

Proposed Revisions to the BabyNet Policies and Procedures, 3rd Draft, May 28, 2010

Attached please find the 3rd draft of the proposed revisions to the BabyNet Policies and Procedure Manual, first posted for public review and comment on March 5, 2010. Following comment received by mail, e-mail and at 7 public hearings significant revisions were made in preparation to submit state policies due May 10, 2010 to the Division of Monitoring and State Planning, U.S. Department of Education, Office of Special Education Programs (OSEP) along with South Carolina's FFY 2010 federal grant application. A compilation of all comments was posted on the BabyNet website May 19, 2010.

At the State Interagency Coordinating Council meeting held in Columbia on May 6, 2010, BabyNet interagency partners requested the opportunity to review the revisions made following the public participation period in more detail, and with additional opportunity for agency-specific input, prior to submitting the policies to OSEP. It was also agreed that a second period of public comment was appropriate to ensure families and BabyNet System Personnel were afforded adequate time to review, respond, and provide feedback if desired. OSEP was notified of South Carolina's intent to conduct a second period of public comment, which would delay submission of the proposed revisions. The State Interagency Coordinating Council was informed that the state had the option for additional comment, but that doing so potentially delayed the state FFY 2010 grant award from OSEP.

The attached 3rd draft represents input from the first comment period as well as interagency input, and revisions made are included as preface to each section of the manual. This draft will also be posted on the BabyNet website at <http://www.scfirststeps.org/babynet.html> and additional public comment from will be accepted Friday, May 28, 2010 through Friday, June 25, 2010. All comments must be provided electronically or in writing and may be sent to: Kristie Musick, Part C Coordinator, BabyNet State Office, 1300 Sumter St, Suite 203, Columbia, SC 29201 or to email address kmusick@scfirststeps.org

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Federal Statute P.L. 108-446	Policy Area: State Administration, 1.A MISSION AND PRINCIPLES	CSPD Competency Area: 1
Federal Regulations 34 CFR §303	Policy: The following mission and principles shall guide the administration of the South Carolina BabyNet Early Intervention System under Part C of the Individuals with Disabilities Education Act of 2004, and the delivery and implementation of BabyNet services.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Public Law 108-446

Individuals with Disabilities Education Improvement Act of 2004

PART C—INFANTS AND TODDLERS WITH DISABILITIES SEC. 631. FINDINGS AND POLICY

(a) **FINDINGS.**—Congress finds that there is an urgent and substantial need—

(1) to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental

delay, and to recognize the significant brain development that occurs during a child’s first 3 years of life;

(2) to reduce the educational costs to our society, including our Nation’s schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;

(3) to maximize the potential for individuals with disabilities to live independently in society;

(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and

(5) to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs

of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care.

Mission of the BabyNet, the South Carolina Part C Early Intervention System: 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.

The following key principles form the basis of these BabyNet Policies, Practices, and Procedures:

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 contacts 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.

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7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

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Response to public comment:

One comment was received relative to the single line of authority requirements included in the State Administration Section. It is both a requirement of a state’s early intervention system under Part C of IDEA and an assurance each state must make that a single line of authority exists between the state and its partnering agencies.

Supervision and monitorship of the early intervention system is also an assurance the Lead Agency must provide. Participation in these processes is a requirement of participating state agencies; how participation is defined is a state decision. As noted in grant award, annual performance report, and verification visit correspondence from OSEP since 1999, South Carolina is required to have in place a system of general supervision and monitoring that is sufficiently responsive to assure correction of each instance of non-compliance within twelve (12) months of notification, including a system of rewards and sanctions. The Lead Agency will be submitting a general supervision plan to OSEP no later than June 30, 2010 for its review and approval. Specific rewards and sanctions have not yet been finalized, but may include removal of service coordinators or providers in instances of recurrent non-compliance.

Procedure 4.6 has been revised to reflect the document entitled, ‘Notice of Child and Family Rights in the BabyNet System,’ Form # BN014.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §§616, 635(a)(10)-(12)	Policy Area: : State Administration, 1.B South Carolina First Steps to School Readiness Lead Agency Responsibilities	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.122-303.127; 303.143-303.145; 303.520-303.560	Policy: South Carolina First Steps to School Readiness is designated by the Governor as lead agency for BabyNet and is responsible for the administration of the State’s early intervention system.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures:

1. South Carolina First Steps to School Readiness, in accordance with IDEA Part C and state interagency agreements, shall be responsible for:
 - 1.1. the general administration and supervision of programs that receive funding under IDEA Part C to provide services to eligible infants and toddlers and their families; and
 - 1.2. assigning financial responsibility among appropriate agencies for early intervention services.
2. South Carolina First Steps to School Readiness shall be responsible for the supervision and monitoring of programs including:
 - 2.1. supervising and monitoring programs and activities that comprise the early intervention system, including agencies, institutions, and organizations which provide early intervention services to children eligible under Part C and their families, for compliance with IDEA Part C and the provisions of federal and state regulations, policies and procedures, whether or not the programs or activities receive financial assistance under Part C of IDEA;
 - 2.2. providing, or facilitating the provision of, technical assistance to those agencies, institutions, and organizations including self-evaluation, program planning and implementation;
 - 2.3. enforcing obligations imposed on those agencies, institutions and organizations as required under these regulations; and
 - 2.4. directing that deficiencies identified through monitoring be corrected.
3. Each agency receiving assistance under IDEA Part C shall:
 - 3.1. submit financial and other written reports at the time and manner specified by BabyNet; and
 - 3.2. participate in periodic on-site monitoring visits conducted by BabyNet.

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4. BabyNet procedures for receiving and resolving early intervention systems complaints shall include:
 - 4.1. widely disseminating information regarding the requirements and procedures for filing such a complaint to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers and other appropriate entities;
 - 4.2. receiving and resolving any early intervention systems complaint alleging that one or more requirements under Part C are not met; and
 - 4.3. conducting an independent on-site investigation of an early intervention system complaint if determined necessary.
 - 4.3.1. The early intervention system complaint may concern violations by:
 - 4.3.1.1. any public agency in the State that receives funding under Part C of IDEA;
 - 4.3.1.2. other public agencies that are identified as being part of the State's early intervention system; or
 - 4.3.1.3. private service providers under public supervision.
 - 4.3.2. Any individual or organization, including an organization or individual from another state, may file a written, signed early intervention system complaint with the lead agency that any public agency or private service provider is violating a requirement of Part C of IDEA or this Rule. The complaint shall include:
 - 4.3.2.1. a statement that the state has violated a requirement of Part C of the Individuals with Disabilities Education Act (IDEA) or its regulations; and
 - 4.3.2.2. the facts on which the early intervention system complaint is based.
 - 4.3.3. The alleged violation must have occurred not more than one (1) year before the date that the complaint is received by the public agency unless a longer period is reasonable because:
 - 4.3.3.1. the alleged violation continues for the child or other children; or
 - 4.3.3.2. the complaint is requesting reimbursement or corrective action for a violation that occurred not more than three (3) years before the date on which the complaint is received by the public agency.
 - 4.3.4. Within sixty (60) days of the receipt of an early intervention systems complaint, the lead agency shall:
 - 4.3.4.1. carry out an independent on-site investigation, if determined necessary by the lead agency;
 - 4.3.4.2. provide opportunity for the complainant to submit additional information, either orally or in writing, about the allegations in the complaint;
 - 4.3.4.3. resolve the early intervention system complaint; and
 - 4.3.4.4. issue a written report of the findings, recommendations, the reason for the decision, and required actions to the individual or organization filing the complaint and all other parties involved in the complaint.
 - 4.4. An extension of the time limit shall be granted only if the lead agency determines that exceptional circumstances exist with respect to a particular early intervention system complaint.
 - 4.5. In resolving a complaint in which it finds a failure to provide appropriate services, the lead agency, pursuant to its general supervisory authority under Part C of the IDEA shall address:
 - 4.5.1. 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 child and the child's family; and
 - 4.5.2. appropriate future provision of services for all infant and toddlers with disabilities and their families.
 - 4.6. Information regarding procedures for filing a complaint will be included in the Notice of Child and Family Rights in the BabyNet System document published by the lead agency and will be made available to parents and other interested individuals.
 - 4.7. The lead agency shall, after removal of all personally identifiable information, transmit to the State Interagency Coordinating Council the decisions regarding early intervention system complaints, and also make decisions available to the public, in a manner consistent with state and federal confidentiality requirements.
5. South Carolina First Steps to School Readiness shall utilize funds provided under IDEA Part C that are reasonable and necessary for administering the state early intervention system.
6. BabyNet shall ensure that traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all components of the early intervention system and that these families have access to culturally competent services within their local geographical areas.
7. The lead agency shall utilize contractual arrangements as a method of securing required early intervention services for children and families. Each contractor will be required by the terms of their contract to adhere to all applicable state and federal requirements for the provision of services to Part C eligible children and their families.

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- 7.1. All early intervention services provided for eligible children and their families shall meet the definition of early intervention services and shall be provided in a manner that is consistent with state and federal standards for services under IDEA Part C.
- 7.2. Procurement of early intervention services by service providers shall conform to the applicable agency procurement policies.
- 7.3. Individuals or organizations seeking to provide early intervention services shall meet the requirements and standard established by the lead agency.

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Response to public comment:

One comment was received relative to the policies and procedures for public participation. The redundancies noted in Procedure 2 have been removed.

Formatting of this section has been revised in response to public comment.

Federal Statute: P.L. 108-446 §612	Policy Area: State Administration, 1.C PUBLIC PARTICIPATION	CSPD Competency Area: 1
Federal Regulations: 34 CFR §§303.146, 303.110-303.113	Policy: The Annual Federal Grant Application to the US Department of Education, the Annual Performance Report for the State Performance Plan and as appropriate, significant revisions to BabyNet Policies and Procedures will be posted for public review and comment.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures

1. General requirements and timelines for public participation.
 - 1.1. Before submitting to the Secretary of the US Department of Education, Office of Special Education Programs the South Carolina application under IDEA/Part C, and before adopting a new or revised policy that is not in its current application, BabyNet shall:
 - 1.1.1. Publish the application or policy in a manner that will ensure circulation throughout the State for at least a 60-day period, with an opportunity for comment on the application or policy for at least 30 days during that period;
 - 1.1.2. Hold public hearings on the application or policy during the 60-day and
 - 1.1.3. Provide adequate notice of the hearings at least 30 days before the dates that the hearings are conducted.
 - 1.2. BabyNet may request the Secretary to waive compliance with the timelines. The Secretary grants the request if the State demonstrates that:
 - 1.2.1. There are circumstances that would warrant such an exception; and
 - 1.2.2. The timelines that will be followed provide an adequate opportunity for public participation and comment.
2. The notice of hearings and opportunity to comment must be published in newspapers or announced in other media, or both, with coverage adequate to notify the general public, including individuals with disabilities and parents of infants and toddlers with disabilities, throughout the State about the hearings and opportunity to comment on the application or policy; and be in sufficient detail to inform the public about:
 - 2.1. The purpose and scope of the BabyNet application or policy, and its relationship to IDEA/Part C of the Act;
 - 2.2. The length of the comment period and the date, time, and location of each hearing; and
 - 2.3. The procedures for providing oral comments or submitting written comments.
3. The BabyNet State Office shall hold public hearings in a sufficient number and at times and places that afford interested parties throughout the State a reasonable opportunity to participate.
4. Review of comments. Before adopting its application, and before the adoption of a new or revised policy not in the application, BabyNet shall:
 - 4.1. Review and consider all public comments; and
 - 4.2. Make any modifications it deems necessary in the application or policy.
5. Submission to the Secretary. In submitting the State's application or policy to the Secretary, the BabyNet shall include copies of news releases, advertisements, and announcements used to provide notice to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities.

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Response to public comment:

Clarification was requested for the definitions of eligible children, the central directory, service coordinator, service settings, interim IFSP, and other definitions. These clarifications have been made as requested. Definitions of Primary Service Provider and Primary Service Provider Model have been added. A portion of content from the current policies has been restored to provide a more complete list of terms.

Formatting of this section has been revised in response to public comment.

Federal Statute: P.L. 108-446, §632	Policy Area: State Administration, 1.D DEFINITIONS	CSPD Competency Area: 1
Federal Regulations: 34 CFR §§303.6-25	Policy: The following definitions will be used in implementation of IDEA/Part C requirements in the BabyNet Early Intervention System.	TECSBOOK Chapter Series: 1000
Performance Indicators: 1-14		

For the purpose of South Carolina’s Early Intervention System (BabyNet), the following terms are consistent with the definitions specified in P.L. 108-446 and 34 CFR 303 and defined as follows:

1. Advocacy means influencing systems and decision-makers on behalf of individual children and families and participating in efforts to strengthen and improve services for all children.
2. Age adjustment: This is done to compensate for premature birth when determining developmental status. Adjustment for prematurity should be done for children born at less than 38 weeks gestation. Adjustment should continue until the age two years. Adjustment is made by first calculating prematurity in weeks (= 40 – gestational age in weeks), then subtracting prematurity in weeks from chronological age.

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

Prematurity in weeks = 40 – 30 = 10

Adjusted age = 34– 10 = 24weeks

3. Annual IFSP Meeting means a meeting that shall be conducted at least annually to evaluate the Individualized Family Service Plan (IFSP) for a child and the child’s family and to revise its provisions as appropriate.
4. Appropriate Professional Requirements means entry level requirements that are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services and established suitable qualifications for personnel providing early intervention services pursuant to IDEA Part C to eligible children and their families who are served by State, local, or private agencies.
5. Assessment for IDEA Part C (BabyNet) purposes means the ongoing procedures used by qualified personnel throughout the period of a child’s eligibility under IDEA Part C to identify:
 - 5.1. The child’s unique strengths and needs and the services appropriate to meet those needs;
 - 5.2. The resources, priorities, and concerns of the family related to the development of the child;
 - 5.3. The supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability; and
 - 5.4. The current and potential activities, relationships, routines, and culture that constitute the child’s natural environments.

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6. Appropriately Trained and Supervised, as it applies to paraprofessional staff, means that the training, experience, and supervision of paraprofessional staff is consistent with the professional standards established by State requirements for their profession and BabyNet criteria for the provision of early intervention services.
7. Child or Children Eligible for Early Intervention Services means infants and toddlers, birth to age three, with developmental delays who meet the requirements for eligibility as determined by Lead Agency, with the advice and assistance of the ICC and in accordance with federal statute.
8. Central Directory means a system-wide directory of information about public and private early intervention services, resources, and experts available in the State; research and demonstration projects being conducted in the State; and professional and other groups that provide assistance to children eligible under IDEA Part C and their families.
9. Central Referral means the State's toll free number that links families and other referral sources to the network of local system points of entry (BabyNet) offices.
10. Comprehensive Child Find System means the total system that is consistent with IDEA and BabyNet Policies and Procedures. It is coordinated with all other major efforts conducted by all State Agencies responsible for administering the various education, health, and social service programs relevant to IDEA Part C to locate, evaluate, and identify children with disabilities. This includes children in traditionally underserved populations including, minority, low income, children living in rural communities, and children living in urban communities and highly mobile children (e.g., migrant and homeless children) residing in South Carolina, and who are in need of early intervention services. Child Find includes the process developed and implemented to determine which children are receiving needed early intervention services.
11. Consent means;
 - 11.1. The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;
 - 11.2. The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom or what agency;
 - 11.3. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. Revocation of consent must be in writing; and
 - 11.4. If a parent revokes consent, that revocation is not retroactive (i.e., it does not negate any action that has occurred after the consent was given and before the consent was revoked). Revocation is not effective until received by the Incoming or Designated Service Coordinator to which the consent was granted.
12. Day, unless otherwise specified, means calendar day.
13. Developmental domains: the five categories of development that must be evaluated under the IDEA Part C eligibility process. Developmental domains are: Cognitive; Physical (including vision and hearing); Communication; Social or emotional; and Adaptive.
14. Dispute resolution means the procedures, as specified in the State's Interagency Agreement, which will be carried out to ensure timely resolution of intra-agency and interagency disputes.
15. Early Intervention Program Settings are defined as follows:

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- 15.1. Program designed for children with developmental delays or disabilities means an organized early intervention center/classroom or developmental child care program of at least one hour in duration provided on a regular basis. The program is usually directed toward the facilitation of several developmental areas.
 - 15.2. Program designed for children who are typically developing means services are provided in a regular nursery school/child care center or facility regularly attended by a group of children. Most of the children in these settings do not have disabilities.
 - 15.3. Home means services are provided in the principal residence of the child's family or care givers.
 - 15.4. Hospital means services are provided in a residential medical facility and the child is receiving early intervention services on an inpatient basis.
 - 15.5. Service provider location means services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services
 - 15.6. Other means any service setting not described by the settings or programs listed above.
16. Early Intervention Record means any personally identifiable information directly related to an IDEA Part C eligible child and the child's family that pertains to evaluation and assessment, the development of an IFSP, and/or the delivery of early intervention services.
17. Early Intervention Services (EIS) means services that are:
- 17.1. Designed to meet the developmental needs of each child eligible under IDEA Part C and the needs of the family related to enhancing the child's development;
 - 17.2. Selected in collaboration with the parents;
 - 17.3. Provided under public supervision by qualified personnel in conformity with an individualized family service plan;
 - 17.4. Provided at no cost to families unless federal or state law provides for a schedule of sliding fees or provisions for family cost participation; and
 - 17.5. Meet the standards of the State and IDEA Part C.
18. Early intervention service (EIS) agency: Entity responsible for implementation of BabyNet program within specified geographic area, or for specified populations.
19. Early Intervention System (BabyNet) refers to the South Carolina Early Intervention System (BabyNet) and means the total effort in South Carolina that is directed at meeting the needs of infants and toddlers eligible under IDEA Part C and their families.
20. Evaluation for IDEA Part C (BabyNet) purposes means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility, consistent with the definition of infants and toddlers with disabilities including determining the status of the child in each of the following developmental areas: (1) cognitive development; (2) physical development, including vision and hearing; (3) communication development; (4) social or emotional development; and (5) adaptive skills.
21. Family Assessment means an assessment that is family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

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22. Family Educational Rights and Privacy Act (FERPA) means the collective name for federal legislation (20 USC § 1232g) prohibiting educational agencies or institutions from releasing education records of students unless consistent with terms of the Act.
23. Highest Requirement in the State means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline.
24. Impartial means that the person appointed to implement the complaint resolution process:
 - 24.1. Is not an employee of any agency or program involved in the provision of early intervention services or care of the child; and
 - 24.2. Does not have a personal or professional interest that would conflict with the person's objectivity in implementing the complaint resolution process.
25. Intake Service Coordinator means the individual designated to assist the child and family from the time of the initial referral into the early intervention system through the initial IFSP process including the multidisciplinary evaluation and assessment and the development of the initial IFSP document.
26. Individualized Family Service Plan (IFSP) means a written plan, developed in accordance with IDEA Part C, for providing early intervention and other services to an eligible child and the child's family.
27. Individuals with Disabilities Education Act (IDEA) means the collective name for federal legislation codified at 20 USC §1400 et seq. as amended, providing federal funds for early intervention services and special education and related services to children with disabilities in accordance with standards set by the Act.
28. Infant or Toddler with a Disability means an individual birth to age three who qualifies for early intervention services under IDEA Part C criteria because the child:
 - 28.1. Is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development; physical development, including vision and hearing; communicative development; social or emotional development; adaptive development; or
 - 28.2. Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay; or
 - 28.3. Exhibits developmental delays for which there are no standardized measures or for which existing standardized procedures are not appropriate for the child's age or a given developmental area.
29. Informed Clinical Opinion means:
 - 29.1. As a component of the multidisciplinary evaluation, informed clinical opinion means that the professional(s) have used qualitative and quantitative information to assess the child's development; or
 - 29.2. A set of procedures for determining eligibility when the use of standardized instruments or measures will not accurately reflect the child's developmental status.
30. Informed Consent means 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 or mode of communication; understands and agrees in writing to the carrying out of the activity for which the consent is sought and the consent describes the activity and lists the records (if any) that will be released and to whom; and understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

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31. Intra-agency dispute means the inability of divisions, offices, bureaus, units or programs within a department or agency to agree as to which is responsible for coordinating services; providing appropriate services; paying for appropriate services; or any other matter related to the department's or agency's statutory responsibilities.
32. Interagency dispute means any disagreement between two or more agencies concerning the responsibility for coordination of services, provision of appropriate services, payment for appropriate services or any other matter related to the early intervention system in South Carolina.
33. Interagency Coordinating Council (ICC) means the South Carolina Interagency Coordinating Council under IDEA Part C.
34. Interim Individualized Family Service Plan (Interim IFSP) means a temporary IFSP that is developed in accordance with IDEA Part C and BabyNet Policies and Procedures for an infant or toddler eligible under an established risk condition to address an immediate need for services by or when exceptional circumstances related to the child would delay completion of evaluation and assessment activities within 45 days. The Interim IFSP ensures that the requirement for a timely evaluation and assessment is still met.
35. Lead Agency means the Department, designated by the Governor to administer the early intervention system in accordance with the requirements of IDEA Part C.
36. Local Coordination Team: Regional or service area team with local level representatives of families, the BabyNet collaborating agencies, other BabyNet service providers and other local partner agencies who meet on a periodic basis in accordance with these policies to promote local networking, problem solving, and improvement activities regarding service provision priorities and needs at the local level.
37. Multidisciplinary' means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP.
38. Natural Environment means settings that are natural or normal for the child and family, including home and community settings in which children without disabilities participate and that are considered natural or normal for the child's age peers who have no disability.
39. Native Language means:
 - 39.1. The language normally used by the individual, or, in case of a child, the language normally used by the parents of the child;
 - 39.2. In all direct contact with a child (including evaluation), the language normally used by the child in the home or learning environment; and
 - 39.3. For an individual with deafness or blindness, or for an individual with no written language, the mode of communication is that normally used by the individual (such as sign language, Braille, or oral communication).
40. Ongoing Service Coordinator means the individual appointed by the Lead Agency or selected by the initial IFSP team who is responsible for working directly with the family to plan, coordinate and monitor provision of BabyNet services and other services required to meet the family's and child's needs
41. Paraprofessional means an individual with at least a high school diploma or recognized equivalent that is employed in the provision of early intervention services under the supervision of a professional with appropriate credentials for their profession (licensed or certified according to South Carolina requirements)

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42. Parent means
 - 42.1. A natural or adoptive parent of a child;
 - 42.2. an individual appointed as guardian or given legal custody;
 - 42.3. a foster parent;
 - 42.4. a person acting in the place of a biological parent including grandparent, stepparent or other relative or a person who is legally responsible for the child's welfare;
 - 42.5. or a surrogate parent (a person appointed in accordance with procedural safeguards to represent the child in all matters related to BabyNet evaluations and assessments, development and review of IFSPs, on-going provision of BabyNet services and any other rights under IDEA Part C.
 - 42.6. A foster parent may act as a parent if:
 - 42.6.1. The natural parent's authority to make decisions on the child's behalf has been extinguished under South Carolina law; and
 - 42.6.2. Is willing to make the decisions required of parents under the IDEA; and
 - 42.6.3. Has no interest that would conflict with the interests of the child.
43. Part B: Sections of IDEA describing services to be provided to eligible children three to five years of age through local education agencies (school districts).
44. Part C: Sections of IDEA describing services to be provided to eligible children ages' birth to three
45. Participating agency: Parties to the BabyNet Interagency Memorandum of Agreement(MOA).
46. Payor of Last Resort means that funds provided under IDEA Part C may not be used to satisfy a financial commitment for a service for an eligible infant /toddler and/or their family that would have been paid for by any other public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of IDEA Part C. Funds under IDEA Part C shall only be used to provide an early intervention service to an eligible child when the child and family is neither entitled, nor has access, to that service under any other federal, state, local, or private source.
47. Periodic Review means a review of the IFSP for a child and the child's family to be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine the degree to which progress towards achieving the outcome is being made and whether modification or revision of the outcomes or services is necessary.
48. Personally Identifiable Information means the information that includes:
 - 48.1. The name of the child, the child's parent(s), or other family member(s);
 - 48.2. The address of the child;
 - 48.3. A personal identifier, such as the child's or parent's social security number; or
 - 48.4. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.
49. Preschool age means the age range of three (3) through five (5) years.
50. Primary Referral Source means hospitals (including prenatal and postnatal care facilities), physicians, parents, child care programs, local educational agencies, public health facilities, other social services agencies, other health care providers.

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51. Primary-Service- Provider Model: the provider of the service most closely related to the family's priorities and concerns works with the family more often do the providers of other services listed on the IFSP. In the Primary Service Provider model, additional Part C services identified on an IFSP continue to be provided, but at a lesser frequency than the primary service. As the primary area of concern changes, so does the primary service. All service frequencies should be reviewed and revised at least every 6 months to ensure an appropriate level of service provision, and reflect the effectiveness of family training by each service provider.
52. Primary service provider (PSP) is the individual providing weekly support to the family, backed up by a team of other professionals who provide services to the child and family through joint home visits with the primary service provider, as needed. The intensity of joint home visits depends on child, family, and primary service provider needs.
53. Procedural Safeguards means the processes established by federal and state regulations to ensure that the mandates of IDEA are properly carried out by the early intervention system.
54. Profession or Discipline means a specific occupational category that:
 - 54.1. Provides early intervention services to children and their families under IDEA Part C;
 - 54.2. Has been established or designated by the State; and
 - 54.3. Has a required scope of responsibility and degree of supervision.
55. Public Awareness Program means the program that focuses on the early identification of children who are eligible to receive early intervention services and includes the preparation and dissemination of materials by the lead agency to all primary referral sources and parents on the availability of early intervention services. The program must inform the public about the early intervention system, the Child Find system, and the central directory.
56. Qualified Personnel means an individual who has met the State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.
57. Referral means the process that guides families toward and assists them in obtaining available resources and/or information regarding the early intervention system.
58. Services: Services provided through BabyNet, including: any of the 16 required IDEA Part C services; additional services covered by BabyNet; or other hospital or community based-services provided as part of the IFSP or in response to identified family needs.
59. Service Coordination means the activities carried out in accordance with IDEA Part C to assist and enable a child eligible under IDEA Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through the IFSP.
60. Service Provider means staff of a BabyNet contract agency or qualified person designated to provide early intervention services for an eligible child and the child's family, in accordance with an approved IFSP.
61. State Approved or Recognized Certification, Licensing, Registration, or other Comparable Requirements means the requirements that the State Legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry level standards for employment in a specific profession or discipline in the State.

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62. Surrogate Parent, for BabyNet purposes, means an individual who has been assigned by the lead agency to act as a surrogate for the parent in order to ensure that the rights of a child eligible under IDEA Part C are protected.
63. South Carolina's Early Intervention System (BabyNet) means the name for the Lead Agency established by the Governor's Office to be responsible for the planning, implementation, supervision, monitoring, and technical assistance for the state-wide early intervention system for infants and toddlers with disabilities in accordance with IDEA Part C.
64. System point of entry (SPOE): Locations where EIS staff or contractors responsible for initiation of Part C services are located.
65. Transition means the steps to be taken, in accordance with federal regulations for IDEA, to support the child's purposeful and organized move from:
 - 65.1. One program to another; or
 - 65.2. The early intervention system to a preschool program.

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Response to public comment:

Procedure 2 was revised for clarity as to when BabyNet Service Funds may be expended.

Formatting of this section has been revised in response to public comment

Federal Statute P.L. 108-446 §§637, 638, 640	Policy Area: State Administration, 1.E IDENTIFICATION AND COORDINATION OF RESOURCES.	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.122-303.127, 303.520-303.528	Policy: The Lead Agency shall maintain control of funds provided to the State under IDEA Part C and title to property acquired with those funds will be in a public agency for the uses and purposes provided in this part, and a public agency will administer the funds and property.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures

1. BabyNet shall be responsible for :
 - 1.1. The identification and coordination of all available resources for early intervention services within the State, including those from federal, state, local and private sources. Federal funding sources in this section include:
 - 1.1.1. Title V of the Social Security Act (relating to Maternal and Child Health);
 - 1.1.2. Title XIX of the Social Security Act (relating to the general Medicaid Program which includes EPSDT));
 - 1.1.3. The Head Start Act;
 - 1.1.4. Parts B and C of IDEA;
 - 1.1.5. Subpart 2 of Part D of Chapter 1 of Title I of the Elementary and Secondary Education Act of 1965, as amended;
 - 1.1.6. The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 94-103); and
 - 1.1.7. Other Federal Programs; and
 - 1.2. Updating the information on the funding sources if there is a legislative or policy change under any of those sources.
2. As payor of last resort, BabyNet shall not utilize IDEA Part C funds to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source were the family and child *not* eligible for BabyNet services. Therefore, IDEA Part C funds may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other federal, state, local, or private source.
3. BabyNet shall in no way permit IDEA Part C funds to be used to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State of South Carolina (34 CFR § 303.527(c)).
4. Funds provided to the State under IDEA Part C shall only be used to supplement and increase state and local funds for eligible children. They shall not be utilized to supplant existing state and local funds. The total amount of state and local funds budgeted for expenditures in each current fiscal year shall be at least equal to the total amount of state and local funds actually expended for early intervention services for these children and families in the most recent preceding fiscal year for which the information is available. Allowances may be made for:
 - 4.1. Decreases in the number of infants and toddlers who are eligible to receive services under IDEA Part C; and
 - 4.2. Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.
5. BabyNet shall ensure that an equitable distribution of resources is made available among all geographical areas of the State.

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Response to public comment:

Clarification has been added to indicate the interagency agreements will be multi-party unless otherwise required by relevant federal statute.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446, §§635, 640- 641	Policy Area: State Administration, 1.F .INTERAGENCY AGREEMENTS	CSPD Competency Area:1
Federal Regulations 34 CFR §§303.523, 303.651	Policy: The Lead Agency shall enter into and maintain a formal interagency memorandum of agreements with other state-level agencies involved in the State’s early intervention system. Two-party agreements will be developed as needed (e.g., Head Start, Early Head Start).	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures

1. The BabyNet Interagency Memorandum of Agreement shall:
 - 1.1. Define the financial responsibility of each agency involved;
 - 1.2. Include procedures for a timely resolution of intra-agency and interagency disputes regarding payment or other matters related to the early intervention system, including a mechanism for making a final determination that is binding upon the agencies involved;
 - 1.2.1. This requirement may be met in any way permitted under South Carolina state law, including
 - 1.2.1.1. providing for a third party (e.g., an administrative law judge) to review a dispute and render a decision,
 - 1.2.1.2. assignment of the responsibility by the Governor to the lead agency or State Interagency Coordinating Council, or
 - 1.2.1.3. having the final decision made directly by the Governor
 - 1.2.2. Permit the agency to resolve its own internal disputes (based on the agency’s procedures that are included in the agreement), so long as the agency acts in a timely manner; and
 - 1.2.3. Include the process to be used in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner;
 - 1.3. Include procedures for timely reimbursement of funds to BabyNet for interim payment made for early intervention services in accordance with 34 CFR 303.527(b) to prevent delay in the timely provision of services to an eligible infant or toddler or their family, pending reimbursement from the agency or entity that has ultimate responsibility for payment; and
 - 1.4. Include any other components necessary to ensure effective cooperation and coordination among all agencies.
2. The Lead Agency shall, in accordance with established BabyNet procedures, ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers.

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Response to public comment:

Procedure 5.3 was added to indicate that minutes and attendance shall be maintained for each meeting.

Information about the State Interagency Coordinating Council was included in the proposed revisions to the BabyNet Policy and Procedure Manual so as to inform families, service coordinators, service providers, and interested others of the general public of opportunities to participate and/or review the roles, responsibilities, and activities of the State Interagency Coordinating Council.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §§632, 635, 641	Policy Area: State Administration, 1.G STATE INTERAGENCY COORDINATING COUNCIL (SICC)	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.8, 303.141, 303.600- 300.654	Policy: South Carolina's early intervention system shall maintain an Interagency Coordinating Council.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures

1. South Carolina's early intervention system shall maintain an Interagency Coordinating Council which:
 - 1.1. is appointed by the Governor in accordance with IDEA Part C;
 - 1.2. consists of a membership representative of the population of the state, and is composed as follows:
 - 1.2.1. at least twenty (20) percent of the members shall be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged twelve (12) or younger with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be the parent of an infant or toddler with a disability or a child with a disability aged six (6) or younger;
 - 1.2.2. at least twenty (20) percent of the members shall be public or private providers of early intervention services;
 - 1.2.3. at least one (1) member shall be from the state legislature;
 - 1.2.4. at least one (1) member shall be involved in personnel preparation;
 - 1.2.5. at least one (1) member shall be from each of the state agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies;
 - 1.2.6. at least one (1) member shall be from the state educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency;
 - 1.2.7. at least one (1) member shall be from the agency responsible for the state governance of health insurance;
 - 1.2.8. at least one (1) member shall be from a Head Start agency or program in the state;
 - 1.2.9. at least one (1) member must be from a state agency responsible for child care; and
 - 1.2.10. others appointed as deemed appropriate and selected by the Governor.
2. The Governor shall designate a member of the council to serve as chairperson or shall require the council to so designate such a member. No member who is a representative of the South Carolina First Steps to School Readiness shall be able to serve as the council chairperson.
3. The ICC shall advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system including, but not limited to:
 - 3.1. achieving the full participation, coordination and cooperation of all appropriate public agencies in the state;
 - 3.2. the effective implementation of the statewide system, by establishing a process that includes:

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- 3.2.1. seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery; and
 - 3.2.2. taking steps to ensure that any policy problems identified under this section are resolved.
 - 3.3. the resolution of disputes, as appropriate;
 - 3.4. the provision of appropriate services for children from birth through age three (3) years of age.
 - 3.5. the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether or not “at-risk” is a recognized eligibility for early intervention services;
 - 3.6. the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of interagency agreements;
 - 3.7. the preparation of applications and the amendments thereto; or
 - 3.8. the transition of toddlers with disabilities to preschool and other appropriate services.
4. The ICC shall prepare and submit an annual report to the Governor and to the Secretary of Education on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the state in keeping with the date and format established by the Secretary of Education.
 5. The ICC shall meet at least quarterly. Meetings shall be:
 - 5.1. announced to the public, no later than ten (10) business days, prior to the scheduled meeting; and
 - 5.2. to the extent appropriate, open and accessible to the general public.
 - 5.3. Minutes and attendance shall be maintained for each meeting.
 6. The ICC may, subject to approval of the Governor, prepare and approve a budget using funds under IDEA Part C to:
 - 6.1. conduct hearings and forums;
 - 6.2. reimburse members of the ICC for reasonable and necessary expenses for participating in council meetings and performing council duties;
 - 6.3. 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;
 - 6.4. hire staff;
 - 6.5. obtain the services for such professional, technical, and clerical personnel as may be necessary to carry out its functions under this part; and
 - 6.6. provide interpreting services for persons who are deaf and other necessary services, both for council members and participants.
 7. Except as provided in this section, council members shall serve without compensation from Part C funds.
 8. No member of the ICC shall 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 South Carolina law.

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Response to public comment:

BabyNet Coordination Teams were created as a result of the South Carolina Federal compliance agreement, to have a direct line of authority and accountability between the Lead Agency and the Local Early Intervention System, with the BabyNet System Managers (initially called Regional Compliance Managers) representing the Lead Agency at the local level, and not also functioning as SPOE supervisors. Several factors were reviewed in the decision to revise the functions of the BabyNet Coordination Teams in the draft of proposed revisions to the BabyNet Policies and Procedures, including:

- *We have not been under a federal compliance agreement since October 2006.*
- *With the January 1, 2010 change in lead agency, the system manager positions did not transfer to the new lead agency, therefore there are no comparable positions available for local representation of, authority under, or accountability to the Lead Agency (i.e., the BabyNet division of First Steps; staff of the First Steps County Partnerships are not the equivalent of former DHEC BabyNet System Managers).*
- *The federal statute and regulations for Part C require that services be provided in a manner that is family-centered, community-based, interagency, collaborative, interdisciplinary, and delivered in families' home and community routines and activities based on peer-reviewed scientific research and evidence based practices. While the BNCTs have been representative of the BabyNet Partnering Agencies and the LEAs, they typically have excluded families and other members of families' communities other than those who also work directly or indirectly with individuals with disabilities. Changing back to a local 'ICC' model will require an intensive re-education of current BNCT team membership as well as an orientation of new members (which was identified as a key goal in the 2010 Strategic Plan of the State ICC last month).*
- *Expanding the membership of the local BNCT to include families and other members of families communities will allow for:*
 - *more diverse views about and therefore solutions to addressing local strengths, weakness, etc., at the local level,*
 - *increased opportunities for awareness of and education about BabyNet by families and other community members (rather than just the information shared with families by their service coordinator and provider/s),*
 - *strengthening of local public awareness and child find networks,*
 - *increased opportunities for development of parent advocacy and leadership,*
 - *richer information for consideration by the State ICC and/or the Lead Agency when advising, assisting, or making policy recommendations.*

Formatting of this section has been revised in response to public comment.

Federal Statute N/A	Policy Area: State Administration, 1.H LOCAL BABYNET COORDINATING TEAM (BNCT)	CSPD Competency Area: 1
Federal Regulations N/A	Policy: Each of the eight (8) geographic States of BabyNet shall maintain a Local BabyNet Coordinating Team (BNCT).	TECSBOOK Chapter Series: 1000
Performance Indicator N/A		

Procedures:

- 1.1. Each BNCT shall consist families, service coordinator supervisors, service coordinators as appropriate service providers who are involved in the provision and/or coordination of early intervention services to IDEA Part C eligible infants and toddlers and their families, community partners for referral and service delivery, and interested members of the public.
- 1.2. Representation of the BabyNet State Office will be available on a quarterly basis.
2. The BNCT shall meet at least quarterly and in such places as it deems appropriate and shall be:

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- 2.1. Announced to the public no later than ten (10) working days prior to the meeting on the BabyNet State Office website and through local methods of communication;
 - 2.2. Open and accessible to the general public; and
 - 2.3. Minutes and attendance shall be maintained for each meeting, to be submitted to the BabyNet State Office within 10 working days following the meeting.
 - 2.4. Local procedures shall be developed for determining the date, time, location, agenda, and facilitation of each meeting, as well as designating an individual to ensure minutes of the meeting are taken.
3. The functions of the BNCT shall include:
- 3.1. Facilitating collaboration among the local early intervention system agencies and partners;
 - 3.2. Promoting and implementing interagency public awareness activities at the local and regional level in accordance with the plan for effective outreach developed by the lead agency for the early intervention system;
 - 3.3. Advising and assisting in the coordination of regional and local early intervention initiatives to ensure effective implementation of the early intervention system;
 - 3.4. Providing information to the SICC regarding local issues relating to the timely delivery of services;
 - 3.5. Developing local collaborative agreements to ensure timely referrals of infants and toddlers known to be or suspected of experiencing developmental delays and effective transition to appropriate services upon exiting the early intervention system at age three.

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Response to public comment:

One comment was received relative to the Central Directory, asking what it is, and who maintains it. The Central Directory is one of the 16 required components of a statewide early intervention system under IDEA/Part C. It is the responsibility of the Lead Agency to ensure the Central Directory is in place, up-to-date, and accessible to the public in multiple formats.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §635(a)(5)	Policy Area: System Components, 2.A CENTRAL DIRECTORY	CSPD Competency Area: 1
Federal Regulations: 34 CFR §§303.162, 303.301	Policy: The Lead Agency or designee shall develop and maintain a central directory of information which identifies services, resources, experts, professionals and other groups (including include parent support groups and advocate associations) that provide assistance to eligible children and their families, and is developed in concert with families and community groups, including local interagency coordinating councils (LICCs).	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures

1. The Central Directory will include information about
 - 1.1. Public and private early intervention services, resources, and experts available in the State;
 - 1.2. Research and demonstration projects being conducted in the State; and
 - 1.3. Professional and other groups that provide assistance to eligible children eligible and their families.

2. The information will be in sufficient detail to allow:
 - 2.1. the general public to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and
 - 2.2. families and caregivers to contact, by telephone or letter, any of the sources listed in the directory.

3. The Central Directory must be
 - 3.1. readily accessible to the general public;
 - 3.2. Updated at least annually.
 - 3.3. Copies of the directory will be made available:
 - 3.3.1. In each geographic region of the State, including rural areas; and
 - 3.3.2. In places and a manner that ensure accessibility by persons with disabilities.

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Response to public comment:

One comment was received relative to public awareness. Procedure 1.4 was clarified to add the BabyNet System Point of Entry offices, and the First Steps County Partnerships.

Formatting of this section has been revised in response to public comment.

Federal Statute: P.L. 108-446 §635 (a)(6)	Policy Area: System Components, 2.B PUBLIC AWARENESS	CSPD Competency Area 1
Federal Regulations 34 CFR §§303.164, 303.320	Policy: The Lead Agency will maintain a broad, ongoing public awareness program using a variety of methods to inform the general public about the importance of early identification of infants and toddlers with disabilities and the availability of early intervention services. The target audience shall include, but is not limited to, individuals with disabilities, public agencies at the state and local level, private providers, professional associations, parent groups, advocacy associations.	TECSBOOK Chapter Series: 1000
State Performance Plan Indicator: 5, 6		

Procedures

1. The lead agency will develop, prepare, and disseminate information and materials to all primary referral sources for informing parents of the availability of early intervention services. Methods for informing the public and locating children and families will include:
 - 1.1. Maintaining a central directory that is updated on an annual basis;
 - 1.2. Maintaining a toll free access line that will link families and other concerned individuals to the local System Point of Entry (SPOE) offices of BabyNet;
 - 1.3. Participating in the development and implementation of a plan for effective outreach, which may include public service announcements, newspaper articles, posters, and other community information processes and reporting the results of these efforts to the ICC on an annual basis;
 - 1.4. Maintaining a system for supplying and distributing public awareness materials, especially through the local BabyNet system point of entry offices and First Steps County Partnerships; and
 - 1.5. Maintaining a web site which provides pertinent information regarding the early intervention system.

2. The public awareness program shall inform the public about:
 - 2.1. The State's early intervention system;
 - 2.2. The Child Find system including:
 - 2.3. The purpose and scope of the system;
 - 2.4. How to make referrals to the early intervention system;
 - 2.5. How to gain access to a comprehensive, multidisciplinary evaluation, and other early intervention services; and
 - 2.6. The central directory.

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Response to public comment:

Policies and procedures for child find have been separated from policies and procedures for receipt of referrals.

Child find is a federally required component of a statewide early intervention system under IDEA/Part C. The purpose of child find activities is not only to ensure that all potentially eligible children are identified, but also to ensure that eligibility evaluations—a much more costly activity-- are conducted only after screening indicates the need to do so. IDEA/Part C also requires the coordination of all available resources, including child-serving public and private agencies, in child find activities.

Screening does not determine eligibility for BabyNet services, but does assist in determining the need to proceed to an eligibility evaluation. Child find events would not replace but rather would complement screenings and subsequent referrals from primary referral sources (such as physicians) to ensure that as many children as possible are screened before the referral to the local BabyNet system point of entry office. Additionally, child find events would ensure face-to-face interaction with the family and child, versus conducting the screening by telephone.

Several comments were received regarding the proposed use of the Parents' Evaluation of Developmental Status (PEDS) and the Modified Checklist for Autism in Toddlers (M-CHAT) during child find events. Both screening tools were selected based on expectations of parent participation in the screening process, the availability of normative data, the relative ease and low expense with which the tools can be administered, and the sensitivity to the presence of parental concerns and delays in development. Both are in keeping with the American Academy of Pediatrics 2007 recommendations for developmental surveillance and screening by pediatric primary healthcare providers. The AAP recommends that all children be screened for autism spectrum disorders at age 18 months and again at 24 months to identify children who may show regressive forms of ASD. The M-CHAT is also appropriate for children who may have established risk conditions, as multiple diagnoses are possible.

One screening is sufficient; if a child is screened at a community child find event or by a primary referral source, it would be a duplication of effort and therefore unnecessary for screening to be repeated by the local BabyNet system point of entry office. However, in the event a referral is made directly to the local BabyNet office without prior screening, a screening should be completed by the Intake Service Coordinator to determine the need to proceed to the eligibility evaluation process. In these instances, the Ages and Stages Questionnaire may be used in lieu of the PEDS, and should be accompanied by the M-CHAT for children referred at ages 18 or 24 months.

The Lead Agency agrees that the need to inform all primary referral sources of the new changes is recognized as critical and is part of the strategic plan for the State Interagency Coordinating Council. The SICCC will advise and assist BabyNet State Office staff in implementation strategies.

Formatting of this section has been revised in response to public comment. Additionally, content from the current policies has been restored to clarify this section.

Response to Interagency Partners:

Consider use of a central referral model for completion of screening through telephone contact with referral source, in combination with efforts to inform primary referral sources of BabyNet eligibility criteria and evidence-based practices in the use of developmental screening procedures prior to referral to BabyNet.

The Lead Agency is open to considering this method of child find, given previous discussion of use of screening tools with an interview format.

Utilize generic distribution of brochures to hospitals/doctor's offices/child care centers and public service announcements to notify families of BabyNet services.

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This would not be considered a revision, as it is already in the existing contract between the Lead Agency and Family Connection of South Carolina.

Revise policies so that a "referral" requires documented failure of appropriate screening test (hearing, vision, development). This would mean the 45-day timeline for completion for the initial IFSP would not begin until the screening was completed for those children referred based on "suspected" delay.

Procedure 14 has been revised to reflect this request.

Interagency input on how this voluntary child find network will be developed and working relationship with intake and service coordinating agencies.

The Lead Agency welcomes further feedback from the Interagency Partners regarding the local childfind networks. The issues may be mitigated if all parties agree to a central referral model and telephone screening services.

Given limited resources, Central Directory should respond to all general BabyNet questions, eliminating need for BabyNet support to the DHEC CARELINE.

The Lead Agency agrees with this recommendation, and would request that DHEC defer discontinuing access to CARELINE until the proposed revisions to these policies are implemented.

Federal Statute P.L. 108-446 §635(a)(5)	Policy Area: System Components, 2.C CHILD FIND AND RECEIPT OF REFERRALS	CSPD Competency Area: 1
Federal Regulations: 34 CFR §§303.165, 303.321	Policy: The Lead Agency, with the advice and assistance of the State Interagency Coordinating Council, shall implement a comprehensive Child Find system that:	TECSBOOK Chapter Series: 1000
Performance Indicators: 5 & 6	<ol style="list-style-type: none"> 1. Ensures all infants and toddlers in the State who are potentially eligible for services through the BabyNet Early Intervention System are identified, located, and evaluated. 2. is consistent with IDEA/Part B services through the South Carolina Department of Education, 3. includes a system for making referrals that includes timelines 4. provides for participation by primary referral sources, and 5. ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for services through the BabyNet Early Intervention System that will reduce the need for future services. 	

Procedures:

1. Child find activities include screening activities and identification programs that are conducted in the community, including non-traditional settings, to identify infants and toddlers who may be potentially eligible for BabyNet.
2. Local child find targets will be set in July each year using birth data for the previous three years. Counties serving less than 90% of the targets for children ages birth to 12 months or birth to 36 months will be targeted for child find events.

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3. To maximize local resources and to prevent duplication of effort, child find activities should be coordinated through local BabyNet Coordination Teams, and in conjunction with local representatives of BabyNet participating agencies in each EIS agency service area.
4. EIS child find activities should be recorded, distributed to local team members and available on request of the lead agency.
5. In addition, at a minimum, child find coordination activities should include state and local governmental agencies that provide services to children under age three and:
 - 5.1. Local education agencies (includes Head Start services);
 - 5.2. First Steps;
 - 5.3. Early Care Educators;
 - 5.4. Community programs to include any local parenting programs and early care educators;
 - 5.5. Migrant Head Start (if available); and
 - 5.6. Programs for homeless children and families.
6. Child Find events will be provided through Family Connection of South Carolina as a Lead Agency contractor, and will be coordinated with local early intervention and child service providers, and be scheduled and widely announced per the following schedule:
 - 6.1. Counties averaging 100 referrals or less each month and are below 90% of local child find target: 1 child find event per month
 - 6.2. Counties averaging between 100 and 200 referrals each month and are below 90% of local child find target:: 2 child find events per month:
 - 6.3. Counties averaging more than 200 referrals each month and are below 90% of local child find target:: 1 child find event per week.
7. All personnel assisting in child find events will receive training and technical assistance in use of approved screening tools and developmental red flags.
8. All children participating in a child find event will be screened using the Parent Response to Developmental Status (PEDS).
 - 8.1. Additionally, all children participating in a child find event over age 18 months will be screened using the Modified Checklist for Autism in Toddlers.
 - 8.2. In all instances where the screening results are negative but the parent still has concerns, the family will be referred to the local BabyNet system point of entry office for an eligibility evaluation.
9. Children with screening results indicating the need for further evaluation will be referred to the local BabyNet System Point of Entry within 48 hours of the child find event.
10. Each EIS must assure representation from Early Head Start programs, if they exist in the service area.
11. Distribution of child find materials will be coordinated as specified by the lead agency.
12. Working with Primary Referral Sources
 - 12.1. General information about IDEA Part C services will be made available to primary referral sources and the general public within each EIS agency service area.. This may be accomplished by providing written literature about BabyNet, as well as making presentations regarding the BabyNet System to primary referral sources specified in federal regulations as: hospitals (pre-natal and post-natal), physicians, parents, day care programs,

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local educational agencies, public health facilities, other social service agencies, other health care providers, to include free medical clinics.

- 12.2. The manner in which this will be accomplished will be described in the local BabyNet Coordination Team meeting minutes.

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Response to public comment:

Procedure 2.2.1.5.1.3 was clarified with an example of a parent advocacy agency.

'BabyNet and other public and private early intervention providers' was replaced with 'BabyNet, participating agencies, and contracted providers of early intervention services.'

'BabyNet or the early intervention provider agency' was replaced with 'BabyNet and participating agencies.'

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §§612, 615, 635, and 635	Policy Area: General Supervision, 3.A PROCEDURAL SAFEGUARDS	CSPD Competency Area: 3
Federal Regulations 34 CFR §§303.170, 303.400-303.460	Policy The Lead Agency shall maintain written policies and procedures for assurance of child and family rights and protections under IDEA.	TECSBOOK Chapter Series: 3000
Performance Indicator 9		

Procedures

1. Surrogate Parent: The Lead Agency shall maintain written policies and procedures for recruitment, training, and appointment of surrogate parents.
 - 1.1. BabyNet shall, in accordance with Lead Agency procedures, appoint a surrogate parent to represent the child in all matters relating to the identification, evaluation, eligibility determination, assessment, development of an individualized plan, and the provision of appropriate early intervention services including meetings concerning the Individualized Family Service Plan and any mediation and due process hearings pertaining to the child when it determines that:
 - 1.1.1.No parent can be identified; or
 - 1.1.2.It is unable to locate a natural parent or legal guardian by calls, visits, and by sending a letter by certified mail (return receipt requested) to the last known address of the natural parent or the guardian and allowing ten days for a response of the intention to appoint a surrogate parent; or
 - 1.1.3.The child is a ward of the State (including a ward of the court or of a state agency); and
 - 1.2. A surrogate parent, when representing the child's early intervention interests, has the same rights as those accorded to parents of eligible children and children suspected of being eligible.
 - 1.3. The surrogate parent shall continue to represent the child until one of the following occurs:
 - 1.3.1.The child is determined by BabyNet to be no longer eligible for, or in need of, early intervention services except when termination from such services is being contested;
 - 1.3.2.The parent, who was previously unknown, or whose whereabouts were previously unknown, becomes known;
 - 1.3.3.The legal guardianship of the child is transferred to a person who is able to fulfill the role of the parent; or
 - 1.3.4.BabyNet determines that the appointed surrogate parent no longer adequately represents the child.
 - 1.4. The criteria for selection of surrogate parents determines that:
 - 1.4.1.BabyNet shall ensure that a person recommended as a surrogate parent:
 - 1.4.1.1. Has no interest that conflicts with the interests of the child the surrogate parent represents;
 - 1.4.1.2. Has knowledge and skills that ensure adequate representation of the child; and
 - 1.4.1.3. Has completed the Surrogate Parent Training Program.
 - 1.4.2.Foster parent(s), selected by an agency of the State of South Carolina as custodian for a child, who have had an eligible foster child for less than one calendar year, may be appointed by BabyNet to serve as surrogate parent(s) for the foster child, provided that the foster parent(s) have no conflict of interest, they meet the non-employee requirement, and BabyNet has trained them as a surrogate parent(s).

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- 1.4.3. Foster parent(s), selected by an agency of the State of South Carolina as custodian(s) for a child, who have had an eligible foster child for more than one calendar year, are considered the parent(s) for the foster child.
 - 1.5. The non-employee requirement determines that:
 - 1.5.1. A person assigned, as a surrogate parent may not be an employee of, or otherwise affiliated with, any service provider involved in the provision of early intervention or other services to the child; and
 - 1.5.2. A person who otherwise qualifies to be a surrogate parent is not considered an employee of an agency solely because the person is paid by a public agency to be a surrogate parent.
 - 1.6. The responsibility of a surrogate parent is:
 - 1.6.1. To represent the child throughout the early intervention process of the identification, evaluation, eligibility determination, assessment, development of an individualized plan, and the initial provision of services, review of services, and reevaluation, as appropriate;
 - 1.6.2. To be acquainted with the child and his/her needs; and
 - 1.6.3. To respect the confidentiality of all records and information.
 - 1.7. If the health or safety of child would be endangered by delaying the provision of early intervention service due to the unavailability of a surrogate, the services may be provided sooner, but without prejudice to any rights that the child and parent(s) may have.
2. Prior Written Notice: BabyNet and participating agencies shall document that prior written notice is provided to parents of an eligible child or a child suspected of being eligible.
 - 2.1. Prior written notice shall be provided prior to the following occasions:
 - 2.1.1. When an early intervention service provider proposes to initiate or change the identification, assessment, or provision of services to the child;
 - 2.1.2. When an early intervention service provider refuses to initiate or change the identification, assessment, or provision of services to the child or refuses to make any changes requested by the parent(s) in the provision of early intervention services; or
 - 2.1.3. When an early intervention service provider refuses to amend the child's records or proposes to destroy unneeded records in accordance with the confidentiality requirements of this rule.
 - 2.2. Content of Notice:
 - 2.2.1. The notice shall be in sufficient detail to:
 - 2.2.1.1. Explain all the procedural safeguards available to the parent(s);
 - 2.2.1.2. Describe the proposed (or refused) action, explain the reasons for the action, and describe any options that were considered and why they were rejected;
 - 2.2.1.3. Describe, when applicable, each assessment procedure, type of test, record, or report used as a basis for the action;
 - 2.2.1.4. Include a description of any other factors relevant to the action;
 - 2.2.1.5. Be written in language understandable to the general public; and
 - 2.2.1.5.1.1. Be provided in the native language of the parent or the mode of communication used by the parents, unless it is clearly not feasible to do so;
 - 2.2.1.5.1.2. Be communicated orally (when necessary) in the native language or other mode of communication used by the parent(s), so that the parent(s) understands the content of the notice; and
 - 2.2.1.5.1.3. Provide sources for parent(s) to contact to obtain assistance in understanding the above provisions (e.g., PROParents).
 - 2.2.2. Steps to be utilized to ensure that parent(s) of an eligible child are present at each meeting of the IFSP Team shall include:
 - 2.2.2.1. Timely communication and planning with the parents in initiating meeting scheduling;
 - 2.2.2.1.1.1. Scheduling the meeting at a mutually agreed upon time and place;
 - 2.2.2.1.1.2. Stating in the written notice provided to parent(s):
 - 2.2.2.1.1.2.1. The purpose, time, and location of the meeting;
 - 2.2.2.1.1.2.2. Scheduling the meeting at a mutually agreed upon time and place; and
 - 2.2.2.1.1.2.3. That the parent(s) may bring other persons to the meeting if they choose to do so.

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2.2.2.1.1.2.4. If the purpose of the meeting is the consideration of transition services at age three (3), the notice must also:

2.2.2.1.1.2.4.1. Indicate this purpose; and

2.2.2.1.1.2.4.2. Identify any other agency(s) that will be invited to send a representative.

3. Parental Consent.

3.1. Written informed consent shall be obtained before:

3.1.1. Conducting the initial evaluation and assessment of a child;

3.1.2. Conducting the family assessment;

3.1.3. Initiating the provision of early intervention services; and

3.1.4. Accessing third party payment for early intervention services;

3.1.5. Disclosing personally identifiable information to unauthorized persons, except for directory information where reasonable notice of disclosure is provided and the parent has not objected.

3.2. If written consent is not given, reasonable efforts shall be made to ensure that the parent(s):

3.2.1. Is fully aware of the nature of the evaluation and assessment or the services that will be available;

3.2.2. Understands that the child will not be able to receive the evaluation and assessment unless written consent is given;

3.2.3. Understands that the child cannot receive the recommended early intervention services unless written consent is given; and

3.2.4. Understands that their refusal to consent to an initial evaluation may result in a request by the appropriate state agency for a due process hearing.

3.3. In addition, all requirements regarding personally identifiable information in the Federal Regulations shall be met.

4. Parent(s) Right to Decline Service. The parent(s) of a child eligible for BabyNet services may determine whether they, their child, or other family members will accept or decline any early intervention service available through BabyNet. The parents may decline such a service after first accepting it without jeopardizing other early intervention services.

5. Review of Records.

5.1. The parents of an eligible child shall be given the opportunity to inspect and review early intervention records without unnecessary delay (in no case more than ten (10) days after the request is made) relating to:

5.1.1. Evaluations and assessments;

5.1.2. Eligibility determination;

5.1.3. Development and implementation of IFSPs;

5.1.4. Individual complaints related to the early intervention system dealing with the child; and

5.1.5. Any other area involving early intervention records about the child and the child's family.

5.2. In addition, all requirements requiring access to any child record is governed by applicable federal and state law.

5.3. The right to review a record includes:

5.3.1. The right to a response to reasonable requests for explanations and interpretations of the record;

5.3.2. The right to obtain, free of charge, one (1) copy of the record; and

5.3.3. The right to have a representative, of the parent's choosing (authorized in writing), review the record.

5.4. BabyNet, participating agencies, and contracted providers of early intervention services, shall, upon request, inform parents of the types and locations of records collected, maintained, or used by public agencies and private providers relating to:

5.4.1. Screening, evaluation, assessment, eligibility determination, or the development and implementation of the IFSP;

5.4.2. Individual complaints dealing with the child or family; and

5.4.3. Any other area involving records about the child and family.

5.5. BabyNet, participating agencies, and contracted providers of early intervention services shall presume that the parent has authority to inspect and review records relating to his or her child unless the provider entity has been advised that the parent does not have the authority under applicable state law governing such matters as

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- guardianship, separation, and divorce, and a copy of the applicable document has been provided to the provider entity.
- 5.5.1. If any early intervention record includes information on more than one child, the parent of an eligible child or child suspected of being eligible shall have the right to inspect and review only the information relating to the child or to be informed of that specific information.
 - 5.6. A parent who believes that information in the early intervention records collected, maintained, or used is inaccurate or misleading or violates the privacy or other rights of the child may request that BabyNet, staff of participating agencies, or contracted providers of early intervention services amend the information.
 - 5.6.1. BabyNet or participating agencies, upon receiving a request from a parent shall decide, within a reasonable time of its receipt of the request, but in no event more than forty-five (45) days, whether to amend the information as requested. If the participating agency decides to refuse to amend the information, it shall inform the parent of the refusal and advise the parent of the right to a hearing.
 - 5.6.2. BabyNet or participating agencies shall, on request, provide an opportunity for a hearing to challenge information in early intervention records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.
 - 5.6.3. If, as a result of the hearing, BabyNet or the participating agency determines that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, it shall amend the information accordingly and provide written notice to the parents.
 - 5.6.4. If, as a result of the hearing, BabyNet or participating agency determines that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, it shall inform the parents of the right to place in the records an explanation commenting on the information or setting forth any reasons for disagreeing with the decision.
 - 5.6.5. Explanation placed in the record of the child must be maintained by the participating agency as part of the record of the child as long as the record or contested portion is maintained. If the record of the child or the contested portion is disclosed by the participating agency to any party, the explanation must also be disclosed to the party.
 - 5.7. Written parental consent shall be obtained before personally identifiable information is disclosed to anyone other than officials of participating agencies collecting or using information for the purposes of the activities described in this part.
 - 5.7.1. BabyNet, participating agencies, and contracted providers of early intervention services shall protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages. The participating agency shall designate one person to assume responsibility for ensuring the confidentiality of any personally identifiable information.
 - 5.7.2. Any person collecting or using personally identifiable information shall receive training or instruction regarding these procedural safeguards and FERPA. Early intervention agencies or providers must maintain, for public inspection, a current listing of the names and positions of employees who may have access to personally identifiable information.
 - 5.7.3. Early intervention agencies or programs must keep a record of persons (other than parents or authorized employees) obtaining access to the child's records, including name, date, and their purpose for access.
 - 5.8. BabyNet, participating agencies, and contracted providers of early intervention services shall inform parents when personally identifiable information collected, maintained, or used is no longer needed to provide services to the child and shall have such information destroyed at the request of the parents.
 - 5.9. Information contained in the IFSP or individual assessments and individual evaluations shall not be available to the public but must be available to all professionals serving the child and/or family. All confidentiality requirements apply.
 - 5.10. The provisions of this section expressly extend to any records or other information collected or maintained by any agency, organization, or person in connection with an individual evaluation.

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Response to public comment:

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §§615, 632, and 639	Policy Area: General Supervision, 3.B RESOLUTION OF INDIVIDUAL CHILD COMPLAINTS	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.419- 303.460	Policy: The lead agency shall provide for impartial resolution of individual child complaints by parents.	TECSBOOK Chapter Series:: 1000
Performance Indicator: 9		

Procedures

1. A parent may file a written complaint when BabyNet participating agency or service provider proposes or refuses to initiate or change the:
 - 1.1. identification, evaluation, eligibility determination or assessment of an eligible child;
 - 1.2. development of an individualized family service plan;
 - 1.3. provision of appropriate early intervention services to the child or the child's family; or
 - 1.4. use of third party payment for early intervention services.
 - 1.5. A written complaint shall:
 - 1.5.1. be signed by the parent(s) or surrogate parent(s);
 - 1.5.2. contain a written description of the complaint; and
 - 1.5.3. be filed with the lead agency state office.
 - 1.6. The lead agency shall confirm receipt of the complaint in writing with the parent and all other parties involved in the complaint.
 - 1.7. Within sixty (60) calendar days after a complaint is filed, the lead agency must:
 - 1.7.1. carry out an independent on-site investigation, if it is determined that such an investigation is necessary;
 - 1.7.2. ensure that involved parties will have the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;
 - 1.7.3. review all relevant information and make an independent determination as to whether the public agency is violating a requirement of the law;
 - 1.7.4. issue a written decision that addresses each allegation and contains the following:
 - 1.7.4.1. findings of fact and conclusions and
 - 1.7.4.2. the reasons for the final decision; and
 - 1.7.5. provide procedures for effective implementation of the final decision and, if needed, assist with technical assistance activities, negotiations, and corrective actions needed to achieve compliance.
 - 1.8. If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of a hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the sixty-calendar-day timeline using the complaint procedures set forth in this rule.
 - 1.9. 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:
 - 1.9.1. the hearing decision is binding; and
 - 1.9.2. the lead agency must inform the complainant to that effect.
 - 1.10. The lead agency must resolve a complaint alleging a public agency's or a private service provider's failure to implement a due process decision.

2. Mediation: The lead agency shall ensure that procedures and resources for participation in mediation are available to allow parties to seek resolution of disputes regarding any issue regarding service delivery under IDEA, Part C. The option to participate in a mediation process shall, at a minimum, be available whenever a due process hearing is

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requested. Parent(s) and early intervention providers may participate in mediation to resolve disputes regarding the provision of appropriate early intervention services to an eligible child or a child suspected of being eligible. Mediation shall be voluntary and must be mutually agreed upon by the parent(s) and early intervention service providers.

- 2.1. Mediation may be requested by parents or an early intervention service provider when:
 - 2.1.1. a conflict regarding early intervention services of an eligible child or a child suspected of being eligible cannot be resolved without third party assistance; or
 - 2.1.2. either involved party is requesting a due process hearing.
 - 2.2. When the parents and early intervention service provider agree to mediate a conflict, a "Request for Mediation" form shall be completed and signed by both parties and forwarded to the lead agency through the BabyNet state office.
 - 2.3. The lead agency shall maintain a list of individuals who are qualified mediators and knowledgeable in federal and state laws and regulations relating to the provision of early intervention services in accordance with IDEA Part C.
 - 2.4. Qualified and impartial third party mediators trained in effective mediation techniques and assigned through the Division of Special Education shall conduct all mediation sessions. All mediators shall receive training in the following areas:
 - 2.4.1. state and federal early intervention laws and regulations;
 - 2.4.2. procedures for conducting mediation sessions in an orderly and controlled manner;
 - 2.4.3. group process skills essential to achieving consensus agreement;
 - 2.4.4. phases of mediation;
 - 2.4.5. procedures for writing a consensus agreement; and
 - 2.4.6. procedures for debriefing the parties;
 - 2.5. If a mediator is not selected on a random (e.g., a rotation) basis from the list as previously described in this policy, both parties must be involved in selecting the mediator and agree with the selection of the individual who will mediate.
 - 2.6. Mediators shall not be assigned to cases under the following conditions:
 - 2.6.1. the mediator is employed by other organizations or agencies involved in the provision of early intervention services to the child and/or family whose program is in dispute; or
 - 2.6.2. if that person has a personal or professional interest that would conflict with his/her objectivity.
 - 2.7. The mediation session(s) must be scheduled in a timely manner and shall occur at a mutually agreed upon time and date but may not delay or deny either party's rights to a due process hearing or obviate the need for adherence to the prescribed timelines if a due process hearing has been requested.
 - 2.8. Any agreement reached by the parties to the dispute in the mediation process must be set forth in a written mediation agreement. Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation may be required to sign a confidentiality pledge prior to the commencement of the process.
 - 2.9. Records, notes or summaries of mediation proceedings may not be entered into evidence in a due process hearing. Neither the mediator, nor any participant in the mediation proceeding, shall be subpoenaed as a witness in a due process hearing for a child for whom he/she participated.
 - 2.10. The Division of Special Education shall be responsible for ensuring or providing appropriate meeting space and shall bear the administrative costs of arrangements for the mediation. No parent shall, in any case, be responsible for any administrative cost related to the mediation activity.
 - 2.11. If a parent is not satisfied with the findings and decision of the mediation procedure, the parent may request in writing a due process hearing by:
 - 2.11.1. filing a written request with the lead agency through the BabyNet state office; and
 - 2.11.2. following the due process procedure outlined in Federal Regulations.
3. Due Process: Parents have the right to an impartial due process hearing in order to settle disputes regarding the provision of appropriate early intervention services to an eligible child or a child alleged to be eligible. The lead agency shall provide a model form to assist parents in filing a request for due process that provides for the inclusion

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of all required information. However, a public agency may not deny or delay a parent's right to a due process hearing for failure to provide notice.

- 3.1. The parent of a child with a disability or the attorney representing the child is required to provide notice (which must remain confidential) to the lead agency of the request for a hearing. This notice must include:
 - 3.1.1.the name of the child;
 - 3.1.2.the address of the residence of the child;
 - 3.1.3.the name of the early intervention program in which the child is participating;
 - 3.1.4.a description of the nature of the problem of the child relating to the proposed or refused initiation or change, including facts relating to the problem; and
 - 3.1.5.a proposed resolution of the problem to the extent known and available to the parents at the time.
- 3.2. A request for a hearing by a parent shall be made in writing, giving a brief statement of facts supporting the grounds to the lead agency through the BabyNet state office, if the child has been or is about to be:
 - 3.2.1.denied identification, evaluation, entry, or continuance in appropriate services;
 - 3.2.2.provided early intervention services which are inappropriate to his conditions and needs;
 - 3.2.3.denied his rights by having data collected, maintained or used which the parent believes to be inaccurate, misleading or otherwise in violation of the privacy rights of the child;
 - 3.2.4.improperly identified as eligible for early intervention services.
- 3.3. When the parent requests a hearing, the BabyNet state office shall contact the parent for the purpose of establishing the following:
 - 3.3.1.suitable time (morning, afternoon, or evening);
 - 3.3.2.two possible dates for the hearing to be held; and
 - 3.3.3.whether the hearing will be closed or open.
- 3.4. The BabyNet state office, upon receiving the request for a hearing, shall inform the parents of low-cost or free legal and other relevant services available to them and shall document the information given.
- 3.5. Parents involved in hearings shall have the right to:
 - 3.5.1.have the child who is the subject of the hearing present and
 - 3.5.2.open the hearing to the public.
- 3.6. At least five business days prior to a hearing, each party shall disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing. A hearing officer may bar any party that fails to comply with this requirement from introducing the relevant evaluation or recommendation at the hearing without the consent of the other party.
- 3.7. In the event that a parent refuses to consent to an initial evaluation, a request for a hearing can be made in writing to the BabyNet, giving a brief statement of facts supporting the grounds for the hearing.
- 3.8. The hearing shall occur no less than fifteen (15) days and no more than thirty (30) days from the receipt of a request for a hearing from the parent. A final decision must be reached in the hearing no later than forty-five (45) days after the receipt of a request for a hearing unless an extension is requested by either party and approved by the hearing officer.
 - 3.8.1.Extensions of the time frames established in this section shall only be permitted if exceptional circumstances exist with respect to a particular complaint. An extension shall not result in a decision later than ninety (90) days from receipt of the request for the hearing.
- 3.9. The lead agency shall maintain a list of the persons who serve as hearing officers. The list shall include a statement of the qualifications of each of those persons. An impartial hearing officer assigned by the Division of Special Education shall conduct the hearing. All hearing officers shall be trained in the following areas:
 - 3.9.1.state and federal special education and early intervention laws and regulations;
 - 3.9.2.the Uniform Administrative Procedures Act;
 - 3.9.3.clear writing and proper grammatical form;
 - 3.9.4.conducting hearings in an orderly and controlled manner;
 - 3.9.5.rendering decisions in an impartial manner, extracting pertinent data from a variety of sources, and arriving at an appropriate decision;
 - 3.9.6.the nature of developmental delays in infants and toddlers and early intervention programming;
 - 3.9.7.evaluation and assessment instruments and procedures;
 - 3.9.8.and a professional demeanor and objectivity.

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- 3.10. No hearing officer shall be an officer or employee of an early intervention program.
- 3.11. No hearing officer shall have a personal or professional interest that would conflict with his/her objectivity.
- 3.12. The BabyNet State Office shall be responsible for providing an appropriate meeting place, a stenographic record of the hearing and a typed transcript of the hearing proceedings, and shall bear the administrative costs of the hearing, with the exception of the services of the hearing officer. Expenses for the services of a court reporter, the original copy of the transcript and one copy for the parent will be reimbursed on submissions of appropriate documentation to the Division of Special Education. Court reporter fees will not, however, be reimbursed when transcripts are not released within ten (10) days after the date of the hearing, except in extraordinary circumstances, as determined by the hearing officer.
- 3.13. During the pendency of any proceeding involving an individual child complaint, unless the early intervention provider involved in the disputed service and the parents agree otherwise, the child must continue to receive the early intervention services listed in the IFSP.
 - 3.13.1. If the complaint involves initial eligibility for early intervention services, the child, with the consent of the parents, must be provided early intervention services until the completion of all the proceedings.
- 3.14. Any party to a due process hearing has the right to:
 - 3.14.1. be accompanied and advised and/or represented by counsel and by individuals with special knowledge or training with respect to the problems of eligible children;
 - 3.14.2. present evidence and confront, cross-examine, and compel the attendance of witnesses;
 - 3.14.3. receive a written decision including findings of fact and conclusions of law, based upon evidence presented at the hearing; and
 - 3.14.4. prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five (5) days before the hearing.
- 3.15. Requests for the attendance of witnesses shall be made to the lead agency who shall inform the hearing officer of the request. Subpoenas to compel the attendance of witnesses and the production of documentary evidence shall be issued by the hearing officer. The lead agency shall ensure the availability of appropriate employees called as witnesses.
- 3.16. The lead agency shall provide a typed transcript of the proceedings to the following:
 - 3.16.1. the parent; and
 - 3.16.2. the hearing officer (original copy).
- 3.17. A final decision will be reached in the hearing and a copy of the decision will be mailed to the following:
 - 3.17.1. the parent(s);
 - 3.17.2. the appropriate early intervention service providers; and
 - 3.17.3. the BabyNet State Office.
- 3.18. Unless a decision is rendered within forty-five (45) days after the receipt of a request for hearing, the hearing officer will not be reimbursed, except in extraordinary circumstances as determined by the Commissioner or a continuance is granted by the hearing officer. In addition, if no decision has been rendered within forty-five (45) days after the receipt of a request for hearing, the party requesting the hearing may request that a different hearing officer to be appointed to review the existing transcript and evidence and render a decision on the record.
- 3.19. A decision by a hearing officer, as a result of a hearing, is final unless a party appeals the decision to state court. Nothing in this section, however, shall prevent either party from bringing an action in the cognizant federal state court, as otherwise authorized by law. No party can file petitions for reconsideration to the hearing officer.
- 3.20. The state courts of the United States have jurisdiction of actions brought under section 615 of the IDEA without regard to the amount in controversy. Any party aggrieved by the findings and decision regarding an individual child complaint has the right to bring a civil action in state or federal court. In any such action brought in civil court, the court shall:
 - 3.20.1. receive the records of the administrative proceedings;
 - 3.20.2. hear additional evidence at the request of a party; and
 - 3.20.3. basing its decision on the preponderance of the evidence, grant the relief that the court determines to be appropriate.

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- 3.21. The lead agency shall, after removing personally identifiable information, transmit to the ICC the decision and make the due process hearing decisions available to the public, in a manner consistent with State and Federal confidentiality requirements.

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Response to public comment:

Although this section was not revised, clarification was requested and provided regarding the phrase, 'initiate actions' in Procedure 2.1.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446, §615	Policy Area: General Supervision, 3.C DISPUTE RESOLUTION	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.510-512	Policy: The Lead Agency shall maintain and implement as needed procedures for resolution of administrative complaints and verbal reports.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9-14		

Procedures

1. Written complaints

- 1.1. A complaint is a written, signed statement of fact filed by an individual or organization alleging that the BabyNet Program has violated state or federal law, or regulation.
- 1.2. The alleged violation must have occurred not more than one year prior to the date the complaint is received by the BabyNet lead agency, unless:
 - 1.2.1. A longer period so reasonable;
 - 1.2.2. The alleged violation continues for that child or other children; or
 - 1.2.3. The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the BabyNet lead agency receives the complaint.
- 1.3. Response to formal complaints submitted in writing to the lead agency will be conducted according to guidelines contained in the BabyNet Procedural Safeguards manual. It includes Dispute Resolution Guidelines for Complaint Investigation and Resolution Procedures as required by IDEA Part C (34 CFR 303.510.-303.512).

2. Verbal reports

- 2.1. Staff and contractors of participating agencies are expected to initiate investigative actions to address verbal reports of issues and concerns related to the delivery of BabyNet services.
- 2.2. The service coordinator must be informed if an issue is reported related to current services. The Service Coordinator must attempt to respond to reported concerns. If the service coordinator is unable to resolve the issue, it should be reported to the appropriate supervisor. If the supervisor is unable to resolve the issue, it must be reported to the supervisor in the service coordinating agency.
- 2.3. If resolution is not reached at the agency level, the BabyNet State Consultant should be contacted. As lead agency representatives, they are responsible for taking further actions required to assure resolution.
- 2.4. Factual information related to the report must be documented in the BabyNet record if the reported concern involves eligible children.
- 2.5. If a verbally reported concern results in a written, signed complaint, the response will be as described above.
- 2.6. Detailed information about the BabyNet dispute resolution process is contained in the BabyNet Procedural Safeguards Manual.

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Response to public comment:

Inclusion of national evidence-based principles, concepts and practices related to the provision of early intervention services is in no way intended to ‘insult’ or discount experienced practitioners of early intervention, but rather have been included as independent, observable measures of quality implementation of the policies and procedures.

Procedures 3.3 and 10.1: ‘BabyNet Supervisors’ was revised to state, ‘BabyNet Supervisors within participating agencies.’

Procedures 4.1 and 4.2: ‘ABA’ was revised to read, ‘Applied Behavior Analysis.’

Procedure 4.3: Footnote was removed.

Procedure 5.1: subcontract of DDSN Boards was removed

Procedure 10.1.6.1.4 was revised to read, ‘Primary Service Provider.’

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 § 635(a) (8-9)).	Policy Area: General Supervision, 3.D THE COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT	CSPD Competency Area: 1-5
Federal Regulations 34CFR §303.360-361;	Policy: All BabyNet System Personnel must meet the state and federal requirements for the Comprehensive System of Personnel Development under Part C of the Individuals with Disabilities Education Act.	TECSBOOK Chapter Series: 1000-5000
Performance Indicator: 9		

Procedures

1. All BabyNet System Personnel must meet the state and federal requirements for the Comprehensive System of Personnel Development under Part C of IDEA (34 CFR §303.360-361; IDEA 2004 § 635(a) (8-9)). This includes ‘demonstrable knowledge and skills’ related to the early intervention core competencies and evidence-based practices in working with families, teams, and infants and toddlers age birth to three with disabilities across all personnel.
2. Specifically, IDEA requires each state’s early intervention system to have a comprehensive system of personnel development that includes:
 - 2.1. Training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services;
 - 2.2. Implementing innovative strategies and activities for the recruitment and retention of early education service providers;
 - 2.3. Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
 - 2.4. Training personnel to coordinate transition services for infants and toddlers;
 - 2.5. Training personnel to work in rural and inner city areas; and
 - 2.6. Training personnel in the emotional and social development of young children.
 - 2.7. TECS collaborates with BabyNet Central Office and its partnering agencies to fulfill these requirements.
3. BabyNet System Personnel are defined by the role or roles an individual serves in South Carolina’s Part C early intervention system. These roles include:
 - 3.1. BabyNet State Office Personnel
 - 3.2. BabyNet Program Managers

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- 3.3. BabyNet Supervisors within participating agencies
 - 3.4. BabyNet Service Coordinators (Intake & Ongoing)
 - 3.5. BabyNet Service Providers, including Parent-to-Parent support providers, and
 - 3.6. Technical Assistance Specialists with TECS
4. BabyNet Service Providers are defined as personnel who provide services listed on a family and child's Individualized Family Service Plan (IFSP). Service Providers include:
- 4.1. Applied Behavior Analysis Program Consultants
 - 4.2. Applied Behavior Analysis A Providers
 - 4.3. Audiologists providing auditory verbal therapy
 - 4.4. Counselors
 - 4.5. Registered Dietitians
 - 4.6. Foreign Language Interpreters/Translators
 - 4.7. Interpreters for the Deaf & Hard of Hearing
 - 4.8. Medical Equipment Providers
 - 4.9. Nurses
 - 4.10. Occupational Therapists and Assistants
 - 4.11. Optometrists
 - 4.12. Orientation & Mobility Specialists
 - 4.13. Parent-to-Parent Support Providers
 - 4.14. Physical Therapists and Assistants
 - 4.15. Physicians
 - 4.16. Psychologists
 - 4.17. Social Workers
 - 4.18. Speech-Language Pathologists & Assistants
 - 4.19. Special Instructors
 - 4.20. Transportation Providers.
5. The South Carolina Part C Credential Process
- 5.1. The Credential is the process by which attainment of these Part C competencies is developed, refined, and documented. BabyNet Providers with an approved contract from the South Carolina First Steps to School Readiness/BabyNet Division, and agency staff employed by the county Boards of the Department of Disabilities and Special Needs, subcontractors of the State Department of Disabilities and Special Needs, the Department of Health and Environmental Control, Family Connection of South Carolina, and the South Carolina School for the Deaf and the Blind who serve in early intervention roles are required to apply for the South Carolina Part C Credential upon contract approval or hire, and to complete the TECSBOOK CSPD Curriculum in successful fulfillment of their state and federal CSPD obligations.
 - 5.2. BabyNet contracts with TECS to manage the Comprehensive System of Personnel Development (CSPD) in South Carolina. Each quarter, TECS provides reports to the Program Managers of each of the above agencies and the Provider Relations staff of BabyNet, indicating BabyNet System Personnel with a Credential application (different from the provider contract application) on file with TECS. The Early Intervention Core Competencies, BabyNet System Personnel Qualifications, and the Credential application and instructions can be found on the BabyNet and the TECS websites.
6. Once the South Carolina Part C Credential application is received by TECS, the applicant's information is entered into the Credential database, and a Provisional Credential Certificate is issued to the applicant. Upon successful completion of all required TECSBOOK CSPD Curriculum Chapters, the applicant will be issued a Continuing Credential Certificate valid for one (1) year. BabyNet System Personnel newly hired or contracted after March 1, 2009 must successfully complete all TECSBOOK Modules within 18 months of hire or contract approval by BabyNet State Office Provider Relations staff.
7. Maintenance of Continuing Credential status is accomplished by:

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- 7.1. Annual completion of all updates to Chapters finished while in Provisional Credential status, and
 - 7.2. Completion of all new TECSBOOK Chapters Modules posted each quarter (March, June, September, and December each year).
 - 7.3. Chapter updates and new postings will be announced through the TECSINFO Listserv.
 - 7.4. Contracted providers may be able to submit the modules to their relevant professional association for continuing education credits.
8. The TECSBOOK CSPD Curriculum Chapters and Lessons include content based on:
- 8.1. South Carolina's Core Competency Areas for BabyNet System Personnel as established by the Personnel Committee of the State Interagency Coordinating Council;
 - 8.2. The interdisciplinary early intervention competency areas set by the Council for Exceptional Children-Division of Early Childhood;
 - 8.3. Relevant national professional association practices for licensed disciplines (e.g., ASHA, AOTA, APTA, AAP, Nursing, Psychology, and Social Work) and
 - 8.4. The IDEA Part C Performance Indicators.
9. Focusing on relevancy and applicability to the service delivery contexts of families, children, and IFSP teams, the chapters and lessons are designed to be reinforced by effective supervision mechanisms. Finally, TECSBOOK is designed according to the following CSPD content standards in order to:
- 9.1. Provide enhanced support to South Carolina's early intervention system's ability to apply policies and procedures in a manner consistent with current evidence-based practice and scientifically-based research in the following areas:
 - 9.2. Support BabyNet System Personnel in:
 - 9.2.1. meeting the interrelated social or emotional, health, developmental, and educational, early literacy & language needs of eligible children under this part;
 - 9.2.2. Facilitating children's development and maintenance of positive social relationships; acquisition and use knowledge and skills; and initiation of appropriate action to meet their needs.
 - 9.2.3. Assisting families in knowing their rights, enhancing the development of their children, and in participating fully in the development and implementation of IFSPs;
 - 9.2.4. Meeting the service coordination & service delivery needs of children who are:
 - 9.2.4.1.1.1.1.1. involved in substantiated child abuse or neglect,
 - 9.2.4.1.1.1.1.1.2. In foster care,
 - 9.2.4.1.1.1.1.1.3. Wards of the state,
 - 9.2.4.1.1.1.1.1.4. In the transition process, or
 - 9.2.4.1.1.1.1.1.5. Identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure; and
 - 9.2.5. Assist BabyNet System Personnel in meeting the service coordination & service delivery needs of families and children who reside in rural and inner city areas, on Indian reservations, and who are homeless.
10. Demonstration of Competencies:
- 10.1. Observations of BabyNet System Personnel by BabyNet supervisors in participating agencies, technical assistance specialists, and/or BabyNet State Office Personnel will be based on operation definitions of the key principles that form the basis of these policies, as captured in following practices:
 - 10.1.1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.
 - 10.1.1.1. Key Concepts
 - 10.1.1.1.1. Learning activities and opportunities must be functional, based on child and family interest and enjoyment
 - 10.1.1.1.2. Learning is relationship-based
 - 10.1.1.1.3. Learning should provide opportunities to practice and build upon previously mastered skills
 - 10.1.1.1.4. Learning occurs through participation in a variety of enjoyable activities

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This principle DOES look like this	This principle DOES NOT look like this
Using toys and materials found in the home or community setting	Using toys, materials and other equipment the professional brings to the visit
Helping the family understand how their toys and materials can be used or adapted	Implying that the professional’s toys, materials or equipment are the “magic” necessary for child progress
Identifying activities the child and family like to do which build on their strengths and interests	Designing activities for a child that focus on skill deficits or are not functional or enjoyable
Observing the child in multiple natural settings, using family input on child’s behavior in various routines, using formal and informal developmental measures to understand the child’s strengths and developmental functioning	Using only standardized measurements to understand the child’s strengths, needs and developmental levels
Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings	Teaching specific skills in a specific order in a specific way through “massed trials and repetition” in a contrived setting
Focusing intervention on caregivers’ ability to promote the child’s participation in naturally occurring, developmentally appropriate activities with peers and family members	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities
Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label	Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities

10.1.2. All families, with the necessary supports and resources, can enhance their children’s learning and development.

10.1.2.1. Key Concepts

- 10.1.2.1.1. All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
- 10.1.2.1.2. The consistent adults in a child’s life have the greatest influence on learning and development-not EI providers
- 10.1.2.1.3. All families have strengths and capabilities that can be used to help their child
- 10.1.2.1.4. All families are resourceful, but all families do not have equal access to resources
- 10.1.2.1.5. Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

This principle DOES look like this	This principle DOES NOT look like this
Assuming all families have strengths and competences; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly	Basing expectations for families on characteristics, such as race, ethnicity, education, income or categorizing families as those who are likely to work with early intervention and those who won’t
Suspending judgment, building rapport, gathering information from the family about their needs and interests	Making assumptions about family needs, interests, and ability to support their child because of life circumstances

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Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reducing stressors	Assuming certain families need certain kinds of services, based on their life circumstances or their child’s disability
Identifying with families how all significant people support the child’s learning and development in care routines and activities meaningful and preferable to them	Expecting all families to have the same care routines, child rearing practices and play preferences.
Matching outcomes and intervention strategies to the families’ priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive	Viewing families as apathetic or exiting them from services because they miss appointments or don’t carry through on prescribed interventions, rather than refocusing interventions on family priorities
Matching the kind of help or assistance with what the family desires; building on family strengths, skills and interests to address their needs	Taking over and doing “everything” for the family or, conversely, telling the family what to do and doing nothing to assist them

10.1.3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.

10.1.3.1. Key Concepts

- 10.1.3.1.1. EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child’s development
- 10.1.3.1.2. Families are equal partners in the relationship with service providers
- 10.1.3.1.3. Mutual trust, respect, honesty and open communication characterize the family-provider relationship

This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working “partnership” with families	Being “nice” to families and becoming their friends
Valuing and understanding the provider’s role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family’s role is to be a passive observer of what the provider is doing “to” the child
Providing information, materials and emotional support to enhance families’ natural role as the people who foster their child’s learning and development	Training families to be “mini” therapists or interventionists
Pointing out children’s natural learning activities and discovering together the “incidental teaching” opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines

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the family is doing to support their child	
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child’s ability to perform the professionally determined activities and parent’s compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing “expert” services

10.1.4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

10.1.4.1. Key Concepts

- 10.1.4.1.1. Families are active participants in all aspects of services
- 10.1.4.1.2. Families are the ultimate decision makers in the amount, type of assistance and the support they receive
- 10.1.4.1.3. Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly
- 10.1.4.1.4. The adults in a child’s life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- 10.1.4.1.5. Each family’s culture, spiritual beliefs and activities, values and traditions will be different from the service provider’s (even if from a seemingly similar culture); service providers should seek to understand, not judge
- 10.1.4.1.6. Family “ways” are more important than provider comfort and beliefs (short of abuse/neglect)

This principle DOES look like this	This principle DOES NOT look like this
Evaluation/assessments address each family’s initial priorities, and accommodate reasonable preferences for time, place and the role the family will play	Providing the same “one size fits all” evaluation and assessment process for each family/child regardless of the initial concerns
Preparing the family to participate in the IFSP meeting, reinforcing their role as a team member who participates in choosing and developing the outcomes, strategies, activities and services and supports	Directing the IFSP process in a rote professional-driven manner and presenting the family with prescribed outcomes and a list of available services
Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family’s cultural, ethnic, racial, language, socioeconomic characteristics and preferences	Expecting families to “fit” the services; giving families a list of available services to choose from and providing these services and supports in the same manner for every family
Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family.	Providing all the services, frequency and activities the family says they want on the IFSP
Treating each family member as a unique adult learner with valuable insights, interests, and skills	Treating the family as having one learning style that does not change

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Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family	Expecting the IFSP document outcomes, strategies and services not to change for a year
Recognizing one’s own culturally and professionally driven childrearing values, beliefs, and practices; seeking to understand, rather than judge, families with differing values and practices	Acting solely on one’s personally held childrearing beliefs and values and not fully acknowledging the importance of families’ cultural perspectives
Learning about and valuing the many expectations, commitments, recreational activities and pressures in a family’s life; using IFSP practices that enhance the families’ abilities to do what they need to do and want to do for all family members	Assuming that the eligible child and receiving all possible services is and should be the major focus of a family’s life

10.1.5. IFSP outcomes must be functional and based on children’s and families’ needs and priorities

10.1.5.1. Key Concepts

- 10.1.5.1.1. Functional outcomes improve participation in meaningful activities
- 10.1.5.1.2. Functional outcomes build on natural motivations to learn and do; fit what’s important to families; strengthen naturally occurring routines; enhance natural learning opportunities.
- 10.1.5.1.3. The family understands that strategies are worth working on because they lead to practical improvements in child & family life
- 10.1.5.1.4. Functional outcomes keep the team focused on what’s meaningful to the family in their day to day activities.

This principle DOES look like this	This principle DOES NOT look like this
Writing IFSP outcomes based on the families’ concerns, resources, and priorities	Writing IFSP outcomes based on test results
Listening to families and believing (in) what they say regarding their priorities/needs	Reinterpreting what families say in order to better match the service provider’s (providers’) ideas
Writing functional outcomes that result in functional support and intervention aimed at advancing children’s engagement, independence, and social relationships.	Writing IFSP outcomes focused on remediating developmental deficits.
Writing integrated outcomes that focus on the child participating in community and family activities	Writing discipline specific outcomes without full consideration of the whole child within the context of the family
Having outcomes that build on a child’s natural motivations to learn and do; match family priorities; strengthen naturally occurring routines; enhance learning opportunities and enjoyment	Having outcomes that focus on deficits and problems to be fixed
Describing what the child or family will be able to do in the context of their typical routines and activities	Listing the services to be provided as an outcome (Johnny will get PT in order to walk)

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Writing outcomes and using measures that make sense to families; using supportive documentation to meet funder requirements	Writing outcomes to match funding source requirements, using medical language and measures (percentages, trials) that are difficult for families to understand and measure
Identifying how families will know a functional outcome is achieved by writing measurable criteria that anyone could use to review progress	Measuring a child’s progress by “therapist checklist/observation” or re-administration of initial evaluation measures

10.1.6. The family’s priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

10.1.6.1. Key Concepts

- 10.1.6.1.1. The team can include friends, relatives, and community support people, as well as specialized service providers.
- 10.1.6.1.2. Good teaming practices are used
- 10.1.6.1.3. One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family’s life
- 10.1.6.1.4. The primary service provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won’t overwhelm or confuse family members

This principle DOES look like this	This principle DOES NOT look like this
Talking to the family about how children learn through play and practice in all their normally occurring activities	Giving the family the message that the more service providers that are involved, the more gains their child will make
Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary	Limiting the services and supports that a child and family receive
Planning and recording consultation and periodic visits with other team members; understanding when to ask for additional support and consultation from team members	Providing all the services and supports through only one provider who operates in isolation from other team members
Having a primary service provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes	Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues
Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed	Providing services outside one’s scope of expertise or beyond one’s license or certification
Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention	Defining the team from only the professional disciplines that match the child’s deficits

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providers from different disciplines	
Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team members understanding each others on-going roles.	Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers who do not meet and work together with the family as a team.
Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility	Working in isolation from other team members with no regular scheduled time to discuss how things are going

10.1.7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

10.1.7.1. Key Concepts

- 10.1.7.1.1. Practices must be based on and consistent with explicit principles
- 10.1.7.1.2. Providers should be able to provide a rationale for practice decisions
- 10.1.7.1.3. Research is on-going and informs evolving practices
- 10.1.7.1.4. Practice decisions must be data-based and ongoing evaluation is essential
- 10.1.7.1.5. Practices must fit with relevant laws and regulations
- 10.1.7.1.6. As research and practice evolve, laws and regulations must be amended accordingly

This principle DOES look like this	This principle DOES NOT look like this
Updating knowledge, skills and strategies by keeping abreast of research	Thinking that the same skills and strategies one has always used will always be effective
Refining practices based on introspection to continually clarify principles and values	Using practices without considering the values and beliefs they reflect
Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation	Using practices that “feel good” or “sound good” or are promoted as the latest “cure-all”
Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws	Using practices that are contrary to relevant policies, regulations or laws

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Response to public comment:

The data for late services, initial IFSs, and transition conferences has been clarified, as have the procedures related to ‘additional data’ to indicate the data sources. An additional BabyTrac report was included for service utilization and frequency, necessary for establishment of baseline data and future evaluation of system effectiveness and efficiency.

Procedures were added regarding the use of valid and reliable data in the annual state-to-local determinations of compliance and performance.

The Lead Agency notes and agrees with comment regarding the need for a single data system related to the State Performance Plan indicators and payor of last resort requirements.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §§616, 618, and 635(a)(14)	Policy Area: General Supervision, 3.E DATA COLLECTION	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.176 and 303.540	Policy: The Lead Agency shall maintain a system for collecting, managing, analyzing, and reporting statewide data regarding the current operational status of the various components of South Carolinas Early Intervention System. Data shall be publicly reported in a manner that does not result in the disclosure of data identifiable to individual children. All BabyNet Service Coordinators and Service Providers are responsible for accurate and timely data collection and entry into the South Carolina BabyTrac data system.	TECSBOOK Chapter Series: 1000
Performance Indicator: 1-14		

Procedures: specific aspects of the early intervention system for which data is currently compiled and utilized includes, but is not limited to the following:

1. BabyNet shall provide data each year to the Secretary of Education and the public on the following State Performance Plan Indicators:
 - 1.1. The number and percentage of children with disabilities who are receiving early intervention services:
 - 1.1.1.who received services in a timely manner;
 - 1.1.1.1. The number of children for whom the timely delivery of any service was late for reasons other than exceptional family circumstances, reported by:
 - 1.1.1.1.1. BabyTrac ID number;
 - 1.1.1.1.2. BabyNet Service Coordinator;
 - 1.1.1.1.3. Date the service provision was due;
 - 1.1.1.1.4. Date the service was received;
 - 1.1.1.1.5. Whether receipt of the service occurred within 12 months of identification of non-compliance; and
 - 1.1.1.1.6. Whether receipt the service occurred prior to the child’s exit from BabyNet at age three years;
 - 1.1.2.who received services in the natural environment;
 - 1.1.3.the early child outcome progress category for all children exiting BabyNet who entered prior to age 30 months and who received at least six month of continuous services prior to exiting the BabyNet Early Intervention System;
 - 1.1.4. The number and percentage of families reporting for each family outcome;
 - 1.1.5.who are ages birth to 12 months;
 - 1.1.6.who are between the ages of birth and 36 months;

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- 1.1.7.who have an initial IFSP developed within 45 days from referral to the BabyNet system;
 - 1.1.7.1. The number of children for whom the initial IFSP was late for reasons other than exceptional family circumstances, reported by:
 - 1.1.7.1.1. BabyTrac ID number;
 - 1.1.7.1.2. BabyNet Service Coordinator;
 - 1.1.7.1.3. Date the initial IFSP was due;
 - 1.1.7.1.4. Date the initial IFSP was developed;
 - 1.1.7.1.5. Whether receipt of the initial IFSP occurred within 12 months of identification of non-compliance; and
 - 1.1.7.1.6. Whether receipt of initial IFSP occurred prior to the child's exit from BabyNet at age three years;
 - 1.1.8.who receive appropriate transition planning and timely transition notification, referral, and a transition conference with the local education agency prior to age 33 months;
 - 1.1.8.1. The number of children for whom the transition conference were late for reasons other than exceptional family circumstances, reported by:
 - 1.1.8.1.1. BabyTrac ID number;
 - 1.1.8.1.2. BabyNet Service Coordinator;
 - 1.1.8.1.3. Date the transition conference was due;
 - 1.1.8.1.4. Date the transition conference was received;
 - 1.1.8.1.5. Whether receipt of the transition conference occurred within 12 months of identification of non-compliance; and
 - 1.1.8.1.6. Whether receipt of the transition conference occurred prior to the child's exit from BabyNet at age three years;
 - 1.1.9. The number of due process complaints filed under section 615 and the number of hearings conducted.
 - 1.1.10. The number of hearings requested under section 615(k) and the number of changes in placements ordered as a result of those hearings.
 - 1.1.11. The number of mediations held and the number of settlement agreements reached through such mediations.
2. BabyNet shall provide data each year to the Secretary of Education and the public on the following child count data:
 - 2.1. The number of children served by age and race;
 - 2.2. The primary service setting by age and race;
 - 2.3. The number of children exiting the BabyNet early intervention system, exit reasons and Part B eligibility for children exiting at age three years; and
 - 2.4. For each BabyNet service, the number of children by race receiving the service.
3. Valid and reliable data shall be one factor considered in annual state to local determinations of compliance by and performance of BabyNet System Personnel within BabyNet Partnering Agencies and under contract with the BabyNet Division of the Office of First Steps.
4. Additional data collected by the state data systems, minutes of local coordination team meetings, and other sources shall include:
 - 4.1. The number of referrals received by the system and the referral sources;
 - 4.2. The unduplicated number of eligible children served by the system
 - 4.3. The number of children receiving each service by provider and frequency;
 - 4.4. Local Child Find efforts through Local ICCs and partnering agencies;
 - 4.5. The availability and qualifications of service providers available in the State; and
 - 4.6. Training needs of service providers and the provision of training by the early intervention system.

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Response to Interagency Partner comments:

In response to e-mail communication from Cheryl Waller of May 28, 2010, procedures 5.5.2.1 and 5.6.2.1 have been added.

Per the staff of the Data Accountability Center, IDEA does not require retention of closed educational records by the Lead Agency for Part C. Policy and procedures for documentation and record management have been revised since discussion of May 25, 2010 to reflect that the partnering agency designated as responsible for service coordination at time of closure to all BabyNet services shall maintain the final copy of the educational record

The BabyNet Division of First Steps, the South Carolina Departments of Disabilities and Special Needs and of Health and Environmental Control, and the South Carolina School for the Deaf and the Blind, as agencies participating in the South Carolina BabyNet Early Intervention System under Part C of IDEA, are all subject to the regulations of the Family Educational Rights and Privacy Act (FERPA). Therefore, all requests by the Lead Agency to review active or inactive records for the purposes of general supervision (including but not limited to dispute resolution, integrated monitoring processes, and/or verification of monitoring findings) are excluded from formal FERPA exception procedures.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 93-380, § 513	Policy Area: General Supervision, 3.F DOCUMENTATION/RECORD MANAGEMENT	CSPD Competency Area: 1
Federal Regulations 34 CFR §§99.1-99.67	Policy: The BabyNet Record is an educational record (not a medical record), to be kept in a confidential manner in accordance with applicable program policy, and state or federal statute and regulations, including the Family Educational Rights and Privacy Act.	TECSBOOK Chapter Series: 1000
Performance Indicator: 9		

Procedures: Components of the BabyNet Educational record

1. The record will includes personally identifiable information about a child or the child’s family that is generated by the BabyNet system as follows:
 - 1.1. Signed copies of all consent forms;
 - 1.2. Results of screening, evaluations, and assessment results conducted by BabyNet system personnel or designee (e.g., PEDS, M-CHAT, initial evaluation and assessment, etc.) or received from other providers;
 - 1.3. All correspondence with the family including printed copies of email messages;
 - 1.4. IFSP form and all related documentation;
 - 1.5. Authorization forms;
 - 1.6. Service notes; and
 - 1.7. Any other information generated or obtained through the BabyNet System.

2. Confidentiality of information contained in the BabyNet record
 - 2.1. The requirements for maintenance and access to educational records are stated within IDEA and the Family Educational Rights and Privacy Act (FERPA).
 - 2.2. In addition to the federal requirements referenced above, handling, filing, storage, and archiving of BabyNet records of services provided must be completed according to specific guidelines of the agency providing service coordination to the family and child.
 - 2.3. The BabyNet Division of the Office of First Steps is responsible for assuring retention of the entire BabyNet record according to IDEA and FERPA requirements.

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3. Record content, forms and compilation All BabyNet records will be limited to the content and format described below.
 - 3.1. PROTECTED INFORMATION
 - 3.1.1. Protective Services Report (when applicable)
 - 3.2. CLIENT PROFILE, HX
 - 3.2.1. BabyTrac profile sheet
 - 3.2.2. Medicaid screen
 - 3.2.3. Developmental screening forms (e.g., PEDS, M-CHAT, etc),
 - 3.2.4. Eligibility Evaluation
 - 3.2.5. Initial and Ongoing Assessment of child's unique strengths and needs
 - 3.2.6. Initial and Ongoing Assessment of family's resources, priorities, and concerns
 - 3.2.7. Family Hearing and Vision Questionnaire
 - 3.2.8. Insurance Resources form
 - 3.3. CORRESPONDENCE/OTHER
 - 3.3.1. Primary Health Care Provider Summary form
 - 3.3.2. Prescriptions, letters, notes, memos to and/or from family, physicians, or other providers.
 - 3.3.3. Written Prior Notice form
 - 3.3.4. Transition Referral form
 - 3.3.5. Transition Conference form
 - 3.3.6. Closure Letter
 - 3.3.7. Request for and Follow-up of Services
 - 3.3.8. Child Outcome Summary form for Entry and Exit data
 - 3.3.9. Child Outcome Data Entry form for Entry and Exit data
 - 3.3.10. Record Transmittal Cover Sheet
 - 3.4. FINANCIAL
 - 3.4.1. BabyNet Payment Authorization forms
 - 3.4.2. Interpretative Services Log
 - 3.4.3. Transportation Log
 - 3.4.4. Assistive Technology Request(s)
 - 3.5. All service coordination notes
 - 3.6. OTHER PROVIDERS
 - 3.6.1. Any reports from medical specialists, Audiologists, Pediatricians, etc.
 - 3.6.2. Any relevant WIC/CRS or County Health Department information pertaining to the child (i.e., screenings or information on services received or currently receiving).
 - 3.7. HOSPITAL
 - 3.7.1. Any birth records, hospital stay or surgical reports.
 - 3.8. IFSP SERVICE PROVIDERS
 - 3.8.1. Provider evaluation/assessment reports
 - 3.8.2. Provider Family Training Plan
 - 3.8.3. Provider Quarterly Progress Notes
 - 3.9. ELIGIBILITY
 - 3.9.1. Consent for Screening, Evaluation and Assessment
 - 3.9.2. Consent for Obtaining and/or Releasing Information
 - 3.9.3. Birth and Early Health History
 - 3.9.4. Parent Refusal of Services form
 - 3.9.5. ICO Documentation Form
 - 3.9.6. Assignment of Surrogate Parent
 - 3.10. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
 - 3.10.1. Initial IFSP
 - 3.10.2. Periodic Reviews of the IFSP
 - 3.10.3. Annual Evaluations of the IFSP

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4. Record Entry Format

- 4.1. The guidelines contained here are consistent with Medicaid guidelines. Service coordination agencies (DHEC, DDSN, and SDB) may have additional record entry requirements.
- 4.2. Service notes and other entries made by BabyNet staff must be:
 - 4.2.1. Typed or handwritten in dark ink (permissible to note allergies in red);
 - 4.2.2. Easily legible;
 - 4.2.3. Kept in chronological order;
 - 4.2.4. Include date (month, day, year) note is written; and
 - 4.2.5. Signed by the service provider with professional title. If space is limited, it is acceptable to use initials by each entry if the legal signature appears at least once on the same .
 - 4.2.6. Service notes written into the record more than seven days after the activity that is described must be identified as late entries.
 - 4.2.7. Each EIS agency must maintain a list of any abbreviations or symbols used in the records. This list must be clear as to the meaning of each abbreviation or symbol. ONLY abbreviations and symbols on this approved list may be used.
 - 4.2.8. When errors are made in service notes the service provider must clearly draw one line through the error, write the word, "error", enter the correct information, and add service provider signature or initials and date. If additional explanation is appropriate, this may be included. The information contained in the error must remain legible. No correction fluid or erasable ink may be used.
 - 4.2.9. If a record review reveals that a service note was not signed when written, the note must be signed immediately and that signature given the current date. A current service note must be written to explain the difference between the signature date and the date the note was actually written;
- 4.3. Service Note Content
 - 4.3.1. All service notes must contain information sufficient to demonstrate completion of reimbursable services. This requires the following at a minimum:
 - 4.3.1.1. The contact person;
 - 4.3.1.2. Type of contact;
 - 4.3.1.3. Location of contact;
 - 4.3.1.4. Length of contact time (in billable units);
 - 4.3.1.5. Actions completed results and planned follow-up activities.
 - 4.3.2. Additional information may be required by third party payors depending on service or service provider. The information listed above will assure compliance with minimal Medicaid requirements.
 - 4.3.3. Service notes must be individualized to the specific child represented by the BabyNet record.
 - 4.3.4. Persons referenced in service notes or any supporting correspondence must be identified by relationship to the child at least once on each
 - 4.3.5. The content of the service note will contain sufficient detail to clearly communicate the purpose of the note and to document billable activity
 - 4.3.6. Written correspondence, pertinent oral communications, completed reports/forms and completion/updates to the IFSP must be documented in service notes to include identification in the record of any referenced documents;
 - 4.3.7. Service notes should be limited to description of actions taken and/or observations relevant to the child or family's needs and provision of BabyNet services.
 - 4.3.8. Service notes will document the units of time (15 minutes per unit) required to complete the billable activity. A unit of service generally represents 15 minutes of time spent delivering the service. Documentation of activities must support the number of units billed.

5. Transferring Records

- 5.1. The BabyNet Service Coordinator Supervisor or appropriate state BabyNet Program Manager is available for assistance as needed with any of the steps outlined below. Interagency notifications should be done by email as much as possible. BabyNet Record Transmittal Cover Sheet is to be used for all record transfers.
- 5.2. Designees may be used as appropriate for Service Coordinator, Supervisor and/or Program Manager activities described in this section.

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5.3. Lost to Follow-up cases prior to initial IFSP:

5.3.1. The Intake Service Coordinator will:

- 5.3.1.1. Document three attempts to contact the family over seven working days to schedule the initial IFSP. At least one attempt must be in writing.
- 5.3.1.2. If the family fails to respond to attempted contacts, the Intake Service Coordinator will:
 - 5.3.1.2.1. Send the Written Prior Notice to the family and document in service notes.
 - 5.3.1.2.2. Close the child to BabyNet Services in ten calendar days and enter exit data on BabyTrac.
 - 5.3.1.2.3. Retain the closed record at the System Point of Entry Office.

5.4. Lost to Follow-up cases after IFSP development:

5.4.1. When the Ongoing Service Coordinator determines that family is lost to follow up, the following activities will occur:

- 5.4.1.1. Document attempts to contact the family to determine interest in continued BabyNet services. Send Written Prior Notice to family closing BabyNet services.
- 5.4.1.2. If family makes contact and wants services reinstated, document in service notes. Unless family requests a change in Service Coordinator (Procedure 5.5 below), no other actions are needed.
- 5.4.1.3. If unable to contact family or if family indicates that they no longer want BabyNet services, send the Written Prior Notice to confirm that case will be closed and document in service notes. In 10 calendar days, close all BabyNet services and enter exit data on BabyTrac.
- 5.4.1.4. Inform all BabyNet Service Providers working with the family that closure to BabyNet services is occurring. This notification may be done by email.
- 5.4.1.5. Ongoing Service Coordinator at time of closure sends e-mail request to appropriate BN State Consultant requesting closure in BT.
- 5.4.1.6. Retain the closed record at the local early intervention agency providing service coordination at time of closure.

5.5. Transfer Between Ongoing Service Coordination Providers (no change in county of residence):

5.5.1. The provider initiating the transfer (Service Coordinator and/or Supervisor based on agency protocols) will:

- 5.5.1.1. Discuss the need for change in service coordination provider with the family and identify a specific provider if family has a preference.
- 5.5.1.2. Inform the receiving provider that records will be transferred and the reason for the transfer. Confirm that receiving provider will accept the transfer.
- 5.5.1.3. Send Written Prior Notice and document in service notes.
- 5.5.1.4. Inform all BabyNet Service Providers working with the family of the change in Service Coordination and new IFSP team member.
- 5.5.1.5. Send copy of the BabyNet record with the Records Transmittal Sheet to the receiving provider. (The record includes copies of the materials listed in Policies 3.1-3.10 above).
- 5.5.1.6. Upon confirmation from receiving provider, change Service Coordination agency in BabyTrac.

5.5.2. The receiving provider (Service Coordinator and/or Supervisor based on agency protocols) will:

- 5.5.2.1. Confirm provider ability to accept the transfer. If DHEC staff have not received confirmation required to forward records within 3 working days after email notification, contact the state level program manager for the assigned service coordinator and/or the lead agency for instructions on how to proceed.
- 5.5.2.2. Review the information sent by referring provider.
- 5.5.2.3. Request that the referring provider make the change in service coordination provider on BabyTrac.
- 5.5.2.4. Complete the BabyTrac transfer once initiated by the referring provider.
- 5.5.2.5. Notify the referring provider that the transfer has been completed.
- 5.5.2.6. Initiate contact with family, not to exceed four working days.
- 5.5.2.7. Follow procedures for completing an IFSP Change Review.

5.6. Transfer Between Ongoing Service Coordination Providers (change in county of residence):

5.6.1. The provider initiating the transfer (Service Coordinator and/or Supervisor based on provider protocols) will:

- 5.6.1.1. Obtain change of address information from family.

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- 5.6.1.2. Discuss the need for change in service coordination agencies with the family and identify a specific provider within the receiving county if family has a preference.
- 5.6.1.3. Inform the receiving provider that records will be transferred due to family's relocation.
- 5.6.1.4. Send Written Prior Notice to family and document in service notes.
- 5.6.1.5. Inform all Service Providers of the change in Service Coordination due to family's relocation.
- 5.6.1.6. Close the child to provider services.
- 5.6.1.7. Send a copy of the BabyNet Record with the Records Transmittal Cover Sheet to the receiving provider.
- 5.6.2. The provider receiving the transfer (Service Coordinator and/or Supervisor based on provider protocols) will:
 - 5.6.2.1. Confirm provider ability to accept the transfer. If DHEC staff have not received confirmation required to forward records within 3 working days after email notification, contact the state level program manager for the assigned service coordinator and/or the lead agency for instructions on how to proceed.
 - 5.6.2.2. Review the information sent by referring provider.
 - 5.6.2.3. Initiate prompt contact with the family, (not to exceed four working days.) to schedule a change review.
 - 5.6.2.4. Follow procedures for completing an IFSP Change Review.
 - 5.6.2.5. Make the necessary BabyTrac changes including change of address, change in Service Coordination Provider and Service Coordinator.
 - 5.6.2.6. Send a copy of the Records Transmittal Cover Sheet and change of address information, new Service Coordination Provider and Service Coordinator to the transferring SPOE office.
- 5.7. Exiting BabyNet due to planned closure:
 - 5.7.1. The agency, (Service Coordinator and/or Supervisor based on agency protocols), initiating the planned closure will:
 - 5.7.1.1. Provide Written Prior Notice to the family and document in service notes.
 - 5.7.1.2. Close the child to agency services as appropriate.
 - 5.7.1.3. Inform all BabyNet Service Providers working with the family that closure to BabyNet services is occurring. This notification may be done by email.
 - 5.7.1.4. Ongoing Service Coordinator at time of closure sends e-mail request to appropriate BN State Consultant requesting closure in BT.
 - 5.7.1.5. Retain the closed record at the local early intervention agency providing service coordination at time of closure.
6. Record Requests
 - 6.1. Record requests received at the BabyNet State Office for children with Active and Inactive IFSP status will be forwarded to the Program Manager for the agency currently providing service coordination services.
7. Record Storage, Retention, and Archiving.
 - 7.1. Each agency must store active BabyNet records in confidential manner accordance with applicable program policy, and state or federal statute and regulations, including the Family Educational Rights and Privacy Act.
 - 7.2. When a case is closed to all BabyNet services, DHEC, DDSN, and/or SCSDB BabyNet staff or contractors must:
 - 7.2.1. Archive record as needed for storage and retention according to agency policy.
 - 7.2.2. Closed records will be retained and archived according to FERPA requirements governing records of minors (children under age 18).
 - 7.2.3. Records shall be kept for 13 years after the date of last treatment, when they may be destroyed, provided the client is at least 18 years of age at the time of record destruction.
8. Special Circumstances: BabyNet Service Coordinators will follow appropriate agency-specific policies for children who are:
 - 8.1. Adopted while receiving BabyNet services.
 - 8.2. Experience a change in guardianship or legal custody.

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

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Response to public comment:

To the extent appropriate, clarifications have been provided and revisions made as appropriate in response to public comment regarding the use federal regulatory language in this section.

Additionally, the following language has been added: “Only in instances where special instruction is identified by all members of an IFSP team as a service needed by the family to assist the child in accomplishment of IFSP goals may BabyNet Service Coordinators employed by the South Carolina Department of Disabilities and Special Needs (or its subcontractors) also provide a service.” Also, please also see revision to the Service Delivery section of this manual for further clarification of this process.

Formatting of this section has been revised in response to public comment. Additionally, content from the current policies has been restored to clarify this section.

Response to Interagency Partners:

DDSN/CO: Allow family preference alone to govern who provides special instruction and service coordination.

See above. Additionally, identifying an early intervention service on an IFSP is required to be a team decision; selection of a provider remains a family decision assuming provider is available and meets requirements as BabyNet Service Provider

DHEC participation in assessment of resources required to complete this role (including consideration for whether this is best use of DHEC resources in short and long term) – this will depend on:

- Extent of implementation of child find, evaluation and assessment and other proposed changes;*
- Assessment Medicaid coverage for assigned DHEC activities to determine impact (if any) on the revenue supporting these activities;*
- Comparison of required resources to level of DHEC resources likely to be available in FY 2011;*
- Development of a jointly determined, realistic schedule for implementation;*
- Identification of other actions required if DHEC is unable to meet expectations;*
- Service coordinating agency review and input into criteria and standards for selecting evaluation and assessment contractor(s);*
- Further discussion of evaluation and assessment contractor(s) responsibilities, timeliness of completion of evaluation and assessment, and expected coordination with the intake services agency (DHEC); and*
- Pilot testing before full implementation.*

The BabyNet Division of the Office of First Steps has agreed to will make the request for proposals for the Initial Evaluation and Assessment Team available for interagency review.

Communication with Division of Monitoring and State Improvement Planning, Office of Special Education Programs will impact both the date policies must be effective, the date policies must be implemented, and thus the ability to pilot changes in limited localities. This feedback will be shared with Interagency Partners upon receipt.

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Federal Statute P.L. 108-446 §§ 632, 635, 636	Policy Area: System of Service, 4.A SERVICE COORDINATION (TARGETED CASE MANAGEMENT)	CSPD Competency Area: 3, 5
Federal Regulations (pending) 34 CFR §§303.12, 303.23,303.344, and 303.521	Policy: Each family eligible for IDEA/Part C services within the South Carolina BabyNet Early Intervention System shall be assigned 1) an initial BabyNet Service Coordinator for orientation and intake activities, and 2) an ongoing BabyNet Service Coordinator for implementation of the Individualized Family Service Plan.	TECSBOOK Chapter Series: 3000, 5000
Performance Indicator: 1-9	Only in instances where special instruction is identified by all members of an IFSP team as a service needed by the family to assist the child in accomplishment of IFSP goals may BabyNet Service Coordinators employed by the South Carolina Department of Disabilities and Special Needs (or its subcontractors) also provide a service.	

Procedures:

1. General.

- 1.1. Service coordination means the activities carried out by a service coordinator to assist and enable a child eligible for BabyNet and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the Part C of the Individuals with Disabilities Education Act.
- 1.2. The legislative history of the 1991 amendments to the IDEA indicates that the use of the term “service coordination” was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to “case management” services.
- 1.3. Each child eligible for BabyNet services and the child’s family must be provided with one service coordinator who is responsible for:
 - 1.3.1. Coordinating all services across agency lines; and
 - 1.3.2. Serving as the single point of contact in helping parents to obtain the services and assistance they need.
 - 1.3.3. Service coordination is an active, ongoing process that involves—
 - 1.3.4. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
 - 1.3.5. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
 - 1.3.6. Facilitating the timely delivery of available services; and
 - 1.3.7. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child’s eligibility.

2. Specific service coordination activities. Service coordination activities include—

- 2.1. Coordinating the performance of evaluations and assessments;
- 2.2. Facilitating and participating in the development, review, and evaluation of individualized family service plans (IFSP);
- 2.3. Assisting families in identifying available service providers;
- 2.4. Coordinating and monitoring the delivery of available services;
- 2.5. Informing families of the availability of advocacy services;
- 2.6. Coordinating with medical and health providers; and
- 2.7. Facilitating the development of a transition plan to preschool services, if appropriate.

3. Employment and assignment of service coordinators.

- 3.1. Partnering agencies with existing service coordination systems the South Carolina Department of Disabilities and Special Needs, the Department of Health and Environmental Control, and the South Carolina School for the Deaf and the Blind) will be utilized by BabyNet, so long as the delivery of service coordination is consistent with BabyNet policies and procedures.

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- 3.2. Qualifications of service coordinators. Service coordinators must be persons who have demonstrated knowledge and understanding about:
 - 3.2.1. Infants and toddlers with disabilities and/or delays in development;
 - 3.2.2. Part C of the Individuals with Disabilities Education Act and the accompanying regulations for Part C; and
 - 3.2.3. The nature and scope of early intervention services available through BabyNet, the system of payments for services in the State, and other pertinent information.

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Federal Statute P.L. 108-446 §635(a)(5)	Policy Area: System of Services, 4.B RECEIPT OF REFERRALS	CSPD Competency Area: 1
Federal Regulations: 34 CFR §§303.165, 303.321	Policy: Referrals shall be processed in a timely manner to ensure the initial eligibility and assessment and, for children found eligible, development of the initial Individualize Family Service Plan meet the 45-day requirements.	TECSBOOK Chapter Series: 1000
Performance Indicators: 5 & 6		

Procedures:

1. Referrals will be accepted at all designated BabyNet system point of entry (SPOE) locations. The reason for referring a child to the BabyNet System is to determine child’s need for, and parent’s interest in, initiating further action to determine BabyNet eligibility.
2. Referrals shall be accepted by phone, fax, and written correspondence or in person. The BabyNet referral form will be given to local primary referral sources for use when making referrals (though use of a specific form is not required to make a referral). Documentation of failed screening results must be attached to the referral form, or faxed to the System Point of Entry office immediately following telephone contact with the referral source.
3. All contact with the family must be in the family’s native language or in the mode of communication used by the parent. SPOE personnel should be aware of and sensitive to the family’s culture, ethnicity and language.
4. Children three years of age or older will NOT be considered a referral; however, they will be referred to the Local Education Agency (LEA) and will be informed of any other community resources that may benefit their family.
5. Receipt of Referrals: Information in this section covers a majority of BabyNet referrals. Alternate or additional actions may be required if:
 - 5.1. The child is temporarily living in a county other than the county of residence (this includes children who are referred during hospitalization); or
 - 5.2. The child’s parents or guardians are unable to participate in BabyNet planning activities; or
 - 5.3. The child is known to be homeless; or
 - 5.4. The child has been referred by DSS as required when children under age three are the victims of substantiated child maltreatment.
6. Referral Sources
 - 6.1. Anyone can refer an infant or toddler under age three to BabyNet. Most referrals come from family members, childcare providers, and individuals or agencies providing health and social or support services to children and families.
 - 6.2. All agencies participating in the BabyNet interagency memorandum of agreement should refer all children served who are under age three and might benefit from BabyNet services.
 - 6.3. In addition, the state Division of Social Services is legislatively required to refer children for IDEA Part C (BabyNet) services when children under age three are the victims of substantiated child maltreatment.
 - 6.4. Referral content

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7. Referral Content
 - 7.1. BabyNet referral of a child under age three requires communicating the following information to a designated BabyNet system point of entry office (see list in Appendix 1):
 - 7.1.1. Child's first and last name;
 - 7.1.2. Date of birth;
 - 7.1.3. Child's address and phone number (and/or other contact information sufficient to allow BabyNet intake staff to contact the family); and
 - 7.1.4. Name of parent, legal guardian, or primary caretaker.
 - 7.2. This is referred to as "directory information". It can be shared for purposes of IDEA Part C eligibility determination and/or Part B notification without explicit parental permission. This information can be communicated verbally (in person or via telephone), or in writing (letter, fax, or email). A BabyNet referral form is not required to make a referral.
8. Procedures based on age at referral
 - 8.1. 29 months or under at referral: Follow guidelines for referral and intake
 - 8.2. 29 - 36 months at referral:
 - 8.2.1. BabyNet Intake Coordinator will discuss the IDEA requirement of **immediate** referral to pre-school services and send required directory information to the local education agency (LEA) using the Transition Referral form. When the family is not in agreement with a referral to the LEA, only directory information is on the Transition Referral form and sent to the LEA. When the family agrees to transition referral, and signs the *BabyNet Consent to Release/Obtain Information*, all available BabyNet information is sent to the LEA.
 - 8.2.2. Families will also be informed of DSN and SDB services. Referrals to DSN and SDB will be initiated at the family's request.
 - 8.2.3. Enter Transition Referral Date on BabyTrac when the Transition Referral is sent to the LEA.
 - 8.3. 36 months or older at referral: The family is provided with contact information for the LEA
9. One of the following must be documented in the BabyNet record and BabyTrac within 45 calendar days of receipt of referral:
 - 9.1. Child does not meet eligibility criteria;
 - 9.2. Family is not interested in BabyNet services for referred child; or
 - 9.3. Child has a completed and signed IFSP.
10. Each EIS agency is responsible for assuring that SPOE offices have established procedures for:
 - 10.1. Entering referrals into BabyTrac within two working days of referral receipt;
 - 10.2. Assigning an Intake/Service Coordinator by the end of the working day following receipt of the referral to assure prompt follow up.; and
 - 10.3. Setting up an early intervention/educational record upon receipt of the referral.

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Response to public comment:

Information about what constitutes the minimal information about a referral has been added to this Section of the manual.

Formatting of this section has been revised in response to public comment. Additionally, content from the current policies has been restored to clarify this section.

Federal Statute: P.L. 108-446, §632	Policy Area: System of Services, 4.C INITIAL FAMILY CONTACT	CSPD Competency: Area: 3
Federal Regulations: 34CFR § 303.321	Policy: All referrals to BabyNet will be contacted within 48 hours of receipt in the SPOE office.	TECSBOOK Chapter Series: 3000
Performance Indicator: 7		

Procedures

1. Based on the reason for referral and child/family needs, initial contact by the Intake/Service Coordinator or designee must include the following as indicated:
 - 1.1. Inform the family of referral, or
 - 1.2. If child is referred by parent, confirm reason for referral;
 - 1.3. Briefly describe BabyNet services;
 - 1.4. Arrange an intake/orientation visit to:
 - 1.4.1. If referral includes screening from a primary referral source or a local child find event, review the results with the family
 - 1.4.2. Conduct a screening if not received with referral and family requests this service
 - 1.4.3. further discuss the program, determine family interest in BabyNet services, and, if appropriate, proceed with collecting information required for eligibility determination and IFSP development if:
 - 1.4.3.1. results of screening are positive for the potential presence of delay, or
 - 1.4.3.2. screening results indicate the child is functioning within normal limits but the family continues to have concerns regarding the child's development, or
2. If the family declines BabyNet screening (or eligibility evaluation) during initial telephone contact (i.e., before intake/orientation visit), the Intake Service Coordinator should:
 - 2.1. Send the family a copy of the Closure Letter and the Notice of Child and Family Rights in the BabyNet System;
 - 2.2. Discuss community programs or resources; and
 - 2.3. Record the referral in BabyTrac as "Ineligible by Diagnosis or Testing, (Referral Only)", if screening was within normal limits and family has no additional concerns.
3. In the event the Intake/Service Coordinator is unable to contact the family after a reasonable number of documented attempts to contact, the BabyTrac Exit Reason should be entered as, 'Attempts to Contact Unsuccessful.' The Intake Service Coordinator always has the option of additional contacts before closing; the guideline above is not meant to *automatically* limit attempts to contact. The case can be reopened upon family contact (when a new "45-day clock" begins).
4. Hospitalized children, or children in temporary residences at time of referral
 - 4.1. Under these circumstances, referral sources may send referral information for hospitalized children to the BabyNet office serving the child's county of residence, or to the office nearest the hospital or temporary residence. The SPOE office that receives the referral is responsible for initiating contact with the family to determine the most appropriate way to proceed with the eligibility determination process based on child's status and their preferences.
 - 4.2. Completion of the intake and eligibility determination process can be coordinated by either SPOE office (one nearest the child's current location or in the child's county of residence) depending on what will best meet child/family needs. Records must be transferred between offices as needed when the child leaves the hospital or returns to the county of residence.

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- 4.3. If the parent chooses to decline all services until the child returns home, the Intake/Service coordinator should (as indicated):
 - 4.3.1. Obtain signature on Parent Refusal of Services form.
 - 4.3.2. Give the family a copy of the Notice of Child and Family Rights in the BabyNet System.
 - 4.3.3. Provide information to assist the family to make a referral in the county of residence.
 - 4.3.4. Provide courtesy notice to the BabyNet office serving the child's county of residence that a referral might be forthcoming.
 - 4.3.5. Close the referral in BabyTrac with Exit Reason, Withdrawal by Parent or Guardian.
 - 4.4. If the parent chooses to complete the eligibility process the initial IFSP will contain all Part C services needed to improve development, or service coordination may be the only service for six months, until the child returns home, or until hospital discharge planning begins.
5. Surrogate parents
 - 5.1. A surrogate parent may be needed if the child's parents or guardians are unable to participate in BabyNet planning activities. See the Procedural Safeguards section of this manual for specific guidelines for identifying and obtaining services of a surrogate parent.
6. Homeless children
 - 6.1. Follow-up with children and families known to be homeless may require non-traditional methods of contact that might include working with local law enforcement officers, soup lines, Salvation Army, homeless shelters, etc.
 - 6.2. Intake/Service Coordinators and other BabyNet staff must make reasonable efforts to locate and serve homeless children. Contact the Service Coordination Supervisor or appropriate BabyNet Program Manager if more information is needed.
7. DSS Referrals
 - 7.1. CAPTA Requirements
 - 7.1.1. The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that state social service agencies refer children under age three for IDEA Part C (BabyNet) early intervention eligibility determination when:
 - 7.1.2. The child is the victim of substantiated child abuse or neglect; and/or
 - 7.1.3. The agency determines the child to be affected by illegal substance abuse (including prenatal drug exposure); and/or
 - 7.1.4. Developmental delays are suspected or confirmed.
 - 7.2. The intent of the CAPTA legislation is to assure that the children described above are screened to determine need for IDEA Part C services. CAPTA does not require evaluation or early intervention services under Part C for all children that meet the above criteria.
 - 7.3. Parents of children referred to BabyNet as required by CAPTA retain all rights of any parent in the BabyNet system unless there is a court-ordered treatment plan requiring cooperation with BabyNet.
 - 7.4. CAPTA referrals from the DSS caseworker will include:
 - 7.4.1. All reasons for DSS referral; and
 - 7.4.2. Appropriate contact person and information for the referred child.
 - 7.5. DSS case worker role
 - 7.5.1. The DSS caseworker is responsible for:
 - 7.5.1.1. Including the reason for BabyNet referral; and
 - 7.5.1.2. Notifying Intake/Service Coordinator at referral if DSS can override parent refusal of service (e.g. based on court ordered participation; or
 - 7.5.1.3. Notifying Intake/Service Coordinator if BabyNet intake participation is included in the parent's DSS Treatment Plan; and
 - 7.5.1.4. Including a copy of the court order or official documentation if DSS has legal custody of the child; and
 - 7.5.1.5. If any of these circumstances exist, the caseworker should also notify the Intake/Service Coordinator about steps to be taken (if any) should the parent fail to cooperate with planning and implementing BabyNet services.

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7.5.2. The Intake/Service Coordinator is responsible for:

- 7.5.2.1. Processing the referral following the same procedures as for any other child;
- 7.5.2.2. Notifying the DSS caseworker if the parent refuses all BabyNet services during the intake process or declines service(s) once planned or initiated at any point during the 45-day process;
- 7.5.2.3. Notifying the DSS caseworker of the results of the screening, assessment, and eligibility determination; and
- 7.5.2.4. Notification can be by telephone or by sending the DSS caseworker a copy of the signed Refusal of Services form, Closure Letter or other documentation.

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Response to public comment:

The policy has been revised to insert the purpose of the orientation and intake visit.

Inclusion of national evidence-based practices related to the provision of orientation and intake supports are in no way intended to 'insult' or discount experienced practitioners of early intervention, but rather have been included as independent, observable measures of quality implementation of the policies and procedures.

Practice 5 has been revised to remove the word 'local.'

Procedure 3.5 has been clarified in response to public comment.

Content of the IFSP to be completed at intake has been revised to target only the information needed to proceed to eligibility evaluation.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446, §§635 and 639	Policy Area: System of Services, 4.D ORIENTATION AND INTAKE	CSPD Competency Area: 3, 4
Federal Regulations 34 CFR §§303.322- 303.323	Policy: The Intake/Service Coordinator must arrange a face-to-face visit. The purposes of the visit are to: a) Describe IDEA Part C and BabyNet services and the purpose of the program to the family; b) Determine family interest in pursuing eligibility determination process; and c) Begin collection of information needed to determine eligibility and initiate services. (Some of these activities may be completed prior to the face-to-face visit during the initial family contact.) This initial visit must be completed within fourteen calendar days of referral. Intake will be completed by BabyNet Service Coordinators employed by the South Carolina Department of Health and Environmental Control within the System Point of Entry Offices. Intake Service Coordinators will carry a maximum caseload of 30 families, and shall have no ongoing service coordination responsibilities.	TECSBOOK Chapter Series: 3000, 4000
Performance Indicator: 7		

The following practices will be employed in delivery of intake service coordination activities:

1. Become acquainted and establish rapport.
 - 1.1. Use communication styles and social behaviors that are warm and welcoming and respectful of family culture and circumstances.
 - 1.2. Ask what language the family usually speaks (mode of communication) and if any family members may want an interpreter. Explore their level of comfort with written documents.
 - 1.3. Balance the time listening to the family with sharing information.
 - 1.4. Let the family know that you are interested in exploring the family's concerns and working with them to find solutions.
2. Engage in a conversation to find out why the family is contacting early intervention and to identify the next appropriate step in the referral process.

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- 2.1. Use open-ended questions and/or comments such as “Why did you contact early intervention?” “What are your questions or concerns about Michael’s health and development?” “If someone suggested that you call us, what were his/her concerns?” “What kind of information would be most useful to you?”
 - 2.2. If the child has a diagnosis, ask questions such as: “What has your doctor/nurse told you about Michael’s diagnosis?” “What questions do you have about the diagnosis?” “What questions or concerns do you have about how it might affect your child and family?”
 - 2.3. Listen for developmental “red flags” indicating an appropriate referral or a diagnosis that would make a child automatically eligible.
 - 2.4. Consider whether a child’s development sounds typical enough that a screening may be a good idea before the full evaluation and assessment.
 - 2.5. Explain the general purpose of the early intervention program and how children and families are eligible. Provide public awareness materials.
 - 2.6. If a decision is made that early intervention is not appropriate at this time, explain that the family can contact the early intervention program any time up until the child turns three years old.
 - 2.7. Share with the family other appropriate community resources or services.
3. Describe early intervention as a system of supports and services for families to assist them in helping their children develop and learn.
 - 3.1. Discover family members’ personal preferences for sharing and receiving information.
 - 3.2. Offer information in multiple formats.
 - 3.3. Explain how children learn best through everyday experiences and interactions with familiar people in familiar contexts. Explain how services work to support caregivers in making the most of the many learning opportunities.
 - 3.4. Explain how family members are “experts” in understanding their child and family circumstances and interests.
 - 3.5. Use the family’s interests and concerns to offer concrete examples of how a service provider might work with the child and family.
 - 3.6. Explain that the early intervention program has rules and procedures that providers must follow.
 - 3.7. Show the family the location of the procedural safeguards written in the program materials and tell them that you’ll review these at different points in the process.
 - 3.8. Describe the kinds of information that will be important in the assessment process. Explain confidentiality. Make sure that the family knows that they should only share information they are comfortable sharing.
4. As applicable, conduct a developmental screening.
 - 4.1. Follow state procedures about providing written prior notice and obtaining consent for screening. Always explain the meaning and intent of pertinent procedural safeguards.
 - 4.2. Ask engaging questions that invite the family to share their thoughts and concerns about their child’s development.
 - 4.3. Explain that there is an age range when children learn certain skills and abilities and that screening is a quick way to determine how a child is doing.
 - 4.4. When implementing a screening protocol clearly describe the process with the family.
 - 4.5. Talk with families about what the screening is showing and ask for their observations of their child’s behavior or other information they want to share.
 - 4.6. Come to agreement on the results of the screening and what the next steps should be.
 - 4.7. If the screening shows no concerns and the family does not want their child to be evaluated, describe other available community resources, as appropriate.

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- 4.8. Explain that the family can contact the early intervention program any time up until the child turns three years old.
- 4.9. Leave the family with necessary information, such as how to contact the early intervention program, resources on developmental milestones, and information about other community resources.
5. Follow state protocols about notifying the referral source about action taken on referral.
 - 5.1. For children proceeding to evaluation/ assessment, explain the purpose and process, including the importance of gathering information about family concerns, priorities, and resources.
 - 5.2. Plan with the family how to address relevant individual, cultural, and linguistic characteristics that may influence assessment.
 - 5.3. Explain how family information can be used to know who to involve and how to conduct an appropriate evaluation/assessment.
6. Begin gathering information about the family's everyday routines and activities and the child's behavior and interactions with others in those contexts.
 - 6.1. Ask open-ended questions such as: "What activities do you and your child do throughout the day or a typical week?" "Describe how your child participates in those activities."
 - 6.2. Ask strengths-and interest-based questions such as "What activities go very well?" "What do you like to do together?" "What do you wish you could do together?"
 - 6.3. Ask questions about activities the family might find challenging such as "What's a tough time of the day or activity for you?" "How does your child behave and interact with others in these challenging activities?"
 - 6.4. Use prompts and observations to encourage the family to describe their child's engagement/participation, independence, and social interaction in various routines and activities.
7. Discuss with the family the formal and informal supports they use or would like to use.
 - 7.1. Ask open ended questions such as: "Who's important to your child and other members of your family?" "Who do you call on for help?" "Who do you see regularly? Consider friends, relatives, members of your faith community or other community activities that you engage in."
 - 7.2. Ask the family members if they would like to be put in contact with other families in early intervention or family organizations that offer support.
 - 7.3. Inquire about formal services and other community programs the family uses or may wish to use (e.g., medical, social services, Medicaid, recreation, place of worship).
8. Explore and identify the roles that the family may want to play in their child's evaluation and assessment process.
 - 8.1. Describe and discuss the evaluation and assessment process.
 - 8.2. Discuss who the family would like to include in the evaluation and assessment process.
 - 8.3. Use screening and family information to identify the team members and assessment styles to fit the needs and interests of the child and family.
 - 8.4. Schedule times and locations that are convenient to the family.
 - 8.5. Help the family decide how they want to participate in their child's evaluation and assessment, e.g., assistant, facilitator, observer, assessor. Give concrete descriptions of the various ways they might participate using other families' scenarios as examples.
 - 8.6. Make a list with the family of specific questions they would like to have answered.

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9. Provide written prior notice along with all the procedural safeguards, and ask the family to sign consent for evaluation and assessment and release of medical or other records.
 - 9.1. Explain that, just as the early intervention program cannot share information about the family without permission, it also needs the family's permission to ask other programs for information about their child and the family.
 - 9.2. Explain prior notice and review all the rights and procedural safeguards with the family, asking if they have any questions such as, "Is this clear and understandable?" "Do you have any questions about why we need to do it this way?"

Procedures:

- 1.1. Give the family a copy of the Family Guide to BabyNet System and Notice of Child and Family Rights. Using these documents as guides, review general information about BabyNet services, including:
 - 1.1.1. Eligibility criteria;
 - 1.1.2. Enrollment process up to and including development of the initial IFSP;
 - 1.1.3. Transition when BabyNet services end at age three; and
 - 1.1.4. BabyNet status as "payor of last resort" (when child has Medicaid or health insurance coverage, these resources must be accessed prior to BabyNet payment for services.).
2. When the family declines BabyNet system services in the course of the intake/orientation visit, the Intake/Service Coordinator obtains family signature on the Parent Refusal of Services form, and discuss process for re-referral at any time before the child turns three.
3. If the family wants to proceed with the enrollment process, the Intake/Service Coordinator:
 - 3.1. Obtains written consent for:
 - 3.1.1. Releasing and obtaining medical information as needed to provide, arrange, and/or coordinate BabyNet services (Consent to Release and/or Obtain Information form);
 - 3.1.2. Screenings, evaluations and assessments required for eligibility determination (Consent for Screening, Evaluation and Assessment form); and
 - 3.1.3. Billing third party payment sources (including Medicaid) as appropriate (Insurance Resources/Consent to Bill form).
 - 3.2. Requests that the family identify a place to keep documents related to BabyNet program services, including the Family Guide to the BabyNet System, Notice of Child and Family Rights in the BabyNet System, Service Coordinator contact information, etc.
 - 3.3. Informs the family of on-line sources of documents and other information related to BabyNet services.
 - 3.4. Informs the family of the availability of the services of Family Connection and PRO-Parents.
 - 3.5. Conducts developmental screening (if not completed previously and received with referral, PEDS or other approved screening tool (e.g., ASQ); and the M-CHAT for children referred at 18 or 24 months of age, for children referred under suspected developmental delay. The screening is administered to rule out need for the an eligibility evaluation . .
 - 3.5.1. If the screening results are within normal limits but the family still has concerns, the child's eligibility for BabyNet services should be evaluated.
 - 3.5.2. If the screening tests are completely within normal limits; the parents have no specific concerns, and the child is not otherwise eligible for BabyNet services, the Intake/Service Coordinator should:
 - 3.5.2.1. Inform the family that the child is not currently eligible for BabyNet services;
 - 3.5.2.2. Discuss other referrals or services that might address concerns related to the referral;
 - 3.5.2.3. Discuss process for re-referral at any time before the child turns three.
 - 3.5.2.4. Give family a signed Written Prior Notice stating that the child is found not eligible with the Notice of Child and Family Rights in the BabyNet System.
4. Child information to be collected or completed as part of the intake process:

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- 4.1. Pertinent health information (Birth and Early Health History form); follow up with sending Primary Health Care Provider Summary form.
- 4.2. Family Hearing and Vision Questionnaire. If vision or hearing evaluations have occurred, Intake/Service Coordinator should request results of such evaluations (with parental consent). If high risk factors are identified on the Family Vision and Hearing Questionnaire, discuss with family the need for follow up with primary care physician.
- 4.3. Selected sections of the IFSP:

Section	Topic
1	Child Information
2	General Contact Information
3	Service Coordination Provider
5	Child Current Health Status – Family View
6A	Family View of Infant/Child Present Level of Functioning

- 4.4. Schedule arrangements for completing the initial eligibility evaluation and initial assessment of child .
- 4.5. Other intake information
- 5. Missed appointments. If the family doesn't keep the scheduled appointment for initial discussion, the Intake/Service Coordinator should make at least one attempt to contact the family. No further action is needed.
- 6. When the family declines BabyNet system services in the course of the intake/orientation visit, the Intake/Service Coordinator:
 - 6.1. Obtains family signature on the Parent Refusal of Services form.
 - 6.2. Assures that the family has copy of the Notice of Child and Family Rights in the BabyNet System provided at the beginning of the intake process. Provide additional copy if needed.
 - 6.3. Discuss other referrals or services that might address concerns related to the referral;
 - 6.4. Discuss process for re-referral at any time before the child turns three.
 - 6.5. Give family a signed Written Prior Notice stating that the child is found not eligible with the Notice of Child and Family Rights in the BabyNet System.
- 7. Re-Referrals:
 - 7.1. Whenever the family declines services or screening does not indicate the need to proceed to eligibility evaluation, the child may be referred again at any time prior to the third birthday. Information obtained and documented as part of the intake process may be used for up to 60 days if updated verbally with the parent.
 - 7.2. Prior to re-opening a BabyTrac record on a child previously referred, the Intake/Coordinator (or designee) will print the Profile section of BabyTrac and place in the child's BabyNet record to reflect the initial referral, previous IFSP activity and services, and exit information.

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Response to public comment:

Inclusion of national evidence-practices related to the provision of evaluation and assessment services is in no way intended to 'insult' or discount experienced practitioners of early intervention, but rather have been included as independent, observable measures of quality implementation of the policies and procedures.

Procedure 1.1: Parents are expected, at a minimum, to be present and serve as a source of information in the evaluation and assessment process. However, each family should be informed that to the extent to which a parent choose and is comfortable, s/he may play a more active role.

Procedure 2.3.2.3.6 has been revised to read, "If eligible, a determination of the unique needs of the child in terms of each developmental area, including the identification of types of services that, as determined by the IFSP team, may be appropriate to meet those needs."

Procedure 2.7.1 has been revised to read, "responsible for coordinating provision of the evaluation and initial assessment."

Procedures relating to development of a treatment plan, and development of a family training plan following identification of goals in the initial IFSP have been moved the procedures for development of the initial IFSP.

The statement, regarding re-evaluation, "Changes in the child's diagnosed physical or mental condition are such that the child's current condition or status is no longer considered to have a high probability of resulting in developmental delay," has been removed.

Procedure 5.2 has been revised to clarify the timing of the family assessment of resources, priorities, and concerns.

Formatting of this section has been revised in response to public comment.

Interagency Partner Comments and Responses:

DDSN/CO: Utilize the Carolina Curriculum as the BabyNet initial and on-going eligibility determination tool. This tool provides percentage delay scores which are easier for families to understand. The tool is also considered to be more useful in guiding the service coordinator in setting concrete goals for the IFSP.

Lead Agency Response: No validity or reliability data for this tool. Note that IFSP goals are intended to be based on family's priorities and concerns, not assessment tool items. The curriculum portion of the CBA should be used for development of the family training plan, not IFSP goals.

DDSN/CO: Clarify the policy to indicate that only professionals representing a specific need (i.e., physical therapy) identified in the screening conduct the eligibility determination. Additionally consider having only two professionals participating in the eligibility evaluation.

Lead Agency Response: Procedures indicate the E&A team will consist of only those professionals needed as identified through review of reason for referral, parent view of child's development, birth and early health history, etc. Please indicate how these procedures are unclear, or suggest additional wording.

Federal regulations state a minimum of 2 professionals representing 2 different disciplines. The number or type of professionals participating on the E&A team cannot be limited if based on child's unique strengths and needs.

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Federal Statute P.L. 108-446, §§635 and 639	Policy Area: System of Services, 4.E ELIGIBILITY EVALUATION AND INITIAL ASSESSMENT OF CHILD AND FAMILY STRENGTHS, NEEDS, AND RESOURCES	CSPD Competency Area: 4
Federal Regulations 34 CFR §§303.322- 303.323	Policy: Each child will receive an evaluation to determine initial eligibility for BabyNet, and if eligible, an initial assessment of his/her unique strengths and needs. Re-determination of eligibility will occur prior to the annual evaluation of the IFSP. For each eligible child, the family will be offered an assessment of their resources, priorities and concerns and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their infant or toddler with a disability prior to the development of the initial IFSP and annual evaluation of the plan.	TECSBOOK Chapter Series: 4000
Performance Indicator: 7		

Practices

The following practices will be employed in delivery of eligibility determination activities:

1. Evaluate and assess the functional needs and strengths of the child.
 - 1.1. Use assessment procedures that ensure collaboration among the family and providers, including supporting the family to participate in the way they choose.
 - 1.2. Identify the child’s skills that seem to be emerging.
 - 1.3. Observe the child’s authentic behaviors in typical routines and activities.
 - 1.4. Use assessments that capture information about the child’s interests, engagement, social relationships, and independence.
 - 1.5. Give equal weight to the family’s observations and reports about their child’s behaviors, learning, and development.

2. Throughout the assessment process, reflect with the family about observations of the child’s behaviors, summarize results, clarify and confirm that the family understands the process and results, and record the findings.

3. Throughout the assessment process, observe and ask the family about their teaching and learning strategies with their child.
 - 3.1. Observe and discuss with the family how they help their child learn.

4. Offer compliments about how the family uses specific strategies that support the child’s learning. Use concrete examples of how the family supported the child’s skills during assessments.

5. Determine if the child is eligible and explain and provide written prior notice.
 - 5.1. Describe and discuss eligibility for the program.
 - 5.2. In order to make the eligibility decision, review and summarize findings, sharing perspectives among the team, which includes the family.
 - 5.3. If the team determines that the child is eligible, provide written prior notice, for both the eligibility decision and the IFSP meeting.

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- 5.4. If the child is not eligible, explain the team decision, provide written notice for the eligibility decision, including procedural safeguards and explain the process for filing a complaint if they disagree with the decision.
- 5.5. If the child is not eligible, discuss and give information about available community resources, developmental milestones, and contacting the early intervention program in the future.
- 5.6. Describe the purpose and process, of the initial IFSP meeting, including a thorough explanation of the IFSP document.
 - 5.6.1. Explain that the family is an equal member of the early intervention team.
 - 5.6.2. Explain the various roles that the family might play in the meeting and explore how the family chooses to participate (e.g., facilitator).
 - 5.6.3. Ask the family who they would like to invite to the meeting.
 - 5.6.4. Schedule times and locations that are convenient to the family.
 - 5.6.5. Describe the IFSP document as a dynamic plan, developed by the team that guides the provision of family-centered early intervention supports and services based upon the changing needs of the child and family.

Procedures:

1. Prior to the evaluation or assessment, parents must be fully informed about the purpose, content, and process and be full participants in determining the following:
 - 1.1. The extent of the role that they (the family) will actively participate in the process;
 - 1.2. The disciplines or persons to be involved in conducting evaluations and assessments;
 - 1.3. The measures to be used;
 - 1.4. When and how the information obtained will be synthesized and shared; and
 - 1.5. Who will have access to the information obtained.
2. Evaluation
 - 2.1. Each BabyNet SPOE office work with the Evaluation and Assessment team under contract with the Lead Agency
 - 2.1.1. The eligibility determination team will consist of:
 - 2.1.1.1. Personnel with demonstrable skills, knowledge, and experience in the use of curriculum-based assessments;
 - 2.1.1.2. As needed to address the child's unique strengths and needs:
 - 2.1.1.2.1. An occupational therapist with *at least* 5 years of pediatric experience; and/or
 - 2.1.1.2.2. A physical therapist with *at least* 5 years of pediatric experience; and/or
 - 2.1.1.2.3. A speech-language pathologist with *at least* 5 years of pediatric experience and training in and sign language and cued language services; and/or
 - 2.1.1.2.4. If English is not the family's native language, interpreters shall be provided, when necessary, to ensure the family's ability to fully participate as a team member.
 - 2.1.2. Each child with consent to proceed to evaluation will receive a multidisciplinary evaluation in order to determine a child's initial and continuing eligibility consistent with South Carolina's definition of "infants and toddlers with disabilities," including determining the status of the child in each of the developmental domains. The child's period of eligibility for services begins when documentation of the child's eligibility is completed by the intake service coordinator and the multidisciplinary team. Unless the procedures for development of an interim IFSP apply (as indicated in the IFSP section of this manual), eligibility under IDEA Part C must be determined before a child can receive early intervention services.
 - 2.2. Each child with consent to proceed to evaluation will receive a multidisciplinary evaluation in order to determine a child's initial and continuing eligibility consistent with South Carolina's definition of "infants and toddlers with disabilities," including determining the status of the child in each of the developmental domains. The child's period of eligibility for services begins when documentation of the child's eligibility is completed by the intake service coordinator and the multidisciplinary team. Unless the procedures for development of an interim IFSP apply (as indicated in the IFSP section of this manual), eligibility under IDEA Part C must be determined before a child can receive early intervention services.
 - 2.3. The eligibility evaluation must be multidisciplinary and shall:
 - 2.3.1. Be conducted and interpreted by qualified personnel trained to utilize appropriate methods and procedures in the evaluation of infants and toddlers, as well as clinical judgment;
 - 2.3.2. Include the following:
 - 2.3.2.1. A review of all information gathered in the referral, initial family contact, and orientation and intake visit;
 - 2.3.2.2. A review of pertinent records related to the child's current health status and medical history;

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- 2.3.2.3. An evaluation of the child's level of functioning in each of the following developmental areas using a curriculum-based assessment to establish eligibility:
 - 2.3.2.3.1. Cognitive development;
 - 2.3.2.3.2. Physical development, including vision and hearing;
 - 2.3.2.3.3. Communication development;
 - 2.3.2.3.4. Social or emotional development; and
 - 2.3.2.3.5. Adaptive development; and
 - 2.3.2.3.6. If eligible, a determination of the unique needs of the child in terms of each developmental area, including the identification of types of services that, as determined by the IFSP team, may be appropriate to meet those needs, through administration of discipline-specific tools or instruments.
- 2.4. Include a minimum of two (2) disciplines, which are selected based on the individual needs of the child;
- 2.5. No single procedure shall be used as the sole criterion for determining a child's eligibility for early intervention services under IDEA Part C.
- 2.6. Other components that shall be incorporated, as appropriate, in the multidisciplinary evaluation include:
 - 2.6.1. Informed clinical opinion, as defined in this manual;
 - 2.6.2. The family's culture and language, to the greatest extent possible and
 - 2.6.3. The evaluation must be conducted in the setting(s) that has been determined to be natural for the child and family.
- 2.7. Coordination responsibilities regarding evaluations.
 - 2.7.1. The intake service coordinator responsible for coordinating provision of the evaluation and initial assessment shall ensure, at a minimum that:
 - 2.7.1.1. As appropriate, test and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;
 - 2.7.1.2. Any evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
 - 2.7.1.3. No single procedure is used as the sole criterion for determining a child's eligibility;
 - 2.7.1.4. Evaluation procedures are conducted by qualified personnel, meaning that the individual has met State approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which the person is providing early intervention services;
 - 2.7.1.5. Parent/legal guardian has given consent, in writing, prior to conducting the initial evaluation;
 - 2.7.1.6. The parent is fully informed of all information regarding the multidisciplinary evaluation process and that reasonable efforts have been made to:
 - 2.7.1.6.1. Ensure that the parent/caregiver is fully aware of the nature of the evaluation that would be available; and
 - 2.7.1.6.2. Understands that the child will not be able to receive the evaluation unless consent is given.
- 2.8. Pertinent Timelines.
 - 2.8.1. The initial evaluation to determine eligibility and the development of the initial IFSP shall be completed within 45 days of the date of the child's initial referral into the early intervention system.
 - 2.8.1.1. In the event of exceptional child or family circumstances that make it impossible to complete the initial evaluation within 45 days (e.g., the child has an extended illness requiring hospitalization), the intake service coordinator shall:
 - 2.8.1.2. Document those circumstances; and
 - 2.8.1.3. Develop and implement an interim IFSP to the extent appropriate.
3. Re-evaluations.
 - 3.1. Re-evaluation to determine a child's continuing eligibility shall be completed by members of the IFSP team:
 - 3.1.1. Prior to the annual evaluation of the Individualized Family Service plan; or
 - 3.1.2. When any participant of the child's Individualized Family Service Plan (IFSP) team suspects that the child may no longer meet the eligibility requirements for the BabyNet; or
 - 3.1.3. When substantial progress in development is indicated by on-going assessments.

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- 3.2. Re-evaluation procedures and criteria for determining continuing eligibility are consistent with those specified for evaluations to determine initial eligibility.
4. Family Assessments.
 - 4.1. Family assessments must be family-directed and designed to determine:
 - 4.1.1. The resources, priorities, and concerns of the family; and
 - 4.1.2. The identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.
 - 4.1.3. Any family assessment that is conducted must be voluntary on the part of the family, and eligibility for early intervention services shall not be denied a child and family when the parent/guardian declines to participate in family assessment activities.
 - 4.1.4. If an assessment of the family is carried out, the assessment must:
 - 4.1.4.1. Be conducted by personnel trained to utilize appropriate methods and procedures;
 - 4.1.4.2. Be based on information provided by the family through a personal interview;
 - 4.1.4.3. Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development; and
 - 4.1.4.4. Include a discussion of confidentiality regarding the information to be shared at the IFSP meeting.
 - 4.2. The initial family assessment must be completed within forty-five (45) days of referral into the early intervention system, following the determination of the child's eligibility and initial assessment of the child's unique strengths and needs. The family assessment may be conducted prior to or during the initial IFSP meeting.
5. Child Assessment.
 - 5.1. Ongoing assessment activities are conducted throughout the child's period of eligibility to
 - 5.1.1. monitor the child's present levels of development,
 - 5.1.2. identify changes in the child's unique strengths and needs, and
 - 5.1.3. ensure the services and activities identified on the IFSP remain appropriate to meet identified needs.
 - 5.2. Assessments shall be completed at no less than six (6) month intervals and the information shall be compiled in a timely manner prior to each scheduled six month review and annual evaluation of the IFSP to ensure that current information is available for consideration by the IFSP team.
 - 5.3. Coordination responsibilities regarding assessments.
 - 5.3.1. The service coordinator and other persons responsible for assessments activities shall ensure, at a minimum, that:
 - 5.3.1.1. Assessment materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;
 - 5.3.1.2. Any assessment procedures and material that are used are selected and administered so as not to be racially or culturally discriminatory;
 - 5.3.1.3. The person conducting assessments has met state approved or recognized requirements that apply to the area in which the person is providing early intervention assessment services; and
 - 5.3.1.4. The parent/guardian is fully informed regarding the assessment process and has consented in writing to the proposed action.

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Response to public comment:

Comment was received expressing concern that BabyNet eligibility criteria had not been revised to be more restrictive. The Lead Agency has taken this comment under advisement, and will continue to monitor the need to do so with the advice and assistance of the State Interagency Coordinating Council.

Procedure 1.3 has been revised to include procedures for determination of eligibility by informed clinical opinion.

Formatting of this section has been revised in response to public comment.

Interagency Partner Comments and Responses:

DDSN/CO: Revise the BabyNet eligibility criteria to require a more significant level of delay (e.g., 25% or more delay in at least two developmental areas).

DHEC/CO: Critically analyze BabyNet eligibility criteria with interagency input regarding options and potential impact of each.

Lead Agency Response: This decision will require broader stakeholder input than only that from partnering agencies; service utilization and cost data have been requested from the State Budget and Control Board for detailed analysis and evidence-based decisions and estimates regarding the impact of the proposed changes in the service delivery model on system capacity to serve additional children.

Federal Statute: P.L. 108-446 §635	Policy Area: System of Services, 4.F BABYNET ELIGIBILITY CRITERIA	CSPD Competency Area: 4
Federal Regulations 34 CFR §§303.16 and 303.300	Policy: South Carolina residents under age three are eligible for IDEA Part C services through the BabyNet system through informed clinical opinion processes established risk and/or developmental delay meeting state criteria are documented.	TECSBOOK Chapter Series: 4000
Performance Indicator: 7		

Procedures

1. All referred children with parent or guardian consent for eligibility evaluation will be determined eligible through an informed clinical opinion process, to include a thorough review of all available information about the child. This review must include, but is not limited to the following source documents:
 - 1.1. Parent/Family report and observation
 - 1.2. Summaries of Primary health care and/or other provider information (including discipline-specific evaluations and treatment plans if available)
 - 1.3. Direct observations of Intake Service Coordinator
 - 1.4. Birth and Early Health Summary
 - 1.5. Developmental Screening, and/or IFSP as developed to date
 - 1.6. Other information from referral, initial family contact, and/or orientation and intake visit
 - 1.7. Evaluation report of the child's level of functioning in each of the following developmental areas (BabyNet uses a curriculum-based assessment instrument for this process):
 - 1.7.1. Cognitive development
 - 1.7.2. Physical development, including vision and hearing.
 - 1.7.3. Communication development.
 - 1.7.4. Social or emotional development.
 - 1.7.5. Adaptive development.
 - 1.8. Results of initial assessment(s) of the unique needs of the child in each of the developmental areas in Procedure 1.6, including the identification of services appropriate to meet those needs

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1.9. Confirmation of established risk condition by primary health care provider or other qualified medical specialist (e.g., neurology, developmental pediatrics, etc.)

1. Determination of eligibility:

1.1. Following review, children maybe found eligible on the basis of:

1.1.1. an established risk condition, i.e., a professionally diagnosed condition (physical or mental) known to be associated with delays in one or more developmental domains. A child is eligible based on established risk if:

1.1.1.1. Documented condition is on the list of diagnoses or conditions meeting established risk criteria (included in the appendices to this manual); or

1.1.1.2. The designated BabyNet pediatric consultant determines that the child's diagnosed condition meets established risk criteria (i.e., is known to be associated with delays in one or more developmental domains).

1.2. A documented delay in development in one or more domains (cognitive; physical (including vision and hearing); communication; social or emotional; or adaptive behaviors) as measured by the Assessment, Evaluation, and Programming System (AEPS) curriculum based assessment and results document reveals child is functioning at or below the instrument cut-off for children ages birth to three years in one or more developmental domains; or

1.3. Review of all available information determines that the child's history indicates that

1.3.1. established risk cannot be established, and

1.3.2. the results of the curriculum-based assessment would likely be invalid because the child is too young to be evaluated; too sick to be evaluated, or the child's behavior is such that the results of the evaluation have been rendered invalid, or

1.3.3. and any available previous evaluation results (completed no more than 60 days prior to referral), parent concerns, current health status, medical history, and/or physician concerns contradict the results of the eligibility evaluation, the following procedures will be used:

1.3.4. Procedures for Eligibility by ICO, child age less than 4 months

1.3.4.1. Together with the Intake Service Coordinator, the Evaluation and Assessment Team may establish BabyNet eligibility using the informed clinical opinion process for children under 4 months of age. For children less than 4 months of age, (chronological or adjusted), not eligible based on established risk/qualifying condition, the Intake Service Coordinator will:

1.3.4.1.1. (if not already completed and received with referral information), administer the PEDS or Ages and Stages Questionnaire, Third Edition (ASQ-3) developmental screening to determine the need for further assessment.

1.3.4.1.2. When the screening indicates the need for further assessment or the parent still has concerns, the Evaluation and Assessment Team will conduct the evaluation to determine eligibility. While there are no cutoff scores in the AEPS for children under 4 months of age, this information can still be used as one piece of information in the ICO process, and if eligible, assist with development of the initial IFSP

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

1.3.4.1.4. The Evaluation and assessment Team will discuss with the Intake Service Coordinator the evaluation results, including the reason the evaluation results are invalid, and other developmental data including current health status, medical history, physician concerns, parent concerns and observations of the child in his/her daily routine in making their determination.

1.3.5. Procedures for Eligibility by ICO, child age greater than 4 months

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

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- 1.3.5.1.1. Collaborate with the Evaluation and Assessment Team to collect required information necessary to complete the Documentation of ICO Chronological or Adjusted Age Over 4 Months form (BN 019a) to include the reason the eligibility evaluation findings are invalid and how the use of other developmental data including current health status, medical history, physician concerns, parent concerns and observations of the child in his/her daily routine might lead to eligibility using the informed clinical opinion process.
- 1.3.5.1.2. Send information to the SPOE Supervisor for review. If the SPOE Supervisor is unable to reach an opinion regarding the child's eligibility; the SPOE Supervisor will confer with BabyNet State Office team, including the designated BabyNet program Pediatric Consultant or Technical Assistant Specialists at TECS to verify eligibility.

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Response to public comment:

Inclusion of national evidence-practices related to the development, review, and evaluation of the Individualized family service plan (IFSP) is in no way intended to ‘insult’ or discount experienced practitioners of early intervention, but rather have been included as independent, observable measures of quality implementation of the policies and procedures.

Procedure 1.4.7: Because service coordination (targeted case management) in South Carolina can only be billed through an agency with access to state funding for Medicaid match dollars, the following wording from the federal statute, “from the profession most immediately relevant to the infant’s or toddler’s or family’s needs (or who is otherwise qualified to carry out all applicable [BabyNet] responsibilities)” as been deleted.

All references to service delivery not billable under Medicaid (e.g., group settings) have been deleted.

All guidance related to required activities and participants for the initial IFSP, six-month review, and annual evaluation of the IFSP (as well as other types of reviews) have been restored from the current version of the policy manual.

Clarification regarding the circumstances for use of the interim IFSP has been added.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446 §636	Policy Area: System of Services, 4.G INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)	CSPD Competency Area: 1
Federal Regulations 34 CFR §§303.14, 303.304-303.346	Policy: An Individualized Family Service Plan (IFSP) shall be developed and implemented for each infant or toddler birth to age three who is determined eligible for services under IDEA Part C and South Carolina’s Early Intervention System, with periodic review of the plan every 6 months and evaluation of the plan every 12 months. The IFSP must	TECSBOOK Chapter Series: 1000
Performance Indicator: 7		

Practices for facilitation and development, review, and evaluation of all Individualized Family Service Plans:

1. Establish a welcoming and respectful climate for family members and caregivers as equal members of the IFSP team.
 - 1.1. Introduce all present as equal team members with essential input to share throughout the meeting.
 - 1.2. Clarify roles, e.g. service coordinator, facilitator, and note-taker.
 - 1.3. Encourage all team members to learn together, share observations, raise questions, and develop a functional plan.
 - 1.4. Avoid the use of jargon or explain what it means, so that everyone at the meeting understands terms that are used.
 - 1.5. Tailor interactions to the unique learning preferences and modes of communication of each adult.

2. Review the purpose and process (agenda) of the IFSP meeting. Review the IFSP document as a dynamic plan that will guide the provision of supports and services.
 - 2.1. Explain the meeting process thoroughly.
 - 2.2. Emphasize the family’s role as an equal team member in developing the IFSP and in implementing, evaluating, and revising it over time.
 - 2.3. Explain the pertinent rights and procedural safeguards, and explain that the team will revisit these rights and safeguards throughout the IFSP process.

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3. Collaboratively review information collected during early contacts regarding family concerns, priorities, and resources.
 - 3.1. Review and update family concerns, priorities, and resources in the context of the families' day-to-day life.
 - 3.2. Allow time for all of the team members to understand concerns from the family's perspective.
 - 3.3. Determine if there are any additional family needs or interests that the IFSP should address.
4. Collaboratively review information gathered previously about the child's health, development, and learning.
 - 4.1. Review and update health information pertinent to the child and the provision of early intervention support and services.
 - 4.2. Assure that the synthesis (report) of present levels of the child's development across all domains is functional and focused on skills, strengths, and behaviors rather than a rote recap of test scores.
 - 4.3. Review the child's unique abilities, emerging skills, and engagement or participation in various routines and activities.
5. Consider pre-literacy and language skills that are developmentally appropriate for the child.
 - 5.1. Talk with the family about the many ways they support language (pre-literacy) development through their daily activities.
 - 5.2. Consider outcomes or strategies to further support pre-literacy interests.
6. Collaboratively identify and write functional outcomes to be achieved for the child and the family.
 - 6.1. Discuss the outcomes the family wants to work on to enhance the child's development, engagement, social relationships, and independence in family and community routines and activities.
 - 6.2. Discuss the family outcomes that they want to include,
 - 6.3. Prioritize potential outcomes and choose which to work on first.
 - 6.4. Discuss what can be reasonably achieved in an agreed upon time frame.
 - 6.5. Write outcomes using active language that describe a desired and measurable end result, including what the routine/activity/behavior should look like and where/when/with whom it should occur. For example: "Abby will crawl to get toys out of her reach when playing on the floor, so she can play more independently."
7. Collaboratively plan and write strategies/activities, services, and supports to address outcomes and enhance participation and learning in natural environments.
 - 7.1. When developing strategies, activities and methods reinforce the positive, emphasize how caregivers and providers will work together, and indicate who will do what.
 - 7.1.1. What is the family already doing?
 - 7.1.2. What are the child's and family's interests?
 - 7.1.3. What family and community routines and activities could provide learning opportunities?
 - 7.1.4. What are the activities the family would like to participate in or try?
 - 7.1.5. What informal supports and services are needed to enhance participation and eliminate barriers or difficulties the family is experiencing or anticipating?
 - 7.2. Identify strategies/activities that enhance the child's natural learning opportunities; use toys, materials, interactions, and locations that are familiar and of interest to the child and family.
 - 7.3. Incorporate family strengths into strategies and activities that the family is comfortable implementing or put in place plans how to build those skills.
 - 7.4. Discuss and identify the informal supports and community services which can be used to address each outcome.
 - 7.5. Identify the primary service provider.

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- 7.6. Determine the involvement of other team members in addressing each outcome.
 - 7.7. Consider the need for assistive technology or other adaptations to enhance the child's participation in targeted daily routines and activities.
 - 7.8. Finalize and list the formal early intervention services that the team decided upon, specifying frequency, intensity, and funding sources.
 - 7.9. List other formal services (beyond early intervention services) needed to meet outcomes.
 - 7.10. Review the balance of services and activities to determine if, as a whole, they support the family's everyday life or overwhelm the family.
 - 7.11. Remind the family and other team members that the family can accept or reject any service at any time and still participate in other early intervention services.
8. Identify the criteria, procedures, and timelines used to determine progress toward achieving each outcome.
 - 8.1. Ensure inclusion of measurable, functional criteria that any team member could use to review progress toward achieving each outcome.
 - 8.2. Use family-friendly language and verify the family understands in a supportive manner.
 - 8.3. Emphasize the critical role that families and caregivers play in sharing information with other team members about the status of progress made in achieving outcomes.
9. Provide justification of the extent, if any, to which services will not be provided in a natural environment.
 - 9.1. If the team decides that a specific child outcome cannot be met in a natural environment, write a sufficient justification.
 - 9.2. Make sure the justification includes a plan for how to move the child from the non-natural environment back into other settings at home or in the community once the specific outcome that could not be met in the natural environment is achieved.
 - 9.3. If services are provided in an exclusive/restricted environment, discuss plans for moving services to a natural environment.
10. Identify transitions that the child and family may be facing and identify useful supports.
 - 10.1. Assure that the family understands the timeframe for transition from early intervention and when transition planning should occur.
 - 10.2. If transition is eminent, develop an outcome and the strategies, services, and supports as appropriate (transition plan).
11. Identify the team member who will provide ongoing service coordination.
 - 11.1. Assign the service coordinator, based on state and local model of service coordination.
 - 11.2. Assure that the family has appropriate contact information and a good understanding of service coordination
 - 11.3. Explain how the family may ask for a change in service coordinator, if state policy and procedures address this issue.
12. Ensure the family understands relevant procedural safeguards and next steps.
 - 12.1. Review procedural safeguards related to providing consent for services and obtain written consent for IFSP services.
 - 12.2. Discuss the "timely" initiation of services.
 - 12.3. Make sure the family understands that changes can be made to the IFSP as needed.
 - 12.4. Give the family reports, records, and copies of the IFSP.

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- 12.5. Discuss confidentiality and family access to educational records.
 - 12.6. Agree upon next steps for all team members to begin services in a timely manner.
13. Prepare and assist with formal reviews and revisions of the IFSP.
 - 13.1. Minimally, at 6 months and annually, and any other time the family/provider team wants to make significant changes to the IFSP, plan the Review meeting with the family.
 - 13.2. Review with the family questions, recommendations, or suggestions they wish to discuss with other service providers.
 - 13.3. Decide with the family the agenda for the meeting and their preferred role(s), including who should facilitate.
 - 13.4. Determine together who should be included in the “formal review meeting”, when and where the meeting should occur.
 - 13.5. Explain and provide written prior notice for the review meeting.
 - 13.6. Conduct the review meeting and evaluate progress toward outcomes. Ensure all outcomes, services, and supports are still needed, current, and accurate. Make additions and revisions as needed.

Procedures:

1. The IFSP shall in writing and:
 - 1.1. Be developed in partnership with the family;
 - 1.2. Identify the natural supports of the family and incorporate those natural supports into the specific strategies contained in the IFSP;
 - 1.3. Incorporate and be based on information gained through evaluation and assessment processes.
2. Family involvement in IFSP development and implementation.
 - 2.1. The family of the eligible child shall participate in all phases of the IFSP process and documentation to the degree they determine appropriate.
 - 2.2. The degree to which the family’s needs will be addressed in the IFSP is determined in a collaborative manner with the full participation of the parent/caregiver of the child.
 - 2.3. Parents shall retain the ultimate decision in determining whether they, their child, or family members will participate in early intervention services recommended by the IFSP team. The family’s decision to decline any service, or services, shall not impede their ability to participate in any other recommended service(s).
3. IFSP meetings.
 - 3.1. Initial IFSP development
 - 3.1.1. The initial IFSP must be developed by a team that includes:
 - 3.1.1.1. The Intake Service Coordinator
 - 3.1.1.2. Parent(s).
 - 3.1.1.3. Members of the Evaluation and Assessment team.
 - 3.1.1.4. Others as needed or as requested by the family.
 - 3.1.2. Face to face interaction between the parent and Service Coordinator is required for the initial team meeting. Other involved service providers are encouraged to attend the meeting. However, when other service providers cannot participate in the face-to-face meeting, their participation by telephone is acceptable.
 - 3.1.3. The Intake Service Coordinator is responsible for preparations for the initial IFSP meeting to include:
 - 3.1.3.1. Scheduling the meeting on a date convenient for the family and other members of the team that is no later than 45 days after date referral was received.
 - 3.1.3.2. Formal notice to family using the *Written Prior Notice/Meeting Notification* form at least 10 calendar days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers can be notified by any means. If family and Intake/Service Coordinator agree to an earlier date, the meeting may occur prior to the 10 calendar days. This

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should be documented by parent initials on Written Prior Notice form. Documentation that Written Prior Notice is provided must be in service notes.

3.1.3.3. The Intake Service Coordinator must document at least three attempts to contact the family, (at least one of these contacts must be written) over 10 calendar days in effort to schedule the initial IFSP meeting. If the family fails to respond to these efforts, the Intake Service Coordinator will notify will send Written Prior Notice to the family and close the child to BabyNet services in 10 calendar days if there is no response from family.

3.1.3.4. Reviewing meeting purpose and process with the family.

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

3.1.4.1. Review of information gathered to date.

3.1.4.2. Completion of all sections of the IFSP not completed during the orientation/intake visit or the determination of eligibility. The family should be given the choice of completing the Family Assessment of Resources, Priorities, and Concerns either in a separate conversation with the Intake Service Coordinator or during the Initial IFSP Team meeting. If by telephone, the Intake Service Coordinator must secure the family's verbal consent to the family assessment.

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

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

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

3.1.4.6. The ongoing Service Coordinator will send copy of IFSP to family, service providers, and if the family has provided consent, to the primary care provide

3.2. Participants' involvement in the IFSP meeting shall be reflected on the IFSP document by personal signature or by noting the method of participation.

4. Content of the Individualized Family Service Plan.

4.1. Each individualized Family Service Plan shall include the following information:

4.1.1. A statement (based on professionally acceptable objective criteria) of the child's present levels of development in each of the following areas:

4.1.1.1. Physical development (including vision, hearing, and health status);

4.1.1.2. Cognitive development;

4.1.1.3. Communication development;

4.1.1.4. Social or emotional development; and

4.1.1.5. Adaptive development;

4.1.2. With the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child;

4.1.3. A statement of the major goals expected to be achieved for the child and family, including pre-literacy and language skills, as developmentally appropriate for the child,

4.1.4. the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the goals is being made; and

4.1.5. Whether modifications or revisions of the goals or services are necessary;

4.1.6. A statement describing the actions that are needed to achieve the goals, including steps and strategies, and identifying the individuals or agencies responsible for ensuring the implementation of those actions;

4.1.7. A statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the goals identified in the IFSP, including:

4.1.7.1. The frequency (the number of days or sessions that a service will be provided);

4.1.7.2. The projected date for initiation of services and the anticipated duration of those services;

4.1.7.3. The intensity (the length of time the service will be provided during each session);

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- 4.1.7.4. The method of delivering the services;
 - 4.1.7.5. The location of the service(s) (the actual place or places where a service(s) will be provided as determined in the IFSP or the Interim IFSP);
 - 4.1.7.6. The family's home and community routines, activities, and places (i.e., "natural environments") in which the early intervention services will be provided **or** a justification of the extent, if any, to which the services will not be provided in the natural environment;
 - 4.1.7.7. The payment arrangement for the service, if any;
 - 4.1.7.8. The steps to be taken, beginning at no later than age two (2), in order to support the transition of the infant or toddler from IDEA Part C services to:
 - 4.1.7.8.1. Preschool services under IDEA Part B, and/or
 - 4.1.7.8.2. Other services such as inclusive early care and education setting, Head Start, etc.
 - 4.1.8. The identification of the ongoing BabyNet service coordinator) who will be responsible for the ongoing implementation of the plan and coordination with other agencies and persons to ensure the provision of early intervention services identified on the plan, including transition services.
 - 4.2. To the extent appropriate, the IFSP shall include:
 - 4.2.1. Other needs of the child and family related to enhancing the development of the child, such as medical and health needs, which are considered and addressed, including determining:
 - 4.2.1.1. Who will provide each service and when, where, and how it will be provided; and
 - 4.2.1.2. The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.(e.g., through private insurance, an existing federal-state funding source, such as EPSDT, or some other funding arrangement). This does not apply to routine medical services (e.g., immunizations and "well-baby" care) unless a child needs those services and the services are not otherwise available or being provided.
 - 4.3. The "other services" are services that may be needed by a family but are not required or covered under IDEA Part C. Their identification in the IFSP does not mean that those services must be paid for by the State's early intervention system.
 - 4.4. The contents of the IFSP must be fully explained to the parents and informed written consent shall be obtained from the parents prior to the provision of early intervention services described in the IFSP. If the parents decline consent for any particular early intervention service, or withdraw consent after first providing it initially, that service may not be provided. The early intervention services for which parental consent is given must be provided.
5. 6-month IFSP Review
- 5.1. Six months after the initial IFSP and annual IFSP reviews, the Service Coordinator will:
 - 5.1.1. Review Quarterly Progress Reports from IFSP service providers.
 - 5.1.1.1. Discuss child's status and progress with family and providers. If any party identifies the need for changes in IFSP goals or services, the Service Coordinator will arrange an IFSP team meeting to include family and relevant providers.
 - 5.1.2. The Service Coordinator must notify all IFSP team members of the review date, time and location.
 - 5.1.2.1. Formal notification, and documentation in service notes, must be sent to the family using the *Written Prior Notice/Meeting Notification (WPN)* form at least ten calendar days prior to the meeting.
 - 5.1.2.2. BabyNet service providers must be notified as soon as the meeting is scheduled. Providers may be notified by any means.
 - 5.1.2.3. When the family and Service Coordinator agree to an earlier date, the meeting may occur prior to the ten calendar days. The parents' initials on WPN form documents agreement to an earlier date.
 - 5.1.3. Face-to-face interaction between the parent, Service Coordinator and service provider is encouraged for the 6 Month review. However, when participants cannot participate in a face-to-face meeting alternate forms of communication are acceptable.
 - 5.1.3.1. When the 6 Month review takes place by telephone or alternate form of communication, the Service Coordinator should PRINT the name of the person(s) attending, including the name of the Parent/Guardian, and the attendance method code in Section 14 of the IFSP.

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- 5.2. After documenting the results of the 6 Month review in IFSP Section 10-B, the Service Coordinator will make a copy of the 6 Month Review for the child's file and mail or hand-deliver the IFSP pages to the parent for their signature. The parent should sign and date the 6 Month Review on the day they review the document and agree to the changes.
 - 5.2.1. The date of the 6 Month Review entered on BabyTrac is the date parent signs the document. Per IFSP instructions, if the plan is not signed and dated by the parent, it is not complete and services may not be initiated.
 - 5.2.2. When the 6 Month Review takes place by face-to-face interaction between the parent, Service Coordinator and providers, the Service Coordinator documents results in IFSP Section 10-B.
 - 5.2.3. The parent, providers, and Service Coordinator sign and date the IFSP Section 14.
 - 5.2.4. The Service Coordinator enters the 6-month review date and makes applicable service changes on BabyTrac.
 - 5.2.5. The Service Coordinator will send copy of the IFSP change review to family, service providers, and with family's consent, the primary care provider.
6. Annual IFSP Review
 - 6.1. The IFSP must be evaluated annually in order to formally assess progress in meeting stated goals and to prepare new document. Face to face interaction between the parent and Service Coordinator is required for the annual IFSP review meeting. Other involved service providers are encouraged to attend the review meeting. However, when other service providers cannot participate in the face-to-face review meeting, participation by alternate forms of communication is acceptable. This review must include:
 - 6.1.1. Service Coordinator review of reports, assessment information, and records pertinent to the child's progress and service needs; and
 - 6.1.2. Discussion of this information and child's progress with the family;
 - 6.1.3. Transition planning (review held closest to the child's second birthday); and
 - 6.1.4. Completion of new IFSP form.
 - 6.2. Participants in the annual IFSP review must include:
 - 6.2.1. Parent(s) of the child or caregivers;
 - 6.2.2. Other family members or advocates as requested by the parent;
 - 6.2.3. On-going Service Coordinator (or designee familiar with activities related to child's implementation of the IFSP);
 - 6.2.4. Persons conducting any evaluations or assessments since last IFSP evaluation review, or their designee, unless written reports are available to team members; and
 - 6.2.5. All BabyNet Service Providers currently serving the family and child.
 - 6.2.6. Appropriate personnel from the local Department of Social Services should be invited to the meeting if the family/child is receiving child protection, foster, adoption, or managed treatment services under DSS supervision.
 - 6.3. The annual review must be completed every 364 days.
 - 6.3.1. A service change review conducted not more than 30 days prior to the scheduled annual review may serve as the annual review if the review team included:
 - 6.3.1.1. The Service Coordinator (who is responsible for arranging and conducting the meeting);
 - 6.3.1.2. Parent(s); and
 - 6.3.1.3. IFSP service providers (present or represented).
 - 6.3.2. The next six-month review of the IFSP is then reset to not more than six months from the date annual evaluation of the plan. Therefore, there is no need to review and then evaluate the IFSP twice in a 30-day period.
 - 6.3.2.1. Example: *The last review of the IFSP was held March 1st. If the projected date of the annual evaluation of the plan is September 1st, a change review may occur on any date between August 1st and August 31st as needed and still count as the annual evaluation provided that all service providers participated in the review. This would be indicated in the Periodic Review of Goal, Section 10 B of IFSP as **both** a change review and the annual review. The next six-month review of*

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the IFSP would be due on the corresponding date between February 1st and 28th of the following year.

- 6.4. The Service Coordinator should begin requesting and compiling required materials at least eight weeks prior to the review date to assure timely availability. The following activities must be completed prior to the IFSP meeting:
 - 6.4.1. Review of Quarterly Progress Summary reports from all providers serving the child. (BabyNet contracted providers are required to submit the information contained in these reports within 15 days of the end of each quarter. See Section II, *BabyNet Service System*, regarding provider responsibilities and procedures to be followed if reports are not submitted as required.)
 - 6.4.2. Determining a meeting date, time and location convenient to all team members.
 - 6.4.3. Request updated *Provider Health Care Summary* form, if needed.
 - 6.4.4. Meeting with the family prior to the scheduled meeting to:
 - 6.4.4.1. Discuss the process of the Annual IFSP Meeting, including participants, tasks and scheduling using the *Family Guide to the BabyNet System*.
 - 6.4.4.2. Review current IFSP and update IFSP Sections 1 and 2
 - 6.4.4.3. Complete IFSP Sections 5, 6A, 7, 9, 11 and 12.
 - 6.4.4.4. Complete hearing and vision screening using the *Family Hearing and Vision Report* unless the child has had an evaluation by audiologist, ophthalmologist or optometrist within the past six months (180 days). Service Coordinator should request results of such evaluations (with parental consent).
 - 6.4.4.5. Review *Insurance Resources* form and update as needed.
 - 6.4.4.6. Update of Consent for Screening, Evaluation, and Assessment, Release of Information, Insurance Resource and/or other forms as required.
 - 6.4.5. Notifying family and other team members of annual review date, time and location. Formal notice and documentation in service notes, to family using the *Written Prior Notice/Meeting Notification* form at least ten calendar days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers can be notified by any means. If family and Service Coordinator agree to an earlier date, the meeting may occur prior to the ten days.
 - 6.4.6. Payment authorizations for each invited BabyNet provider.
- 6.5. A CBA must be done within four weeks of the scheduled annual IFSP evaluation. The service-coordinating agency is responsible for completing the annual CBA using procedures developed by each agency. *Written Prior Notice* to the family is required for the annual CBA.
 - 6.5.1. It is not necessary for the same CBA provider to be used from one administration of the tool to the next. However, the same CBA tool should be used from administration to administration unless there is documentation in the service notes to support:
 - 6.5.1.1. The IFSP team determines need to change tool based on service provider quarterly progress reports 90-days prior to annual evaluation of the IFSP; or
 - 6.5.1.2. Service Coordination has been transferred to or from SDB; or
 - 6.5.1.3. There is clinical (child-focused) reason for changing tools, (for example, needs of child indicate that a more detailed curriculum based assessment is required).
7. IFSP Service changes
 - 7.1. An IFSP service change review is required when any party requests a change in services listed on the current IFSP (addition, elimination, or change in duration or frequency of listed service). The purpose of the review is to:
 - 7.1.1. Discuss reasons for proposed changes;
 - 7.1.2. Revise the IFSP as needed; and
 - 7.1.3. Obtain parental consent for the changes.
 - 7.2. The Service Coordinator must notify all IFSP team members of the review date, time and location.
 - 7.2.1. Formal notice, and documentation in service notes, must be sent to the family using the *Written Prior Notice/Meeting Notification* form at least ten days prior to the meeting.
 - 7.2.2. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers may be notified by any means.

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- 7.2.3.If family and Service Coordinator agree to an earlier date, the meeting may occur prior to the ten days. The parents' initials on Written Prior Notice form document agreement to an earlier date.
- 7.3. Face-to-face interaction between the parent, Service Coordinator and provider is encouraged for any service Change Review. However, when participants cannot participate in a face-to-face meeting, alternate forms of communication are acceptable.
 - 7.3.1. When the Change Review takes place by telephone or an alternate means, the Service Coordinator should PRINT the name of the person/s participating from another location, including the name of the Parent/Guardian, and the attendance method code in Section 14 of the IFSP.
 - 7.3.2. After documenting the results of the Change Review in IFSP Section 10-B, the Service Coordinator will make a copy of the Change Review for the child's file and mail or hand deliver the IFSP pages to the parent for their signature. The parent will sign and date the Change Review on the date they review the document and agree to the changes. The date entered on BabyTrac for the Change Review is the date the parent signs the document. Per IFSP instructions, if the plan is not signed and dated by the parent, it is not complete and change in services may not be initiated.
 - 7.3.3. When the Change Review takes place by face-to-face interaction between the parent, Service Coordinator and providers, the Service Coordinator documents the results in IFSP Section 14 and obtains signatures of all participants.
 - 7.3.4. The Service Coordinator enters the Change Review date and makes all applicable service changes to BabyTrac.
 - 7.3.5. The Service Coordinator will send copy of the IFSP Change Review to parent, service providers, and with family's consent, to the primary care provider.
8. Provider changes
 - 8.1. Provider changes after initial assignment of on-going service coordination agency and service coordinator are often required during the course of BabyNet service delivery. Formal service change reviews (described above) are required if the changes will result in any change to services and/or goals listed on the IFSP.
 - 8.2. If a new service coordinator or provider will implement the IFSP as currently written, a service change review may be held, but is not required. However the current Service Coordinator, their supervisor or designee must assure that:
 - 8.2.1. The family understands why change in personnel is required;
 - 8.2.2. The family is introduced to the new Service Coordinator or provider;
 - 8.2.3. The new Service Coordinator or provider reviews the current IFSP goals and services; and
 - 8.2.4. Other service providers are made aware of the change in IFSP team composition.
9. Service Authorization
 - 9.1. Prior authorization is required for BabyNet reimbursement of services listed on the IFSP. Only services listed on the child's current IFSP may be authorized. The Service Coordinator is responsible for authorizing services using the BabyNet Payment Authorization Form. See Service Guide appendix for detailed description of authorization process and service reimbursement information.
10. Monitoring delivery of IFSP services. (See also BabyNet General Supervision Plan)
 - 10.1. The Service Coordinator is responsible for:
 - 10.1.1. Monthly contact with families to assess concerns, child status, family and provider adherence to IFSP activities and plans;
 - 10.1.2. Reviewing all Quarterly Progress Reports submitted by the provider as they are received;
 - 10.1.3. Updating Service Notes.
11. Child Outcomes
 - 11.1. The BabyNet Service Coordinator of record at the time of exit will complete and document, including required data input, the Early Childhood Outcomes process within ten days of exit as described in *Appendix 11, Early Childhood Outcomes* for all children who:
 - 11.1.1. Were age 30 months or less when the initial IFSP was developed; and

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11.1.2. Have been continuously enrolled in BabyNet system for at least six months of service.

12. Interim IFSP

- 12.1. In the event that exceptional child or family circumstances make it impossible to complete the evaluation and assessment within forty-five (45) days of the child's referral into the early intervention system (e.g., the child is ill), Intake Service Coordinator shall:
 - 12.1.1. Document those circumstances; and
 - 12.1.2. Develop and implement an interim IFSP for the child and/or family for a period not to exceed more than ninety (90) days. After ninety (90) days, an initial IFSP is developed.
 - 12.1.3. If the exceptional circumstances continue past ninety (90) days, document the circumstances; and
 - 12.1.4. Review and modify, if necessary, the interim IFSP.
- 12.2. Early intervention services for an eligible child and the child's family may begin before the completion of the evaluation and assessments if the following conditions are met:
 - 12.2.1. Parental consent is obtained;
 - 12.2.2. An interim IFSP is developed that includes:
 - 12.2.3. The name of the service coordinator who will be responsible for the implementation of the interim IFSP; and
 - 12.2.4. Coordination with other agencies and persons; and
 - 12.2.5. The early intervention services that have been determined to be needed immediately by the child and the child's family.
 - 12.2.6. The evaluation and assessment are completed within the forty-five (45) day after a child is referred into the early intervention system.
 - 12.2.7. The development of an interim IFSP does not circumvent the requirement that evaluations and assessments be completed within the forty-five (45) days after the child is referred into the early intervention system.
- 12.3. Circumstances under which to consider an Interim IFSP:
 - 12.3.1. Because of the stipulation that interim IFSPs may be developed for eligible children who need services prior to the completion of evaluation and assessment, only those children with an established risk condition would ever have an interim IFSP (those with atypical development or developmental delays would not be known eligible until evaluation and assessment were completed). One situation in which an interim IFSP may be appropriate would involve a BabyNet-eligible child who is medically-fragile or in a medical crisis who is currently unable to undergo developmental evaluation and assessment but for whom there is an immediate need for some early intervention service(s). The use of the interim IFSP in this situation allows for needed services to begin while also allowing the child and family to wait until a more appropriate time to complete the evaluation and assessment.
 - 12.3.2. The interim IFSP cannot be used to delay an evaluation and assessment or to extend the 45-day time line. Any time the 45-day time line is not met, there must be written documentation in the child's file to justify this circumstance, regardless of whether or not there is an interim IFSP. Please note that only child and family needs would justify an extension; administrative reasons would not be considered justification for extending the time lines.
 - 12.3.3. Most children will not need an interim IFSP. Interim IFSPs are used when there are exceptional circumstances (based upon child and family needs) and to document needed early intervention services (other than intake service coordination) which need to begin prior to the completion of the BabyNet evaluation and assessment.
 - 12.3.4. Since the early intervention services listed on a child and family's interim IFSP will have been determined prior to the completion of the evaluation and assessment and may have been designed to meet crisis needs, the early intervention services later determined to be necessary to meet the IFSP outcomes after evaluation and assessment may be very different (in terms of type, frequency, intensity, provider, natural

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environment, etc.). The intake temporary service coordinator should communicate this information to the family at the time the interim IFSP is developed.

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Response to public comment:

Definitions of Part C services were taken directly from the current Code of Federal Regulations for IDEA/Part C (34 CFR §303.12 and §303.23). They were revised from previous version of BabyNet policy only in the sense that they were removed from Appendix 5 of the 2008 Manual, and placed in the draft of the main policy document so as to reinforce the requirement of demonstrable knowledge of the definitions by BabyNet system personnel. Following the public participation period, this section now includes the regulations related to the responsibilities of intake and ongoing service coordinators.

The following statement was added to the Policy in this Section:

'The services and personnel identified and defined in this manual do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. IFSP teams must consider include on the IFSP other types of services early intervention services so long as it is documented as needed by the family to support the child's attainment of goals, and so long as the service provider meets state CSPD requirements.' (34 CFR §303.12)

Definition of Assistive Technology Services was modified to include reference to Appendix 14 of the manual.

Provision of services for children diagnosed with Autism Spectrum Disorder was added as Service Definition 3: 'Planning, delivery and evaluation of selected services for children with autism spectrum disorders,' as was reference to Appendix13 of the manual.

Formatting of this section has been revised in response to public comment.

Federal Statute: P.L. 108-446, §632	Policy Area: System of Services, 4.H EARLY INTERVENTION SERVICES DEFINITIONS	CSPD Competency Area: 5
Federal Regulations: 34 CFR §§303.12 and 303.23	Policy: Early intervention services necessary to meet the unique needs of the child and the child's family shall be determined by the IFSP team and documented on the IFSP and may include, but not be limited to the following ¹ :	TECSBOOK Chapter Series: 5000
Performance Indicator: 1-4, 7, 8	¹ The services and personnel identified and defined in this manual do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. IFSP teams must consider include on the IFSP other types of services early intervention services so long as it is documented as needed by the family to support the child's attainment of goals, and so long as the service provider meets state CSPD requirements.' (34 CFR §303.12)	

1. Assistive technology devices and services including (please see Appendix 14 of this manual, '*Service Guidelines for Assistive Technology*,') for more specific procedures in identifying and accessing assistive technology services):
 - 1.1. A device, 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 the eligible infant or toddler;
 - 1.2. A service that directly assists an eligible child in the selection, acquisition, or use of an assistive technology device;
 - 1.3. The evaluation of the needs of an eligible infant or toddler including a functional evaluation of the child's customary environment;
 - 1.4. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by eligible infants and toddlers;
 - 1.5. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

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- 1.6. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with the existing early intervention plans and programs;
 - 1.7. Training or technical assistance for an infant or toddler with disabilities or, if appropriate, the family of the infant or toddler; and
 - 1.8. Training or technical assistance for the professional (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of the eligible infant or toddler.
2. Audiology which includes:
 - 2.1. Identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
 - 2.2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - 2.3. Referral for medical and other services necessary for the habitation or rehabilitation of children with auditory impairments;
 - 2.4. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - 2.5. Provision of services for prevention of hearing loss; and
 - 2.6. Determination of the child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
 3. Planning, delivery and evaluation of selected services for children with autism spectrum disorders (please see Appendix 13 of this manual, '*Service Guidelines for Autism Spectrum Disorders,*' for more specific procedures in identifying and accessing applied behavior analysis services).
 4. Service coordination, which includes assistance and services provided by a service coordinator to an eligible child and the child's family:
 - 4.1. the activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.
 - 4.2. Each eligible child and the child's family must be provided with one service coordinator who is responsible for—
 - 4.2.1. Coordinating all services across agency lines; and
 - 4.2.2. Serving as the single point of contact in helping parents to obtain the services and assistance they need.
 - 4.3. Service coordination is an active, ongoing process that involves—
 - 4.3.1. Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
 - 4.3.2. Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
 - 4.3.3. Facilitating the timely delivery of available services; and
 - 4.3.4. Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.
 - 4.4. Specific service coordination activities include—
 - 4.4.1. Coordinating the performance of evaluations and assessments;
 - 4.4.2. Facilitating and participating in the development, review, and evaluation of individualized family service plans;
 - 4.4.3. Assisting families in identifying available service providers;
 - 4.4.4. Coordinating and monitoring the delivery of available services;

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- 4.4.5. Informing families of the availability of advocacy services;
- 4.4.6. Coordinating with medical and health providers; and
- 4.4.7. Facilitating the development of a transition plan to preschool services, if appropriate.
- 4.5. Employment and assignment of service coordinators.
 - 4.5.1. Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.
 - 4.5.2. A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.
- 4.6. Qualifications of service coordinators.
 - 4.6.1. Service coordinators must be persons who, consistent with § 303.344(g), have demonstrated knowledge and understanding about—
 - 4.6.1.1. Infants and toddlers who are eligible for IDEA/Part C ;
 - 4.6.1.2. Part C of the Act and the regulations in this part; and
 - 4.6.1.3. The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.
- 4.7. If States have existing service coordination systems, the States may use or adapt those systems, so long as they are consistent with the requirements of this part.
- 4.8. Use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services.
- 5. Family training, counseling, home visits, parent-to-parent interaction, and support groups which include services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of their child and enhancing the child's development.
- 6. Health services which include services necessary to enable a child to benefit from other early intervention services during the time that the child is receiving other early intervention services. Health services include:
 - 6.1. Clean intermittent catheterization;
 - 6.2. Tracheostomy care;
 - 6.3. Tube feeding;
 - 6.4. The changing of dressings or osteotomy collection bags;
 - 6.5. Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
 - 6.6. Health services do not include services that are:
 - 6.6.1. Surgical in nature such as cleft palate surgery, surgery for clubfoot, or the shunting of hydrocephalus;
 - 6.6.2. Purely medical in nature such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose, or devices necessary to control or treat a medical condition; or
 - 6.6.3. Medical-health services such as immunizations and regular "wellbaby" care that are routinely recommended for all children.
- 7. Medical services only for diagnostic or evaluation purposes which include services provided by a licensed physician to determine a child's developmental status and/or diagnosis indicating the need for early intervention services.
- 8. Nursing services which include:
 - 8.1. 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;
 - 8.2. Provision of nursing care to prevent health problems, restore or improve functioning,
 - 8.3. Promotion of optimal health and development; and
 - 8.4. Administration of medications, treatments, and regimens prescribed by a licensed physician.

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9. Nutrition services which include:
 - 9.1. Conducting individual assessments in;
 - 9.2. Nutritional history and dietary intake;
 - 9.3. Anthropometric, biochemical, and clinical variables;
 - 9.4. Feeding skills and feeding problems; and
 - 9.5. Food habits and food preferences;
 - 9.6. Developing and monitoring appropriate plans to address the nutritional needs of eligible children based on assessments/evaluations; and
 - 9.7. Making referrals to appropriate community resources to carry out nutrition goals.

10. Occupational therapy which includes services to address the functional needs of a child related to the performance of adaptive skills, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
 - 10.1. Identification, assessment, and intervention;
 - 10.2. Adaptations of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - 10.3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

11. Physical therapy which 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:
 - 11.1. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - 11.2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent or alleviate movement dysfunction and related functional problems; and
 - 11.3. Providing services to prevent or alleviate movement dysfunction and related functional problems.

12. Psychological services which include:
 - 12.1. Administering psychological and developmental tests, and other assessment procedures;
 - 12.2. Interpreting assessment results;
 - 12.3. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
 - 12.4. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

13. Social work services which include:
 - 13.1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - 13.2. Preparing an assessment of the child within the family context;
 - 13.3. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
 - 13.4. Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
 - 13.5. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

14. Special instruction which includes:
 - 14.1. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas; including cognitive processes and social interaction;

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- 14.2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the goals in the child's IFSP;
 - 14.3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - 14.4. Working with the child to enhance the child's development.
15. Speech-language pathology services which include:
- 15.1. Identification of children with communicative or oral pharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - 15.2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oral pharyngeal disorders and delays in development of communication skills; and
 - 15.3. Provision of services for habilitation, rehabilitation, or prevention of communicative or oral pharyngeal disorders and delays in development of communication skills.
16. Transportation which includes the cost of travel such as mileage, or travel by taxi, common carrier, or other means and related costs (e.g., parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services.
17. Vision services which include:
- 17.1. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - 17.2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - 17.3. 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.

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Response to public comment:

Several portions of this section are from the current BabyNet policies and procedures, but have been moved from Appendix 5 to the main body of the manual, and updated with research and evidence available within the field of early intervention since the 2002 publication of Appendix 5.

Procedure 3.2.4 has been revised to read, 'Eligibility evaluation, initial assessment, IFSP development, and service coordination will be provided at no cost to the family, i.e., Medicaid may be billed for these services, but commercial insurance may not.' Additional revisions to Appendix 13 of this manual, **Service Guidelines for Autism Spectrum Disorders**, to reflect this change are pending final approval of the policies and procedures by OSEP.

Content submitted via public comment regarding tiers for service frequency, intensity, and duration is also included in this draft.

Formatting of this section has been revised in response to public comment. Additionally, content from the current policies has been restored to clarify this section.

Interagency Partner Comments and Responses:

DDSN/CO:

Develop objective criteria to identify which BabyNet families should receive special instruction and other services. Involve DDSN in the review of these criteria prior to dissemination to the general public.

Develop objective criteria to utilize with the quarterly review of which BabyNet families need to continue receiving services

DHEC/CO:

Development of specific written lead agency plans and expectations for the primary provider service delivery system, including methods to be used for determining "primary" and "secondary" providers during development of initial (and subsequent) IFSPs.

Lead Agency Response: In response to these requests for clarification, the following content has been added: definition of the primary service provider model, definition of primary service provider, and conditions under which the service of special instruction may be considered as an IFSP service. A more detailed service guide for implementation of primary provider model and child profiles detailing the conditions under which a service tier would change is under development, and will be provided to interagency partners for review prior to implementation of the service provider delivery model change.

DHEC/CO:

Consider lead agency employment of cadre of providers to serve areas of the state with limited providers, and to assure appropriate modeling and implementation of desired service delivery model.

Lead Agency Response: While the BabyNet Transition to First Steps Leadership and Technical Teams in the fall of 2009 received feedback to this effect, the current state funding structure of BabyNet does not allow for direct employment of a 'cadre of providers to serve areas of the state with limited providers, and to assure appropriate modeling and implementation of desired service delivery model.' This would be an option to consider in event the Lead Agency is granted state dollars by the South Carolina General Assembly to use as Medicaid match funds.

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Federal Statute P.L. 108-446 §636	Policy Area: System of Services, 4.I SERVICE DELIVERY IN NATURAL ENVIRONMENTS	CSPD Competency Area: 5
Federal Regulations 34CFR §303.344	Early intervention services are selected in collaboration with parents, and are provided under supervision of the BabyNet by qualified personnel.	TECSBOOK Chapter Series: 5000
Performance Indicator: 1-2	Services are provided at no cost to parents unless the State has established policies including the use of public and commercial insurance, and what services are subject to a system of payments.	

The following practices will be employed in delivery of early intervention services in the context of families' home and community routines and activities:

1. Build on or establish trust and rapport.
 - 1.1. Before each visit, reflect on your own beliefs and values and how they might influence your suggestions and strategies with this particular family or caregiver.
 - 1.2. Use communication styles and social behaviors that are warm and welcoming and respectful of family culture and circumstances.
 - 1.3. Conduct yourself as a guest in the family's home or caregiver's setting.
 - 1.4. Respectfully provide complete and unbiased information in response to requests or questions.
 - 1.5. Be credible and follow through on plans you made with the family.
 - 1.6. If you don't know the answer to a question, tell the family you do not know but will find out for them. Tell them when you will get back to them with the information.

2. During the first visit, review the IFSP and plan together how the time can be spent.
 - 2.1. Describe the practical aspects of a visit and what the family or caregiver can expect. For example: the length of the typical visit, that other people are always welcome at the family's invitation, the variety of places in which visits can occur, the program's cancellation policy, etc.
 - 2.2. Describe examples of visits in various home and community settings where the family participates. You might want to offer to share clips from commercial or videos produced by your program.
 - 2.3. Invite the family to reflect on their experience with the IFSP process to date and share any concerns or questions.
 - 2.4. Review the IFSP document and assessment information.
 - 2.5. Consider each agreed upon outcome – is it what the family is still interested in; prioritize again, if necessary, where to begin; change wording if needed; provide any explanations to help family understand purpose, etc.
 - 2.6. Discuss how outcomes, activities, and strategies can be a starting place for each home visit.
 - 2.7. Clarify who will work on each outcome – family, friends, other caregivers, service providers.
 - 2.8. Talk about community activities and events that can be used to support practice and mastery for the specific outcomes.
 - 2.9. If not previously done, ask the family to sign the IFSP, consent forms, and any other necessary documentation.
 - 2.10. Provide information about family-to-family support and parent groups that are available.

3. For on-going visits, use the IFSP as a guide to plan how to spend the time together.

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- 3.1. Begin each visit by asking-open ended questions to identify any significant family events or activities and how well the planned routines and activities have been going.
 - 3.2. Ask if there are any new issues and concerns the family wants to talk about. Explore if these concerns need to be addressed as new outcomes; if so, plan an IFSP review.
 - 3.3. Decide which outcomes and activities to focus on during the visit.
4. Participate with the family or other caregivers and the child in the activity and/or routine as the context for promoting new skills and behaviors.
 - 4.1. Offer a variety of options to families for receiving new information or refining their routines and activities, such as face-to-face demonstrations, video, conversations, written information, audios, CDs, diaries, etc..
 - 4.2. Gather any needed toys and materials and begin the selected activity or routine.
 - 4.3. Listen, observe, model, teach, coach, and/or join the ongoing interactions of the family and child.
 - 4.4. Encourage the family to observe and assess the child's skills, behaviors, and interests (a continual part of on-going functional assessment). For example, ask the family if behaviors are typical, if they've seen new behaviors (suggesting emerging skills), or how much the child seems to enjoy the activity.
 - 4.5. Use a variety of consulting or coaching strategies throughout the activity, including: observing, listening, attending, acknowledging, expanding, responding, probing, summarizing, etc.
 - 4.6. Reflect with the family on what went well, what they want to continue doing, and what they would like to do differently at the next visit.
5. Jointly revise, expand, or create strategies, activities or routines to continue progress toward achieving outcomes and address any new family concerns or interests.
 - 5.1. Having listened throughout the visit, reflect on what you have heard that may suggest new outcomes or activities; explore with the family if this is something they want to address soon.
 - 5.2. Support and encourage family decisions.
 - 5.3. Focus recommendations on promoting the child's participation in everyday family and community life.
 - 5.4. Explain the "why" behind recommendations that you make so the family understands what to look for and do.
 - 5.5. Together, plan next steps and/or revise activities and strategies to build on the child and family's interests, culture, enjoyment, strengths.
 - 5.6. Consider any adaptations and augmentations to toys, materials, or environments that are necessary for success.
 - 5.7. Try out new strategies or activities to be sure family members or caregivers can do them on their own.
 - 5.8. Determine if and what type of support from other team members is needed for the next steps (consultation, information, co-visit, etc.)
6. Modify services and supports to reflect the changing strategies, activities, or routines.
 - 6.1. Identify community activities and informal supports that will assist the outcomes and activities to be achieved.
 - 6.2. Facilitate referrals and provide any needed assistance, adaptations, or support for the family and the child to participate in desired community activities.
 - 6.3. Plan what early intervention and other services and supports are needed to help the child succeed and make progress.
 - 6.4. Add to or modify the IFSP as appropriate. If changes are significant (adding outcomes, or changing services, frequency, or intensity), a team review of the IFSP is necessary.

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1. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the family's home and community routines, activities, and settings in which children without disabilities participate and in environments which are considered natural or normal for the child's age peers who have no disability.
2. Service Provider Qualifications. All BabyNet service providers are responsible for acquisition and application of demonstrable knowledge and skills in IDEA/Part C requirements and
 - 2.1. IDEA/Part C-specific requirements for the service in which the provider is trained;
 - 2.2. IDEA/Part C requirements for Teaming: Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals for the individualized family service plan.
 - 2.3. IDEA/Part C requirements for Training: Training parents and others regarding the provision of each service listed on the IFSP; and
 - 2.4. IDEA/Part C requirements for Consultation: Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of each service listed on the IFSP.
3. General Service Provision Guidelines
 - 3.1. All services provided through BabyNet must be based on the unique needs of the child/family. The family should serve as the primary "interventionist" in the child's life. They are the experts in relation to the needs of the child and family. The family and personnel involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.
 - 3.2. The principles listed below govern delivery of all IDEA Part C and BabyNet services. They must be kept in mind during planning and implementation of any BabyNet system service, regardless of specific reference to these requirements in instructions, manuals or forms.
 - 3.2.1. Parents must be involved in, and approve, all decisions related to services provided to their child. They must be informed of rights and privileges under IDEA Part C.
 - 3.2.2. Confidentiality of personally identifiable information must be maintained at all times.
 - 3.2.3. Every effort must be made to assure that all contact with the family is in the family's native language, or the mode of communication used by the parent. (This includes sign language interpretation for deaf parents, regardless of child's status.)
 - 3.2.4. Eligibility evaluation, initial assessment, IFSP development, and service coordination will be provided at no cost to the family, i.e., Medicaid may be billed for these services, but commercial insurance may not.
 - 3.2.5. The enrollment process must be completed within 45 calendar days of referral for services.
 - 3.2.6. Written consent must be obtained prior to provision of services, and for any release of information about the child or services provided to the child.
 - 3.2.7. The parent can:
 - 3.2.7.1. Refuse, cancel or postpone services at any time.
 - 3.2.7.2. Review and amend child's record if information that is incorrect or misleading is identified.
 - 3.2.7.3. File administrative complaints and/or request mediation due process hearing to resolve disputes about services.
 - 3.2.7.4. Appeal dispute resolution decisions.
 - 3.3. Arrangements must be made for provision of all services included in the IFSP for children found to be eligible for program services (although this does not mean that BabyNet must directly provide or pay for all such services.)

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- 3.4. Services are to be provided in the child's natural environment to the maximum extent appropriate to meet his/her needs;
 - 3.5. The family must be provided written notice ("written prior notice") before changes are made to current IFSP services.
4. **Role of Service Provider on an Individualized Family Service Plan (IFSP) Team:** All IFSP team members must follow these policies, practices, and procedures during development, implementation, review, and evaluation of all IFSPs. BabyNet services are support in efforts to achieve goals that are important to the family for the development of their child, and are therefore educational services. The family is the primary foundation that supports their child's development in all areas. In order for service to be successful, it is essential for families to be involved in the process of identifying desired goals and incorporating the use of meaningful interventions into their daily living activities. This means that an important goal of service provider-family collaboration is to support the child's participation in family home and community routines, activities, and places, including those that occur outside the home environment. Service providers must document adaptations and interventions provided in natural environments to the family/caregiver to support the child's attainment of goals listed in the child's individualized family service plan.
 5. **The Primary-Service- Provider Model** will be employed in the delivery of BabyNet services, i.e., the provider of the service most closely related to the family's priorities and concerns works with the family more often do the providers of other services listed on the IFSP. In the Primary Service Provider model, additional Part C services identified on an IFSP continue to be provided, but at a lesser frequency than the primary service. As the primary area of concern changes, so does the primary service. All service frequencies should be reviewed and revised at least every 6 months to ensure an appropriate level of service provision, and reflect the effectiveness of family training by each service provider. In the PSP Model, the Primary service provider (PSP) is the individual providing weekly support to the family, backed up by a team of other professionals who provide services to the child and family through joint home visits with the primary service provider, as needed. The intensity of joint home visits depends on child, family, and primary service provider needs.
 6. **Determining when Part C Services are Needed**
 - 6.1. The inclusion of specific therapies in the IFSP should never be based solely on the presence of a medical diagnosis or delay. For example, all children with cerebral palsy do not need PT just because they have cerebral palsy, and all children with language delays do not need ST just because they have a language delay. Services listed on an IFSP must be linked to specific family-centered goals, and to skills needed by the family to support the child's development, regardless of the underlying cause of delays.
 - 6.2. Service frequency must be individualized based on the needs of the child and the family, and must be reviewed at each meeting of the IFSP team.
 - 6.3. Service method must be individualized based on the needs of the child and the family, and must be reviewed at each meeting of the IFSP team.
 - 6.4. If the service is initiated using a direct method, and if family training including strategies for use between visits of the service provider has been delivery has been provided, in most cases
 - 6.5. Frequency of service should depend on the amount of time necessary for the family to incorporate new techniques into family routines and for the service provider to reevaluate or assess the child's response to the service. If the only time the child is performing functionally relevant therapeutic activities is during the session with the service provider, service is not likely to be beneficial and therefore not supported by BabyNet. To extend that premise, if the child is making progress at a rate that requires the service provider to vary the treatment and the home program monthly, multiple weekly visits are not supported by BabyNet.
 - 6.6. Direct intervention must be based on family-centered goals and functional goals. OT, PT, or ST is probably not indicated when the only goal is nonspecific developmental progress or "age-appropriate" development.

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- 6.7. Many children with delays in development can acquire competence through practice. Sufficient opportunities for practice are likely to occur not through direct service but through maximizing opportunities for using a particular skill within the activities and routines in which a child participates throughout a day. Opportunities for practice depend on individuals such as parents, child care personnel, or other people who spend a portion of time with a child during a day. For example, a child who is able to pull to standing or to stand is likely to acquire competence in these skills through practice. Opportunities for practice include “creating” opportunities, for example, for pulling to standing by holding toys (or other incentives up far enough that a child needs to pull to stand to get the incentive.) Service providers can help create these opportunities by working collaboratively with parents and other caregivers so they understand the importance of creating opportunities.
7. Service Delivery Options:
- 7.1. Consultation, as defined by IDEA/Part C, consists of an evaluation/assessment by a service provider with subsequent direction to the child’s parents, caregivers, educators or other professionals, regarding activities or program modifications which can be incorporated into play, self care, and/or family routines and activities. Consultative interventions are designed to enable others to integrate intervention strategies into their interactions with the child and family to address issues that are identified. Consultation may be provided in conjunction with direct intervention or as a separate intervention. Consultation involves the service provider using his or her knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may involve directions for positioning, suggesting activities that promote the acquisition of certain functional skills, modifications to an existing program to improve endurance and speed, recommendations for orthotics, and/or making suggestions for environmental changes. Often, consultative intervention can be provided when two interventionists work together with the family or through a meeting or phone discussion.
- 7.2. Direct intervention involves the service provider providing one-on-one interaction with the child and family. Direct intervention is appropriate when specific approaches and techniques are needed to promote a child’s attainment of a particular goal. These techniques are individualized to the child and require the skills of a trained service provider to administer. In virtually all areas of service, direct intervention consists of various components, including:
- 7.2.1. Promotion of opportunities for practice or refinement (e.g., teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently);
- 7.2.2. Remediation or work on improving the child’s capacity to do a component of the skill through use of therapeutic techniques (e.g., stretching to improve range of motion, massage to free up joints, changing the environment, providing a sensory stimulus);
- 7.2.3. Expert alteration of the task (e.g., provision of adaptive equipment for mobility or self feeding);
- 7.2.4. Direct intervention provided with another service provider (e.g., collaborative intervention or co-treatment in the presence of the child).
- 7.3. All of the intervention modalities depend on the service providers’ expert understanding of the foundation of the task, ongoing observation of the response to intervention strategies, and varying the selection and use of intervention strategies depending on the response of the child. Direct intervention should never be provided without teaming, training, and consultation to family members and other team members.
8. Determining Need for Service: Services should be added to an IFSP only after the following has been discussed by the IFSP Team:

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- 8.1. The family's Natural Supports: (Ideas and Strategies to achieve this Goal within the family's home and community routines and activities/child's everyday routines, activities, and places): Strategies refer to the methods that the service providers and the family will use to address the identified child/family Goals. In the case of child Goals, strategies include the ways service providers will support the caregivers' ability to use intervention strategies or maximize natural learning opportunities for their child. The person who will be implementing intervention should be obvious from reading the strategy, and unless determined inappropriate, should always include the caregiver(s) as the primary implementers. The team should brainstorm strategies to be considered for addressing the Goal within the child and family's home and community routines and activities. Next, the team should choose strategies that will best address the Goal within the context of the family's life. Strategies should include the routine in which they will be implemented.
- 8.2. The following guidelines should be used by IFSP teams in determining the initial frequency, intensity, and duration of BabyNet services, and with each review and evaluation of the IFSP:
 - 8.2.1. Service Tier One: Short term up to 3 months of family focused services, directed by a licensed provider and based on the child's profile of need (e.g., standardized measure of delay). Services in Tier One, provided by the discipline most closely related to the family's priorities and concerns (i.e., the Primary Service Provider) may be provided by either a licensed provider; or, under the direction of a licensed provider, by a licensed therapy assistant or a special instructor. Depending on child of need, family receives 4 – 12 sessions of family-focused services, with quarterly progress report to indicate next steps as either:
 - 8.2.1.1. Change in Primary Service Provider
 - 8.2.1.2. Discontinuation of the service due to child progress
 - 8.2.1.3. Move to Service Tier Two or repeat Service Tier One with justification
 - 8.2.2. Service Tier Two: Short term up to six months, short term, family training with specialized child-focused services as needed, directed by a licensed provider and based on the child's profile of need (e.g., standardized measure of delay). Licensed Primary Service Provider provides 4 -12 sessions of more specialized family-focused services followed by 4-12 sessions of more specialized child-focused services if needed following review by IFSP team. Quarterly progress report to indicate next steps as either:
 - 8.2.2.1. Change in Primary Service Provider
 - 8.2.2.2. Discontinuation of the service due to child progress
 - 8.2.2.3. Move to Service One or Three, or repeat Service Tier Two with justification
 - 8.2.3. Service Tier Three: Simultaneous, intensive family focused and child focused service for a period of between 7 and 12 months delivered by a licensed provider and based on the child's profile of need (e.g., standardized measure of delay). Quarterly progress reports and input at six month review of IFSP to indicate next steps as either:
 - 8.2.3.1. Change in Primary Service Provider
 - 8.2.3.2. Discontinuation of the service due to child progress
 - 8.2.3.3. Move to Service Two, or repeat Service Tier Three with justification
- 8.3. Identifying the need for special instruction services. If all IFSP Team members are in agreement, special instruction services as defined by IDEA/Part C and BabyNet should be considered for addition to an IFSP when:
 - 8.3.1. The IFSP team's analysis of the family's natural supports indicates the need for support in *the design of learning environments and activities that promote the child's general acquisition of skills*;
 - 8.3.2. *The family's primary concerns are related to the child's development of cognitive skills or social interaction*; or
 - 8.3.3. *When the IFSP team determine special instruction is appropriate to deliver family training services in Tier One of service frequency, intensity, and duration*; or

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- 8.3.4. The services of special instruction are required to coordinate implementation of the integrated family training plan (i.e., more than one BabyNet service is identified as needed by the family)
- 8.4. Adaptations and/or Modifications: Indicate whether or not any adaptations and/or modifications will need to take place in order to support the attainment of this Goal.
- 8.5. Services to Consider: After Goals, Strategies, and adaptations/modifications are determined, the IFSP team must discuss which, if any service/s are needed by the family for each Goal. The IFSP Team first reviews the family's current informal and formal supports and services and considers if any of these supports can address partially or wholly the Goal or if additional supports need to be identified. Only when additional supports are needed should a service be considered. Effort should be made to eliminate duplication of services. Teams should determine a team configuration of the minimum number of people to address all Goals. Only those persons necessary to support a family-defined Goal, which has derived from a family-defined priority or concern, should be listed in on the IFSP (e.g., Child has delays in communication and motor development. The family is not concerned about the child's communication development at the time of plan development. Services to address the communication delay therefore are not needed). List the members of the team that will work on that particular Goal (e.g., mother, father, physical therapist).
- 8.6. If all the members the IFSP TEAM do not agree that a service is needed to help the family help the child attain the goal, the team must discontinue the service. If the parent/guardian does not agree with this decision they may follow the procedure safeguards, complaint process, and they have the right to a fair hearing. If the IFSP TEAM consists of the family and the ongoing service coordinator who is also providing special instruction, the ongoing service coordinator should discuss this with the SC Supervisor and then proceed with what is recommended.
9. Other:
- 9.1. Generally, professionals/programs (including special instructors) are not obligated to make up that time when:
- 9.2. A family declines a scheduled service by calling to say that the child is ill or that they will be away;
- 9.3. A family is not home at the agreed upon day and time;
- 9.4. A family calls to change days/times at the very last minute.
- 9.5. Professionals/programs must document the reason that the family did not receive services that day in the continuation notes.
- 9.6. There may be some situations in which it would be reasonable and beneficial to try to reschedule a cancelled visit. For example, if a physical service provider is scheduled to visit a child once a month after the child has been to his monthly orthopedist appointment, but the orthopedist reschedules the child's appointment to two days later, then it is reasonable that the physical service provider also reschedule his/her visit.
- 9.7. If a visit must be missed due to the professional's absence and the service is listed on the child's IFSP or if a professional/program is proactively planning to provide services knowing that a team member will be absent due to illness, vacation, maternity leave, etc., programs should:
- 9.7.1. Offer to have some team members substitute for other team members;
- 9.7.2. Use someone else who is not usually a part of the child's team to substitute for someone who is part of the team;
- 9.7.3. Offer services on days, including weekends, when services are not normally provided.
- 9.8. There are other creative ways that professionals/programs can use to make-up services, the only three requirements are that in each case:
- 9.8.1. There is documentation that the family is in agreement;
- 9.8.2. BN Payment Authorizations are current and cover the make-up services;
- 9.8.3. The program does not "make up" for one type of service with another type of service that was not included on the IFSP.

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10. Conduct: All service providers are expected to:

- 10.1. Provide services in accordance with goals outlined on the IFSP.
- 10.2. Provide services only when intervention is necessary.
- 10.3. Notify parents/caregivers in advance of missed or late sessions, or immediately if delay is due to unforeseen circumstances.
- 10.4. Maintain professional relationships and boundaries with families served within the BabyNet system.
- 10.5. Provide services in a manner that is family-centered, inclusive and culturally competent.
- 10.6. Service providers are prohibited from:
 - 10.6.1. Bringing children/minors or other individuals not directly involved in the provision of care to the child or family to the service site. Parents may not be requested to waive this policy. With prior consent of the family, internship students gaining practical experience, and are supervised by the contractor are excluded from this provision.
 - 10.6.2. Soliciting business from parents or caregivers.
 - 10.6.3. Soliciting business from or for a private agency, spouse, or relative.
 - 10.6.4. Selling or marketing products while representing BabyNet.
 - 10.6.5. Providing services to members of their immediate family or individuals in which a professional relationship would be compromised.
 - 10.6.6. Loaning or giving money to a caregiver/family/child while involved in a professional relationship with a caregiver/family/child.
 - 10.6.7. Giving or receiving of gifts from those involved in a professional relationship with a caregiver/family/child.
 - 10.6.8. Imposing personal or religious beliefs on others.
 - 10.6.9. Using alcohol or illicit drugs while working with caregivers, families or children, or in a manner that will affect provision of BabyNet services.

11. Service provider reporting and recordkeeping requirements

- 11.1. All BabyNet providers are required to maintain clinical services notes in the child's BabyNet record. Providers serving BabyNet children per agreement with the lead agency must maintain the following information in the child's record:
 - 11.2. Prescription for service;
 - 11.3. Evaluation Report;
 - 11.4. Treatment Plan;
 - 11.5. Provider-specific content of the integrated Family Training Plan;
 - 11.6. IFSP and subsequent reviews;
 - 11.7. Clinical service notes to include documentation of the services provided to the child and the education provided to the caregiver during each session;
 - 11.8. Recommendations and justification for continuing or discontinuing services;
 - 11.9. Evidence of the goals and objectives therapist is addressing;
 - 11.10. Quarterly Progress Summary and documentation that the Quarterly Progress Summary is submitted to Service Coordinator;
 - 11.11. Evidence of billing including copy of BNSF authorization, Insurance Explanation of Benefits, remittance advice, or denial as applicable; and
 - 11.12. Any additional information required by Medicaid or professional scope of practice.

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12. In instances when more than one BabyNet service is identified as needed by the family to assist their child in attaining IFSP goals, all service providers of such IFSP teams are required to develop and submit an integrated Family Training Plan within 30 days of initiation of service to the ongoing BabyNet Service Coordinator. The purpose of the Family Training Plan is to detail and share with all members of the family's IFSP team:
 - 12.1. Based on the evaluation results for the service and the following treatment plan developed by the provider, the specific family training activities and intervention strategies that each provider will use;
 - 12.2. Consolidation of those strategies common to multiple providers' treatment plans; and
 - 12.3. Documentation of how the family training activities and intervention strategies are to be integrated with the family's home and community routines, activities, and places.
 - 12.4. The Family Training Plan will be re-evaluated with adjustments to family training strategies every 90 days.
13. Service providers are required to submit a progress report to the Service Coordinator quarterly (and on request when additional information is needed) for each child served. The report must contain all information included on the Quarterly Progress Summary form.
 - 13.1. The provider Quarterly Progress Summary report will be due the first quarter after the first date of service/evaluation.
 - 13.1.1. Example: *The Initial IFSP or IFSP Review was developed and service provider identified on 05/06/06. The service provider completed an evaluation on 05/16/2006. The Quarterly Progress Summary will be due 3 months from then on 08/16/06. The Intake/Service Coordinator should explain the quarterly summary requirement to the provider and document that explanation was given.*
 - 13.1.2. If summaries are not received within one week after the due date, the Service Coordinator shall notify provider that the Quarterly Progress Summary is past due, and document that notification was sent.
 - 13.1.3. If the Quarterly Progress Summary is not received the following week, the Service Coordinator shall notify their BabyNet Service Coordinator Supervisor to follow up with provider.
 - 13.2. If obtaining provider summaries continues to be a problem, the BabyNet Provider Coordinator or other designated BabyNet State Office staff should be notified for follow up as needed.
14. Re-evaluation of the child is required by each provider on the child's IFSP team to determine:
 - 14.1. If the service is still needed;
 - 14.2. If family training strategies should be adjusted;
 - 14.3. If service frequency, intensity, duration, method, and location should be adjusted.
 - 14.4. The provider is required to participate in determination of the Early Childhood Goals for each child at the time of their exit from BabyNet.

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Response to public comment:

Although the only revision to the proposed policies in this section was the inclusion of evidence-based practices related to transition, several comments were received.

Inclusion of national evidence-based practices related to the provision of transition services are in no way intended to ‘insult’ or discount experienced practitioners of early intervention, but rather have been included as independent, observable measures of quality implementation of the policies and procedures.

Parents Reaching Out to Parents of South Carolina, Inc., is a private, non-profit organization funded by a grant from the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS) which provides information and training about education to families of children with all types of disabilities, therefore the inclusion of referral to PRO-Parents as a service coordination activity during transition is appropriate. The wording in this section has been changed to reference PROParents in a more neutral manner.

These policies represent ongoing conversations and refinement of procedures with the State Department of Education, Office of Exceptional Children. Information about the proposed revisions changes will be discussed with the Department of Education for input on how best to share the information with LEAs.

Formatting of this section has been revised in response to public comment.

Federal Statute P.L. 108-446, §§612, 619, 632, and 635	Policy Area: System of Services, 4.J TRANSITION TO PRESCHOOL SERVICES	CSPD Competency Area: 5
Federal Regulations: 34 CFR §§303.148, 303.344, 303.360 and 303.653	Policy: Required IDEA Part C transition activities include the following: 1) Transition planning is documentation in the BabyNet record of the following for each child served by BabyNet: a) Steps (activities) to be completed and person(s) responsible; b) Services required or desired to implement the plan; and c) Plans to identify and obtain needed services. d) The plan is documented in the IFSP, with additional service notes as needed. 2) Transition notification is transmission of directory information for children receiving Part C services at 24 months.	TECSBOOK Chapter Series: 5000
Performance Indicator 8	3) Transition referral is transmission of directory information to the appropriate LEA for children “potentially eligible for Part B services” after age 24 months and no later than age 30 months (2 ½ years). 4) Transition “conference” refers to multiple activities required to assure a smooth transition from IDEA early intervention to pre-school services.	

The following practices will be employed in transition planning:

1. Prepare families for transition out of Part C services.
 - 1.1. Early in the relationship with the family have conversations about what they want for their child’s future after the early intervention program ends.
 - 1.2. At formal 6 month/annual IFSP reviews share written information about the “transition process” and options (no services, community services, and Part B services) and describe that early intervention services end at age three.
 - 1.3. By no later than the child’s second birthday, have conversations about the types of programs, places, and activities the family would like their child to participate in at age three.

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- 1.4. Discuss and share information about ALL options available to children and families at age three.
- 1.5. Provide written information about these options or assist the family as needed to explore and visit these options.
- 1.6. Jointly review the IFSP and revise/add outcomes and strategies based upon the above discussions.
- 1.7. Develop a transition plan which includes the outcomes and activities to prepare the child and family for success after early intervention.
2. Explain and follow the regulations, timelines, and procedures for transition plans, planning conferences, and data collection.
 - 2.1. Help the family prepare for any formal evaluations the child may need.
 - 2.2. Assist in arranging the formal (transition?) meeting with the program staff who may be working with the child after age three.
 - 2.3. Assist the family to find on-going family support if needed.
 - 2.4. Acknowledge feelings about ending the relationship with this family and help to focus on a positive future as the child and family move on.
 - 2.5. Celebrate with the family or caregiver the accomplishments and joys they have experienced with their child.

Procedures for required IDEA Part C transition activities

1. Transition planning is documentation in the BabyNet record of the following for each child served by BabyNet:
 - 1.1. Steps (activities) to be completed and person(s) responsible;
 - 1.2. Services required or desired to implement the plan; and
 - 1.3. Plans to identify and obtain needed services.
 - 1.4. The plan is documented in the IFSP, with additional service notes as needed.
2. Transition notification is transmission of directory information for children receiving Part C services at 24 months.
3. Transition referral is transmission of directory information to the appropriate LEA for children “potentially eligible for Part B services” after age 24 months and no later than age 30 months (2 ½ years).
4. Transition conference refers to multiple activities required to assure a smooth transition from IDEA early intervention to pre-school services.
5. Transition planning (see Definitions section)
 - 5.1. At the initial intake visit the Intake/Service Coordinator discusses transition with the family. The family is made aware that BabyNet eligibility ends at age three. The Service Coordinator continues to discuss transition at the Initial IFSP meeting by informing and educating the family on what transition means and how to prepare for transition of their child to Part B or other community services. This discussion is documented on the Transition Planning, (Section 12), of the initial IFSP.
 - 5.2. The Service Coordinator continues to discuss transition steps at each review and annual evaluation of the IFSP. Items listed on the Transition Planning of the IFSP will be completed by the timelines provided to facilitate the child’s transition to Part B or other community services.
 - 5.3. The Service Coordinator is responsible for reviewing information necessary to facilitate family consideration of options and make decision for pre-school services. Transition discussions should include:
 - 5.3.1. Options for pre-school services including;
 - 5.3.2. Developmental Disabilities Programs (e.g. through DDSN);
 - 5.3.3. School for the Deaf and Blind;
 - 5.3.4. Child care facilities; and/or
 - 5.3.5. Local school district.

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- 5.4. Family expectation related to transition;
 - 5.5. Preparing the child for changes in service delivery including steps to help the child adjust to and function in a new setting;
 - 5.6. Training for parents regarding future placements and other matters related to the child's transition.
 - 5.7. Purpose of transition conference;
 - 5.8. Explanation that eligibility for BabyNet services does not guarantee eligibility for any other program. Discuss and educate parents about the differences between BabyNet services and educationally related services under Part B of IDEA.
6. Transition planning information is documented in the Transition section of the IFSP. Documentation must include:
- 6.1. Steps (activities) to be completed and person(s) responsible;
 - 6.2. Services required or desired to implement the plan; and
 - 6.3. Plans to identify and obtain needed services (see IFSP form and instructions.)
7. Transition notification (see Definitions section)
- 7.1. By the 5th day of each month, the Part C Data Manager will:
 - 7.1.1. Generate "24 month report" from BabyTrac. This report contains "directory information" (child's name, date of birth, address, and telephone number) for all active children with an IFSP in the assigned geographic area who:
 - 7.1.1.1. Turned 24 months of age in the previous month; or
 - 7.1.1.2. Had an initial IFSP developed at age over 24 months during the prior month.
 - 7.1.2. Generate "30 month report" from BabyTrac. This report contains "directory information (child's name, date of birth, address, and telephone number) for all active children with an IFSP in the assigned geographic area who:
 - 7.1.2.1. Turned 30 months of age in the previous month; or
 - 7.1.2.2. Had an initial IFSP developed at age over 30 months during the prior month.
 - 7.2. Send this information to:
 - 7.2.1. The LEA Director of Special Services for Students with Disabilities (Special Ed Director) listed on the SC Department of Education website (http://ed.sc.gov/agency/Standards-and-Learning/Exceptional-Children/old/ec/documents/Coordinator_list.pdf); and
 - 7.2.2. Other designee(s) specifically requested by the LEA for lead agency notification.
 - 7.2.3. Example: Between May 1 and May 5, the lead agency will generate a report for all children with an IFSP who turned 24 months of age between April 1 and April 30 or whom had an initial IFSP completed between April 1 and April 30.
 - 7.2.4. Between May 1 and May 5, the lead agency will generate a report for all children with an IFSP who turned 30 months of age between April 1 and April 30 or whom had an initial IFSP completed between April 1 and April 30.
 - 7.3. If no children in a school district qualify for notification, a "zero" report will be sent.
 - 7.4. The lead agency staff person responsible for generating these reports will:
 - 7.4.1. Retain a hard copy of reports sent; or
 - 7.4.2. Send an electronic copy of reports sent to the BabyNet email address (babynet@scfirststeps.org) with "transition notification report" on the subject line.
8. Transition referral (see Definitions section)

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- 8.1. Each service coordinator is responsible for sending directory information for all children in the caseload to the appropriate LEA after 2 years (24 months) and no later than age 2½ years (30 months) in a hard copy using the BabyNet Transition Referral Form.
 - 8.2. If the parents have identified a pre-school service provider other than the LEA, the Transition Referral Form is also sent to the selected provider.
 - 8.3. If consent has been obtained, the service coordinator may send additional information about the child and BabyNet services to date
 - 8.4. If the parents indicate that they are not interested in pre-school services, the Service Coordinator:
 - 8.4.1. Gives the family contact information for the LEA Director of Services for Students with Disabilities (Special Ed Director) for future reference;
 - 8.4.2. Informs the family that they can contact the LEA at any time to receive information about Part B services; and
 - 8.4.3. Informs the family that directory information will be sent to the LEA to assist with LEA child find activities.
 - 8.4.4. Further contact about these services is the LEA responsibility.
 - 8.5. When referrals are received for children age 29 months old or older, BabyNet program eligibility may not be determined before transition referral is required. However, LEAs want immediate notification when BabyNet receives a late referral so that they can initiate contact as soon as possible. In this instance, the Intake/Service Coordinator (or other designated SPOE office staff member) must:
 - 8.5.1. Discuss the BabyNet System age limits and proceed with eligibility determination and referral processes based on family's choice; and
 - 8.5.2. Alert the LEA of the late referral using the Transition Referral form.
9. Transition conference (see Definitions section)
- 9.1. Scheduling and facilitating the transition conference is the responsibility of Part C BabyNet Service Coordinator and requires the approval of the family. The "transition conference" includes:
 - 9.1.1. Transmission of relevant information for all children receiving IDEA Part C to the IDEA Part B agency; and
 - 9.1.2. Assisting the family to identify and plan for services; and
 - 9.1.3. Informing families of available Part B services.
 - 9.2. If the parent is not interested in IDEA Part B services through the LEA or Head Start, the Service Coordinator remains responsible for:
 - 9.2.1. Reviewing transition planning information listed above; and
 - 9.2.2. Arranging for an exchange of relevant information about Part C services and the child's ongoing needs between BabyNet (IDEA Part C) and LEA (IDEA Part B) representative.
 - 9.3. The parent can participate in:
 - 9.3.1. Joint meeting(s) or telephone conference(s) with BabyNet and the LEA; or
 - 9.3.2. Transition discussion(s) with BabyNet separate from transition discussion(s) with the LEA (before or after the child exits BabyNet).
 - 9.4. Written prior notice of the meeting is required if the parent opts to participate in joint (three-way) discussion(s) with BabyNet and LEA representatives.
 - 9.5. The BabyNet service coordinator must document completion of required "transition conference" activities no later than age 33 months (2 years 9 months, 90 days prior to the child's third birthday) for all children with an IFSP in their caseload.
 - 9.6. Transition conferences may be completed by telephone or face-to-face and must be documented using the Transition Conference form.

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- 9.7. Procedures for arranging transition conference meetings or conference calls between BabyNet and LEA (regardless of parent participation) will be based on agreements with each LEA.
- 9.8. These arrangements will be reviewed and updated annually with each local interagency coordination team and included in the team meeting minutes. This requires information from each LEA regarding appropriate contact people and preferences for handling children who turn three when school is not in session. The LEAs are responsible for notifying the BabyNet Part C Data Manager when updates are needed.

10. Other Transition Issues

- 10.1. The BabyNet Service Coordinator may choose to participate in initial IEP meeting if the family has specifically requested their presence.
- 10.2. The family can be additionally supported in the transition process and in learning more about school-age special education services when the BabyNet Service Coordinator facilitates contact with the OSEP-funded Parent Training and Information Center (PTI). The current SC grantee is Parents Reaching Out to Parents (803-772-5688, 800-759-4776, or PROParents@proparents.org).
- 10.3. When a child is closed to BabyNet services between 30 and 36 months of age, the Service Coordinator must contact the LEA within 10 days and inform of the closure.

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