The cover features a white background with several decorative elements. In the top right, there is a large set of three concentric blue circles. Below it, towards the center, is a smaller set of three concentric blue circles. In the bottom right corner, there is a very large set of three concentric blue circles. Two thin blue lines cross the page diagonally, one from the top left to the bottom right, and another from the top right to the bottom left, intersecting near the center.

Kansas Infant-Toddler Services Procedure Manual



2013 Revised
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INTRODUCTION

I. Procedure Manual Purpose

The purpose of this manual is to provide guidance and technical assistance for local tiny-k programs, local interagency coordinating councils (LICC), contractors, and other agencies and organizations to implement quality and effective early intervention services while meeting Federal and State Regulations. These services are provided for infants and toddlers with developmental delays or disabilities or at identified risk for developmental delays and their families. In Kansas, Part C of the IDEA is implemented by *Kansas Infant-Toddler Services (KSITS)* through the Kansas Department of Health and Environment (KDHE). Local programs are referred to as local tiny-k programs.

It is the objective of Kansas Infant-Toddler Services, through the local tiny-k programs, local coordinating councils and other agencies and organizations to

- A. uphold Kansas' statewide, comprehensive, coordinated, multidisciplinary, interagency system for infants and toddlers with disabilities and their families,
- B. facilitate the coordination of payment for Part C early intervention services from Federal, State, local, and private sources,
- C. enhance the lead agency's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families, and
- D. enhance the capacity of State and local agencies and local tiny-k program service providers to identify, evaluate, and meet the needs of all infants and toddlers with disabilities to include the historically underrepresented populations such as the homeless, low-income, minorities, inner-city and rural infants and toddlers and infants and toddlers in foster care.

II. Part C (formerly Part H) of the IDEA and Kansas Infant-Toddler Services History

The Education for All Handicapped Children Act, P.L. 94-142 (1975), now the Individuals with Disabilities Education and Improvement Act (IDEA 2004), mandated that a free appropriate public education and related services be provided to children with disabilities ages 6-21. When the Amendments to the IDEA were passed in 1986 (P.L. 99-457), Part C was added. The Part C amendment provided an incentive to states to develop a system of coordinated, comprehensive, multidisciplinary, interagency programs of services for infants and toddlers, birth through 2 years of age, and their families. In 1987, the Kansas Department of Health and Environment (KDHE) was designated as lead agency to administer Part C of the IDEA services in Kansas. Federal money was made available to Kansas to design and implement Kansas Infant-Toddler Services. The Kansas Legislature began allocating state general funds to the Kansas Infant-Toddler Services in 1992. Utilizing the state and federal funds, KDHE/KSITS provides grants to the local tiny-k programs to assist in maintaining and implementing a statewide system of coordinated, comprehensive, multidisciplinary early intervention services for infants and toddlers with disabilities (birth through age 2) and their families. KDHE/KSITS is responsible for assuring availability of services to eligible infants and toddler and their families.

III. Reauthorization of Part C

The U.S. Congress reauthorized the Part C Individuals with Disabilities Education Act (IDEA) in 2004. Based on this reauthorization, revision of Part C Regulations in 34 CFR Part 303 was initiated. On September 28, 2011, final federal regulations for states' Part C services programs under Part C of the IDEA were published in the *Federal Register* and were made effective on September 28, 2011. Current procedures and guidelines established for Kansas by the Kansas Department of Health and Environment (KDHE) are based on IDEA 2004 and the 9-28-11 Part C Final Regulations. **Kansas has adopted the federal regulations 34 CFR Part 303 by reference into state regulations.** State regulations to be implemented are in addition to federal regulations.

The content of this manual is based on Federal Public Law 108-446 -- the "Individuals with Disabilities Education Improvement Act of 2004"; Title 34 of the Code of Federal Regulations, Part 303; Kansas Statutes Chapter 75, Articles 56/75-5648, 5649, and 7801; Kansas Statutes Chapter 74, Articles 56/74-7802 and 7803; and Kansas Regulations, K.A.R. 28-4-550 to 572.

A complete and current copy of the federal and state statutes and regulations related to the policies and procedures in this manual can be obtained at the following websites

Federal Statute: IDEA 2004:

<http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2CI%2CC%2C>

Federal Regulations (2011):

<http://www.nectac.org/partc/303regs.asp>

Kansas Statutes:

http://kansasstatutes.lesterama.org/Chapter_75/Article_56/75-5648.html

and:

http://kansasstatutes.lesterama.org/Chapter_75/Article_56/75-5649.html

Kansas Regulations:

<http://www.kdheks.gov/its/kar28-4-550to572.html>

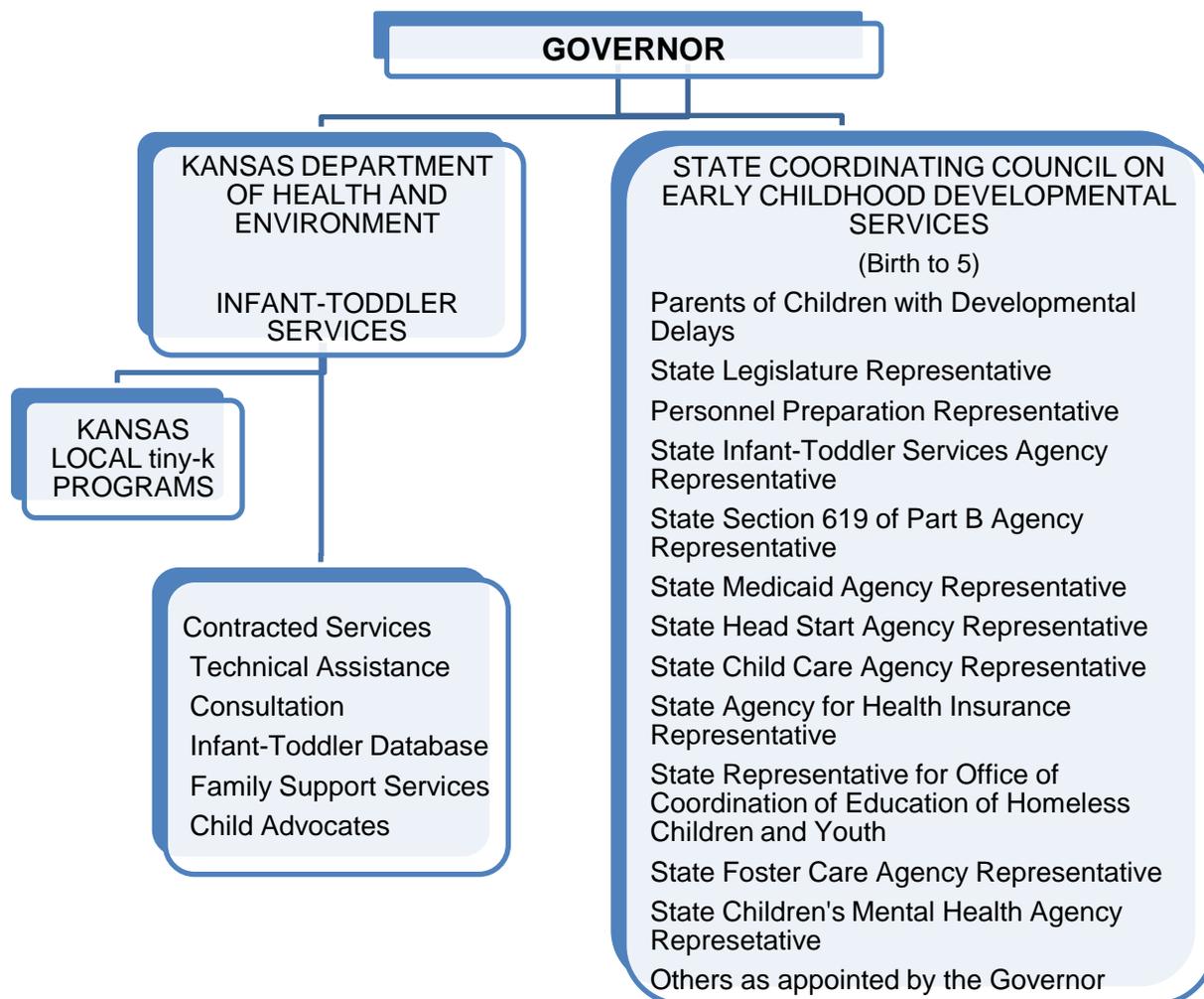
IV. Interagency Philosophy

One of the best and most challenging aspects of Part C is the interagency approach to early intervention services delivery as described in the IDEA of 2004. No one agency or program can or should be expected to deliver all of the services a child and his/her family might need, thus, interagency agreements, which reflect a spirit of cooperation and collaboration, are established at the state and local levels. The agreements identify agency roles and responsibilities in meeting the state and local assurance of the availability of and access to early intervention services to meet the needs of eligible children and families. The Kansas Department of Health and Environment (KDHE), the Kansas State Department of Education (KSDE), the Kansas Department for Children and Families (KDCF), the Kansas Insurance Department, and the Board of Regents' institutions of higher education are key players in ensuring services are delivered as described in Part C of the IDEA. Programs and agencies such as Head Start, Parents As Teachers, local mental health providers, private/not-for-profit programs, hospitals, parent support groups, professional service providers, local health departments, local education agencies, and others who care for young children and their families work together to develop a

comprehensive service system for infants and toddlers with developmental delays and/or disabilities and their families.

In Kansas, early intervention services are coordinated through community-based networks of providers and parents known as *local tiny-k programs*. They work collaboratively to ensure early intervention services are available through a variety of service delivery options.

V. Organizational Structure for the Administration of Part C of the IDEA in Kansas



VI. Clarification of Specific Designations Within the Procedure Manual

Within this manual, the following names will be used to help the reader make a distinction among state, federal, and local Part C programs and terminology.

- A. *Kansas Infant-Toddler Services (or lead agency)* is used in reference to the state-level Kansas Department of Health and Environment Part C program.
- B. *Local tiny-k program* is used in reference to the each of the 37 Kansas Part C community networks.
- C. *Part C of the IDEA* is used in reference to the federal reauthorization of Part C and related regulations.
- D. *Early intervention services (EIS)* is used in reference to Part C services.
- E. *Local council* is used in reference to the Local Interagency Coordinating Council.
- F. *State council* is used in reference to the State Interagency Coordinating Council.

VII. Use of Kansas Infant-Toddler Services Program Documents

Local tiny-k programs are to use copies of the original documents (IFSP, consent, complaint, etc.) found on the KSITS website, as their working documents. When there is need to recopy or reprint a form/document, check the website for a current form. Always use a copy of the forms/documents on the website as your “original.” This practice should assure use of correct and current forms/documents.

The documents and forms in this manual can be found on the KSITS website (www.ksits.org) and are considered part of this manual.

VIII. Prior Written Notice Matrix

Procedural Due Process Paperwork Needed By Event



Event	Prior Written Notice	Consent to Screen	Consent for Evaluation	Summary of Services (pg. 10)	IFSP Agreement (pg. 12)	IFSP Agreement Signature Page (pg. 13)	IFSP Review (pg. 18)	IFSP Review Agreement (pg. 19)	IFSP Review Agreement Signature Page (pg. 20)	Program Specific Information
tiny-k Screenings (post referral to local tiny-k program *)	X	X								
Initial Evaluation	X		X							
Initial Evaluation - Child Qualifies	X									
Initial Evaluation - Child Does NOT Qualify	X									
Initial IFSP	X		X	X	X					
Required 6 Month Review	X		X			X	X	X		
Quarterly Reviews at team meetings										
Home Visit Notes										
Change, Add, Delete Complete Outcomes	X					X	X	X		
Any Change in Service	X		X			X	X	X		
Update Service Plan	X		X			X	X	X		
Annual IFSP	X		X	X	X	X				
Do Transition Plan and HAVE Parent Permission for Transition Conference	X						X	X	X	
Do Transition Plan and NO Parent Permission for Transition Conference	X						X	X	X	
Hold Transition Conference	X						X	X	X	
Exit child as age appropriate	X		X**				X	X	X	
Exit Child - Parents Decline Services	X						X	X	X	
Exit Child at age 3	X						X	X	X	

* Does not extend 45 day timeline.

** Consent for Evaluation is not needed if an evaluation/assessment tool is not administered. If administered, BOTH PWN for evaluation date and PWN for IFSP review date.

IX. List of tiny-k Documents Found as Part of This Manual

IFSP Cover Page:

http://www.ksits.org/download/IFSP_Cover_Sheet.doc

Individualized Family Service Plan:

<http://www.ksits.org/download/IFSP.doc>

Summary of Services:

http://www.ksits.org/download/Summary_of_Services.doc

IFSP Outcome Page:

http://www.ksits.org/download/IFSP_Outcome_Page.doc

Consent for Screening:

http://www.ksits.org/download/Consent_for_Screening.doc

Consent for Evaluation/Assessment:

http://www.ksits.org/download/Consent_for_Evaluation_Assessment.doc

Prior Written Notice:

http://www.ksits.org/download/Prior_Written_Notice.doc

Release of Information Consent:

http://www.ksits.org/download/Release_of_Information_Consent.doc

Private Health Insurance Consent/Authorization:

http://www.ksits.org/download/Private_Health_Insurance_Consent_Authorization.doc

Transition Plan:

http://www.ksits.org/download/Transition_Plan.doc

Transition Conference:

http://www.ksits.org/download/Transition_Conference.doc

IFSP Review Section:

http://www.ksits.org/download/IFSP_Review_Section.doc

The Parent Notification and Release of Information for Medicaid/KanCare/TRICARE/Physician:

http://www.ksits.org/download/Parent_Notification_and_Release_of_Information_for_MedicaidKanCarePhysician.doc

Physician Authorization:

http://www.ksits.org/download/Physician_Authorization.doc

Declining Participation:

http://www.ksits.org/download/Declining_Participation.doc

Family Service Coordination (FSC) Training Plan:

http://www.ksits.org/download/Family_Service_Coordination_Training_Plan.doc

System of Payment for Families:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

IFSP Guidance Document:

http://www.ksits.org/download/IFSP_Guidance_Document.pdf

New Coordinator Training:

Hyperlink Coming Soon

Kansas Infant-Toddler Brochure:

<http://www.ksits.org/download/Infant-ToddlerBroch.pdf>

Developmental Growth for Children (Birth to 3 years of Age) General Guidelines Brochure:

http://www.ksits.org/download/Developmental_growth.pdf

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

CAPTA information:

<http://www.ksits.org/professionals.htm>

Formal Complaint Request:

http://www.ksits.org/download/ITS_Formal_Complaint_Request_Form.pdf

Request for Due Process Hearing:

http://www.ksits.org/download/ITS_Due_Process_Hearing_Request_Form.pdf

Request for Mediation:

http://www.ksits.org/download/ITS%20_Mediation_Request_Form.pdf

INTERAGENCY COORDINATING COUNCILS STATE AND LOCAL

Introduction

Due to the interagency nature of the Kansas Infant-Toddler Services, any state that receives financial assistance under Part C of IDEA must establish a State Interagency Coordinating Council (SICC) to coordinate early intervention services for infants and toddlers with developmental delays and/or disabilities and their families. Additionally, Kansas regulations require that each local lead agency that receives funding through the Kansas Department of Health and Environment (KDHE) must establish a local council to support the delivery of early intervention services.

I. State Interagency Coordinating Council

In Kansas, the State Interagency Coordinating Council (SICC) is called the Kansas Coordinating Council on Early Childhood Developmental Services (KCCECDS). The mission of the KCCECDS is to ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with or at an established risk of developmental delays from birth through age five and their families. A key component of the SICC is the emphasis on interagency collaboration and the recognition that children with developmental delays and/or disabilities and their families need services across agency lines.

II. Membership of Kansas Coordinating Council on Early Childhood Developmental Services [34 CFR 303.601]

The governor appoints the majority of Council members, including the chairperson, and may appoint one member to represent more than one program or agency. Those selected represent the population of the State to the extent possible. All members serve without compensation from funds under Part C except under circumstances outlined in Subsection VI (A) "Use of Funds by Council" (pg. 4) below.

Part C of IDEA requires that particular members serve on the Council. A list of required members follows.

- A. A representative of the governor will be one member.
- B. At least 20% of the members are parents, including minority parents, with children who have disabilities between the ages of birth through 12 years of age who have knowledge and/or experience with programs for infants and toddlers with disabilities. At least one parent must have a child below the age of 6.
- C. At least 20% of the Council are public or private services providers in Part C and early intervention programs.
- D. One member will be from the State Legislature. In Kansas, state statute requires there be two members from the State Legislature. One from each house of the legislature and one from each political party.
- E. A person who is involved in personnel preparation will be one member.
- F. Each of the state agencies involved in the provision of, or payment for, Part C services to infants and toddlers with disabilities and their families will designate a member. Those designated must have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

- G. The state education agency that is responsible for preschool services for children with disabilities will be a member. The representative designated must have sufficient authority to engage in policy planning and implementation on behalf of these agencies.
- H. There will be one member from the state Medicaid/KanCare program.
- I. One member from Head Start or Early Head Start will be designated.
- J. There will be at least one member designated from the state agency responsible for child care.
- K. One member responsible for state regulation of health insurance will be designated.
- L. One member will be designated from the Office of the Coordination of Education for Homeless Children and Youth.
- M. The state child welfare agency shall designate one member.
- N. One member from children's mental health shall be designated.

The Council may include other members selected by the Governor, including a representative from the Bureau of Indian Education (BIE) or, where there is no school operated or funded by the BIE in Kansas, from the Indian Health Service or the tribe or tribal council.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under Kansas law.

For a list of current members of the KCCECDS, go to <http://www.kansasicc.org/>.

III. Functions of the KCCECDS [34 CFR 303.604]

The function of the KCCECDS is to advise and assist the lead agency (KDHE) in performing its responsibilities. These responsibilities include the following tasks.

- A. The Council will solicit information and opinions from concerned parents, groups, and individuals on proposed policies and recommendations for the delivery of health, education, and social services for all children with a disability or who experience (or are at risk for) developmental delays from birth through age 5 and their families.
- B. The Council will establish appropriate committees to perform tasks, gather information, and explore issues as directed by the Council (see V below).
- C. The Council will determine the work activities of the staff to the KCCECDS.
- D. The Council will disseminate information about the activities of the Council and its actions to local, private, and public service providers, parent advocacy organizations, state agency personnel, and other interested parties.
- E. The Council will develop, implement, and review, as appropriate, a state plan for young children with a disability or who experience (or are at risk for) developmental delays from birth through age 5 and their families.

- F. The Council will recommend policies, procedures, and legislation for effectively providing health, education, and social services.
- G. The Council will develop interagency agreements to promote a comprehensive service delivery system for all children with a disability or those who experience (or are at risk for) developmental delays from birth through age 5 and their families to include methods for intra-agency and interagency collaboration regarding child find, monitoring, financial responsibility, transition, and the provision of early intervention services.
- H. The Council will advise and assist the lead agency in implementing the Individuals with Disabilities Education Act (IDEA), Part C, at both state and local levels to include fiscal and other support for early intervention services.
- I. In conjunction with Kansas Infant Toddler Services, the Council will submit an annual report to the Governor and to the Secretary of Education/Office of Special Education on the status of early intervention services in Kansas.

IV. Authorized Activities by the Council [34 CFR 303.605]

- A. The Council will advise and assist all Kansas state agencies that provide services to children with a disability or who experience (or are at risk for) developmental delays from birth through age 5 and their families regarding
 - 1) the provision of appropriate early intervention services, and
 - 2) integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in Kansas.
- B. Coordinate and collaborate with the Kansas Advisory Council on Early Childhood Education and Care (ECAC) for children and other Kansas interagency early learning initiatives, as appropriate. In Kansas, the Children's Cabinet acts as the ECAC.

V. Coordinating Council Meetings [34 CFR 303.602]

- A. The KCCECDS meets, at a minimum, on a quarterly basis in a location it determines necessary. The meetings :
 - 1) are publicly announced sufficiently in advance of the meeting dates to ensure that all interested parties have an opportunity to attend;
 - 2) are open and accessible, to the extent appropriate, to the general public; and
 - 3) have interpreters for those in attendance who are deaf and other necessary services for Council members and participants, when needed. (The Council may use Part C funds to pay for these services.)

VI. Use of Funds by the Council [34 CFR 303.603]

- A. Subject to approval by the Governor, the Council may use Part C funds to:
- 1) Conduct hearings and forums;
 - 2) Reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
 - 3) Pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;
 - 4) Hire staff; and
 - 5) Obtain the services of professional, technical, and clerical personnel as may be necessary to carry out the performance of its functions under Part C.
- B. Except as indicated in (A) above, Council members must serve without compensation from Part C funds.

VII. Local Interagency Coordinating Councils

Local tiny-k and early intervention programs coordinate services and address issues through the local interagency coordinating council.

- A. The local council shall consist of members who reflect the community, including a minimum of the following representatives:
- 1) Parent of a child who is or has been eligible for Part C
 - 2) Representative of a health or medical agency
 - 3) Representative of an educational agency
 - 4) Representative of a social services agency
 - 5) Representative of the local tiny-k program
- B. The names of local council members shall be submitted to and acknowledged by the lead agency (KDHE).
- 1) The chair of each local council shall be elected by the local council membership and election results forwarded to the lead agency.
 - 2) A local council chair shall not be a local lead agency employee.
- C. The responsibilities of the local council shall include the following activities:
- 1) Identifying local service providers who can provide Part C services to infants and toddlers with disabilities and their families

- 2) Advising and assisting local service providers
 - 3) Communicating, combining, cooperating, and collaborating with other local councils on issues of concern
- D. In collaboration with its local council, each local tiny-k program shall develop a plan describing the system for coordinating Part C. The plan shall include the following objectives.
- 1) Identification of a local lead agency
 - 2) Identification of a local fiscal agency (the local lead and local fiscal agency may be the same agency if the local lead agency is a legal entity)
 - 3) The lead/fiscal agency shall be acknowledged by the secretary of the lead agency
 - 4) Identification of jurisdiction boundary lines
 - 5) A provision that Part C shall be at no cost to eligible infants and toddlers and their families
 - 6) Development of a formal working team that meets at least quarterly to address local early intervention needs that include, but not limited to the following details:
 - (a) A description of child find, including assurance that child find is available
 - (b) Developing and disseminating, to primary referral sources, a public awareness program that includes child find information related to referral for screening or evaluation, availability of Part C services, and parent information
 - (c) Identifying a central point of contact for families and providers
 - (d) Describing the Part C services system in the community based on identified community needs and resources, including development of written interagency agreements or memoranda of understanding
 - (e) Utilizing interagency agreements or memoranda of understanding to support services provided in the Individualized Family Service Plan (IFSP) for eligible infants and toddlers with disabilities and their families
 - (f) Ensuring that referrals are made in a timely fashion
 - (g) Identifying the geographical areas served
 - (h) Providing a description of identified community needs and resources
 - (i) Advising and assisting the lead agency (e.g., writing grants, policies, resolution of disputes)

Other councils may exist in communities. The local council is encouraged to explore how other councils in their community may interact and overlap with their council. Any organizational approach is acceptable as long as the above goals are identifiable and carried out in the spirit of the philosophy of Part C of the IDEA. The local council must communicate, combine, cooperate, and collaborate with other councils on issues of concern.

STATE ELIGIBILITY AND PUBLIC PARTICIPATION

Introduction

With the passage of Part C of the Individuals with Disabilities Education Act (IDEA) in 1986, Congress gave states an opportunity to develop services for infants and toddlers with developmental delays or disabilities and their families. The benefits of early intervention services have been demonstrated: the earlier intervention is started, the greater the ultimate dollar savings and the higher the rate of educational attainment for youngsters with developmental delays or disabilities. In addition, the quality of life for the child and the family is enhanced.

I. Statewide System of Services [34 CFR 303.101]

Kansas is committed to supporting a statewide, comprehensive, coordinated, multidisciplinary system of appropriate early intervention services for all infants and toddlers with developmental delays or disabilities and their families. Kansas seeks to enhance the capacity of KSITS, supporting state and local agencies and local tiny-k programs to identify, evaluate, and meet the needs of historically underrepresented populations (e.g., Native American infants and toddlers and their families residing on a reservation, children of immigrants, children of the homeless, and children in foster care). Additional emphasis includes minority, low-income, inner-city, and rural populations.

A. Principles used to guide the Kansas statewide system of services include:

- 1) The family is the most influential factor in their infant's or toddler's life.
- 2) The family is the most knowledgeable about their needs and their infant's or toddler's needs.
- 3) All infants and toddlers with developmental delays or disabilities should have the opportunity to achieve their maximum potential.
- 4) All infants and toddlers should be checked periodically to ensure that they are growing and developing normally.
- 5) Child and family needs change rapidly during the child's first three years of life, therefore, early intervention services should be flexible.
- 6) To be most effective, early intervention services must be individualized to meet the needs of the infant or toddler and her family.
- 7) The local community is the preferred place for an infant or toddler and his family to receive needed services.
- 8) An infant or toddler with a developmental delay or disability should be served, to the maximum extent appropriate, in natural environments, including the home and community settings in which children without developmental delays or disabilities participate.

- 9) No one agency or program can offer the full array of services that a child with a developmental delay or disability and the child's family may need.
 - 10) Comprehensive services can be achieved through coordinated efforts by various disciplines from multiple agencies.
- B. The minimum components of a statewide system as described in §34 CFR 303.111 through 303.126 are listed below:
- 1) A rigorous definition of developmental delay that will be used by Kansas' local tiny-k programs to appropriately identify infants and toddlers with developmental delays or disabilities who are in need of services under Part C of the IDEA
 - 2) A central directory of services, resources, experts, as well as research and demonstration projects, that is accessible to the general public and contains accurate, up-to-date information about KS ITS (*Kansas Resource Guide*. 1-800-332-6262. <http://ksresourceguide.org/index.htm>.)
 - 3) A timetable to ensure that early intervention services, based on scientifically-based research and evidence-based practices, to the extent practicable, are available to all Kansas infants and toddlers with developmental delays or disabilities and their families
 - 4) A public awareness program that focuses on early identification and that provides information to parents of infants and toddlers through primary referral sources
 - 5) A comprehensive child find and referral system
 - 6) Timely, comprehensive, multidisciplinary evaluations of the functioning of the infant or toddler and the needs of the family to appropriately assist in the development of their infant or toddler
 - 7) Individualized Family Service Plan (IFSP) and family service coordination services
 - 8) Policies and procedures to ensure that early intervention services, to the maximum extent appropriate, are provided in natural environments or in another setting only when early intervention services cannot be achieved satisfactorily in a natural environment
 - 9) A comprehensive system of personnel development
 - 10) Policies and procedures for personnel standards
 - 11) Procedural safeguards
 - 12) A single line of responsibility in a lead agency designated or established by the Governor
 - 13) A procedure for securing the timely reimbursement of funds
 - 14) A system for compiling and reporting timely and accurate data regarding program requirements of the local tiny-k programs

15) A policy pertaining to contracting or making other arrangements with local tiny-k programs, public or private individuals, or other agency service providers to provide early intervention services

16) A State Interagency Coordinating Council

In communities throughout Kansas, parents, local tiny-k programs, health and medical personnel, education agencies, child care centers, disability organizations, and other local entities are integral in the identification of, and successful service delivery to, infants and toddlers with developmental delays or disabilities. These entities are encouraged, by KSITS and Kansas' Coordinating Council on Early Childhood Developmental Services (CCECDS), to participate in their local interagency council to assist in the coordination of early intervention services within their community.

At the state level, the Kansas Department of Health and Environment (KDHE) as the lead agency, must assure (with the support of the CCECDS) the federal government that the statewide system of services is in place and functioning according to Part C of the IDEA and State laws and regulations to include application requirement federal regulations §§ 303.200 – 303.212 listed below:

- 1) Designation of a lead agency
- 2) Certification regarding financial responsibility
- 3) Description of services
- 4) Definition of and services for at-risk infants and toddlers
- 5) Use of funds
- 6) Referral policies
- 7) Availability of resources
- 8) Public participation policies
- 9) Transition of infants and toddlers
- 10) Coordination with other agencies
- 11) State option to make early intervention services available to children ages three and older
- 12) Equitable access and participation

II. Public Participation Procedures [34 CFR 303.208]

A. Part C Grant Application

Before submitting a Part C grant application to the Office of Special Education Programs (OSEP), Kansas Infant-Toddler Services (KSITS) places the application on the KSITS website, <http://www.ksits.org/>, during a designated 60-day comment period. Hard copies of the Grant are available upon request.

A notification for a Request for Comments is published in the Kansas Register. In addition, local tiny-k program coordinators, the CCECDs, the local ICC, and Families Together, Inc. are notified of the request. Comments are accepted in writing by submitting them to KSITS through U.S. Mail, or email. (See sample notice at end of this Section.)

B. State Policies and Procedures

The KSITS Part C grant application includes a description of policies and procedures used by them to ensure that, before adopting any new policy or procedure, including any revisions to existing policies or procedures needed to comply with Part C of the Act and its regulations, KSITS carries out the following activities:

- 1) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure
- 2) Provides notice of the hearings at least 30 days before the hearings are conducted to enable public participation
- 3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, early intervention service providers, and the members of the state and local coordinating councils, to comment for at least 60 days on the new or revised policy and procedure. (See sample notice at end of this Section.)

C. Approval Before Implementation [34 CFR 303.101(c)]

The lead agency (KDHE) must obtain approval by the Secretary of the U.S. Department of Education before implementing any policy or procedure required to be submitted as part of the Kansas Infant-Toddler Services Part C grant application in §§ 303.203, 303.204, 303.206, 303.207, 303.208, 303.209, and 303.211.

III. Example Notices

**State of Kansas
Department of Health and Environment
Notice of Meeting**

A public meeting will be conducted by the Kansas Department of Health and Environment, as lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), to receive comments from the public on the revision of the *Procedure Manual for Kansas Infant-Toddler Services/tiny-k*. The manual has been updated and revised to conform to federal regulations regarding the administration of Part C of IDEA in Kansas.

The public meeting will be conducted from 1:30 to 2:30 p.m. Thursday, March 28, utilizing video conferencing at the following sites:

Topeka – KS State Department of Education

120 S.E. 10th Avenue
(785) 296-3201

Salina - Smoky Hills Service Center

605 East Crawford Street (Room #2)
(785) 825-9185

Dodge City - The Learning Center

308 W. Frontview Road
(620) 227-1763

Clearwater – South Central KS Educational Service Center

13939 Diagonal Road
(620) 584-3300

Girard – Southeast KS Education Service Center, Greenbush

947 W. 47 Highway
(620) 724-6281

Complete copies of the draft procedure manual are available for review at www.ksits.org or a hard copy may be requested by calling (785) 296-6135 or 1-800-296-6262 (V/TTY). Comments are welcome at the public meeting or in writing by April 15, to KDHE, Kansas Infant Toddler Services, Bureau of Family Health, Suite 220, Curtis State Office Building, 1000 S.W. Jackson, Topeka, 66612-1274. Comments may also be sent by email to swalters@kdheks.gov.

**Robert Moser, M.D.
Secretary
Department of Health and Environment**

State of Kansas
Department of Health and Environment
Request for Comments

The Kansas Department of Health and Environment, as lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), is soliciting comments from the public on the revision of the *Procedure Manual for Kansas Infant-Toddler Services/tiny-k*. The manual has been updated and revised to conform to federal regulations regarding the administration of Part C of IDEA in Kansas.

The manual may be reviewed for 60 days from the publication of this notice on the KDHE website at www.ksits.org, or a hard copy may be requested by calling (785) 296-6135 or 1-800-332-6262 (V/TTY).

In order to be assured consideration in this process, comments will be accepted during this 60 day period. Recommendations or comments must be submitted on or before April 15 to the Kansas Department of Health and Environment, Kansas Infant Toddler Services, Bureau of Family Health, Suite 220, Curtis State Office Building, 1000 S.W. Jackson, Topeka, 66612-1274. Comments also may be sent by email to swalters@kdheks.gov.

Robert Moser, M.D.
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**State of Kansas
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Request for Comments**

The Kansas Department of Health and Environment, as lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), is soliciting comments from the public on the revision of the *Procedure Manual for Kansas Infant-Toddler Services/tiny-k*. The manual has been updated and revised to conform to federal regulations regarding the administration of Part C of IDEA in Kansas.

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**Robert Moser, M.D.
Secretary
Department of Health and Environment**

PART C SERVICES FINANCIAL SYSTEM OF PAYMENTS

Introduction

Kansas may use Federal and State funds for activities or expenses that are reasonable and necessary for implementing the state-wide Kansas Infant Toddler Services. “Reasonable and necessary” activities or expenses include funds (1) for direct Part C services for eligible children and families “that are not otherwise funded through other public or private sources,” (2) to expand and improve services for eligible infants and toddlers with a developmental delay or disability and their families, and (3) to provide free appropriate public education (FAPE) in accordance with Part B to children with disabilities from their third birthday to the beginning of the following school year. [34 CFR 303.501(a)(b)(c)]

Local tiny-k programs are required to use the permission to bill insurance form, notification to bill Medicaid/KanCare/TRICARE, and system of payments short forms that are cited in the following KSITS system of payments information. Copies of these forms can be found in the manual’s appendices.

I. Prohibition Against Supplanting Funds [34 CFR 303.225]

Regulations of the Part C of the IDEA clarify the intent of lawmakers to ensure agencies and organizations maintain their level of financial support for Part C services.

Part C of the IDEA funds (federal) are to be used to supplement and increase the level of State and local funds expended for infants and toddlers with developmental delays or disabilities and their families. In no case are they to be used to supplant or replace those State and local funds. The total amount of State and local funds budgeted for Part C services in the current fiscal year have to be at least equal to the total amount of State and local funds actually spent for Part C services in the most recent preceding fiscal year.

State and local funds may be reduced only under the following circumstances:

1. A decrease in the number of eligible infants and toddlers.
2. The termination of costly expenditures, such as for long-term purchases, the acquisition of equipment, the construction of facilities, termination of costly services for a child due to transition at age 3, or voluntary exit from the services.

The Congress intended the enactment of Part C of the IDEA not be construed as a license to any agency (including Kansas Infant-Toddler Services and other agencies in the State) to withdraw funding for services that currently are or would be made available to eligible children but for the existence of the program under this part. Thus, the Congress intended other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs.

The Congress further clarified its intent concerning payments under Medicaid/KanCare by including in Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) an amendment to Title XIX of the Social Security Act. That amendment states that nothing in Title XIX shall be construed as prohibiting, restricting, or authorizing the Secretary of Health and Human Services to prohibit or restrict payment for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child’s Individualized Family Services Plan (IFSP).

For reporting, auditing and legal purposes, Federal Part C of the IDEA funds should not be commingled (mixed) with State and local funds.

II. Payor of Last Resort [34 CFR 303.510; 303.511]

Part C of the IDEA funds cannot be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source. Therefore, Part C of the IDEA funds may be used only for Part C services that an eligible infant or toddler needs but is not currently entitled to under any other Federal, State, local, or private source.

However, if necessary to prevent a delay in the timely provision of appropriate Part C services to an eligible infant or toddler or the family, funds may be used to pay the provider of services for services and functions authorized under Part C pending reimbursement from that agency or entity that has ultimate responsibility for the payment.

III. Use of Public Benefits or Public Insurance to Pay for Services [34 CFR 303.520(a); 303.420(a)(4)(5)]

Use of public benefits or public insurance is permissible to pay for Part C services. Parents are not required to sign up or enroll in a public benefits or public insurance program as a condition for their child and family to receive Part C services. If a child or family is not enrolled in public benefits or insurance, those sources will not be billed. Attempts by a local tiny-k program to bill for public benefits or public insurance do not automatically enroll a child or family in the public benefits or public insurance program. If a parent does not give consent to use public benefits or public insurance when it is required, the child and family will be offered the IFSP services the parent has consented to at no cost.

When using public benefits or public insurance, the following provisions must be followed:

A. Medicaid/KanCare

Parental notification must be provided prior to using public benefits or public insurance (Medicaid/KanCare) of a child or parent if that child or parent is enrolled in a public benefits or public insurance program. Parental notification must include the following:

1) A statement of No Cost Protections:

- a) There may be a decrease in available lifetime coverage or any other insured benefit for the infant or toddler or parent, if it is then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- b) Use may result in the infant's or toddler's parents paying for services that would otherwise have been paid for by the public benefits or insurance program, if it does then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.

- c) Use may result in any increase in premiums or cancellation of public benefits or insurance for the infant or toddler or parents, if it is then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
 - d) Use may risk the loss of eligibility for the infant or toddler or the parents for home and community-based waivers on total health-related costs, if it is then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
 - e) Parents are not required to sign up or enroll in a public benefits or public insurance program as a condition for their child and family to receive Part C services.
- 2) A statement of the general category of costs the parent will incur as a result of participating in a public benefits or public insurance program such as co-payments, deductibles, or the required use of private insurance as the primary insurance.

(Kansas Medicaid/KanCare does not require the use of private insurance as a primary insurance source when billing for Part C services. When using private insurance, parents have no out-of-pocket costs except for insurance premiums. Co-payments and deductible amounts are not charged to the parents, since the beneficiary is a child.)

B. TriCare

If a family has both private insurance and TriCare coverage, local tiny-k programs are required to access private insurance as the primary insurance source when billing for Part C services. Parental consent must be obtained for the local tiny-k programs to bill private insurance prior to billing TriCare. Local tiny-k programs must follow policies/procedures for billing private insurance in Section IV of this document.

Notification must be provided prior to accessing TriCare as a funding source for a child or parent if that child or parent is enrolled in a public benefits or public insurance program.

Parental notification must include the following:

- 1) A statement that parental consent must be obtained before the local tiny-k program discloses for billing purposes a child's personally identifiable information to TriCare. The parents have the right to withdraw their consent to disclose personally identifiable information to TriCare at any time
- 2) A statement of No Cost Protections:
 - a) There may be a decrease in available lifetime coverage or any other insured benefit for the infant or toddler or parent, if it is then parental consent for use is required. If parental consent is

not given, then the local tiny-k program must make available those Part C services on the IFSP for which the parent has provided consent.

- b) Use may result in the infant's or toddler's parents paying for services that would otherwise have been paid for by the public benefits or insurance program, if it does then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- c) Use may result in any increase in premiums or cancellation of public benefits or insurance for the infant or toddler or parents, if it is then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- d) Use may risk the loss of eligibility for the infant or toddler or the parents for home and community-based waivers based on total health-related costs, if it is then parental consent for use is required. If parental consent is not given then the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.

Parents are not required to sign up or enroll in a public benefits or public insurance program as a condition for their child and family to receive Part C services.

- e) A statement of the costs the parent will incur as a result of participating in a public benefits or public insurance program such as co-payments, deductibles, or the required use of private insurance as the primary insurance. These costs include premiums for insurance or Tricare but do not include co-payments, or deductibles.

C. Other Public benefits (not Medicaid/KanCare or TriCare):

If the infant or toddler or parent is enrolled in any other public benefits or public insurance program, written parental consent to use the benefits is required **if** use of these benefits to pay for Part C services would.

- 1) Decrease available lifetime coverage or any other insured benefit for the infant or toddler or parent
- 2) Result in the infant's or toddler's parents paying for services that would otherwise have been paid for by the public benefits or insurance program
- 3) Result in any increase in premiums or cancellation of public benefits or insurance for the infant or toddler or parents
- 4) Risk the loss of eligibility for the infant or toddler or the parents for home and community-based waivers on total health-related costs

IV. Use of Private Insurance to Pay for Services [34 CFR 303.520(b); 303.420(a)(4)(5)]

Parents are not required to have or use their private health insurance to pay for Part C services. If they do have private insurance and choose to allow the local tiny-k program to access it, signed, written parental consent must be obtained when the private insurance or benefits (a) are to be used for the initial provision of a Part C service in the IFSP, and (b) each time consent for Part C services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP.

Each time consent is required to use private insurance, the entire System of Payments document must be provided to parent. This is the Part C Services Financial System of Payments section of the Procedure Manual.

Private Health Insurance Consent/Authorization can be found at:

http://www.ksits.org/download/Private_Health_Insurance_Consent_Authorization.doc

A Summary of the System of Payment for Families can be found at:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

The consent form for billing of private insurance must include the following:

- 1) A statement that the use of their private insurance has the potential for
 - (a) exceeding the annual lifetime maximum amount the insurance company will pay,
 - (b) increased health insurance premiums, or
 - (c) cancellation of the health insurance policy.
- 2) A statement that Part C services are provided at no out-of-pocket cost to parents except for payment of insurance premiums.
- 3) A statement that parents are not responsible for co-pays and deductibles.
- 4) A statement informing the parents that using their private health insurance may make some public funds (e.g. TRICARE, Children and Youth with Special Health Care Needs) available as a payment source for the child.
- 5) A statement informing the parents that if private health insurance is not used, public funds may not be available as payment sources.

Since Kansas has chosen to provide Part C services "at no cost to the parents," use of private insurance to pay for these Part C services should not result in an out-of-pocket cost to the parents except as outlined in the consent requirements above. Other funding sources such as private payors, local funds, Medicaid/ KanCare/ TRICARE, Services for Children and Youth with Special Health Care Needs, and/or other public or private funding sources may provide payment for some services. If private insurance is a pre-requisite of any of other funding sources, parental consent must be obtained prior to its use. Regardless, there will not be delay or denial for any Part C services to that child or family.

If a parent or family of an infant or toddler with a disability does not give consent to use private insurance funds for Part C services, the lack of consent cannot be used to delay or deny any Part C services to that child or family.

V. Definitions Related to Public and Private Payors for Services

- 1) *Deductible*: The amount the insured has to pay each policy year before the insurance company reimburses the insured or the provider. Some plans have deductibles for specific services such as mental health care and substance abuse treatment. Under family plans, the amount of deductible each family member will have to meet will be stated in the insurance policy.
- 2) *Co-Insurance or Co-Payment*: The percentage share of insurance costs stated for each insurance policy that is the responsibility of the insured to pay for covered services (e.g., 20/80 means the insured will be responsible to pay 20% of the charge and the insurance company will pay for 80% of the charge). This percentage is applicable after the deductible is met.
- 3) *Catastrophic Limit or Annual Maximum*: The annual dollar limit after which the insurer will fully cover charges (100% payment). The deductible and co-insurance for covered services have to be met first.
- 4) *Lifetime Maximum or Insurance Cap*: The total dollar limit after which the insurer will no longer pay. Typically, insurers offer a different lifetime maximum for mental health and substance abuse services.
- 5) *Private Payors*: Community sources for payment of services, a fund made of donations, or specific organizations such as United Cerebral Palsy, Easter Seals, Rotary, Lions, or Shriners.
- 6) *Public Payors*: Provision of services by programs supported by government or tax sources. Services for Children and Youth with Special Health Care Needs and Part C of the IDEA are examples of public payors.
- 7) *Third Party*: A term used to describe payment of covered services by other than the parent or the service provider. It is usually applied to Medicaid/KanCare, Medicare or private insurance.

VI. Accessing Medicaid/KanCare/TRICARE

Medicaid/KanCare is a federal-state program administered in Kansas by the Division of Health Care Finance (DHCF) in the Kansas Department of Health and Environment (KDHE). All states currently participate in the Medicaid/KanCare program and federal matching funds are available for the costs of these services. DHCF is directly responsible for the purchase of health care services funded through the Medicaid/KanCare program in Kansas.

Nearly all health care services purchased by DHCF are financed through a combination of state and federal matching dollars either through Title XIX (Medicaid/KanCare) or Title XXI (the State Children's Health Insurance Program, or SCHIP) of the Social Security Act. As long as covered services are provided to eligible beneficiaries as specified in the State Medicaid/KanCare Plan, the federal government must participate in sharing the costs of those services.

State Medicaid/KanCare Plan can be found at:

http://www.kdheks.gov/hcf/healthwave/state_plan.html

As a provider of Part C services, it is imperative that local tiny-k programs identify resources and develop a relationship with appropriate Medicaid/KanCare staff and providers in the community. They will be the link in responding to questions that occur.

A. Medicaid/KanCare Eligibility

Medicaid/KanCare will cover only services determined to be “medically necessary.” In order for Medicaid/KanCare payment to be made for services, a child must be eligible and have a Medicaid/KanCare card. Eligibility workers are available in several locations throughout the state to help a family through the application and enrollment process for Medicaid/KanCare. Eligibility and application information can be found on the Department of Health Care Finance (DHCF) website at <http://www.kdheks.gov/hcf/>.

B. KAN Be Healthy Screening

Once eligible for Medicaid/KanCare payment, each eligible child should have a complete medical screening. This screening is known in Kansas as a KAN Be Healthy screening. KAN Be Healthy (KBH) is a Medicaid/KanCare program available to families after Medicaid/KanCare eligibility is determined for their child (20 years of age and under). The KBH medical check-up includes a complete health history, a physical exam with a growth and diet check, appropriate shots according to age and health history, and health tips for both parents and children. The screens also include vision, hearing and dental assessment. Families should contact their local health department or their physician to request a KAN Be Healthy screening.

C. Provider Information

Each local tiny-k program has an individually assigned Medicaid/KanCare provider number for billing purposes. Each individual provider working within a local tiny-k program must bill under the program's assigned Medicaid/KanCare provider number.

In order for tiny-k programs to provide Medicaid/KanCare authorized services and receive Medicaid/KanCare reimbursement for these services, they must make application and receive approval from the Kansas Department of Health and Environment (KDHE) Division of Health Care Finance

(DHCF). Written requests may be directed to: Kansas Medical Assistance Program (KMAP), P.O. Box 3571, Topeka, KS 66601-3571. Provider information via telephone may be obtained at (800) 933-6593, Monday through Friday from 7:30 a.m. to 5:30 p.m.

Once application has been made, a provider number is assigned for use with interactions between a provider and Medicaid/KanCare representatives. Additionally, each provider type (e.g., local tiny-k program, medical doctor, local health agency) will receive a manual designed specifically to aid in understanding all billing aspects of that provider type. The manual for Part C services is called *Early Childhood Intervention Manual* and can be found on the KMAP website listed below. Information in the provider manual includes communications, recipient eligibility, provider eligibility, other payment resources, special claim requirements, and claim reimbursement. Updates to the provider manual are sent by KDHE DHCF via remittance advice messages, global messages, and bulletins. Notifications are also available through the Kansas Medical Assistance Program website, <https://kmap-state-ks.us>, as changes occur.

The Early Childhood Intervention Manual is located at:

<https://kmap-state-ks.us/public/providermanuals.asp>

Provider representatives are available to answer questions or address concerns regarding billing or the Medicaid/KanCare program. Provider representatives can be reached at (800) 933-6593.

D. General Billing

Billing is a separate section of Medicaid/KanCare and is handled by the current fiscal agent. Billing may be electronic or written. If written, the CMS-1500 form must be used for claims to be processed. The claim forms are not supplied by the fiscal agent, but may be obtained from Administrative Services of Kansas, Inc., Topeka, KS, or Advantage Business Forms, Topeka, KS. The forms must be carefully completed and submitted to Kansas Medical Assistance Program, Office of the Fiscal Agent, P.O. Box 3571, Topeka, KS 66601-3571.

Toll-Free Numbers: Provider Assistance Unit --- (800) 933-6593

Consumer Assistance Unit --- (800) 766-9012

E. Helpful Websites

- 1) Kansas Department of Health and Environment (KDHE) Division of Health Care Finance (DHCF) Early Childhood Intervention Manual:

<https://www.kmap-state-ks.us/public/providermanuals.asp>

- 2) Kansas Medical Assistance Program (KMAP) website for health and medical policy information to beneficiaries and providers:

<https://www.kmap-state-ks.us>

- 3) Kansas Medical Assistance Program: *KAN Be Healthy Billing Bulletin*. There are multiple bulletins on a variety of programs and providers, added frequently.

The bulletins can be searched at:

<https://www.kmap-state-ks.us/Public/Bulletins/bulletinsearch.asp>

F. TRICARE

TRICARE military health insurance is viewed as public insurance and is treated in the same manner as Medicaid/KanCare for the purposes of notifying parents and gaining consent to share information for the purpose of billing. Local programs are to follow the procedures outlined in section III. B. of this document when using TRICARE.

Parent Notification and Release of Information for TRICARE/Physician:

http://www.ksits.org/download/Parent_Notification_and_Release_of_Information_for_MedicaidKanCare_Physician.doc

VII. System of Payments and Fees [34 CFR 303.521]

Every parent in early intervention services in Kansas is provided with the *Child and Family Rights and Complaints Process* which includes the “Funding tiny-k Services – A Family Guide.” This guide includes the KSITS system of payments information.

Kansas Child and Family Rights and KS ITS Complaint Process can be found at:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

The system of payments in Kansas includes the following requirements:

- 1) Part C services provided at no out-of-pocket costs to parents regardless of whether they provide consent to bill third party sources such as Medicaid/KanCare and private insurance. The term “no cost to parents” means parents will not be required to make any payment, except for private insurance premiums, beyond what private insurance, Medicaid/KanCare, and other benefits will pay.
- 2) Families are not responsible for co-pays and deductibles.
- 3) The payor of last resort provisions regarding the use of Part C funds in accordance with 34 CFR 303.510.
- 4) The ability of the local tiny-k program to bill private insurance in accordance with 34 CFR 303.520.
- 5) A system of payments through Medicaid/KanCare as defined in Kansas Medicaid/KanCare’s Early Childhood Intervention Manual.
- 6) The identification of other public and private funding sources by the local tiny-k program.

The following services for children under the age of three shall be provided at “no cost to parents”:

- 1) Child Find activities
- 2) Evaluation and assessments
- 3) Family service coordination

- 4) Administrative and coordination activities related to the development, review, and evaluation of the IFSP, and implementation of procedural safeguards and other components of the statewide system of Part C services
- 5) Part C services for eligible children and their families to include at a minimum: (1) assistive technology devices and services, (2) audiology, (3) family training, counseling, and home visits, (4) health services, (5) diagnostic and evaluation medical services, (6) nursing services, (7) dietician services, (8) occupational therapy, (9) physical therapy, (10) psychological services, (11) family service coordination, (12) social work services, (13) special instruction, (14) speech-language pathology, (15) transportation and related costs, (16) vision services, and (17) sign language and cued language

Local tiny-k programs may use Federal Part C funds, grant funds from the Kansas Department of Health and Environment (KDHE) Kansas Infant-Toddler Services for expenses allowed under Part C of the IDEA and its current regulations, including costs such as deductibles, or co-payments. Premiums are the responsibility of the family/parent.

A. Allowable Expenditures

In addition to required system development initiatives, Federal Part C of the IDEA and Kansas Infant-Toddler Services funds may be expended to pay personnel qualified to deliver Part C services, such as:

- assistive technology
- audiology
- family service coordination
- family information
- health
- medical (diagnostic only)
- nursing
- nutrition
- occupational therapy
- physical therapy
- psychological services
- social work
- special instruction
- speech-language pathology
- transportation and related costs
- vision
- sign language and cued language

Professionals providing Part C services must be qualified according to the highest entry-level standards for state-approved or recognized certification, licensing, registration, or other comparable requirement. Paraprofessionals who meet state requirements are also qualified to deliver services under the supervision of the professional appropriate for the discipline in which they are working.

The IFSP lists Part C services to be provided and who is responsible for payment (private insurance, Medicaid/KanCare, other public sources such as Children and Youth with Special Health Care Needs, schools, health departments, etc.). The IFSP also includes information on medical and other services the child needs and the funding sources to be used in paying for those services or the steps to be taken to secure those services through public or private sources.

B. Non-allowable Expenditures

Federal and State Part C funds may not be expended to pay for experimental treatment programs, research studies and grants, childcare, and students in training. Further, according to federal regulations, Part C funds may not be expended for health services that are

- 1) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus),
- 2) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose),
- 3) devices necessary to control or treat a medical condition (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps), or
- 4) medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.

VIII. At-Risk Infants and Toddlers

Kansas does not provide services for infants and toddlers who are at risk. However, Part C funds may be used to establish linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of

- A. identifying and evaluating at-risk infants and toddlers,
- B. making referrals for the infants and toddlers identified and evaluated but who are not determined to be eligible, and
- C. conducting periodic follow-up on each referral to determine if the status of the infant or toddler has changed with respect to eligibility. [34 CFR 303.501(e)(1)(2)(3)]

IX. Procedures for Contesting Kansas Infant-Toddler Services’ System of Payments

There is no financial eligibility criterion for infants and toddlers and their families to receive services in Kansas. Kansas Infant-Toddler Services provides services to all eligible infants and toddlers and their families at no out-of-pocket cost to the parents including co-pays and deductibles for private insurance. Parents are responsible for private insurance premiums. No fees are imposed for services thus the parent’s ability to pay for services is not a consideration in determining whether or not an infant or toddler receives services.

The local tiny-k programs have the option to bill Medicaid/KanCare or request the use of the family’s private insurance to pay for services. If billing Medicaid/KanCare or the family’s private insurance is not possible, services for the child and family will be provided at no cost to the family with Part C funds being used as “payor of last resort.”

If a parent wants to protest Kansas' system of payments, they may do one of the following:

- A. Participate in mediation in accordance § 303.341
- B. Request due process hearing under §§ 303.436 or 303.441, whichever is applicable
- C. File a state complaint under §303.434
- D. Use of any other procedure established by the State (informal complaint) provided that it does not prevent the options in A., B., or C. from occurring

The parent must be provided with a copy of the *Child and Family Rights* which contains System of Payment policies.

Kansas Child and Family Rights and KS ITS Complaint Process can be found at:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

X. State Categorical Aid Reimbursement

The Kansas State Legislature appropriates funds for the provision of special education services (including Part C services). These funds are disseminated based on teacher and paraprofessional full-time equivalency (FTE). Funding is accessed through a local education agency (LEA). If the LEA is not the local lead agency, it is recommended that an interagency agreement be developed delineating responsibilities for both parties for accessing state categorical aid.

Information related to state categorical aid may be found in the KSDE *Special Education Reimbursement Guide* at <http://www.ksde.org/Default.aspx?tabid=2583> (updated annually).

Information related to the Kansas State Department of Education's responses to questions on Time and Effort for IDEA Part C Employees Claimed for State Special Teacher Reimbursement can be found on the Kansas Infant-Toddler Services website: <http://www.ksits.org/>

XI. Accessing Grant and Private Funding

Numerous resources are available to help meet the cost of Part C and other services for infant or toddlers with disabilities. Small grants may be available in local communities through professional organizations, service organizations, parent groups, churches, local municipal funds, and special economic growth efforts. These sources are best identified by local tiny-k programs by contact with the community, county commissioners, government officials, city council members, and others.

It is most helpful to think of the community's needs and collaborate with others to meet several goals at once. In most communities, quality childcare, in general, is a concern for many segments of the community. In working with others to meet childcare needs, it is possible to provide for children with special needs and integrate all children. Such an integrated approach provides for broad-based support and an ability to utilize a combination of resources not otherwise available to any single segment.

Kansas makes maximum use of all available funding sources in implementing Kansas Infant-Toddler Services. Continued expansion and creative use of all funding sources can achieve the provision of necessary early intervention services to infants and toddlers and their families.

An important role of local interagency coordinating councils is to assist in identifying and maximizing funding by avoiding unnecessary duplication of services and by creatively problem solving to seek collaborative funding solutions.

PROCEDURAL SAFEGUARDS

Introduction

The Kansas Infant-Toddler Services, with emphasis on developing and providing family-guided services with parents as partners, requires safeguards concerning resolution of conflicts, access to records, and confidentiality of information. These safeguards are responsive to the needs of the child and family and result in timely conflict resolution.

I. Definitions Used in the Section

A. *Parent* means [34 CFR 303.27; §303.37]

- 1) a biological or adoptive parent(s) of a child,
- 2) a foster parent,
- 3) a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (the term does not include the State if a child is a ward of the State),
- 4) an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare, or
- 5) a child advocate who has been appointed in accordance with subsection III of this manual Section.

B. *Consent* means that [34 CFR 303.7]

- 1) the parent has been fully informed of all information relevant to the activity for which the consent is sought, in the parent's native language, as defined in subsection I, paragraph C, of this manual Section,
- 2) the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released, and
- 1) the parents understand that the granting of consent is voluntary and may be revoked at any time. If a parent revokes the consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

C. *Native language*, when used with respect to an individual who is limited English proficient, means [34 CFR 303.25]

- 1) the language normally used by that individual, or
 - (a) in the case of a child, the language normally used by the parents of the child; or

(b) for evaluations and assessments conducted pursuant to §303.321(a)(5)(6), the language normally used by the child if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

- 2) when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, *native language* means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

D. *Personally identifiable* means information that includes [34 CFR 303.29 and §99.3]

- 1) the name of the child, the child's parent(s), or other family members,
- 2) the address of the child or the child's family,
- 3) a personal identifier, such as the child's or parent's social security number, other indirect identifiers, such as the infant's or toddler's date of birth, place of birth, and mother's maiden name, or
- 4) a list of personal characteristics or other information that would make the child's or parent's identity easily traceable.

E. *Impartial*, when applied to the mediator or due process hearing officer, means that the person appointed to implement the due process hearing or mediation procedures [34 CFR 303.431(c); 303.435(b)]

- 1) is not an employee of any agency or other entity involved in the provision of early intervention services, other services, or care of the child,
- 2) does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process, and
- 3) otherwise qualifies under this definition and is not an employee of an agency solely because the person is paid by the agency to implement the due process hearing or mediation procedures.

F. *Education records or records* mean early intervention records. [34 CFR 303.3(b)(2)]

G. *Early intervention records* mean all records regarding an infant or toddler that are required to be collected, maintained, or used under Part C of the Act and the regulations in this part. [34 CFR 303.403(b)]

H. *Mediation* means a voluntary process by which participants, with the assistance of an impartial person, resolves a dispute through discussion of options, alternatives and negotiation.

I. *Due process hearing* means a formal hearing process that provides the family or the agency providing the services a forum for considering and determining individual child complaints by an impartial decision-maker. [34 CFR 303.435-303.438]

- J. *Evaluation* means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of IDEA, including the infant's or toddler's level of functioning in each of the following developmental areas: (1) cognitive; (2) physical, including health, motor, vision and hearing; (3) communication; (4) social or emotional; and (5) adaptive/self-help development. [34 CFR 303.321(a)(2)(i)]
- K. *Assessment* means the initial and ongoing procedures used by appropriately qualified personnel throughout the period of a child's eligibility for early intervention services to identify [34 CFR 303.321]
- 1) the infant's or toddler's unique strengths and needs,
 - 2) the family's resources, priorities, and concerns related to developmental of the child, and
 - 3) the nature and extent of early intervention that are needed by the child and the child's family to meet their identified needs.
- L. *Destruction* means physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable. [34 CFR 303.416(b)]
- M. *Participating agency* means any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information with respect to a particular child and includes KDHE, Kansas Infant-Toddler Services, and local tiny-k program early intervention service providers, administrators and support staff. It excludes primary referral sources and other agencies who act solely as funding sources for Part C. [34 CFR 303.403(c)]
- N. *Natural environments* mean settings that are natural or typical for a same-aged infant or toddler without a disability and may include the home or community settings and must be in compliance with 34 CFR 303.126. [34 CFR 303.26]

II. Procedural Safeguards Overview

The Kansas Department of Health and Environment (KDHE) serves as the lead agency for the Kansas Infant-Toddler Services program (also referred to as *tiny-k*). KDHE must ensure, either independently or through their local lead agency, that the procedural safeguards are followed and enforced.

The Child and Family Rights and KSITS Complaints Process Document can be found at:
http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- A. Prior Written Notice and Procedural Safeguards Notice [34 CFR 303.421(a)(b)]
- 1) Prior written notice and the procedural safeguards notice must be provided to the parents of a child within 10 days before the lead agency (KDHE) or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and their family.

- 2) Content of the prior written notice and the procedural safeguards notice shall be in sufficient detail to inform the parents about
 - (a) the action that is being proposed or refused by the early intervention services program,
 - (b) the reasons for taking the action, and
 - (c) all procedural safeguards that are available under Part C, including a description of mediation, how to file an informal complaint, a formal complaint, and a due process complaint, and any timelines under these procedures. (See subsections IV & V in this Section of the manual for these procedures).
- 3) Native language [34 CFR 303.421(c)]
 - (a) The notice must be
 - i. written in language understandable to the general public, and
 - ii. provided in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so.
 - (b) If the native language or other mode of communication of the parent is not a written language, the public agency or designated EIS provider shall take steps to ensure that:
 - i. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication,
 - ii. the parent understands the notice, and
 - iii. there is written evidence that the requirements of this paragraph have been met.
 - (c) If the parents are deaf or blind, or have no written language, the mode of communication shall be that normally used by the parent (such as sign language, Braille, or oral communication).

B. Parental Consent [34 CFR 303.420(a)(b)(c)]

- 1) Written parental consent shall be obtained before
 - (a) administering screening procedures to determine whether a child is suspected of having a disability,
 - (b) all evaluations and assessments of a child are conducted under §303.321,
 - (c) early intervention services are provided for a child,
 - (d) private insurance is used, and
 - (e) disclosure of personally identifiable information consistent with §303.314.

- 2) If a parent does not give consent under(a), (b), or (c) above, the lead agency shall make reasonable efforts to ensure that the parent
 - (a) is fully aware of the nature of the screening, evaluation and assessment of the child or early intervention services that would be available, and
 - (b) understands that the child will not be able to receive the screening, evaluation, assessment, or early intervention services unless consent is given.

Note: If the parents do not consent to a particular early intervention service or withdraw consent after first providing it, the service may not be provided. The early intervention services for which consent is obtained must be provided.

Note: In Kansas, local tiny-k programs are not required to gain consent to bill Medicaid. They must however, notify the parents that they are going to bill Medicaid and must obtain consent from parents to release information to Medicaid for billing purposes.

The Parent Notification and Release of Information for Medicaid/KanCare/Physician can be found at:

http://www.ksits.org/download/Parent_Notification_and_Release_of_Information_for_MedicaidKanCarePhysician.doc

- 3) If the parents do not give consent, the due process hearing procedures **may not** be used to challenge the parent's refusal to consent to an evaluation and assessment of the infant or toddler for early intervention services.
- 4) The parents of an infant or toddler with a disability
 - (a) may determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention Part C service at any time, and
 - (b) may decline a service after first accepting it, without jeopardizing other early intervention Part C services.

If parental consent for evaluation, assessment, or initiation of services is not given, and the situation warrants, the local tiny-k program may initiate a complaint of neglect with the Department for Children and Families (DCF).

III. Child Advocate (Surrogate Parent) [34 CFR 303.422]

The Kansas Department of Health and Environment (KDHE) and the Department for Children and Families (DCF) developed the Child Advocate Program to meet the needs of infants and toddlers whose parents are unknown or unavailable. KDHE ensures that all eligible infants and toddlers have a child advocate representing them in critical decisions involving Part C services.

- A. Each local tiny-k program, with the assistance of KDHE and the Kansas foster care system, must ascertain the legal relationship between the adult caregiver and the child prior to screening, evaluation and assessment.
- B. KDHE shall assign a child advocate to an eligible infant or toddler if one of the following conditions is met:
- 1) No parent (as defined in subsection I (A) above) can be identified
 - 2) A local tiny-k program in conjunction with other public agencies, after reasonable efforts, cannot locate a parent
 - 3) The child is a ward of the State under the laws of Kansas and parental rights have been severed.
- C. The following methods shall be used for assigning a child advocate.
- 1) DCF/Foster Care case workers, local tiny-k programs, contractor staff, and others must inform KDHE upon determining that a child needs a child advocate.
 - 2) KDHE must make reasonable efforts to appoint an appropriate child advocate no more than 30 days after it is determined that an infant or toddler needs a child advocate.
 - 3) KDHE notifies the child advocate, the local tiny-k program and the DCF/Foster Care case worker of the appointment.
 - 4) A judge who oversees the case of an infant or toddler who is a ward of the state, can appoint a child advocate for that child.
- Note:** When determining the need for and requesting the assignment of a child advocate for an infant or toddler who is a ward of the State or who is placed in foster care, the local tiny-k program must consult with the local public agency/case worker that has been assigned care of the child.
- D. The following criteria are to be used for selecting child advocates.
- 1) The child advocate must complete training to become a child advocate.
 - 2) KDHE must ensure that a person selected as a child advocate
 - (a) is not an employee of KDHE, the local tiny-k program, the local lead agency or any other public agency or early intervention services provider that provides early intervention services, care, or other services to the infant or toddler or any family member of the infant or toddler,
 - (b) has no personal or professional interest that conflicts with the interests of the infant or toddler whom he or she represents, and
 - (c) has knowledge and skills that ensure adequate representation of the infant or toddler.

- 3) A person who is otherwise qualified to be a child advocate (surrogate parent) is not an employee of the agency solely because he or she is paid by the agency to serve as a child advocate.

E. Child advocate responsibilities

- 1) The child advocate has the same rights as a parent for all purposes under Kansas Infant-Toddler Services programs. A child advocate may represent an infant or toddler in all matters related to:
 - (a) the screening, evaluation and assessment of the infant or toddler,
 - (b) development and implementation of the infant's or toddler's IFSP, including annual evaluations and periodic reviews,
 - (c) the ongoing provision of early intervention services to the infant or toddler, and
 - (d) any other rights established under this part.
- 2) A child advocate should sign consent for screening, evaluation, provision of early intervention services, and for the release of any early intervention records.

For additional information, contact KDHE at 785.296.6135 or 1.800.332.6262.

IV. Lead Agency Procedures for Complaint Resolution [34 CFR 303.431-303.438]

KDHE offers parents of infants or toddlers in Kansas' early intervention program and others (such as medical professionals, service providers, concerned citizens), options for the resolution of complaints in a timely, impartial and consistent manner through mediation, an informal complaint process, a formal written complaint process, and due process complaints.

A. Informal Complaint

- 1) KDHE offers a toll free number **(1.800.332.6262)** where parent issues/concerns may be received for review and analysis. When an individual contacts this number, the nature and scope of the concern is recorded by a consultant, then forwarded to Kansas Infant-Toddler Services staff for review and resolution.
- 2) Most issues/concerns should be resolved within 10 to 15 business days.
- 3) Any issues/concerns that are not resolved within 15 days will be forwarded to the State Part C Coordinator for facilitation of resolution.
- 4) All individuals who call this number are advised of their right to file a request for a formal complaint, mediation or due process fair hearing at any time.

B. Formal Written Complaint

- 1) An organization or an individual may file a signed written complaint using the *Formal Complaint Request* form or a written statement that includes:

The Formal Complaint Request Form can be found at:

http://www.ksits.org/download/ITS_Formal_Complaint_Request_Form.pdf

- (a) a statement that KDHE, a local tiny-k program service provider or an associated service provider has violated a requirement of Part C of the IDEA, the regulations in this part, or the Kansas Infant-Toddler Services regulations,
 - (b) the facts on which the complaint is based,
 - (c) the signature and complainant's contact information, and
 - (d) if alleging violations with respect to a specific infant or toddler,
 - i. the infant's or toddler's name and address,
 - ii. the name of the early intervention service provider,
 - iii. a description of the nature of the problem of the infant or toddler, including facts related to the problem, and
 - iv. a proposed resolution of the problem.
- 2) **Limitations.** The alleged violation must have occurred not more than one year before the date that the complaint is received by KDHE.
 - 3) The party filing the complaint must forward a copy of the complaint to the local tiny-k program/early intervention service provider serving the child, at the same time the party files the complaint with KDHE.
 - 4) In resolving a complaint in which it finds failure to provide appropriate services, KDHE will address
 - (a) how to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement, or other corrective action appropriate to the needs of the infant or toddler or the child's family, and
 - (b) appropriate future provision of services for all infants and toddlers with disabilities and their families.
 - 5) In accordance with CFR §303.433, KDHE has in its complaint procedures a time limit of 60 calendar days after a complaint is filed to:
 - (a) carry out an independent on-site investigation, if KDHE determines that an investigation is necessary,

- (b) give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint,
 - (c) provide KDHE, the local tiny-k program, or EIS provider with an opportunity to respond to the complaint, including
 - i. a proposal to resolve the complaint, and
 - ii. an opportunity for the parties to engage in mediation,
 - (d) review all relevant information and make an independent determination as to whether there has been a violation of a requirement of Part C of IDEA, the regulations of this part, or the Kansas Infant-Toddler Services State regulations,
 - (e) issue a written decision to the complainant that addresses each allegation in the complaint and contains findings of fact and conclusions and the reasons for KDHE's final decision,
 - (f) Include procedures for effective implementation of KDHE's final decision, if needed, including
 - i. technical assistance activities,
 - ii. negotiations,
 - iii. corrective actions to achieve compliance.
- 6) KDHE's procedures permit an extension of the 60-day time limit in #5 above only if (a) exceptional circumstances exist with respect to a particular complaint or (b) the parent, KDHE, and the local tiny-k program/early intervention service provider involved agree to extend the time to engage in mediation.
- 7) If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, or which one or more are part of that hearing, KDHE will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process hearing will be resolved within the 60 calendar-day timeline using the complaint procedures described in #5 of this section.
- 8) If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties: (a) the hearing decision is binding on that issue; and (b) KDHE must inform the complainant to that effect.
- 9) Any complaint alleging that a tiny-k program, KSITS, or KDHE failed to implement a due process hearing must be resolved by KDHE.

V. Requests for Mediations and Due Process Hearings [34 CFR 303.430(e); §303.431; §§303.435-303.438]

A. Filing

- 1) A parent or local tiny-k program/early intervention service provider may file a written request for a due process hearing and/or mediation on any issue in dispute as to identification, evaluation, or placement of the infant or toddler, or the provision of appropriate early intervention services to the child and the child's family. A parent or provider may also seek resolution of a dispute by filing a complaint.
 - (a) A request for a due process hearing or mediation shall be in writing using the *Request for Due Process Hearing* form, the *Request for Mediation* form or a written request that includes the information found on the appropriate form.

The Request for Due Process Hearing Form can be found at:

http://www.ksits.org/download/ITS_Due_Process_Hearing_Request_Form.pdf

The Request for Mediation Form can be found at:

http://www.ksits.org/download/ITS%20Mediation_Request_Form.pdf

- (b) Within three business days of receiving a request for a due process hearing or mediation, KDHE staff shall notify the parent of the right to be advised by an individual with special knowledge of early intervention services, the option of mediation, including a description of the mediation process and its voluntary nature, and the alternative of having a due process hearing. KDHE shall also send the parent a copy of the notice of rights specified in this section.
 - (c) During the time period of any proceeding involving a complaint, unless all parties involved otherwise agree, the child and family will continue to receive early intervention services consented to on the IFSP.
 - (d) If the complaint involves an application for initial services, the child and family must be provided those services that are not in dispute.
 - (e) If there is a dispute between agencies or providers as to payment for early intervention services provided under the IFSP, KDHE shall ensure the provision of services until the dispute is resolved.

B. Mediation Process:

- 1) Whenever a hearing is requested, parties must be offered the choice to resolve their disputes through a mediation process. Mediation may also be offered and accessed at any time to resolve a dispute. If mediation is requested, KDHE shall promptly appoint a qualified and impartial mediator who is trained in effective mediation techniques. The mediator shall schedule a meeting within seven days at a mutually convenient time and place.

- 2) Impartial means that the mediator is not an employee of an agency providing services or care to the child, and has no other personal or professional interests that would conflict with his objectivity. (A person who otherwise qualifies as a mediator, is not considered an employee solely because he is paid to serve as a mediator.)
- 3) Timelines for mediation may be extended upon agreement by both parties.
- 4) KDHE will ensure that the mediation process is:
 - (a) voluntary on the part of the parties
 - (b) is not used to deny or delay a parent's right to a due process hearing or any other rights afforded under Part C of the Act, and
 - (c) is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
- 5) A parent may also request mediation at any time during the hearing process.
- 6) KDHE shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services.
- 7) KDHE must select mediators on a random, rotational, or other impartial basis.
- 8) KDHE shall bear the cost of the mediation process including the costs of meetings.
- 9) Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute.
- 10) If the parties resolve a dispute through the mediation process, the parties must execute a legally binding agreement that sets forth that resolution and is signed by both the parent and a representative of KDHE who has the authority to bind such agency.
- 11) A written, signed mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States.
- 12) Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding of any Federal court or State court of a State receiving assistance under Part C.

C. Procedures to Address the Requests for Due Process Hearing:

- 1) Upon receipt of a request, using the *Request for Due Process Hearing* form, or written correspondence that includes the same information, KDHE shall promptly appoint an impartial hearing officer.

The Request for Due Process Hearing Form can be found at:

http://www.ksits.org/download/ITS_Due_Process_Hearing_Request_Form.pdf

- 2) If a parent initiates a request for a due process hearing, KDHE will inform the parent of the availability of mediation described in section V (B).
- 3) The hearing officer shall
 - (a) have knowledge about the provisions of Part C of IDEA and the needs of, and early intervention services available for, infants and toddlers with disabilities and their families,
 - (b) promptly arrange for a hearing at a time and place that is reasonably convenient to the parents and duly notify the parties,
 - (c) listen to the presentation of the relevant viewpoints about the due process complaint,
 - (d) examine all information relevant to the issues,
 - (e) seek to reach a timely resolution of the due process complaint,
 - (f) provide a record of the proceedings and mail a written decision to each of the parties, and
 - (g) not be an employee of an agency providing services or care to the child, and have no other personal or professional interests that would conflict with his objectivity. (A person who otherwise qualifies as a hearing officer, is not considered an employee solely because he is paid to serve as a hearing officer.)
- 4) The hearing process shall be governed by all appropriate Federal and State rules and regulations. In addition, the parent shall have the right to
 - (a) be accompanied and advised by their own legal counsel and by other individuals with special knowledge or training with respect to early intervention services,
 - (b) present evidence and confront, cross-examine, and compel the attendance of witnesses,
 - (c) prohibit the introduction of evidence at the hearing that has not been disclosed to the parent at least five days prior to the hearing,
 - (d) obtain a written or electronic verbatim transcription of the hearing at no cost to the parent(s), and
 - (e) receive a written copy of the findings of fact and decisions at no cost to the parent(s) and within 30 days of the KDHE's receipt of the request for a hearing.
- 5) Not later than 30 days after the receipt of a request for hearing, the parties shall be notified by mail in writing of the decision, the reasons for the decision, all relevant findings of fact and conclusions of law, and the right to appeal the decision in state or federal court.

- 6) A hearing officer may grant specific extensions of the time beyond the period set out in 34 CFR 303.437(b) at the request of either party.
- 7) The hearing officer's decision shall be promptly implemented in accordance with the hearing officer's decision.

D. Status of Infant or Toddler During Proceedings

- 1) During the pendency of any administrative or judicial proceeding involving a request for a due process hearing under section V, unless KDHE and parents of an infant or toddler with a disability otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided in the setting identified in the IFSP that is consented to by the parents.
- 2) If the due process complaint involves an application for initial services under Part C of the Act, the infant or toddler must receive those services that are not in dispute.

VI. Confidentiality and Access Rights [34 CFR 303.401-303.417; §303.209 (b)(1)(i)(ii)]

A. Confidentiality Procedures

- 1) The parent of an infant or toddler referred to the Kansas Infant-Toddler Services is afforded the right to confidentiality of personally identifiable information. The regulations in 34 CFR §§303.401 through 303.417 ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained by participating agencies, including the KDHE and the local tiny-k programs and their service providers, in accordance with the protections under the Family Education Rights and Privacy Act (FERPA).
- 2) The confidentiality procedures described in this section apply to the personally identifiable information of an infant or toddler and the child's family that
 - (a) is contained in early intervention records collected, used, or maintained under this part by the KDHE or the local tiny-k programs and their service providers, and
 - (b) applies from the point in time when the infant or toddler is referred for early intervention services until the KDHE or the child's local tiny-k program is no longer required to maintain that information.
- 3) To enable the Kansas Infant-Toddler Services as well as Local Education Agencies (LEAs) under Part B to identify all children potentially eligible for services under Part C and Part B of IDEA, each local tiny-k program **must disclose** to the State Education Agency (SEA) and the LEA where the infant or toddler resides the following personally identifiable information:
 - (a) The infant's or toddler's name
 - (b) The infant's or toddler's date of birth
 - (c) Parent contact information (including parents' names, addresses, and telephone number)

- (d) Additional information may include family service coordinator's name and contact information and the languages spoken by the child and family

B. Notice to Parents

- 1) Each local tiny-k program must give notice when an infant or toddler is referred under Part C of the Act. The notice must be adequate to fully inform parents about the confidentiality requirements as outlined in the *Child and Family Rights and KS ITS Complaints Process* form including:

The Child and Family Rights and KSITS Complaints Process Document can be found at:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- (a) a description of the infants or toddlers on whom personally identifiable information is maintained, the types of information sought, the methods each local tiny-k program intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information,
- (b) a summary of the policies and procedures that the local tiny-k program shall follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information,
- (c) a description of all of the rights of parents and infants and toddlers regarding this personally identifiable information, including the rights under the Part C confidentiality provisions and implementing regulations, and
- (d) a description of the extent that the notice is provided in the native languages of the various population groups in the local tiny-k program and its community.

C. Access Rights

- 1) Each local tiny-k program must permit parents to inspect and review any of the infant's or toddler's records that are collected, maintained, or used by the local tiny-k program under Part C of the IDEA. The local tiny-k program must comply with a parent's request without unnecessary delay and before any meeting regarding an IFSP, before the provision of early intervention services, or a hearing relating to the identification, evaluation, or placement of the infant or toddler and in no case more than 10 days after the request has been made.
- 2) The right to inspect and review early intervention records under this section includes
 - (a) a response from the local tiny-k program to reasonable requests for explanations and interpretations of the records,
 - (b) a request that the local tiny-k program provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records, and
 - (c) the right to have a representative of the parent inspect and review the early intervention records.

- 3) A local tiny-k program may presume that the parent has authority to inspect and review records relating to his or her child unless the local tiny-k program has been provided documentation that the parent does not have the authority under applicable state laws governing such matters as custody, foster care, guardianship, separation, and divorce.

D. Record of Access

Each local lead agency must keep a list of authorized personnel who have access to early intervention records. The agency must keep a record of parties obtaining access to records collected, maintained, or used as part of the early intervention services (except access by parents and authorized employees of the local lead agency). The following should be included in the record.

- 1) The name of the party
- 2) The date access was given
- 3) The purpose for which the party is authorized to use the early intervention records.

E. Records on More Than One Infant or Toddler

If any early intervention record includes information on more than one infant or toddler, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information. Examples include but are not limited to: team meeting notes, foster siblings in the same home, infants or toddlers in child care.

F. List of Types and Locations of Information

Each local tiny-k program shall provide parents, on request, a list of the types and locations of early intervention records collected, maintained, or used by the local tiny-k program.

G. Fees for Records

- 1) Each participating agency may charge a fee for copies of records that are made for parents if the fee does not effectively prevent the parents from exercising their right to inspect and review the records.
- 2) A participating agency may not charge a fee to search for or to retrieve information.
- 3) A participating agency must provide at no cost to parents, a copy of each evaluation, assessment, and IFSP as soon as possible after each IFSP meeting.

H. Amendment of Records at Parent's Request

- 1) A parent who believes that information in the early intervention records collected, maintained, or used, is inaccurate, misleading, or violates the privacy or other rights of the infant or toddler or parent, may request that the participating agency that maintains the information amend the information.

- 2) The participating agency must decide whether to amend the information in accordance with the request within 30 calendar days after receipt of the request.
- 3) If the participating agency refuses to amend the information in accordance with the request, it must inform the parent of the refusal and advise the parent of the right to a hearing.

I. Opportunity for a Hearing

The participating agency must, on request, provide parents with an opportunity for a due process hearing (according to Part C requirements) to challenge information in their child's early intervention records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parents.

J. Result of Hearing

- 1) If, as a result of the hearing, the local tiny-k program decides that the information is inaccurate, misleading, or in violation of the privacy or other rights of the child or parent, the local tiny-k program must amend the information accordingly and inform the parent in writing.
- 2) If, as a result of the hearing, the local tiny-k program decides that the information is not inaccurate, misleading, or in violation of the privacy or other rights of the child or parent, the parent must be informed his or her right to place, in the child's early intervention records, a statement commenting on the file information or setting forth any reasons for disagreeing with the decision of the local tiny-k program.
- 3) Any explanation placed in the early intervention records of the infant or toddler under this section shall
 - (a) be maintained by the local tiny-k program as part of the early intervention records of the infant or toddler as long as the record or contested portion is maintained by the local tiny-k program, and
 - (b) if the early intervention records of the infant/toddler or the contested portion are disclosed by the participating agency to any party, the explanation must also be disclosed to the party.

K. Hearing Procedures

A hearing regarding record content must be conducted according to the procedures of FERPA, 34 CFR §99.22.

L. Consent Prior to Disclosure or Use

- 1) Parental consent must be obtained before personally identifiable information is:
 - (a) disclosed to anyone other than authorized representatives, officials, or employees of participating agencies, collecting, maintaining, or using the information, or

- (b) used for any purpose other than meeting a requirement.
- 2) A lead agency or other participating agency may not disclose personally identifiable information, except to participating agencies (including the lead agency and tiny-k program service providers) that are part of the State's Part C system, without parental consent unless authorized to do so.
 - (a) Specific information will be disclosed to an SEA/LEA in order to identify all children who are potentially eligible for Part B services. (Please see Transition section of manual.)
 - (b) Parental consent is not required before personally identifiable information is released to officials of participating agencies for purposes of meeting a requirement.
- 3) According to FERPA, the request for release of information must
 - (a) specify the records that may be disclosed,
 - (b) state the purpose of the disclosure of identifiable information, and
 - (c) identify the party or class of parties to whom the disclosure may be made.

All releases are revocable at any time and parents may request a copy of any information/records disclosed.

Parent Notification and Release of Information for Medicaid/KanCare/Physician form can be found at:

http://www.ksits.org/download/Parent_Notification_and_Release_of_Information_for_MedicaidKanCarePhysician.doc

- 4) The lead agency must provide policies and procedures to be used when a parent refuses to provide consent under this section, provided that those procedures do not override a parent's right to refuse consent under 303.420, the parent right to decline services.
- 5) When parents refuse consent, the participating agencies must explain to the parents how refusal will affect their ability to receive services for their child.

M. Safeguards

- 1) Each participating agency must protect the confidentiality of personally identifiable information at collection, maintenance, use, storage, disclosure, and destruction stages.
- 2) One official (e.g., the tiny-k program coordinator) at each participating agency shall assume responsibility for ensuring the confidentiality of any personally identifiable information.
- 3) All people collecting or using personally identifiable information shall receive training and/or instruction regarding the KDHE's policies and procedures under this part.

- 4) Each participating agency shall maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

N. Storage of Records

In Kansas, a child's records must be maintained for six years from date of the child's exit from early intervention services. Files must be locked in a filing cabinet and housed in a facility of the participating agency. **Note:** Procedures on electronic files are being developed.

O. Destruction of Information

- 1) The participating agency shall inform parents when personally identifiable information collected, maintained, or used is no longer needed to provide early intervention services to the infant or toddler.
- 2) The information must be destroyed at the request of the parents. However, a permanent record of an infant's or toddler's name, birth date, parent contact information (including address and phone number), names of service coordinator(s) and early intervention service provider(s), and exit data (including year and age upon exit and any programs entered into upon exiting) must be maintained for at least six years.

P. Enforcement

KDHE implements a monitoring system that includes sanctions to ensure that Kansas Infant-Toddler Services' policies and procedures are followed and that the requirements of the IDEA 2011 and the federal and state regulations for Part C are met.

PRE-REFERRAL COMPONENTS PUBLIC AWARENESS PROGRAM AND CHILD FIND SYSTEM

Public Awareness Program and Child Find System

Pre-referral procedures, Public Awareness and Child Find are the first major components of a statewide comprehensive, coordinated, multidisciplinary interagency system. Their purpose is to provide information about and exposure to a network of local and state service resources through which the potential need for early intervention services can be identified and a timely referral for appropriate services occurs.

As part of the pre-referral process, the local council of each local tiny-k program shall establish a contact point within the community that provides information regarding Child Find, the referral process, and the availability of early intervention services. A similar contact point through the *Kansas Resource Guide* has been established at the state level by the Kansas Department of Health and Environment.

The Kansas Resource Guide can be found at:

<http://www.kansasresourceguide.org/>

I. Public Awareness Program [34 CFR 303.301]

The purpose of an effective public awareness system is to help the general public, families, and professionals become aware of the importance of early identification and early intervention in relation to long- and short-term benefits to the child, family, community, and society. Involvement of and communication with public agencies, private providers, professional associations, parent groups, advocate associations, and other organizations in the public awareness program are essential elements in developing a system that is ongoing and broad enough to reach all Kansans.

A. Preparation and Dissemination

Information on the availability of early intervention services and other services is disseminated by the local tiny-k programs and other local council members to all primary referral sources (especially hospitals and physicians). Such information is given by these sources to parents of infants and toddlers, including parents with premature infants or infants with other risk factors associated with learning or developmental complications.

Primary referral sources include the entities listed below.

- 1) Hospitals, including prenatal and postnatal care facilities
- 2) Physicians
- 3) Parents, including parents of infants and toddlers
- 4) Child care programs
- 5) Local education agencies (LEAs) and schools
- 6) Public health facilities

- 7) Other social service agencies
- 8) Other clinics and health care providers, including infant mental health
- 9) Public agencies and staff in the child welfare system, including child protection services and foster care
- 10) Homeless family shelters
- 11) Domestic violence shelters and agencies

B. Public Awareness Information Provided

The information required to be prepared and disseminated in (A) above must include the items listed below.

- 1) A description of the availability of local tiny-k program services under the Kansas Infant-Toddler Services; these services at no cost to families
- 2) A description of the child find system and how to refer a child under the age of three for screening and/or an evaluation to determine eligibility for early intervention services
- 3) A Central directory – *Kansas Resource Guide*-- (800) 332-6262 V/TDD, <http://www.kansasresourceguide.org/>
- 4) For parents of toddlers with developmental delays or disabilities who are nearing transition age, a description of the availability of services under Part B Preschool Services (section 619 of IDEA)
- 5) Information about normal developmental activities, need for and/or benefit from early intervention, and cost effectiveness of services

C. Public Awareness Activities

These activities provide a continuous, ongoing effort that is in effect throughout the state including rural areas and consist of the following public awareness activities:

- 1) Public service announcements (PSAs) and news releases on television, radio, websites, and in newspapers
- 2) Pamphlets, leaflets, and other printed materials available for mailing to specified populations (e.g., child care population, neonatal intensive care unit (NICU) graduates) and displays in public and private agencies and buildings
- 3) Presentations and training to professional groups, civic organizations, advocacy groups, etc.
- 4) Maintenance of the child find activities on the statewide central directory, *Kansas Resource Guide*

II. Comprehensive Child Find System [34 CFR 303.302; 303.303; 303.112 (a) (b)]

Combined with effective public awareness activities, the development of a strong comprehensive child find system will ensure all Kansas infants and toddlers who have or are at risk for developmental delays and who are eligible for services are identified, located, referred, and evaluated. "All" includes infants and toddlers and their families who are (1) homeless; (2) in foster care; (3) wards of the state; (3) migrants; (4) the subject of a substantiated case of child abuse or neglect; (5) identified as directly affected by illegal drug abuse or withdrawal symptoms resulting from prenatal drug exposure; and (6) members of Native American tribes residing on a reservation within the state of Kansas. When identifying children with developmental delays or disabilities on reservations, coordination with tribes, tribal organizations and consortia should take place as necessary.

A. Coordination of Child Find Activities

Child Find activities are to be coordinated with all other major efforts to locate and identify children that are conducted by other agencies responsible for administering the various education, health, and social services programs relevant to young children and their families. These efforts include coordination with Native American Indian tribes that receive payment under Part C and other Native American Indian tribes, as appropriate, as well as the programs listed below:

- 1) Preschool programs authorized under Part B of IDEA 2004
- 2) Maternal and Child Health program, including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act, as amended
- 3) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act
- 4) Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
- 5) Head Start Act (including Early Head Start programs under section 645A of the Head Start Act)
- 6) Supplemental Security Income program under Title XVI of the Social Security Act
- 7) Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA information:

<http://www.ksits.org/professionals.htm>

- 8) Child care programs in the state
- 9) The programs that provide services under the Family Violence Prevention and Services Act
- 10) Early Hearing Detection and Intervention (EHDI) systems administered by the Center for Disease Control (CDC)

11) Children's Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act

With the advice and assistance of their associated councils the local tiny-k-program and Kansas Infant-Toddler Services must ensure there will not be unnecessary duplication of effort by the programs identified above and that resources available through each public agency and tiny-k program will be used to implement the child find system in an effective manner.

B. Community Developmental Screenings

Community developmental screenings are recognized as part of local councils' efforts to identify children who might need early intervention services and are considered part of the pre-referral component, child find. They **do not** start the 45-days referral through initial IFSP timeline since a referral has not yet been made to the local tiny-k program to determine the infant's or toddler's eligibility for early intervention services. The 45-day timeline begins the moment the tiny-k program receives a referral from the primary referral source, in this case, the community screening personnel.

If the tiny-k program chooses to screen an infant or toddler after receiving a referral from a primary referral source, then the screening **is** counted in the 45-days timeline, to include the infant's or toddler's initial evaluation, child and family assessment, and IFSP meeting. Screening is an optional service. It is not required.

Child Care programs are considered a primary referral source. Examples: (1) If a child care program called a local tiny-k program with developmental concerns about a specific infant or toddler, then this would be considered a referral and the 45-days timeline would begin whether the local tiny-k program chooses to screen first or go straight to evaluation. (2) If a child care program requested their group of children be screened to determine potential need for early intervention services of any of their children, this group screening would fall into the pre-referral/child find component and would not start the 45-days timeline. However, if any of this group of children was then referred to a local tiny-k program, the 45-days timeline would begin at the time of referral.

REFERRAL

Introduction

Referral is a vital part of the Child Find system. When a primary referral source recognizes the need for a child under three years of age to be referred to a local tiny-k program, the referral **must be made as soon as possible, but in no case more than 7 days**, after the child has been identified [34 CFR 303.303(a)(2)(i)]. If feasible, the referral source should notify the parent that their child is being referred.

The person at the local tiny-k program receiving the referral shall document in writing (1) the name of the primary referral source, (2) the phone number of the primary referral source, (3) the date of the referral, and (4) the reason for the referral.

I. Primary Referral Sources

The following primary referral sources include but are not limited to:

- 1) Hospitals, including prenatal and postnatal care facilities
- 2) Physicians
- 3) Parents, including parents of infants and toddlers
- 4) Child care programs and early learning programs
- 5) Local education agencies and schools
- 6) Public health facilities
- 7) Other public health or social service agencies
- 8) Other clinics and health care providers
- 9) Public agencies and staff in the child welfare system, including child protective services and foster care
- 10) Homeless family shelters
- 11) Domestic violence shelters and agencies

II. Referral of Specific At-Risk Infants and Toddlers [34 CFR 303.303]

According to the Child Abuse Prevention and Treatment Act (CAPTA), referral must be made for any child under the age of three who is involved in a substantiated case of abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. The

referral may be for either screening or evaluation and shall be made **as soon as possible, but in no case more than seven days**, after the child has been identified.

CAPTA information:

<http://www.ksits.org/professionals.htm>

Note: If, after receiving a referral, a local tiny-k program chooses to screen before evaluating a child, they must complete screening, initial evaluation, assessment of the child and family, and the initial IFSP meeting within 45 days from the date the local tiny-k program receives the referral [§ 303.310(a)]. Screening does not add time to the 45-days requirement nor does it delay the 45-day timeline requirement. It is included in the 45-days timeline. Screening is an optional service. It is not a required service. (See Section III, page 4 regarding timeline and community child find screening information.)

III. Late Referral to Part C

If a child is referred to the local tiny-k program fewer than 45 days before that toddler's third birthday, the local tiny-k program is not required to conduct the initial evaluation, assessment, or IFSP meeting, and the tiny-k program, with parental consent, must refer the toddler to the SEA and appropriate LEA.

IV. Parent Request

A parent may request an evaluation at any time, even after a screening has determined the child is not suspected of having a developmental delay.

V. Diagnosed Condition

Children with a condition that is an established risk for developmental delay (such as a child with a diagnosed condition who has medical records the lead agency can use to establish eligibility) are referred directly for an evaluation. For guidance on established risk refer to Section XI of this manual.

FAMILY SERVICE COORDINATION

Introduction

Family service coordination is a service required for every infant or toddler and his/her family eligible for Kansas Infant-Toddler Services. The family service coordinator (FSC) must be identified by name on the Individualized Family Service Plan (IFSP). This person acts as the single point of contact for carrying out coordination activities. The roles and responsibility of the service coordinator is outlined in this section.

The family service coordinator works in partnership with the family. The family retains the ultimate decision making authority in this partnership. Kansas Infant-Toddler Services recognizes the importance of enhancing the family's capabilities to negotiate service systems and obtain resources.

I. Requirements for Local tiny-k Programs

Each local tiny-k program is required to send a representative to annual Family Service Coordination Training and develop an FSC training plan for providing eight hours of training each year.

The FSC Training Plan form can be found at:

http://www.ksits.org/download/Family_Service_Coordination_Training_Plan.doc

II. Qualifications of a Family Service Coordinator [34 CFR 303.34 and 34 CFR 303.344(g)]

The family service coordinator must meet state and federal standards and is to be "from the profession most relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities....)." "Applicable responsibilities" include coordinating all required services across agency lines and serving as the central point of contact for carrying out the activities on page 2 of this section.

The family service coordinator shall meet the following requirements:

- A. Have a bachelor's degree in education, health studies, nutrition, social welfare, or the human services field. Additionally, each individual working as a family service coordinator with a local tiny-k program before June 1, 2013 will be grandfather and viewed as meeting requirements. They must also have experience in early childhood.
- B. Complete initial family service coordination training within three months of assuming this role, and after training.

Training module can be found on the KITS website at: http://kskits.org/Toolkit_eCourse/index.html

- C. Demonstrate knowledge and understanding in the following areas:

- 1) Infant and toddler child development
- 2) Part C of IDEA and related regulations (state and federal) to include family service coordination
- 3) Parents' rights/procedural safeguards

- 4) The Individualized Family Service Plan (IFSP) process
- 5) The nature and scope of services available under Kansas Infant-Toddler Services
- 6) The system of payments for services in the state
- 7) Federal, state, and local resources available to families and young children.

III. Roles and Responsibilities of the Family Service Coordinator [34 CFR 303.34]

- A. **Service coordination services** refers to services provided by a family service coordinator to assist and enable an infant or toddler with a developmental delay/disability and the child's family to receive the rights, procedural safeguards, and services authorized to be provided under the Kansas Infant-Toddler Services program.
- B. **A family service coordinator** must be assigned for each infant or toddler and his/her family who is eligible for early intervention services. The following responsibilities shall be addressed by the assigned family service coordinator:
 - 1) Coordinating all early intervention services across agency lines
 - 2) Assisting parents of infants and toddlers with developmental delay/disability in gaining access to and coordinating the provision of, early intervention services and other services identified in the IFSP
 - 3) Continuously seeking the most appropriate services and situations necessary to benefit the development of the infant or toddler being served for the duration of the child's eligibility
 - 4) Serving as the single point of contact in helping the parents to obtain the services and assistance they need
- C. **Family service coordination** is an active, ongoing process that involves the following activities:
 - 1) Coordinating the performance of evaluations and assessments
 - 2) Facilitating and participating in the development, review, and evaluation of IFSPs
 - 3) Assisting families in accessing early intervention services identified on the IFSP, including making referrals to providers for needed services and scheduling appointments
 - 4) Conducting referral and other activities to assist families in identifying available early intervention service providers
 - 5) Coordinating and monitoring the timely delivery of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is being provided

- 6) Conducting follow-up activities to determine appropriate early intervention services are being provided
- 7) Informing families of their rights and procedural safeguards regarding medical and other services the infant or toddler or family needs or are receiving, but are neither required nor funded under Part C
- 8) Coordinating the funding sources for services required under Part C
- 9) Facilitating any transition for the infant or toddler and family, such as hospital-to-home, exit from Kansas services to services in another state, permanent exit from Part C, transfer to another Kansas local tiny-k program
- 10) Facilitating the transition at age 3, including the development of a transition plan, to appropriate services (e.g., Part B special education services, Head Start, community preschool, community child care).

IV. Cost/Reimbursement [34 CFR 303.521 (b) (3); 303.34 (c)]

Early intervention services, including family service coordination, shall be provided at no out-of-pocket cost to families regardless of whether or not they give permission to bill third party sources such as Medicaid or private insurance. Neither shall the use of the term *family service coordination* instead of *case management* affect the authority of the KSITS or a local tiny-k program to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to *case management*.

POST-REFERRAL COMPONENT I SCREENING

Introduction

Additional major components of the statewide, comprehensive, coordinated, multidisciplinary, interagency child find system are screenings, evaluations and assessments. They are referred to as post-referral procedures, e.g., procedures and activities that take place after a referral of an infant or toddler to a local tiny-k program by a primary referral source. The first of these components is **screening**. Providing screening after referral from a primary referral source is an option for local tiny-k programs. If this option is chosen, the screening becomes part of the 45-calendar-day timeline to complete the initial screening (optional), initial evaluation and assessments and the initial Individualized Family Service Plan (IFSP) meeting. The 45-calendar-day timeline begins on the date of referral to the local tiny-k program.

I. Screening Procedures [34 CFR 303.320]

Though the U.S. Department of Education, Part C of the Individuals with Disabilities Education Act (IDEA) has provided a post-referral screening option for those states providing early intervention services. Kansas Infant-Toddler Services (KSITS) prefers infants or toddlers referred by a primary referral source to a local tiny-k program go straight to an evaluation. However, the local tiny-k program may choose the option to screen, after referral by a primary referral source, to determine whether the child is suspected of having a delay. If the local tiny-k program chooses to screen an infant or toddler after receiving a referral, there are specific procedures which must be followed. These procedures do not apply to child find community screenings offered in order to locate children less than three years of age who might need referral to a local tiny-k program.

“Screening procedures” means activities carried out by, or under the supervision of local tiny-k programs to identify, at the earliest possible age, infants and toddlers suspected of having a developmental delay. These activities are carried out using appropriate screening instruments by personnel trained to use these screening instruments. The five developmental domains must be addressed. These domains are: cognitive development, physical development (including health, nutrition, motor, vision and hearing), communication development, social and emotional development, and self-help/adaptive development.

A. Screening Provided by Primary Referral Sources

A primary referral source may screen an infant or toddler before referring the child to a local tiny-k program. **In this case, rescreening by the local tiny-k program is not necessary.** The local tiny-k program, in this instance, should begin obtaining consent for evaluation, while taking note that the 45-day timeline begins on the date the referral was made to them.

An infant or toddler must be referred to the local tiny-k program if he/she is involved in a substantiated case of abuse or neglect; or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. **The referral may be for screening or evaluation.** (See CAPTA section in appendix).

B. Screening Provided by Local tiny-k Programs

The local tiny-k program may provide screening for infants and toddlers who are referred by a primary referral source to determine whether they are suspected of having a disability. For example, such a referral may be the result of an infant or toddler being involved in child abuse or neglect or affected by illegal substance abuse. Screening shall be provided at no cost to the family.

1) If a local tiny-k program proposes to screen an infant or toddler, it must address the following requirements

(a) Provide prior written notice of its intent to screen the infant or toddler to identify whether the child is suspected of having a developmental delay. This notice should also include the following information:

The Prior Written Notice Form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

i. Information about the screening

ii. The reason for conducting the screening

iii. A description of the parent's right to request an evaluation at any time during the screening

(b) Obtain parental consent before conducting the screening.

The Consent for Screening Form can be found at:

http://www.ksits.org/download/Consent_for_Screening.doc

2) If the parent consents to the screening and the screening or other available information indicates the infant or toddler is suspected of having a developmental delay, the local tiny-k program must carry out the following responsibilities:

(a) Provide notice to the parents of its intent to evaluate the child

(b) Obtain written parental consent to evaluate

(c) With parental consent, conduct evaluation and assessments

3) If the infant or toddler is screened and the screening or other available information indicates the child is **not** suspected of having a developmental delay, the local tiny-k program must ensure the following occurs:

(a) Provide notice of this determination is given to the parent

(b) The notice describes the parent's right to request an evaluation

- 4) If the parent of the infant or toddler requests and consents to an evaluation at any time during the screening process, evaluation of the child must be conducted, even if the local tiny-k program has determined the child is not suspected of having a developmental delay.

All activities listed above should be carried out as required and described in applicable Procedural Safeguards, Section V and in Evaluation and Assessment Procedures, Section X of this manual.

II. Condition for Evaluation or Early Intervention Services

For every infant or toddler under the age of three who is referred to a local tiny-k program or screened under the screening option described in “B” above, the local tiny-k program is not required to complete the following activities:

- A. Provide an evaluation of the infant or toddler unless the child is suspected of having a developmental delay or the parent requests an evaluation at any time during the screening process, or
- B. Make early intervention services available to the infant or toddler unless a determination is made that the child meets the definition of *infant or toddler with a disability* as described in Section XI (Eligibility) of this manual.

POST-REFERRAL COMPONENT II EVALUATION AND ASSESSMENT

Introduction

The final two components of the post-referral process are **evaluation and assessment**. When an infant or toddler suspected of having a developmental delay or established risk factor is referred to a local tiny-k program by a primary referral source, or is identified through a screening process performed by the local tiny-k program, the child must receive a timely, comprehensive, multidisciplinary evaluation and child and family assessment, if parent consent is provided. The evaluation is considered the initial evaluation to determine the child's initial eligibility for services.* Annual eligibility evaluation is not required unless the local tiny-k program is considering exiting a child before the age of three. The child and family assessments are conducted initially and continue throughout the child's and family's time in Part C services. At a minimum, these ongoing assessments shall occur as part of the 6-month review process and annual IFSP development.

An infant's or toddler's parents shall be considered active contributors of reliable information regarding the child's development, performance, and needs. Therefore, the evaluation and assessment team shall include the parents as essential participants in these processes.

Evaluations and assessments are provided at no cost to the parents and are to be performed by qualified personnel.

***Note:**

- 1) An infant's or toddler's medical and other records may be used to establish eligibility, without conducting an evaluation of the child, if such records indicate that the infant's or toddler's level of functioning constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability as described in Section XI.
- 2) If an infant's or toddler's medical and other records are used to establish eligibility without conducting an evaluation, the local tiny-k program must conduct an assessment of the child and an assessment of the family (if the family member participates in the family assessment).

I. Parental Consent and Notice [34 CFR 303.420-421; 303.25]

- A. The *Parental Prior Written Notice for Proposed Action* and the *Child and Family Rights and Kansas ITS Complaints Process* document must be given to the parents of a child within 10 calendar days prior to conducting an evaluation and assessment. Parents may waive the right to 10 calendar days' notice of these actions.

The Prior Written Notice form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

Local tiny-k programs are required to utilize the *Prior Written Notice* and the *Child and Family Rights and Complaints Process* document provided by KDHE/KSITS.

- B. Prior to conducting evaluations and assessments, local tiny-k programs are required to obtain *Consent for Evaluation/Assessment* and provide the family with the *Child and Family Rights and Kansas ITS Complaints Process* document. This consent is valid for the period of one year.

The Consent for Evaluation/Assessment form can be found at:

http://www.ksits.org/download/Consent_for_Evaluation_Assessment.doc

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- 1) Consent must be obtained by the local tiny-k programs yearly for on-going assessment purposes.
- 2) If a local tiny-k program is considering the dismissal of a child before the age of three, a reevaluation of eligibility is required. Separate consent for evaluation shall be provided by the parent. (A local tiny-k program can never consider dismissal of an automatically eligible child. The parent can however, choose to withdraw from the program.)
- 3) Local tiny-k programs are required to utilize the *Consent for Evaluation/Assessment* form and the *Child and Family Rights and Complaints* documents provided by KDHE/KITS.

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- C. The request for written parental consent and the procedural safeguards notice must be written in language understandable to the general public, and provided in the native language of the parents, unless it is clearly not feasible to do so.
- D. The mode of communication shall be that normally used by the parent (such as sign language, Braille, or oral communication) if the parents are deaf or blind, or have no written language.
- E. If the native language or other mode of communication of the parent is not a written language, the local tiny-k program must take steps to ensure that the request for parental consent and procedural safeguards notice is
- 1) translated orally or by other means to the parent in the parent's native language or other mode of communication, and
 - 2) understood by the parent.
- F. There must be written evidence in the child's early intervention records that the requirements of this subsection have been met.

II. Parent Right to Decline Services/Deny Consent [34 CFR 303.420]

- A. If the parent does not give consent, the local tiny-k program must make reasonable efforts to ensure that the parent
- 1) is fully aware of the nature of the evaluation and assessment or the services that would be available, and
 - 2) understands that their infant or toddler will not be able to receive the evaluation, assessment, or early intervention services unless consent is given.
- B. If the parent does not give consent, the local tiny-k program may **not** use the due process hearing procedures to challenge the parent's refusal.
- C. The parents determine whether or not they, their infant or toddler with a developmental delay, or other family members will accept or decline any early intervention service. Local tiny-k programs are required to use the *Declining/Withdraw from the Local tiny-k Program and Early Intervention Services* form.

The Declining Participation Form can be found at:

http://www.ksits.org/download/Declining_Participation.doc

- D. The parent may decline a service after first accepting it, without jeopardizing other early intervention services. Local tiny-k programs are required to use the *Declining/Withdraw from the Local tiny-k Program and Early Intervention Services* form.

The Declining Participation Form can be found at:

http://www.ksits.org/download/Declining_Participation.doc

- E. If parental consent for evaluation, assessment of the infant or toddler, or initiation of services is not given, and the situation warrants it, the local agency may initiate a complaint of neglect with the Kansas Department for Children and Families.

III. Multidisciplinary Evaluation [34 CFR 303.321; 303.24; 303.322]

Multidisciplinary evaluation, child assessment and family directed assessment is a dynamic process used to determine eligibility, identify unique strengths and needs of the child within the context of daily routines and activities in order to develop a dynamic Individualized Family Service Plan.

During the evaluation and assessment process professionals and families build their relationship. This collaboration between parents and service providers ensures parents are important members of the multidisciplinary team. Parents are the experts on their infant or toddler and provide much of the information critical to developing a complete picture of their child within the context of daily routines and activities as a member of a family and community.

A. Timeline for the Initial Evaluation and Assessments [34 CFR 303.310]

The initial evaluation and initial assessment of the infant or toddler, including any assessments of the family, as well as the initial Individualized Family Service Plan (IFSP) meeting, must be completed within 45 calendar days from the date the local tiny-k program receives the referral from the primary referral source. If the local tiny-k program chooses to screen the referred infant or toddler, to determine whether the child is suspected of having a developmental delay, then screening, initial evaluation, initial assessment and the initial IFSP must be completed within the 45-calendar day timeline.

If a toddler is referred to the local tiny-k program fewer than 45 days before that toddler's third birthday, the local tiny-k program is not required to conduct the initial evaluation, assessment, or IFSP meeting, and the tiny-k program, with parental consent, must refer the toddler to the SEA and appropriate LEA.

A local tiny-k program must ensure that in the event the parent has not provided consent despite documented, repeated attempts to obtain the consent, or due to exceptional circumstances that make it impossible to complete the initial evaluation, initial assessments, and initial IFSP within the 45-day timeline (e.g., child is hospitalized), the local tiny-k program will complete the following activities:

- 1) Document in the infant's or toddler's Part C records (including the ITS database) the exceptional family circumstances or repeated attempts to obtain parental consent.
- 2) Complete the screening (if applicable), the initial evaluation, the initial assessments (child and family), and the initial IFSP meeting as soon as possible after the documented exceptional family circumstances no longer exist or consent is obtained.

B. Evaluation

Evaluation is the process used to review formal and informal measures, information, and data of the infant or toddler. The purpose of evaluation is to determine an infant's or toddler's initial and/or continuing eligibility for early intervention services. Please see Section XI for eligibility criteria in Kansas. The initial evaluation and (if eligible) the Individualized Family Services Plan must be completed within 45 days from the time a local tiny-k program receives the referral.

Eligibility should not be determined based on one instrument alone. Strictly speaking, regulations do not require the "assessment" to happen unless eligibility is determined. Kansas Infant-Toddler Services believes in a linked system of evaluation, assessment, IFSP development, and ongoing program evaluation for children. Determining eligibility requires the utilization of multiple tools (i.e., curriculum-based assessment, observation, administration of other instruments such as the Routines Based Interview). This affords teams enough information to make thorough and informed decisions about eligibility. This is especially important as there is a requirement to utilize Informed Clinical Opinion when making decisions about eligibility.

1) Procedures Guiding the Evaluation Process

No single procedure may be used as the sole criterion for determining an infant's or toddler's eligibility for early intervention services. Procedures must include the following actions:

- (a) Administering an evaluation instrument that may include
 - i. curriculum-based assessments (required in Kansas)
 - ii. rating scales
 - iii. developmental profiles
 - iv. other instruments that meet acceptable professional standards (including, but not limited to, Routines-Based Interview, ABC Matrix, or Family Reports associated with a specific assessment tool)

Note: Standardized tests are not required in Kansas for determining eligibility.

- (b) Taking the infant's or toddler's history (including interviewing the parent)
- (c) Identifying the infant's or toddler's level of functioning in each of the developmental areas listed below.
 - i. Physical development including health and nutritional status, vision, hearing, and motor
 - ii. Cognitive development
 - iii. Communication development
 - iv. Social or emotional development
 - v. Self-help/adaptive behavior
- (d) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the infant's or toddler's unique strengths and needs
- (e) Using informed clinical opinion to determine the infant's or toddler's eligibility even when other instruments do not establish eligibility (**note:** Informed clinical opinion may **not** be used to negate the results of evaluation instruments used to establish eligibility.)
- (f) A review of available pertinent records that relate to the infant's or toddler's current health status and medical history

2) Evaluation Team Requisites and Procedures

- (a) All evaluations must be conducted by qualified personnel who meet Kansas approved or recognized certification, licensing, registration, or other comparable requirements.
- (b) Qualified personnel training shall include how to utilize informed clinical opinion.
- (c) Unless clearly not feasible to do so, all evaluations of an infant or toddler must be conducted in the native language of the child.

- (d) Evaluations must be conducted in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- (e) When determining eligibility, the evaluation team must consist of at least two professionals from different disciplines or one individual who is qualified in more than one discipline or profession, but can include as many members as necessary based on needs of the infant or toddler. The professional disciplines most closely related to the presenting need(s) are to be present during the evaluation.
- (f) Previous evaluations for determining eligibility conducted within the last six months by qualified personnel may be considered current.

3) Evaluation Outcomes [34 CFR 303.321; 303.322]

There are two possible outcomes when evaluating a child. They are Eligible and Not Eligible.

Whether or not an infant or toddler is eligible for services, the evaluation team is always responsible for conveying the evaluation results to the parent. The use of the *Prior Written Notice Form* is used to do this. Local tiny-k programs may provide more information through the use of a written report, as they determine locally. Evaluation results may be shared with appropriate personnel or the primary referral source upon request if the parent gives prior written consent.

The Prior Written Notice Form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

- (a) The child is determined *eligible* for early intervention services.
 - i. The local tiny-k program must provide the parents with prior written notice that includes the following information:
 - The parent's right to dispute the eligibility determination through dispute resolution mechanisms such as a due process hearing or mediation or filing a State complaint
 - The infant or toddler is eligible for early intervention services and the reason why the infant or toddler is eligible.
 - ii. An IFSP is then developed using information from the evaluation and the child assessment in combination with results from the family-directed assessment.
- (b) The child is *not eligible* for early intervention services.
 - i. The local tiny-k program must provide the parents with prior written notice that includes the following information:
 - The parent's right to dispute the eligibility determination through dispute resolution mechanisms such as a due process hearing or mediation or filing a State complaint

- The infant or toddler is not eligible for early intervention services and the reason why the infant or toddler is not eligible
- ii. It is the responsibility of the family service coordinator and/or person identified by the evaluation team to refer the infant or toddler to appropriate follow-up services.

IV. Child Assessment [34 CFR 303.321; 303.25]

Child assessment, as part of the initial evaluation, refers to the tools or procedures used by qualified personnel to determine initial eligibility for the Kansas Infant-Toddler Services. Additionally, child assessment is the ongoing process used to determine the evolving and changing unique strengths and needs of an infant or toddler and the services appropriate to meet these needs. Child assessment combines information across settings among all service providers and family members in order to obtain a more complete picture of the abilities and needs of the infant or toddler. It is the responsibility of the IFSP team to share assessment information contributing to the development of the Individualized Family Service Plan (IFSP).

The goals of the child assessment are to (1) gain a picture of the child's present abilities, strengths, and needs, and (2) identify potential intervention targets designed to enhance development.

A. Procedures that Guide the Child Assessment Process

If an infant or toddler is identified as eligible for Part C services, an initial curriculum -based assessment must be conducted as part of the initial evaluation in order to identify the infant's or toddler's unique strengths and needs. After development and implementation of the IFSP, child assessment must continue throughout the provision of early intervention services in order to identify changes in the infant's or toddler's needs. The initial and ongoing assessment of the infant or toddler must include the following components:

- 1) A review of the results of any existing evaluation including medical and other pertinent records
- 2) Personal observation of the infant or toddler
- 3) The identification of the infant's or toddler's needs in each of the developmental areas
- 4) The use of a curriculum-based assessment, updated at least every six months

B. Characterizations of the Initial and Ongoing Child Assessment

The initial and ongoing child assessment helps determine the child and family outcomes for the IFSP which in turn determine the nature and extent of the needed early intervention services. Assessment must be

- 1) conducted, throughout the period of an infant's or toddler's eligibility, by appropriate qualified personnel who meet Kansas approved or recognized certification, licensing, registration, or other comparable requirements,

- 2) conducted in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory,
- 3) conducted in the native language of the infant or toddler, unless clearly not feasible to do so,
- 4) problem solving in nature,
- 5) inclusive of natural observations in everyday settings and routines, including those that are most natural to the infant or toddler and family (e.g., home, child care),
- 6) inclusive of ongoing routines and typical circumstances in context with the infant or toddler and family, including the child's engagement and social relationships, and
- 7) a flexible, collaborative decision-making process in which teams, parents and professionals repeatedly revise their outcomes and reach consensus about the changing needs of children and their families.

V. Family-Directed Assessment [34 CFR 303.321; 303.25]

A major focus of Kansas Infant-Toddler Services is family-centered services. They should be strength based, emphasize parent choice, and recognize the family as a unit. Through completion of a family-directed assessment, the local tiny-k program assists the family in developing a program that will build upon and reinforce the family's strengths and resources to meet their infant's or toddler's developmental needs.

A. Family-Directed Assessment Description

Assessment of the family must be

- 1) family-directed and designed to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler,
- 2) voluntary on the part of each family member participating in the assessment,
- 3) based on information obtained through an assessment tool,
- 4) based on information obtained through an interview with those family members who elect to participate in the assessment,
- 5) conducted by qualified personnel who meet Kansas approved or recognized certification, licensing, registration, or other comparable requirements,
- 6) conducted by personnel trained to utilize appropriate methods and procedures,
- 7) conducted in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory, and

- 8) conducted in the native language of the participating family members unless clearly unfeasible to do so.

B. Conducting the Family-Directed Assessment

- 1) The family-directed assessment should be conducted in a nonintrusive manner that is respectful of the family. This includes cultural and linguistic diversity. If English is not the family's first language, an interpreter should be used to assist in gathering family information (at no cost to the family). Parents may also invite the participation of others (e.g., grandparents, siblings, other extended family members, and others who are important in the care of the infant or toddler). Personnel must be knowledgeable about appropriate methods and procedures of conducting family assessment. Creative arrangements may be necessary to ensure an appropriate place and time for the family-directed assessment to take place.
- 2) The parents and/or family members must be informed that they have discretion regarding what information they choose to share and include in the IFSP. Participation in the family-directed assessment will enhance the ability of early intervention professionals to fully address the family's concerns. The extent or lack of information shared by the family in no way impacts the infant's or toddler's eligibility.
- 3) Sensitivity to parent preferences is fundamental in determining the appropriate means of obtaining family information. The process of gathering family information is not necessarily formalized. The interviewer may or may not use a formal questionnaire. Some parents prefer the use of a form whereas others find its use objectionable.

C. Areas to Address

- 1) The family's concerns about the infant or toddler may include circumstances or areas that cause worry, distress, or difficulty related to the child's or the family's ability to care for and support their infant's or toddler's development. This includes the identification of issues that prevent the family from fully participating in daily home and community routines and activities.
- 2) Family priorities for the concerns or needs they want addressed first must be taken into consideration. This includes how families want early intervention services to be integrated into their family life.
- 3) Family strengths and resources may include other family members and friends, community resources, and health care providers.

ELIGIBILITY

I. At-Risk Infants or Toddlers [34 CFR 303.5; 303.501(e)]

Children under the age of three who are at risk of developmental delay for biological or environmental reasons **and** who are **not** experiencing a developmental delay, or who may have been screened but are **not** suspected of a developmental delay, are **not** automatically eligible for early intervention services provided by Kansas Part C funding.

There is a subgroup of infants and toddlers considered at-risk who must be referred to a local tiny-k program to rule out developmental delay. “A referral must be made for any child under the age of three who is involved in a substantiated case of abuse or neglect or is identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal exposure.” These children are not automatically eligible for Part C services provided by Kansas Part C funding.

A. Definition of At-Risk for Developmental Delay

Children, under the age of 3, who are at risk* of experiencing a developmental delay because of biological or environmental factors that can be identified and are not otherwise eligible for early intervention services under the statewide Kansas Infant-Toddler Services.

Biological or environmental factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Environmental risk factors should be identified by the multidisciplinary team.

***Note: “At risk” is different from “established risk,” as defined on page 3 of this Section.**

B. Tracking and Follow-Up

Kansas recognizes the significant brain development that occurs during a child’s first three years of life. Therefore, a follow-up and tracking system for infants or toddlers who are at risk, but are not eligible for early intervention services, is a response to the recognition of the importance of early identification.

Tracking at-risk infants and toddlers is recommended but not mandatory at this time under Kansas Infant-Toddler Services. Local tiny-k programs are encouraged to develop a follow-up system to screen these children at appropriate intervals. Frequency of follow-up will be unique to the needs of the child and family.

Local tiny-k programs are encouraged to initiate, expand, or improve collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public and private community-based organizations, services, and personnel. Many infants can be enrolled in tracking systems by being identified as “at risk” in the hospital (e.g., NICUs). Referrals from hospitals to local tiny-k programs, local health departments, and primary care providers ensure regular contacts are maintained with the departments. And the primary care providers ensure regular contacts are maintained with the

family so the infant or toddler can be monitored to determine if his or her status has changed with respect to the eligibility for early intervention services.

For infants and toddlers who are at risk of developmental delay, follow-up screening

- 1) helps parents keep their infant or toddler in a primary health care system,
- 2) promotes early identification of infants and toddlers requiring evaluation,
- 3) assists parents in becoming better observers of their infant's or toddler's development, and
- 4) responds to parental concerns.

C. Use of Part C Funds for At-Risk Infants and Toddlers

Part C funds may be used by local tiny-k programs if these funds are used to initiate, expand, or improve collaborative efforts related to at-risk infants and toddlers including establishing linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of

- 1) identifying and evaluating at-risk infants and toddlers,
- 2) making referrals for the infants and toddlers identified and evaluated, and
- 3) conducting periodic follow-up on each referral, to determine if status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for early intervention services.

Though Kansas does not serve at-risk children, local tiny-k programs may choose to serve this population. If they do, they are required to identify in their Community Service Plan, as part of their Infant-Toddler Services grant application, the eligibility criteria and funding sources used to serve these children.

II. Infants and Toddlers with a Developmental Delay or Established Risk for Developmental Delay [34 CFR 303.21; 303.111; 303.10]

Eligibility criteria have been established by the Kansas Infant-Toddler Services for infants and toddlers with developmental delays and disabilities. It is not the intent of the eligibility criteria to result in an assignment of a specific label/diagnosis for the child. Infants or toddlers change rapidly during the first three years of life, as do family factors. While a label/diagnosis may be selected because of administrative needs (e.g., funding), labeling/diagnosis is not necessary to establish eligibility for early intervention services.

It is the goal of the eligibility criteria to identify all infants and toddlers who are developmentally delayed or who are at established risk for developmental delay as soon as possible, while allowing for developmental differences.

A. Eligibility Criteria

1) Developmental Delay

- (a) Children under the age of three who are experiencing a discrepancy of 25% or more between chronological age and developmental age, after correction for prematurity, and as measured by appropriate diagnostic instruments and procedures, in one of the following areas; or
- (b) Children under the age of three who are experiencing a discrepancy of 20% or more between chronological age and developmental age, after correction for prematurity, and as measured by appropriate diagnostic instruments and procedures, in two or more of the following areas:
 - i. Physical development including health and nutritional status, vision, hearing, and motor
 - ii. Cognitive development
 - iii. Communication development
 - iv. Social or emotional development
 - v. Self-help/adaptive development

- 2) Professional judgment/informed clinical opinion of the multidisciplinary team (including the professional in the area/s of delay) concludes a developmental delay significant enough for eligibility exists when appropriate tests are not available or when testing does not reflect the child's actual performance. Professional judgment is a necessary safeguard against making eligibility determination based upon isolated information or test scores alone.

B. Established Risk for Developmental Delay

Children under the age of three, with a diagnosed physical, mental or neurobiological condition, and who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided, are at established risk for developmental delay and are eligible for early intervention services. A delay in development may or may not be exhibited at the time of diagnosis. Eligibility under established risk shall be determined by a physician or other appropriate diagnostic team who shall diagnose the presence of an established mental, physical or neurobiological condition. Established risk signifies the infant or toddler is automatically eligible for early intervention services as long as the diagnosis/established condition exists.

C. Informed Clinical Opinion

Infants or toddlers at risk of substantial developmental delay according to informed clinical opinion are eligible for early intervention services. A delay in development may or may not be exhibited at the time of clinical judgment. Activities used to determine eligibility for infants or toddlers at risk of substantial developmental delay according to informed clinical opinion include record review, observation, and parent report. Activities, consultations, reports and procedures used in clinical judgment to determine eligibility must be described in a written evaluation report.

III. Physical and Mental Conditions Resulting in a High Probability of Developmental Delay to Use in Determining Automatic Eligibility

These conditions may include but are not limited to the following:

A. Congenital Anomaly/Genetic Disorders/Inborn Errors of Metabolism

These are children diagnosed with one or more congenital abnormalities or genetic disorders with developmental implications. Some examples are:

- 1) Fragile X Syndrome
- 2) Chromosomal Abnormality
- 3) Down Syndrome
- 4) Trisomy 21 or 3
- 5) Patau's Syndrome
- 6) Trisomy 18
- 7) Autosomal Deletion Syndrome
- 8) Antimongolism Syndrome
- 9) Cri-du-Chat Syndrome

B. Inborn Errors of Metabolism

- 1) Amino acidopathies
- 2) Organic acidemias
- 3) Glutaric aciduria type II
- 4) Very long-chain fatty acid storage diseases
All, including Peroxisomal disorders
Leukodystrophy, Krabbe's disease, Pelizaeus-Merzbacher disease, Sulfatide lipidosis,
- 5) Cerebral lipases, Batten disease, Jansky-Bielschowsky disease, Kufs disease, Spielmeyer-Voyt disease, Tay-Sachs disease, Glangliosidosis
- 6) Cerebral degeneration in generalized lipidosis
- 7) Cerebral degeneration of childhood in other disease classified elsewhere
- 8) Conditions due to anomaly of unspecified chromosome
- 9) MCAD (medium chain acylCoA dehydrogenase deficiency)

C. Prenatal Exposures

- 1) Fetal Alcohol Syndrome
- 2) Fetal Phenytoin (Dilantin) syndrome

D. Neurocutaneous Syndromes

- 1) Neurofibromatosis
- 2) Tuberous sclerosis
- 3) Sturge Webber syndrome

E. Prenatal Infections/Congenital Infections

- 1) TORCH
- 2) Congenital toxoplasmosis
- 3) Congenital rubella
- 4) Congenital CMV (Cytomegalovirus)
- 5) Congenital herpes
- 6) Pediatric HIV/AIDS

F. Socio communicative Disorders

- 1) Asperger syndrome/disorder
- 2) Autism
- 3) Childhood depression
- 4) Childhood disintegrative disorder
- 5) PDD-NOS (pervasive developmental disorder – not otherwise specified)
- 6) Reactive attachment disorder
- 7) Rett-syndrome

G. Attachment Disorder

H. Hearing Loss – Congenital or Acquired. These are children diagnosed with unilateral or bilateral permanent hearing loss. This includes auditory neuropathy.

- I. Vision Impairment. Congenital or Acquired. These are children diagnosed with a visual impairment that is not correctable with treatment, surgery, glasses or contact lenses. This includes but is not limited to:
- 1) Blindness (“legal” blindness or 20/200 best acuity with correction)
 - 2) Low vision (20/70 best acuity with correction)
 - 3) Retinopathy of prematurity (grades 4 and 5)
 - 4) Neurological visual impairment
- J. Motor Impairments = Developmental apraxia
- K. Neurologic/Central Nervous System Disorders. These are children diagnosed with a condition known to affect the nervous system with developmental implications such as:
- 1) Absence of part of brain
 - 2) Agyria
 - 3) Aplasia of part of brain
 - 4) Arrhinencephaly
 - 5) Brain malformation
 - 6) Cerebral dysgenesis or agenesis of part of brain
 - 7) Cerebral palsy (all types)
 - 8) Congenital cerebral cyst
 - 9) Degenerative progressive neurological condition
 - 10) Encephalopathy
 - 11) Epilepsy
 - 12) Holoprosencephaly
 - 13) Hydrocephaly – congenital or acquired
 - 14) Intraventricular hemorrhage (IVH) – Grade 3 and 4
 - 15) Macroencephaly/Macrogyria/Megalencephaly
 - 16) Meningomyelocele/myelomeningocele/spina bifida/neural tube defect with hydrocephalus includes Arnold-Chiari syndrome, type II and Chiari malformation, type II

17) Without mention of hydrocephalus [hydromeningocele (spinal)], hydromyelocele, meningocele (spinal) meningomyelocele, myelocele, myelomeningocele, rachischisis, spina bifida (aperta) syringomyelocele

18) Microgyria

19) Microcephaly

20) Myopathy

21) Peri-ventricular Leukomalacia (PVL)

22) Porencephalic Cyst

23) Seizures (Poorly or uncontrolled)

24) Spina Bifida

25) Spinal Muscle atrophy/Werdnig Hoffman disorder

26) Stroke

27) Ulegynia

L. Neonatal Conditions and Associated Complications

- 1) Gestational age less than 27 weeks or birth weight less than 1,000 grams;
- 2) Neonatal encephalopathy with neurological abnormality persisting at discharge from the neonatal intensive care unit;
- 3) Moderate to severe ventricular enlargement at discharge from the neonatal intensive care unit or a ventriculoperitoneal shunt;
- 4) Neonatal seizures, stroke, meningitis, encephalitis, porencephaly, or holoprosencephaly;
- 5) Bronchopulmonary dysplasia requiring supplemental oxygen at discharge from the neonatal intensive care unit;
- 6) Intrauterine growth retardation;
- 7) Necrotizing enterocolitis requiring surgery;
- 8) Abnormal neurological exam at discharge;
- 9) Intraventricular hemorrhage III or IV; or

- 10) Periventricular leukomalacia
- 11) **A combination of risk factors that, taken together, makes developmental delay highly probable (including but not limited to a combination of these factors: prematurity <30 233ks, very low birth weight <1500 grams, small or large for gestational age, length of hospital stay in newborn period > 45 days, family history of hearing impairment, apnea, prolonged ventilation, low Apgar scores).**

M. Other Syndromes

- 1) Angelman syndrome
- 2) Bardet-Biedl syndrome
- 3) CHARGE syndrome
- 4) Comelia de Lange syndrome
- 5) Fragile X syndrome
- 6) Jeune syndrome
- 7) Lissencephaly syndrome (Miller-Dieker syndrome)
- 8) Menkes syndrome
- 9) Noonan syndrome
- 10) Opitz syndrome
- 11) Prader-Willi syndrome
- 12) Rubenstein-Taybi syndrome
- 13) Weaver syndrome
- 14) Williams syndrome

N. Medically Related Disorders

- 1) Congenital or infancy-onset hypothyroidism
- 2) Cleft palate (prior to the operation to repair the cleft and up to one year post-operative)
- 3) Lead intoxication (>µg/dL) (up to six months after identification)
- 4) Lead acetate, tetraethyl lead
- 5) Other lead compounds
- 6) Unspecified lead compound

O. Acquired Trauma-Related Disorders

- 1) Traumatic brain injury/TBI without open intracranial wound
 - (a) with prolonged loss of consciousness and return to conscious level
 - (b) with prolonged loss of consciousness without return to conscious level
 - (c) unspecified state of consciousness
- 2) Traumatic Brain Injury/TBI with open intracranial wound
 - (a) with prolonged loss of consciousness and return to conscious level
 - (b) with prolonged loss of consciousness without return to conscious level
 - (c) with concussion, unspecified

P. Disorders of Growth = Failure to thrive

IV. Additional Considerations to Establish Eligibility

Research suggests there are many medical diagnoses which may impact development, although with a lesser probability than those conditions listed as established conditions. Examples include but are not limited to: Brachial plexus palsy, hand deformity, limb deformity, Torticollis, and Plagiocephaly. These conditions in and of themselves may not point toward eligibility for early intervention. However, there may be other circumstances in the infant's or toddler's life (e.g., health status, family situations, and additional developmental delay) that may influence the course of his or her development. When developmental concerns exist concurrent with these diagnosed conditions, the child's evaluation team shall determine eligibility based on eligibility criteria outlined in Subsection II-A above.

INDIVIDUALIZED FAMILY SERVICE PLAN

Introduction [34 CFR 303.20]

The Individualized Family Service Plan (IFSP) is the written agreement between the family and the local tiny-k program that documents a plan for services needed by eligible infants or toddlers between the ages of birth and age 3 and their families. Development of the IFSP is a dynamic process that involves a collaborative planning effort and partnership between the parents (and other identified family members or persons who know the infant or toddler and family) and the professionals who will deliver services and supports to the infant or toddler and family. It is intended as an ongoing process of planning and adjusting services for the changing developmental needs of the child and his or her family. The IFSP should be fully understood (i.e., be user- and reader-friendly) by the parents/family and professional team members. The IFSP process is family-centered and assists in empowering the family. Therefore, cultural values and beliefs should be sought and honored throughout the IFSP process.

Partnerships in the development of the IFSP include active participation among all team members, including the parents/family members and professionals. The parents are key team players in providing information about their infant's or toddler's strengths and needs, as well as the family's strengths, resources, concerns, priorities, and preferences. However, it is the parents' choice to decide the extent of their role and level of activity in the development and implementation of the IFSP. It is the professional's role to fully explain the IFSP process so parents and other family members are empowered to choose their roles and levels of activity accordingly.

Parents are responsible for the ultimate decision in determining whether they, their infant or toddler, or other family members accept or decline services. The contents of the IFSP must be fully explained to parents and their informed written consent must be obtained prior to the provision of services described in the IFSP. The family's signature on the IFSP indicates the family participated in the development of the IFSP.

The family service coordinator initiates the IFSP process and takes responsibility for the development, implementation, review, and revision of the IFSP.

Reasons for the Initial IFSP Process:

- 1) To summarize all information known regarding the infant's or toddler's strengths and needs and the family's strengths, concerns, priorities, preferences, and current resources
- 2) To review the family's identified routines, daily activities, and natural environments
- 3) To develop and refine outcomes the family has chosen (includes outcomes for both the infant or toddler and the family)
- 4) To develop strategies for meeting the identified outcomes
- 5) To determine appropriate services and supports that link to meeting the identified outcomes
- 6) To develop a written document that will guide the family, the family service coordinator, and the other service providers

- 7) To determine the responsibilities of each team member
- 8) To determine how communication between the parent and other team members will be maintained
- 9) To determine where (natural environments), when, and how services and supports will be delivered to the infant or toddler and family

I. Notice of the IFSP Meeting [34 CFR 303.342; § 303.421]

The Prior Written Notice Form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

Meeting arrangements must be made with, and written notice of the meeting provided to, the family and other participants early enough before the IFSP meeting date to ensure they will be able to attend. In Kansas, providers give the family and other participants a 10-calendar-day written notice of the IFSP meeting. Parents have the right to waive this notice. Parents must be informed of their rights prior to the meeting, including the right to bring a family member or other individual who knows the infant or toddler and family and can contribute to preparing the IFSP.

IFSP meetings must be conducted

- A. in settings and at times convenient to families, and
- B. in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

If parents are unable to attend the scheduled IFSP meeting, the team will not meet. The reason for the cancellation of the meeting must be documented in the infant's or toddler's records. The IFSP meeting must be rescheduled as soon as possible and at a time mutually agreed upon by the parents and other team members.

II. Timelines and IFSP Meetings [34 CFR 303.342(a)(b)(c); 303.20]

- A. The first IFSP meeting is held after the initial evaluation (including any assessments of the infant or toddler and family) and determination of eligibility. The initial IFSP meeting must be conducted within the 45-calendar-day time period from receipt of the referral for the initial evaluation. The meeting is to be scheduled at a mutually convenient time and place for the family and other participants.
- B. Periodic IFSP reviews for an infant or toddler and his or her family must be conducted every six months or more frequently if conditions warrant, or if the family requests a review. Quarterly reviews are encouraged. Reviews may be carried out at a face-to-face meeting or by another means acceptable to the parents and other participants (e.g., Skype, phone). The intent of this review is to ensure the constantly changing developmental needs of the infant or toddler and priorities of the family are acknowledged and documented. The purposes of the periodic review are to:
 - 1) review and revise the IFSP, as appropriate,
 - 2) determine the degree to which progress toward achieving the outcomes is occurring,

- 3) determine whether modification or revision of the outcomes or services is necessary,
 - 4) discuss the family's satisfaction with services being received,
 - 5) review the results of any new evaluations and ongoing assessments,
 - 6) share any other new and relevant information related to the infant or toddler and family, and
 - 7) outline plans for the next six months.
- C. An annual meeting to evaluate the IFSP for an infant or toddler and his or her family must be conducted to update its contents. The results of any current evaluations and any other information available from the ongoing assessment of the infant or toddler and family must be used in determining what outcomes are developed and services are needed to achieve those outcomes. The annual review of the IFSP should be consistent with the development of the initial IFSP with regard to participants and purpose.

III. Participants in IFSP Meetings [34 CFR 303.343]

A. Participants in the initial IFSP and annual review of the IFSP must include:

- 1) the parent or parents of the infant or toddler,
- 2) the family service coordinator who has been working with the family or who has been designated by the local tiny-k program to be responsible for the implementation of the IFSP,
- 3) other family members as requested by the parent;
- 4) an advocate or other person outside of the family as requested by the parent,
- 5) the person or people directly involved in conducting the evaluations and assessments. If unable to attend, input from any of these individuals shall be provided through other means, including one of the following
 - (a) Participating in a conference call
 - (b) Having a knowledgeable authorized representative attend
 - (c) Making pertinent records available at the meeting
- 6) as appropriate, the people who will be providing services to the infant or toddler, family, or both.

B. Participants in the periodic review of the IFSP shall include

- 1) the parent or parents of the infant or toddler,
- 2) the family service coordinator,
- 3) other family members as requested by the parent,

- 4) an advocate or other person outside of the family as requested by the parent, and
- 5) others as deemed appropriate or necessary by the local tiny-k program and agreed upon by the parent(s).

IV. IFSP Content Requirements [34 CFR 303.344]

The IFSP Document can be found at:

<http://www.ksits.org/download/IFSP.doc>

The IFSP must include specified content that reflects the unique needs of the infant or toddler and his or her family. The content of the IFSP is to be fully explained to the parents so they understand the importance of their input into its preparation. The IFSP is to reflect the concerns, needs, priorities, and resources of the parents. It must be responsive to both family's and child's needs.

The content of the IFSP must be understandable by all team members, including the parents and other individuals invited by the parents; therefore, it should be free of jargon and professional terminology and be sensitive to the family. The IFSP is to be written in the parent's native language or mode of communication, unless it is clearly not feasible to do so. Copies of the IFSP in both languages, English and the family's native language, are to be kept on file with the local tiny-k program.

A. The IFSP must include:

- 1) *Information about the child's status* based on information from the child's evaluation and/or assessments. This information establishes a baseline in order to measure progress including present level of the following developmental domains:
 - (a) Physical development
 - i. Health (including nutrition)
 - ii. Vision
 - iii. Hearing
 - iv. Motor (fine and gross)
 - (b) Cognitive development
 - (c) Communication, language, and speech development
 - (d) Social or emotional development
 - (e) Adaptive/self-help development

In Kansas, we have integrated the early childhood outcomes so all developmental domains (cognitive, communication: expressive and receptive, fine motor, gross motor, self-help and social-emotional) must be integrated into the three identified functional areas of positive social relationships, acquiring and using knowledge and skills, and taking action to meet needs.

- 2) With concurrence of the family, the IFSP must include a statement of the *family's resources, priorities, and concerns* related to enhancing the development of the child as identified through the assessment of the family. In Kansas, the belief is held that in order for a family to truly enhance the development of their child, their needs as a family must first be met. The identification of these resources, priorities and concerns is key in meeting family needs.

Family assessment is voluntary. In Kansas we safeguard this right by making very clear that the parents have the right to not answer any question asked and to only give the information they are comfortable sharing. Families have the right to limit who sees the information collected.

- 3) A statement of the *measurable results or outcomes* developed and written by the IFSP team (including family members) expected to be achieved for the family and/or child (including pre-literacy and language skills, as developmentally appropriate for the child).
- 4) The *criteria, procedures and timelines* used to determine
 - (a) the degree to which progress toward achieving the results or outcomes is being made, and
 - (b) whether modifications or revisions of the results/outcomes or services and supports are necessary.
- 5) The IFSP must include a statement of the *specific early intervention services*, based on peer-reviewed research (to the extent practicable), necessary to meet the unique needs of the child and the family to achieve the identified results or outcomes. These services are defined in Section XIII of this manual.
 - a. Part C services include, but are not limited to the following:
 - Assistive technology services and devices
 - Audiology
 - Family training and counseling, and home visits
 - Health services
 - Medical services only for diagnostic or evaluation purposes
 - Nursing services
 - Nutrition services
 - Occupational therapy
 - Physical therapy
 - Psychological services
 - Service coordination services
 - Sign language and cued language services
 - Social work services
 - Special instruction

- Speech-language pathology
- Transportation and related costs
- Vision services

b. For each service listed, a statement must include the following:

- i. The *dates* projected for initiation of services (as soon as possible after the IFSP meeting) and the anticipated length, duration, frequency, intensity, and method of delivering the services.
- ii. *Length* means the length of time the service is provided during each session of that service (such as one hour or some other specified time period).
- iii. *Duration* means a projection of when a given service will no longer be provided (such as when the infant or toddler is expected to achieve the results or outcomes in his or her IFSP).
- iv. *Frequency* and *intensity* mean the number of days or sessions a service will be provided.
- v. *Method* means how a service is provided (direct, indirect, multidisciplinary, transdisciplinary, consultative, etc.).
- vi. *The natural environments* (location/places) in which the services will be provided. The statement must include a justification of the extent, if any, to which the services will not be provided in a natural environment.

The determination of the appropriate setting for providing Part C services to an infant or toddler with a disability, including any justification for not providing a particular Part C service in the natural environment for that infant or toddler and service, must be

- made by the IFSP team (which includes the parent and other team members),
- consistent with the provisions in Part C services, native language of the child, and Part C services in the natural environment, and
- based on the infant's or toddler's outcomes, which are identified by the IFSP team.

Early Intervention services for infants and toddlers with disabilities are to be provided

- to the maximum extent appropriate, in natural environments, and
- in settings other than the natural environment that are most appropriate as determined by the parent and the IFSP team, only when early intervention services cannot be provided satisfactorily in a natural environment.

“Natural environments” means settings that are natural or normal for the infant's or toddler's age peers who have no disability, and includes those individuals who typically interact with the infant or toddler on a regular basis. Examples of natural environment

settings include the home or community settings in which children without disabilities participate.

vii. A *statement of local funding sources*, including Medicaid/KanCare and Categorical Aid. Part C funding must always be a payor of last resort for all services.

viii. The *people or agencies responsible* for providing the Part C services and supports.

6) *Family service coordinator* identified by name. This person can be from the profession most immediately relevant to the child's or family's needs or somebody who is otherwise qualified to carry out all applicable responsibilities under Part C of IDEA. The family service coordinator will be responsible for ensuring implementation of the IFSP and coordination with other agencies and persons. The family service coordinator's responsibilities include:

(a) Initiation, development, and reviews of the IFSP, and implementation of part C services

(b) Coordination with other agencies and/or people of their services and supports

(c) Transitions within local tiny-k programs' areas, from Part C to Part B services, or other appropriate services. For further clarification regarding transitions from local tiny-k program please see IFSP Guidance Document and the transition section of the procedure manual.

The IFSP Guidance Document can be found at:

http://www.ksits.org/download/IFSP_Guidance_Document.pdf

7) *Other services*, to the extent appropriate, that should be included on the IFSP are the following:

a. Other services the infant, toddler, or family needs or is receiving through other sources, but that are neither required nor funded under Kansas Infant-Toddler Services. The funding sources used to pay for those services or steps taken to obtain those services through public or private sources are to be included within this description.

b. If those services are not currently being provided, a description should be included on the steps the service coordinator or family may take to assist the infant or toddler and family in securing such other services.

Note: The *other services* described above are services an infant, toddler, or family needs, but are neither required nor funded under Part C of IDEA. Listing of these non-required services does not mean these services must be provided. By listing them, the IFSP provides a comprehensive picture of the infant's or toddler's total service needs (not only Part C services but medical and health services as well), which can be helpful to both the infant's or toddler's family and the family service coordinator. It is appropriate for the family service coordinator to assist the family in securing these non-required services.

8) Transition from a local tiny-k program [34 CFR 344(h)]

B. Transition Plan [34 CFR 303.209]

A transition plan, inclusive of steps to exit from the program and to appropriate services, is a part of the Individualized Family Service Plan (IFSP). This plan must be developed not fewer than 90 days, and at the discretion of all parties, not more than nine months before the child's third birthday.

- 1) The transition team, including the parent(s), is responsible for developing the transition plan.
- 2) The local tiny-k program may develop the transition plan as part of the IFSP at the transition conference. In some instances, the transition plan may be a continuing part of the IFSP, and the transition conference for a child **potentially eligible** for Part B is conducted in a separate meeting.
- 3) The transition team must review program options for the child with a disability who is **potentially eligible** for Part B services for the period from that child's third birthday through the remainder of the school year.

The Statewide IFSP includes required transition steps in the Part C Transition Planning Timelines and Procedures. These are the steps to be taken to support the transition of the child to services after the age of three. This includes Part B, if eligible and elected by the parent(s), or other preschool services, including early education, Head Start and Early Head Start, community child care programs, or other appropriate services.

The family service coordinator, LEA representative, and the parent(s) work closely together to ensure decisions regarding child and family needs for transition services are made collectively by the team. All activities must be documented in the IFSP.

The Service Coordinator facilitates the development of the transition plan in the IFSP.

The steps in the IFSP process to ensure a smooth transition include these elements:

- 1) Arrangement for the transition conference, with approval of parent(s), in a timely manner and at a place convenient to the participants
- 2) Discussion with and training of the parent(s), as appropriate, about possible future placements and other matters related to the child's transition
- 3) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting, if appropriate
- 4) **Confirmation that child find (referral) information has been transmitted to the LEA or with parental permission, another relevant agency**
- 5) With written parental consent, transferring information about the child to the new provider to ensure continuity of services, including evaluation and assessment information and a copy of the current IFSP
- 6) Discussing what is needed for eligibility for other programs/services (decisions about the responsibility for performing or sharing evaluations of children are included in the process)

- 7) Identifying transition services and other activities that the IFSP team determines are necessary to support the transition of the child
- 8) Determining a timeline for review and update of the transition plan to ensure:
 - (a) services provided by the local tiny-k program continue until the child's third birthday, or other date near the third birthday, depending on appropriate service options,
 - (b) the plan delineates responsibilities of the local tiny-k program and other service agencies, and
 - (c) Part B preschool special education services, if eligible and elected by the parent(s), become available to eligible children upon the third birthday, or other date near the third birthday, depending on Part C/Part B determinations.

V. Interim IFSP [34 CFR 303.345]

- A. In Kansas, the interim IFSP should be used only in a rare circumstance. The interim IFSP does not circumvent the requirements for the timely evaluation, assessments, and development of the IFSP within the 45-calendar-day timeline from the receipt of referral. If an interim IFSP is being considered, the KDHE state staff should be contacted. If an interim IFSP is used, it must meet these conditions:
 - 1) Written parental consent is obtained indicating their knowledge of, and agreement to, the desire to begin services before evaluation, and/or the delay in completing the evaluation.
 - 2) An interim IFSP is developed that includes
 - (a) the name of the family service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and people, and
 - (b) the Part C services that have been determined to be needed immediately by the infant or toddler and family.

VI. Parent Consent for Services in the IFSP [34 CFR 303.342(e); §§303.403, 303.404, and 303.405]

The IFSP Document can be found at:
<http://www.ksits.org/download/IFSP.doc>

The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained prior to the provision of any early intervention services described in the IFSP. The early intervention services for which parental consent is obtained must be provided.

- A. The parent must be provided with prior written notice and a request for consent in his or her native language indicating the local tiny-k program is proposing to provide early intervention services for the infant or toddler and the family and the reason for providing the early intervention services.
- B. The local tiny-k program must also provide the parent with the parent rights (procedural safeguards) information.

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

- C. The parent must provide informed written consent for the provision of early intervention services.
- D. The parent may determine whether the family will accept or decline any early intervention service written into the IFSP without jeopardizing the right to receive other early intervention services. If the parent does not provide consent for the services, or some part of the services, only the services to which consent has been obtained must be provided.

VII. Timelines for Implementing Services [34 CFR 303.20(c)]

Services in the IFSP must be implemented within 30 days once parental consent for the early intervention services in the IFSP is obtained.

VIII. Exiting From Services

An IFSP meeting/Review is required for every instance of a child exiting from services including those who transition at age 3. The statewide IFSP form and supporting documents are required.

The IFSP Document can be found at:

<http://www.ksits.org/download/IFSP.doc>

The IFSP Guidance Document can be found at:

http://www.ksits.org/download/IFSP_Guidance_Document.pdf

Once the infant or toddler has been determined eligible and the parent has consented to early intervention services, a child/family cannot be exited unless the infant or toddler is no longer eligible or the parents have withdrawn their consent for services. An individual service identified on the IFSP may end based on the duration of services agreed to on the IFSP. However, an IFSP does not “officially” expire until the annual due date. In all cases, the parent must be provided with prior written notice of the action.

A. Exit Criteria

The criteria for exit include the following conditions:

- 1) The child reaches age 3 (no longer eligible), or
- 2) For an infant or toddler who was eligible due to a developmental delay as defined in Kansas: the infant or toddler functions within his age range in all developmental areas as measured by an assessment or evaluation tool and informed clinical opinion, or
- 3) Parents choose to withdraw their infant or toddler (enrollment in the system is voluntary).

B. Exit Process

- 1) No Longer Eligible

- (a) Once the child reaches age 3, he/she is no longer eligible for early intervention services under Kansas Infant-Toddler Services regulations and policies.
- (b) If a local tiny-k program is considering the dismissal of a child before the age of three, a reevaluation of eligibility is required. Separate consent for evaluation shall be provided by the parent. (A local tiny-k program can never consider dismissal of an automatically eligible child. The parent can however, choose to withdraw from the program.)
- (c) The family service coordinator should schedule an IFSP review to discuss the updated evaluation/assessment results. Written notice of the IFSP meeting must be given to the family to notify them that the child's IFSP will be reviewed and that the need for continued services will be determined based on the updated evaluation/assessment results/review.

2) Parent Request for Exit

The family may request that the infant or toddler exit early intervention services. Services are voluntary on the part of the family. In this case the infant or toddler may exit without an IFSP review. The *Declining Participation* form must be completed by the local tiny-k program and signed by the parent(s).

The Declining Participation Form can be found at:

http://www.ksits.org/download/Declining_Participation.doc

3) Prior Written Notice

The family service coordinator must provide written notice to the parent upon the infant or toddler exiting the services. The notice must state what the action is (exiting early intervention services) and the reason for the action (no longer eligible, parent request, end of services on IFSP, etc.). The notice is to be presented to the parent with a copy of the *Child and Family Rights and KS ITS Complaints Process*. There should be documentation signed by the parent, showing the family is aware of their rights and is in agreement with their child's exiting.

The Prior Written Notice Form can be found at:

http://www.ksits.org/download/Prior_Written_Notice.doc

Child and Family Rights and Kansas ITS Complaints Process:

http://www.ksits.org/download/Parents_Rights_Booklet.pdf

4) Exit Plan and Meeting

Prior to the discontinuation of services, the family service coordinator is responsible for convening an exit meeting with the family to develop an exit plan. This exit meeting may be combined with other meetings already occurring (e.g., IFSP meeting, IEP meeting, or transition conference). The exit plan should include activities to prepare for exiting and a reasonable time frame for completing them. The plan should also include procedures to connect the family with community resources or to transfer to other programs.

C. Child/Family Not Available

There are instances in which families are not home when the service provider arrives and the visit has not been canceled ahead of time. In such a case, the service provider should leave a note explaining she or he will contact the family to reschedule and remind them of the need to cancel appointments prior to the visit whenever possible.

If the family is not home for three consecutive scheduled visits without any advance cancellation (or appropriate explanation), the program may send the family written notice of an IFSP review and inform them services will be suspended until the plan can be reviewed. Documentation of all attempts to contact the family must be maintained.

If possible, the family service coordinator will try to convene an IFSP review meeting with the family to determine what, if any, services the family wants to receive and how those services can best be configured to meet the family's needs. If the family states at the meeting that they no longer want to receive services, the family service coordinator should document the family's desire to withdraw by completing the *Declining Participation* form. At a minimum, hold an immediate exit meeting with the family to discuss other available community resources.

The Declining Participation Form can be found at:

http://www.ksits.org/download/Declining_Participation.doc

The local tiny-k program service coordinator then exits the infant or toddler from services using "parent withdrew" as the exit status for the Kansas Infant-Toddler Services' data system. The service coordinator should remind the family that if they change their mind, they may re-refer their infant or toddler.

D. Child/Family Cannot Be Located

If a family cannot be reached as described in "C" above, the local tiny-k program should send a letter to the address on file, requesting the family contact the program with new contact information. If the family does not respond to the first letter, the program should send a certified letter to the address on file giving the family written notice of an IFSP review and inform the family that services will be suspended until the IFSP can be reviewed.

If the family does not contact the local tiny-k program by the time the IFSP expires, the program can exit the infant or toddler upon expiration of the IFSP under the exit reason of "child/family could not be located." Documentation of all attempts to contact the family is to be maintained.

EARLY INTERVENTION SERVICES

Introduction

The mission and key principles of Part C services, hereinafter referred to as early intervention (EI) services, are:

A. Mission

Early intervention services build upon and provide supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

B. Key Principles*

- 1) Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- 2) All families, with the necessary supports and resources, can enhance their children's learning and development.
- 3) The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
- 4) The early intervention process, from initial contact through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
- 5) IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- 6) The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
- 7) Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

***Workgroup on Principles and Practices in Natural Environments:** Susan Addison, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'Lisa Sheldon, Mary Steenburg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

C. Purpose

Early intervention services in Kansas are planned and provided in order to

- 1) assist families of eligible infants and toddlers to support their children in attaining age-appropriate developmental levels,

- 2) recognize the significant brain development that occurs during a child's first three years of life,
- 3) enhance the capacities of families to meet the special needs of their infants and toddlers,
- 4) minimize the potential for further developmental delays,
- 5) reduce the educational costs to society by minimizing the need for special education and related services at school age, and
- 6) maximize the potential for independent living in society.

In Kansas, EI services are coordinated through community-based networks of providers, parents, primary referral sources, and other community resources. These networks are known as local tiny-k programs. Each local tiny-k program works within its community to ensure EI services are made available by providing a variety of service delivery options, community supports and fiscal resources.

I. Identification and Delivery of Early Intervention Services [34 CFR 303.12; 303.26; 303.344(d)(e)(f)]

- A. Early intervention services are designed by an IFSP team to support the outcomes on the Individualized Family Service Plan (IFSP). The services assist in meeting the unique strengths and developmental needs of an eligible infant or toddler and the family's needs relative to enhancing their child's development. These services support the infant's or toddler's development in one or more of the following areas:
 - 1) Physical development (health, nutrition, motor, vision, and hearing)
 - 2) Cognitive development
 - 3) Communication development
 - 4) Social and/or emotional development
 - 5) Adaptive (self-help) development
- B. Early intervention services must be family-centered and provided at no cost to an eligible infant's or toddler's family. The family is to be a partner in all aspects of service delivery.
- C. The IFSP must include a statement of the specific EI services, based on peer-reviewed research (to the extent practicable), necessary to meet the unique needs of the infant or toddler and his/her family to achieve the results or outcomes identified and included on the IFSP.
- D. Early intervention services must be provided in natural environments to the maximum extent appropriate. A natural environment means settings that are natural or typical for a same-aged infant or toddler without a disability. A natural environment may include the home or community settings in which children without developmental delay/disabilities participate. A clinic, hospital, or service provider's office is not considered a natural environment for an infant or toddler without a disability, therefore, such a setting would not be natural for an infant or toddler with a disability.

The determination of the appropriate setting for providing EI services to an infant or toddler with a disability must be

- 1) made by the IFSP team (which includes the parent(s) and other team members,
- 2) consistent with the provisions in §§ 303.13(a)(8), 303.26, and 303.128, and
- 3) based on the child's identified outcomes.

Early intervention services may be provided elsewhere only when EI services cannot be provided satisfactorily for the infant or toddler in a natural environment as determined by the parent and other IFSP team members. A justification as to why an EI service will not be provided in a natural environment must be provided on the IFSP along with a plan for moving the services to a natural environment.

Providing services in natural environments is about more than the location of the services. Early intervention services in Kansas must incorporate and reinforce the values that (1) families are the center point of intervention, and (2) children learn functional skills through daily routine activities and interactions with familiar people in familiar settings. Services in natural environments focus on functional outcomes within family routines and daily activities. In order to make this model work, teams need to meet regularly.

- E. Early intervention services, in natural environments, support families through systematic teaming. Local tiny-k programs are expected to hold regular team meetings of all team members including the primary provider with families, when appropriate. Team meetings are the key to the successful provision of EI services in Kansas. Depending upon the size of the local tiny-k program, a general rule for the frequency of the team meeting is, at a minimum, weekly. For smaller programs, every other week may be sufficient.
- F. Service delivery models for infants and toddlers with disabilities are individualized and should be consistent with the Mission and Key Principles of Early Intervention Services in Natural Environments as set forth by the work group (See "Introduction, B." above). A Primary provider, team-based approach to working with infants and toddlers and their families is essential.
- G. The dates for the initiation and anticipated duration of each service are to be identified by the IFSP team and must be included on the IFSP. Initiation of a service or services must be as soon as possible after parental consent to these services is received or no later than 30 days after receipt of parental consent. The parental consent must be in writing. The preferred time for obtaining written consent for initiation of services is the IFSP meeting. However, the family always retains the right to postpone providing written consent until they are ready to do so.

The IFSP team must also identify and include the following items on the IFSP:

- 1) Provider name – first and last name of the provider. A provider may be listed more than once if he or she is providing service by more than one method or in more than one setting.
- 2) Early Intervention Services – a service or services the infant or toddler will be receiving. Service Coordination is the first service listed for each infant or toddler.

- 3) Method – how the service will be provided, e.g., joint visits, consultation, team meetings, face-to-face visits.
 - 4) Frequency/Intensity -- number of sessions in a natural environment that will occur in a given time frame, e.g., one session every week, two sessions per month, or four sessions per year (quarterly). Frequency and intensity for individual children are determined based upon individual child and family outcomes identified in the IFSP and are to be determined in collaboration with the family. Severity of the developmental delay/disability is only one of the factors influencing this decision.
 - 5) Length – How long are the visits? Length of sessions is to be based on the needs of the child and family and may vary across time as those needs change.
 - 6) Location – the natural environment where services will take place. If the service is provided in more than one location, the natural environment will be indicated as the location where the majority of service is provided. If service time at the home and service time at another location are equal, “home” is to be listed as the service location.
 - 7) Duration – the start date and end date of services. The start date is the same date as the IFSP meeting/consent for services. If parents sign consent for services after the IFSP meeting date, then the date they signed consent for services is considered the start date. The end date for a service (estimated) is intended to inform parents of how long a service might be needed in order to achieve short and long-term outcomes. It does not indicate the duration of the IFSP.
- H. Due to the variance in the frequency of services, length of sessions, and service delivery methods related to the individual needs of each infant and toddler/family unit, the Kansas Department of Health and Environment (KDHE) has not established caseload guidelines. Caseloads should be assigned in a manner that will allow the providers the flexibility to meet the individual needs of infants or toddlers and the families they serve.
- I. Medical and other services may be identified that an infant, toddler, or family needs, but are neither required nor funded under Part C. If these services are not currently being provided, the local tiny-k program should include, in the IFSP, an outcome describing the steps a family service coordinator or family may take to assist the child and family in securing these services.

II. Early Intervention Services Provided by Qualified Personnel [34 CFR 303.12(a)(b); 303.31]

Qualification standards for personnel providing early intervention services must be consistent with any state-approved or state-recognized certification, licensing, registration, or other comparable requirements which apply to the profession, discipline, or area in which personnel are providing early intervention services. (Refer to Section XV for information related to personnel training and standards.)

A. General Role of Service Providers

An early intervention service provider is an entity (whether public, private, or nonprofit) or an individual that provides EI services for eligible infants or toddlers and their families, whether or not the entity or individual receives federal funds under Part C.

To the extent appropriate, service providers are responsible for:

- 1) providing EI services in accordance with the IFSP of an infant or toddler with a developmental delay/disability,
- 2) teaming with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services described in the IFSP,
- 3) supporting parents, caregivers, and other team members to help build their capacity to meet the infant's or toddler's and family's IFSP outcomes,
- 4) participating in the multidisciplinary team's evaluation of an infant or toddler to determine eligibility,
- 5) conducting an initial and on-going assessment of an infant or toddler to learn about the child's everyday experiences and interactions with familiar people in familiar contexts, and
- 6) conducting a family assessment for the purpose of identifying the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the child. This assessment guides the team in the development of child and family outcomes for the IFSP.

III. Specific Early Intervention Services [34 CFR 303.13 (b)(d); 303.16; 303.31; 303.31; 303.203 (a)]

The following list of early intervention services is not intended to comprise an exhaustive list of the types of services that may be provided to an infant or toddler with a disability and his or her family. The list does include those required by Part C of the Act. Other types of services can be considered early intervention services and be included in the IFSP provided that these services meet the criteria in Subsection I above and are provided by qualified personnel (§303.31).

A. *Assistive technology devices and services* are defined as follows:

- 1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.
- 2) Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes the following activities:
 - (a) Evaluation of the needs of an infant or toddler with a disability, including a functional evaluation in the child's customary environment
 - (b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities

- (c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- (d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs
- (e) Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
- (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

B. *Audiology services* include these elements:

- 1) Identification of infants or toddlers with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques
- 2) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures
- 3) Referral for medical and other services necessary for the habilitation or rehabilitation of an infant and toddler with a disability who has an auditory impairment
- 4) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services
- 5) Provision of services for prevention of hearing loss
- 6) Determination of the infant's or toddler's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of such devices.

C. *Family services coordination services* means the following:

- 1) Services provided by a family service coordinator to assist and enable an eligible infant or toddler and the child's family to receive the rights, procedural safeguards, and services that are required under Part C, and
- 2) The provision of at least one service provider for the eligible infant or toddler and the child's family. This service provider is responsible for
 - (a) Coordinating all services across agency lines, and
 - (b) Serving as the single point of contact for carrying out the following activities:

- i. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the EI services
- ii. Coordinating other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the eligible infant or toddler and that child's family
- iii. Assisting parents of eligible infants and toddlers in gaining access to needed EI services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments
- iv. Coordinating the provision of EI services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes)
- v. Coordinating evaluations and assessments
- vi. Facilitating and participating in the development, review, and evaluation of IFSPs
- vii. Assisting families in identifying available EI services providers
- viii. Coordinating, facilitating, and monitoring the delivery of services to ensure the timely provision of services
- ix. Conducting follow-up activities to determine appropriate EI services are being provided
- x. Informing families of their rights and procedural safeguards and related resources
- xi. Coordinating the funding sources for EI services
- xii. Facilitating the development of a transition plan to preschool or other services, if appropriate.

D. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.

E. *Health Services* means services necessary to enable an otherwise eligible infant or toddler to benefit from the other EI services under this part during the time the child is eligible to receive EI services.

1) The term includes the following services:

- (a) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services
- (b) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other EI services

2) The term does not include these services:

(a) Services that are

- i. surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus),
- ii. purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose), or
- iii. related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, such as a cochlear implant.
 - Nothing in this part limits the right of an eligible infant or toddler with a surgically implanted device (e.g., cochlear implant) to receive the EI services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes, nor
 - Prevents the EI service provider from routinely checking if either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) are functioning properly.

(b) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition.

(c) Medical-health services (such as immunizations and regular "well baby" care) that are routinely recommended for all children.

F. *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine an infant's or toddler's developmental status and need for Part C services.

G. *Nursing services* include

- 1) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems,
- 2) the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development, and
- 3) the administration of medications, treatments, and regimens prescribed by a licensed physician.

H. *Nutrition services* include the following duties:

- 1) Conducting individual assessments in
 - (a) nutritional history and dietary intake,
 - (b) anthropometric, biochemical, and clinical variables,

- (c) feeding skills and feeding problems, and
 - (d) food habits and food preferences;
 - 2) Developing and monitoring appropriate plans to address the nutritional needs of infants and toddlers eligible under this part, based on the findings from the assessments; and
 - 3) Making referrals to appropriate community resources to carry out nutrition goals.
- I. *Occupational therapy* includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the infant's or toddler's functional ability to perform tasks in home and community settings, and include the following services:
- 1) Identification, assessment, and intervention
 - 2) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills
 - 3) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability
- J. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include the following responsibilities:
- 1) Screening, evaluation, and assessment of infants or toddlers to identify movement dysfunction
 - 2) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems
 - 3) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems
- K. *Psychological services* include the following tasks:
- 1) Administering psychological and developmental tests and other assessment procedures
 - 2) Interpreting assessment results
 - 3) Obtaining, integrating, and interpreting information about infant or toddler behavior and infant or toddler and family conditions related to learning, mental health, and development
 - 4) Planning and managing a program of psychological services, including psychological counseling on child development, parent training, and education programs

- L. *Sign language and cued speech services* include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
- M. *Social work services* means the following:
- 1) Making home visits to evaluate an infant's or toddler's living conditions and patterns of parent-child interaction
 - 2) Preparing a social or emotional developmental assessment of the infant or toddler within the family context
 - 3) Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents
 - 4) Working with problems in the living situations (home, community, and any center where EI services are provided) of an infant or toddler with a disability and the family of that child which affect the child's maximum utilization of EI services
 - 5) Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services
- N. *Special instruction* includes the following responsibilities:
- 1) The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
 - 2) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability
 - 3) Providing families with information, skills, and support related to enhancing the skill development of the infant or toddler
 - 4) Working with the infant or toddler with a disability to enhance the child's development
- O. *Speech-language pathology services* include the following responsibilities:
- 1) Identification of infants or toddlers with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
 - 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of infants or toddlers with communicative or language disorders and delays in development of communication skills
 - 3) Provision of services for the habilitation, rehabilitation, or prevention of communicative or language disorders and delays in development of communication skills

P. *Transportation and related costs* include the cost of travel (e.g., mileage, or travel by common carrier or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable an infant or toddler with a disability and the child's family to receive EI services.

Q. *Vision services* means the following:

- 1) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
- 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- 3) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

R. *Other Services*

The services identified and defined in this section do not comprise an exhaustive list of the types of services that may constitute early intervention services. Nothing prohibits the identification on the IFSP of another type of service as an EI service provided that the service meets the criteria of this section.

Note: Personnel providing any early intervention service must meet State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing EI services. [34 CFR 303.31]

TRANSITIONS

Introduction

Transition is defined as a change or movement from one place, plan, or interactional situation to another. Transitions occur for children across their lifespan. Examples of transitions for young children and their families include, but are not limited to, transition from Part C to Part B systems and services, a move from the hospital to home, a replacement of a service provider, the introduction of a new service, a move from the Individualized Family Service Plan (IFSP) to the Individualized Education Plan (IEP), changing from receiving services in a home setting to a child care setting, or any event that has a major impact on the child and family.

Transitions require sufficient preparatory time, collaboration, cooperation, and coordination, with family involvement at every phase. Good transitions are timely and well-planned processes that occur over time and are not isolated events. They are enhanced by effective communication, collaboration, and coordination of activities among individuals, families, and agencies. They work best when communities develop and design transition procedures between agencies based upon the strengths and needs of their unique situations and resources.

Families have the right and responsibility to make informed decisions about their choices and options concerning transitions. This may include having the opportunity to visit programs and agencies before decisions are made, having discussions with providers or other family members, reviewing materials, and being fully informed about services delivery options, including inclusion of their child in community settings. Families must be prepared for, and provided information about, possible differences in service delivery models. Service providers must be careful to present facts only, and not introduce personal opinion or bias into the discussion about service delivery in the future settings. Positively supporting families in becoming more informed about community transition options will strengthen their ability to make decisions that fit their needs and beliefs, and support their comfort with the change. In Part C of the IDEA, the Family Service Coordinator (FSC) serves as the facilitator in the planning and implementation of transitions for children and families. The FSC ensures the family is involved in planning transitions and provides assistance and ensures the process goes smoothly. In Kansas, the FSC may appoint someone to serve in his/her capacity as the facilitator in the planning and implementation of transition; however, it is the ultimate responsibility of the FSC to assure the transition is completed.

I. Part C to Part B, or Other Appropriate Services, at or near Age 3 [34 CFR 303.209; 303.344(h); 303.401(d); 303.34(b)(10)]

Federal law requires states to develop and use policies and procedures to ensure a smooth transition for toddlers receiving early intervention services under Part C of IDEA to preschool, other appropriate services, or exiting the program. [34 CFR 303.209 (a)(1)]

Local tiny-k programs are required to utilize the Statewide IFSP form and documents for transition planning and conferences. More information about completing these forms is found in the IFSP section of this manual. Resources for families can be found in the *Step Ahead At Age Three* document.

The Step Ahead At Age Three Booklet can be found at:

<http://familiestogetherinc.org/wp-content/uploads/2011/07/StepAheadBooklet.pdf>

A. Definitions

Potentially eligible: Kansas Department of Health and Environment (KDHE) has elected to define all eligible Part C children receiving services 90 days prior to their third birthday, or determined eligible for Part C services at least 45 days prior to their third birthday, as **potentially eligible** for Part B services, for purposes as allowed by law and as used in the Interagency Memorandum of Agreement with the Kansas State Department of Education (KSDE).

Referral: Required referral of Part C children found **potentially eligible** (see above definition) for Part B special education services. There is only one referral required as part of the Transition from Part C to Part B.

B. Part C Referral to the State Education Agency (SEA) and Local Education Agency (LEA)

1) Referral of children deemed **potentially eligible** for Part B services

(a) KDHE has established a definition of “**potentially eligible** for Part B services,” as found in Subsection 1, topic A above. This definition was established collaboratively with the State Interagency Coordinating Council (SICC), State Education Agency (SEA) and stakeholders.

(b) For a child who is potentially eligible for Part B services, the local tiny-k program must refer the child no more than 9 months but not fewer than 90 days before the toddler’s third birthday, to the State Education Agency (SEA) and the Local Education Agency (LEA) for the area where the toddler resides. This timely referral informs the SEA and LEA that the toddler, on his or her birthday, will reach the age of eligibility for services under Part B.

(c) The Referral to the LEA and SEA must include

- i. the child’s name,
- ii. date of birth, and
- iii. parent contact information.

(d) Parental consent for the referral to the LEA and SEA is not required and must be made even if the child’s parents do not give consent to hold a transition conference. Parents cannot deny referral to Part B.

(e) If the local tiny-k program determines a child to be eligible for Part C early intervention services between 45 and 90 days prior to the toddler’s third birthday, the tiny-k program must provide the SEA/LEA referral as soon as possible after the toddler’s eligibility determination.

(f) This is considered to be a referral to Part B. Therefore, Part B is required to complete the following actions:

- i. Send procedural safeguards to the child’s parents
- ii. Attend the transition conference, if the parents give consent to hold a transition conference

- 2) Sending the procedural safeguards to the family does not initiate the Part B timeline for initial evaluation. The timeline starts when parental consent for initial evaluation is obtained.

C. Transition Conference for Children Potentially Eligible under Part B [34 CFR 303.209(c)]

- 1) If the child is **potentially eligible** for Part B special education services, the local tiny-k program, with the approval of the family, will convene a transition conference at least 90 calendar days before the child's third birthday, but, at the discretion of all parties, it may occur up to 9 months prior to the child's third birthday.
- 2) The transition conference is considered an IFSP meeting and therefore, must meet the IFSP meeting requirements. The Transition Conference Documentation Form is located in the Statewide IFSP form and is required.

The Transition Conference Form can be found at:

http://www.ksits.org/download/Transition_Conference.doc

- 3) The local tiny-k program must invite the LEA representative to the transition conference if the child is **potentially eligible** for Part B services. All effort should be made to coordinate with the LEA to schedule a meeting date where the LEA may attend, within the required timeframe. This accommodation cannot call for the conference to be held in a time period less than 90 days before the child's third birthday. While the LEA cannot cause the local tiny-k program to be out of compliance, parents can always delay the transition conference if family circumstances warrant.
- 4) LEA participation is required in transition conferences arranged by the local tiny-k program for toddlers with disabilities who may be eligible for preschool services under Part B of IDEA. Section 300.124(c)
- 5) If the LEA is unable to send a representative to the transition conference, the local tiny-k program is still responsible for convening a timely transition conference and conveys the information required by the Part B program to the parent.
- 6) If the parent does not consent to the conference, there will be no "official" transition conference.
- 7) The following information is required for all transition conferences and must be provided to the parents.
 - (a) A description of the Part B eligibility definitions
 - (b) State timelines and processes for consenting to an evaluation and conducting eligibility determination under Part B
 - (c) The availability of special education and related services
 - (d) Other service options available to the family in the community

- 8) If the parent does not provide approval to conduct the transition conference, the local tiny-k program must still provide LEA referral for these children.
- 9) The members of the transition conference include the following:
 - (a) Parent(s) (or guardian or child advocate)
 - (b) Family service coordinator
 - (c) Representative from the LEA for children **potentially eligible** for Part B preschool special education services
 - (d) Representative and/or providers of the services the child may be eligible for or participate in
 - (e) Any other person or service providers invited by the parent or the LEA who might help support and develop the transition plan

D. Transition Plan [34 CFR 303.209(d)]

A transition plan, inclusive of steps to exit from the program and to appropriate services, is a part of the Individualized Family Service Plan (IFSP). This plan must be developed not fewer than 90 days, and at the discretion of all parties, not more than nine months before the child's third birthday.

- 1) The transition team, including the parent(s), is responsible for developing the transition plan.
- 2) The local tiny-k program may develop the transition plan as part of the IFSP at the transition conference. In some instances, the transition plan may be a continuing part of the IFSP, and the transition conference for a child **potentially eligible** for Part B is conducted in a separate meeting.
- 3) The transition team must review program options for the child with a disability who is **potentially eligible** for Part B services for the period from that child's third birthday through the remainder of the school year.

The Statewide IFSP includes required transition steps in the Part C Transition Planning Timelines and Procedures. These are the steps to be taken to support the transition of the child to services after the age of three. This includes Part B, if eligible and elected by the parent(s), or other preschool services, including early education, Head Start and Early Head Start, community child care programs, or other appropriate services.

The Transition Plan Form can be found at:

http://www.ksits.org/download/Transition_Plan.doc

The family service coordinator, LEA representative, and the parent(s) work closely together to ensure decisions regarding child and family needs for transition services are made collectively by the team. All activities must be documented in the IFSP.

The Service Coordinator facilitates the development of the transition plan in the IFSP.

The steps in the IFSP process to ensure a smooth transition include these elements:

- 1) Arrangement for the transition conference, with approval of parent(s), in a timely manner and at a place convenient to the participants;
- 2) Discussion with and training of the parent(s), as appropriate, about possible future placements and other matters related to the child's transition
- 3) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting, if appropriate
- 4) Confirmation that child find (referral) information has been transmitted to the LEA, or with parental permission, another relevant agency
- 5) With written parental consent, transferring information about the child to the new provider to ensure continuity of services, including evaluation and assessment information and a copy of the current IFSP
- 6) Discussing what is needed for eligibility for other programs/services (decisions about the responsibility for performing or sharing evaluations of children are included in the process)
- 7) Identifying transition services and other activities the IFSP team determines are necessary to support the transition of the child
- 8) Determining a timeline for review and update of the transition plan to ensure:
 - (a) services provided by the local tiny-k program continue until the child's third birthday, or other date near the third birthday, depending on appropriate service options,
 - (b) the plan delineates responsibilities of the local tiny-k program and other service agencies, and
 - (c) Part B preschool special education services, if eligible and elected by the parent(s), become available to eligible children upon the third birthday, or other date near the third birthday, depending on Part C/Part B determinations.

E. Late Referral to Part C

- 1) If the local tiny-k program determines a child to be eligible for Part C early intervention services between 45 and 90 days prior to the toddler's third birthday, the local tiny-k program must provide the SEA/LEA referral as soon as possible after the toddler's eligibility determination.
- 2) If a child is referred to the local tiny-k program fewer than 45 days before that toddler's third birthday, the local tiny-k program is not required to conduct the initial evaluation, assessment, or IFSP meeting, and the tiny-k program, with parental consent, must refer the toddler to the SEA and appropriate LEA.
- 3) For a child referred to a local tiny-k program between 45 and 90 days prior to the child's third birthday, local tiny-k **must**:

- (a) conduct an initial evaluation and assessment,
- (b) conduct an initial IFSP meeting, if eligible,
- (c) if eligible and receiving services under Part C, including service coordination services, develop a transition plan with the appropriate transition steps and services,
- (d) provide SEA/LEA referral for children **potentially eligible** for Part B services, and
- (e) schedule and conduct a transition conference as described in part C of this section.

F. Summer Birthdays and Early Transition to Part B

An eligible Part B child may begin services under an approved Individualized Education Plan (IEP) anytime during the school year in which the child has his or her third birthday. A decision may be made to begin Part B services prior to the third birthday for a variety of reasons including timing (at the beginning of a school year or before a school break period). Upon initiation of Part B services, the child may no longer receive Part C services.

If a child determined as Part B eligible has their third birthday during the summer (defined by Part B as any day after the last day of the school year and prior to the beginning of the following school year), and has an IEP in place with special education services to begin the next school year, the child may continue to be served on an IFSP by the Part C program during the summer until the IEP is implemented at the beginning of the next school year. If the local tiny-k program chooses this option, they must continue to provide Part C services pursuant to an IFSP that is revised to reflect Free Appropriate Public Education (FAPE) because this IFSP is being used as the IEP for the period from the third birthday until the date of implementation of the IEP. Specifically, this revision of the IFSP must contain an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills. The IFSP would still contain the IFSP content (34 CFR 303.344) including the provision of services in the natural environment. The services must be provided at public expense, under public supervision and direction and without charge. In addition, parents of the child must be presented with detailed information on the differences between the IEP and the IFSP and must consent to the continued use of the IFSP for the period between the child's third birthday and the implementation of the IEP.

If a child determined as Part B eligible has their third birthday before the end of the school year, and it is determined by the Part B IEP team that the best interest of the child would be served by having the Part B IEP services provided by local tiny-k program providers in the child's home until the beginning of the school year, the LEA can contract with the local tiny-k program to provide those services until the beginning of the school year. The Part C IFSP will no longer apply.

Children must be exited from the Outcomes Web System (OWS) by or on the third birthday, even if they continue services on an IFSP, or via contract under an IEP, until the beginning of the school year. Children do not need to be exited from the Kansas Infant-Toddler Services database until Part C services actually end. In these instances, the exit dates in OWS and the KSITS database will differ.

G. IDEA Part B Early Childhood Transition Requirements

Additional Part B transition information can be found in the Kansas *Special Education Process Handbook* at <http://www.ksde.org/Default.aspx?tabid=3152>.

1) Services at Age 3

For a child transitioning from a local tiny-k program, the LEA must make available to each child identified as eligible for Part B special education services a free appropriate public education (FAPE) by the child's third birthday. At the discretion of the LEA, the LEA may serve a child who is 2 years old but will turn 3 during the school year.

2) The Part B IEP/IFSP Team Meeting

Prior to the child's third birthday, the Part B preschool IEP team must convene a meeting to determine eligibility and develop an IEP/IFSP for the child. Members of this team must include, if requested by the parent, a representative from the local tiny-k program (family service coordinator), and/or other representatives, as appropriate.

3) IEP Considerations

For all children who transition from Part C services to Part B, the IEP team must consider an IFSP that contains the IFSP content (including the natural environments statement) described in IDEA section 636(d) and its implementing regulations when developing the initial IEP. [300.323(b)]

If the LEA and a child's parent agree, an IFSP may serve as the IEP of a child with a disability who is 3, 4, or 5 years of age. The IFSP must meet the consent requirements of Part C and be developed in accordance with Part B procedures.

- (a) Before using an IFSP as an IEP, the LEA must provide the child's parents with a detailed explanation of the differences between an IFSP and an IEP.
- (b) If an IFSP is mutually agreed upon, the LEA must obtain written consent from the parent for use of the IFSP as the child's IEP.
- (c) If the IEP team is using an IFSP for children who are at least 3 years of age, it must contain the IFSP content, including the natural environments statement, and an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills must also be included in the IFSP.

H. Exit Information Required by Kansas Infant-Toddler Services Database

The following fields are required to be completed for all transition children to aid in the coordination between Part C and Part B:

1) KIDS ID number

- 2) Legal first and last name
- 3) Middle initial
- 4) Date of birth
- 5) School district code (USD) [or employer of Part B referral contact]
- 6) Referral date
- 7) Part B referral contact name
- 8) Part B referral contact phone number
- 9) Part B referral contact email
- 10) Current IFSP date
- 11) Local Part C tiny-k program/lead agency
- 12) Part C exit date
- 13) Late transition conference reason, if necessary.

II. Hospital to Home Transition

Hospital to home transition guidelines assure local planners, including hospital personnel, have accurate and practical information to design, implement and evaluate their transition procedures. These procedures will help them work together to

- 1) address each family's needs during the child's hospitalization,
- 2) provide a smooth transition when the family brings the child home,
- 3) utilize the hospital and community service providers' expertise to meet an array of individual needs, and
- 4) coordinate child assessments and other hospital and community procedures.

Kansas Infant-Toddler Services recognizes there are benefits to community-wide planning for transitions from hospital to community services. Local tiny-k programs are encouraged to regularly assess the need to revise, update or develop community plans to address transition from the hospital. Additionally, they are strongly encouraged to establish a line of communication between hospital and community service providers. Specific information about transitions from hospital to home can be found in the "Hospital to Home" booklet originally prepared by the Bridging Early Services Transition Taskforce, 1995 and updated by Families Together, Inc., 2011.

The Hospital to Home Booklet can be found at:

http://families-together-inc.org/wp-content/uploads/2011/07/Hospital_to_Home_Final_July_2011.pdf

III. Transition of a Child Between Local tiny-k Programs and States

As indicated in the Introduction of this Section, transition is a change or movement from one place, plan, or interactional situation to another. For some local tiny-k programs, and the children and families they serve, there is movement from one local lead agency to another. When this transition process takes place, the local tiny-k program will follow these steps:

A. Transition of a Child Between Local tiny-k Programs

- 1) Receive referral to your network
- 2) Look up child in the infant-toddler database (ITS) and find out what information already exists for this child and family (this will save you time when you re-enter in the database later)
- 3) Discuss the new referral at your team meeting and decide on what team members are most appropriate to support this family based upon the existing IFSP
- 4) Designate a primary provider to support the family
- 5) Schedule an IFSP review meeting with family, primary provider and other team members, as appropriate. **The purpose of this review is not to evaluate the child; it is to gather enough information to update the IFSP.**
- 6) Hold the IFSP review and make changes to the IFSP as appropriate (update services page, revise outcomes, etc.)
- 7) Part C referral date, initial IFSP, and initial eligibility dates stay the same. Fields #26-32 and #34 on IFSP form will retain the current dates. Field #33 will change to 6 months from the date the tiny-k program is reviewing the IFSP.
- 8) Field #38 is the date the IFSP review is held. The IFSP review date is updated in ITS database.
- 9) Eligibility section stays the same because the child only needs to qualify for early intervention services, not specific services within early intervention (e.g., speech, PT). **This is initial eligibility for early intervention services.**
- 10) Review all sections to insure accuracy of information. Gather all current information such as doctors, phone numbers etc.
- 11) Enter this data into the infant-toddler database (ITS).
 - a) Enter as child from your network
 - b) Update IFSP review date, any services that changed, use all dates as listed on the IFSP in the database
- 12) Enter this child into the OWS. A child who is transferring should have a KIDS ID#. Look up the child in OWS to find this number. Please do not assign another KIDS # for the child.

- a) Change circumstance, child is entering an organization
- b) Previous tiny-k program should have entered an organizational exit. If the previous tiny-k program has not entered a child or given him an organizational exit, please alert the previous program or Kansas Infant Toddler Services immediately so it is rectified.

B. Transition of a Child from Out of State

- 1) Receive referral from out of state.
- 2) If child has active IFSP, they should be considered eligible for Part C services in Kansas.
- 3) Discuss the new referral at your team meeting and decide on what team members are most appropriate to support this family based upon the existing IFSP.
- 4) Designate a primary provider to support the family.
- 5) Schedule an IFSP review meeting with family, primary provider and other team members, as appropriate. **The purpose of this review is not to evaluate the child; it is to gather enough information to update the IFSP.**
- 6) If there is strong evidence this child may not be eligible in the state of Kansas, complete the standard process of IFSP review, and then determine if re-evaluation is necessary. If the team decides to re-evaluate, this documentation must clearly show evidence of non-eligibility.
- 7) The Part C referral date would be when referred to Kansas. The Initial IFSP date is when Kansas accepted IFSP from the other State.
- 8) Initial IFSP, initial eligibility and current IFSP date is the same as the date IFSP is accepted by the local tiny-k program. **This differs from when the child transfers from within the state.**
- 9) All data would be entered into ITS database as a new child to Kansas.
- 10) A new entry rating into the OWS system would be required (even though the child may have a rating from another state).

IV. Change in Lead or Fiscal Agency for the Local tiny-k Program

Important factors in planning for a change in lead agencies are timely notification of the imminent change, a well-planned process, cooperation among those involved, and effective, accurate, timely communication. See *Change in Lead Agency Plan*.

The Change in Lead Agency Plan can be found at:

http://www.ksits.org/download/Lead_Agency_Transition_Plan.pdf

A. Important Considerations

- 1) Both State and Local agencies will ensure uninterrupted services to children and families.

- 2) Procedural safeguards and parental rights will be maintained during the transition process.
- 3) The selection/replacement process will be timely.
- 4) A transition plan will be in place between the two local lead agencies and KDHE to ensure the above criteria are met.
- 5) Selection of a new and qualified Lead/Fiscal Agency will be fairly determined.

B) Recommended General Guidelines for Notification and Selection

- 1) The local Part C lead agency notifies Local ICC and KDHE Infant-Toddler Services of the decision to discontinue its contract as Lead/Fiscal Agency with an effective date for termination of services.
- 2) KDHE Infant-Toddler Services notifies State ICC of Local Part C Lead/Fiscal Agency decision to discontinue the current contract.
- 3) KDHE and Local ICC hold public forum in local community to announce coming change in Lead/Fiscal Agency. Staff from the State ICC will be invited to participate in this forum as appropriate. The purpose of the public forum is twofold. One is to explain the process becoming the local Lead/Fiscal Agency (make Procedural Manual available to any interested parties, give an estimate of what grant amount will be for next year, and explain the application process, etc.) and two, get public feedback as to what the local community wants and considers strengths to provide quality Infant-Toddler services.
- 4) KDHE will make an announcement to other local tiny-k programs and their lead/fiscal agencies that an opportunity exists for a new Lead/Fiscal Agency. They will be informed of the forum date should they be interested in an opportunity to meet with Local ICC.
- 5) KDHE will notify the departing Lead/Fiscal Agency of their official last day of responsibility.
- 6) KDHE and Local ICC agree on a timeline and process for selection when notified by former local Lead/Fiscal Agency of intention to discontinue its contract. The State ICC will be informed of the process.
- 7) Public Comment Required. No less than two comment periods will be provided affording opportunity for feedback.
 - (a) One public comment opportunity with 14 calendar days notice shall be provided by the LICC to the local community.
 - (b) Another opportunity could be held at the State ICC or within the local community depending on which would expedite the selection process.

- 8) The Local ICC will make a determination on which proposal shall move forward. KDHE will receive one (1) application from the local community which has been signed off by the Chairperson of the Local ICC. KDHE will review the application and either approve, give guidance for revisions, or deny.

C. Recommended General Guidelines if Local Lead or Fiscal Agency Discontinues Services During Contract Year:

- 1) KDHE will identify what resources are available to assist with continuing services in the network.
- 2) KDHE will convene an emergency Local ICC meeting/public meeting as soon as possible. Two things need to be addressed at this meeting:
 - (a) Formation of a plan for the continuation of services and
 - (b) Identification of another agency to become the lead and/or fiscal agency. The State ICC will be informed of any interim and/or permanent plan that is developed.
- 3) If KDHE and the Local ICC cannot identify someone to continue services in the local community, then KDHE will assist the LICC in identifying potential lead and or fiscal agencies, including contacting surrounding local tiny-k programs. This may also be an option in identifying a new lead agency if no one from the local community can be found.

D. Declaration of Conflict

Each Local ICC will follow their own by-laws in determining which members should declare a conflict of interest, and whether or not any member should vote in determining a new Lead/Fiscal Agency.

E. Once a New Lead or Fiscal Agency Has Been Identified:

Representatives of both lead/fiscal Agencies involved in transition will meet to develop a transition plan. A representative of KDHE will facilitate the development of the plan. A representative of the State ICC will be invited, as appropriate. The transition plan will be signed by representatives of both lead/fiscal agencies and KDHE, and will consist of the following procedures:

- 1) Plan to continue services for families and ensure a smooth transition
- 2) Transfer of records
- 3) Transfer of finances
- 4) Plan for staff
- 5) Plan to meet State/Federal compliance
- 6) Plan for transfer of resources
- 7) Plan for training

PERSONNEL STANDARDS AND TRAINING

Introduction

The quality of early intervention staff is the single most important determinant of the quality of a program. The foundation for building a quality program begins with employing or contracting with personnel who meet the highest entry-level requirements for their discipline. Many professional disciplines play a role in the provision of early identification and intervention services for infants and toddlers with developmental delay or disabilities. The Kansas Department of Health and Environment (KDHE) and Kansas Infant-Toddler Services (KSITS) are committed to quality services for infants and toddlers with identified developmental delay and/or disability and their families. KDHE and KSITS ensure access to information to address questions and concerns of providers, parents, and primary referral sources through the provision of training, technical assistance, and consultation locally, regionally, or statewide. Referrals to various statewide resources for information and training are also utilized.

I. Local tiny-k Program Coordinators

The person designated to be the central contact for the tiny-k program. When the new coordinator is hired they must contact KDHE within a week of starting the job. Each new coordinator will complete New Coordinator Training. This training is designed to provide foundation and guide the coordinator through their first year of service.

The New Coordinator Training can be found at:

[Hyperlink coming soon](#)

II. Availability of Personnel [34 CFR 303.119(d)]

The provision of early identification and intervention services for infants and toddlers and their families is dependent on the availability of personnel qualified to work with them. The Kansas Infant-Toddler Services and the local tiny-k programs must make every effort to hire and retain appropriately trained staff by implementing innovative strategies and activities for staff recruitment. In addition, they should

- A. work with the state college and university systems to promote the preparation of early intervention service providers who are fully and appropriately qualified upon graduation to provide early intervention services to infants and toddlers with disabilities and their families, and
- B. provide training for professionals, paraprofessionals, and primary referral sources with respect to the basic components of early intervention services and the availability of services in the state.

III. Qualified Personnel [34 CFR 303.31; 303.321(4)]

Qualification standards for personnel providing early intervention services must be consistent with any Kansas-approved or Kansas-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which a person is providing services.

Personnel providing early intervention services for eligible infants and toddlers must hold current and valid credentials in their professional field of practice as follows:

- A. *Audiologists* must be licensed by the Kansas Department for Aging and Disability Services.
- B. *Marriage and Family Therapists* shall be licensed by the Kansas Behavioral Sciences Regulatory Board.
- C. *Nurses* must be licensed as registered professional nurses by the Kansas Board of Nursing.
- D. Each *Nutritionist* shall be a dietician licensed by the Kansas Department for Aging and Disability Services [34 CFR 303.31; 303.13(c)].
- E. *Occupational Therapists* must be registered by the Kansas Board of Healing Arts.
- F. *Orientation and mobility specialists* must be credentialed by meeting standards established by the Association for Education and Rehabilitation of Blind and Visually Impaired, Association of Orientation and Mobility Specialists, Certified Orientation and Mobility Specialists.
- G. Each *physician*, including each *pediatrician*, shall be licensed by the Kansas Board of Healing Arts and board certified in the specialty area.
- H. *Physical Therapists* shall be licensed by the Kansas Board of Healing Arts.
- I. Each *Psychologist* must be licensed by the Kansas Behavioral Sciences Regulatory Board or licensed as a school psychologist by the Kansas State Board of Education.
- J. *Social workers* must hold a current and valid license issued by the Behavioral Sciences Regulatory Board, at the Licensed Bachelor Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Specialist Clinical Social Worker (LSCSW), or Temporary Licensed Master's Social Worker (TLMSW or LMSWT) level.
- K. Each *special educator* and each *special instruction provider* shall be licensed by the Kansas State Board of Education in Early Childhood Special Education or Early Childhood Unified Education.
- L. *Speech-Language Pathologists* must be licensed by the Kansas Department for Aging and Disability Services.
- M. Each *Teacher of the Hearing Impaired* shall be licensed as a teacher of the hearing impaired by the Kansas State Board of Education.
- N. Each *Teacher of the Blind and Visually Impaired* shall be licensed as a teacher of the blind and the visually impaired by the Kansas State Board of Education.
- O. *Paraprofessionals* in the local tiny-k programs providing early intervention support must meet the requirements set forth by the Kansas State Board of Education.
- P. The *Family Service Coordinator (FSC)* shall
 - 1) have a bachelor's degree in education, health studies, nutrition, social welfare, or the human services field. Additionally, each individual working as a family service coordinator with a local tiny-k

program before June 1, 2013 will be grandfather and viewed as meeting requirements.

- 2) have experience in early childhood development,
- 3) have successfully completed the Introduction to Family Service Coordination training within three months of assuming their role,

The FSC Training Plan can be found at:

http://www.ksits.org/download/Family_Service_Coordination_Training_Plan.doc

- 4) complete 8 hours of in-service training annually that is related to family service coordination,
- 5) participate annually in state or locally sponsored early intervention training to ensure efficiency of the program, services, rules, regulations, policies, and procedures set forth by the Kansas Infant-Toddler Services,
- 6) have demonstrated knowledge and understanding about the nature and scope of medical, social, educational and other services which are accessed by eligible infants and toddlers and their families, and
- 7) be selected from the profession most immediately relevant to the child's or family's needs (or otherwise be qualified to carry out all applicable responsibilities).

IV. Continuing Education for Credentialed Professionals and Paraprofessionals

Continuing education experience is required to maintain current license, registration, or certification for personnel providing early intervention services.

- A. Continuing education experience must include discipline or cross-discipline offerings when the offerings are clearly related to the enhancement of the practice, value, skills, and knowledge of working with children with special needs, from birth through age three, and their families.
 - 1) The content of the continuing education training must focus on young children with disabilities, with developmental delay, or with at-risk conditions, and their families. More specifically, the content shall include a focus on
 - a) young children: birth through three. This age range supports the perception of seamless services between Part C and Part B programs; or
 - b) young children with developmental delay, with a disability, or are at risk for developmental delay; or
 - c) services/intervention techniques/special strategies for working with young children and their families; or
 - d) special materials and equipment relevant to the special needs of infants and toddlers eligible for Part C of IDEA; or
 - e) other relevant resources to meet the needs of infants and toddlers and their families.

- B. Where continuing education is a requirement for license, certification, or registration renewal, a minimum of one third of the required number of credits, units, points, or hours shall focus on the content noted in Paragraph A-1 above. **Exception:** one third of the required continuing education hours for **early childhood special educators** shall be relevant to children with special needs, from birth through age 2, and their families.
- C. Where there is no continuing education requirement for professional credential renewal, 24 continuing education hours over a 3-year period shall be required which will focus on the content described in Paragraph A-1 above.

V. Personnel Qualifications for State Categorical Aid Reimbursement

Information about state categorical aid reimbursement may be found in the *KSDE Special Education Reimbursement Guide* at <http://www.ksde.org/Default.aspx?tabid=2583> (updated annually).

VI. System of Personnel Development [34 CFR 303.118]

The Kansas Department of Health and Environment (KDHE) and Kansas Infant-Toddler Services (KSITS) are committed to quality services for infants and toddlers with identified developmental delay and/or disability and their families. Recognizing the need for comprehensive and on-going training related to the complexities of the early intervention system, KDHE and KSITS ensure access to information to address questions and concerns of providers, parents, and primary referral sources through the provision of technical assistance, training, and consultation. Lead agency personnel are available to make visits to local tiny-k programs, confer by phone, arrange conference calls, and provide written information in response to concerns and requests. KSITS also contracts with other consultants and programs at the state and national level for additional training and technical assistance.

A. Office of Special Education Programs (OSEP) Required Training

Training should be available to all individuals involved in the referral, identification, intervention, and transition of an infant or toddler with disabilities and his family. This includes the parents, paraprofessionals, and the primary referral source. This comprehensive system of personnel development must include the following training:

- 1) Basic components of early intervention services (EIS) available in Kansas;
- 2) Implementation of innovative strategies and activities for the recruitment and retention of EIS providers;

- 3) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide EIS; and
- 4) Coordinating transition for infants and toddlers and their families from local tiny-k programs to another program, e.g., Part B, Head Start, Early Head Start, or another appropriate program.

B. Kansas Programs Related to a Comprehensive System of Professional Development

The following list is not comprehensive. As needs are identified, additional professional development activities are created.

1) Kansas Inservice Training System (KITS)

KITS is a program of the Kansas University Center on Developmental Disabilities at Parsons and is supported through funding from the Kansas Infant-Toddler Services at KDHE and the Kansas State Department of Education.

The KITS project is designed to provide a training and resource system through collaborative training and technical assistance activities on a comprehensive statewide basis. Additionally, parents, staff of agencies collaborating with these local tiny-k programs, and referral sources are afforded the opportunity to be involved in all activities associated with the project. The comprehensive system is realized through four identified system components of collaboration: linkages, information services, training, and technical assistance.

Additional information related to the Kansas Infant-Toddler Services professional development opportunities as well as updated information on KITS trainings and other trainings of relevance to local tiny-k programs can be found on the KITS Collaborative Training Calendar on their website at <http://www.kskits.org/training/>.

2) Regional and Statewide Meetings

Regional and statewide early intervention meetings are conducted by the Kansas Infant-Toddler Services to provide a regular and ongoing means of technical assistance and training to local programs. These meetings may take place face-to-face, by phone conference, or by webinar. A representative of each local tiny-k program is expected to attend.

3) Kansas Resource Guide

This resource guide is a toll-free help line and web site available to families, providers, referral sources, and others to provide information concerning resources, or to refer calls to a person who can provide the necessary information. At 1-800-332-6262 (V/TDD), it is answered from 8 AM to 5 PM, Monday through Friday on regularly scheduled work days. An expanded listing and range of services available in Kansas is available at <http://www.ksresourceguide.org/>. It provides links to preventive, diagnostic, and community resources for Kansans with and without a disability. An email address to post questions is also available at: ksresourceguide@kdheks.gov.

4) Families Together, Inc.

Families Together, Inc., (FTI) is a parent training and information center serving families of children and youth with disabilities from birth through age twenty-one. Parents and professionals can find publications, workshops, and other resources to help make decisions about education, vocational training, employment, and other services for their children with disabilities. The KDHE has contracted with FTI to coordinate the Child Advocate program. Child advocates serving infants and toddlers must complete a training offered by FTI. FTI website: <http://www.familiestogetherinc.org/>

5) Other Personnel Development Resources

Kansas Coordinating Council on Early Childhood Developmental Services
<http://www.kansasicc.org/>

Sound Beginnings (Kansas Newborn Hearing Screening Program):
<http://www.soundbeginnings.org/>

The Early Childhood Technical Assistance Center (ECTACenter)
<http://www.ectacenter.org/>

The Technical Assistance System Network
<http://www.ksdetasn.org/cms/>

Assistive Technology for Kansans
<http://www.atk.ku.edu/>

KSITS Database Manual
<https://www.ksits.net/>

Sound START (Kansas State School for the Deaf)
<http://www.ksdeaf.org/RelatedServices/soundSTART.php>

Kansas Deaf-Blind Project
<http://www.kansasdeafblind.ku.edu/>

Kansas Autism and Tertiary Behavior Supports (KISN)
<http://www.kansasasd.com/>

Kansas State School for the Blind
<http://www.kssb.net/programs/outreach-program>

DATA COLLECTION PROCEDURES

Introduction

Part C of IDEA 2004 identifies a data system as one of the minimum components of a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to infants and toddlers with disabilities and their families. The system compiles data on the numbers of infants and toddlers with disabilities and their families served, the types of services provided, locations for services, types of providers, and other information as required by the secretary of the U.S. Department of Education.

I. Federal Data Requirements

The Office of Special Education Programs (OSEP) is responsible for ensuring states comply with IDEA. IDEA provides assistance to states to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.

To assist states in meeting the needs of infants and toddlers with disabilities and their families, OSEP has developed a continuous improvement monitoring process. This process is encapsulated through two fundamental reports: The State Performance Plan (SPP) and the Annual Performance Report (APR). Both of these plans require extensive data collection from the local networks and KSITS. The Kansas Infant-Toddler Services (KSITS) keeps the local tiny-k programs apprised of these federal data requirements and includes data collection as part of the contract with these programs.

The SPP is a six-year progress plan that (1) provides an overview of the systems or processes, (2) establishes baseline data, (3) analyzes the baseline data for strengths and deficiencies, (4) sets measurable and rigorous year-by-year targets for six years, and (5) identifies resources and timelines to achieve the targets. This document is intended to be a plan of action for states as they seek to improve performance and compliance data

The APR is a yearly report submitted by states to OSEP, which measures progress or regression to/from targets set forth in the SPP. The APR is data-intensive and aggregates data collected from multiple sources into a cohesive, statewide report on performance.

In conjunction with the APR and SPP, OSEP has developed a “determinations” process, whereby each state is measured and rated on a variety of performance factors in relation to compliance and performance targets, including data in the APR, activities set out to meet the target, and planning for improvement.

II. State Data Requirements

The state data requirements are identified within the contracts with the local tiny-k programs. The requirements reflect the need for program management and planning.

In order to collect the data needed to comply with federal requirements, KDHE uses multiple tools for local data collection. These include, but are not limited to, the Infant-Toddler database, the Kansas State Department of Education (KSDE) Outcomes Web System database, local federal data tables, parent surveys, semi-annual

reports, and program-specific data queries.

Local tiny-k programs are responsible for the timely and accurate submission of data pertaining to systems and activities specified on the Infant-Toddler database, as well as assisting KDHE in collecting other pertinent data.

The Individualized Family Service Plan (IFSP) guidelines contain specific data categories required for each child determined eligible for early intervention services.

Note: Information regarding a particular “section of the Act” can be found on the KSITS website at <http://www.ksits.org> in the document entitled PUBLIC LAW 108–446—DEC. 3, 2004.

GENERAL SUPERVISION MONITORING PLAN

I. Statutory and Regulatory Requirements

The Individuals with Disabilities Education Act (IDEA) requires each state to have in place a general supervision system that monitors Part C early intervention programs' implementation of the law and its regulations. This applies to all identified providers of early intervention services (EIS) in the state, whether or not they receive Part C funds. The system is accountable for enforcing the requirements and for ensuring continuous improvement. According to Sections 616 and 642 of the 2004 amendments to the IDEA, "The primary focus of Federal and State monitoring activities...shall be on-- (A) improving early intervention results and functional outcomes for all children with disabilities; and (B) ensuring that States meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities."

The Kansas Department of Health and Environment (KDHE) is the state lead agency charged with the responsibility of designing and implementing a general supervision and monitoring system that includes multiple methods to

- 1) ensure implementation of and compliance with IDEA, state regulations and policy, contract requirements, and the accountability of local programs and their providers,
- 2) provide ongoing technical assistance, training and support to local programs and their providers, and
- 3) facilitate continuous quality improvement through planning, analyzing, and evaluating programs, policies, and activities designed to improve outcomes for all children with disabilities and their families.

All actions and activities are directed or performed by Kansas Infant-Toddler Services (KSITS) staff. This plan describes Kansas' general supervision and monitoring system and regulatory responsibilities of KSITS. The related activities of complaints and dispute resolution are addressed in Section V [procedural safeguards] of this manual.

II. General Supervision Elements

A. State Performance Plan/Annual Performance Report (SPP/APR)

Every state is required to have a multiple-year plan as an accountability mechanism for the state and local tiny-k programs and report annually through the submission of the APR. The SPP includes measurable indicators of and establishes targets for the state's performance in specific statutory priority areas under Part C of IDEA. The SPP and APR include compliance indicators with targets established at 100%, and performance indicators with measurable and rigorous targets established by the state with stakeholder involvement.

On an annual basis, the state is required to collect data from a variety of sources to report on its compliance and performance. Reporting includes each of the SPP/APR indicators and whether or not

the state met the targets established. If targets are not met, the APR identifies reasons, outlines correction steps, and lists improvement activities planned or implemented by the state.

B. Grant Application Process: Community Service Plan (CSP) and Continuous Improvement Plan (CIP)

KSITS requires each contracted local tiny-k program to provide a CSP on a periodic basis and a CIP annually as part of the grant funding application. The CSP describes how the local tiny-k program will follow the key principles of early intervention and provides the regulatory required services outlined under IDEA. The CIP includes narrative descriptions of local processes used to show compliance and performance of the local provider as reported to KSITS through the data system and other reporting mechanisms. Information provided through the CIP identifies strengths, concerns, local goals, and improvement activities, especially for those areas identified as below compliance requirements or state performance targets through previous monitoring actions and communications. CSPs and CIPs are submitted with annual grant applications in the Spring of each year, and the annual grant award is dependent upon KSITS approval of the local plans.

C. Semi-Annual Reports (SAR)

KSITS requires each local tiny-k program to submit a SAR for the reporting periods January through June (due July 31) and July through December (due January 31). These reports include both a data and narrative section and monitor database accuracy, child-find activities, referral sources, evaluation/eligibility data, services provided, cumulative child counts, parental concerns and complaints resolved at the local level, local interagency coordinating council (LICC) membership and activities, and staff training. The state provides comparative feedback to the local tiny-k programs on the analysis of the SAR data, showing current performance versus prior performance, results from Federal Data Table submissions, and specific local tiny-k program performance versus statewide performance. The reports from the first half of the fiscal year (July to December) can be used to provide a pre-finding notice to local tiny-k program providers prior to the annual compliance review. The reports from both halves of the fiscal year are part of the annual compliance review consideration.

D. Random IFSP Reviews

One time in each fiscal year, a list of all active Part C cases by local provider and case identifier is generated. The KDHE Program Analyst will determine a random sample of these cases. Sample size will be based on size of the program. The case numbers are sent via e-mail to the local coordinators on a date selected by the KSITS coordinator.

The local tiny-k coordinator will review the IFSP's from this random sample by using the Quality Indicator Rubric (QIR). The local tiny-k program will have 10 business days to review the IFSP's and submit an IFSP Review Summary and a letter of response on their internal reviews to KDHE. Local programs should address each self-identified instance of non-compliance, and quality concerns, in their return responses, along with a plan for a system of improvement. Improvement activities identified by the local program will be monitored to ensure that such activities occur.

In addition to the IFSP's that will be self-reviewed, one randomly-sampled IFSP will be selected, and a hard copy sent to KDHE with all related documents. The local tiny-k program will have two days (48 hours) to fax, email, or postmark this IFSP to KDHE. Case records received are reviewed for compliance, completeness, and for evidence-based practice quality standards using the QIR.

E. Kansas Part C Statutes and Regulations

The Kansas state statutes and regulations codify provisions of Part C requirements to ensure state authority for enforcing implementation of IDEA and associated regulations by KSITS.

F. Kansas Infant-Toddler Services Procedure Manual

Local provider activities directly impact compliance with IDEA requirements and outcomes for children with disabilities and their families. As a result, KSITS has developed a general procedure manual describing how the Part C statute and regulations are expected to be implemented by local tiny-k programs and their service providers. The manual: (1) is aligned with Part C of the IDEA, (2) is in effect statewide, and (3) ensures appropriate early intervention services, based on peer-reviewed research, are available for infants and toddlers with disabilities and their families.

In addition, data from various sources (e.g., monitoring, complaints/disputes, and surveys) is reviewed annually to form a basis for decisions about the content of the procedure manual and operating standards, and any needed revisions to ensure ongoing compliance and correct instruction for implementation of requirements.

G. Interagency Agreements

KSITS has in place several interagency agreements (memorandums of agreement [MOA] or memorandums of understanding [MOU]) identifying the responsibilities of the various state agencies in the coordination and implementation of Part C requirements and the interaction of these agencies with KSITS and local providers. These agreements also include financial obligations and procedures if disputes arise. Data from various sources (e.g., monitoring, complaints/disputes, and interagency meetings) is reviewed annually to form a basis for decisions about which interagency agreements to continue, amend, or create, and the effect of these agreements on service delivery at the local level.

H. Contracts with Local tiny-k Programs

As part of the annual grant process, KSITS contracts with individual local lead and fiscal agencies identified by the Local Interagency Coordinating Council (LICC) for the provision of early intervention services. The terms of the individual contracts are designed to ensure the accountability of local tiny-k programs in implementing Part C requirements, and include a variety of assurances. Each local lead agency and tiny-k program is responsible for hiring or contracting with sufficient, qualified personnel to provide necessary services to infants and toddlers and their families. KSITS provides oversight and management of the contract with each local lead agency and also uses this information in monitoring local tiny-k program performance. Data from various sources (e.g., monitoring, complaints/disputes) is reviewed annually to make informed decisions about contracts with and grant awards to local tiny-k programs.

I. Audit Reviews

As part of the annual grant process, KSITS requires the local fiscal agencies to either provide a recent (within the last twelve months) agency audit or assure the audit will be provided shortly after the

completion of the local fiscal agency's fiscal year. Audits are monitored and reviewed for any findings or comments on the Part C portion of the local fiscal agency's operations. Specific procedures for how the Audit Reviews are conducted are located in the document templates of this manual.

J. Lead Agency Monitoring Activities

KSITS uses centralized monitoring activities (desk audits) to develop a comprehensive picture of each local tiny-k program's level of compliance and performance results. The activities as described in this document

- 1) are implemented fairly and consistently across local programs,
- 2) identify areas of noncompliance,
- 3) trigger effective corrective actions, technical assistance, improvement strategies, fiscal decisions, sanctions and/or incentives that ensure timely correction,
- 4) contribute to annual status determinations of local programs, and
- 5) assist in determining which local programs may receive a focused on-site monitoring visit.

K. Training and Technical Assistance (TA) System

Training and TA are critical for ensuring implementation of IDEA requirements and distributing evidence-based practices to local tiny-k programs. KSITS contracts with the Kansas Inservice Training System (KITS), affiliated with the University of Kansas, to provide technical assistance and training that is directly linked to the SPP/APR indicators, and to state monitoring requirements. These activities help local programs: 1) understand the requirements related to these indicators, and 2) develop and implement meaningful improvement plans to correct noncompliance, enhance their performance, and improve results for children and families.

L. Focused On-Site Visits

See subsections IX, X and XI of this procedure manual section for a framework for focused monitoring visits to local tiny-k programs.

M. Corrective Action Plans (CAPs) or Service Enhancement Plans (SEPs)

Kansas has chosen the first two weeks of September as the annual time period for database monitoring of the previous full fiscal year (July 1 to June 30) for identifying issues of noncompliance and reporting in the APR. Once noncompliance has been identified for a compliance indicator (#1, 7, 8, 9, and 14) and confirmed by the state, a written letter of findings will be issued. However, if the local tiny-k program can provide documentation of correction of noncompliance prior to issuance of a state finding, or state staff can determine correction of noncompliance based upon administrative records, and the provider has no further instances of noncompliance in a review of a sample set of subsequent data, the Part C Coordinator may choose to issue a finding and release letter simultaneously. Information received through non-database sources (complaints, surveys, SARs, audit findings, etc.) may also be

used outside the annual review time period to issue a finding or pre-finding notice, depending on if the nature or level of noncompliance merits issuance of a finding and imposition of a CAP requirement outside of the annual review.

Local tiny-k programs receiving a written letter of findings are required to work jointly with KSITS to develop a CAP to ensure correction of noncompliance in a timely manner, but no later than one year from written notification, and to demonstrate ongoing compliance with the IDEA requirements. KSITS, in partnership with the Kansas Inservice Training System (KITS), provides follow-up and tracks improvement and correction of noncompliance on an ongoing basis. Programs are released from CAPs when KSITS verifies both the child-specific correction of noncompliance and that each EIS program or provider is correctly implementing the specific regulatory requirements based on a review of updated data reflecting 100% compliance.

Local tiny-k programs with chronic low performance on a performance indicator (# 2, 3, 4, 5, 6, 12, and 13) may also be placed on a SEP or have modifications made to their CIP when the program is not meeting performance targets. SEPs related to low performance will be individualized depending on the performance issues or other root causes determined through investigation, and will generally include mandatory directed TA. Chronic low performance for a local tiny-k program is defined as observation of three sequential semi-annual data reviews with local percentages below the state's SPP/APR targets, or observed low performance continuing one semi-annual period beyond timeframes for improvement accepted as part of the CIP. Exceptions for programs with small enrollments will be considered as permitted by federal guidelines. SEPs for chronic low performance will be removed when subsequent semi-annual data demonstrates achievement of performance targets.

N. Complaints/Dispute Resolution Process

KSITS uses the Part C procedural safeguards (Section V of this procedure manual), and complaints and dispute resolutions submitted, to identify and correct noncompliance in the implementation of IDEA requirements and to identify components of the state supervision system needing improvement, such as policies, procedures, or written agreements. Formal dispute resolution data will be used to identify local performance issues and plan focused on-site visits.

O. Incentives and Sanctions

KSITS recognizes local tiny-k programs when they have met or exceeded the established compliance standards and targets. Programs meeting all requirements on the annual determinations are provided a letter to document their performance. The letter is to be shared with the local provider's LICC, board, and local partners.

When performance targets or compliance standards are not met, improvement is not seen, and/or noncompliance is not corrected in a timely manner, KSITS has in place a range of formalized strategies and/or sanctions for enforcement, along with a CAP/SEP template incorporating written timelines and options for meeting compliance.

III. Overview of the General Supervision and Monitoring Process

KSITS has developed a process to facilitate general supervision activities and monitor local tiny-k programs based on the following key principles:

- 1) A limited number of statistics and measures are consistently used to monitor each local tiny-k program's level of performance, including compliance. In accordance with IDEA, the measures are those that most closely align with improving results for children and families. These include the required SPP/APR indicators and other critical priority areas identified by the state with the assistance of a stakeholder group. In addition, the state ensures implementation of all IDEA requirements through the components of the state's general supervision system.
- 2) Data are reviewed and analyzed throughout the year to:
 - (a) identify emerging issues, and
 - (b) initiate preventative actions including developing and/or modifying planned training and TA (statewide and program-specific).
- 3) A select number of data sources are used to respond to the monitoring indicators. The data system produces data for as many indicators as are quantifiable, while other data collected through reports or surveys outlined by this plan are limited in scope and are used to capture indicator data not collected by other means.
- 4) Centralized analysis of data (desk audit) is used to:
 - (a) monitor all programs once annually on their performance with the SPP/APR required indicators and other state priority indicators,
 - (b) track progress in the correction of noncompliance on an ongoing basis, and
 - (c) identify targeted training and technical assistance needs to ensure improvement.
- 5) Monitoring data are used annually to address SPP indicators and develop the APR, including improvement activities.
- 6) Focused site visits are conducted to provide issue-specific monitoring and are performed when indicated by need according to compliance data and/or other sources, such as parental complaint. Although the targeted on-site monitoring visits are designed to uncover the underlying issues that contribute to programs' low performance and/or noncompliance, areas of strength are also identified to support programs in building on their assets.
- 7) Steps to ensure timely and accurate data are incorporated into monthly and quarterly grant management and database review activities at the state and program levels.

KSITS monitoring process is structured to manage the various activities requiring completion throughout the year within specific time frames for both the state office and local tiny-k programs.

IV. Collecting and Reviewing Local tiny-k Program Data

During the March/April period and at the Spring Local tiny-k Program Coordinators Meeting, KSITS prepares and presents data summarized from the KSITS database and other submitted reports to highlight and report statewide data, local comparisons to statewide data, and any positive or negative trends identified. During this period and at this meeting, local tiny-k program administrators and staff are provided information regarding changes in regulatory guidance, the general supervision of the program, establish of common expectations, and review procedures and tools that will be used for:

- A. collecting data,
- B. monitoring programs,
- C. issuing local determinations,
- D. finding and correcting noncompliance,
- E. reviewing grant applications, and
- F. providing technical assistance during the next fiscal year.

The timelines for general supervision activities are found in the following table.

Kansas Infant-Toddler Services Monitoring Process Activities

Time Frame	State Monitoring Activities	Local Program Activities
April	<p>Provide data to local tiny-k programs at Spring coordinators meeting about past performance, initial determinations, changes to the monitoring process, database modifications, and survey results, as appropriate.</p> <p>Address any data errors, queries, and appeals of initial determinations.</p> <p>Local Program grant applications due, along with budgets and CIPs.</p>	<p>Submit questions or determinations appeal to KSITS, if necessary.</p> <p>Discuss areas of needed improvement with LICC and determine needed activities or changes to practices to improve performance.</p> <p>Prepare grant applications, budgets, and CIPs and submit by April 20th. Review data for completeness and mark 3rd quarter as final.</p>
May	<p>Review information for compliance, and any needed assurances and corrections. Summarize annual Entrance/Exit parent surveys.</p> <p>Prepare for next year of entrance/exit survey collection.</p> <p>Finalize grant reviews.</p>	<p>Review program data and plan process for completing and verifying data entry for 4th quarter by deadline.</p>

Time Frame	State Monitoring Activities	Local Program Activities
June	Issue grant awards and send response letters, along with final provider determinations.	Address points presented in CIP response letter from the state.
July - Aug	Semi-annual reports (SAR) due (Jan – June period) at end of July. Send reminder to programs to verify all 4 th quarter data entry by the end of July for sharing transition data with Part B.	Submit SARs. Review data for completeness and mark database as complete for 4 th quarter and for SAR components. Ensure all exit data is accurate and entered into the KSITS database. Ensure accuracy and completeness of database information for the July-June reporting period by end of July.
Aug	Prepare and send Semi-annual data sheet updates to local tiny-k programs. Run ECO test data from ITS Database.	Work with KSITS to develop CAP/SEP, if findings letter is received. Review SAR data sheets for possible errors and areas of needed improvement.
Sept - Oct	Annual database monitoring for compliance purposes is done in September (see Annual row). Letters of findings are sent to local providers in noncompliance. CAPS/SEPs are developed with local providers with findings. Update and prepare either Random Parent Survey or Provider Survey for mailing (alternative years), including in accordance with the sampling plan. Begin statewide analysis for SPP/APR submission.	Return provider surveys in biennial year.
Oct - Nov	Collect and submit 618 data by Nov. 1 (Tables 3 and 4). Continue collection and summarization of survey data.	Review data for completeness and mark 1 st quarter data complete for budget and data review purposes.
Nov - Dec	Continue preparation of SPP/APR. Finalize collection of biennial survey data.	Respond to any questions from KSITS on collected data, correct any missing or erroneous entries.
Dec - Jan	Finalize draft SPP/APR. Ensure internal and external review of APR. Obtain ICC concurrence/certification.	Plan any needed policy or procedure changes. Arrange for any needed TA.
Jan	Finalize APR and SPP and submit to OSEP by February 1. Collect 618 data (Tables 1 and 2). SARs due (July – Dec period) at end of January. Run ECO test data, as needed.	Submit SARs. Mark database as complete for 2 nd quarter for budget, SAR components, and Federal Data Tables.

Time Frame	State Monitoring Activities	Local Program Activities
Feb	<p>Insure APR and SPP are sent to OSEP by February 1. Post SPP/APR on web.</p> <p>Prepare and publically report program performance data.</p> <p>Prepare and send Semi-annual data sheet updates to local tiny-k programs.</p> <p>Send out local program grant application and CIP forms by February 14.</p>	<p>Begin working on grant application, budget and CIP.</p>
March	<p>Finish analysis of SAR data.</p> <p>Prepare initial program determinations, survey results, and other information for local program coordinators meeting in April.</p> <p>Submit Federal Data Tables 1 and 2 by April 1.</p>	<p>Submit questions to KSITS on grant and CIP process, as needed.</p> <p>Continue working on grant application, budget and CIP.</p>
Monthly or Quarterly	<p>Review and track submissions from providers concerning corrective action plans, make recommendations to Coordinator on additional actions or release from corrective action plan.</p> <p>Propose any needed changes to data collection efforts or policy guidance. Collect and track parent entrance/exit surveys.</p> <p>Monitor and review the submission of audits for local lead agencies, as received.</p>	<p>Submit documentation of activities addressed in corrective action plans. Remind families to complete surveys.</p>
Quarterly	<p>Database reports are run for program improvement activities, data accuracy reviews, and noncompliance monitoring.</p> <p>Recommendations for actions based on monitoring results are made to KSITS management.</p> <p>Verify receipt of SEA transition referrals for prior quarterly period with Part B.</p>	<p>Respond to quarterly reports provided, make any needed database corrections, address any questions or findings presented.</p>
Annually	<p>In September, the database is reviewed for the annual assessment of compliance and potential corrective action.</p> <p>Sample and Select random IFSPs and related forms for submission by local tiny-k programs and review by state staff.</p> <p>Audit Reviews.</p> <p>Write directives or findings, prepare and issue CAPs/SEPs, enter information into tracking spreadsheets.</p>	<p>Send requested IFSPs and related forms within the time frame outlined by the State.</p> <p>Internal review of requested IFSPs and submit a plan for IFSP quality improvement.</p> <p>Submit Fiscal Agency Audits Annually.</p> <p>Respond to letters or directives from KSITS regarding compliance or issuance of corrective action plan.</p>

V. Lead Agency Procedures for Identification of Noncompliance

Kansas Department of Health and Environment (KDHE) is the state lead agency charged with the responsibility of:

- 1) identifying, investigating, and confirming instances of noncompliance,
- 2) issuing written letters of findings of noncompliance,
- 3) issuing corrective action plans, and insuring timely completion of corrective actions,
- 4) verifying timely correction of individual instances of noncompliance, and
- 5) reviewing subsequent data to ensure the federal statutes and regulations for Part C of the Individuals with Disabilities Education Act (IDEA) (Federal Public Law 108-446) are being implemented.

A. Identification of Noncompliance

In accordance with the monitoring plan outlined previously, all sources of data will be reviewed and all identified instances of suspected noncompliance will be documented. Data sources include:

- 1) Site visits
- 2) Audit finding
- 3) Desk reviews
- 4) Self-assessment surveys or reviews
- 5) State data system
- 6) State informal or formal complaint system
- 7) State due process hearing system
- 8) Semi-annual reports [Kansas-specific requirement for all local tiny-k programs submitted in July (for January to June reporting period) and January (for July to December reporting period)]
- 9) Continuous Improvement Plans (CIPs – submitted with grant filings)
- 10) Federal data tables
- 11) Parent entrance-exit surveys, and random parent and provider surveys (biennial, in alternate years)

All suspected instances of noncompliance identified by KSITS staff must be reported to the State Part C Coordinator (Coordinator) upon discovery. A Report of Noncompliance checklist (for individual instances) or other similar documentation for a more global review will be provided to the Coordinator with dates and the source of suspected noncompliance for further investigation, if needed. The

documentation will be maintained on the KSITS file, and electronic copies will be stored on the unit's confidential shared site. An electronic folder will be created for each local tiny-k program's suspected noncompliance correspondence, checklist, and evidence on the confidential shared site. A KSITS internal tracking spreadsheet will be maintained.

The state database will be reviewed on an annual basis, at minimum, to identify possible noncompliant programs based on an administrative review of records. The date of the annual review will be the first two weeks of September, and will include records for the prior federal reporting period of July 1 to June 30. Instances of potential noncompliance identified during the review of the January Semi-annual reports are used to issue pre-finding notices of possible data accuracy issues.

B. Confirmation of Noncompliance (for compliance indicators or basic rights under IDEA)

All suspected cases of noncompliance from sources outside of the KSITS database will be investigated to confirm if noncompliance has occurred. The Coordinator and any designated staff will discuss preliminary data with the local tiny-k program to determine if just cause for the perceived noncompliance exists. Noncompliance determined through KSITS database administrative records will be presumed to be valid, unless the local tiny-k program can find and correct any noncompliant records.

All instances of confirmed noncompliance identified during the data review every September will result in a written letter of findings. A finding is a written notification from the State to an early intervention services (EIS) program that contains the State's conclusion that the EIS program is in noncompliance, and includes the citation of the statute or regulation and a description of the quantitative and/or qualitative data supporting the State's conclusion that there is noncompliance with that statute or regulation.

If a review of records subsequent to the time period of noncompliance shows the local tiny-k program is correctly implementing the regulatory requirements, and shows that each instance of child-specific noncompliance has been corrected, a finding and release from finding will be issued in the same correspondence.

Unconfirmed or dismissed instances of noncompliance will be documented as such by the Report of Noncompliance checklist or other equivalent documentation and filed in the subject local tiny-k program's file.

C. Notification of Findings/Corrective Action Plan or Service Enhancement Plan

A written notification of findings will be issued as soon as possible, but no later than three months, after a confirmed determination of noncompliance or low performance is made by the Coordinator, but no later than three months from initial discovery. Written findings should include information regarding the level of noncompliance for each local tiny-k program, and the root cause or causes for the noncompliance.

A discussion and description of a history of low performance should accompany any service enhancement plan. Chronic low performance for a local tiny-k program is defined as observation of three sequential semi-annual data reviews with local percentages below the state's SPP/APR targets, or observed low performance continuing one semi-annual period beyond timeframes for improvement accepted as part of the CIP. Exceptions for programs with small enrollments will be considered as permitted by federal guidelines.

A corrective action plan should accompany or follow shortly after the written letter of findings. The plan will include a description of the noncompliance, supporting evidence, compliance actions proposed or agreed to by the local tiny-k program, technical assistance recommendations, expected outcomes and any interim steps toward compliance, and all necessary completion dates for each element. When determining the extent of the corrective plan, the Coordinator will consider whether the noncompliance:

- 1) was extensive or found in only a small percentage of files,
- 2) resulted in the denial of a basic right under the IDEA,
- 3) represented an isolated incident in the program, or
- 4) reflected a long-standing failure to meet the IDEA requirements.

The local tiny-k program will complete the compliance action section, as needed, and return the signed plan to KSITS within 14 days of the date of the letter of findings. KSITS will review the action steps to determine adequacy of corrective action or level of technical assistance needed. Once corrective actions are agreed upon between KSITS and the local tiny-k program, a final signed corrective action plan will be sent to the local tiny-k program. The corrective action plan process should be finalized within 30 days of the written letter of findings.

Copies of the written notification of findings and corrective action plan or service enhancement plan will be kept in the local tiny-k program's electronic folder of documents related to the specific instance or instances of noncompliance. Signed copies will be kept in the local tiny-k program's compliance file. Scanned signed copies will be returned to the local tiny-k program.

In instances where a finding is issued and concurrently released, such as late correction of noncompliance prior to issuance of a state finding with subsequent records found to be in compliance, the local tiny-k program will be notified in writing of the specific noncompliance issues, local tiny-k program plans for policy or procedure changes may be requested.

D. Timeline for Actions and Correction

- 1) Identification of noncompliance **(Day 1)**

Investigation of noncompliance **(within 90 days)**

Issuance of finding for confirmed noncompliance (no later than **three months** from date of confirmation)

Signed Corrective Action Plans (within **30 days** of issuance of finding)

Correction - within **one year** of issuance of finding, or additional sanctions applied

- 2) Identification of late correction of noncompliance, with review of subsequent data to determine correct implementation of regulatory requirements (**Day 1**)

Recommendation of action to Part C Coordinator (within **90 days**)

Findings letters to local tiny-k program(s) (within **30 days** of recommendation)

Corrective Action Plan and/or local tiny-k program plans for policy and procedure changes due (within **30 days** of notice letter, if needed)

Correction - within **one year** of issuance of finding, or additional sanctions applied, unless finding is released due to review of subsequent data.

The timeline for correction of noncompliance begins on the date KSITS informs the local tiny-k program **in writing** that the program has been determined noncompliant. Correction must occur as soon as possible, but no later than one year after the date of the written finding. All dates of corrective documentation submission and interim monitoring actions agreed upon in the corrective action plan will be included on the noncompliance tracking spreadsheet. Any delays in receipt of documentation or concerns about timely correction will be reported to the Coordinator. The tracking spreadsheet will be used to create reported elements on the OSEP Annual Performance Report (APR).

If correction of noncompliance does not occur within one year from identification, KSITS must track and report on any subsequent tardy correction or additional sanctions taken against any local tiny-k program continuing to show noncompliance.

E. Corrective Action Plans/Service Enhancement Plans

As stated in the KSITS noncompliance procedure CAPS and SEPs are jointly developed by the local tiny-k program and KSITS when noncompliance or chronic low performance has been identified and a finding issued. As appropriate, the CAP/SEP must include strategies related to the root cause(s) of the noncompliance. Strategies may include improving policies and procedures, improving provider knowledge and skills, receiving assistance from KSITS staff, mandating training and technical assistance from KITS, and addressing personnel issues. KSITS identifies the required evidence of change and the timelines in which local tiny-k programs are expected to make progress toward correcting noncompliance or meeting performance targets.

KSITS is responsible for providing any needed technical assistance, for either development of the CAP/SEP or for meeting progress expectations, in conjunction with its contract with KITS. Technical assistance may include support in identifying underlying causes of noncompliance and in developing appropriate strategies for improvement.

CAPs must be complete within 30 days of the notice of finding. Progress reports from the local tiny-k program are generally required as part of the CAP, and are used to verify correction of noncompliance and to help determine when a local tiny-k program can be released from a CAP. SEPs may take longer to develop and implement, depending on the issues and the plan developed.

F. Verification of Correction of Compliance

In determining correction of noncompliance, KSITS must have verification of both correction of each individual case of noncompliance, and correct implementation of regulatory requirements, by the local tiny-k program. If the noncompliance was related to a child-specific timeline requirement, documentation of any late correction must be received, unless the child representing a singular instance of noncompliance is no longer within the jurisdiction of the local tiny-k program. In addition, and even if the child no longer lives in the area served by the local tiny-k program, KSITS must verify the correct implementation of all regulatory requirements and achievement of 100% compliance by the local tiny-k program.

To demonstrate both the correction of individual cases of noncompliance, and the correct implementation of regulatory requirements, KSITS will review a subsequent set of data for the local tiny-k program previously found in noncompliance. Data selected is generally for a minimum of two months, but that timeline may be extended depending on the extent of the noncompliance. Compliance monitoring reviews of data demonstrating post-corrective actions is based on a reasonable and representative sample of records.

G. Document Templates

KSITS will maintain templates for the following documents on the confidential shared site:

- 1) Reports of Noncompliance checklist
- 2) Internal tracking spreadsheet
- 3) Written notification/sample findings letters
- 4) Corrective action plan

An electronic folder for final documents concerning instances of noncompliance will be maintained for each local tiny-k program on the confidential shared site.

H. Potential Sanctions

Chronic or uncorrected noncompliance may be addressed by additional sanctions and consequences, as outlined in "Network Accountability Guidelines" (ICC committee, 1998). These include:

- 1) News releases to the service community regarding noncompliance
- 2) Public meeting regarding noncompliance

- 3) Assignment of “interim” providers or local tiny-k program coordinators
- 4) Recoupment of materials
- 5) Withholding of grant
- 6) Provisional contract
- 7) Dissolution of contract

VI. Data System and Local tiny-k Program Responsibilities

KSITS has in place an electronic data system, which all local tiny-k programs are required to use. The data system is designed to capture data for federal data reporting (e.g., Federal Data Tables and APR indicators), as well as individualized child data related to the IFSP and service delivery. The data system is flexible and adaptable enough to quickly respond to changes in the regulatory and service environments. Automatic searches and formatted reports are available to each local tiny-k program, enabling them to monitor their data entry, timeliness, compliance with transition requirements, timely service provision, and IFSP time frame requirements. The data system provides a variety of data entry alerts and edits to assist in the collection of mandatory data elements. Each local tiny-k program is required to review and electronically mark its data in the KSITS data system as complete on a quarterly basis. As a part of the grant funding and annual contract process, the responsibility of the local tiny-k programs to provide accurate, timely, and reliable data is reinforced. Funding is tied to the review and affirmative acknowledgement of the data status.

A. Status Determinations

Annually, the state uses compliance and performance data for each local tiny-k program from all available sources to make determinations, including:

- 1) Performance on federal compliance and performance indicators
- 2) Uncorrected noncompliance from other sources
- 3) The history, nature, and length of time of any low performance or noncompliance
- 4) Evidence of correction, including progress toward performance targets or full compliance
- 5) Information regarding a local tiny-k program’s valid, reliable, and timely data entry or provision
- 6) Any audit findings
- 7) Whether data submitted by EIS programs are valid, reliable, and timely
- 8) Verification of other monitoring findings

Based on these sources, KSITS will make one of the following determinations on each local tiny-k program:

- 1) Meets Requirements
- 2) Needs Assistance
- 3) Needs Intervention
- 4) Needs Substantial Intervention

Performance indicators will be reviewed for achieving targets, or not achieving targets.

B. Definition for Determination Categories (by indicator – compliance indicators, only):

- 1) *Meets Requirements*: Local performance is at or above the target percentage for the given indicator. (0 points)
- 2) *Needs Assistance*: Local performance on a given indicator is below the target percentage for *one or two consecutive years*. (1 point)
- 3) *Needs Intervention*: Local performance on a given indicator is below the target percentage for *three consecutive years*. (2 points)
- 4) *Needs Substantial Intervention*: Local performance on a given indicator is below the target percentage for *four consecutive years*. (3 points)

C. Local tiny-k Program Determination Composite Scoring:

- | | |
|-----------------------------------|--------------|
| 1) Meets Requirements | 0 points |
| 2) Needs Assistance | 1 – 2 points |
| 3) Needs Intervention | 3 – 4 points |
| 4) Needs Substantial Intervention | ≥ 5 points |

Local tiny-k programs are required to address any individual area with a determination less than or equal to “Needs Assistance” as part of the CIP. Grant funding is dependent upon KSITS’ acceptance of the CIP.

VII. Reporting Data to the Public

In accordance with federal requirements, KSITS annually reports both state and local tiny-k program performance data to the public. The data appears on KSITS’ website to ensure broad distribution, and includes the SPP/APR submissions, SAR data sheets (which includes performance and performance comparisons on most federal indicators), and the status determinations (which compare to state targets). KSITS makes every effort to ensure the data are understandable to a wide variety of audiences, including parents, advocates, administrators, service providers, and state policy makers.

VIII. Staff Training Related to Monitoring

Training of ITS staff will be structured to ensure the following:

- 1) Reliable and valid decisions across reviewers
- 2) Transparency
- 3) Full understanding of program staff

IX. Focused Site Visits and On-site Collaborations (framework)

Data intended to support the monitoring process is collected in a variety of ways from stakeholders throughout the year, as outlined in this document. In addition to electronic data collection and periodic reporting, KSITS and KITS staff has multiple opportunities to interact with local tiny-k program leaders, providers and family members/parent training organization in person and through other communication methods throughout the year. These opportunities are conducted, at a minimum, through on-site technical assistance visits, a minimum of two Coordinator meetings, two regional meetings, and one Families Services Coordination meeting per year. Staff from KSITS and KITS also encourages consistent communication with local tiny-k programs by telephone, email, newsletters, and information provided on the KSITS <http://www.ksits.org/index.html> and KITS <http://www.kskits.org/> websites. These planned and consistent opportunities to interact with local tiny-k program and direct service providers are intended to be a part of the overall monitoring/system improvement process. These opportunities provide multiple paths for communication, relationship building, training, and technical assistance.

The on-site visit component is integral to the overall system of review designed to support the supervision process and the local tiny-k programs by providing a planned and directed face-to-face program review based upon observed need, level of local issues, severity of any deficiencies noted, or progress on any CAP outstanding.

The goals of the on-site visit/face-to-face opportunity are to accomplish the following:

- 1) Promote collaboration and communication between local tiny-k programs and KSITS and KITS in order to gain an understanding of the local provider philosophy. Provide a link between local tiny-k programs, service providers, family members, the LICC, and others in Part C services across the state.
- 2) Assist local tiny-k programs in identifying community strengths, setting and prioritizing goals for service delivery, and accomplishing these goals.
- 3) Ensure that Part C services in Kansas meet the needs of infants and toddlers with disabilities and their families in an appropriate, effective, and time manner.
- 4) Verify local information processing and reporting protocols regarding the ITS database, and confirm reported compliance, performance, and timeliness activities. This includes a random records check, licensure review, and verification of written local policies on data entry and record keeping.

Outcomes generally expected from an on-site visit will be related to the circumstances prompting the focused visit. Those will be outlined by KSITS staff and discussed with the local tiny-k program as part of the preparation for the focused on-site visit.

X. Data Analyses Prior to On-site Visit

KSITS staff is responsible for reviewing data and information analyzed during the annual determinations process in preparation for a focused on-site visit to: determine if additional data and information is needed prior to the focused site visit, and determine the focal point of the review based on the local tiny-k program's performance in each of the monitoring indicators or other performance measures leading to its selection. If additional data and information is requested from the local tiny-k program, this information is reviewed as part of the preparation process. Local tiny-k programs are responsible for providing additionally-requested data and information. A sample of random records will be selected for review at the on-site visit prior to the visit.

XI. Focused Site Visits

Specific processes related to site visits will be developed and added to this portion of the procedural manual in the future.

XII. Document Template: See Following Pages

a. KSITS Reports of Noncompliance Checklist

Program: _____

Concern: _____

Relevant Federal Regulation: _____

Intake:

Date of initial identification _____

Source of initial identification _____

Secondary source/Validation _____

Date of secondary validation _____

Just cause reason found? (Y/N) _____ (note reasons in comments section below)

If just cause reason found, date of completion of investigation _____

If no just cause reason found, use date of completed investigation to close the inquiry on the tracking spreadsheet.

Formal Finding:

Date of Formal Finding _____

Corrective action plan due date _____ Final signed corrective action plan date _____

One-year correction deadline _____

Deadline met? (Y/N) _____

Receipt of any required interim reporting: _____ Monthly _____ Quarterly _____ Semi-Annually

First interim report due date _____

Comments:

b. KSITS Findings Letter (on letterhead)

(Date)

(Program Name)

(Contact)

(Street Address)

(City, State, Zip Code)

Dear _____:

This letter is written to serve as notification of noncompliance, identified by KDHE, within your local tiny-k program. On _____ (date), KDHE identified the following noncompliance:

- **EXAMPLE:** IFSP's for children (# - - - -, - - - -, and - - - -) were not completed within 45 days from the receipt of the referral, and reasonable justifications for delays were not provided [34 C.F.R. 303.342(a)(b)(c)]

The Individuals with Disabilities Education Act (IDEA) requires Kansas' general supervision system (including monitoring, complaints, hearings, etc.) to identify and correct noncompliance **as soon as possible but in no case later than one year from identification** (20 U.S.C. 1416(a)(3)(B) and 1442).

KDHE, in partnership with your local tiny-k program, will work to ensure that correction occurs as soon as possible, but in no case later than one year from the date identified above. In doing so, KDHE is requesting that you complete the attached corrective action plan within 10 days of receipt of this letter.

Thank you for your assistance in this process, and please contact Kansas Infant-Toddler Services staff at (785) 296-6135 if you have any questions or concerns.

Sincerely,

Sarah Walters
Part C Coordinator
Kansas Infant-Toddler Services

cc: (Program Name) file

c. KSITS Corrective Action Plan (on letterhead)

KDHE Contact	Local Agency Name/Contact Person/Contact Information	Date Corrective Action Plan Requested	Date Corrective Action Plan Due to KDHE

I. Areas of Noncompliance

a. Failure to implement service coordination responsibilities

“Specific service coordination activities.

Service coordination activities include – (1) Coordinating the performance of evaluations and assessments; (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans; ...” (34 CFR 303.23(b))

b. Failure to meet child find timelines

“Timelines for public agencies to act on referrals.

(1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible. (2) Within 45 days after it receives a referral, the public agency shall- (i) Complete the evaluation and assessment activities in 303.322; and (ii) Hold an IFSP meeting, in accordance with 303.342.” (34 CFR 303.321(e))

II. Finding/Supportive Evidence:

According to local tiny-k program data and the semi-annual report submitted on July, 31, 2010, **75%** of initial IFSP meetings held in between Date 1 and Date 2 were conducted within forty-five days from date of referral.

III. Corrective Actions: Complete the following table to detail the actions your program will take to correct the noncompliance in a timely manner. Strategies must be identified in those areas that are contributing to the noncompliance but not necessarily in all areas identified in the table below. This plan must be submitted to KDHE for approval by _____. All noncompliance must be corrected by _____ in accordance with the evidence of change statements provided below.

Corrective Action	Strategies	Who is responsible?	Timeline
Infrastructure/Staffing			
Valid and Reliable Data			
Development/Revisions to Program Policies and Procedures			
Changes to Supervision			
Provision of Training and Technical Assistance			
Changes to Provider Practices			

IV. Required Evidence of Change	Date To Be Completed:
1. Documentation that all children referred before <u>Date</u> (for whom an initial IFSP has not been developed) have an initial IFSP or have a family reason(s) resulting in the delay.	A report is generated by _____, and submitted to KDHE by <u>Date</u> .
2. For all new referrals from <u>Date</u> until completion of this plan, monthly data on the status of the completion of initial evaluations and the development of the IFSP as well as factors contributing to any delays. IFSPs completed in the month of: <ul style="list-style-type: none"> ▪ Date 1 80% compliance Due by Date 2 ▪ Date 1 85% compliance Due by Date 2 	Monthly Reports submitted by _____ to KDHE on or before <u>Date</u> .

Signatures of individuals completing report:

Date	Agency	Title

Signature of State Official Approving CAP:

Approved	Title	Date CAP

d. KSITS Noncompliance Tracking Spreadsheet: (sample)

Program	Concern	Date of Initial Identification	Initial Source of Identification	Secondary Source/ Validation of Concern	Date of Formal Finding	Compliance Letter Date	Relevant Federal Regulation	One-Year Correction Deadline	CAP Acceptance Date	Interim Dates	#1	#2	#3	#4
ABC Network Provider														

e. KSITS Internal Process – Review of Contracted Local *tiny-k* Program Audits:

Number: FY12 - 1

Date: October 15, 2012; Revised 10/2015

Purpose

To document the internal process for review of local tiny-k program audits, Infant-Toddler Services response to issues or findings in the audits, and the timeframe for local tiny-k programs to respond to Infant-Toddler Services.

Process

Auditor has been assigned as lead in Audit Reviews.

Audits will come into agency and will be date stamped, logged in, and tracked to ensure audits are submitted annually. Audits are due within 12 months from the end date of the individual fiscal agency's fiscal year.

Auditor will review audits using the Kansas Infant-Toddler Services Audit Review Checklist on a quarterly basis, and note any discrepancies or areas of concern.

Auditor will discuss areas of concerns with Part C Coordinator and additional staff as needed. Part C Coordinator will determine either that KDHE will sustain the findings of the auditor, or that corrective action needs to be taken. Documentation of corrective actions will then be requested of the local program. Effective with the July 30, 2016 audits, all Audits must have a separate schedule showing ALL funding sources and expenses for Part C services. Any audit which does not have part C funds and expenses identified will be considered to not meet the contractual assurances as specified in the grant application, and corrective measures will be required.

Auditor will send letters of action to be taken by local programs. Letters will be sent to each local program and fiscal agent within 90 days of KDHE reviewing the audit.

Audits will be reviewed using the Kansas Infant-Toddler Services Audit Review Checklist. Any discrepancies and questioned findings will be noted. Some discrepancies listed may not necessarily pertain to Part C. KDHE will be noting them on the Review Checklist and may require explanation or additional information. Any Part C findings will be noted and will require a response. Local tiny-k programs will have until the timeline specified within the letter to submit a response to KDHE.

When a response is requested by KDHE, the submissions will be reviewed and a closeout letter will be sent to the local tiny-k program coordinator and the fiscal agent, within 30 days of the follow up review.

Part C Coordinator

Date

f. KDHE KSITS Audit Report (on letterhead):

Auditee (local tiny-k fiscal agency): _____

Audit Period: _____

Auditor or Audit Organization: _____

1. Audit submitted within 12 months of end of prior fiscal year.

___yes ___no Date received_____

2. Is there a schedule of all Part C funding sources received and expenses identified?

___yes ___no Pages_____

- **If no Part C funds or expenses are identified, the audit will not be accepted as meeting the requirements of your contractual assurances.**

3. Internal Control Findings

___yes ___no Pages_____

4. Compliance Findings	Addressed in Audit		Findings/Comments
	YES	NO	
a. Activities allowed and not allowed			
b. Allowable Costs/Cost Principles			
c. Cash management			
d. Equipment and Real Property management			

e. Matching Level of Effort			
f. Period of Availability			
g. Procurement and Suspension and Debarment			
h. Reporting			
i. Special Tests and Provisions			

5. Individual findings

List:

6. Auditors Recommendations

List:

7. Comments:

g. KDHE KSITS Audit Report Responses:

We have reviewed the audit report prepared by _____ for the year ending, _____.

_____ 1) Subject to any subsequent findings by State or Federal Audit, we are accepting the report as final.

_____ 2) The auditors have noted findings related to:

Please submit a response as to how these findings have been or will be resolved as they relate to the Part C program. If you have questions regarding this matter, please call 785-296-1329.

Please submit your response by: _____.

_____ 3) Notwithstanding any subsequent findings by State or Federal Audit, we are accepting the *current* report as final, with the caveat that the next reporting period's audit will be reviewed to determine if recommendations have been followed or violations rectified relative to findings made in the audit as it pertains to the Kansas Part C Program.

_____ 4) We have reviewed additional information submitted by _____ relative to your audit for the year ending _____.

Subject to any subsequent findings by State or Federal Audit, we are accepting the report as final.

_____ 5) Other response:

KDHE Response Mailed: _____

Local agency response received: _____

Comments:

Kansas Infant-Toddler Services Quality Indicator Rubric



Quality Indicator Rubric (QIR)

Kansas Infant-Toddler Services

Introduction

IFSP development is a complex process which requires collaboration between various team/family members. It should result in a document that is understandable to all, and useful for guiding the individualized provision of services according to the Mission and Key Principles of Early Intervention.

While many tiny-k programs have developed file review checklists, it is more challenging to assess quality in a completed IFSP. This Quality Indicator Rubric is a way to review quality issues in a standardized way. It is based largely on the work of Naomi Youngren of the Educational and Developmental Intervention Services, Department of Defense. It is adapted to match the Kansas IFSP form and IFSP guidance document.

The IFSP Quality Indicator Rubric is meant to be used both internally for tiny-k programs to use as part of their continuous improvement efforts, and as a tool in the State's IFSP review process.

IFSP Rubric Completion

The intent of the QIR is to have common criteria for examining IFSP quality. To ensure the highest degree of objectivity, it is important that the reviewer rate each section based on the criteria stated on the QIR and not in light of their own expectations. Items that are considered IFSP compliance indicators are indicated by an asterisk (*). If required elements are missing from an IFSP, the IFSP would be out of compliance and considered "not acceptable" in terms of quality. Each Section of the QIR is designed to match the corresponding section located on the Kansas IFSP form.

Scoring

When making ratings regarding IFSP quality, the reviewer should read each of the criteria and determine which score seems most appropriate. The reviewer should record the rating that best matches each criteria. If the scores of the criteria are a mixture, then the overall score for a *Section* could reflect either the 1 or 3 rating. For example a mixture of ratings between 2 and 4, could result in a 3 rating for the *Section*.

A comments box is included at the bottom of each Section. This is to note a specific area of excellence or concern. This information can help when looking a continuous improvement strengths and needs.

Since there can be multiple outcomes for child and family within the IFSP, **each outcome should be reviewed separately**. The scores for each outcome should be averaged to obtain a Section score for that IFSP. Example: Outcome #1 is rated a 3. Outcome #2 is rated a 4 and Outcome #3 is rated a 3. The Section Rating would be a 10/3 or

3.33. Individual outcome criteria pages will need to be added for each outcome within the IFSP. The document is designed with that information on a separate page, so these can be easily printed and added.

Any rating less than 4 for a section should give a provider/ program an idea for quality improvement. It is understood that IFSPs are developed with families where it may take time to develop a relationship, families and practitioners may be busy, and interruptions are likely to occur. It is not the expectation that every IFSP will score a 4 on each criterion. However, it is the expectation that providers/programs are analyzing the quality of their work and identifying opportunities for improvement.

Please remember to refer to the Kansas Infant-Toddler Services IFSP Guidance document for further information on developing an IFSP. Forms that are required as part of the IFSP process may be found at:

<http://www.ksits.org/forms.htm>

IFSP Review Process/Quality Indicator Rubric

Child and Family Info/ Important dates		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> Incomplete fields. <input type="checkbox"/> Missing Designation for IFSP. (<i>initial, annual, review</i>) <input type="checkbox"/> Dates on IFSP do not match database or other required paperwork.*	<input type="checkbox"/> All fields completed <input type="checkbox"/> IFSP designation is checked <input type="checkbox"/> Important dates match what is put into the database	<input type="checkbox"/> All criteria from Rubric #2 are met. <input type="checkbox"/> KIDS ID # is indicated/pending <input type="checkbox"/> N/A used to show fields not used at this time <input type="checkbox"/> All dates match other required paperwork	
Comments:			
Eligibility		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> No reason for eligibility is indicated.* <input type="checkbox"/> No description of reason for automatic eligibility or informed clinical opinion is indicated. <input type="checkbox"/> No Multidisciplinary team members are indicated.	<input type="checkbox"/> Reason for eligibility is checked. Choose one: <input type="checkbox"/> Automatic qualifying condition is identified. <input type="checkbox"/> Informed clinical opinion reason is given in terms of assessments used. <input type="checkbox"/> Multidisciplinary Team Members are indicated.	<input type="checkbox"/> Reason for eligibility is checked. Choose one: <input type="checkbox"/> Automatic qualifying condition is listed. <input type="checkbox"/> Informed clinical opinion decision is fully explained, including information regarding functioning. <input type="checkbox"/> Multidisciplinary Team Members are indicated including the discipline.	
Comments:			
Family Service Coordination		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> Family Service Coordinator not identified.*	<input type="checkbox"/> Family Service Coordinator identified without contact information.	<input type="checkbox"/> Family Service Coordinator identified with contact information.	
Comments:			

Health		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> One or more sections in Health are not complete.* <input type="checkbox"/> No information regarding Primary Care Physician. <input type="checkbox"/> No information regarding insurance, Medicaid, or dr. orders is included.	<input type="checkbox"/> Information regarding Primary Care Physician is complete. <input type="checkbox"/> Information regarding insurance, Medicaid, or dr. orders is included <input type="checkbox"/> Health information includes at least some information regarding current medical conditions, health history, medications, oral health, family history, health precautions and safety and immunizations and Kan Be Healthy. <input type="checkbox"/> Information regarding Nutrition, Vision and Hearing is included.	<input type="checkbox"/> All information in Rubric #2 is included. <input type="checkbox"/> Health information includes information in all relevant areas. <input type="checkbox"/> Source of health information is included. <i>(Parent report, medical record, doctor report, etc.)</i> <input type="checkbox"/> Nutrition, vision, and hearing include information regarding screening protocols used, and needed follow up information. <input type="checkbox"/> Information regarding immunization and Kan Be Healthy Screenings are included.
Comments:		

My Child's Story (MCS)		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> No or limited information regarding types of information used to develop the My Child's Story.* <input type="checkbox"/> One or more of the ECO areas are not completed.* <input type="checkbox"/> Technical jargon is used and not defined <input type="checkbox"/> Development is described in terms of isolated evaluation tasks or skills. <input type="checkbox"/> Items listed directly from CBA protocol. <input type="checkbox"/> One or more developmental domains are not addressed.*	<input type="checkbox"/> Listing of all relevant types of information used to develop My Child's Story. <input type="checkbox"/> All ECO areas are completed. <input type="checkbox"/> Observations and reports of child's functional abilities are described in terms of daily learning opportunities in context of family routines and activities. <input type="checkbox"/> Information clearly comes from authentic assessment including a family assessment tool. <input type="checkbox"/> All 5 developmental domains are addressed.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Listing of all relevant types of information used to develop My Child's Story including dates. <input type="checkbox"/> In-depth description of strengths, needs, routines, natural learning opportunities & child interest used to develop the ECO area. <input type="checkbox"/> Information included in each of the three ECO areas is clearly associated with that ECO area. <input type="checkbox"/> What the family would like to see change about the routines/activity is fully and individually addressed for each ECO area.
Comments:		
Family concerns/priorities and resources		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> No family assessment tool was identified.* <input type="checkbox"/> Family priorities derived from Family assessment tool are not included <input type="checkbox"/> Family priorities derived from My Child's Story are not reflected. <input type="checkbox"/> Concerns are identified as services or nonfunctional tasks. <input type="checkbox"/> Family concerns/ priorities are documented as domains, stated too broadly or are not understandable. <input type="checkbox"/> Priorities are listed in broad/generic terms. <input type="checkbox"/> Family strengths are only referenced by a single activity or who resides in home.	<input type="checkbox"/> Family concerns and priorities derived from the family assessment tool are listed. <input type="checkbox"/> Priorities are specific to the needs of this family and child. <input type="checkbox"/> Concerns are prioritized. <input type="checkbox"/> Concerns and priorities are written in family friendly language and are clearly understandable. <input type="checkbox"/> Context of routines/activities is included in the concern or priority. <input type="checkbox"/> Family strengths and resources are listed and go beyond parents and child.	<input type="checkbox"/> All items from Rubric #2 are included. <input type="checkbox"/> IFSP outcomes are cross referenced with parent concerns/priorities. <input type="checkbox"/> All priorities are described functionally. <input type="checkbox"/> Priorities of the Family reflect child level needs, family needs in reference to support of child development and individual support for family members /needs of family unit. <input type="checkbox"/> Services and supports that may be needed/ desired but are not Part C services are included. <input type="checkbox"/> Family strengths include a description of the family including people, resources and supports beyond the parent and child, including as applicable, connections the family

		does not have, but would like. (Could include an ECO map).
Comments:		

Outcomes		Outcome Total _____
<i>Use an additional page for each outcome included in the IFSP</i>		
Outcome # _____		
What would you like to see happen?		
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Outcome is vague, too broadly stated, or includes undefined jargon. <input type="checkbox"/> Outcome is not developmentally appropriate/realistically achievable. <input type="checkbox"/> Has little or no relationship to present levels of development or family concerns and priorities. <input type="checkbox"/> Outcome is to only tolerate or extinguish a behavior.	<input type="checkbox"/> Outcome is written in family friendly language. <input type="checkbox"/> Is clearly linked to family priorities listed on page 8 of IFSP <input type="checkbox"/> Includes <ul style="list-style-type: none"> • what family would like to see happen for child and family • what is happening now • how will we know we've made progress or if revisions are needed <input type="checkbox"/> Outcome is written in context of daily activity/routine. <input type="checkbox"/> Outcome is functional.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Outcome is specific and functional, it is necessary for successful functioning for this child and his/her family within routines. <input type="checkbox"/> It clearly contains only one outcome.
How will we know we've made progress or if revisions are needed to outcomes or services?		
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Criteria are vague/not observable. <input type="checkbox"/> Appears to be a direct repeat of outcome. <input type="checkbox"/> Is not functional. <input type="checkbox"/> Is not measurable. <input type="checkbox"/> Timeline is missing or only defined by 6 month or annual review date.	<input type="checkbox"/> Criteria are functional. <input type="checkbox"/> An observable action or behavior is described to show progress. <input type="checkbox"/> There is a procedure to measure progress. <input type="checkbox"/> Timelines are based on a realistic point of reference.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Criteria are obviously linked to the outcome. <input type="checkbox"/> Procedures involve parents/caregivers. <input type="checkbox"/> Timelines are based on a family priority.
Review (How did we do?)		
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Outcomes are not reviewed at least every 6 months.* <input type="checkbox"/> No review section is completed to coincide with outcome review.*	<input type="checkbox"/> Description of progress based on criteria is included. <input type="checkbox"/> Option for revising, continuing or discontinuing is included. <input type="checkbox"/> IFSP review section and signature completed that coincides with outcome review.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Progress is clearly described and reasons for revision, discontinuance or continuing on are documented. <input type="checkbox"/> N/A as we have not yet reviewed this outcome.

Comments:

Services		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> One or more fields not complete.* <input type="checkbox"/> It is not evident who the primary service provider is. * <input type="checkbox"/> It is not evident who the service coordinator is. <input type="checkbox"/> Services indicate that services are not being provided in accordance with Mission and Key Principles (services being provided by multiple providers in isolation, or mirrored services). <input type="checkbox"/> Description of services is a generic statement and not individualized to this plan. <input type="checkbox"/> Funding statement is generic and not individualized to this plan.	<input type="checkbox"/> All fields are complete. <input type="checkbox"/> All services are appropriate and consistent with outcomes. <input type="checkbox"/> Frequency/Length seems adequate given diagnosis/family strengths and needs/family priority/outcomes. <input type="checkbox"/> Description of services is individual to this plan. <input type="checkbox"/> Funding statement is individual to this plan.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Description of services is individualized and clearly indicates services consistent with the Mission and Key Principles <input type="checkbox"/> Statement is written in a way that is clearly understood by the family. <input type="checkbox"/> Funding statement is individualized and could be clearly understood by the family.	
Comments:			
Natural Environments		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> One or more services are provided in a non natural environment without justification.* <input type="checkbox"/> Justification statement is based solely on provider or parent preference.	Justification Needed? <input type="checkbox"/> Yes –one or more services not provided in a natural environment. <input type="checkbox"/> Justification is based on the child and child outcomes, and not on provider or parent preference alone. <input type="checkbox"/> No –All services are provided in natural environments.	<input type="checkbox"/> All services are provided in natural environments. If Justification is needed, the statement includes: <input type="checkbox"/> Why services cannot be provided in a natural environment based on child’s outcome. <input type="checkbox"/> How the intervention will be generalized into a child and family’s activities and routines. <input type="checkbox"/> Plan for moving the interventions/services into a natural setting.	
Comments:			

IFSP Agreement		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> One or more section not completed.* <input type="checkbox"/> Multidisciplinary team participation is not evident.	<input type="checkbox"/> All required documentation sections are completed and accurate. <input type="checkbox"/> MD Team involvement is evident.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Other contributors are identified and type of involvement is noted.
Comments: <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>		

Transition Plan		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> No transition plan developed at least 90 days prior to 3 rd Birthday. * <input type="checkbox"/> School district information is not completed. <input type="checkbox"/> No review section completed if plan is not part of an initial or annual IFSP process.*	<input type="checkbox"/> Plan developed 9 months to 90 days prior to third birthday. <input type="checkbox"/> School district information is completed. <input type="checkbox"/> Family priorities for child's transition are fully described. <input type="checkbox"/> Transition plan form is fully completed. <input type="checkbox"/> Parental agreement to hold a transition conference as indicated. <input type="checkbox"/> IFSP review documentation is completed as needed with the transition plan. <input type="checkbox"/> Evidence that Guidance for late referrals to Part C was followed	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Plan is developed with enough time to prepare for the transition conference (not one and the same.) <input type="checkbox"/> Individual steps to meet the family priorities for transition are fully documented. <input type="checkbox"/> If a transition conference with Part B is not going to be held, other transition activities are fully described. <input type="checkbox"/> Plan documents who parents would like to attend the IEP meeting.
Comments:		
Transition Conference <i>With parental permission</i>		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Conference not held at least 90 days prior to child's 3 rd Birthday.* <input type="checkbox"/> Conference documentation is incomplete. <input type="checkbox"/> No review section completed if plan is not part of an initial or annual IFSP process.*	<input type="checkbox"/> Conference held at least 90 days prior to child's 3 rd Birthday. <input type="checkbox"/> Plan is fully documented including persons responsible. <input type="checkbox"/> Plan is individualized to child and family. <input type="checkbox"/> IFSP review documentation is completed as needed with the transition plan.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Conference addresses priorities for transition as determined by the parents in the transition plan. <input type="checkbox"/> Plan includes timelines for activities to be completed by the child's 3 rd Birthday.
Comments:		

Procedural Safeguards		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> PWN is missing for each instance of one or more of the following:* Eligibility IFSP meeting IFSP review Transition Plan Transition Conference. <input type="checkbox"/> Consent for Evaluation/Assessment is missing.* <input type="checkbox"/> Notice to Bill Medicaid is not included if needed.* <input type="checkbox"/> Notice to Bill Tricare is not included if needed.* <input type="checkbox"/> No Release of Information is included.* <input type="checkbox"/> No Consent to Bill Private Insurance is present for initial and increases in services if needed.* <input type="checkbox"/> No signature on required forms.*	<input type="checkbox"/> PWN is included for each instance of one or more of the following as applicable: Eligibility IFSP meeting IFSP review Transition Plan Transition Conference. <input type="checkbox"/> Consent for Evaluation/Assessment is included. <input type="checkbox"/> Notice to Bill Medicaid included as needed. <input type="checkbox"/> Notice to Bill Tricare is included if needed. <input type="checkbox"/> Release of Information is included. <input type="checkbox"/> Consent to Bill Private Insurance is present for initial and increases in services if needed. <input type="checkbox"/> Valid signatures on all required forms.	<input type="checkbox"/> All items are checked in Rubric #2. <input type="checkbox"/> All forms can be cross referenced to other paperwork as applicable. <input type="checkbox"/> All billing forms can be cross referenced to funding statement.	
Comments: 			