

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES**



**CONTRACT SPECIFICATION MANUAL
FOR SERVICES PURCHASED FOR CONSUMERS OF
THE OFFICE OF BEHAVIORAL HEALTH:**

EARLY INTERVENTION

FY 2023-2024

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INTRODUCTION

The Early Intervention Contract Specifications Manual provides the specific terms and conditions which are applicable to the service or services being provided through an agreement between the Allegheny County Department of Human Services and a contracted CONTRACTOR. By reference in the agreement, the applicable chapters or provisions of the Contract Specifications Manual are incorporated therein.

Further, the manual identifies any forms or procedures that the CONTRACTOR must comply with to assure the COUNTY'S compliance with the requirements of the funding source(s).

The terms, conditions, forms, and procedures in this manual are subject to change from time to time as required by law and shall be amended or modified by written notification from the COUNTY to the CONTRACTOR.

In addition, CONTRACTOR is required to comply with the Terms and Conditions of additional contract specifications manuals, including but not limited to:

1. DHS General Requirements/ Contract Specifications Manual
2. DHS Payment Provisions Manual
3. Master Provider Enterprise Repository (MPER)
4. Minority/Women/Disadvantaged Enterprises (M/W/DBE)

CHAPTER 1: CONTRACTOR CONDITIONS

CONTRACTOR shall adhere to the following terms and conditions as put forth in the “Mental Health and Mental Retardation Act of 1966” Special Session No. 3, October 20, 1966 P.L. 96, No. 6, 50 P.S. (4101-4704) 301 (d), the “Mental Health Procedures Act”, Act 143 of 1976; 50 P.S. §7101 et seq. which specifies the services which are to be made available under the Allegheny County Department of Human Services by the local authorities; and, for which the COUNTY contracts with **CONTRACTORS**.

Definitions: The following definitions shall apply throughout this Manual.

1. “Act” refers, as applicable, to the “Mental Health/Mental Retardation Act of 1966”, or the Mental Health Procedures Act of 1976”.
2. “Regulations” refers, as applicable, to Regulations promulgated under the Act by the Offices of Mental Health/Intellectual Disabilities, Pennsylvania Department of Human Services, and Allegheny County’s Department of Human Services. Early Intervention Regulations are found in (55 PA. Code CHS. 4225 and 4226.) www.dhs.state.pa.us
3. “IFSP” refers to the Infant/Toddler’s Individualized Family Service Plan which is written by the Service Coordinator in conjunction with the family, selected Providers of Service and other invited guests and identifies services and actions necessary to meet the infant/toddler’s outcomes.
4. Early Intervention Services are further defined in PA EI State Regulations and the Infant Toddler and Family (ITF) Waiver Agreements.
5. Early Intervention Services: Services authorized for each infant/toddler shall be included in the child’s IFSP and shall be identified using the service names and included on the rate schedule. CONTRACTOR through the Service Coordination (SC) unit is responsible for ensuring that all IFSPs include the service names along with other pertinent information.
6. Any changes to the services under the AGREEMENT that result in changes in the approved activities or the location of activities or the addition, reduction, or deletion of services to be purchased by the COUNTY from CONTRACTOR under the AGREEMENT must receive prior written approval from the Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) Deputy Director and/or designee. CONTRACTOR requesting change must submit a written request to the DHS Director and the DHS Deputy Director for the Office of Behavioral Health/Early Intervention at least ninety (90) days prior to the anticipated change.

A. Performance Conditions:

1. **CONTRACTOR** shall be bound to comply with such review of all aspects of their respective programs as are required by all appropriate Federal, State, and COUNTY authorities. Such reviews and evaluations shall be made at reasonable times during the term of the agreement and may be subject to unannounced monitoring at various times based upon need and may also include reviews of individual consumer records by the Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) Deputy Director and/or designee. The most current version of OCDEL's Early Intervention Verification Tool & Protocol will be used for monitoring.
2. **CONTRACTOR** shall permit an authorized designee of COUNTY to attend that portion of any such meetings affecting the services funded by the AGREEMENT, and shall provide COUNTY at CONTRACTOR'S expense, with an accurate copy of that portion of the minutes of any such meeting within a reasonable time after its adjournment. CONTRACTOR shall provide COUNTY with reasonable advance notice of the date, time and place of its Citizen Advisory Council meetings and Board meetings when appropriate.
3. **CONTRACTOR** does hereby agree to provide promptly on the execution of the AGREEMENT, a full and complete copy of the by-laws of the Provider Corporation, certified to be a true and correct copy of the same by the Secretary or Assistant Secretary. CONTRACTOR further agrees to promptly provide a certified copy of any changes in the by-laws which may be adopted by the corporation during the term of the AGREEMENT.
4. **CONTRACTOR** shall only use ITF Waiver Funds for those infants/toddlers eligible to receive Waiver Services and in accordance with the provisions of the approved IFSP and the 2176 Waiver Supplemental Grant Agreement, and any amendments hereto attached, and incorporated by reference herein.
5. **CONTRACTOR** shall ensure that communication, correspondence and advertisements inform public and private entities to contact CONNECT Hotline at 800-692-7288 or the Service Coordination unit directly for referral to EI services. CONTRACTOR shall not endorse alternative processes for getting started with EI services or scheduling evaluations.
6. **CONTRACTOR** shall supply COUNTY with such consumer and service information as shall be duly required by COUNTY for the purposes of management, accountability, and compliance with State and Federal reporting mandates, if the COUNTY'S requests are in conformity with applicable laws on consumer confidentiality and that they include appropriate technical specifications as to the manner(s) and mode(s) in which information will be accepted. Said information shall include, but not be limited to, that required by the COUNTY of the CONTRACTOR for entry and maintenance of the Master Provider Enterprise Repository (MPER), CIPS, and PELICAN.

7. **CONTRACTOR** may utilize outside consultants and vendors in designing and/or operating its information management system, but **CONTRACTOR'S** obligation to **COUNTY** is not transferable to any other party. Significant and/or persistent failure to supply and/or update requested information shall result in financial penalties or other sanctions unless waived by the Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) Deputy Director and/or designee.
8. Personnel Action Plan: **CONTRACTOR** shall employ all positions as required to fulfill the **AGREEMENT** and in conformity with the Allegheny County Personnel Action Plan, subject to available funding for all program funded cost centers. **CONTRACTOR** must submit to **COUNTY** annually, with the **AGREEMENT**, a copy of their salary and fringe benefit package in conformance with the DPW maximum reimbursement of salaries and fringe benefits. This provision only applies to providers that are program-funded.
9. Human Experimentation: All experimentation with human subjects involving any physical or mental risk to those subjects shall be prohibited without all the following:
 1. Prior written approval of the Department of Public Welfare, Office of Behavioral Health subject to all applicable laws, statutes, and regulations.
 2. Prior informed and voluntary written consent of the subject.
 3. Prior informed and voluntary written consent of his/her parents or legal guardian, if the consumer is deemed to be a minor or incompetent.
 4. Each potential subject shall be informed prior to his/her consent that refusal of consent will not result in the loss of any benefits to which the subject is otherwise entitled to from the Federal Government, Commonwealth, **COUNTY**, **CONTRACTOR**, or any third-party insurer.
10. **CONTRACTOR** will ensure that EI professionals have submitted enrollment applications to Medical Assistance (MA) as required by the Office of Medical Assistance Programs (OMAP) prior to treating a child/family but no later than 30 days of hire/contract date. If a problem occurs with the processing of the application(s), **CONTRACTOR** will maintain weekly contact with OMAP until the issues are resolved. **CONTRACTOR** will ensure that EI professionals revalidate their Medical Assistance enrollment every 5 years and submit a revalidation application at least 60 days prior to the expiration of their current validation. **CONTRACTOR** will maintain documentation of their timely applications and efforts to resolve any issues that arise. If an EI professional is not validated/revalidated within 30 days of hire/contract/MA enrollment expiration, **CONTRACTOR** will immediately notify the Allegheny County EI Coordinator. Allegheny County is not responsible for payment for MA billable services provided by an EI professional who is not enrolled as a MA provider.
11. **CONTRACTOR** will submit billing claims within 60 days of the date that a service was provided. If a problem occurs with the processing of MA claim(s), **CONTRACTOR** will maintain weekly contact with OMAP until the issues are resolved. **CONTRACTOR** will maintain documentation of their timely billing and efforts to resolve any issues that arise. In

the event a billing issue is not resolved within 120 days of the claim submission, CONTRACTOR will immediately notify the Allegheny County EI Coordinator. Claims billed more than 180 days after the date of service may not be paid.

CHAPTER 2: POLICIES, PROCEDURES, AND STANDARDS OF PRACTICE

1. Collaboration

All Allegheny County CONTRACTORS and sub-contractors of Infant/Toddler Early Intervention services shall fully communicate and collaborate with community partners to ensure that enrolled children and their families receive comprehensive, family centered and culturally driven services.

Partners in this process include but are not limited to: OCDEL, Pittsburgh Public Schools, Allegheny Intermediate Unit, the 42 school districts outside the City of Pittsburgh, Children, Youth and Families, Office of Behavioral Health, local child care providers, Early Learning Resource Centers (ELRC), Pre-K programs, early care and education programs, public housing, public health benefit programs, drug and alcohol programs, healthcare providers including area hospitals, specialists and pediatricians, homeless shelters and housing programs, area churches, food banks, clothing and furniture providers for those in poverty, charity programs that serve immigrants and refugees relocated to Allegheny County, and other grant-funded initiatives.

The county also commits to have representatives serve on all appropriate planning committees, such as the Local Interagency Coordinating Council, its subcommittees and other such groups that address service improvement to our population.

All contractors and sub-contractors are expected to fully comply with all Allegheny County Early Intervention policies and procedures regarding collaborative efforts to best serve our infants, toddlers and their families enrolled in the program. Any noted deviance in these procedures may result in contract cancellation.

2. Inclusion, Expulsion and Suspension

Allegheny County is committed to supporting the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs with typically developing children. Additionally, we are committed to ensuring that early childhood programs receive the resources and support necessary to maintain children in these settings without the need for expulsion or suspension.

In compliance with the OCDEL companion announcements for inclusion (*OCDEL Announcement DS-03: Inclusion of All Children in Early Childhood Programs in Pennsylvania*), expulsion and suspension (*OCDEL Announcement EI-17 #02: Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania*) the following procedure applies to

children who are at risk of, or have experienced, expulsion or suspension from an early childcare program. Early Intervention (EI) professionals will follow the process outlined below to ensure quality services for all children receiving or referred to Early Intervention IFSP (Individualized Family Service Plan) or Tracking services:

- Service Coordinators will discuss inclusion, expulsion and suspension when they review Procedural Safeguards and Transition Plans with parents/caregivers. They will advise parents/caregivers to contact their Service Coordinator as soon as possible if their child has been, or is at risk of being expelled or suspended.
- Service Coordinators will explain to caregivers the benefits of inclusion and the rights of their children to participate in equitable learning opportunities that help them to achieve their full potential.
- Service Coordinators have a professional obligation to support children in ECE settings by collaborating with families and ECE providers to eliminate structural inequities that limit access, participation and equitable learning opportunities with their typically developing peers.
- The Service Coordination Entity will collaborate with the ELRC as an additional resource in identifying supports and resources for families related to inclusive practices.
- Service Coordinators discuss behavioral concerns as part of the Family Assessment. If behavioral concerns are noted upon intake, a behavioral tool will be administered.
- If an EI professional becomes aware of behaviors that could lead to expulsion or suspension, that professional will contact the Service Coordinator to inform them of the concern. If providing services in an early childcare setting, the EI professional will also have conversation with the childcare provider related to inclusion (OCDEL Announcement DS-03: Inclusion of All Children in Early Childhood Programs in Pennsylvania), expulsion and suspension (OCDEL Announcement EI-17 #02: Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania) and will work with the provider to maintain the child in that setting (as appropriate).
- If a childcare provider contacts the EI program for assistance in preventing expulsion or suspension of a child receiving EI services, the program will respond via phone or email within 48 hours and will hold an IFSP meeting within 10 program calendar days from the date of the request for assistance.
- The Service Coordinator will schedule the IFSP meeting. With parent permission, the IFSP team will work with the childcare facility to share and/or develop strategies to address behavioral concerns. If identified strategies are unsuccessful and the severity of the child's behavior warrants a Functional Behavior Assessment, the Service Coordinator will coordinate this.
- If a parent/caregiver or childcare provider refers a child to Early Intervention services due to behavioral concerns but the child does not qualify for Early Intervention

services, the Service Coordinator will offer resources to the parent/caregiver and childcare provider that may help to support and maintain the child in the most appropriate early childcare setting. The Service Coordination entity will communicate with the EI Coordinator and/or Manager of Child and Adolescent Services as needed to identify behavioral health services for which the child might be eligible.

- If a child has been expelled or suspended from a childcare facility, the Service Coordinator will request permission from the parent/caregiver to contact the childcare facility to discuss the return of the child with supports/resources, help problem solve, encourage collaboration, promote inclusion, and reference the inclusion, expulsion and suspension announcements.
- The Service Coordination Entity will track data related to imminent or completed expulsions and suspensions ... MCI#, age, date, gender, race, CYF involvement, behavior, name of childcare facility, resources/supports offered/provided, and success in maintaining the child. This information will be shared with OCDEL as appropriate. Additionally, the Service Coordination Entity will track related data on children who are referred to Early Intervention services for behavioral concerns but do not qualify for services.

3. Child Find

The Contracted Service Coordination Entity shall utilize a comprehensive approach to identifying at-risk children and children in need of Early Intervention services. This approach shall include:

- a public awareness program focusing on early identification of infants and toddlers with disabilities.
- A comprehensive program to reach all children who are wards of the Commonwealth, such as those in foster care.
- Communication and collaboration with Early Intervention Part B agencies, Allegheny County Health Department, Children Youth and Families, foster care providers, homeless program providers, hospitals and physicians, child-care centers, the Early Learning Resource Center (ELRC), and social service agencies.
- Participation in the Local Interagency Coordinating Council (LICC).

Allegheny County ensures that all children and their families, including minority, low-income, rural, and infants and toddlers in foster care, homeless children and their families, and infants and toddlers with disabilities who are wards of the State have access to Early Intervention services. Allegheny County also assures that methods have been developed to identify local communities in which Early Intervention services are not being accessed. Outreach efforts aim to identify, locate, and evaluate children in those areas for eligibility of services. Further, it is assured that parents are meaningfully involved in the planning and implementation of these services and that all services are provided in a culturally competent manner within the county.

Annually, the LICC Child Find Committee identifies specific targeted areas or groups to provide education and outreach. They help ensure that county-wide outreach efforts and screenings are organized as part of our intensive Child Find activities. After the LICC reviews demographic information about those children in service, children thought to be not accessing services are targeted. The target may be a specific community or zip code or a specific demographic group.

Additionally, at least annually, the Alliance staff canvas targeted groups and/or communities with posters, information, and specially designed materials to educate the public about the availability of Early Intervention services for children from birth to age of beginners. Contact information for each age of referral is also provided.

Among the types of materials disseminated are:

- Laminated announcements of availability of early intervention services, with phone numbers for The Alliance, Allegheny Intermediate Unit/Preschool Early Intervention (PEI) Program, and the City of Pittsburgh Early Intervention program
- Laminated sheet listing developmental milestones and the Alliance and Pennsylvania Connect phone numbers
- “Child Care Provider’s Guide” produced by EITA
- “What is Early Intervention”
- “A Family’s Guide to Early Intervention”
- “Early Childhood and Family Homelessness Resource List”
- “Bath time Safety and Play” with suggested activities and songs
- Alliance for Infants and Toddlers brochure

In addition to the above-named resources, an outreach component of the Allegheny County Early Intervention program (administered by the Alliance for Infants and Toddlers) also aims to identify those children and communities who traditionally have not accessed services easily. This population includes children in childcare agencies, homeless children, children in foster care and other wards of the Commonwealth.

Alliance Early Childhood Liaisons visit children under age 3 who are in foster care or who are wards of the Commonwealth and complete an assessment using the Ages and Stages Questionnaire. After review of these assessments by Alliance staff, children found to be eligible for services are enrolled in and served by the system.

4. Referral Process

Children may be referred to services by any individual, with parent consent. The Alliance for Infants and Toddlers serves as the single point of contact for Early Intervention services in Allegheny County through a contract with the Allegheny County Department of Human Services, Office of Behavioral Health.

A Service Coordinator is assigned within two days of enrollment in Early Intervention services. The Service Coordinator visits the family and gives them a copy of the Alliance Parent Handbook, which provides a comprehensive description of the procedures that will be followed if the parent consents to assessment for services. The Service Coordinator discusses the handbook with the parent in detail, in the parent's native language or mode of communication.

With informed parent consent, the Service Coordinator will convene an independent Multidisciplinary Evaluation (MDE) team for evaluation and assessment of the child and family to determine eligibility for services. If the child is eligible for services, the MDE team will develop the IFSP within 45 days of referral. For children eligible for At-Risk Tracking, a plan will be implemented for ongoing developmental tracking. All applicable parental consents will be obtained for each step of this process.

Parents/caregivers may choose a specific agency to provide Early Intervention services for their child. If a parent does not have a preference in providers, or if the preferred provider(s) is/are not able to provide the service, the information will be posted in the referral system as an open referral for any available provider to claim. Services must be able to start within 14 days of the IFSP.

Allegheny County ensures that all children and their families, including minority, low income, rural, homeless and Children Youth and Families (CYF) active infants and toddlers, have access to Early Intervention services. Furthermore, it is assured that parents are meaningfully involved in the planning and implementation of these services and that all services are provided in a culturally competent manner. Allegheny County also assures that methods have been developed to determine which at-risk infants and toddlers with disabilities are receiving services and which are not receiving these services.

5. Early Intervention Referral System

CONTRACTOR shall utilize the Allegheny County Early Intervention referral system as outlined below. Alternative access to and/or uses of the referral system without direct consent from Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) Deputy Director and/or designee will be considered noncompliance with the Allegheny County Referral System procedure and could result in financial penalties or other sanctions unless waived by the Deputy Director.

The Allegheny County Early Intervention (EI) referral system is a customized software system that was developed through collaboration among Allegheny County, The Alliance for Infants and Toddlers and an outside software developer to ensure the timely provision of services to children and their families. This system was designed for the systematic distribution of referrals to Allegheny County Early Intervention program contracted and sub-contracted providers. It is up to the discretion of the Office of Behavioral Health as to when providers may be added to or removed from the electronic referral system. The Alliance for Infants and Toddlers is responsible for oversight and maintenance of the referral system. Upon determination of eligibility for Early Intervention services, families will be given the opportunity to select a provider from the Statewide Provider List. When a family does not select a specific provider, the

service needs will be entered into the open referral queue of the Allegheny County Early Intervention (EI) referral system.

Beginning July 17, 2023, CONTRACTORS meeting the eligibility requirements listed below may be considered for first-round access to open referrals at the discretion of the Allegheny County Office of Behavioral Health.

To ensure continued compliance with state and local requirements, all CONTRACTORS are expected to continue to meet these standards to maintain their status on the EI Referral System.

Referral System Eligibility

- Submits Early Childhood Outcomes (ECO) entry and exit data, per the Allegheny County Child Outcome Data procedure, for at least 1 year as evidenced in the annual provider monitoring results completed by the Allegheny County program office.
- Submits Quarterly and Annual Progress Monitoring Reports, per the Allegheny County Progress Monitoring procedure, to The Alliance for Infants and Toddlers for at least 1 year as evidenced in the annual provider monitoring results completed by the Allegheny County program office.
- Submits session notes to The Alliance for Infants and Toddlers, per contract with The Alliance for Infants and Toddlers, for at least 1 year as evidenced in the annual provider monitoring results completed by the Allegheny County program office.
- Submits Service Tracking Sheet to The Alliance for Infants and Toddlers, per contract with The Alliance for Infants and Toddlers, for at least 1 year as evidenced in the annual provider monitoring results completed by the Allegheny County program office.
- Delivers quality services for at least 1 year as evidenced in the annual provider monitoring results completed by the Allegheny County program office.
- Meets 100% of training, certification, and clearance requirements for at least 1 full fiscal year, as identified by OCDEL and Allegheny County, immediately preceding consideration for first-round access to the referral system. Compliance with this standard will be reflected in the annual provider monitoring report completed by the Allegheny County EI program office.
- Independently maintains consistent and timely documentation in the Professional Development (PD) Registry as evidenced by no gaps in documentation of professional licenses, certifications, clearances, and required trainings.
- Demonstrates, at a minimum, fair and sincere efforts reasonably necessary to provide services to all families equally. These efforts are determined on the sole reasonable judgement of the County EI program office and are based on patterns of concern and communication with the provider related to serving people of all communities, races, cultures, and communication needs.
- Demonstrates working knowledge of, and willingness to follow, all state and federal

regulations. This is determined by the sole reasonable judgement of the County EI program office and is based on patterns of concern, technical assistance, and communication with the provider.

- Demonstrates working knowledge of, and willingness to follow, all county policies, procedures and processes including but not limited to those relating to non-discrimination, family choice, engagement/re-engagement, collaboration, service notes, and service modification.
- Has and maintains a minimum of 10 EI professionals approved to provide services in Allegheny County.
- Has consistent dedicated staff, including back-up staff, trained and available to utilize the referral system at all times.
- Maintains the Services Approved Not Started list with no services listed beyond 45 days of the IFSP.

Open Referrals:

The referral system process will function as outlined below:

- Provider-specific referrals will be posted in the referral system at 11:00 a.m. daily and must be claimed from the system by 12:00 p.m. the following business day. Provider-specific referrals not claimed by 12:00 p.m. on the second day will be re-posted as open referrals.
- Referrals open for all providers will post from 8:30 – 12:30 daily, Monday through Friday excluding holidays.
- CONTRACTORS will select the referrals/services they can fill, listing them in order of priority. These draft selections must be posted in the queue by 12:45 p.m.
- At 1:00 p.m. the system will automatically assign referrals to providers who have first-round access based on their ability to fill the service, the order of their preferences and the systematic distribution of cases to contracted EI providers.
- At 1:30 p.m. the system will perform a secondary systematic distribution of cases to providers who have second-round access to referrals.
- The referral system operators will review and approve all assigned referrals. The Alliance for Infants and Toddlers will notify providers of their assigned referrals.
- Services not claimed will be reposted the following day. If a service is not claimed within 5 days of the posting, Allegheny County and/or The Alliance for Infants and Toddlers may begin contacting non-contracted providers to determine availability to deliver the service(s) needed. Open referrals will remain posted in the open referral queue until the services have been claimed, either by a contracted or non-contracted provider.
- Services claimed can only be turned back into the referral pool by emailing the county and the Alliance for Infants and Toddlers with the reason for returning the service. This may result in loss of open referral selection.

Service start dates must be entered into the referral system within 5 days of a service starting to preserve record integrity. The Alliance staff will review the Services Not Started report generated by the referral system at 7:30 a.m. daily. If a Provider has more than 10 services on the report that are past 14 days from the IFSP, they may not claim any referrals that day unless they are specifically posted for their agency. The exception to the above will be if a service is past 14 days due to a family reason.

6. Family Choice

Allegheny County is committed to ensuring family choice of providers for each child's Early Intervention services. Upon determination of eligibility for Early Intervention services, families will be given the opportunity to select a provider from the Statewide Provider List. All reasonable efforts will be made to fulfill the families' selection(s).

Throughout the course of services, situations may arise which prevent a currently treating EI professional from continuing to work with a child and his/her family. In these situations, regardless of the precipitating factors, families will again be afforded the opportunity to select a provider for those services.

When a therapist will no longer be providing services to a family, the provider agency must first notify the service coordination entity. Once the Service Coordinator (SC) has informed the family of the impending change and has discussed family choice, the EI professional should then discuss the transition with the family. The current therapist and CONTRACTOR must not speak or act in any way that can be interpreted as "soliciting", coercing or misleading families, nor should they encourage families to change providers with the impression that the family can keep the treating therapist.

In the interest of preserving family choice of providers, the following procedures shall be followed by all Early Intervention providers who hold a Memorandum of Understanding or contractual agreement with Allegheny County.

Procedure:

The CONTRACTOR designee will contact the SC(s) and SC program supervisor(s) at The Alliance for Infants and Toddlers (AFIT) and provide the following information within one business day of learning that an EI professional can no longer treat a child:

- Name of therapist resigning.
- Reason therapist is no longer able to provide service(s).
- Final date therapist will be available to provide service(s).
- Name of new provider agency that therapist will be working for, if applicable.
- Children/families impacted.

- The ability/inability to provide a new therapist for each affected family – this information should be provided within two business days and should not delay initial notification to the SC and SC supervisor.

Notifications should occur timely to reduce the risk of disruption to services, as well as to provide families with the opportunity for closure with the EI professional. Allegheny County promotes a best practice standard of four weeks-notice, and strongly encourages a minimum of two weeks-notice whenever possible to reduce the distress that some children and families may experience with this transition.

The Service Coordinator(s) will contact the affected families to inform them that the therapist is resigning and may inform families if the current therapist will be working for another provider. At that time, the Service Coordinator will discuss family choice with the parent/caregiver.

- If a family chooses to continue services with the current provider, the Service Coordinator will contact the provider to inform them. The SC will obtain the name of the new therapist, if available, and share the information with the parent/caregiver.
- If a family chooses to work with a new provider, the Service Coordinator will review/offer to review the Statewide Provider List with the family. If a family identifies the provider from whom they wish to receive services, the SC entity will contact the chosen provider directly to determine their availability to provide services. If a family does not identify a specific provider from whom they wish to receive services, then the information will be posted on the referral system.
- If a family chooses to ‘follow’ the current therapist to their new provider agency, the family must be informed that continuing services with the same therapist cannot be guaranteed.

At no time should a CONTRACTOR re-assign an EI professional without prior discussion with the Service Coordination Entity and agreement from the family. EI professionals may not recommend a specific therapist or provider agency, solicit business, influence family choice, or infer anything other than family choice. It is the role of the SC or SC supervisor to engage the family in conversation pertaining to provider of choice. Therapists and provider agencies shall not engage in these discussions with family members.

It is particularly important that children close to transition or children who have already experienced changes in therapists have the opportunity for consistency. There are also unique situations where a change in therapist may impede progress and staying with the same therapist, if an option, should be considered.

If a child’s services are interrupted due to therapist reassignment, a family is entitled to have those sessions rescheduled.

Each step of the process should be clearly documented in the Service Coordination notes to reflect that family choice was provided. Corresponding forms, such as the Family Choice Form, must also be completed as appropriate.

NOTE: A Family Choice Form is not required each time a new service is added; it is only needed when a family is making a new choice in provider.

7. Engagement/Re-engagement/Closure

Any time that a child/family frequently misses scheduled Early Intervention sessions, CONTRACTOR will notify the Service Coordinator. The Service Coordinator will then contact the family to determine if services and supports may be helpful to the family and assist them in obtaining the maximum benefits of Early Intervention services.

In situations where numerous sessions are cancelled due to child illness/medical condition, the team should work closely with the family to provide services as the child's health permits. When having difficulty reaching parents/caregivers to schedule services or when a parent/caregiver is consistently unavailable for scheduled sessions, the assigned CONTRACTOR will attempt to schedule and hold sessions at a minimum of one time per week over the course of 30 days. If attempts to schedule and hold a session are unsuccessful within the first two weeks of engagement/re-engagement efforts, the service provider will contact the Service Coordinator with the dates of attempted contact and the results of those attempts. Upon notification, the Service Coordinator will attempt to contact the family in an effort to facilitate communication between the parent/caregiver and the service provider, and to discuss barriers to treatment. This discussion should include support services available to the family as well as dates and times that may be more compatible with the family's routine. The Service Coordinator will also contact other involved EI service providers to determine whether those services are impacted by lack of engagement. If a child is involved with CYF, the CYF Case Worker will also be notified by the Service Coordinator. All contact / attempted contact must be recorded in the EI professional's documentation.

The Service Coordinator will attempt to contact the family at least once per week over the following two weeks.

If the parent/caregiver continues to express interest in services but is consistently unable to keep scheduled therapy sessions, the Service Coordinator will discuss concerns with their supervisor, who will reach out to the family. If the supervisor's efforts are unsuccessful in engaging the family, they will request the assistance of the Clinical Manager or MH Specialist who will reach out to parent/caregiver to educate them on the long-term impact this could have on the child's development.

If the Service Coordinator is unable to reach the family, a no-contact letter will be mailed to the parents/caregivers informing them of the unsuccessful attempts at contact. The letter will include:

- The program's understanding of unusual circumstances that may cause the family to delay services.
- Willingness of the program to help address any barriers to treatment and to assist the family if they are still interested in receiving services.

- An explanation that services will be closed if a response is not received by a specified date two weeks in the future. The closure date should represent 45 days of no contact from the first attempted contact by the provider.
- Contact information and the process for returning to Early Intervention services if the family chooses to engage in services at some point in the future.

If the additional attempts to engage the family in services are unsuccessful, or if no response is received from the family, a discharge letter will be sent to the family and services will be closed. The Service Coordinator will notify service provider(s) of the closure. If the treatment team feels that the closure date should be extended due to special circumstances involving the child/family, then the Service Coordinator will review the case with his/her supervisor for final determination.

All attempts to contact parents/caregivers and CYF must be clearly documented in the child's file, including the dates, times, and results of those attempts. All missed sessions must be clearly documented on session notes and will clearly identify the reason for the missed session(s).

Best Practice:

This procedure outlines Allegheny County's minimum standards when attempting to engage/re-engage families in Early Intervention services. Every effort should be made to reach out to families and assist them in participating in, and obtaining maximum benefit from, these services. The intent of this procedure is to guide providers in engaging families, identifying families who are not interested in services and maximizing our resources to provide quality services to all families needing Early Intervention services.

Please reference the Alliance for Infants and Toddlers '*Procedure for Inability to Render Services*' for more detailed information regarding the Service Coordinators' responsibilities. For further information regarding rescheduling of missed appointments, please see the Allegheny County '*Rescheduled Sessions*' policy.

The Service Coordinator will be notified by other EI professionals when services are not occurring consistently as stated on the IFSP due to cancelled appointments, no shows, or lack of caregiver response. The SC will then review the case with their supervisor to determine next steps and any possible concerns for child safety. SC will contact CYF Case Worker if the child/family is involved with CYF services.

8. Hearing Impaired

Allegheny County Early Intervention (EI) program provides services to all eligible young children, from birth to age three, and their families. A child is considered eligible for EI services if the child has any degree of diagnosed permanent hearing loss, including mild and unilateral hearing losses, and needs Early Intervention services. Every family referred to EI services will be asked if their child participated in newborn hearing screening and, if so, what the results indicated. Every child referred for evaluation will have their hearing development information documented in the Early Intervention Evaluation Report.

The IFSP team will utilize the Early Intervention Communication Plan tool as part of the planning process in developing the IFSP, embedding components of the tool into the IFSP. While developing the child's IFSP, the team will consider: the family's choice of communication method, the use and functioning of assistive technology, and any additional disabilities or delays that the child may be experiencing.

Reporting Back to Referral Sources:

The Infant/Toddler EI program will routinely acquire parent consent to inform the referral source of the outcome of the referral to EI services. This practice will be implemented consistently for children with hearing loss.

Allegheny County will cooperate with the Pennsylvania Department of Health, who must meet the Centers for Disease Control and Prevention federal reporting requirements, by reporting the numbers of infants who both do and do not receive follow up after newborn screening annually. Allegheny County Infant/Toddler EI program will transmit information to the referral source which will be further assisting the Pennsylvania Department of Health with this federal reporting requirement. Every family will be asked if they give consent to share information about their child's eligibility for Early Intervention with referral sources.

On-Going Need for Assessment:

Hearing loss is not an obvious condition and can occur at any time beyond the newborn period. Hearing assessments are conducted at well baby/child visits. EI staff will be alert to the possibility of hearing loss and will refer the child for a comprehensive audiological assessment when a child demonstrates a delay in communication development.

Acquisition and Maintenance of Assistive Technology Devices:

Allegheny County Early Intervention Teachers of the Hearing Impaired and/or Service Coordinators will work closely with vendors, funders, loan programs, etc. to obtain essential assistive technology devices for each child for whom it has been deemed necessary. Teachers of the Hearing Impaired and/or Service Coordinators will ensure that parents are educated on and proficient in the use of the assistive technology devices. Additionally, they will work with parents, audiologists and others to ensure that the assistive technology devices, including hearing aids, are maintained.

CONTRACTOR will ensure that the appropriate staff receive information and training to familiarize them with the needs of children with hearing loss.

Early Intervention staff will provide families with information on resources and supports available to children and families affected by hearing loss. This information will include, but not be limited to:

- (1) *"Getting Started: Resources for Parents and Families of Infants and Young Children with Hearing Loss"* booklet.
- (2) *Hands & Voices Guide By Your Side of Pennsylvania* and *Parent to Parent of Pennsylvania* contact information.

(3) *Family Connections for Language and Learning.*

9. Nondiscrimination

Allegheny County Early Intervention program and its CONTRACTORS shall not discriminate against any child or family. The EI program has adopted procedures for the evaluation and assessment of children and families that are administered in the native language or mode of communication of the parent unless it is clearly not feasible to do so. All assessment and evaluation procedures are selected and administered so as not to be racially or culturally discriminatory. Further, no single procedure is used as the sole determination of a child's eligibility and all evaluations and assessments are completed by qualified personnel trained in culturally competent practices.

For parents when spoken English is not the primary method of communication:

At the initial contact with the family, the Service Coordinator will determine the oral language or other method of communication used by the family. The Service Coordinator will then make arrangements for all subsequent written and oral communication to be conveyed to the family in their native language or mode of communication.

The Service Coordinator or the supervisor will contact PaTTAN for copies of Early Intervention documents in translated, specific foreign languages or other modes of communication, such as Braille. If available, they will be used in conjunction with a foreign language speaker who will interpret or translate all meetings between the family and members of the Early Intervention system. For parents who are deaf or hard of hearing and use total or manual communication, the Service Coordinator will make arrangements for a sign language interpreter.

Services of foreign language interpreters or sign language interpreters may be the responsibility of the Service Coordination and/or the Early Intervention provider depending upon the nature of the Early Intervention activity. The Service Coordinator and Early Intervention provider agencies will make every effort to obtain the services of individuals highly skilled in the primary mode of communication of the family. In situations where it has not been clearly feasible to obtain professional support, the Service Coordinator will document all efforts made to do so.

Other non-discriminatory policy assurances:

The county contracted independent evaluators shall use only assessments and evaluation procedures that are not racially or culturally discriminatory. Selection of all evaluation tools will be based upon a review of the testing manuals, peer-reviewed literature, and best practice knowledge to ensure the efficacy of the instrument for all populations. Further, no single procedure will be used by the MDE team as the sole criterion to determine a child's eligibility. The county allows for subcontracts only with personnel who are highly qualified to conduct evaluations and assessments and are knowledgeable in culturally competent practices.

Best Practice:

Early Intervention services are delivered in the native language or mode of communication. Services are culturally appropriate and respectful of each family's unique situation.

10. Screening

Allegheny County Early Intervention (EI) Program offers to any infant or toddler referred to our Early Intervention program a developmental screening to determine whether that child may have a developmental delay. Allegheny county uses the Ages and Stages Questionnaire (ASQ-3 and ASQ-SE), which is the screening tool recommended by the Office of Child Development and Early Learning (OCDEL). Exclusions to this requirement would be:

- Children who have already been diagnosed with a physical or mental condition that is likely to result in a developmental delay, unless requested by the parent/caregiver.
- Children who had a recent screening conducted by a physician/pediatrician/other healthcare provider, CYF or other social service agency prior to referral to EI services.

Additionally, Allegheny County EI program requires that a vision screen and hearing screen be completed at every initial and annual evaluation. The approved tools include:

- Allegheny County Early Intervention Vision Screening Tool
- Allegheny County Early Intervention Hearing Development Checklist

Prior to the completion of the developmental screening, the Service Coordinator will provide the parent(s)/caregiver(s) with written notice of their intent to screen the child, will explain the purpose of the screening to the parent(s) and/or caregiver(s) and will obtain parental/caregiver consent for the screening to be completed. They will also inform the parent(s)/caregiver(s) of their right to request an evaluation at any time during the screening process. Once parental consent is obtained, the Service Coordinator will complete the ASQ-3 and ASQ-SE with the parent's assistance. In situations where the child's needs indicate that a different developmental screening tool should be used, the Service Coordinator must document the tool used and the reason why in their Service Coordination Notes. All Service Coordinators are trained in the administration and interpretation of the developmental screening tool(s) utilized by the Allegheny County EI Program and will be trained in new or updated procedures as appropriate.

If the screening and other available information indicate that the child is meeting age-appropriate developmental milestones, the Service Coordinator will notify the parent(s)/caregiver(s) of the results in writing. They will provide information on community supports and services that may be available to the child/family and will inform the parent(s)/caregiver(s) of their right to request an evaluation. Contact information for the Infant Toddler EI Program and the Preschool EI Programs will be provided to parent(s)/caregiver(s) in case future concerns arise regarding the child's development.

If the screening and other available information indicate that the child is meeting age-appropriate developmental milestones, but the child is identified as at-risk (under §4226.5), the Service Coordinator will inform the parent(s)/caregiver(s) that the child is eligible for Tracking services. The Service Coordinator will inform the parent(s)/caregiver(s) of their right to request an evaluation.

The Alliance for Infants & Toddlers Tracking Program for at-risk children utilizes the ASQ-3 and ASQ-SE screens for all children referred for tracking services. Subsequent screens are administered according to the ASQ-3 and ASQ-SE age-range protocols. Information obtained from these screenings is used to inform the Tracking Service Plan and the Results and Recommendations Plan.

If a parent/caregiver requests and consents to an evaluation at any time during the screening process, the Service Coordinator will arrange for the timely completion of the evaluation.

11. Evaluations and Assessments

Initial and annual evaluations are conducted by personnel independent of service provision. The initial evaluation report must be completed in sufficient time to enable the IFSP to be developed within 45 days of referral to Early Intervention services. If exceptional circumstances make it impossible to complete the evaluation within the 45-day timeframe, the reasons must be documented in the child's record and PELICAN. A written report must be provided to the family within 30 days of the completion of the evaluation. If an Independent Assessor is not available to complete the annual evaluation within the required time frame, a treating provider may complete the evaluation with prior County approval.

Allegheny County EI Program, in collaboration with the Alliance for Infants & Toddlers Service Coordination Unit and sub-contracted Independent Assessors, ensures that:

- Each child referred for evaluation receives a timely, comprehensive MDE (Multidisciplinary Evaluation), a child assessment, and a family-directed assessment of the needs of the child's family to assist in the development of the child.
- The MDE is conducted for each infant or toddler with a disability at least annually. The initial and annual evaluations, as well as additional assessments, are conducted by qualified personnel independent of service provision, whenever possible. When an appropriately qualified Independent Assessor is not available to complete the annual evaluation within the required timeframe, county approval will be obtained for the evaluation to be performed by a qualified member of the child's IFSP team.
- The evaluation and assessments will be administered in the native language of the child and parent(s)/caregiver(s) unless it is clearly not feasible to do so.
- Evaluation and assessment procedures and materials will be selected and administered in a manner that is culturally sensitive to each family and will not be racially or culturally discriminatory.

- No single procedure will be used as the sole criterion for determining a child’s eligibility. Rather, information from parents/caregivers/medical providers/medical and other records and observation will be used in establishing eligibility (for further information, please see Allegheny County Early Intervention Program’s Eligibility policy, Informed Clinical Opinion policy, and Children Referred to Allegheny County from Out-Of-State policy).
- Following the Evaluation, the Service Coordinator and/or Independent Assessor will explain the results to the caregiver in a way that the caregiver can understand. Additionally, a written report is provided to the parent within thirty (30) days of the MDE. If a child is determined ineligible for Early Intervention services,
 - The Service Coordinator will advise the parent(s)/caregiver(s) of their right to dispute the eligibility determination (for further information, please see Allegheny County Early Intervention Program’s Procedural Safeguards policy).
 - The Service Coordinator will develop the Transition Plan with the parent(s)/caregiver(s) prior to discharge.
 - COR therapists will collect or submit Child Outcome Data no more than 10 calendar days after the determination is made. (For further information regarding data collection and reporting, please reference the Allegheny County policy on Child Outcome Data).

When scheduling the Annual Evaluation with the parents/caregivers, Service Coordinators will explain the evaluation process and provide them with the option to receive EI services during the same week as the evaluation (if the child remains eligible) or to have the session scheduled for an alternate week. The Service Coordinator will then communicate the parent’s/caregiver’s decision to the service provider. Additionally, during sessions leading up to the Annual Evaluation, Early Intervention service providers will advise parents/caregivers that, based on their child’s progress and current development, the child may no longer need or be eligible for Early Intervention services. They will provide and review additional therapeutic activities that parents/caregivers can implement should the child no longer qualify.

In further preparation for the Annual Evaluation, Early Intervention service providers and Service Coordinators will communicate to exchange current information regarding the child’s level of progress and continued Early Intervention needs. This exchange of information should occur no less than 7 weeks prior to the scheduled evaluation. The Service Coordinator will then share the information (with parent/caregiver consent) with the Independent Assessor prior to the MDE/IFSP. This will allow the Independent Assessor to ensure that the evaluation/assessment includes vital information that has been gathered over the past year of services.

When a child is determined eligible for EI services, each child assessment will:

- Address the individual strengths and needs of the child, as well as the team’s recommendations for Early Intervention and other related services that will enable the child to make progress in typical routines, community and/or educational activities.

- Include a review of the results of the evaluation, personal observations of the child, and identification of the child’s needs in each developmental area (cognitive, physical development, communication, social and emotional development, and adaptive behavior).
- Include how the delay or disability affects the child’s participation in appropriate activities.

When a child is determined eligible for EI services, each family assessment will:

- Be based on information obtained through the assessment tool, as well as interview(s) with family member(s) who agree to participate in the assessment.
- Include identification of the family’s resources, priorities, and concerns as well as the supports and services needed to enhance the family’s ability to meet the child’s developmental needs.

Timelines:

The Allegheny County Early Intervention Program must complete the initial screening, evaluation, assessment and IFSP meeting within 45 days of receipt of the referral for Infant/Toddler Early Intervention services. The only circumstances under which this timeline may run beyond the 45 days are:

- The child or parent/caregiver is unavailable to complete any part of the process due to exceptional family circumstances.
- The parent has not provided appropriate consents for each step of the process despite documented repeated attempts by the Service Coordinator to obtain such consents.
- Weather/Act of Nature conditions impede the ability of the EI team to schedule and/or attend appointments to complete these functions within the 45-day time-period.

In situations where the initial screening, evaluation, assessment and IFSP meeting cannot be completed within 45 days, documentation must be entered into the child’s record explaining the reason for the delay. When the delay is related to exceptional family circumstances, the process will resume when the exceptional family circumstances no longer exist or when parental consent is obtained.

12. Eligibility

In response to Announcement EI 13-#08 (Eligibility for Infant/Toddler and Preschool Early Intervention) and the Guidance on Eligibility Evaluation Practices issued by OCDEL on 12/13/13, Allegheny County is issuing the following policy effective 1/15/14. As such, it is expected that all Early Intervention (EI) providers contracting with Allegheny County Early Intervention program will share all three documents with their employees and contractors.

Pursuant to 55 Pa. Code § 4226.22(a)(1) an infant or toddler is eligible for Early Intervention services if the child's score on an appropriate diagnostic instrument indicates that the infant or toddler is demonstrating a delay of 25% of the infant's or toddler's chronological age in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development. Section 4226.22(a)(2) provides that an infant or toddler is eligible for Early Intervention services if a developmental delay in one of the developmental areas specified above is documented by test performance of 1.5 standard deviations below the mean on an accepted or recognized standard test for infants or toddlers. Eligibility is established as a result of the overall score in one or more of the developmental areas specified above. Subset scores may not be used to determine if an infant or toddler is eligible for the EI program under either Section 4226.22 (a)(1) or (2).

An infant or toddler is also eligible for EI services if the child has a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay, even when the condition is not accompanied by delays in one of the developmental areas specified above at the time of diagnosis (or evaluation) {Section 4226.22 (a)(3)}. When eligibility is established based on a child's diagnosis, the multidisciplinary team must document information on the child's condition and the child's current developmental status. At the annual evaluation, the evaluation team should revisit the diagnosed condition and a norm-referenced test should be administered in order to reconfirm that the child's diagnosed condition continues to meet eligibility criteria for EI services. Any changes to the child's diagnosis or prognosis should be documented appropriately.

Additionally, federal and state law allow for the use of Informed Clinical Opinion as an independent basis to establish eligibility for Early Intervention services. Informed Clinical Opinion can be used as the determining criteria for eligibility especially when norm-referenced evaluation instruments cannot be used to adequately identify the presence or absence of a developmental delay. It may not be used to negate eligibility established through the use of other appropriate evaluation instruments. For further information regarding the use of Informed Clinical Opinion, please reference the attached Allegheny County policy on such.

A variety of assessment activities are used to gather comprehensive evaluation information including a review of the child's medical or other records, administration of a norm-referenced assessment tool or test to assist in identifying the child's level of developmental functioning, a family assessment, and observation of the child in typical routines and activities. Eligibility is based on a synthesis of this information. It is especially important that all data be considered when there are challenging circumstances or when there is inconclusive or conflicting information with regard to eligibility. When eligibility is questionable, the team performing the initial evaluation should review all available information prior to making a decision about eligibility for EI services.

Diagnostic tools and standardized tests must be used for the purpose and population for which they are valid and reliable. They must be administered and scored in accordance with the recommendations provided by the instrument or test developer, including the guidelines on user qualifications and documented evidence that the user has been trained to administer the instrument.

In addition to County oversight, direct supervisors of EI professionals must provide oversight and supervision regarding eligibility for EI services. This should include:

- Ensuring that professionals understand the specific eligibility criteria for infant/toddler EI and stay current with any new regulations and OCDEL announcements.
- Ensuring that professionals performing evaluations demonstrate appropriate competency in evaluation practices including test administration and interpretation, observation of the child, ability to synthesize multiple sources of information, and ability to appropriately document the results of the evaluation and assessment prior to participating in eligibility determination practices.
- Closely monitoring evaluation activities and documentation of those activities to ensure that children are being appropriately identified as eligible for EI services, assessment tools and other activities are being used correctly, and regulations are being followed.
- Examining evaluation practices to ensure they are sensitive to individual family backgrounds, including but not limited to linguistic and cultural diversity.
- Ensuring that the evaluation team receives supervisory guidance when challenging assessment situations are present, including when there is conflicting information around eligibility.

13. Informed Clinical Opinion

According to OCDEL Regulation § 4226.22. Eligibility for early intervention services:

(a) The county MH/MR program shall ensure that early intervention services are provided to all children who meet one or more of the following eligibility criteria:

- (1) A developmental delay, as measured by appropriate diagnostic instruments and procedures, of 25% of the child's chronological age in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.
- (2) A developmental delay in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, as documented by test performance of 1.5 standard deviations below the mean on accepted or recognized standard tests for infants and toddlers.
- (3) A diagnosed physical or mental condition which has a high probability of resulting in a developmental delay as specified in paragraphs (1) and (2), including a physical or mental condition identified through an MDE, conducted in accordance with § 4226.61 (relating to MDE), that is not accompanied by delays in a developmental area at the time of diagnosis.

(b) In addition to the diagnostic tools and standard tests specified in subsection (a)(1) and (2), informed clinical opinion shall be used to establish eligibility, especially when there are no standardized measures, or the standardized measures are not appropriate for a child's chronological age or developmental area. Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.

Informed Clinical Opinion (ICO) should be used as the deciding factor in eligibility determination only in unique circumstances where a child has a significant delay that is not reflected in test scores. When establishing eligibility through use of Informed Clinical opinion, the assessor(s) must interpret information from two or more of the following types of sources:

- Review of a child's developmental history
- Interviews with parents (including taking the child's history)
- Observation of the child at play and in various settings
- Observation of parent-child interaction
- Information gathered from family members, other caregivers, medical providers, social workers, and educators
- Review of medical, educational, or other records
- Neurodevelopmental or other physical examinations
- Use of an evaluation instrument
- Identification of a child's level of functioning (and needs) in each developmental area

Additionally, written documentation must clearly describe the rationale behind the decision and incorporate information from a variety of sources to support the eligibility decision.

Documentation must:

- Include a statement that ICO is being used to determine eligibility in one of the developmental areas related to present abilities, strengths, and unique needs.
- Fully describe the evaluation process including a description of any instrument used, challenges encountered and the test results.
- Provide an explanation as to why the standardized test administered was not appropriate in accurately reflecting the child's needs.
- Provide quantitative or qualitative data and descriptive information that justifies eligibility based on ICO, even though standardized tools did not establish eligibility and there is no diagnosed physical or mental condition that is likely to result in developmental delay.
- Identify additional sources of information that were used and who provided the information.

- Contain recommendations related to the IFSP.
- Be attached to the IFSP (to ensure that the information is captured as part of the IFSP development).
- Include how the delay or disability affects the child's participation in appropriate activities.

Once eligibility is established, the Service Coordinator will review all paperwork with his/her supervisor to ensure that documentation adequately supports the eligibility determination. The Service Coordinator will routinely check in with parent/caregiver and pediatrician to determine whether the pediatrician has made any new diagnosis of child.

14. MDE/IFSP

Allegheny County procedures ensure that each child's IFSP adheres to the spirit and letter of the law as outlined in Chapters 4226.71 through 4226.75 of Early Intervention regulations, and Office of Child Development and Early Learning Announcement EI-12 #02 (Updates to Early Intervention Policy Based on Requirements in IDEA Part C Regulations), including:

- Development, review and evaluation, and participants in the IFSP meetings and adherence to timelines.
- That the IFSP be based on the evaluation and assessment of the child.
- Matters related to the content of the IFSP.
- Implementation of the IFSP.
- Provision of service before an MDE is completed.
- Be developed independent of funding source decisions.

An Independent Assessor completes an evaluation of a child for their Initial and Annual MDE/IFSP through use of a standardized test. The results of the test or a professional's Informed Clinical Opinion will be used to determine eligibility for EI services.

Once the IFSP has been developed, it must be implemented within 14 days. Each CONTRACTOR agreeing to provide a service must ensure that the service identified on the IFSP starts within 14 days of the IFSP unless the family requests a delay in the start of service delivery. CONTRACTOR is responsible for ensuring that contact with the family is made in a timely manner so that services can start within 14 days.

Development, review, and evaluation:

Evaluations, as well as development and review of IFSPs, shall meet the following standards as cited in Chapter 4226.72:

1. For eligible children, an IFSP meeting will be held within 45 days of the initial referral.

2. The IFSP shall be reviewed at least every 6 months.
3. There will be an annual IFSP meeting which will include information from current early intervention evaluations and any other information from on-going assessments.
4. The IFSP meeting will be held at a place and time convenient to the family and in the native language of the parent.
5. Family will receive written notice of the IFSP meeting no later than 5 days before the scheduled meeting.

Participants in the IFSP:

Each IFSP meeting shall include the following people as listed in Chapter 4226.73:

1. The parent or guardian of the child.
2. Other family members as requested by the parent unless it is not feasible to do so.
3. Anyone else the family requests.
4. The service coordinator.
5. A person directly involved with the evaluation and assessment of the child. If this individual cannot attend, arrangements shall be made for this person's participation by other means.
6. The provider as appropriate.

If a child continues to qualify for services under ICO, documentation must include qualitative/quantitative data, a summary of the child's progress and delays, and a statement of continued need for Early Intervention services. The team must clearly address the areas that initially qualified the child for services under ICO. Provider documentation will be considered in compiling the results. Unmet IFSP outcomes must be addressed. This information is in addition to the information required when establishing initial eligibility.

The Alliance for Infants and Toddlers will notify the Allegheny County EI Coordinator of all children who qualify for services by Informed Clinical Opinion at their annual MDE. This includes children previously qualified under diagnosis or delay, as well as children previously qualified by Informed Clinical Opinion. The EI Coordinator and/or the Early Intervention Specialist will review these files for adequate documentation.

Content of the IFSP

The IFSP shall contain all the elements listed in Chapter 4226.74 and contain a statement of the child's current level of functioning based on the information obtained from the evaluation and assessment of the child. Measurable results and outcomes will address pre-literacy and language skills that are developmentally appropriate for the child. Strategies will align with the Pa. Early Learning standards based on the child's individual needs. Determination of the appropriate setting for provision of a child's EI services will be based on the child's measurable outcomes

and will include a statement of justification if services are not provided in a natural environment. Completion of the standardized state MDE/IFSP document ensures that all components are covered. The Alliance administrative and supervisory staff periodically review IFSP documents as a part of on-going quality assurance. Further, the Allegheny County Early Intervention Coordinator and/or the Early Intervention Specialist shall review files to determine compliance with regulations regarding the content of the IFSP.

Implementation of the IFSP

Parents/guardians of the identified child shall be involved in the decision-making process regarding type, frequency, and location of services. The Service Coordinator shall assist the family in identifying available service providers and accessing services identified on the IFSP. Additionally, the Service Coordinator shall facilitate communication with and between the selected service provider(s) and the parent(s) / caregiver(s). The IFSP shall be implemented according to elements listed in Chapter 4226.75 including the delivery of services in the natural environment unless otherwise documented. Services shall begin no later than 14 days after a parent's consent for IFSP services unless a later date is recommended by the team/family. Service Coordinator shall provide ongoing monitoring of Early Intervention service delivery to ensure that evidence-based practices are used.

CONTRACTOR will enter Service Start Dates into the referral system within five (5) business days of each initial service delivery. Additionally, if a service is not delivered within 14 days of the development of the IFSP, CONTRACTOR will accurately reflect the reason for pending or late service provision no more than five (5) business days after the required service delivery date.

15. Positive Behavior Support

Allegheny County Early Intervention CONTRACTORS will cooperate and collaborate with the Allegheny County Department of Human Services, Office of Behavior Health, to provide services to young children and their families in need of behavioral/mental health services. The two departments are currently operated by the Department of Human Services, which assures a highly integrated approach to care. Children and their families will have access to an array of individualized behavioral health services and tools needed to ensure optimal mental health development, including people with an autism spectrum diagnosis.

Both the Early Intervention and Behavioral Health systems operate under a philosophy of providing services that are individualized, strengths-based, child centered, family-focused, community based and culturally competent. Because both systems sometimes provide similar services, every effort will be made to communicate and collaborate to avoid duplication of services.

Infants and toddlers with severe behavioral health concerns and their families may be eligible through the Medical Assistance Managed Care Program or county-based funds to access an array of services through the Mental Health System, including:

- Blended Service Coordination

- Psychiatric Outpatient Clinic Services
- Psychiatric and Psychological Evaluations
- Family Based Mental Health Services
- Intensive Behavioral Health Services, including individual and group services and Applied Behavior Analysis (ABA).
- Psychiatric Partial Hospitalization
- Therapeutic services in a community residential rehabilitation host home
- Inpatient Psychiatric Hospital services

Entry into Services

Infants and young children in need of behavioral health services may enter either system. A cross-system referral process is in place to ensure coordinated services for those in need.

Allegheny County also has a collaborative effort in screening young children who are living in certain foster care situations. The Early Intervention system screens each child using the Ages and Stages, Social and Emotional Questionnaire protocol and refers children with special needs in this area and/or their families to either or both systems (behavioral health and/or Early Intervention).

Children who have behavioral health needs will have a Functional Behavior Assessment completed, if appropriate, and outcomes will be developed by either the IFSP team and/or the behavioral health team with the family playing a major role on the team. Every effort shall be made to include all community partners to ensure that the child and family receive appropriate services.

In all cases, positive behavioral supports will be implemented in the functional behavioral support plan/IFSP.

Positive Behavior Support planning shall be initiated when the IFSP team has determined that an eligible infant or toddler is exhibiting behaviors that significantly interfere with that child's learning and development. If the team has indicated behavioral concerns on the Special Considerations section of the IFSP, then a Functional Behavior Assessment shall be completed and an outcome and/or strategies shall be developed. If behavior concerns are identified at the time of referral, then the initial evaluation team will include a screen such as the Ages and Stages Social and Emotional Questionnaire, the TABS, the Sensory Integration Profile or other appropriate screening or assessment tools. Information from the assessment will determine if a functional behavior evaluation is needed.

Positive Behavior Support planning should be necessary for only 3% to 7% of eligible children and decisions to implement Positive Behavior Support Planning must consider the frequency, intensity, and duration of behaviors.

Allegheny County prohibits the use of restraints or any other behavior strategies that include physically restraining an infant or toddler. Such techniques shall not be incorporated into any behavior support plan developed by any member of the Early Intervention system.

A Positive Behavior Support Plan must:

- be developed by the IFSP team.
- be based on a Functional Behavioral Assessment.
- utilize positive behavior techniques that promote positive, socially acceptable behaviors while minimizing the likelihood of challenging behaviors.
- include safe, positive, age-appropriate intervention strategies that can be utilized to help address a child's challenging behaviors when other techniques are not effective.
- incorporate ways in which the IFSP team will assist the family and/or caregiver in developing/maintaining a positive, supportive environment for the child (including but not limited to education regarding children with social-emotional needs, discussion regarding safety measures and structuring the child's environment, encouraging the use of positive and preventive strategies to teach expected behaviors, and referral to external services or supports including crisis/emergency services when needed).
- become a part of the IFSP.
- be monitored and implemented by all members of the IFSP team.
- be reviewed at least quarterly and revised as needed.

Positive Behavior Support planning shall include:

- A PBS facilitator who will support the team through the process of gathering information, including data collected through the Functional Behavior Assessment, conducting a behavior review and development of the behavior plan.
- A Functional Behavior Assessment shall include members of the IFSP team, a family member and others who provide care for the child. For further information regarding Functional Behavior Assessments, please reference The Alliance for Infants and Toddlers Functional Behavioral Assessment Procedure.

16. Infants, Toddlers and Families Medicaid Waiver

The Pennsylvania Department of Public Welfare received approval from the Centers for Medicare and Medicaid services (CMS) to provide Early Intervention services funded under a Medicaid Waiver for eligible infants, toddlers and families, effective July 1, 1998. As a condition of federal financial participation (FFP), infants and toddlers who receive services funded under the waiver must satisfy certain levels of care and financial eligibility requirements. ITF Waiver will be offered to every eligible child, parent(s)/caregiver(s) must consent to participate in the waiver, and parent(s)/caregiver(s) must be provided choice of waiver provider from the statewide list of approved providers.

(NOTE: With the introduction of the PELICAN Fiscal Management System on July 1, 2010, the counties no longer receive or manage the allocation for ITF Waiver Services. Providers bill the state directly for rendered services and are reimbursed by the Pennsylvania Treasury.)

With parental approval, the ITF Waiver Coordinator / Qualified Professional (QP) will review the developmental scores of each child who is likely to qualify, to determine if a child meets criteria for ITF Waiver. Eligibility is determined by a delay of 50% (-3 S.D.) in one area or 33% delay (-2 S.D.) in two areas and these delays are expected to last for at least one year. If eligible the QP will review the services received to determine if any of the services are waiver eligible. The service coordinator will facilitate enrollment in the medical assistance program if the child does not already have medical assistance. If the family does not provide approval for review of scores, then the service coordinator will document in the service coordination note that the family is not interested.

At all subsequent evaluations and at least annually the service coordinator will continue to monitor scores and notify the Alliance Waiver Coordinator of any changes. The Waiver Coordinator completes a waiver recertification annually.

At both initial enrollment and annual recertification, the Waiver Coordinator submits an enrollment/eligibility packet containing the (123/123A) to the Allegheny County Early Intervention Coordinator for review and signature. The Alliance submits documentation to the County Assistance Office (CAO). The CAO conducts a review and issues a "Notice of Waiver Eligibility" (form MA-62) to the family and to the Waiver Coordinator.

If a child is determined no longer eligible for waiver funding at the Annual MDE, the Service Coordinator will notify the Qualified Professional (QP). The QP notifies the CAO and family and closes ITF Waiver Funding in Pelican 30 days after the date that the child no longer meets the level of care determination. The child will remain eligible for a 30-day period to allow time for the parent and CAO to be informed that the child is being discharged from the waiver. When the child is discharged from Infant Toddler Early Intervention services, the Service Coordinator, QP and IS department will follow the same procedure. When a child remains eligible for waiver funding at age three: 3 months prior to the third birthday, the family receives a letter stating that waiver funding ends at age 3. 1 month prior to third birthday, the CAO is notified that the child is turning 3 and should be discharged from ITF Waiver on their 3rd birthday. The QP ends ITF Waiver funding in Pelican on the child's third birthday.

Allegheny County assures that it will follow all state and federal laws, regulations, and announcements regarding the ITF Medicaid Waiver, and will maximize use of medical assistance funds. It will retain a copy of the approved waiver application and all amendments for the duration of the five-year renewal period. It will follow all waiver agreements, including the Operating Agreement and County/Provider Contract and MA Provider Agreements. The service coordination component of the Early Intervention system will participate in the waiver through mandated activities.

Implementation

The Alliance for Infants and Toddlers functions as the single point of contact and service coordination unit for Allegheny County. Through its internal operational procedures, The Alliance administers the enrollment of eligible children into the ITF Waiver.

17. Tracking

Early Intervention Tracking services shall be offered to any child who is “at risk” due to:

1. A medical condition at birth that resulted in care in the hospital’s neonatal intensive care unit (NICU)
2. Birth weight below 3 pounds, 5 ounces (1500 grams)
3. Prenatal drug or alcohol exposure
4. Substantiated abuse or neglect (CYF involvement)
5. Confirmed lead level of > 3.5ug/dL
6. Experiencing homelessness

A child is considered homeless if he or she is living in one of the following situations:

- Doubled-up (i.e., sharing the housing of other persons due to economic hardship, loss of housing, or other reasons – such as domestic violence)
- Hotel / Motel
- Shelter (includes shelters, transitional housing, and/or awaiting foster care)
- Unsheltered (cars, parks, campgrounds, temporary trailers including FEMA trailers, substandard housing, or abandoned buildings)
- Living with a caregiver other than a parent or guardian, and the living situation is not fixed, regular or adequate.

Tracking services may also be offered to a family when a child qualifies for Early Intervention IFSP based services, but the family chooses not to have full services at that time.

Procedure

At the initial home visit, the Service Coordinator will discuss the option of having a developmental screen or Multi-Disciplinary Evaluation (MDE). With the parent’s consent, the Tracking Service Coordinator will complete the appropriate Ages and Stages Questionnaire. Any concerns identified at any time can result in a referral for an MDE with parental consent. If the parent is not interested in having an MDE, the Service Coordinator will document this in their service notes.

18. Child Abuse and Reportable Incidents

The Allegheny County Early Intervention program has an obligation to report all cases of alleged abuse or neglect to the Office of Children, Youth and Families. When the alleged perpetrator is an Early Intervention professional, the incident must also be reported to OCDEL.

Allegheny County Office of Behavioral Health requires that all Allegheny County Early Intervention providers maintain their own written policies and procedures relating to Child Abuse and Incident Reporting. These policies and procedures must meet the minimum standards as outlined in applicable federal, state, and local laws, regulations, and announcements. These policies and procedures must include steps that the agency will take to ensure the safety of the child during an investigation of an EI service provider, including disciplinary action or removal of the service provider when warranted. They must also include any resulting disciplinary action and/or dismissal of employees who do not adhere to this policy. EI service providers are required to be knowledgeable of any updates that occur to the Child Protective Services Law. Allegheny County Department of Human Services may terminate a contract with any agency and/or individual who violates this policy.

Applicable Laws, Regulations or Policies:

Child Abuse (from Child Protective Services Law 23 PA CS§6303; 55 PA Code §3490.4; PA Act 31)

The term "child abuse" shall mean intentionally, knowingly, or recklessly doing any of the following:

- 1) Causing bodily injury to a child through any recent act or failure to act.
- 2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in potentially harmful medical evaluation or treatment to the child through any recent act.
- 3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- 4) Causing sexual abuse or exploitation of a child through any act or failure to act.
- 5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- 6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- 7) Causing serious physical neglect of a child.
- 8) Engaging in any of the following recent acts:
 - i. Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers a child.
 - ii. Unreasonably restraining or confining a child, based on consideration of the method, location or duration of the restraint or confinement.

- iii. Forcefully shaking a child under one year of age.
- iv. Forcefully slapping or otherwise striking a child under one year of age.
- v. Interfering with the breathing of a child.
- vi. Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring provided that the violation is being investigated by law enforcement.
- vii. Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - (a) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - (b) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
 - (c) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).

9) Causing the death of the child through any act or failure to act.

It is the responsibility of each Early Intervention provider agency to ensure that their personnel, either contracted or subcontracted, complete a DHS approved PA Act 31 of 2014 training.

Abuse Reporting:

Reports of suspected child abuse must be made immediately and directly to **ChildLine** either electronically at <https://www.compass.state.pa.us/cwis/public/home> or by calling **1-800-932-0313**.

Reports are to be made regardless of the relationship between the alleged perpetrator and the child. If the alleged perpetrator does not meet the definition of a CPSL perpetrator, the report will be forwarded by ChildLine to the appropriate law enforcement agency for investigation.

- All staff working in programs serving children through the Allegheny County Early Intervention program, whether employees or contracted individuals, are mandated reporters for child abuse and as such they are required to report suspected child abuse.
- Staff will report suspected abuse of which they become aware, at the time they become aware, regardless of whether they were providing services at the time.
- In addition to reporting alleged abuse/neglect to ChildLine, the agency point-person will complete the Allegheny County Office of Behavioral Health Unusual Incident Report form (attached) and fax it to the Allegheny County Early Intervention Coordinator office at 412-350-7256 within 24 hours of becoming aware of the suspected abuse.

- If an EI Service Provider is the alleged perpetrator of child abuse, the agency point person will complete phone and written notification to the Allegheny County Early Intervention Coordinator within 24 hours of observation or knowledge of the suspected abuse. Written notification will include completion of the Allegheny County Office of Behavioral Health Unusual Incident Report form and Office of Child Development and Early Learning (OCDEL) Early Intervention Reportable Incident Form (<https://www.education.pa.gov/Documents/Early%20Learning/Early%20Intervention/Laws%20Regulations%20and%20Announcements/Announcements/2020/EI%20Reportable%20Incident%20Form.docx>). Allegheny County EI Program will forward a copy of the EI Reportable Incident form to OCDEL via facsimile at **717-787-1529** within 24 hours of receiving the form. The sender of the OCDEL Reportable Incident Form will call the intended recipient at **717-346-9320** and the OCDEL Advisor prior to faxing the report to assure confidentiality of the information.

Unusual Incident Reporting

- Early Intervention (EI) staff will report incidents which occur when they are present in the home or other location where services are being provided.
- These incidents will be reported by the agency point person to Allegheny County via phone notification and completion of the Allegheny County Office of Behavioral Health Unusual Incident Report form (attached). Timelines for reporting are as stated below.
- All EI staff receive training regarding Child Abuse Reporting as a part of their orientation and annually thereafter.

Death

Within 24 hours of learning of the death of a child in services, EI staff will notify The Alliance for Infants and Toddlers (The Alliance) Service Coordinator. The Service Coordinator will notify The Alliance point-person, who will then notify Allegheny County via phone call and Unusual Incident Report form.

Notification for Children Who Are Served By Both the MR and EI Systems

When a reportable incident occurs involving children who are served by both the MR and EI systems, the above procedure will be followed. Additionally, a report shall be submitted to the Office of Developmental Programs through the Home and Community Services Information System (HCSIS) and to OCDEL using the Commonwealth's Early Intervention Reportable Incident Form (attached). These reports shall be submitted according to the instructions contained in Incident Management Bulletin #6000-04-01.

Follow-up Procedures:

- Recordkeeping
Provider agencies may keep copies of documentation in their own files, but all information must be communicated to the Service Coordinator and all documentation

must be shared with The Alliance for scanning into the child's permanent Early Intervention record.

- ChildLine Reports

When a provider other than a Service Coordinator becomes aware of an incident or situation that should be ChildLined, that person will notify the Service Coordinator who will then notify the point-person at The Alliance. Both the provider and the Service Coordinator will complete a ChildLine report.

The Service Coordinator will review the incident with their supervisor and/or The Alliance point person to determine whether the rest of the child's EI team should be notified of the ChildLine report. This is especially important when there are possible safety issues or concerns.

The Service Coordinator or point-person will follow-up with CYF to determine the outcome of the investigation. If The Alliance is unable to reach CYF to obtain the information, they will notify the Allegheny County EI Coordinator who will pursue obtaining the information.

The Service Coordinator will collaborate with their supervisor or The Alliance point-person regarding the need to update the rest of the child's EI team members regarding the outcome of the CYF investigation.

The Service Coordinator will contact the family to offer support and resources.

If the parent/caregiver discusses the CYF investigation with the provider, the provider will also follow-up with parent/caregiver to determine if additional supports or resources are needed. The provider will then follow up with the Service Coordinator to inform them of follow-up information and any requests for support or resources.

The Service Coordinator will clearly document the incident, outcome of the Childline investigation and any additional pertinent information in the Service Notes section of the child's record.

The EI Coordinator will complete follow-up via review of the child's record and, if necessary, via phone contact with the reporting person or their agency point-person.

- Other Incidents

In the event of any other type of reportable incident, the EI professional witnessing the incident (or the agency point-person) must provide phone notification to the County within 24 hours of learning of the incident, complete an Unusual Incident Report form and fax or e-mail the form to the County within 48 hours of learning of the incident.

The EI Coordinator will complete follow-up via review of the child's record and, if necessary, via phone contact with the reporting person or their agency point-person.

The EI professional will follow up with the parent/caregiver to check on the child's well-being, as well as resources that the child or parent/caregiver may need based on

the nature of the incident. If the reporting EI professional is the Service Coordinator, this will be done via phone contact or scheduled home visit with the family; if the reporting EI professional is a service provider, follow-up will occur at the next scheduled session. Follow-up does not need to be extensive or invasive, but rather a professional courtesy extended to the family. The service provider should keep in mind that they are billing for services provided to the child as documented on the IFSP. Follow-up information obtained by the service provider will be communicated back to the SC, regardless of whether resources or supports are needed.

The Service Coordinator will clearly document the nature of the incident along with any follow-up information in the Service Notes section of the child's record.

- Investigation Procedures

EI provider agencies are responsible for investigating reportable incidents alleged to involve staff employed or under contract with the provider agency. Allegheny County is responsible for investigating reportable incidents alleged to involve independent providers who are not affiliated with an agency.

Investigations conducted by the County or EI provider agency will be conducted independently of any Children, Youth and Family or law enforcement investigation, and must be conducted in a manner that does not interfere with that investigation.

Investigations must be initiated within 24 hours of the receipt of the EI Reportable Incident form and concluded within 10 business days of the initiation of the investigation. An extension may be requested if extenuating circumstances exist that prevent the completion of the incident investigation within this time frame, such as a police investigation or county children and youth agency investigation. In these instances, Allegheny County EI Program will contact OCDEL to request an extension.

An investigation report must include:

- a copy of the EI Reportable Incident form
- the date on which the investigation began
- evidence:
 - list of all persons interviewed, including date and time.
 - list of statements taken from persons interviewed.
 - analysis
 - conclusion
 - recommendations
- the status of the alleged perpetrator.

- a description of the steps taken by the provider or the County EI Program in response to the incident as well as the conclusion reached as a result of the investigation. The alleged perpetrator should not be permitted to work with the infant/toddler that he/she is alleged to have abused (or any child when the allegation warrants such action) pending the outcome of the investigation.
- the date the investigation was concluded.

CONTRACTOR must forward the investigation report to the Allegheny County EI Program via facsimile (412-350-7256) within 5 business days of completion of the report. The Allegheny County EI Program will review the report and either approve it or request additional information within 5 business days of receiving the report. The Allegheny County EI Program will forward a copy of the incident report and the provider's investigation to Director of the Bureau of Early Intervention Services and Family Supports (BEIS) and the OCDEL Advisor via facsimile at **717-787-1529** or email at RA-ocdintervention@pa.gov upon the County's approval of the investigation report. The sender will call the intended recipient at **717-346-9320** prior to faxing the report to assure confidentiality of the information.

Investigation reports completed by Allegheny County EI Program will be forwarded to OCDEL via facsimile within 5 business days of completion of the report. OCDEL will review the County's investigation report, approve the report, and notify the county in writing within 5 business days of that approval. If OCDEL determines that additional information is needed, a request for additional information will be forwarded to the County EI Program within 5 business days of receipt of the report. If the additional information is satisfactory, OCDEL will notify the county within 5 business days of approval of the additional information.

Clearances

It is the responsibility of the Early Intervention CONTRACTORS to obtain the appropriate clearances for all contracted and subcontracted employees who have direct contact with children as defined in § 6303 (regarding the care, supervision, guidance or control of children or routine interaction with children). These clearances shall include the Pennsylvania Child Abuse History Clearance, Pennsylvania State Police Criminal Record Check, and Federal Bureau of Investigation Criminal Background Check.

Allegheny County EI program office will accept clearances updated within the past 90 days for new Early Intervention professionals when the professional has maintained residency in Pennsylvania during those 90 days. Clearances more than 90 days old must be updated. Effective January 1, 2024, existing Pennsylvania Early Intervention professionals who transfer employment to an Allegheny County Early Intervention provider or who provide services under a new contract with Allegheny County Early Intervention program office may provide services to children and families while awaiting updated clearance results:

- If the professional has maintained Pennsylvania residency since their last updated clearances.

- If clearances were updated no more than 36 months prior to contract or new employment.
- If the professional provides a signed disclosure statement indicating, in part, that:
 - I swear/affirm that I have not been named in the Statewide database as a perpetrator of a founded report of child abuse committed within the past three (3) years.
 - I swear/affirm that I have not been convicted of an offense similar in nature to any of the following offenses under Title 18 (relating to crimes and offenses) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation, or under a former law of this Commonwealth.
 - Chapter 25 (relating to criminal homicide)
 - Section 2702 (relating to aggravated assault)
 - Section 2709.1 (relating to stalking)
 - Section 2901 (relating to kidnapping)
 - Section 2902 (relating to unlawful restraint)
 - Section 3121 (relating to rape)
 - Section 3122.1 (relating to statutory sexual assault)
 - Section 3123 (relating to involuntary deviate sexual intercourse)
 - Section 3124.1 (relating to sexual assault)
 - Section 3125 (relating to aggravated indecent assault)
 - Section 3126 (relating to indecent assault)
 - Section 3127 (relating to indecent exposure)
 - Section 4302 (relating to incest)
 - Section 4303 (relating to concealing death of child)
 - Section 4304 (relating to endangering welfare of children)
 - Section 4305 (relating to dealing in infant children)
 - Section 5902(b) (relating to prostitution and related offenses)
 - Section 5903(c) (d) (relating to obscene and other sexual material and performances)
 - Section 6301 (relating to corruption of minors)

- Section 6312 (relating to sexual abuse of children) The attempt, solicitation, or conspiracy to commit any of the offenses set forth above.
- I swear/affirm that I have not been convicted of a felony offense under Act 64 of April 14, 1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past three (3) years. I swear/affirm that, if providing certifications that were obtained within the past three (3) years, I have not been convicted of an offense similar in nature to a crime listed above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.
- If the professional provides receipts and/or other acceptable correspondence as proof of application for updated clearances.
- EI Professionals must provide a copy of updated clearances within 60 days of hire to continue to provide services for the Allegheny County Early Intervention program.

All Early Intervention professionals must obtain, and upload updated clearance documents to the PD Registry no more than every 36 months and prior to the previous clearances expiring.

19. Training

CONTRACTOR will ensure that each direct-care professional (including contracted personnel) meets all necessary preservice and annual training requirements as specified in EI regulations and OCDEL’s Early Intervention Verification Tool & Protocol.

Additionally, **CONTRACTOR** will ensure that personnel participate in county and statewide trainings involving current and new regulations and/or initiatives as requested by Allegheny County Early Intervention program office.

CONTRACTOR is responsible for monitoring and maintaining the Professional Development (PD) Registry profiles for each EI professional. PD Registry profiles must contain current clearances, certifications (including CPR/First Aid) and professional licenses/certifications/qualifications; they must contain appropriate documentation of completed pre-service and annual training requirements.

Per Department of Public Welfare (DPW) Early Intervention (EI) regulations (4226.29 and 4226.30), all direct-care Early Intervention personnel must complete Pre-service Training prior to working alone with at-risk children, infants and toddlers with disabilities or their families. Additionally, 24 hours of relevant training must be completed on an annual basis. Training related to policies and procedures will occur at the provider level unless otherwise notified by the Early Intervention Coordinator. Allegheny County Early Intervention program has developed training standards that incorporate DPW regulations with Allegheny County requirements.

Individual agencies may develop and implement their own training policies if those policies meet or exceed the standards outlined below. All direct-care Early Intervention personnel are expected to familiarize themselves with and adhere to these standards while providing Early Intervention services in Allegheny County.

*** All contracted and subcontracted EI professionals must submit current Child Protective Service Law (CPSL) training certificates within 90 days of their hire date.

Pre-Service Training:

Pre-Service Training must include the following:

- (1) Orientation to the Early Intervention System
- (2) State Regulations
- (3) Duties and Responsibilities of the position
- (4) Methods of working with families using family-centered approaches
- (5) Interrelated social, emotional, health, developmental and educational needs of children
- (6) Availability and use of local and state community resources
- (7) Principles and methods applied in the provision of services in the natural environment
- (8) Fiscal operations of the Early Intervention System and the specific Funding sources

(9) Within 120-days of the date of hire:

- (a) Fire Safety
- (b) Emergency Evacuation
- (c) First Aid techniques (provided by a recognized health source)
- (d) Child CPR (provided by a recognized health source)

* Allegheny County further requires that all Early Intervention personnel acquire and maintain certification in infant CPR, in addition to child CPR. All CPR certifications must be acquired in a face-to-face training experience; online certification is not permitted.

Allegheny County may require additional pre-service training as deemed appropriate by the Allegheny County Early Intervention program office.

Provider agencies will submit new hire information via email to the County designee on or before October 15, January 15, April 15, and July 15. New hire information includes name, discipline, date of hire, date individual began working with children and families, and completion of pre-service training. In situations where new hire training/certification is not completed within the reporting period, any outstanding documentation should be uploaded into the PD Registry by the end of the following reporting period.

Annual Training

24 hours of Annual Training must be completed each fiscal year, a portion of which must include the following specific areas:

- (1) Cultural Competence
- (2) Mediation
- (3) Procedural Safeguards
- (4) Universal Health Precautions

- (5) Mandated Reporting
- (6) Coordination of transition services for infants and toddlers transitioning to preschool programs or other community programs
- (7) HIPAA

Fire Safety and Emergency Evacuation, First Aid and CPR (as required under Pre-Service Training) must also be renewed annually. The only exception would be for First Aid and CPR certifications longer than one year, in which case the certification would be valid for the time-period listed on the certification card(s).

****Please note that CPR certification cards are formatted in a variety of ways, depending on the course provider. It is very important that all CPR cards clearly indicate that child/infant CPR certification was acquired. In situations where First Aid was also a part of the training/certification, this must also be indicated. If it is not clearly stated on the certification card, then corresponding documentation (such as a course description) must accompany the card. If the card contains coding (such as circled letters that are filled in) that indicates the type of certification that was acquired, then corresponding documentation must accompany the certification card to clarify what the coding signifies.**

Copies of all CPR and First Aid certification cards must be present in PD Registry and must include instructor signature and/or QR code provided by the instructor. Letters of certification are not sufficient and should only be accepted as verification until the certification card is provided by the instructor. Copies of all CPR and First Aid cards should be available in HR files within 4 weeks of certification.

Additionally, if personnel intend to use certification toward their required Annual Training hours, they must provide documentation that includes the type of training, the amount of time spent in the training and the instructor's signature.

Annual Trainings must be relevant to Early Intervention services, child development, community resources or services for children with disabilities. Additionally, they must be relevant to the age of the children being served in Early Intervention Infant and Toddler services and must be applicable to the services being provided by EI personnel. Formal verification of completed certifications/trainings must be acquired and maintained in the PD Registry and must be available for review by County personnel. This verification must include:

- (1) name/topic of training
- (2) location of training
- (3) course description or copy of registration with description of the training
- (4) date of training
- (5) length of training and/or CEU's

All trainings used toward the 24-hour annual requirement must be verified in the form of a certificate of attendance. Please note that Mentoring/Job Shadowing is considered a normal part of employment and is not permitted to count toward Annual Training hours.

If an EI professional is off work for an extended period (such as medical leave) and is unable to complete their Annual Training requirements, this should be clearly documented in the person's

HR file and communicated to the County designee. Additionally, if the EI professional will be on leave when entering a new fiscal year, they need to enter an end date in the PD registry.

Allegheny County EI program office requires all clearances to be updated every 3 years for licensed and non-licensed EI professionals. Additionally, Allegheny County requires all EI professionals to update Child Protective Service Law (CPSL) training every 2 years. Clean, clear photos of original updated clearances, CPSL training and professional licenses must be updated prior to expiration date. Should be uploaded to the PD Registry for review by the Early Intervention Coordinator or designee.

Records of all Pre-service Training, Annual Training and First Aid/CPR certification must be kept for as long as the person is employed/under contract and for 4 years or until any audit or litigation is resolved. In situations where an EI professional's employment is terminated with a provider, regardless of reason, the last date of employment should be clearly documented in the HR file.

If an EI professional fails to maintain current licensure, clearances, training and/or certification and produce verification of such within the required timeframes, the reason for the lapse and a plan of correction should be documented in the person's HR file and communicated to the EI Coordinator. In situations where licensure, clearances or CPR/First Aid documentation is not current, the person must immediately stop meeting with children and their families until all requirements are fulfilled and supporting documentation is submitted to their HR Department or designee. The provider agency must then make accommodations to ensure that the child and family continue to receive uninterrupted services. It is not acceptable for a child's/family's services to be interrupted due to an EI professional's failure to maintain current licensure, certifications, or clearances.

If it is determined that individual EI professionals have not met their responsibilities regarding training, Allegheny County will require that those individuals complete their annual training by March 1 of the following fiscal year. If training is not completed by March 1, those individuals will be restricted from new referrals until training requirements are met. If training requirements are not fulfilled by June 30, new referrals will be withheld for an additional 30 days at minimum. If EI professionals fail to maintain current clearances, professional licenses, or CPR / First Aid certification, they will be required to immediately stop treating children and families until these items are current. If EI professionals fail to renew their clearances, licenses, or CPR / First Aid within the following renewal period then Allegheny County may impose further sanctions for those individuals.

If 10% or more of an agency's total HR records do not meet OCDEL and Allegheny County standards in any given year, the following plan will be implemented:

- The first year, the agency will be given 30 days to obtain all documentation required to bring files into compliance. If significant improvement is not noted after 30 days, then Allegheny County will impose a 30-day restriction on all new referrals for that agency.

- The second consecutive year, a 30-day restriction on new referrals will be imposed immediately.
- The third consecutive year, a 60-day restriction on new referrals will be imposed immediately.

20. Clinical Fellowships

CONTRACTOR(s) is permitted to hire a qualified professional to provide speech-language pathology before that professional acquires licensure status. Allegheny County approves the hiring of Clinical Fellows who meet state and local qualifications/requirements. Clinical Fellows:

- Must provide original transcripts for review.
- Must submit original, updated clearance results according to state and county guidelines.
- Must complete required preservice and annual training according to required timelines and Allegheny County policy/procedure, including date of hire and date they started working with children.
- Must maintain current CPR/FA certification.
- Must adhere to all current state and county Early Intervention policies and procedures.
- Must inform families they are working with that they are completing their year of supervised professional experience (YSPE).

In addition to these requirements, the CONTRACTOR agrees to provide clinical oversight and guidance to Clinical Fellows.

- Clinical supervision and mentoring will be provided at least one time per month (for no less than one hour each) by the agency's director or supervisor who is a licensed Speech-Language Pathologist
- Clinical Supervisor will complete direct observations of services at least quarterly, and will review and sign off on all documentation
- Clinical Fellow will bill under the Clinical Supervisor's MA number
- Clinical Supervisor will rate core competencies and submit to ASHA
- Clinical Supervisor will maintain documentation of all supervision, mentoring and observation activities. Clinical Supervisor will maintain documentation of all core competencies submitted to ASHA. Documentation will be maintained in the Clinical Fellow's personnel file and will be available for review by Allegheny County upon request.

Additional guidance for qualifications and requirements can be found in *Chapter 45 State Board of Examiners in Speech-language and Hearing* and in *Announcement EI-09 #17*.

21. Session Notes:

Documentation of Early Intervention service delivery must be completed by an Early Intervention professional when IFSP services are delivered to a child as well as when planned service delivery does not occur. **CONTRACTOR** must have a system in place to ensure that all therapists complete their session notes according to OCDEL's most current Annotated Guidance for Writing Early Intervention Session Notes (<http://www.eitapa.org/>).

The Office of Child Development and Early Learning (OCDEL) requires use of a standardized Session Note form by all Infant / Toddler EI programs. The Session Note form was updated and distributed by OCDEL on June 28, 2023, per Announcement: EI-23 #01. Use of the updated Session Note form will be fully implemented by August 15, 2023.

Session Notes serve as an official record of the service provided to the child / family. They assure communication with parent(s) / caregiver(s) and are an important component in the ongoing assessment of a child's progress to aid in the review / revision of strategies and outcomes. As such, Session Note forms must:

- be completed, in their entirety, by an EI professional when IFSP services are delivered to the child / family.
- be written free of acronyms and in language that defines technical jargon for the parent/ caregiver.
- be legible and written in an objective format free of personal feelings, beliefs, judgments, or assumptions.
- contain documentation that clearly illustrates/represents what occurred during the session and must support units billed.
- clearly identify missed / cancelled sessions, reason, contact attempts to reschedule with caregiver and results of those attempts (however, the NCR version should not be used).
- indicate that caregiver was encouraged to utilize exercises taught until the next scheduled session.
- be signed by the EI professional and parent / caregiver, and a copy must be provided to the parent / caregiver at the end of each session. If the parent / caregiver is not immediately available at the end of the session, then a copy of the Session Note must be provided to them by the next occurring session. The caregiver copy must be provided in the manner of the caregiver's choosing, whether that is hard copy or electronic.
- If service is provided by someone who requires supervision under their scope of

practice, then there must be a supervisory signature on the Session Note indicating that the appropriate supervision was performed according to applicable standards.

- be submitted to The Alliance for Infants and Toddlers in hard copy form for scanning weekly.

22. Progress Monitoring

Allegheny County is committed to a continuous improvement process for the Early Intervention system and seeks to provide quality feedback to family members and other interested parties about each child's developmental progress. Progress is monitored by therapists and Service Coordinators with ongoing input from families.

At the Initial IFSP, the team will decide how progress will be measured for each outcome and who will be responsible for the measurement.

Therapists document progress on an ongoing basis through completion of each Early Intervention Session Note which is signed by the parent / caregiver. Therapists also complete quarterly progress monitoring reports for the 3, 6, 9-month and annual reviews.

- The Quarterly Progress Monitoring form is completed for the 90-day, 180-day and 270-day reviews and should be submitted to the Service Coordinator no **more than 5** business days before the end of the quarter (based on initial / annual IFSP date)
- The Annual Review Progress Update form is completed for the annual review and submitted to the Service Coordinator no **more** than 5 business days prior to the scheduled annual evaluation; the Service Coordinator will then share the form with the Independent Assessor prior to the evaluation.

All forms must include the name and MCI number of the child, the date that the report is completed, the name and discipline of the provider. Progress must be written in measurable terms and be a direct reflection of the Outcome(s) as written on the IFSP. Additionally, the completed forms must be reviewed with and signed by the parent/caregiver prior to being submitted to the Service Coordinator.

Therapists are required to obtain parent/caregiver signatures on all Quarterly and Annual progress update forms whenever possible. All reasonable efforts should be made to review progress and obtain the signature prior to any scheduled progress review meetings. However, Allegheny County is aware that there are occasions when a therapist may be unable to obtain a signature. The following procedure should be used as a guide when parent/caregiver signatures cannot be obtained prior to the progress review meeting:

- Therapist must attempt to review the information with the parent/caregiver prior to the review meeting via telephone call or other means acceptable to the family.

- Therapist will document on the parent signature line of the progress update form: the review or attempt to review progress with parent/caregiver, date and method of review/attempted review, and reason for inability to obtain parent/caregiver signature. Progress will be reviewed/re-reviewed with parent at the next therapy session and documented in the session note; parent/caregiver signature on that session note will serve as acknowledgement that this information was reviewed with them.

All EI professionals (excluding Service Coordinators) are required to complete Quarterly Progress Monitoring forms and should be aware of when quarterly and annual reviews are due for the children they are serving. This date is based on the initial and then annual IFSP development date. Reviews are due at 90-day intervals (based on initial/annual IFSP development dates) regardless of the date of the previous review.

Service Coordinators will contact each family based on individual needs, parent/caregiver choice, and child needs to review progress and assess satisfaction with services. Prior to these reviews, the Service Coordinator will contact each therapist working with the child and family to review the status of existing outcomes, progress and needs of the child/family, as well as future outcomes and services that may need to be added. Therapists are responsible for providing this information according to the timeframes noted above. One therapist may attend a quarterly review meeting. In situations when multiple therapists are involved with the child/family, the Service Coordinator will provide the parent/caregiver with the opportunity to choose which therapist they would like to have present at a meeting. If the team feels that it is necessary for multiple therapists to attend a review meeting, the Service Coordinator will submit supporting documentation for County approval prior to the scheduled review. Justification for team attendance will be clearly documented in the Service Coordination notes. Additionally, progress will be documented in the Service Coordination log note and on the IFSP upon completion of the quarterly review meetings.

Progress review/update forms must be submitted to The Alliance prior to any progress review meeting, regardless of whether a parent/caregiver signature has been obtained. All review forms should be completed and submitted to The Alliance through a designee at each provider. It is the responsibility of each provider designee to ensure that all required documentation is on the form prior to forwarding it. This documentation includes goals/strategies of the outcome that the identified therapist is working on, how progress is being measured, how achievement of the outcome is determined, the degree of progress made toward the outcome, whether the outcome has been achieved, and whether modification or revision of the outcome or service is necessary.

- Forms can be submitted to The Alliance in one of two ways.
 - Sent electronically to a common e-mail address specific to progress monitoring reports QpmForms@afit.org. When submitted this way, please scan the documents into one attachment and The Alliance will forward the reports to the appropriate SCs.

- Submitted with weekly session notes (whether they are mailed or dropped off).

23. Early Childhood Outcome Data

CONTRACTOR will document the progress of each child receiving services by collecting Early Childhood Outcome (ECO) entry and exit data using the Ounce Scale as set forth by the Office of Child Development and Early Learning (OCDEL). Each Provider must ensure that the assigned therapist documents child outcome entry and exit data for each child who receives more than six consecutive months of developmental services in addition to Service Coordination. The progress of all children is measured in three key areas, regardless of whether any or all these areas are a concern for the child. These identified outcome indicators are:

- Positive Social Emotional Skills, including social relationships
- Acquisition and Use of Knowledge and Skills, including early language/communication
- Use of Appropriate Behaviors to Meet Needs

When multiple services are involved, the IFSP team will designate one therapist to be the COR (Child Outcome Reporter) therapist who will be responsible for collecting and reporting the data. The COR therapist will coordinate the collection of child outcome data with the family and other team members. Data will be collected during discussions and normal service delivery as identified on the IFSP. The Ounce Scale is the identified assessment tool for collecting this data in Allegheny County. Entry and Exit Data will be based on information collected from the Ounce Scale and use of the OCDEL Decision Tree.

Entry data will be collected within 30 days of the development of the child's initial IFSP. Once collected, the information will be entered into PELICAN within 60 days of the development of the child's initial IFSP. The information will not be used in relation to determining initial or ongoing eligibility of the child for EI services.

Exit data will be collected and entered into PELICAN within 60 days of the child's anticipated discharge from Infant/Toddler EI services. However, if a child is determined ineligible for Early Intervention Services at the Annual Evaluation, Exit Data will be collected no more than 10 calendar days after the child is determined to be ineligible and entered into PELICAN no more than 15 calendar days after the child is determined to be ineligible. When a child is transitioning to the Preschool EI program from the Infant/Toddler EI program, exit data from the Infant/Toddler program will be used as entry data for the Preschool EI program if the data was gathered within six months of the child's entry into the Preschool EI program. Exit data will be gathered for children who have received at least six months of consecutive Infant/Toddler Early Intervention services prior to exiting the program, and who are exiting the program for one of the following reasons:

- Child no longer meets eligibility criteria

- Child is moving out of state
- Parent choice
- Transition from Infant/Toddler EI program at age three years

In addition to the collection of ECO data, each therapist will document the child's progress in meeting the outcomes on the IFSP by completing a written Quarterly Progress report and Annual Review Progress Update report with input from the parent/primary caregiver, obtaining parent/primary caregiver signatures, and submitting the reports to the child's Service Coordinator.

At the Initial IFSP, the team will decide how progress will be measured for each outcome and who will be responsible for the measurement. Therapists will document progress on an ongoing basis through completion of each Early Intervention Session Note which is signed by the parent / caregiver. Therapists will also complete quarterly progress monitoring reports for the 3, 6, 9 month and annual reviews.

- The Quarterly Progress Monitoring form is completed for the 90-day, 180-day and 270-day reviews and should be submitted to the Service Coordinator 3 weeks before the end of the quarter (based on initial / annual IFSP date)
- The Annual Review Progress Update form is completed for the annual review and submitted to the Service Coordinator 7 weeks prior to the scheduled annual evaluation; the Service Coordinator will then share the form with the Independent Assessor prior to the evaluation.

All forms must include the name and MCI number of the child, the date that the report is completed, the name and discipline of the provider. Progress must be written in measurable terms and be a direct reflection of the Outcome(s) as written on the IFSP. Additionally, the completed forms must be reviewed with and signed by the parent/primary caregiver prior to being submitted to the Service Coordinator.

Therapists are required to obtain parent/primary caregiver signatures on all Quarterly and Annual progress update forms. All reasonable efforts should be made to review progress and obtain the signature prior to any scheduled progress review meetings. However, Allegheny County is aware that there are occasions when a therapist may be unable to obtain a signature. The following procedure should be used as a guide when parent/primary caregiver signatures cannot be obtained prior to the progress review meeting:

- Therapist must attempt to review the information with the parent/caregiver prior to the review meeting via telephone call, tele-intervention or other means acceptable to the family.
- Therapist will document on the parent signature line of the progress update form: the review or attempt to review progress with parent/caregiver, date and method of

review/attempted review, and reason for inability to obtain parent/caregiver signature. Progress will be reviewed/re-reviewed with parent at the next therapy session and must be documented in the session note; parent/caregiver signature on that session note will serve as acknowledgement that this information was reviewed with them.

All EI professionals (excluding Service Coordinators) are required to complete Quarterly Progress Monitoring forms and should be aware of when quarterly and annual reviews are due for the children they are serving. Reviews are due at 90-day intervals (based on initial/annual IFSP development dates) regardless of the date of the previous review.

Service Coordinators will contact each family based on individual need, parent/primary caregiver choice, and child needs to review progress and assess satisfaction with service(s). Prior to these reviews, the Service Coordinator will contact each therapist working with the child and family to review the status of existing outcomes, progress and needs of the child/family, as well as future outcomes and services that may need to be added. Therapists are responsible for providing this information according to the timeframes noted above.

One therapist may attend a quarterly progress review meeting. In situations where multiple therapists are involved with the child/family, the Service Coordinator will provide the parent/caregiver with the opportunity to choose which therapist they would like to have present at a meeting. If the team feels that it is necessary for multiple therapists to attend a review meeting, the Service Coordinator will seek County approval prior to the scheduled review. Justification for team attendance will be clearly documented in Service Coordination log notes. Additionally, progress will be documented in the Service Coordination log note and on the IFSP upon completion of the quarterly review meetings.

Quarterly Progress Review/Update forms must be submitted to The Alliance prior to any progress review meeting, regardless of whether a parent/caregiver signature has been obtained. All review forms should be completed and submitted to The Alliance through a designee at each provider. It is the responsibility of each provider designee to ensure that all required documentation is on the form prior to forwarding it. This documentation includes goals/strategies of the outcome that the identified therapist is working on, how progress is being measured, how achievement of the outcome is determined, the degree of progress made toward the outcome, whether the outcome has been achieved, and whether modification or revision of the outcome or service is necessary.

Forms can be submitted to The Alliance in one of two ways.

- Sent electronically to a common e-mail address specific to progress monitoring reports OpmForms@afit.org. When submitted this way, please scan the documents into one attachment and The Alliance will forward the reports to the appropriate SC.
- Submitted with weekly session notes (whether they are mailed or dropped off).

24. Service Modification

Allegheny County is committed to a continuous quality improvement process for the Early Intervention (EI) system and seeks to ensure that services are provided in the most efficient and cost-effective manner possible while still meeting the needs of children and families. As a recipient of state entitlement funding, it is our responsibility to ensure that we monitor service delivery for fraud, waste and abuse. The following procedure will be observed any time that a service increase, addition, or co-treatment approach is recommended.

Initial and annual evaluations, as well as assessments for additional EI services, are completed by trained Independent Assessors who subcontract with The Alliance for Infants and Toddlers. Independent Assessors use their professional knowledge and experience to make recommendations regarding service type(s), frequency and duration identified to meet the child's developmental needs.

When a treating therapist identifies a need to increase or add a service, or utilize a co-treatment approach, the therapist must:

- Ensure that the outcome is appropriate.
- Ensure that they have fully implemented strategies listed on the IFSP.
- Determine whether additional strategies might meet the child's needs.
- Ensure that Family Guided Routines Base Intervention strategies are being implemented.
- Ensure that the recommended change is clinically indicated and that the child's developmental needs cannot be met by other reasonable modifications.
- Discuss any service modification recommendations with the SC prior to discussing with parent/caregiver.
- Review progress concerns with caregiver and advise caregiver that recommendations will be reviewed and decided upon by the IFSP team.

When a modification to the IFSP is recommended, the treating therapist who is recommending the change must complete a Service Modification Form and review it with their supervisor. During this review, the therapist and supervisor will consider other strategies and techniques that may be beneficial without the need to increase or add a service. Supervisory signature indicates agreement that the child's needs cannot be adequately met by the current IFSP and that all recommended changes are clinically indicated.

**The Service Modification Form must be completed in entirety by the treating therapist who is recommending the change.

The therapist will forward the signed Service Modification Form to the Service Coordinator (SC) and SC Supervisor for review and Carbon Copy (Cc) appropriate designees. The SC will consult

with the remaining IFSP team members, as appropriate, to gather additional progress information and service recommendations. The IFSP team will also determine whether an assessment is needed. SC will review recommendations with the SC supervisor. SC and SC Supervisor signatures on the Service Modification Form indicate acknowledgement that documentation and progress reports support the need for the recommended service change(s), and that the IFSP team has been consulted as appropriate. SC will contact the parent/caregiver to discuss recommended change(s) as well as obtain caregiver feedback related to the child's progress and developmental needs. When additional services are recommended and accepted, SC will inquire about family's choice of provider. SC will notify the therapist/provider when the IFSP has been updated and service changes can occur.

****Service change(s) shall not occur until appropriate documentation is submitted to and approved by the SC or SC Supervisor unless otherwise authorized by the Allegheny County EI Coordinator or designee.**

EI professionals may not use their professional relationship with a family to solicit business, influence family choice or infer anything other than family choice. It is the role of the SC or SC supervisor to engage the family in discussion pertaining to provider of choice. Therapists and provider agencies shall not engage in these discussions with existing Early Intervention family members.

****Please reference the guidance on points to consider prior to modifying a service.**

Points to consider prior to modifying a service:

- Has Family Guided Routines Base Intervention been fully implemented? Is the parent/caregiver responsive?
- Does the child have any upcoming medical / specialist appointments that might provide further information before a decision is made to add or increase a service?
- What is the parent's / caregiver's concerns, if any? Is parent agreeable to the recommended change(s)? Is parent feeling burdened by the number of services that their child is receiving?
- Is the recommended change supported by documentation of the child's progress and needs?
- What other services are in place? Are they working on the same outcomes / strategies? Does the IFSP team support the change?
- Is the recommended frequency/duration appropriate to the child's needs? Are they appropriate to the child's ability to tolerate the level of service?
- How recently was the child's progress reviewed? When was the child's last evaluation? When did services start?

25. Service Delivery:

To comply with state regulations while respecting parents' rights, the following process will be utilized for scheduling/rescheduling therapeutic sessions.

The IFSP will reflect the number of sessions authorized for a 90-day period for each service provided on a weekly or bi-weekly basis. Services provided once every 30 or 60 days can be reflected as such. This will allow flexibility in scheduling sessions based on the families' needs and will allow for unforeseen circumstances such as family medical emergencies and acts of nature which could interfere with routine sessions. Please note that sessions must be rescheduled within the authorized billing period on the child's current IFSP so as not to exceed billable units for the following billable period.

On the first day of service, Early Intervention professionals will review a list of holidays in which services will not be provided due to agency closure. Whenever possible, parents should be given the option to cancel sessions or to schedule sessions around holidays. Therapists will explain to families that:

- (1) Any session scheduled around a holiday must be scheduled to occur during that same week in which the holiday occurs.
- (2) Any session cancelled due to a holiday may not be rescheduled.

Sessions cancelled due to child illness/medical condition, family emergency, therapist cancellation and acts of nature may be rescheduled. In situations where numerous sessions are cancelled due to child illness/medical condition, the team will reconvene once the child stabilizes to re-visit the IFSP. The team should work closely with the family to provide services as the child's health permits and revise services, frequency, duration, and outcomes if clinically indicated. In these instances, the Service Coordinator can also arrange for a child to receive an additional MDE.

Sessions cancelled by a family member for reasons other than medical issues, family emergency or act of nature may not be rescheduled. However, parents will be provided with therapeutic activities they can do with their child until the next scheduled session.

The Service Coordinator should be made aware of frequently cancelled sessions, regardless of the reason. Notification should include any attempts made to contact the family, attempts to reschedule cancelled sessions, and the results of those attempts.

When sessions are frequently cancelled for reasons other than child illness/medical condition, the therapist should contact the Service Coordinator and the family to discuss barriers to treatment. This discussion should include support services available to the family as well as dates and times that may be more compatible with the family's routine.

Sessions cancelled by a therapist may be rescheduled based on parent choice. Parents choosing not to reschedule a session should be provided with therapeutic activities they can do with their child until the next scheduled session.

- Therapists should provide families with at least one-week advance notice of any foreseeable cancellations/planned absences. When it is anticipated that a provider will be unavailable for 3 or more weeks of service, the therapist must notify the child’s family and the Service Coordinator as soon as possible. The Service Coordinator will advise the family about their options to choose a new therapist or wait until the child’s existing therapist returns to work.
 - If a therapist leaves an agency or resigns from working with a particular family, or a family chooses to work with a new therapist, the family should be provided the choice to continue services with a new therapist from the same provider or choose a new provider agency. If a gap in services is anticipated, the family should be notified as soon as possible to aid in their decision-making. Regardless of the situation, the Service Coordinator must also be informed of the impending change so that they can discuss choice with the family, submit a referral for a new provider if necessary, and make appropriate changes to the IFSP. Please refer to ‘Family Choice’ policy/procedure.
- All missed and rescheduled sessions must be clearly documented in session notes. Documentation should clearly identify the reason for the missed session, reschedule dates offered to the family (when appropriate), and family’s choice to accept or decline an alternate date offered. A copy of the missed session note will be provided to the family at the next scheduled session. Additionally, rescheduled sessions should be clearly indicated as such on the corresponding session note. See ‘Engagement, Re-Engagement’ policy/procedure.
- Session duration cannot exceed what is documented on the IFSP. As such, a regularly scheduled Early Intervention session may not be extended for the purpose of covering a missed session.
- Rescheduled sessions may not occur on the same day as a regularly scheduled session of the same type.

CONTRACTOR will utilize service delivery models that align with Pennsylvania’s Infant/Toddler Early Intervention principles ([PaTTAN - Principles of Early Intervention in Pennsylvania](#)). This includes ongoing conversations with parents/caregivers about Early Learning Standards and utilization of Family Guided Routines Based Intervention discussion and activities.

Coaching Across Settings

The Office of Child Development and Early Learning (OCDEL) has defined coaching as a relationship-based process led by a professional with specialized and adult learning knowledge

and skills, who often serves in a different role than the recipient(s) (NAEYC & NACCRRRA, 2011). Coaching is designed to promote sustainable growth in knowledge, skills, and behaviors for an individual or group.

The Bureau of Early Intervention Services and Family Supports (BEISFS) has developed additional EI principles that align with OCDEL principles. These principles are:

- EI programs provide services through coaching supports that are evidence-based and individualized for the child and his or her family, caregiver and Early Childhood Education (ECE) professionals recognizing that young children learn best through everyday experiences and interactions with nurturing people in familiar contexts.
- During coaching, meaningful and functional outcomes are embedded within familiar learning opportunities that exist in the child’s typical routines, within the home and community activities or ECE programs.
- EI service personnel/providers and ECE professionals work collaboratively with the family, caregivers, and each other to provide culturally responsive, family prioritized, coordinated and flexible coaching supports.
- EI coaching supports integrate all aspects of child development and learning from first contacts through transitions between and among ECE programs.
- The primary role of EI service personnel/providers is to coach and support the family members, caregivers and ECE professionals in a child’s life.

EI Professionals:

- will listen to the concerns and priorities of the parent/caregiver.
- share information and offer suggestions about strategies to help their child learn.
- help choose routines and activities that are meaningful, interesting, and occur frequently to give child opportunities to practice.
- will complete all the components of the *Infant Toddler Service Delivery Learning Path* on the EITA website. Timelines and expectations will be communicated to providers by the EI Coordinator.
- will then choose one path to become endorsed as an Early Intervention Coach. Options include a Professional Learning Community and a Trio Group that best meets their learning needs.
- Service Coordinators are required to complete the “Serving up Knowledge” training on the EITA website.
- each provider will submit A CLT tracking form to the EI Coordinator.
- All coaching training certificates must be uploaded into the PD registry.

27. Transition

Allegheny County Department of Human Services is committed to facilitating a child and family's smooth transition from one service to another. Because transitions are frequent during the first three years of life (between hospital and home; infant programs and preschool and other appropriate programs; between early intervention services and exiting the program, etc.), Early Intervention services are designed to assist the family in ensuring smooth transfers. The IFSP team will engage in discussions with, and training of, the child's parents regarding future placements and other matters related to transition. Preparation activities to assist the child in adjusting to and functioning in the new setting will also be addressed by the team. With informed, written, parental consent, the child's records or parts thereof will be transmitted to the receiving agency.

Early Intervention personnel who work directly with at-risk children and children with disabilities receive annual training on the coordination of transition services. Training activities are available and listed on the Infant/Toddler and Preschool EI Program's Training and Technical Assistance Plan in order to ensure that the appropriate transition services are implemented throughout the Infant/Toddler and Preschool EI programs.

The LICC is actively involved in monitoring transition procedures. Interagency agreements are in place between DHS and MAWA-holders that facilitate smooth transitions for children and families between administering agencies. Because there are two MAWA-holders who administer Preschool Early Intervention programs for children from age 3 to kindergarten entry age, each entity has developed transition packets of information. The Pittsburgh Public Schools are responsible for children living in the city. Allegheny Intermediate Unit #3 is responsible for children living within Allegheny County, but outside the City of Pittsburgh, through their Preschool Early Intervention program. Specific procedures related to the transition process can be found within the Transition Interagency Agreement.

Transitioning from Part C to Part B Services at age 3: Service Coordinators will develop a Transition Plan not fewer than 90 days and not more than 9 months before a child's third birthday. Also, within this timeframe, the Bureau of Early Intervention services (BEIS) and The Alliance for Infants and Toddlers will notify the appropriate Preschool EI program that the child is approaching the age of eligibility for Preschool EI services.

- Prior to April 2 of each year, and on a quarterly basis thereafter, BEIS will identify and provide the Preschool EI programs with the name, birthdate and parent contact information for any child who will turn 3 years old during the upcoming year (July 1 – June 30) and who may be eligible for the Preschool EI program.
- Upon meeting with the child's family to discuss the transition procedures, the Service Coordinator will seek / obtain parental consent to contact the appropriate Preschool EI program (AIU #3 or DART). Once consent is obtained, the Service Coordinator will inform the appropriate Preschool EI program of the child's approaching third birthday and eligibility for Preschool services. The Service Coordinator will schedule a Transition Meeting to occur between 90 and 120 days of the child's third birthday

to review the child's current EI services and to discuss services that the child may receive in the Preschool EI setting. The Service Coordinator will send letters of invitation for the Transition Meeting to the family, Preschool EI program and other participants at least 30 days prior to the date that the meeting is scheduled to occur. The meeting will be held at a location and time that is convenient for the family, and will be conducted in the native language of the family unless it is clearly not feasible to do so as required in 34 CFR §303.342(d) and (e) and 303.343(a) .

Upon completion of the Transition Meeting, the Service Coordinator will update the Transition Plan which is documented on the transition page of the IFSP. The Transition Plan will include, but not be limited to:

- Discussions with, and training of, the child's family regarding future program options and other matters related to the child's transition.
- Review of program options for the child for the period from the child's third birthday through the remainder of the school year.
- Preparation of the child for changes in the service delivery, including activities to help the toddler adjust to – and function in – a new setting.
- Sharing information about the child, with parental permission, including evaluation and assessment information and copies of the child's IFSP, to the appropriate Preschool EI program.
- Confirmation that information about the child has been provided to the appropriate Preschool EI program.

If any changes to the IFSP are anticipated between the time of the Transition Meeting and the time the child transitions, The Alliance for Infants and Toddlers will invite the appropriate Preschool EI program to discuss those changes.

If the Transition Meeting should occur six or more months prior to the child's third birthday, the Transition Plan will be updated at least quarterly from the time of the Transition Meeting. The updated plan will include documentation of the progress made toward implementing the transition activities. The Preschool program will be invited to participate in any meeting related to updating the Transition Plan, and will also receive a copy of the updated plan.

If a family disagrees with services to be provided by the Preschool EI program and requests mediation or a due process hearing, Allegheny County will continue services for the child until the dispute is resolved.

For a child who has been referred to The Alliance for Infants and Toddlers EI program and scheduled to be evaluated between 45 and 90 days of his/her third birthday, the appropriate Preschool EI program will be given the opportunity to evaluate the child to determine Infant/Toddler eligibility according to Part C timelines and regulations. If the Preschool program is not available to conduct the evaluation, an independent assessment will occur through The Alliance for Infants and Toddlers. If the child is determined eligible for Part C services, an IFSP

will be developed with the family. The IFSP will include a Transition Plan. The Alliance for Infants and Toddlers will notify the appropriate Preschool EI program via e-mail as soon as possible after determining eligibility that the child will soon reach the age of eligibility for Preschool.

If a child is referred to the local Preschool EI program between 45 and 90 days of a child's third birthday, the Preschool program will gather demographic information and refer the child back to The Alliance for Infants and Toddlers intake department to start the Part C process.

If a child is referred to the Infant/Toddler EI program less than 45 days of his/her third birthday and the child may be eligible for Preschool EI services, The Alliance for Infants and Toddlers will refer the child directly to the appropriate Preschool EI program upon obtaining parental consent.

When a child is determined to be no longer eligible for EI services or the family is not interested in Preschool EI services, the Alliance for Infants and Toddlers will convene a planning meeting with the team to address issues and concerns that the family may have. A Transition Plan will be developed with the parents outlining community services and supports available to the child, as well as additional activities that may enhance the child's development. Specific steps will be outlined to assist both the family and the child to make an easy transition to the next program. The Service Coordinator will assist the family in identifying, applying for, and visiting community programs that are of interest to the family. If a Transition Plan is not developed as part of the IFSP meeting, a transition meeting will be held within fifteen calendar days of the determination that the child is no longer eligible. Discussion from the planning meeting, follow-up activities, and dates for completion of such activities must be documented and signed by the parent and the Service Coordinator. If the initial reason for the referral to EI services was related to the five at-risk categories outlined in Chapter 4226.25 of the OCDEL regulations, families will be considered eligible for tracking for children under three years of age. All children regardless of age will need a plan if they are ending EI services.

Confidentiality

Regardless of where the child and family transition to, all applicable federal, state and local laws regarding release of records, information sharing, and transmission of any written reports will be followed.

28. Children Referred to Allegheny County from Out-Of-State

It is the policy of Allegheny County Department of Human Services Early Intervention System to provide Early Intervention (EI) services to eligible children/families moving into Allegheny County without unnecessary delays. Upon receiving a referral for a child/family from another state, the Service Coordinator will obtain as much information as possible from the sending state and begin the process of determining eligibility for EI services in Pennsylvania. This

information shall include gathering information on supports and services the family is currently receiving, and obtaining the EI record of the child, including the existing evaluation and IFSP.

If the sending state provides a comprehensive developmental evaluation that was completed within 6 months of transfer, the evaluation may be used to determine eligibility. If the child qualifies for EI services in Pennsylvania, the Service Coordinator shall begin the process for scheduling an initial IFSP meeting. If eligibility is in question or an evaluation has not been completed within the past 6 months, the SC shall schedule an evaluation. Eligibility determination/evaluation and initial IFSP development will adhere to the Part C 45-day timeline.

Once eligibility is determined, the IFSP will be developed with the family based on information contained in the out-of-state IFSP, family interview and any new information.

Please reference The Alliance for Infants and Toddlers' policy/procedure 'Transfers To/From Allegheny County EI' for full details related to out-of-state transfers and the transfer of services for children who remain eligible for Early Intervention services but are moving out of Allegheny County.

29. Payor of Last Resort:

EI Services in Allegheny County are provided at no cost to the families of eligible infants and toddlers from birth until the day before their third birthday. Funding sources for EI services include Federal, Part C; Medical Assistance; Infant, Toddler and Family Medicaid Waiver and State Maintenance Funds. Although private insurance is considered a potential funding source for EI Services under Chapter 4226.13, PA insurance companies do not consider EI services as a covered service under their health insurance policies. Since MA requires the use of a family's private health insurance prior to billing MA for eligible EI services, Allegheny County shall ensure a denial of service is obtained from private insurance company before billing MA. The state has a system in place with "Leader" that counties contact for a new insurance that is not on the non-payment list. Since this denial is obtained, parental consent to bill private insurance is not necessary for the payment of service through MA.

Allegheny County Department of Human Services assures that unless otherwise permitted or mandated by Federal law, State early intervention funds may not be used to satisfy a financial commitment for early intervention services if another private or public funding source, including any medical program, is available to pay for services, except that whenever considered necessary to prevent a delay in the receipt of appropriate early intervention services by an infant, toddler or family.

During the initial visit, the service coordinator shall explain all available fund sources for EI services and the fact that services are provided at no cost to the family. Parents shall be asked to provide information about private insurance and MA. If the child does not have medical assistance, the service coordinator shall discuss this option and may facilitate application for this program. A family may choose to decline enrollment in medical assistance. Once an IFSP is developed the service coordinator will discuss the Infant, Toddler and Family Waiver in greater detail as appropriate.

The service coordinator shall maintain and regularly update records of all eligible billing sources for early intervention services for each child.

Public funds for Early Intervention Services are reserved for use when no other fund source is available.

30. Fee Schedule:

The Office of Child Development and Early Learning (OCDEL) has established state set rates consistent with 55 Pa Code 4300.115. With this transition, Infant/Toddler programs and providers are no longer required to negotiate or determine unit costs based on the allowable cost standards in 55 Pa Code 4300.82 – 4300.108. Only those services and associated rates included in the EI rate schedule will be reimbursed. Any changes in services identified during the term of the contract must have prior approval from the program office.

In response to the MA Bulletin 99-22-02, OCDEL and Allegheny County support Tele-Intervention for children and families at the choice of the family. Tele-Intervention is not at the convenience or preference of the provider but rather what is in the best interest of the family and the family’s choice. When providing services to a child and family by Tele-Intervention, the provider must identify the Place of Service for Tele-Intervention on the billing claim in Promise. Beginning with services provided on or after July 1, 2023, the Place of Service code 10 for Tele-Intervention for Early Intervention must be used.

Rates are the same for COUNTY, Waiver, and MA reimbursement. The Alliance for Infants and Toddlers will fulfill a fiduciary role on behalf of Allegheny County, monitoring timely billing and executing payment to providers for services rendered. **CONTRACTOR** will complete the Fee-for-Service Worksheet and corresponding Profit& Loss Statement using the Dan Bradley rate setting methodology when requested by the COUNTY. The completed packet must be returned to the EI Coordinator within 60 days of receipt.

Commented [TD1]: Should this be request?

PENNSYLVANIA'S APPROACH TO THE DELIVERY OF EARLY INTERVENTION SERVICES

There are many effective, research-based approaches to the delivery of early intervention services; all with different names and definitions. Regardless of the names, these approaches have common core principles that are the foundation of Pennsylvania's model for early intervention services. These core principles include the following:

Early intervention provides supports and services to infants/toddlers and young children with disabilities and their caregivers so that they may help the child grow and develop.

What it looks like:

- Early intervention personnel design supports and services so that family members and early education programs are actively engaged in promoting the child's learning and development. Starting with the family's entry into Early Intervention, personnel use strategies to engage and involve all caregivers.
- Whether working with family members and/or other early education programs, early intervention personnel use methods that build on principles of effective adult learning. Early intervention personnel demonstrate techniques, observe the caregiver's practice and provide constructive feedback. To increase caregiver's competence and facilitate learning, early intervention personnel provide information, problem solve, and teach new strategies. They rely on family members and other caregivers to provide relevant information regarding the family's culture, as well as the child's developmental strengths and learning style.
- Early intervention personnel build families' and early education providers' competence by identifying what they are already doing to promote the child's learning; by identifying learning opportunities in the child's every day life; by creating additional learning opportunities for the child; and by helping them use effective intervention strategies in those learning opportunities.

Early Intervention provides individualized supports and services to infants/toddlers and young children with disabilities and their families.

What it looks like:

- Information is gathered from persons most familiar with the child such as parents, caregivers, and health care providers. When additional information is needed further assessment is completed.
- This information is used by IFSP/IEP teams to develop individualized goals and outcomes for the child and family.
- Supports and services are identified and linked to the goals and outcomes.
- Specially designed instruction, methodologies, and program modifications are used in tandem with early intervention supports and services. They are linked to the outcomes or goals and are described specifically so that anyone implementing the plan can understand what to do to support the child. Specific types of methodologies that are commercial or require specialized certification may be appropriate for an individual child, but they are not listed by name on the plan; rather the strategies used are described. Because approaches can vary

based on the strengths and needs of the child and family, and because no one methodology can meet all the needs of an individual child, it is better to describe the characteristics of the intervention than list it by a name. This allows the Early Intervention team to customize strategies to meet the needs of the child and not be locked into a

prescribed program.

- Progress is monitored on the IFSP/IEP goals and outcomes to determine the effectiveness of the services and supports, to make any necessary modifications or changes, and to assess further needs on an ongoing basis.

Early intervention supports and services are embedded within learning opportunities that exist in the child's typical routines, within the home and community activities and/or early education programs.

What it looks like:

- Routines and community activities may vary with the age of the child, the interests of the family, and with the changing availability of community and family resources. The typical routines and activities of early education programs also vary with the age of the child and the curriculum used in the program. Early intervention personnel provide supports and services in an ever-changing variety of settings.
- Early intervention personnel should have conversations with the family and/or early education providers to identify typical routines and activities. The routines and activities may include child-initiated play activities, daily care routines, other family routines, community activities or early education activities so that services and supports can be delivered within the context of the routines. The conversations should include discussions that identify the typical sequence of the activity/routine and the materials used. The conversations should also help family members and early education personnel identify which routines are working as well as other routines that may become priorities for early intervention services and supports.
- The materials and the sequence of actions relevant to the routine need to be identified – particularly the items and events that are readily available within the child's natural environments and/or early education settings. In this way, carefully planned, explicit instruction can occur within the context of the routine or activity.
- Using readily available materials, the natural sequence of the routine, and embedding supports or strategies into the child's preferred activities, will provide frequent opportunities for functional and meaningful practice using natural reinforcers that are motivating and likely to occur repeatedly.
- Early intervention supports and services focus on problem solving in respectful ways with the family and/or early education programs to identify strategies to enhance the learning opportunities within identified routines. Strategies may include modification or adaptation of the materials used, the sequence of a routine, or providing the early education provider with teaching strategies that can enhance the child's participation within natural and least restrictive environments.

Early intervention supports and services build on the existing family, community, and early education resources.

What it looks like:

- Early intervention personnel have conversations with the family and/or early education provider about both the formal and informal resources that exist within their family, neighborhood, and greater community. Conversations can include discussion about resources that the family is currently using and those that the family needs. Conversations regarding cultural considerations important to the family are essential when reviewing and identifying resources. The information

about formal and informal resources should be updated frequently and used to guide services and supports.

- The IFSP/IEP can include documentation of both the formal and informal resources that exist or

are needed by the family. The IFSP/IEP can also describe how these resources will be used as part of the coordinated services and supports that are needed to ensure that the child's and family's needs are met.

Early intervention personnel work collaboratively with the family and each other to provide coordinated, flexible, early intervention supports and services.

What it looks like:

- Once goals and outcomes are determined, IFSP/IEP teams make decisions about the skills and abilities that are needed to meet them. These discussions lead to the identification of the appropriate supports and services either in the natural environment or the least restrictive environment. These decisions are not made by matching the child's areas of deficit with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- Early Intervention teams are groups of personnel who have complimentary skills and abilities. Early Intervention teams work together in a variety of ways to achieve the goals and outcomes of the child and family. Early Intervention teams should have planned opportunities for interactions so they can share discipline-specific information, provide cross-discipline training opportunities, and/or brainstorm new intervention strategies. Family members are always a part of the Early Intervention team.
- Joint scheduling of early intervention services is one strategy to ensure purposeful opportunities for teams to collaborate on achieving child and family outcomes. Other strategies include planned team meetings, shared communication logs, and/or sharing progress monitoring results.
- Early education personnel should be part of the Early Intervention team. This enables all members to elicit and share IEP/IFSP information, which in turn assists early education staff in the implementation of the IEP/IFSP. In addition, both the EI and early education staff benefit from each other's experiences and knowledge that transfers to all children. If personnel from the early education program are unable to be members of the IEP/IFSP team, parent consent may be needed to share information.

Early intervention supports and services focus on the family and child's transition between and among early education programs.

What it looks like:

- Early intervention supports are fleeting in the larger context of the family's life and therefore should focus on ensuring that the few years in early intervention build competence across the family and child's lifespan. Reliance on other family and community resources builds the competence of families to be effective in helping their child grow and develop after early intervention services are no longer available or appropriate. Transition supports described in the IFSP/IEP should build on family, neighborhood, and community resources. Communication between and among all personnel who serve or may serve the child and family is essential to ensure smooth transitions throughout the early years.
- Transitions can often be difficult without planning and communication. Early intervention personnel should plan and support the many transitions that occur in a family's life, including entering a new

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childcare program, entering or returning home from the hospital, moving to a new county or state or exiting the early intervention program because they no longer need early intervention, exiting at age three to continue on with a preschool special education program, or exiting preschool to school age programs.

- Good communication and timely planning is critical during the early intervention process as the child approaches age three. Planning for transition frequently requires multiple conversations with the family and sending team members before the actual transition meetings so that each member of the team understands the parameters of the process. All concerns about transition should be discussed, including: the steps in the process; a child's strengths, needs, and progress; concerns of the family; and possible transition outcomes. This information should be shared with the receiving agency. If it is anticipated that the child will transition to preschool early intervention, it is important that the family understand the evaluation and IEP procedures. Concerns should be addressed openly to promote future successful transitions for all children and their families. If the concerns are not resolved, the team should seek additional guidance from supervisory staff and, if needed, state early intervention personnel.
- Feedback should be provided to sending agencies if procedures they are using or services that they are recommending regarding outcomes cause difficulty during the transition process. Any concerns at transition that result in mediation or due process should be immediately shared with the sending agency and preventative strategies should be developed.
- Eligibility criteria should be discussed when planning for preschool transition. The sending and the receiving agency should understand why the child has been determined eligible for early intervention. Teams may initially identify infants as eligible for early intervention through

the use of clinical opinion when no test(s) are sensitive enough to determine a developmental delay, despite the presence of developmental issues. However, as the child grows, the use of clinical opinion should be supported by test and progress documentation. A child cannot be eligible for preschool early intervention services based only on clinical opinion, so this topic must be addressed prior to any transition activities. If a child has been eligible in the infant/toddler early intervention program and there is a question about the child's continued eligibility in the preschool early intervention program, the county must contact the preschool early intervention program to share evaluation materials in order to determine if additional evaluation is needed to determine eligibility.

- If a sending IFSP team is serving a family with a child who is approaching age appropriate development, the IFSP team should make every effort to determine if the child is still eligible for early intervention before transition occurs. This will prevent the unnecessary evaluation of a child. This may not be possible because of timing, family concerns, or other issues. In those cases, clear and active communication among all parties is paramount.
- Families should be given information about the sending and receiving agencies that support a smooth transition and respect the expertise and commitment of both agencies. Families should understand that both the sending and receiving agencies are working together in their best interest and that of their child.
- Local Interagency Agreements should address transition and describe the process to be used to resolve any conflicts.
- Early intervention personnel should celebrate transitions with families. The transition of a child out of early intervention because he or she has developed many new skills and accomplished many outcomes should be a time for celebration.

Office of Child Development and Early Learning



Pennsylvania Department of Public Welfare