early intervention is provided to the families of Part C Program-Eligible infants/toddlers within State and Federal timelines, pending resolution of the dispute

5. The Department of Finance and Administration agrees to be the final arbitrator in matters of dispute between agencies if mediation has not been successful in resolving the dispute.

7510 PARENTS' RIGHTS IN ADMINISTRATIVE PROCEEDINGS (34 CFR §303.422)

The Lead Agency will ensure that any due process action or hearing conducted will be conducted according to the FERPA regulations to ensure that parent's rights are afforded as specified in Part C of IDEA and 34 CFR 99.22. If parents are involved in a complaint procedure they have the right to:

- Be accompanied and advised by an attorney retained at the parents' expense
- Be accompanied by an advocate and/or by individuals with special knowledge or training with respect to early intervention services for their infant or toddler
- Participate in the complaint resolution process at a time and place that is reasonably convenient for parents
- Receive notice of the date, time, and place of any meetings/hearings reasonably in advance
- Present evidence and call, confront, and cross-examine witnesses
- Prohibit the introduction of any evidence that has not been given to them at least five (5) days before the proceeding
- Obtain an exact written or electronic record of the proceeding
- Obtain written findings of facts and decisions

The impartial proceeding described above must be completed and a written decision mailed to each of the parties no later than thirty (30) days after the receipt of a complaint (34 CFR §303.437).

7520 MINIMUM STATE COMPLAINT PROCEDURES

The Lead Agency includes in its complaint procedures a requirement that resolution must occur within sixty (60) days of receipt of complaint. The Lead Agency will:

- (1) Carry out an independent on-site investigation, if the Lead Agency determines that such an investigation is necessary
- (2) Give the complainant the opportunity to submit additional information, either orally or in writing about the allegations in the complaint
- (3) Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C of IDEA
- (4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains:
 - Findings of fact and conclusions
 - The reasons for the Lead Agency's final decision

- (5) Include procedures for effective implementation of the Lead Agency's final decision, if needed, including:
 - Technical assistance activities for noncompliant EIS provider/agency
 - Negotiations
 - Corrective actions for EIS provider/agency to achieve compliance

The Lead Agency's complaint resolution procedures also permit the due process hearing officer to grant specific extensions of time:

- At the request of either party (34 CFR §303.437(c))
- Exceptional circumstances exist with respect to either party (unavailability of witnesses, exceptional child/family circumstances, and pending evaluations and assessments) (34 CFR §303.437(b))

If a written complaint received is also the subject of a due process hearing under 34 CFR §303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in this section:

- (1) A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the Lead Agency
- (2) If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties:
 - The hearing decision is binding
 - The Lead Agency must inform the complainant to that effect

7530 APPOINTMENT OF AN IMPARTIAL PERSON (34 CFR §303.421)

An impartial person must be appointed to implement the complaint process. The *impartial person* appointed as due process hearing officer is an individual who:

- Is not an employee of First Connections or any agency or program involved in the provision of early intervention services or care of the infant or toddler
- Does not have a personal or professional interest that would conflict with his or her objectivity in this process
- Would not be considered an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process

This person will:

- Have knowledge of the provisions of Part C, and have knowledge about the needs of and services available for Part C Program-Eligible s/toddlers and their families

- Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint
- Provide to parents a record of the proceedings, including a written decision

7600 LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS (34 CFR §303.432)

In compliance with 34 Code of Federal Regulations (CFR) §303.433, the Lead Agency has adopted written procedures for the management of complaints, including a complaint filed by an organization or individual from another state alleging that any public agency or private provider is violating a requirement of Part C of the Individuals with Disabilities Education Act (IDEA).

The complaint procedures for the State of Arkansas are provided to each participant in the First Connections program as a part of the Individual/Parent/Guardian Rights. These rights are provided to participants and their families when a referral is received and the "face-to-face" contact is made. A parent of a Part C Program-Eligible or toddler must be provided written procedures for timely resolution of complaints concerning the identification, evaluation, or placement of their infant or toddler or the provision of early intervention services.

Complaint procedures are also provided to interested parties including parent training and information centers, independent living centers, and advocacy groups as a part of public awareness, and are included in literature distributed to the public at large.

Each agency/service provider is responsible for the implementation of procedural safeguards. Should the Lead Agency determine a failure to provide appropriate services the Lead Agency will:

- Remediate the denial of those services including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the infant or toddler and the infant's/toddler's family
- Implement a corrective action plan to ensure appropriate future provision of services for all infants and toddlers with disabilities and their families

Filing a Complaint

I. Form

An organization or individual may file a written complaint with First Connections, or the complaint may be made in person by recorded deposition or statement. Such complaint may be communicated directly or indirectly via other state or federal agencies. (see [Attachment B](#) for the Form).

II. Content

The complaint must include:

- A statement that the state has violated a requirement of Part C of IDEA
- The facts on which the complaint is based

III. Timelines

The alleged violation must have occurred not more than one year before the date that the complaint is received by the agency unless a longer period is reasonable, because the alleged violation continues for that infant or toddler or other infants/toddlers, or the complainant is requesting reimbursement or corrective action that occurred not more than three years before the date on which the complaint was received.

Processing a Complaint

I. Preliminary Lead Agency Actions

Complaints received consistent with the scope of this policy shall be referred to the Part C Coordinator for subsequent investigation and resolution within sixty (60) calendar days after receipt of the complaint, except that an extension of the time limit may be granted if it is determined by the Assistant Director that exceptional circumstances exist with respect to a particular complaint.

Within ten (10) working days of receipt of a complaint, the Assistant Director shall have arranged for a team to conduct an investigation of the allegations. The complainant and party under investigation shall be notified in writing of the team assigned and general investigation process.

II. Team Composition and Charge

The team shall include no fewer than two (2) or more than five (5) persons and shall include the staff administrator as the team leader. Other persons on the investigation team must include personnel from any other Lead Agency Division or unit, or any other person whom the Part C Coordinator deems necessary to expedite the investigation and resolve the issue (s) of complaint. The team shall be charged with making a full investigation of the alleged violations.

III. Team Expenses

The costs of travel and other reasonable expenses accrued by team members in the course of the investigation shall be reimbursed in accordance with the established rates for state employees.

Conducting the Investigation

I. Time Limit

The investigation shall be completed on a written report issued of the findings, decision, and any corrective actions within sixty (60) calendar days of receipt of the complaint. Should an extension of time be necessary, the parties to the investigation shall be notified in writing of that fact with a projected date of issuance of a report.

II. Fact-Finding Activities

Fact-Finding activities may include the on- or off-site review of relevant records and documents, interviews with individuals and review of facilities and programs.

A. On-Site Investigation

In conducting the investigation, the team will determine if an independent on-site investigation is necessary to the fact-finding process. Criteria to be considered in reaching this decision will include:

- The need for direct observation of practice
- The need to examine written records and documents only available on site
- The need to directly view physical facilities and/or conditions associated with the program
- The need to facilitate interviews with persons considered critical to the investigation of the issues

B. Interviews

A minimum of two (2) team members shall be present in each interview. Sufficient notes shall be made or machine recorded to accurately reflect the substance of the interview. The record will be considered a part of the data collected during the fact-finding process.

Interviews shall be conducted with any persons whom the team determines may be able to provide information to expedite the investigation and/or resolve the issue(s) of the complaint. Such individuals may include, but are not limited to, the complainant, agency administrative personnel, agency staff and board members.

C. Additional Information

The complainant will be given an opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.

III. The Report

A. Content

At the close of the investigation, all relevant information will be reviewed and a determination made as to whether the public agency is violating a federal requirement. A report shall be prepared by the team leader, in cooperation with the other members. The report shall include:

- The substance of the allegations in the complaint and the name of the individual, group or agency making the complaint
- The activities conducted by the investigating team
- A summary of the findings of fact and conclusions
- The reason for the final decision
- A statement of actions, corrective or otherwise in nature (such as technical assistance or negotiations) to be taken to resolve the allegation(s) in the complaint. (If no action is deemed necessary, the parent should also be notified.)
- The party responsible for implementing each corrective action and a reasonable time frame for the correction

B. Dissemination of Results

A copy of the written report and decision shall be forwarded to the complainant and party investigated within sixty (60) calendar days of receipt of the complaint by the Lead Agency or by the terms of extension of the time limit if one was granted. A copy will be placed on file in the record maintained by the agency.

7610 AN ORGANIZATION OR INDIVIDUAL MAY FILE A COMPLAINT (34 CFR §303.432-434)

A parent or individual may file a written, signed complaint with the Department of Human Services, or the complaint may be made in person by recorded deposition or statement. Such complaint may be communicated directly or indirectly via other state or federal agencies. The complaint must include:

- Statement specifying that a requirement provided under state or federal laws or regulations applicable to early intervention services has been violated
- Facts upon which the statement is based

The alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because:

- The alleged violation continues for that infant or toddler or other infants/toddlers
- The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency

7620 Facilitated IFSP Meeting or Mediation (34 CFR §303.431)

General: Since an infant or toddler's development is so rapid that undue delay could be potentially harmful, speedy resolution of complaints is very important. In an effort to speed up this process, the state may, with parental agreement, offer facilitated IFSP meeting or impartial mediation through a third party as an intervening step prior to implementing the above procedures.

FIFSP or mediation can be requested as first options for resolution or during a complaint or due process hearing process when and/or if the parent believes that intervention might be more appropriate. The Early Intervention Mediation Program is designed for families of infants/toddlers with disabilities up to age three. A trained facilitator (in FIFSP) or mediator (in mediation) works to help parents, providers, and service coordinators talk about the infant's/toddler's needs in a meeting place that is nearby, convenient, and comfortable for both parties. Trained and licensed Facilitators and Mediators use effective problem-solving focused on the needs of the infant/toddler to guide all involved to a speedy, mutually agreeable resolution. Both processes seek to foster and maintain productive partnerships between parents, providers, and service coordinators.

- Parents cannot be required to use either facilitation or mediation
- Facilitation or mediation may not be used to deny or delay a parent's due process rights
- FIFSP and mediation is provided at no cost to families
- The appointed mediator must be an impartial person as defined under AR#7530) and cannot be an agent or employee of the Lead Agency or an individual or agency providing early intervention services.

EI providers are required to provide families with information about all available options for dispute resolution and to provide families with contact information for FIFSP and/or Mediation.

Bowen School of Law
Early Intervention Mediation Program
(501) 324-9939 or toll free (866) 273-3959
<http://ualr.edu/law/clinical-programs/mediation/early-intervention-mediation-faq/>.

The Lead Agency has elected to utilize the mediation system and due process hearing procedures established under Part B of IDEA. The Lead Agency will ensure that the mediation process:

- Is voluntary on the part of the parties
- Is not used to deny or delay a parent's right to a due process hearing, or to deny any other right afforded under Part C
- Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques

The state will bear the cost of the mediation process, including the costs of meetings for the purpose of mediation.

- (1) Each session in the mediation process will be scheduled in a timely manner and will be held in a location that is convenient to the parties of the dispute.
- (2) In the case that a resolution is reached to resolve the complaint through the mediation process, the parties shall execute a legally binding agreement that sets forth such resolution and that---
 - All discussions that occurred during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding
 - Is signed by both the parent and a representative of the agency who has the authority to bind such agency
 - Is enforceable in any State court of competent jurisdiction or in a district court of the United States.

Meeting to Encourage Mediation

When mediation is refused by the parent, the State will have a member of the Mediation Team call the parent to explain the benefits of mediation and encourage the parents to use the process. If the mediation is then refused by the parent, the refusal will be documented.

7630 CIVIL ACTION (34 CFR §303.448)

Any party who disagrees with the findings and decision regarding a complaint has the right to bring a civil action suit in State or Federal court.

7640 DUE PROCESS HEARING PROCEDURES (34 CFR §303.419)

Parents must be provided with written procedures for the timely resolution of complaints concerning the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to their infant or toddler and family. Any parent may request a hearing to resolve a complaint regarding the parent's disagreement with the

IFSP team decision or the Lead Agency's decision regarding evaluation, eligibility, and placement or programming issues. Generally, a request for a hearing involves a specific infant or toddler under the age of three who has a developmental disability or delay and the infant's/toddler's family.

Any party seeking state level action on a disagreement falling into the categories noted above may file a request for a due process hearing by filing a Due Process Hearing Request form. This form may be obtained from:

First Connections Program Manager
phone number 501-682-8160

Or, the form may be obtained online from the Arkansas Department of Education's Special Education Web site: <https://arksped.k12.ar.us/sections/disputeresolution.html>

A letter of request is accepted by the First Connections Program Manager in lieu of a Due Process Hearing Request Form if all the pertinent information is submitted and the letter is signed by the requestor. Pertinent information which must be incorporated into the letter includes:

- Name of the infant/toddler
- Date
- Indication of whether or not the parent wishes to participate in mediation
- Indication of whether the parent desires an open or closed hearing
- Description of the nature of the problem
- Proposed resolution of the problem
- Parent name and signature
- Parent contact information (address, phone)

7650 AMENDING DUE PROCESS COMPLAINT (34 CFR §303.411(d)(3)(i))

Given the possibility that parents may not fully understand due process procedures, the due process hearing officer must allow parties to amend their due process complaint notice without having to file a new complaint and begin the process again. The hearing office may allow modification of a due process complaint:

- So long as the amendment does not prejudice the other party
- If the other party consents in writing to the amendment and is given the opportunity to resolve the due process complaint through a meeting
- At any time not later than five days before the due process hearing begins
- By allowing the parent to withdraw the complaint, and re-file

7660 OPPORTUNITY FOR A HEARING (34 CFR §303.411)

The Lead Agency will, on request, provide an opportunity for a hearing to challenge information in First Connections records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the infant or toddler.

7670 RESULTS OF HEARING (34 CFR §300.412)

If, as a result of the hearing, the agency/service provider determines that the information is inaccurate, misleading, or violates the privacy or other rights of an infant or toddler, the agency/service provider shall amend the information accordingly, and inform the parent in writing.

If, as a result of the hearing, the information under dispute is accurate, then the parent shall have the right to place a written statement in the records commenting on the disputed information or setting forth any reasons for disagreeing with the decision of the agency. The parent's statement must be kept in the record as long as the record is maintained. However, the contested information remains official. If the contested portion of the record is disclosed to any party, the parent's comments must also be disclosed.

7680 STATUS OF INFANT OR TODDLER DURING PROCEEDINGS (34 CFR §303.430)

While any complaint is being considered, an infant or toddler must continue to receive the appropriate early intervention services currently being provided, unless the public agency and the parent agree otherwise. If the complaint involves an application for initial services, the infant or toddler must receive those services that are not in dispute.

7690 TIMELY DELIVERY OF SERVICES DURING DISPUTE (34 CFR §303.525)

The Lead Agency will ensure that services continue to be provided or implemented during the dispute resolution process. This will be assured through use of an interim payment for services system.

7700 ENFORCEMENT (34 CFR §303.417)

The Lead Agency has in effect policies and procedures, including sanctions and the right to file a complaint under §§303.432 through 303.434, that the State uses to ensure that its policies and procedures and the requirements of the Act are met. The Lead Agency will ensure that participating agencies adhere to the requirements through completion of an established monitoring process. Should an agency be determined to be in violation of any part, a compliance action plan will be developed and implemented with an established time frame for completion. If the participating agency fails to implement the technical assistance plan, the agency will be:

- Placed on certification probation for a specified time period to allow the agency an opportunity to come in to compliance
- Be subject to financial sanctions
- Be de-certified to provide First Connections services

8000 ARKANSAS SYSTEM OF PAYMENTS/ FINANCIAL MATTERS 34 CFR §303.501; §303.510-.521

General

First Connections ensures written policies and procedures meet the requirements of the provisions of permissive usage of funds in 34 CFR §303.501 and the payor of last resort provisions in 34 CFR §303.510 through §303.521 (regarding the identification and coordination of funding resources for, and the provision of, early intervention services under Part C of the Act).

8100 IDENTIFICATION & COORDINATION OF RESOURCES (34 CFR §303.120(2)(b))

Early intervention services provided to Part C Program-Eligible s and toddlers and their families are financed through multiple funding sources. The Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education is responsible for the identification and coordination of all available resources for First Connections services within the State, including those from Federal, State, local, and private sources. The Lead Agency is also responsible for updating the information on the funding sources, if legislation or policy is made under any of those sources.

Funding sources for First Connections' statewide system of early intervention must maximize public and private dollars. The Lead Agency may use Part C or other funds to pay for deductibles or co-payments related to evaluation, assessment and early intervention services. Other funding sources for early intervention may include:

- (1) IV E. IV B of Social Services Block Grant,
- (2) All titles under Mental Health,
- (3) Title V of the Social Security Act (relating to Maternal and Child Health Block Grant),
- (4) Title XIX of the Social Security Act (relating to the general Medicaid programs and EPSDT),
- (5) The Head Start Act,
- (6) Part B and C of the IDEA, and
- (7) The Developmental Disabilities Assistance and Bill of Rights Act and other Federal programs.
- (8) Private Insurance

Consistent with 34 CFR §§303.120 through 303.122 and §§303.220 through 303.226, 303.521(a)(6) First Connections may use funds under this part for activities or expenses that are reasonable and necessary for implementing Arkansas' early intervention program for infants and toddlers with disabilities including, but not limited to, funds:

- For evaluation/assessment infants and toddlers with disabilities that are not otherwise funded through other public or private sources (subject to 34 CFR §§303.510 through 303.521); and

- For direct early intervention services for infants and toddlers with disabilities and their families under this part that are not otherwise funded through other public or private sources (subject to 34 CFR §§303.510 through 303.521); and
- To expand and improve services for infants and toddlers with disabilities and their families under this part that are otherwise available.

First Connections policies ensure that appropriate early intervention services are provided to all eligible children and families at no cost to the family and will not charge more than the actual cost of services. First Connections does not make use of sliding fee scales or determinations of ability/inability to pay. Families will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance. Families will not be denied services and services will not be delayed based on a lack of consent and/or an inability to pay. Fees will not be imposed for non-disclosure of financial information.

Families are not charged for early intervention functions or services required to be provided at public expense by federal or state regulation. The functions and services that must be provided at public expense are:

- Child Find including Public Awareness and Referral;
- Evaluations and Assessments;
- Development, review and evaluation of an Individualized Family Service Plan or an Interim Individualized Family Service Plan;
- Service Coordination;
- Administrative and coordinative activities Related to Procedural Safeguards

Part C funds are used for payment when there are no other available Federal, State, local or private resources. Private insurance and public insurance (Medicaid), with parental consent, are utilized for Part C Program-Eligible s and toddlers prior to the utilization of Part C funds. Parents are responsible for the premiums for their public and private insurance plans. First Connections does not impose deductibles or co-payments when either private or public insurance is used to pay for First Connections services determined necessary to reach child-participation goals on a current Individualized Family Service Plan (IFSP). The Lead Agency may use Part C or other funds to pay for deductibles or co-payments related to early intervention services 34 CFR §303.521(a)(6). Pursuant to 34 CFR §303.510, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by private insurance, public insurance (Medicaid), or other funding may be funded using Part C federal grant funds. Appropriate and reasonable services (as determined by the IFSP) are provided at no cost to families, including not having to pay co-payments or deductibles. In the event the family is charged a deductible or co-pay, the family can contact their service coordinator or EI Provider for reimbursement.

Families are part of the IFSP team who determines what First Connections services are needed to address the outcomes on the IFSP and needs of the child and family, (including

the length, duration, frequency, and intensity of services). Service coordinators are responsible for obtaining financial information from families and ensuring that funding sources for each First Connections service is identified. The service coordinator is responsible for informing parents of their rights and ensuring that they understand them before obtaining consent (or parent's denial of consent) to use public or private insurance (per 34 CFR §303.420). The service coordinator is also responsible for obtaining any prior authorizations required for adaptive equipment, specialized evaluations, etc.

Family Support Services, Consultation Services, Transportation Services, Specialized Evaluation, Adaptive Equipment/assistive technology services and "other services" identified on the IFSP must be prior authorized by First Connections if Part C funding will be used to pay for these services. Prior authorization for these services may be requested by completing a Prior Authorization form and submitting with required justifications. Payment for services on the IFSP paid for by Part C funds which exceed recommended funding guidelines must also be prior authorized. The Prior Authorization Review process will not result in a delay in providing services identified as necessary to reach IFSP goals and objectives. Part C funding may be used to prevent a delay in the timely provision of early intervention pending reimbursement from the agency or entity that has ultimate responsibility for the payment so that services are provided within State and Federal timelines.

The Early Intervention Policies and Procedures ensure that early intervention services necessary to reach child-participation goals and objectives on a current IFSP are provided in a timely manner, and are accomplished through timely referral, comprehensive developmental evaluation, Part C Program Eligibility Determination, and development of the IFSP with the family (see: [REFERRAL/FAMILY ENGAGEMENT PROCEDURES, AR# 2000](#); [ELIGIBILITY, EVALUATION & ASSESSMENT, AR# 3000](#); and [IFSP REQUIREMENTS, AR#4000](#)). Arkansas has determined "timely service provision" to be the commencement of identified services no later than thirty (30) days after the IFSP/parent consent for services.

A child's parent may appeal any decision made by the IFSP Team or that of the Lead Agency with regards to placement, programming, or funding (34 CFR §303.431, §303.520). The parent may participate in mediation, request a due process hearing or file a complaint. The request must be in writing and submitted to the Part C Program Coordinator. All families participating in First Connections are given procedural safeguards at the initial meeting, the Family Engagement Meeting (or "intake") and at any time consent is required during the early intervention and IFSP process (34 CFR §303.420).

8200 USE OF PUBLIC INSURANCE (MEDICAID)

First Connections may not require a parent to sign up for or enroll in public benefits (Medicaid) as a condition of receiving Part C services if that infant/toddler or parent is not already enrolled in such a program.

Parental consent must be obtained when the Lead Agency or EIS provider seeks to use the child's or parent's public benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP. In addition, the parent's or child's public benefits will not be used to pay for early intervention services on the IFSP if such use would:

- Decrease available lifetime coverage or any other insured benefit for that infant or toddler or parent under that program
- Result in the infant's/toddler's parents paying for services that would otherwise be covered by the insurance program
- Result in any increase in premiums or discontinuation of insurance for that infant or toddler or that infant's/toddler's parents
- Risk loss of eligibility for the infant or toddler or that infant's/toddler's parents for home and community-based waivers based on aggregate health-related expenditures.

Prior to obtaining consent to use a child's or parent's public benefits to pay for early intervention services, First Connections must provide written notification and a statement of the no cost protection provisions in 34 CFR§303.520(a)(2).

The early intervention service provider must provide the parent with a copy of the written notification of usage of their public insurance, consistent with 34 CFR §303.520(a)(3). This notification includes—

1. A statement that parental consent must be obtained under 34 CFR § 303.414, before the early intervention service provider discloses, for billing purposes, a child's personally identifiable information to the public benefits program (Medicaid);
2. A statement that parental consent is obtained when the Lead Agency or EIS provider seeks to use the parent's or child's public benefits to pay for initial provision of an early intervention service in the IFSP and each time consent for services is required due to an increase in frequency, duration, or intensity in the provision of the service. If the parent does not provide consent to use the parent's or child's public benefits to pay for Part C services, then the EIS provider must still make available those part C services on the IFSP for which the parent has provided consent;
3. A statement that the parent's or child's public benefits will not be used to pay for early intervention services in the IFSP if such use would:
 - Decrease available lifetime coverage or any other insured benefit for that infant or toddler or parent under that program
 - Result in the infant's/toddler's parents paying for services that would otherwise be covered by the insurance program
 - Result in any increase in premiums or discontinuation of insurance for that infant or toddler or that infant's/toddler's parents

4. Parents have the right to withdraw their consent to disclosure of personally identifiable information to Medicaid at any time.
5. A statement of cost parents may incur when public benefits are used to pay for early intervention services including any premiums for the public insurance plan and the Medicaid requirement of usage of private insurance prior to accessing public insurance;
6. Public insurance (Medicaid), with parental consent, is utilized for Part C Program-Eligible s and toddlers prior to the utilization of Part C funds. Part C funds are used for payment when there are no other available Federal, State, local or private resources. Pursuant to 34 CFR §303.510, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by public insurance (Medicaid) or other funding may be paid from the First Connections Part C funds.

For families covered under both public and private insurance, a provider may not use the public insurance (Medicaid) of an infant/toddler or parent to pay for early intervention services unless the early intervention service provider has billed the family's private insurance (with parental informed consent) according to 34 CFR §303.520(b)(1)(i).

Early intervention service providers must accept payment from Medicaid as payment in full for covered services, make no additional charges and accept no additional payment from the family for these services.

8300 USE OF PRIVATE INSURANCE

All early intervention service providers must obtain consent consistent with 34 CFR §303.520(b)(1)(i), to use an infant's/toddler's or parent's private insurance to pay for Part C services initially and at any time there is an increase in the frequency, intensity, or duration of a service. In addition, the provider must give the parent a copy of the State's system of payments contained in the Family Rights Publication. If the parent does not provide consent, First Connections will make available the Part C services on the IFSP to which the parent has provided consent.

All early intervention service providers must meet the no-cost protection provisions and must obtain consent, consistent with 34 CFR §303.7 and §303.420(a)(4), to use an infant's/toddler's or parent's private insurance to pay for Part C services. Parents must be informed that private insurance will not be used to pay for early intervention services in the IFSP if such use would:

- Decrease available lifetime coverage or any other insured benefit for that infant or toddler or parent under that program;
- Negatively affect the availability of health insurance to the infant or toddler or parents or other family members covered under that health insurance policy and

health insurance may not be discontinued due to use of private insurance to pay for Part C services; or

- Result in any increase in premiums or discontinuation of insurance for that infant or toddler or that infant's/toddler's parents.



FIRST CONNECTIONS PRIVATE INSURANCE AUTHORIZATION

CHILD NAME'S: BIRTHDATE
CHILD'S INSURANCE #: CHILD'S MEDICAID #
PARENT(S)/GUARDIAN:
ADDRESS: CITY, ZIP:
PHYSICIAN'S NAME: PHONE #:
PROVIDER'S NAME: PHONE #:

PRIMARY INSURANCE CARRIER
Policy Holder's Name: DOB: Relationship to Child: Co-pay: Deductible:
Mailing Address:
Insurance Company Name: Claim Address:
Phone #: ()
Member Number: Plan Name:
Group Number: Effective Date:
Employer: Employer's Address:

Authorization (please read and initial one selection only)

I understand that early intervention services will be provided to my child, without delay, without regard to private health insurance coverage status during the time frame of the IFSP. If the level/intensity of services increases during the duration of the IFSP, a new consent authorization form must be signed. Services to be provided are documented in the child's IFSP. Day Habilitation is not Early Intervention services and is not covered under this agreement. Additional information regarding No-cost Protections for families participating in the First Connections program can be found on the back of this document.

I give my consent. I hereby give my consent for First Connections providers to submit claims to my private health insurance for covered services. I authorize my private health insurance to make these payments to the First Connections provider. I authorize the release of any information from the First Connections provider to my private health insurance as necessary to request payment of benefits. I understand these costs may increase my premiums and may count against the lifetime cap of my private health insurance. I understand that I may revoke this permission at any time by notifying my First Connections Service Coordinator

I do not give my consent.

I certify that the information provided on this form is correct and agree that I will notify my First Connections Service Coordinator of any changes in this information.

Signature of Parent or Guardian Date

First Connections No-cost Protections for Families

First Connections has established policies to ensure that appropriate early intervention services will be provided to each eligible infant or toddler and their family at no cost. Since appropriate services will be provided to an eligible infant or toddler and to his/her family at no cost to the parents, First Connections does not make use of sliding fee scales or determinations of ability/inability to pay. Therefore, there shall not be an instance where an eligible infant/toddler's parent will either be denied a service or service delayed based on a lack of consent or an inability to pay. Under no circumstance will a fee be imposed for non-disclosure of financial information, or a parent be charged disproportionately more than parents who do not have private insurance.

Private insurance with parental consent is utilized for eligible infants/toddlers prior to the utilization of First Connections (Part C) funds. Part C funds are used when there are no other available Federal, State, local or private resources. Pursuant to §303.510, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by private insurance, or other funding may be requested from First Connections.

The First Connections program is required by Part C of the Individuals with Disabilities Education Act (IDEA) to inform parents of the following no-cost protections regarding payment for early intervention services:

- Parents must provide prior consent to the First Connections program or the early intervention service provider before early intervention services can be billed to the parent's private insurance. **Day Habilitation or Early Intervention Day Treatment is not an Early Intervention Service and is not covered under this agreement.**
- Parents cannot be required to enroll in insurance to receive early intervention services.
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow their private insurance to be billed for such services.
- Parents must provide prior consent to the First Connections program or the early intervention service provider before a child's personally identifiable information (name, date of birth, policy number, and address) can be submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the First Connections early intervention services their child is receiving as specified in their child's IFSP.
 - Parents must be informed that billing their private insurance may affect the premiums and the lifetime cap of their policy.



FIRST CONNECTIONS
MEDICAID AUTHORIZATION FORM

CHILD'S NAME: _____ BIRTHDATE _____
CHILD'S INSURANCE #: _____ CHILD'S MEDICAID # _____
PARENT(S)/GUARDIAN: _____
ADDRESS: _____ CITY, ZIP: _____
PHYSICIAN'S NAME: _____ PHONE #: _____
PROVIDER'S NAME: _____ PHONE #: _____

PRIMARY INSURANCE CARRIER*

Policy Holder's Name:	DOB:	Relationship to Child:	Co-pay _____ Deductible _____
Mailing Address:			
Insurance Company Name:	Claim Address:		
Phone #: ()			
Member Number:	Plan Name:		
Group Number:	Effective Date:		
Employer:	Employer's Address:		

Authorization (please read and initial one selection only)

I understand that early intervention services will be provided to my child, without delay, without regard to public insurance (Medicaid) coverage status during the time frame of the IFSP. If the level of services increases during the duration of the IFSP, a new consent authorization form must be signed. Services to be provided are documented in the child's IFSP. Day Habilitation is not an early intervention service and is not covered under this agreement. Additional information regarding No-cost Protections for families participating in the First Connections program can be found on the back of this document.

 I give my consent. I give my consent for First Connections providers to submit claims to Medicaid for covered services. I authorize Medicaid to make these payments to the First Connections provider. I authorize the release of any information from the First Connections provider to Medicaid as necessary to request payment of Medicaid benefits. I understand that I may revoke this permission at any time by notifying my First Connections Service Coordinator, _____ at _____.

 I do not give my consent.

I certify that the information provided on this form is correct and agree that I will notify my First Connections Service Coordinator of any changes in this information.

Signature of Parent or Guardian _____	Date _____
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First Connections No-cost Protections for Families

First Connections has established policies to ensure that appropriate early intervention services will be provided to families of eligible infants or toddlers at no cost. Since services appropriate to meet functional child and family outcomes (goals) will be provided to an eligible infant or toddler and to his/her family at no cost to the parents, First Connections does not make use of sliding fee scales or determinations of ability/inability to pay. Therefore, there shall not be an instance where an eligible infant/toddler's parent will either be denied a service or service delayed based on a lack of consent or an inability to pay. Under no circumstance will a fee be imposed for non-disclosure of financial information or a parent charged disproportionately more than other parents.

An early intervention provider may not use Medicaid of an infant/toddler or parent to pay for early intervention services unless the early intervention provider has billed the family's private insurance according to Arkansas' Medicaid regulations and/or provided a written notification to the infant's/toddler's parents informing the parent of safeguards to protect their rights before an agency accesses the child's or parent's private insurance to pay for services under the IDEA for the first time and annually thereafter.

First Connections (Part C) funds are used when there are no other available Federal, State, local or private resources. Medicaid is utilized with parental consent for eligible infants/toddlers prior to the utilization of Part C funds. Therefore, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by private insurance, or other funding may be requested from Part C funding.

The First Connections program is required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following no-cost protections regarding payment for early intervention services:

- Parents must provide prior consent to the First Connections program or the early intervention service provider before early intervention services can be billed to the parent's public insurance (Medicaid). Please note: Day Habilitation or Early Intervention Day Treatment is not an early intervention service.
- Parents cannot be required to enroll in Medicaid to receive early intervention services from the First Connections program.
- Early intervention, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow their Medicaid to be billed for such services.
- Parents must provide prior consent to the First Connections program or the Early Intervention Service Provider before a child's personally identifiable information (name, date of birth, policy number, and address) can be submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the First Connections early intervention services their child is receiving as specified in their child's IFSP.
- Co-payments and deductibles are billable to First Connections Part C funding, as early intervention services are provided at no cost to the family. There is no lifetime cap or co-payments associated with billing Medicaid.

General

LEAD AGENCY ESTABLISHMENT OR DESIGNATION (34 CFR §303.120)

The Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education (ADE/DESE/OSE) is the governor-appointed Lead Agency for the administration and supervision of the Part C Program in Arkansas, First Connections.

ADE/DESE/OSE is responsible for the identification and coordination of all available resources for early intervention within the State, including those from Federal, State, local, and private sources; the assignment of financial responsibility; the development of procedures to ensure that early intervention services necessary to reach child-participation goals on a current IFSP are provided to families of program-eligible children with disabilities within State and Federal timelines, oversee resolution of any disputes among public agencies or EIS providers and the resolution of intra- and interagency disputes; the entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with 34 CFR §303.511 that define the financial responsibility of each agency for paying for early intervention (consistent with State law), and establishing procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

ADE/DESE/OSE is responsible for ensuring that the State's early intervention program, First Connections, is meeting all regulatory requirements and carrying out General Supervision requirements, reporting annually to the Office of Special Education Programs (OSEP), and making these reports available to the public.

General Supervision Requirements include but are not limited to:

- The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and Local Provider Programs providing early intervention services regardless of whether they receive and/or utilize Part C federal funding or not.
- The monitoring of programs, agencies, institutions, organizations, and EIS providers providing early intervention services or carrying out IDEA, Part C activities (eg: Child Find, etc.) whether they receive and/or utilize Part C federal funding or not, to ensure that the State complies with Part C of the Act, including:
 - (a) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act
 - (b) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and these regulations
 - (c) Providing technical assistance, if necessary, to those agencies, institutions, organizations, and EIS providers

- (d) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of the noncompliance

9010 PAYOR OF LAST RESORT (34 CFR §303.500, §303.510, §303.520) NON SUBSTITUTION OF FUNDS

Federal Part C funds may not be used to satisfy a financial commitment for any service or services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of Part C of the Act. Therefore, Part C federal funds may only be used for the provision of early intervention identified as necessary to reach family-identified goals, priorities, and concerns for a Part C Program-Eligible infant or toddler that the child is not currently entitled to under any other Federal, State, local, or private source.

(1) Interim Payments – Reimbursement

If necessary to prevent a delay in the timely provision of an IFSP service or services to the family of a Part C Program-Eligible infant or toddler, Part C federal funds may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

(2) Non-Reduction of Benefits:

Medical or other assistance available to infants/toddlers will not be reduced because the infant or toddler receives services from the Part C Program. Eligibility for other social/medical programs will not be altered due to the fact that the infant or toddler is receiving services from Part C.

9100 GENERAL ADMINISTRATION AND SUPERVISION

1. The First Connections Program within the Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education ensures that state policies and procedures for the Part C program align with federal requirements and guidelines for Part C programs and meet the requirements of IDEA, Part C as well as Office of Special Education Programs (OSEP) guidelines for providing developmental early intervention and special instruction to support families and other caregivers of Part C Program-Eligible infants/toddlers so that families know how to help their child participate, learn, and develop. In order to meet this administrative requirement, the Lead Agency will:
 - (a) Provide notice of the hearings held in accordance with 34 CFR §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation;
 - (b) Hold public hearings on new policies/procedures (including revision to an existing policy or procedure);
 - (c) Provide an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the AICC, to comment for at least 30 days on the new policy or

procedure (including revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. (34 CFR §303.208(b))

2. First Connection determines methods and timelines by which required state and federal information will be collected, maintained, and reported.
3. First Connection ensures that accurate data is collected, analyzed, and utilized to guide monitoring efforts, improvement strategies, and decision-making. First Connection collects, maintains, analyzes, evaluates, and uses data for reporting requirements, which include:
 - SPP/APR;
 - 618 data (child count, settings, and exit data);
 - Local Reporting; and
 - Local Provider Program Determinations
4. The data processes used for decision-making about program management and improvement include the following:
 - **Collection and verification:** First Connections service providing agencies must regularly update the data and ensure that the data submitted to First Connections is accurate and timely
 - **Examination and Analysis:** First Connections examines data to identify and determine patterns and trends for data-driven continuous program improvement activities.
 - **Reporting of data:** Data of the First Connections service providing agencies are reported to the public and aggregate data of the agencies are reported annually to OSEP in the 618 data and the Annual Performance Report (APR)
 - **Status determination:** First Connections uses program data from all sources to make determinations
 - **Improvement:** Data from Arkansas's SPP improvement activities and program performance data are used for program improvement, progress measurement, and to assist in identifying technical assistance needs.

NOTE: see *Fiscal Oversight Guide and FC General Supervision/Monitoring Manual*

9200 DATA COLLECTION/REPORTING REQUIREMENTS (34 CFR §303.701)

First Connections is responsible for establishing procedures used to compile data on the statewide early intervention system and the gains experienced by families and children receiving early intervention, including processes for collecting data from various agencies and service providers in the state as well as providing the Lead Agency with data and other information required for SPP and APR and other reporting.

The information will be provided at the time and in the manner specified by the U. S. Secretary of Education, using reporting requirements and other information that the U. S. Secretary requires.

It is the responsibility of all early intervention professionals to oversee data collection on the state-approved data system. Each service provider is required to input

information/documentation of contacts, meetings, procedural safeguard documentation, and documentation of evaluations and early intervention services a family is receiving. All early intervention professionals are required to input data accurately and in a timely manner and to respond to data inquiries within reasonable timelines.

9300 APPLICATION REQUIREMENTS

- 1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided (34 CFR §303.201).**

The Arkansas Department of Education, Division of Elementary and Secondary Education, Office of Special Education (ADE/DESE/OSE) has been designated as the Lead Agency for Arkansas' comprehensive early intervention network under Part C of IDEA, First Connections. ADE/DESE/OSE is responsible for the administration of funds provided under Part C (see the introductory information in the [Preface](#) and AR #9000, [ADMINISTRATION](#)).

- 2. Each application must include a description of early intervention services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system (34 CFR §303.203(a)).**

Arkansas' application for First Connections funding includes a description of early intervention services to be provided under Part C to infants and toddlers with disabilities and their families (see AR #5000, [SERVICE GUIDELINES](#); AR #4000 [IFSP & SERVICES](#)).

- 3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303.**

Arkansas' annual application includes policies and procedures regarding the identification and coordination of all available resources (see AR #8100, [IDENTIFICATION & COORDINATION OF RESOURCES](#)).

- 3. (a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in 34 CFR §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees). (34 CFR §303.203(b)(1))**

Policies and procedures adopted by the State regarding the use of public insurance or benefits, private insurance, or family costs or fees is outlined in First Connections' System of Payments (see AR #8000, [SYSTEM OF PAYMENTS](#)).

- 3. (b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s)**

approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3). (34 CFR §303.203(b)(2))

Methods used by the State to implement the payor of last resort and fiscal responsibility requirements in 34 CFR §303.511(b)(2) and (3) are outlined in First Connections' System of Payments (AR #8000) (see also AR #9010, [PAYOR OF LAST RESORT NON SUBSTITUTION OF FUNDS](#); AR #9000, [ADMINISTRATION](#); AR #6100, [INTRA-AGENCY COOPERATION BETWEEN PART C AND PART B-619 WITHIN THE LEAD AGENCY; ATTACHMENT A](#)).

4. **Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111 and the statewide system must include the State's rigorous definition of developmental delay, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of early intervention.**

The definition must--

(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development

(b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1). (34 CFR §§303.203(c) & 303.111)

First Connections policy rigorously defines "developmental delay" as required under 34 CFR §§303.10 and 303.111 and §303.203(c) to appropriately identify infants and toddlers with disabilities who are in need of early intervention and outlines the level of developmental delay in functioning or other comparable criteria that constitutes a developmental delay in one or more of the developmental areas identified in §303.21(a)(1) (see AR# 3000, [PART C PROGRAM ELIGIBILITY, EVALUATION, & ASSESSMENT](#)).

5. **Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the Arkansas Interagency Coordinating Council (AICC), and include the information required in 34 CFR §303.205.**

First Connections includes in its yearly performance report details of the State's use of funds under Part C for the fiscal year (years) covered. The APR fiscal information is presented to the AICC and includes information required in 34 CFR §303.205.

6. **Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in 34 CFR §303.303(b) and §303.206 (which**

includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure).

First Connections policy outlines eligibility requirements and method of referral for children suspected of developmental delay as well as referral per CAPTA requirements (see AR #2000, [REFERRAL/FAMILY ENGAGEMENT PROCEDURES](#); AR #2800, [REFERRAL FROM DEPARTMENT OF CHILD AND FAMILY SERVICES \(DCFS\)](#); AR #3000, [ELIGIBILITY, EVALUATION, & ASSESSMENT](#)). Procedures ensure that services are provided in a timely manner, and are accomplished through timely referral, evaluation, and development of the IFSP (see: [EVALUATION TIMELINES, REFERRAL/FAMILY ENGAGEMENT PROCEDURES, AR# 2000](#); [ELIGIBILITY, EVALUATION & ASSESSMENT, AR# 3000](#); and [IFSP REQUIREMENTS, AR#4000](#)).

7. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State (34 CFR §303.207).

First Connections policy outlines procedures and methods of collaboration with other state agencies to ensure that resources are made available under Part C for children across the state (see "[Preface](#)").

8. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency--

(a) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure)

(b) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation

(c) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the AICC, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. (34 CFR §303.208(b))

The lead agency has the administrative oversight of the State's Part C program. Part of that administrative responsibility is ensuring that policies and procedures are aligned with federal requirements and OSEP guidelines. Arkansas' policy and procedures that comply with 34 CFR Part 303 and a-c above (see AR# 9100, *GENERAL ADMINISTRATION AND SUPERVISION*).

9. A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to

preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities.

The lead agency works under Intra-Agency Agreement within the Lead Agency to ensure smooth transition for toddlers with disabilities and their families into preschool or other appropriate services (see AR# 6000, *TRANSITION*; AR# 10800, *TRANSITIONAL SERVICES*; [ATTACHMENT A](#)).

10. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, et seq., as amended), early education and childcare programs, and services under Part C (34 CFR §303.210).

The lead agency collaborates with Head Start and Early Head Start programs through Interagency Agreement and by having representatives of these agencies serve on the state's advisory body, the AICC (see AR# 1200, *COORDINATION*; AR# 2400, *REFERRALS FROM EARLY HEAD START*; AR# 3600, *EARLY INTERVENTION PROVIDED IN NATURAL ENVIRONMENTS*; AR# 8100, *IDENTIFICATION & COORDINATION OF RESOURCES*; AR# 10000, *STATE INTERAGENCY COORDINATING COUNCIL*).

11. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a))

First Connections policy outlines procedures and methods of collaboration with other state agencies to ensure that resources are made available under Part C for children across the state (see the "[Preface](#)" and AR# 1000, [COMPREHENSIVE CHILD FIND](#))

10000 STATE INTERAGENCY COORDINATING COUNCIL CFR §303.141

General

In accordance with Arkansas State Acts 658, 937, 1017, and Federal Regulation CFR §303.141, the Arkansas State Interagency Coordinating Council has been established and is operational. The membership of the Council, which is by Governor Appointment, is representative of the population of the State and may include a minimum of fifteen (15) and a maximum of twenty-five (25) members. Currently, the AICC consists of twenty (20) members.

10100 COMPOSITION (34 CFR §303.601)

The AICC is composed of the following:

1. At least twenty percent of the members are parents, including minorities, of infants and toddlers with a disability, or parents of an infant or toddler with a disability who is twelve (12) years of age or younger; with knowledge of, or experience with programs for infants and toddlers with disabilities. At least two (2) parent members are parents of an infant or toddler with a disability who is six (6) years of age or under.
2. One member is a member of the State Legislature
3. One member is involved in personnel preparation
4. At least twenty percent of the members (4) are public/private providers of First Connections services
5. One member is the Director of the Arkansas Department of Human Services, agency for First Connections services
6. One member is from the Arkansas Department of Education and is involved in the provision of preschool services to infants/toddlers with disabilities
7. One member is from the agency responsible for the State governance of Insurance
8. One member is a representative from a Head Start Agency or Program in the State
9. One member is a representative from a State Agency responsible for infant or toddler care

10. One member is a representative from the agency responsible for the State regulation of private insurance
11. One member is a representative from the Office of Coordinator for Education of Homeless Infants/toddlers
12. One member is a representative of State Foster Care
13. One member is a representative from the State agency responsible for infant/toddler mental health
14. One member is a representative from the agency responsible for the State Medicaid program
15. Other members (3) represent appropriate agencies involved in the provision of or payment for early intervention services to infants and toddlers with a disability and their families, and others selected by the Governor.

Each of these members has sufficient authority to do policy planning and implementation on behalf of their agency. Any member of the Council who is a representative of the lead agency for Part C First Connections may not serve as chairperson of the Council.

The operations of the Council are governed by a set of by-laws that meet the Federal and State requirements of Part C and were adopted at the 10/17/2012 meeting. In accordance with the by-laws, the Council meets quarterly to conduct regular business.

No member of the AICC may vote on any matter providing direct financial benefit to self or where there is an appearance of conflict of interest. The business of the Council is inclusive of the terms set out in the By-Laws, Article III; Section 1, 2 and 3 and is consistent with the Federal and State activities.

10200 MEETINGS (34 CFR §303.602)

The Arkansas ICC Coordinator will notify council members of scheduled meetings. The following process will be followed:

1. Notice will be provided two weeks prior to each scheduled meeting.
2. Each council member will RSVP within 3 days of receipt of the notice, indicating his/her ability to attend the meeting. Should a member be unable to attend a scheduled meeting, he/she will arrange for the attendance of a proxy at least 24 hours in advance and notify the State ICC Coordinator.
3. One week prior to the scheduled meeting, the State ICC Coordinator or designee will attempt to contact by phone those members failing to RSVP.

4. It will be the responsibility of each council member to notify the First Connections office in writing should their method of preference for notice change.
5. Meetings will be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend.

10300 USE OF FUNDS BY THE COUNCIL (34 CFR §303.603)

The Arkansas Interagency Coordinating Council (AICC) utilizes First Connections funds to:

1. Reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties (including child care for parent representatives);
2. Conduct hearings and forums

10400 FUNCTIONS OF THE COUNCIL (34 CFR §303.605)

The Arkansas Interagency Coordinating Council (AICC) shall—

1. Advise and assist the Lead Agency in the development and implementation of the policies that constitute the statewide system
2. Assist the Lead Agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State
3. Assist the Lead Agency in the effective implementation of the statewide system, by establishing a process that includes:
 - Seeking information from service providers, service coordinators, parents and others about any Federal, State, or local policies that impede timely service delivery
 - Taking steps to ensure that any policy problems identified are resolved
 - To the extent appropriate, assist the Lead Agency in the resolution of disputes.
4. Advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers regardless of whether at-risk infants and toddlers are eligible for First Connections services in the state.
5. Advise and assist the SEA and the Lead Agency regarding the transition of toddlers with disabilities to preschool and/or other appropriate services.

6. Prepare & submit an annual report to the Governor and to the US Secretary of Education

10500 ANNUAL REPORT TO THE SECRETARY

The AICC advises and assists the lead agency in the preparation of the annual report to the Governor and to the U.S. Secretary of Education on the status of First Connections services provided for infants/toddlers eligible under this part and their families within the State. Each annual report must:

- Be submitted to the Secretary by a date established by the Secretary
- Contains information required by the Secretary for the reporting year

10600 ADVISING AND ASSISTING THE LEAD AGENCY IN ITS ADMINISTRATIVE DUTIES (34 CFR §303.600)

The AICC advises and assists the lead agency in the:

- Identification of sources of fiscal and other support for services for First Connections services
- Assignment of financial responsibility to appropriate agency
- Promotion of Interagency Agreements

10700 APPLICATIONS

The AICC advises and assists the lead agency in the preparation of the application and the amendments to the application.

10800 TRANSITIONAL SERVICES

The Arkansas Interagency Coordinating Council (AICC) advises and assists the State education agency regarding the transition of infants and toddlers with disabilities to services provided under Part B of IDEA to preschool and other appropriate services.

APPENDIX

ADA	Americans with Disabilities Act
AICC	Arkansas Interagency Coordinating Council
AT	Assistive Technology
BIE	Bureau of Indian Education
B	Part B of IDEA
C	Part C of IDEA
CAPTA	Child Abuse & Prevention Treatment Act
CHIP	Children Health Insurance Program
CHMS	Children Health Maintenance Service
CMDE	Comprehensive Multidisciplinary Developmental Evaluation
CSHCN	Children with Special Health Care Needs
CSPD	Comprehensive System of Personnel Development
ECSE	Early Childhood Special Education
EDGAR	Education Department General Administration Regulations
EHDI	Early Hearing Detection & Intervention
EI	Early Intervention
EIDT	Early Intervention Day Treatment (program)
EIS	Early Intervention Service
EPSDT	Early, Periodic, Screening, Diagnosis & Treatment
FAPE	Free Appropriate Public Education
FERPA	Family Education Rights & Privacy Act
GEPA	General Education Provision Act
HIPAA	Healthcare Information Portability & Accountability Act
HS/EHS	Head Start /Early Head Start
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act
IDEIA	Individuals with Disabilities Education Improvement Act
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
LEA	Local Educational Agency
NE	Natural Environment
MCH	Maternal & Child Health
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
PCP	Primary Care Physician
RX	Prescription
SEA	State Education Agency

SSA	Social Security Administration
SSI	Supplemental Security Income
TA	Technical Assistance
Title V	Maternal & Child Health (Rehabilitation Act of 1973)
Title XIX	Medicaid/EPSDT
Title XVI	SSI-Supplemental Security Income under Social Security Act

Definitions: First Connections Terminology

Advocate -- A person who speaks or writes in support or defense of a person, cause, etc.

Annual Performance Report (APR) -- Report including data on the progress and/or slippage in meeting the 'measurable and rigorous targets' in the SPP and may serve as the state's annual report to the public/secretary.

Assessment – A process of measuring child progress, strengths, and needs.

Case Manager – An ongoing service coordinator chosen at the IFSP meeting to assist the infant/toddler and his/her family in accessing needed services, setting goals and planning the IFSP, and monitoring to ensure that the infant/toddler and family receive the services included in the IFSP and that goals/outcomes are met and services remain appropriate.

Case Notes – Narrative documentation of service coordination activities and/or service provision.

Certified Occupational Therapy Assistant (COTA) --Health paraprofessional who, under the direction of an occupational therapist, directs an individual's participation in selected tasks to restore, reinforce, and enhance performance; facilitates learning of skills and functions essential for adaptation and productivity; diminishes or corrects disorders; and promotes and maintains health.

Child Health Management Services (CHMS) --Multi-disciplinary diagnosis, evaluation, and treatment of infants/toddlers with special health care needs. Must be provided by Arkansas Foundation for Medical Care, Inc. (AFMC).

Comprehensive System of Personnel Development (CSPD) – Training/support consistent with the CSPD as established by Part B of IDEA:

- Provides for pre-service and in-service training to be conducted on an interdisciplinary basis, to the extent appropriate;
- Provides for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals and persons who will serve as service coordinators; and
- Ensures that the training provided relates specifically to;
- Understanding the basic components of early intervention services available in the state,
- Meeting the interrelated social or emotional health, development, and educational needs of Part C Program-Eligible infants/toddlers under this part, and
- Assisting families in enhancing the development of their infants/toddlers, and in participating fully in the development and implementation of IFSP's.

Conversion Plan – A plan outlining the steps and timeframe necessary to transition a child who is receiving an early intervention service (or services) outside his/her natural environment back to his or her natural environment. Timeframe is generally a review period (3-6 months).

Determinations -- U.S. Department of Education Review and §616 Determination Criteria For States Section 616(d) of the IDEA requires the U.S. Department of Education Office of Special Education Programs (USDE/OSEP) to review each state's APR annually. Based on the information provided in the State's APR, information obtained through monitoring visits, and any other public information, the USDE/OSEP will determine if the State: Meets the requirements; Needs assistance; Needs intervention or Needs substantial intervention.

Developmental Delay -- a significant delay in one or more of the following areas of development: physical, including gross and fine motor, hearing and vision; cognitive; communication; social or emotional; and adaptive skills. The informed clinical opinion of qualified professionals, in conjunction with evaluation results and quantitative data, will be the primary basis for determining that a developmental delay or disability exists that constitutes eligibility for the program. Qualified delays in the general range of a 25% or greater delay on assessment instruments that yield scores in developmental ages (months) should be considered a primary factor for eligibility determination. However, eligibility should not be based solely on one determining factor.

Early Intervention Day Treatment (EIDT) – Facilities primarily for children with disabilities and licensed as Developmental Day Treatment Clinics by the Division of Developmental Disabilities Services/Department of Human Services and formerly known as Developmental Day Treatment Centers (DDTC). Developmental rehabilitative services may be provided in a day treatment setting when determined medically and provided pursuant to a written prescription by a physician and provided in accordance with an individualized written plan of care. An EIDT may apply to be a First Connections EI provider to provide early intervention in the child's natural environment (home, relative's home, or an inclusive childcare setting where there is at least a 51% ratio of typically developing children, Early Head Start, ABC program, or place in the community the child and family frequently attend). Children enrolled in an EIDT program and receiving EIDT services are not Part C Program Eligible.

Early Intervention Service Provider or EI provider -- An individual or an entity whether public, private, or nonprofit providing early intervention services under Part C of the Act, whether or not the entity or individual receives Federal funds under Part C of the Act, and may include, where appropriate, the lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in the State under Part C.

Evaluation – A multidisciplinary process of assessment used to determine eligibility and needed services.

Family Concerns – The needs, issues or problems the parent wishes to address.

Family Priorities – Areas which the family identifies as essential to their infant's/toddler's development and important to the family.

Family Resources – The family’s strengths and abilities, which include formal/informal supports that they can use to address their concerns and to achieve desired outcomes.

FASD – Fetal Alcohol Syndrome Disorder, an umbrella term to describe a wide range of affects associated with infants born to mothers who consumed alcohol during gestation. The FASD Unit of DCFS screens infants/toddlers known to be affected or those exhibiting traits and/or behaviors associated with FASD and makes referrals as appropriate to First Connections.

FISP Facilitated IFSP Meeting – can be requested as a first option for resolution or during a complaint or due process hearing process. A trained facilitator works to help parents, providers, and service coordinators talk about the infant’s/toddler’s needs in a meeting place that is nearby, convenient, and comfortable for both parties, using effective problem-solving focused on the needs of the infant/toddler to guide all involved to a speedy, mutually agreeable resolution.

IDEA Individuals with Disability Education Act – A United States federal law that governs how states and public agencies provide early intervention, special education, and related services to infants/toddlers with disabilities.

IDEIA Individuals with Disability Education & Improvement Act of 2004 – Act created to ensure that all infants/toddlers with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for *further education, employment, and independent living*.

Inability to pay – If a parent or family of an infant or toddler with a disability is determined unable to pay under the State’s definition of inability to pay under §303.521(a)(3) and does not provide consent under paragraph (b)(1), the lack of consent may not be used to delay or deny any services under this part to that infant/toddler or family.

Individualized Family Service Plan (IFSP) – A written document developed with the family as part of a multidisciplinary team specifying the services necessary to meet the agreed upon developmental outcomes for the infant/toddler and goals for his/her family.

Informed Consent – Parent(s) have been fully informed of all information relevant to the activity for which consent is sought, in the parent’s native language or other mode of communication. The parent (s) must understand and agree in writing to the carrying out of the activity for which consent is sought; the consent describes the activity and lists the records (if any) that will be released and to whom. The parents understand that granting consent is voluntary on their part and may be withdrawn at any time.

Initial Service Coordinator – Person assigned by the county to assist the family identify their resources, priorities, concerns and to assist the infant/toddler and his/her family through the evaluation process along with the IFSP development. A family may choose to continue with the initial service coordinator but has the right to change service coordinators at any time.

Intellectual Disability -- Limitations in mental functioning and in skills such as communication, self-care, social skills, learning. These limitations will cause an infant/toddler to learn and develop more slowly than a typical infant/toddler. As consistently established by scores of intelligence which fall two or more standard deviations below the mean of a standardized test of intelligence, administered by a licensed professional, generally for persons over the age of five. As established by developmental scales, administered by qualified personnel authorized in the manual accompanying the instrument used, which indicate impairment of general functioning, similar to that of a person with an intellectual or developmental disability, generally for children from birth to age five.

Local educational agency (LEA) -- A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

Natural Environment – The places and activities at those places that the child would participate in if the child did not have a disability. Home or community-based culturally appropriate settings where same-aged typically developing infants/toddlers are usually found (examples: home, park, library, community center, grocery store).

Parent – A person with whom the child lives who is able to make educational decisions for a child. An Educational Surrogate appointed by the Lead Agency is provided to act in the place of a parent in granting consent and IFSP development, review, and program participation when a child is a ward of the State and there is no adult with whom the child lives who is able to provide consent for early intervention and participate in IFSP development, early intervention services, and dispute resolution.

Physical Therapy Assistants – Individuals who perform a variety of tasks under the direction and supervision of a physical Therapist. They provide part of a patient's treatment. This might involve exercises, massages, electrical stimulus, paraffin baths, hot and cold packs, traction, and ultrasound. Physical Therapy Assistants record the patient's responses to treatment and report the outcome of each treatment to the Physical Therapist.

Prior Authorization – Pre-approval to use Part C grant funding for some of the 17 early intervention services such as specialized evaluations or adaptive equipment identified as necessary to reach IFSP goals and objectives.

Service Coordinator (SC) – A qualified individual knowledgeable about infant and toddler development, federal and state regulations and the range of services available within First Connections, the state's early intervention system who serves as a single point of contact to work with families to help them locate appropriate resources/services to better meet their child's developmental needs and family concerns/priorities.

Service Provider – The individual EI Professional that provides a specific service to a Program-Eligible infant/toddler and their family and/or the Local Provider Program providing direct services for First Connections.

Speech-Language Pathology Assistant -- A Speech-Language Pathology Assistant (SLP-Assistant) is an individual who, following academic and on-the-job training, performs tasks as prescribed, directed, and supervised by licensed Speech-Language Pathologist.

State Lead Agency – Entity designated by each state to administer and oversee all aspects of First Connections. Lead agency means the agency designated by the State's Governor under section 635(a) (10) of the Act and §303.120 that receives funds under section 643 of the Act to administer the State's responsibilities under Part C of the Act.

State Performance Plan (SPP) – A tool designed to evaluate the State's efforts to implement the requirements and purposes of Part C and describe how the state will improve its implementation.

Educational Surrogate – An individual who has been trained/certified (completed FC Educational Surrogate training) who meets State and Federal requirements to serve as the early learning and development decision maker for an infant/toddler when the parents are unknown, parental rights have been terminated, and/or the parent cannot be located and the child is identified as a ward of the State. An infant/toddler is in need of an Educational Surrogate when the infant/toddler is a ward of the state or court without a foster parent. The position requires making informed decisions about the infant's/toddler's early learning needs, attending meetings, assisting in the development of the IFSP, providing consent, monitoring child progress and early intervention service, and participating in dispute resolution on behalf of the child.

Transition Conference– A meeting of the toddler's IFSP team (which includes the family) and a representative of an organization to which the toddler may transition for 3-5 year old services or special education services under Part B (if eligible). The Transition Conference is conducted with parent approval and held at least 90 days prior to the toddler's third birthday.

Transition Plan – A written plan incorporated into every toddler's IFSP more than 90 days prior to the third birthday to assist the toddler and family in a smooth transition from First Connections (birth – three services) to other appropriate 3-5 services. The plan is developed with the family and other members of the IFSP team and consists of a series of well-planned steps and any needed services.

ATTACHMENT A: Intra-Agency Agreement (Transition)

Intra-Agency Agreement for the Arkansas Department of Education, Office of Special Education (OSE) Division of Elementary and Secondary Education (DESE)

for Part C to Part B Transition by and between

First Connections Early Intervention under IDEA Part C and Early Childhood Special Education (ECSE) under IDEA Part B-619

First Connections, the State's early intervention program under the Individuals with Disabilities Education Act (IDEA), Part C and The Part B Section 619 Early Childhood Special Education (ECSE) program both within the Arkansas Department of Education, Office of Special Education (OSE), Division of Elementary and Secondary Education (DESE) have policies and procedures in place to ensure that State and Federal requirements are met for toddlers with an active Individualized Family Service Plan (IFSP) exiting Part C and potentially eligible for services under Part B Section 619 with a goal of a smooth and effective transition experience for children and their families.

Purpose of this Agreement:

To outline the policies and procedures to ensure that each toddler with a disability exiting the Part C program experiences a smooth and effective transition. Part C must complete certain requirements for the transition of all toddlers with an active IFSP potentially eligible for services at least ninety days, but, at the discretion of all parties, not more than nine months before the toddler's third birthday:

- A. Transition Plan Documented in the IFSP**
- B. Notification of the State Education Agency (SEA) and Local Education Agency (LEA)**
- C. Transition Conference**

A. Transition Plan Documented in the IFSP

Transition Planning is the responsibility of the Part C IFSP Team (which includes the parent) and may begin as early as nine months prior to the child's third birthday.

1. The Part C IFSP Team (which includes the family) must develop a Transition Plan in the IFSP for all toddlers with disabilities exiting Part C at least ninety days prior to the toddler's third birthday. The meeting to develop the transition plan must meet the requirements of §303.209(e), §303.342 and § 303.343. The IFSP Team may elect to include and invite the LEA/Part B-619 representative to participate in Transition Planning when a parent-signed consent to release information form has been obtained.
2. FIRST CONNECTIONS will utilize the Part C Service Coordinator to facilitate any meeting(s) needed to develop the Transition Plan. The meeting(s) may be combined with an IFSP meeting if all requirements are met.
3. At the meeting to develop the Transition Plan, the Part C Service Coordinator will provide the parent with information about Part B Section 619 services as well as provide the family with a copy of the ECSE informational brochure with Part B Section 619 contact information. The Part C Service Coordinator must discuss with the parent the options available and facilitate:
 - the review of program options for preschool children aged three to five,
 - steps for the toddler to exit Part C, and
 - any services needed to help the family and toddler adjust to, and function in, a new setting, (e.g.: the toddler and family visit potential programs before transition).
4. Part C will ensure the Transition Plan includes a minimum of three steps, activities, services and/or needed resources to support the child and the family in exiting Part C and transitioning to Part B Section 619 and/or other appropriate services for children aged three to five. Planned transition activities may extend into the ninety days prior to the child's third birthday and beyond as determined by the IFSP Team (e.g.: Service Coordinator attends Individualized Education Program (IEP) meeting with family).

B. Notification of the SEA and LEA

Part C will provide Notification of all children between the ages of two years, three months and two years, nine months to the SEA and the LEAs in which the toddlers reside to meet Child Find requirements of 34 CFR §300.124.

1. Arkansas considers all toddlers receiving services under Part C on a current IFSP as "potentially eligible" for Part B Section 619 services.
2. Part C does not offer an option for parents to "opt out" of SEA or LEA Notification. Part C reports all children under the age of three who have been referred for early intervention to the SEA and the LEA in the area in which the child resides in the LEA Notification of Children Approaching Age Three to support Child Find requirements. The Notification includes limited "directory listing" information required by IDEA under 34 CFR §303.401(d) such as:

- the toddler's name,
- the date of birth,
- parent contact information (including parents' name(s),
- phone number(s), and
- address(es).

The LEA Notification may additionally include the name and contact information of the Part C Service Coordinator and the language(s) spoken by the child and family.

LEA Notification for Late Referrals:

3. If a child is referred to Part C **more than forty-five days but less than ninety days** before the toddler's third birthday, the Part C Service Coordinator, as soon as possible after the IFSP team determines the toddler's Part C Program eligibility, will send an individual Notification for that child to the SEA and the LEA in which the toddler with a disability resides. With parent consent, the LEA representative is invited to collaborate in transition planning.
4. If a child is referred to First Connections **fewer than forty-five days before** the toddler's third birthday and that toddler may be a child with a disability or developmental delay, the service coordinator obtains written parental consent to make a referral to the LEA serving the area in which the toddler resides. Under these circumstances Part C is not required to conduct an evaluation, assessment or initial IFSP meeting but must support the child and family in a referral to Part B Section 619.

C. Transition Conference

While the Transition Conference meets Part C requirements for families of children exiting Part C services, 34 CFR §303.209(c)(1)), IDEA requires cross agency collaboration in the Transition Conference (see §637(a)(9)(A)(ii)(II)).

1. The Transition Conference for a child with an active IFSP must be held no later than ninety days prior to the child's third birthday. With the approval of the family, the Part C Service Coordinator convenes a Transition Conference and will send notice of the Transition Conference to all required members of the IFSP team (including the family) no later than fourteen (14) calendar days prior to the conference.
2. Part C must ensure that required participants are included in the Transition Conference. Required participants consistent with 34 CFR §303.343(a) must include:
 - the parent(s) and anyone they wish to invite,

- the Part C Service Coordinator,
- current Part C service providers, and
- the LEA representative for the area in which the child resides (for children transitioning to services under Part B Section 619).

With parental consent, Part C may invite others to participate in the Transition Conference. Examples include other family members and/or caregivers familiar with the child, representatives of other relevant programs to which the child may transition including but not limited to: Home Instruction for Parents of Preschool Youth (HIPPY), Head Start, Title V Children with Chronic Health Conditions (CHC) Program, or family advocacy programs such as Family2Family (F2F) or The Center for Exceptional Families (TCFEF), etc.

3. If a required participant listed above is unable to attend the Transition Conference, Part C must ensure the absent participant's involvement through other means, including one of the following:
 - participating in a telephone or virtual conference call,
 - having a knowledgeable authorized representative attend the meeting in his/her place, and/or
 - making any pertinent records from the participant available at the meeting for review.

4. For individual children potentially eligible for Part B Section 619 services, the Part C service coordinator, with documented parental consent, will send the child's educational records no later than twenty-one calendar days prior to the Transition Conference. The educational records ("referral packet") includes:
 - a copy of the most recent IFSP,
 - most recent evaluations/assessments of the child and the family, and
 - the Transition Plan.

The Notice of Transition Conference and release of educational records will serve as the official referral to Part B Section 619.

5. First Connections will ensure the Part C Service Coordinator works with the family, the LEA representative, and other IFSP required team members when scheduling the Transition Conference to enable attendance of all required participants.

6. The Transition Conference may coincide with a periodic IFSP Review Meeting, if appropriate, and as agree to by all required conference participants. If combined, the meeting must meet all the regulatory requirements of CFR §303.209 (e) Transition Conference, 34 CFR §303.342 (d) Accessibility of Meeting, 34 CFR §303.342 (e) Parental consent and §303.343 (a) Initial and Annual IFSP Team meeting as they relate to the transition to Part B Section 619.

7. In instances of Exceptional Family Circumstance (EFC) or when a parent does not give consent to convene a Transition Conference, First Connections will ensure the Part C Service Coordinator makes the parent aware that any delay in referring to the LEA will cause a delay in the Part B Section 619 process of evaluation, eligibility determination, and any potential resulting services. When the Transition Conference is convened later than ninety days prior to the child's third birthday, a Part B eligible child may not have the IEP developed by the third birthday resulting in a delay in Part B Section 619 services.
8. Part C Service Coordinators will make every effort to attend the Part B Section 619 evaluation/programming conferences when invited.

PART B REQUIREMENTS

The ADE-DESE has policies and procedures in place to ensure a smooth and effective transition for toddlers who have received Part C services and are potentially eligible for Part B Section 619 services.

1. The SEA and/or LEA Notification does not serve as the referral to Part B; however, the ADE-DESE recognized LEA in the area in which the child resides must utilize the information provided in the LEA Notification to provide families with information on Part B Section 619 services and contact information for the program.
2. The ADE-DESE Part B Section 619 recognized LEA will acknowledge the Notice of Transition Conference and provision of the child's educational records ("referral packet") as the referral to Part B Section 619.
3. For each toddler referred, the ADE-DESE Part B Section 619 recognized LEA must make provision to attend the Transition Conference and provide parents with the procedural safeguards notice under 34 CFR §300.504(a)(1).
4. Consistent with 34 CFR §300.323(b), the ADE-DESE Part B Section 619 recognized LEA will review the IFSP and Part C evaluation data and consider this information in determining Part B Section 619 program eligibility to avoid delays.
5. If additional evaluation and assessment is needed to determine Part B Section 619 program eligibility, the ADE-DESE Part B Section 619 recognized LEA shall evaluate the toddler within sixty calendar days of receiving parental consent.
6. ADE-DESE Part B Section 619 recognized LEA shall convene an evaluation/programming conference within thirty days of completing all needed evaluations.
7. The ADE-DESE Part B Section 619 recognized LEA shall invite the Part C Service Coordinator to the initial evaluation/programming conference if the parent provides consent.

8. ADE-DESE Part B Section 619 recognized LEA will ensure that any IEPs for children referred from Part C and found eligible are in effect on the third birthday.
9. If a toddler turns three during the summer and the IEP Team determines the need for Extended School Year services (ESY), ADE-DESE Part B Section 619 recognized LEA will provide the service. Otherwise, IEP services initiate at the beginning of the upcoming school year.

Fiscal Responsibilities

1. The Part C program is responsible for assuring that Part C early intervention services are available to all program-eligible children birth to the third birthday. The provision of these services occurs through a system of local Part C Service Coordinators and Part C Service Providers.
2. ADE-DESE recognized LEAs serving the areas in which children aged three to five reside are responsible for assuring the identification, evaluation, and provision of a Free Appropriate Public Education (FAPE) for children found to be eligible and in need of special education and related services.

Dispute Resolution

The parties to this agreement are committed to cooperatively plan and work together to meet the needs of toddlers with disabilities and their families. In instances of interagency conflict, every effort will be made to resolve the differences at the lowest level position.

The parties mutually agree to resolve disputes in a cooperative manner by meeting to confer and discuss issues which may arise, recognizing that the purpose of this Agreement is to promote and ensure collaboration between the agencies for the benefit of the toddlers and their families. Issues which may arise will be immediately directed to the applicable agency personnel to resolve matters as expeditiously and informally as possible at the lowest appropriate level.

The dispute resolution procedures in this agreement do not apply to individual infant/toddler complaints, i.e., complaints that affect only a single toddler or a toddler's family. In IDEA, these types of complaints are the responsibility of the agency responsible for establishing and maintaining procedural safeguards (due process procedures) in accordance with federal and state laws. These procedures do not apply to allegations of technical violations of the law. Each program is responsible for receiving and resolving complaints when one or more requirements of the law are allegedly not being met by a public or private agency providing Part C or Part B Section 619 services.

Effective Date, Changes, Life of This Agreement

- This agreement will become effective on XXXXXX when all parties' signatures are affixed thereto.
- Changes made during its effective life will be added as formal amendments, which all parties must acknowledge, by signature.
- This agreement will continue until requirements are changed under the IDEA. If no revisions are requested by either party, no action or renewal is necessary, and the effective life of the agreement continues.



ADE Division of Elementary and
Secondary Education, Part C Coordinator

01/27/2024

Date



ADE Division of Elementary and
Secondary Education, Part B-619 Coordinator

01/27/2024

Date

ATTACHMENT B: COMPLAINT FORM

STATE COMPLAINT OR HEARING REQUEST FORM

State Complaint/Request for Hearing alleging violation of IDEA 2011
and corresponding State and Federal Regulations

Check one:

- Request a Due Process Hearing
- Submit a State Complaint

Your name: _____ Child's Name: _____

Child's Birthdate: _____

Date: _____ Phone Number: _____

Address: _____

Relationship to child (circle one):

Parent **Other** (please specify): _____

Provider of IFSP Service(s). Example, "ABC Therapy." _____

A copy of the First Connections Early Intervention Program's policies and procedures can be obtained by request at (501-683-5803) or on the program's web site at: <https://www.firstconnectionsar.org/>

According to federal regulations, a State Complaint must:

- 1) Be in writing.
- 2) Be signed.
- 3) Include a statement that a public agency has violated a requirement of IDEA.
- 4) Include the facts upon which the allegation is based.
- 5) Must allege a violation that occurred within the past year.
- 6) Must include a proposed resolution to the alleged violation.
- 7) Must be forwarded to the public agency serving the child at the time the complaint is sent to First Connections.

The form is optional. Complainants may submit their concerns to First Connections at the address listed on the bottom of this form by using plain paper, stationary, email, etc.

Please attach additional pages, if necessary.

A. Statement of the violation:

You do not have to know specifically what law was violated, but you must explain what you believe the State (the Program) has done wrong. For example, "The therapist did not follow my infant's/toddler's IFSP."

B. Facts upon which the allegation is based:

Describe what happened to lead you to believe the State (the Program) has violated the law, your rights, or program requirements. For example, "My infant's/toddler's IFSP says we will receive 30 minutes of therapy per week, but the therapist stays for only 15-20 minutes for each visit."

C. Proposed Resolution:

Describe the solution you would like, for example, "I'd like for my child's therapist to stay the full thirty minutes at each home visit to work with my child and I so that I know how to help my child learn."

Signature: _____

Date: _____

If you have any questions, please contact:

Tracy Turner, Part C Coordinator
First Connections
Arkansas Department of Education
Division of Elementary and Secondary Education (DESE)
Office of Special Education
P. O. Box 1437, Slot N504 Little
Rock, AR 72203
Phone: 501-683-5803
Tracy.Turner@ade.arkansas.gov
Web site: <https://www.firstconnectionsar.org/>