

# PART C

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# EARLY ACCESS PROCEDURES MANUAL

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MARCH, 2009

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# Early ACCESS Procedures Manual

## Acknowledgements

The Part C, Early ACCESS, Procedures Manual was developed by a committee with representation from the Department of Education and each Area Education Agency. Procedures were developed based on the:

- Individuals with Disabilities Education Improvement Act (IDEA-Part C); and the
- Iowa Administrative Rules for Early ACCESS.

Implementation of procedures are critical for accountability of IDEA and reporting to the Office of Special Education Programs (OSEP) and for the benefit of Iowa infants, toddlers and families.

Many thanks are extended to the committee members who devoted time and efforts in reading of the law, drafting text, re-writing text, traveling to meetings, returning home from meetings to continue their day jobs, and keeping their sense of humor and good nature about this tremendous important work.

Also, ten-fold thanks are extended to Early ACCESS staff who work diligently to provide services and meet needs of children and families.

The Department of Education, AEA Chiefs, and AEA Directors of Special Education thank you for your work and ongoing efforts.

## Part C 14 Indicators

### State Performance Plan and Annual Performance Report

Indicator	OSEP Definition/Federal Reference
<b>C1:</b> Timely Services	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. (20 USC 1416(a)(3)(A) and 1442)
<b>C2:</b> Natural Environment	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings (typically developing children). (20 USC 1416(a)(3)(A) and 1442)
<b>C3:</b> Early Childhood Outcomes  A-Social-emotional B-Knowledge and skill C-Appropriate behavior	Percent of infants and toddlers with IFSPs who demonstrate improved: A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/ communication); and C. Use of appropriate behaviors to meet their needs. (20 USC 1416(a)(3)(A) and 1442)
<b>C4:</b> Family Centered Services Survey	Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights; B. Effectively communicate their children's needs; and C. Help their children develop and learn. (20 USC 1416(a)(3)(A) and 1442)
<b>C5:</b> Child Find 0-1	Percent of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data. (20 USC 1416(a)(3)(B) and 1442)
<b>C6:</b> Child Find 0-3	Percent of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data. (20 USC 1416(a)(3)(B) and 1442)

<b>Indicator</b>	<b>OSEP Definition/Federal Reference</b>
<b>C7:</b> Timely Evaluation and Assessment	Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 USC 1416(a)(3)(B) and 1442)
<b>C8:</b> Transition C to B	Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services B. Notification to LEA, if child potentially eligible for Part B: and C. Transition conference, if child potentially eligible for Part B. (20 USC 1416(a)(3)(B) and 1442)
<b>C9:</b> General Supervision (monitoring, complaints, hearings, etc.)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. (20 U.S.C. 1416(a)(3)(B) and 1442)
<b>C10:</b> Complaints resolved within 60 day timeline	Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint. (20 U.S.C. 1416(a)(3)(B) and 1442)
<b>C11:</b> Due process hearings	Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)
<b>C12:</b> Hearing requests to resolution sessions resolved	Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)
<b>C13:</b> Mediations that resulted in agreements	Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)
<b>C14:</b> Timely-Accurate Data	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (20 U.S.C. 1416(a)(3)(B) and 1442)

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# AEA Early ACCESS Procedures Manual

## Section 1: Overview

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### Introduction

Procedures described in this manual meet requirements for implementation of the *Individuals with Disabilities Act, Part C – Early Intervention Program for Infants and Toddlers with Disabilities* (IDEA-2004) and are based on the *Iowa Administrative Rules for Early ACCESS*.

In addition, the *Iowa Administrative Rules for Early ACCESS* are consistently referenced to anchor required procedures.

These procedures apply to infants/toddlers birth to three years. For toddlers who are initially referred at two years nine months (2 years 9 months) or older, refer to the Part B child find procedures.

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### Format of manual

The Early ACCESS Procedures Manual was developed based on a process called Information Mapping. This format was selected since the presentation is a systematic, research-based approach to providing clear, efficient, and easily accessible information.

- Information Mapping breaks down the wall of words (paragraphs) into smaller content units called Maps.
  - Maps are made up of Blocks that hold definitions, directions, charts and other pieces of technical information.
  - Blocks are separated by horizontal black lines with clear content labels provided in the block of the left margin.
- 

### Chapter topics

This chapter contains the following topics:

<b>Topic Section</b>	<b>Page(s)</b>
1: Overview of Early ACCESS	<b>1 - 1 to 23</b>
2: Identification of children eligible for Early ACCESS	<b>2 - 1 to 43</b>
3: Service coordination	<b>3 - 1 to 5</b>
4: Early Childhood Outcomes (ECO)	<b>4 - 1 to 5</b>
5: IFSP development	<b>5 - 1 to 40</b>
6: Transition from Early ACCESS	<b>6 - 1 to 32</b>
7: Procedural safeguards	<b>7 - 1 to 19</b>
8: Financial resources	<b>8 - 1 to 5</b>
9: Interagency collaboration	<b>9 - 1 to 5</b>

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## Section 1: Overview, Continued

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### Background information

Iowa has provided early childhood special education services to children birth to five years of age since 1975. Iowa is one of five states with a “birth mandate” law. Birth mandate means a free and appropriate public education (FAPE) is provided to children from birth to age 21. States with birth mandates may not charge parents for early intervention and/or special education services [LINK to Document](#).

Federal legislation was first proposed to support nationwide early intervention services for infants and toddlers in 1986, as an amendment to the Education of All Handicapped Act (P.L. 94-142). The *Part C – Early Intervention Program for Infants and Toddlers with Disabilities* was reauthorized in 1997 and again in 2004 under the Individuals with Disabilities Improvement in Education Act (IDEA 2004).

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### Early ACCESS definition

In Iowa, Part C services to infants and toddlers have been designated as Early ACCESS. Early ACCESS is a coordinated, comprehensive, multidisciplinary, interagency system of early intervention services in partnership with families and other community providers [281 – 120.4].

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### Infrastructure

The Lead Agency for Early ACCESS is the Department of Education which has administrative, program, and fiscal oversight, assuring that regulations and guidelines are followed [281 – 120.7(2)].

The infrastructure of the Early ACCESS system is supported by four state agencies; the Signatory Agencies work in collaboration as substantiated by an Interagency Memorandum of Agreement between the:

- Department of Education;
- Department of Public Health;
- Department of Human Services; and
- Child Health Specialty Clinics.

The Area Education Agencies were designated by the Department of Education as the Regional Grantees who have the fiscal and legal obligation of carrying out the system of Early ACCESS [281 – 120.8(1)].

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**Section 1: Overview**, Continued

## Section 1: Overview, Continued

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### Regional Grantee agreement

The Area Education Agencies have agreed to and adopted the same policies aligned with state policies established by the Department of Education [LINK to Document](#) and procedures described in this chapter.

All children in the Early ACCESS system are to receive, at no cost to the family, the following:

- Screenings, evaluations and assessments;
- Service coordination;
- Individualized Family Service Plan (IFSP) development and reviews; and
- Needed early intervention services.

Appropriate early intervention services are provided year round to families with eligible infants and toddlers (birth to age three) who have a developmental delay or a high probability of experiencing developmental delays.

AEAs, as Regional Grantees, are responsible for assuring that early intervention services are available (from a variety of agencies) to all eligible infants and toddlers and their families.

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### Goal and outcomes

The overall goal of Early ACCESS is to provide early intervention resources, supports and services to eligible children and their families within a coordinated, integrated system [281 – 120.2].

Four outcomes of Early ACCESS include:

- enhance the development of eligible children;
  - reduce the educational costs to society by minimizing the need for special education and related services after such children reach school age;
  - maximize the potential of eligible children for independent living in society; and
  - enhance the capacity of families to meet the needs of their eligible children.
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## Section 1: Overview, Continued

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### Early ACCESS family centered practices

Family centered practices guide the design and implementation of Early ACCESS services for infants, toddlers, and families which is philosophically and procedurally different from Part B Special Education services. Services are emphasized to build the family’s capacity in various ways.

The following researched-based principles are the foundation of Early ACCESS family-centered practices [Link to Document](#).

Principle	Family Centered Practices
1	The overriding purpose of providing family-centered help is family empowerment, which in turn benefits the well being and development of the child.
2	Mutual trust, respect, honesty, and open communication characterize the family-provider relationship.
3	Families are active participants in all aspects of decision making. They are the ultimate decision-makers in the amount, type of assistance, and the support they seek to use.
4	The ongoing work between families and providers is about identifying family concerns (priorities, hopes, needs, goals, or wishes) and finding family strengths, services and supports that will provide necessary resources to meet those needs.
5	Efforts are made to build upon and use the families’ informal community support systems before relying solely on professional, formal services.
6	Providers across all disciplines collaborate with families to provide resources that best match what the family needs.
7	Support and resources need to be flexible, individualized and responsive to the changing needs of families.
8	Providers are cognizant and respectful of families’ culture, beliefs, and attitudes as they plan and carry out all interventions.

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## Section 1: Overview, Continued

### Early intervention services, requirements

Early Intervention services must meet seven requirements described in the table below. All services, except service coordination, must meet all seven requirements to be considered an Early Intervention service [281 – 120.12].

#	Requirement
1	Provided under public supervision by qualified personnel at no cost to families
2	Designed to meet the developmental needs of the eligible infant or toddler and the needs of the family related to enhancing the child’s development, as identified by the individualized family service plan team, in any 1 or more of the following areas: <ol style="list-style-type: none"> <li>a. Physical development, including vision and hearing;</li> <li>b. Cognitive development;</li> <li>c. Communication development;</li> <li>d. Social or emotional development; or</li> <li>e. Adaptive development</li> </ol>
3	Selected in collaboration with the parents
4	Meet Iowa Administrative Rules for Early ACCESS
5	Include the identified services (see next page), but do not include certain health services – see specific <i>Health services definition</i> [281 – 120.14(5)(b)]. <ul style="list-style-type: none"> <li>• Services that are surgical in nature</li> <li>• Services that are purely medical in nature, such as hospitalization or the prescribing of medicine</li> <li>• Devices to control or treat a medical condition or other condition</li> <li>• Medical-health related services such as immunizations and periodic well-child exams routinely recommended for all children</li> </ul>
6	To the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate. <p><i>Note.</i> More information about natural environments can be found at the end of this section.</p>
7	Provided in conformity with an Individualized Family Service Plan that meets Part C requirements/rules and are based on scientifically based research to the extent practicable.

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**Section 1: Overview**, Continued

## Section 1: Overview, Continued

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### Early ACCESS services provided

Early intervention services made available to eligible infants and toddlers include the following [281-120.14 (1-16)] [Link to Document](#).

- Service Coordination
- Screenings, initial evaluations and on-going assessments
- Assistive Technology devices and services
- Audiology services
- Interpreter or sign language
- Family training, counseling and home visits
- Health services necessary to enable the infant or toddler to benefit from other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social Work services
- Speech-language services
- Special Instruction/developmental services
- Vision services
- Autism services
- Transportation (direct and related costs of transportation necessary to enable the child and family to receive early intervention services)

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## Section 1: Overview, Continued

### Intervention services definitions

The following charts describe each of the early intervention services that the Early ACCESS system makes available to eligible children:

- based upon the needs of the child and family;
- as recommended by the IFSP team; and
- with consent of the parent, begin the day of the IFSP is developed.

Each Early Intervention service is described in the chart by:

Left column	Right column
Definition from the Iowa Administrative Rules for Early ACCESS [281 – 120.14]	<p>“Translates” the service as a collection of resources that the family receives.</p> <p>The list of resources is meant to assist teams in matching needs prioritized by the family.</p>

**Note.** The IMS data code for each service is also provided: e.g. (NR-nursing).

### Assistive technology service definition (AT)

Rule Definition	Resources Families’ Receive with the Service
<p><i>Assistive technology device</i> means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children eligible for Early ACCESS.</p> <p><i>Assistive technology service</i> means a service that directly assists an eligible child or the child’s parent in the selection, acquisition, or use of an assistive technology device for the child. Assistive technology services include:</p>	<p>Assistive technology services includes:</p> <ol style="list-style-type: none"> <li>1) Evaluation and information about the child’s development and physical abilities</li> <li>2) Determination of need for a particular AT device or equipment</li> <li>3) Evaluation of the child’s living environment and information on adapting the environment to fit child’s AT needs</li> <li>4) Someone to design, fit, customize, adapt, maintain or repair an AT device</li> </ol>

*Continued on next page*

## Section 1: Overview, Continued

**Assistive technology service definition (AT)**  
(continued)

<b>Rule Definition</b>	<b>Resources Families' Receive with the Service</b>
<p><i>a.</i> The evaluation of the needs of an eligible child including a functional evaluation of the child in the child's customary environment;</p> <p><i>b.</i> Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by an eligible child;</p> <p><i>c.</i> Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;</p> <p><i>d.</i> Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;</p> <p><i>e.</i> Training or technical assistance for an eligible child or, if appropriate, for the child's family; and</p> <p><i>f.</i> Training or technical assistance for professionals, including individuals providing early intervention services, or other individuals who provide services to or are otherwise substantially involved in the major life functions of an eligible child.</p>	<p>5) AT device, purchased or leased, to meet child's need</p> <p>6) Training for the child in how to use the device</p> <p>7) Training for the parents in how to use the device</p> <p>8) Coordinating other services provider's activities or therapies with the use of the device</p> <p>9) Evaluation of the effectiveness of the device in helping child/family accomplish goals</p>

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## Section 1: Overview, Continued

**Audiology  
service  
definition (AU)**

<b>Rule Definition</b>	<b>Resources Families' Receive With the Service</b>
<p><i>Audiology services include:</i></p> <ul style="list-style-type: none"> <li><i>a.</i> Identification of children with auditory impairment, using at-risk criteria and appropriate audiology screening techniques;</li> <li><i>b.</i> Determination of the range, nature and degree of hearing loss and communication functions by use of audiological evaluation procedures;</li> <li><i>c.</i> Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss;</li> <li><i>d.</i> Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;</li> <li><i>e.</i> Provision of services for prevention of hearing loss; and</li> <li><i>f.</i> Determination of a child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.</li> </ul>	<p>Audiology includes:</p> <ol style="list-style-type: none"> <li>1) Information about a potential hearing problem (screening)</li> <li>2) Detailed information about hearing ability and loss (evaluation)</li> <li>3) Referral to or information about programs that specialize in hearing loss treatment</li> <li>4) Auditory training, aural rehabilitation, speech reading</li> <li>5) Assessment of child's need for a hearing device</li> <li>6) Information about the selection of a hearing device</li> <li>7) Fitting the child with the appropriate hearing device</li> <li>8) Parent information and training on using listening devices</li> <li>9) Guidance and feedback on how well the device is working for the child</li> <li>10) Training and information on the prevention of hearing loss</li> </ol>

*Continued on next page*

## Section 1: Overview, Continued

**Family Training/ Counseling service definition (FT)**

Rule Definition	Resources Families' Receive With the Service
<p><i>Family training, counseling and home visits</i> means services provided by social workers, psychologists, special educators and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.</p>	<p>Family Training; Counseling services includes:</p> <ol style="list-style-type: none"> <li>1) Group or individual counseling for family in understanding the special needs of the child</li> <li>2) Guidance, feedback and emotional support for the family in understanding the special needs of the child</li> <li>3) Information, guidance, feedback, teaching provided to the family on how to help the child grow and develop</li> </ol>

**Health Services service definition (HS)**

Rule Definition	Resources Families' Receive With the Service
<p><i>Health services</i> means services necessary to enable a child to benefit from the other early intervention services under Early ACCESS during the time that the child is receiving the other early intervention services.</p>	<p>Health services means health services necessary to enable a child to benefit from other EI services during the time a child is receiving the other EI services. Health services includes;</p> <ol style="list-style-type: none"> <li>1) Someone to provide the needed health support (i.e. catheterization, tracheotomy, tube feeding colostomy collection) to the child to participate in early intervention services</li> </ol>

*Continued on next page*

## Section 1: Overview, Continued

Health Services  
service  
definition (HS)  
(continued)

Rule Definition	Resources Families' Receive With the Service
<p>a. Health services <i>include</i>:</p> <p>(1) Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags and other health services;</p>	<p>2) Someone to provide the needed health support (i.e. catheterization, tracheotomy, tube feeding colostomy collection) to the child to participate in early intervention services</p>
<p>b. Health services <i>do not include</i> the following:</p> <p>(1) <b>Services that are surgical in nature, such as cleft palate surgery, surgery for club foot, the shunting of hydrocephalus, or the installation of devices such as pacemakers, cochlear implants or prostheses;</b></p> <p>(2) Services that are purely medical in nature, such as hospitalization for management of congenital heart ailments or the prescribing of medicine or drugs for any purpose;</p> <p>(3) <b>Devices necessary to control or treat a medical or other condition; or</b></p> <p>(4) <b>Medical-health services, such as immunizations and periodic well-child exams that are routinely recommended for all children.</b></p>	

Medical  
evaluations to  
determine  
eligibility  
service  
definition (MS)

Rule Definition	Resources Families' Receive With the Service
<p><i>Medical services only for diagnostic or evaluation purposes</i> means services to determine a child's developmental status and need for early intervention services which are provided by a licensed physician, physician's assistant, advanced registered nurse practitioner, or other licensed health care provider if such services are within the provider's scope of practice as provided in Iowa law.</p>	<p>Medical services from a licensed physician, physician's assistant, advanced registered nurse practitioner, or other licensed health care provider provide the following resources:</p> <p>1) Information provided to the family about the specific condition and the developmental status of the child</p> <p>2) Medical opinion about the need for early intervention services</p>

Continued on next page

**Section 1: Overview**, Continued

## Section 1: Overview, Continued

### Nursing service definition (NR)

Rule Definition	Resources Families' Receive With the Service
<p><i>Nursing services</i> include:</p> <p><i>a.</i> The assessment of health status for the purpose of <b>providing</b> nursing care, including the identification of patterns of human response to actual or potential health problems;</p> <p><i>b.</i> Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and</p> <p><i>c.</i> Administration of medications, treatments and regimens prescribed by a licensed physician.</p>	<p>Nursing services includes:</p> <ol style="list-style-type: none"> <li>1) Information to the family about the health status of the child</li> <li>2) Nursing care for the child to prevent, restore or improve health and development</li> <li>3) An individual to carry out a physician's orders for treatment, care and medications</li> </ol>

### Nutrition service definition (NU)

Rule Definition	Resources Families' Receive With the Service
<p><i>Nutrition services</i> include:</p> <p><i>a.</i> Conducting individual assessments of:</p> <ol style="list-style-type: none"> <li>1) Nutritional history and dietary intake;</li> <li>2) Anthropometric, biochemical, and clinical variables;</li> <li>3) Feeding skills and feeding problems; and</li> <li>4) Food habits and food preferences;</li> </ol> <p><i>b.</i> Developing and monitoring appropriate plans to address the nutritional needs of an eligible child; and</p> <p><i>c.</i> Making referrals to appropriate community resources to carry out nutrition goals.</p>	<p>Nutrition services include:</p> <ol style="list-style-type: none"> <li>1) Information about child's feeding skills</li> <li>2) Information about child's physical make-up that affects growth and development (height, weight, blood profile, etc.)</li> <li>3) Assessment of child's food habits and preferences</li> <li>4) Support in developing a nutrition plan and checking progress</li> <li>5) Referral to or information about community programs that can help with nutrition goals</li> </ol>

*Continued on next page*

## Section 1: Overview, Continued

### Occupational therapy service definition (OT)

Rule Definition	Resources Families' Receive With the Service
<p><i>Occupational therapy</i> includes services to address the functional needs of a child related to adaptive development; 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:</p> <ul style="list-style-type: none"> <li>a. Identification, assessment and intervention;</li> <li>b. Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and</li> <li>c. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.</li> </ul>	<p>Occupation Therapy includes:</p> <ol style="list-style-type: none"> <li>1) Information about potential problems in physical ability affecting playing and learning (screening)</li> <li>2) Detailed information about child's sensory, perceptual-motor, motor and posture development (assessment)</li> <li>3) Someone to provide guidance and feedback on how to help child eat, play with toys, move and learn</li> <li>4) Help in adapting child's environment to meet child's needs</li> <li>5) Selecting, designing, and making devices that help child move, play, eat and learn</li> <li>6) Someone to provide guidance and feedback to prevent or minimize physical problems</li> </ol>

### Physical Therapy service definition (PT)

Rule Definition	Resources Families' Receive With the Service
<p><i>Physical therapy</i> 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 adaption. These services include:</p>	<p>Physical therapy includes:</p> <ol style="list-style-type: none"> <li>7) Information about potential problems of child's physical ability affecting moving, sitting, standing or positioning for motor development (Includes screening)</li> </ol>

Continued on next page

## Section 1: Overview, Continued

**Physical  
Therapy service  
definition (PT)**  
(continued)

Rule Definition	Resources Families' Receive With the Service
<p><i>a.</i> Screening, evaluation and assessment of eligible children from birth to the age of three to identify movement dysfunction;</p> <p><i>b.</i> Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems; and</p> <p><i>c.</i> Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.</p>	<p>8) Information about potential problems of child's physical ability affecting moving, sitting, standing or positioning for motor development (Includes screening)</p> <p>9) Detailed information about child's motor, sensory or posture development including the ability to move and position self for play (evaluation and assessment)</p> <p>10) Someone who can interpret medical and physical information and develop a plan to help child develop</p> <p>11) Someone who can work with child (either alone or in a group) to help the child:</p> <ul style="list-style-type: none"> <li>▪ Learn a variety of ways to move and position himself for play through continued motor development and/or assistive technology (including braces, walking devices, positioning devices) and/or,</li> <li>▪ Adapt environmental accessibility.</li> </ul> <p>12) Someone to provide guidance and feedback to the family so they can assist their child</p>

*Continued on next page*

## Section 1: Overview, Continued

**Psychological service definition (PY)**

<b>Rule Definition</b>	<b>Resources Families' Receive With the Service</b>
<p><i>Psychological services</i> include:</p> <ul style="list-style-type: none"> <li><i>a.</i> And other assessment procedures;</li> <li><i>b.</i> Interpreting assessment results;</li> <li><i>c.</i> Obtaining, integrating and interpreting information about child behavior and about child and family conditions related to learning, mental health and development; and</li> <li><i>d.</i> Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, and parent education programs.</li> </ul>	<p>Psychological services includes:</p> <ol style="list-style-type: none"> <li>1) Psychological and developmental testing of the child</li> <li>2) Information about child's thinking, learning, and behavior</li> <li>3) Information about child's behavior and child/family relationship</li> <li>4) Counseling for child and family</li> <li>5) Counseling for family</li> <li>6) Guidance and feedback to the child's family on child development</li> <li>7) Training and information on parenting</li> <li>8) Someone to plan and do interventions for a specific child behavior</li> <li>9) Guidance and feedback to other caregivers of the child</li> </ol>

**Service Coordination**

Refer to Service Coordination Section for information about this service.

*Continued on next page*

## Section 1: Overview, Continued

**Social work service definition (SW)**

<b>Rule Definition</b>	<b>Resources Families' Receive With the Service</b>
<p><i>Social work services</i> include:</p> <ul style="list-style-type: none"> <li>a. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;</li> <li>b. Preparing a social or emotional developmental assessment of the child within the family context;</li> <li>c. Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parent(s);</li> <li>d. Working with those problems in a child's and family's living situation, including in the home, in the community and at any center where early intervention services are provided, that affect the child's maximum utilization of early intervention services; and</li> <li>e. Identifying, mobilizing and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.</li> </ul>	<p>Social work services include:</p> <ul style="list-style-type: none"> <li>1) A home visit to evaluate a child's living conditions related to growth and development</li> <li>2) A home visit to evaluate how parent and child relate to one another</li> <li>3) Information about how to develop a positive relationship with child and the child's relationship with other family members</li> <li>4) Information about child's social/emotional growth and development (assessment)</li> <li>5) Individual or group counseling for family members to learn appropriate social/emotional skills</li> <li>6) Someone to help solve problems * in a child's and family's living situation (home, community, and any center where early intervention services are provided). * Problems that effect the child's maximum use of early intervention services.</li> <li>7) Information about community resources and services that could help child and family</li> <li>8) Someone who assists the family in obtaining and coordinating resources and services so they can benefit from other early intervention services</li> </ul>

*Continued on next page*

**Section 1: Overview**, Continued

## Section 1: Overview, Continued

**Special instruction service definition (SI)**

*Note.* This is the same service called *Developmental Therapy* in the Medicaid Infant-Toddler Program.

Rule Definition	Resources Families' Receive With the Service
<p><i>Special instruction</i> includes:</p> <p><i>a.</i> The design of learning environments and activities that promote the child's acquisition of skills in the following developmental areas: cognitive, physical including vision and hearing, communication, social or emotional, and adaptive;</p> <p><i>b.</i> Planning that leads to achieving the outcomes in the child's IFSP, including curriculum planning, the planned interaction of personnel and planning with respect to the appropriate use of time, space and materials;</p> <p><i>c.</i> Providing families with information, skills and support related to enhancing the skill development of the child; and</p> <p><i>d.</i> Working with the child to enhance the child's development.</p>	<p>Special instruction includes;</p> <ol style="list-style-type: none"> <li>1) Someone who designs activities that help child to grow, learn, communicate and play with others</li> <li>2) Someone who can model and teach family members how to do learning activities</li> <li>3) Someone who can adapt early care and education curriculum activities to meet a child's specific learning needs</li> <li>4) Someone who shows child care provider how to carry out activities that help the child</li> <li>5) Someone who works with child to do activities that help child grow and develop</li> </ol>

*Continued on next page*

## Section 1: Overview, Continued

Speech-  
language  
service  
definition (SS)

Rule Definition	Resources Families' Receive With the Service
<p><i>Speech-language pathology services</i> include:</p> <p><i>a.</i> Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;</p> <p><i>b.</i> Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or swallowing disorders and delays in development of communication skills;</p> <p><i>c.</i> Provision of services for the habilitation, rehabilitation or prevention of communicative or swallowing disorders and delays in development of communication skills; and</p> <p><i>d.</i> Counseling and guidance of parents, children and teachers regarding speech and language impairments.</p>	<p>Speech – language pathology includes;</p> <p>6) Information about potential problems with communication skills (screening)</p> <p>7) Detailed information and a diagnosis of a child’s speech-language problems (evaluation and assessment)</p> <p>8) Referral to or information about communication &amp; speech specialists and their services</p> <p>9) Someone who works with child to improve and/or prevent communication problems</p> <p>10) Information to assist families and caregivers how to improve and/or prevent communication problems</p>

*Continued on next page*

## Section 1: Overview, Continued

### Transportation service definition (TR)

Rule Definition	Resources Families' Receive With the Service
<p><i>Transportation and other related <b>costs</b> includes the cost of travel, such as mileage or travel by taxi, common carrier or other means, and related costs, such as tolls and parking expenses, that are necessary to enable an eligible child and the child's family to receive early intervention services.</i></p>	<p>Transportation and other related costs include:</p> <p>Financial help to cover the cost of transportation for the child and family to receive needed early intervention services</p>

### Vision service definition (VI)

Rule Definition	Resources Families' Receive With the Service
<p><i>Vision services means:</i></p> <p><i>a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;</i></p> <p><i>b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and</i></p> <p><i>c. 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.</i></p>	<p>Vision Services means;</p> <ol style="list-style-type: none"> <li>1) Detailed information about vision ability and loss (evaluation and assessment including functional visual assessment)</li> <li>2) Diagnosis of visual problems</li> <li>3) Referral to or information about specialists in visual problems and their services</li> <li>4) Someone to help the child learn to move around and explore their environment</li> <li>5) Someone to help the child learn communication skills</li> <li>6) Training and information to the family and caregivers on how to help the child be independent, move around their environment and communicate</li> <li>7) Guidance and feedback to families and caregivers on how to maximize child's vision abilities and movement</li> </ol>

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## Section 1: Overview, Continued

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### Other services requirement

Both early intervention and other services may be needed by the child/family in order to achieve their IFSP outcomes. To the extent appropriate, the IFSP must include medical and other services the child needs, but are not required under IDEA, Part C.

Other examples of services include but are not limited to Child Health Specialty Clinic's Clinical Program, respite care, well baby check-ups, immunizations and/or music therapy.

Specific procedures related to Other services are provided in Section 5: IFSP. In addition, further information about "Other Services" and their distinction from "early intervention services" are provided in the *Service Coordination Training Module IV* [LINK to Document](#).

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### EI services at no cost

All children in the Early ACCESS system are to receive at no cost to the family:

- Screenings, evaluations and assessments
- Service coordination
- Individualized Family Service Plan (IFSP) development and reviews.
- Needed early intervention services (does not include "Other Services").

Early intervention services listed on the IFSP as an EI service must be provided at no cost to the family. Iowa is one of five states with a "birth mandate" law. States with birth mandates may not charge parents for any of those services. Birth mandate means states with a requirement that a free and appropriate public education (FAPE) be provided to children from birth to age 21, which includes special education services. Iowa has provided early childhood special education services to children birth to five years since 1975, which for infants and toddlers, evolved into early intervention services after 1986. [\(LINK to birth mandate paper\)](#)

**Note.** There are "other" early intervention services a child may need to achieve IFSP outcomes that may incur cost to the family. For more information see Other Services information at the end of this section.

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### Year round services

Area Education Agencies, as Regional Part C Grantees, ensure that Early ACCESS components and services are available 12 months a year to meet the needs of the eligible child and family.

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## Section 1: Overview, Continued

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### **Federal indicator of timely services**

√ C1  
timely  
Services

Data about timely services are collected and reported annually in a federal indicator in order to show Regional and State performance of this requirement (Indicator C1). All states collect data on all new services provided within the State's definition of timely delivery of services. Iowa has defined timely services as:

*Timely services are measured per child within 30 days from the date of parental consent for the services listed on the initial IFSP and all subsequent IFSPs.*

Iowa collects information on Indicator C1 on the Early Intervention Services page, specifically *Start Date* and *If service not initiated within 30 days of IFSP meeting*.

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### **Parents consent or decline of EI services**

Parents have the right to agree to all or some of the recommended services. Only the services consented to, by the parents, are provided to the child/family. If a parent does not provide consent for a particular early intervention service or withdraws consent after first receiving the service, that service cannot be provided. Parents may also decline all early intervention services recommended by the IFSP Team. All services the IFSP team recommends are to be recorded on a Prior Written Notice.

Specific steps to follow regarding consent or decline of EI services are provided throughout Section 5: IFSP.

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### **Natural environment definition**

Natural environments mean settings that are natural or normal for a child who does not have a condition or developmental delay, including home and community settings. Whenever possible, intervention should be embedded into the child's natural routines.

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## Section 1: Overview, Continued

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### **Natural environment requirements**

There are five requirements that EA Service Coordinators and service providers must implement related to services in natural environments.

#### **Services must be provided in natural environments.**

To the maximum extent appropriate to the needs of the eligible child, early intervention services are to be provided in a natural environment.

#### **Setting other than natural environment.**

The provision of early intervention services for each eligible child may occur in a setting other than a natural environment only if the IFSP team, based on the evaluation and assessment conducted and the provisions of the IFSP, determines that early intervention cannot be achieved satisfactorily for the child in a natural environment.

#### **Exceptions**

The provisions on natural environments do not apply to services listed in an IFSP that are intended to meet the needs of a parent or other family member and not the needs of the child, such as participation of a parent in a parent support program.

#### **Statement of natural environments on IFSP**

The IFSP shall contain a statement of the natural environments in which early intervention services shall be provided.

#### **Justification for other setting in IFSP.**

For each early intervention service to be provided to the child, the IFSP team shall determine if the child's needs are being met in a natural environment. If the team determines that a specific service for the child must be provided in a setting other than a natural environment, such as a center-based program that serves children with disabilities or another setting appropriate to the age and needs of the child, a justification must be included in the child's IFSP.

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## Section 1: Overview, Continued

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### Federal indicator of natural environments

√ C2  
Services  
in NE

Data about services in natural environments are collected and reported annually in a federal indicator in order to show Regional and State performance of this requirement. All states collect data on the primary setting of EI services and have set targets. Each AEA/Early ACCESS Region is to meet the state target, which is reported in the *Part C Annual Performance Report* [\(LINK\)](#).

Iowa collects this information on Indicator C2 the IFSP Meeting Details page, *Overall Primary Setting (IT Code)*. Follow the [\(LINK\)](#) for guidance on how to select the appropriate code that describes where services are primarily provided to the child and family.

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### Procedures for natural environments

Procedures related to services in natural environments (or justifications) are provided throughout Section 5: IFSP.

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## Section 2: Public Awareness/Comprehensive Identification Procedures

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**Introduction** The Iowa Department of Education, as Lead Agency, ensures that potentially eligible infants and toddlers are identified and evaluated by qualified personnel [281 – 120.27(4)].

Child Find for Early ACCESS and the identification of eligible infants and toddlers are year-round commitments by the Area Education Agencies (Regional Grantees), Signatory Agencies, and community partners.

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**Collaborative partnerships needed** In addition, each Area Education Agency collaborates with community partners to ensure that the child find system is coordinated with agencies responsible for administering various education, health, social service programs and tribes/tribal organizations that receive funds under Part C, including the following:

- Child Find authorized under Part B of the Act (Special Education);
  - Maternal and Child Health agencies under Title V;
  - Early and Periodic, Screening, Diagnosis and Treatment Program (EPSDT);
  - Medicaid;
  - Head Start;
  - Early Head Start;
  - Developmental Disabilities Assistance and Bill of Rights Act, administered by the Department of Human Services; and
  - Supplemental Security Income (SSI) Program.
- 

**Child find system components** The Early ACCESS Child Find system in Iowa is based on

- public access to awareness materials;
  - a central directory of services; and
  - comprehensive identification procedures.
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## Section 2: Public Awareness/Comprehensive Identification Procedures, Continued

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### Public awareness materials

Public awareness materials are available to inform the public of the Early ACCESS system. Materials are provided to agencies and organizations having a direct interest in early intervention to help locate and refer potentially eligible infants and toddlers from birth to three years of age [(281-120.24(2)]. Materials distributed include information about:

- child development;
- the referral process;
- the Iowa central point of contact; and
- the central directory.

Materials produced by the Lead Agency are available from and distributed by AEAs, Signatory Agencies, Early ACCESS Iowa (central point of contact), and community partners.

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### Public awareness materials - electronic access

Other methods available to inform the public of Early ACCESS include electronic access to resources available on AEA websites.

Area Education Agency	Website
AEA 1	<a href="http://www.aea1.k12.ia.us">www.aea1.k12.ia.us</a>
AEA 267	<a href="http://www.aea267.k12.ia.us">www.aea267.k12.ia.us</a>
AEA 8	<a href="http://www.aea8.k12.ia.us">www.aea8.k12.ia.us</a>
AEA 9	<a href="http://www.aea9.k12.ia.us">www.aea9.k12.ia.us</a>
AEA 10	<a href="http://www.aea10.k12.ia.us">www.aea10.k12.ia.us</a>
AEA 11	<a href="http://www.aea11.k12.ia.us">www.aea11.k12.ia.us</a>
AEA 12	<a href="http://www.nwaea.k12.ia.us">www.nwaea.k12.ia.us</a>
AEA 13	<a href="http://www.aea13.org">www.aea13.org</a>
AEA 14	<a href="http://www.aea14.k12.ia.us">www.aea14.k12.ia.us</a>
AEA 15	<a href="http://www.gpaea.k12.ia.us">www.gpaea.k12.ia.us</a>

**Note.** Another electronic resource for information about Early ACCESS is the AEA statewide website:  
[iowaaea.org/vnews/display.v/ART/2008/02/21/47bdf8b75437c](http://iowaaea.org/vnews/display.v/ART/2008/02/21/47bdf8b75437c)

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## Section 2: Public Awareness/Comprehensive Identification Procedures

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### Central directory of services

A central point of contact and directory was developed for ease of public access to Early ACCESS information and services (281-120.24).

The central point of contact, Early ACCESS Iowa, provides a toll-free number that is available to link callers or interested persons to inquire about Early ACCESS services.

The *State Resource Directory* is available to address the typical development and/or specialized needs of infants and toddlers and their families. The directory provides information regarding:

- public and private early intervention services;
- resources; and
- personnel available statewide.

<b>Resource</b>	<b>Access</b>
Central point of contact	Toll free: 1-888-IAKIDS1 (1-888-425-4371)
Central directory	Website: <a href="http://EarlyACCESSIowa.org">EarlyACCESSIowa.org</a>

AEA staff and other agencies contribute updates to keep the directory current. AEA Early ACCESS Regional Liaisons are responsible for forwarding suggestions and updates to [EarlyACCESSIowa.org](http://EarlyACCESSIowa.org).

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## Section 2: Screening/Comprehensive Identification Procedures

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### Introduction

Comprehensive identification procedures ensure that all children birth to three years of age who may be eligible for Early ACCESS are identified, located and referred for an evaluation (281-120.23).

*Note.* Children referred at two years nine months or older are referred to Part B and do not proceed through the Early ACCESS process.

The outcome of an evaluation is to assess the child and family strengths and areas of concern to coordinate and provide needed early intervention services. Comprehensive identification procedures include the following (281-120.27):

- screening;
  - referral;
  - intake;
  - the comprehensive multidisciplinary evaluation including family assessment; and
  - eligibility determination.
- 

### Screening definition

Screening is a brief decision-making process used by qualified individuals to determine a potential or suspected condition or delay in one or more areas of child growth and development [281-120.27(1)].

Often in working with children, professionals may be concerned regarding an infant or toddlers developmental skills based on observations and family reports. Upon concern, screening may be used to briefly appraise an infant or toddler's development in order to provide information to parents and others whether concerns warrant further evaluation.

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## Section 2: Screening/Comprehensive Identification Procedures, Continued

### Criteria for selection of screening tools

Screening tools vary by those qualified individuals seeking to briefly appraise an infant or toddler's developmental skills. Individuals are responsible for selecting screening tools based on the following state selected criteria (Meisels, 1991).

- Norm referenced for birth to three-year-olds and standardized in administration;
- Valid and reliable;
- May be administered by professional or trained personnel as specified by the publisher;
- Provides input from families;
- Culturally and linguistically sensitive;
- Reasonable for cost; and
- Reasonable for time to administer.

**Note.** [LINK to Document](#) for more information for screening tools that meet these criteria.

### Screening: Important considerations

It is important to note the following considerations;

If ...	Then ...
an infant or toddler has a known condition,	<i>the child is eligible for Early ACCESS and a comprehensive multidisciplinary evaluation is required to determine the child's level of functioning in all [10] developmental areas.</i>  <b>Note.</b> Screening is not required to be administered.
a referral is received from another agency with timely data,	existing screening information and timely data are acceptable for consideration and REVIEW of the child's development and should not be re-administered.
<b>Note.</b> All documentation, screening, and/or test results relevant to the child may be requested and sent with the referral to AEA Early ACCESS staff to aid in the multidisciplinary evaluation process.	

*Continued on next page*

**Section 2: Screening/Comprehensive Identification Procedures, Continued**

## Section 2: Screening/Comprehensive Identification Procedures, Continued

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### Other screenings: Early Hearing Detection and Intervention (EHDI)

All Iowa newborns are to receive a hearing screening. This requirement is supported by Iowa's *Universal Newborn and Infant Hearing Screening law*.

All AEAs and Early ACCESS agencies participate in the implementation of the law and the Early Hearing Detection and Intervention (EHDI) program which is administered by the Iowa Department of Public Health.

The purpose of the law is to ensure that infants with hearing loss are identified as early as possible so they can begin receiving early intervention services by six months of age. The three goals of the EHDI program include:

- All infants will be **screened** for hearing loss before **1 month** of age, preferably before hospital discharge.
- All infants who do not pass the screening will have a **diagnostic audiologic evaluation** before **3 months** of age.
- All infants identified with hearing loss receive appropriate **early intervention services** before **6 months** of age.

Hospitals provide the initial infant hearing screening.

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### Other screenings: rescreening for Early Hearing Detection and Intervention (EHDI)

If a child needs re-screening, families are provided information about choices to obtain the re-screening. The AEA is one option to schedule a re-screening.

In order to prevent “loss to follow up,” children who do not receive needed re-screening or missed their initial screening are referred monthly to the Regional Early ACCESS Office by the state EHDI Office at the Iowa Department of Public Health (using a special EA-EHDI referral form).

- Each child is then assigned a pre-Service Coordinator.
- Each AEA determines who will serve as pre-Service Coordinator(s) for newborn hearing following up services when hearing re-screening has not been completed in a timely manner (e.g. audiologists; EA Service Coordinators; etc.).

More information about the EA-EHDI collaboration and guidance for pre-Service Coordinators are available [LINK to Documents](#).

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*Continued on next page*

## Section 2: Screening/Comprehensive Identification Procedures, Continued

### Other screenings: EHDI Pre-Service Coordinator procedures

Steps the pre-Service Coordinator follows for hearing re-screening include:

Step	Action
1	Pre-Service Coordinator contacts the family within 48 hours.
2	Explains the importance of the re-screening
3	Describes all location options (AEA, hospital, private audiologist)
4	Helps families work through barriers to complete the re-screening
5	Provides the results of the hearing re-screening or information regarding the inability to contact the family to the state EDHI program through their eSP data system or an e-mail/phone call to the state EHDI Coordinator or EHDI Follow-up Coordinator.  <i>Note.</i> If pre-Service Coordinators have difficulty contacting the referred family, they are to follow Early ACCESS procedures in this manual for “Unable to Contact.” Before closing the file, pre-Service Coordinators are to notify the Iowa EHDI program immediately if unsuccessful in contacting a family. Call (800) 383-3826 to notify the EHDI Program; the EHDI program will make one last attempt to contact the family and/or family physician to encourage follow-up.

### Other screenings: next steps for re-screening

The following table provides guidance on next steps, depending on the results of the hearing re-screening.

If ...	Then ...
hearing re-screening results indicate a need for an evaluation to confirm a hearing loss,	the audiologist refers child to an ENT, and has a release signed by the parent for ENT to share results of evaluation.  Discuss need/timing of referral to Early ACCESS (see Note below).
hearing re-screening results indicate “passing” or no hearing concerns	the audiologist provides contact information for future screening as needed.

*Note.* The referral to Early ACCESS can be made either before or after the confirmation evaluation, according to parent choice. See [LINK to Document](#) for talking points to explain parent choice of EHDI-EA evaluations 6-07.doc.

## Section 2: Referral/Comprehensive Identification Procedures

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### Referral definition

Referral is a systematic method to link potentially eligible children and families to Early ACCESS [281-120.27(2)].

- An infant or toddler may be referred to Early ACCESS with parent knowledge and approval. Written parental consent is not required.
  - A child may be referred to EA if there is any indication of a concern by a parent or professional.
- 

### Coordination of referrals

Referrals may be coordinated through two resources:

- Iowa Central Point of Contact, Early ACCESS Iowa, and
- Regional (AEA) Early ACCESS offices.

Using established procedures, Early ACCESS Iowa immediately patches the caller directly to Early ACCESS regional AEA staff. Also, referrals may be made directly to the AEAs within each region. Referral data are managed through these centralized points to collect and analyze state and regional data to assess the effectiveness of the system.

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### Primary referral sources

Primary referral sources include the following:

- Parent, family, or other persons designated as a parent
  - Hospitals and hospital-based high-risk follow-up programs
  - Physicians (Pediatric, Family, Sub-specialty or General Practices)
  - Department of Human Services Signatory Agency (child abuse prevention and treatment act (CAPTA) referrals, Foster Care)
  - Local or area education agencies (LEA/AEA)
  - County Public Health; home health agencies; etc. (not hospital, not primary care, not title V, not CHSC, not WIC)
  - Family Support Services (e.g. ISU Extension; Lutheran Social Services; HOPES, HOPE-like; Healthy Families; CCR & R, CAPP agencies; programs supported by community empowerment areas, etc.)
  - Child Health Specialty Clinics Signatory Agency (Clinical Program)
  - Title V/EPSTD Child Health includes Title V agencies (EPSTD Care Coordination, 1<sup>st</sup> Five, etc.
- 

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Primary  
referral sources**  
(continued)

- Women, Infants and Children (WIC)
  - Child Care Program providers (child development homes, centers, etc)
  - Head Start programs and Early Head Start programs
  - Iowa’s Early Hearing Detection and Intervention program at the Iowa Department of Public Health
  - Families and/or provider agencies that are connecting families who have out-of-state IFSPs to Iowa’s Part C/Early ACCESS program
- 

**Referral:  
Request for  
records**

Referral sources and other agencies may have:

- child health and medical records;
- prior developmental and/or specialty screenings, evaluations; and
- information about prior and current services.

If reports and records are available from the referral source, at the time of intake, the Service Coordinator or designated staff seeks to obtain all existing information. A release/exchange form signed by the parent is required for the exchange of information between agencies.

Due to two differing federal confidentiality laws, there are two types of releases:

Type	Description	Federal Confidentiality Law
1	release of <i>health/medical</i> information and	HIPPA
2	general, non-medical information	FERPA

Both authorizations are valid for up to one year, unless specified otherwise by the parent on the form.

**Note.** Other agencies’ release forms sent by the referral source are acceptable.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Referral:  
Follow-up**

Once a referral is received by the AEA or any agency, it is required to follow-up with the referral source. Communication with the source of referral is important to:

- obtain records and prior evaluations (reduce duplication);
- maintain the family's network of support;
- sustain professional courtesy; and
- support future referrals to Early ACCESS.

Service Coordinators communicate with referral sources following the initial contact with the family, after the child assessment or evaluation, and on an ongoing basis to share child progress updates, depending on referral source and family preferences.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Referral:  
Communication with  
referral source**

Communication with the initial referral source (e.g. physician) is required and can occur in one of several methods:

- Phone call
- Email
- Letter by U.S. mail

Communication with the initial referral source (e.g. physician) includes the following steps:

Step	Action
1	Obtain a signed <i>Authorization for Exchange of Information</i> form from the parent. <ul style="list-style-type: none"><li>• A signed release sent with the referral is acceptable</li><li>• In cases when authorization cannot be obtained, only the child's name may be shared with the referral source.</li></ul>
2	Acknowledge receipt of the referral.  <i>Note.</i> See guidance and sample letters/scripts <a href="#">LINK to Document</a> .
3	Provide name of Service Coordinator and contact number
4	Describe evaluation process and timeline
5	Invite referral source to indicate level of participation on the IFSP team

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Other referral  
sources:  
DHS / CAPTA**

The Child Abuse Prevention and Treatment Act (CAPTA) [LINK to Document](#) is another source of referrals from Department of Human Services (DHS) to Early ACCESS. The Iowa Departments of Education and Human Services have agreed upon Department roles and the process used to refer children with substantiated cases of abuse or neglect to Early ACCESS.

The agreement includes the following:

<b>Step</b>	<b>Action</b>
1	The Department of Human Services provides Early ACCESS Iowa a weekly list of children younger than three years of age who have been abused or neglected.
2	Early ACCESS Iowa (Central Point of Contact) sends a letter to the family that describes Early ACCESS and asks if the parents would like to have their child evaluated.
3	Families that respond to the letter are referred to the appropriate Early ACCESS region (AEA).
4	The AEA assigns a Service Coordinator who contacts the family.
5	If the child referred is 2 years 9 months or older, the AEA refers the child to Part B child find procedures <a href="#">LINK to Document</a> .

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Other referral sources:  
Out-of-state**

If a child and family moves to Iowa from another state and currently has an IFSP, this is considered as a source of referral. (States vary in Administrative Rules to implement IDEA-Part C; Iowa’s implementation procedure is to consider this as a referral from another source.)

The following steps are used for families moving to Iowa [LINK to Document](#):

Step	Action
1	Intake/Referral form is completed, following Intake procedures;
2	Assign a Service Coordinator;
3	Follow Service Coordinator procedures and discuss with the family state to state variation of provision of early intervention services;
4	Review the out of state IFSP and any record(s) available regarding the child;
5	Provide the parent with <i>Prior Written Notice</i> of the proposed action to implement the out of state IFSP to the best of the Region’s ability and assign new providers until Iowa eligibility is determined; and
6	Obtain a <i>Consent for Early ACCESS Evaluation with Prior Written Notice</i> form to proceed as a new referral.
7	Conduct comprehensive multidisciplinary evaluation to determine Iowa eligibility and follow procedures as a new referral.

**Note.** The Iowa IFSP team is to use all timely available evaluation and assessment information from the other state as a starting point for evaluation activities (i.e. do not need to re-administer assessments). This would be considered “review of existing records.” See RIOT explanation in Comprehensive Identification Section.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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### **Use of referral source data**

Each year, AEAs collect and analyze sources of referral data. AEAs are committed to analyzing Child Find data to study effectiveness in identifying eligible infants and toddlers, including special populations:

- under-representation;
- Native American children;
- Homeless;
- wards of the state;
- children in foster care;
- premature infants; and/or
- children affected by prenatal exposure to drugs.

After analyzing data, AEAs develop activities to increase and seek appropriate sources of referrals to reach all children and families who may be eligible for Early ACCESS.

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## Section 2: Intake/Comprehensive Identification Procedures

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### Intake: Purpose

**Purpose.** The purpose of the intake process is to gather information to answer basic questions such as:

- Who is the referral source?
- What are the needs of the child and family?
- What prior records or information are available to review?

The Early ACCESS intake process begins the date of the initial contact to the AEA from the referring source (e.g. physicians, family member). Questions are asked regarding concerns of the child age birth to 2 years and 9 months.

**Note.** Any child 2 years 9 months or older is referred to Part B child find procedures.

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### Intake: Gather information

During the intake process, intake personnel are to gather and document the following:

Step	Action
1	Date the referral was received.
2	Referral source information. Also, if referral source is parent, how they learned about Early ACCESS.
3	Reason for referral
4	Child's demographic information: name, age, family's address, etc.
5	Prior screenings, if available.
6	Language spoken in the home
7	Other important information

### NOTE: 45-DAY TIMELINE BEGINS

**Note.** The **DATE the referring source contacts the AEA, is the start of the 45 calendar day timeline** for completion of the evaluation, eligibility determination, and initial IFSP meeting.

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### Federal indicator of 45- day timeline

√ C7  
45-day  
time line

Data that measures the timeline between data of referral and the completion of the evaluation and the initial IFSP meeting are collected and reported annually in a federal indicator in order to show Regional and State performance of the 45-day timeline requirement. All states collect data on the number of children whose evaluation and initial IFSP meeting met the 45-day timeline and, if not met, reasons for not meeting the 45-day timeline. Each AEA/Early ACCESS Region is to meet the 100% target, which is reported in the Part C Annual Performance Report ([LINK to document](#)). Iowa collects this information for Indicator C7 on the *IFSP Initial Intake and Meeting Details* form.

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## Section 2: Intake/Comprehensive Identification Procedures, Continued

**Intake:  
Service  
Coordinator  
assigned**

The assignment of a Service Coordinator within two business days meets guidelines recommended by the state and stakeholder groups to support success of the Early ACCESS system.

Intake personnel contact the Service Coordinator and share the child and family intake information as soon as possible. The use of email to contact the Service Coordinator with the Intake/Referral form as an attachment provides the timeliest contact.

*Note.* The assigned Service Coordinator may change following determination of eligibility and development of the IFSP based on needs of the child and family [281 – 120.15(6)].

**Intake:  
First contacts**

The following table provides steps to take during the initial contacts with the family. The steps may vary in sequence, locations and times.

Step	Action
1	<p>The Service Coordinator contacts the family within two business days, supporting family-centered practices for responsiveness.</p> <p><i>Note.</i> The timelines of the Service Coordinator’s contact with the family is monitored through an annual file review. Contacts made beyond 7 calendar days from date of referral are considered non-compliant.</p>
2	<p>During first contact, likely a phone call:</p> <ul style="list-style-type: none"> <li>• Introduce yourself and your role with Early ACCESS.</li> <li>• Inquire about the reason for referral.</li> <li>• Schedule first visit.</li> <li>• Offer choices in dates, time of day and locations.</li> </ul>

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## Section 2: Intake/Comprehensive Identification Procedures, Continued

**Intake:  
First contacts**  
(continued)

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<b>Step</b>	<b>Action</b>
3	During the first visit, listen to the family and explore concerns of the family in order to: <ul style="list-style-type: none"><li>• establish rapport;</li><li>• identify child and family strengths, interests and needs;</li><li>• begin anticipating evaluation needs; and</li><li>• learn of potential outcome needs of the child and family.</li></ul>
4	Provide an orientation regarding Early ACCESS: <ul style="list-style-type: none"><li>• Purpose;</li><li>• All families have a Service Coordinator who partners with family and coordinates services across agencies;</li><li>• Types of services available to infants, toddlers, and families; and</li><li>• EI services at no cost to families.</li></ul>
5	Explain eligibility criteria and evaluation/assessment process

*Continued on next page*

## Section 2: Referral/Comprehensive Identification Procedures, Continued

**Intake:  
First contacts**  
(continued)

Step	Action	
6	After the parent is well informed, ask the parent to decide whether to proceed with a comprehensive multidisciplinary evaluation or to decline.	
	<p><b>Sometimes ...</b></p> <p>When more information about a child’s development is needed for the parent to make an informed decision about proceeding to evaluation...</p>	<p><b>Then ...</b></p> <p>A screening of developmental areas may be conducted to provide that information.</p>
	<p><b>If the parent ...</b></p> <p>Agrees to a comprehensive multidisciplinary evaluation,</p>	<p><b>Then ...</b></p> <ul style="list-style-type: none"> <li>• Review Procedural safeguards</li> <li>• Give copy of <i>Early ACCESS Procedural Safeguards Manual for Parents</i> <a href="#">LINK to Document</a> and Parental Rights handout to parent</li> <li>• Obtain parent signature on the <i>Consent for Evaluation with Prior Written Notice</i> form <a href="#">LINK to Document</a>.</li> </ul> <p><i>Note.</i> The brief Parental Rights handout can be shared as a family-friendly orientation, but the family must receive a copy of the state-approved Parental Rights Manual.</p>

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

**Intake:  
First contacts  
(continued)**

Step	Action				
6	After the parent is well informed, ask the parent to decide whether to proceed with a comprehensive multidisciplinary evaluation or to decline.				
	<table border="1"> <thead> <tr> <th>If the parent ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Declines the evaluation</td> <td>Follow procedures in block below: "Intake: Parent declines Evaluation."</td> </tr> </tbody> </table>	If the parent ...	Then ...	Declines the evaluation	Follow procedures in block below: "Intake: Parent declines Evaluation."
	If the parent ...	Then ...			
Declines the evaluation	Follow procedures in block below: "Intake: Parent declines Evaluation."				

**Note.** The consent must be signed whether a child is eligible based on a known condition or needs a comprehensive multidisciplinary evaluation to determine a 25% delay.

Step	Action
7	<ul style="list-style-type: none"> <li>• Discuss sources of existing records and evaluation/assessment information needed for EA process that have already been obtained and/or need to obtain</li> <li>• Obtain needed Authorization for Exchange of Information <a href="#">LINK to Document</a> and/or Authorizations for Release Health Information <a href="#">LINK to Document</a>.</li> </ul>
8	Clarify how family and team members will communicate in future (e.g. provide contact information; establish preferences for when and how to communicate; etc).
9	Schedule future times family can meet with the Service Coordinator and evaluators.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Inability to contact family

At times, the Service Coordinator is unable to contact parents. The following guidelines describe timelines for considerations of “unable to contact.”

With receipt of new referral, the Service Coordinator:

- makes a minimum of three phone calls to family within seven calendar days from the initial Intake.
- alternates phone calls for time of day and days of week.
- documents all attempts to contact family.

If ...	Then ...
the Service Coordinator is unable to contact the family within seven calendar days...	<p>the Service Coordinator mails a letter to the parents indicating attempts to make contact.</p> <p>The letter states request for parents to call Service Coordinator..</p>
the Service Coordinator is unable to contact the family within 14 calendar days...	<p>the Service Coordinator mails a second letter indicating the referral will be closed.</p> <p><i>Note.</i> Service Coordinator may want to contact the referral source, if other than parent, to ask for assistance in contacting the family.</p>

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Inability to contact family (continued)

If ...	Then ...
the family does not contact the Service Coordinator after 21 calendar days from the date of referral...	Close the case: <ul style="list-style-type: none"> <li>• Complete and turn in Intake Page to IMS for data collection; check               <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Family moved/Unable to locate Family under For Case Closure Prior to Completion of Eligibility Determination or Initial IFSP.</i></li> </ul> </li> <li>• Turn in child record for filing.</li> </ul>
the family contacts the Service Coordinator within the 7-21 days from referral and is interested in Early ACCESS	<ul style="list-style-type: none"> <li>• Follow procedures</li> <li>• At Initial IFSP meeting, if 45-day timeline is not met due to delay in contact with family, complete IFSP Meeting Details <i>Reason if not met</i> box: Check <input type="checkbox"/> FA (Family Reason).</li> </ul>
the family is still interested in Early ACCESS and does contact the Service Coordinator on the 22 <sup>nd</sup> or more days from the date of referral...	a new Intake referral is completed.

**Note.** Upon receipt of the initial referral, the Service Coordinator must document all attempts of contact on the Service Coordinator log, in order to timely close the referral, if necessary.

**Note.** If the referral was for EHDI follow up services, the pre-Service Coordinator is to assure that an audiologist in their AEA enters required data about this case into eSP (EHDI's state data system). Audiologists are to document that attempts were made to contact the family. They don't have to make an entry each time, but can make one entry after all attempts have been made and they are referring back to State EHDI Office.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

### Scenarios of evaluation and signed consent

Service Coordinators may encounter a number of situations related to evaluation and signed consent for evaluation. Guidance for these scenarios is provided in the table below.

If ...	Then ...
the parent requests only one or two developmental areas to be evaluated,	the Service Coordinator explains to the family that all areas are required to be evaluated according to federal law.
parents have signed consent for a comprehensive, multidisciplinary evaluation and the agency does not provide an evaluation,	the parent was not ‘fully informed’ and there is no informed consent [(281-120(4))] and the agency is considered out of compliance
the agency does not provide an evaluation,	the agency must provide Prior Written Notice to the family that an evaluation will not be conducted.  <i>Note.</i> Screening procedures shall not be considered an evaluation.

### Intake: Decline of evaluation

The parent has the right to decline or refuse evaluation for their child. If the parent declines the evaluation, the Service Coordinator makes reasonable efforts to ensure the parent:

- is fully aware of the nature of the evaluation and assessment or the services that would be available;
- is fully aware that Early ACCESS services cannot be provided without a comprehensive multidisciplinary evaluation. All [10] areas of the child’s development are required to be evaluated; and
- understands that the child will not be able to receive the evaluation or services unless consent is given.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

**Intake:  
Decline of  
evaluation  
(continued)**

Service Coordinators are to follow the steps in the table below if a parent declines the evaluation.

Steps	Description
1	Suggest other available community resources and leave contact information for future use, if needed by the family.
2	Complete a <i>Prior Written Notice</i> form (LINK) indicating: <ul style="list-style-type: none"> <li>• EA is declining to conduct comprehensive evaluation due to parent request.</li> <li>• SC shared above “reasonable efforts” information.</li> <li>• Parent was informed of other community services.</li> </ul>
3	Provide a copy of the <i>Prior Written Notice</i> form to the family.
4	Indicates closure on the child’s Intake/Referral form, and forwards form to IMS data entry personnel.
5	SC completes and turns in paperwork for data entry and record keeping to close-out the file. IFSP and related forms include: <ul style="list-style-type: none"> <li>• Intake/Referral</li> <li>• Authorization to Release Health Information, if used</li> <li>• Authorization for Exchange of Information, if used</li> <li>• Prior Written Notice</li> <li>• Service Coordinator Log sheets</li> </ul>

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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### Provide follow-up to referral source

Communication with the initial referral source (e.g. physician) is important to the IFSP team and the ongoing system of care and support to the child and family.

The Service Coordinator uses the outlined steps to follow-up with referral sources:

Step	Action
1	Obtain a signed <i>Authorization for Exchange of Information</i> form from the parent (if in place, does not need to be replicated). <ul style="list-style-type: none"><li>• No information may be shared without written parental consent.</li><li>• The information may be sent by mail in a sealed envelope, with written consent; no postcard communication allowed.</li></ul>
2	Acknowledge receipt of the referral and follow-up status of the child evaluation, see templates of letters <a href="#">LINK to Document</a> .
3	Provide name of Service Coordinator and contact number
4	Describe Early ACCESS eligibility status of child and family acceptance or rejection of Early ACCESS services
5	Provide copy or summary of the IFSP outcomes and services as indicated by referral source preferences
6	Invite referral source to respond to level of participation for IFSP meeting, see template of letters <a href="#">LINK to Document</a> .

*Note.* Resource document available, Early ACCESS Communicating with Referral Source Guidance, [LINK to Document](#).

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### Family assessment: purpose

A requirement of the comprehensive identification procedures is to identify the resources, priorities, and concerns of the family as part of the evaluation process [281 – 120.27(5)].

In addition, the family assessment facilitates team members learning what is important to the family, their concerns and identifies the supports and services needed to best enhance their child's health and development. It is NOT an evaluation of the family.

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## Section 2: Referral/Comprehensive Identification Procedures, Continued

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**Family  
assessment:  
purpose  
(continued)**

- The family assessment, conducted by interview or conversations, must be voluntary on the part of the family.
- Parents can choose to decline the assessment.
- The Service Coordinators explains the need to learn about the family’s resources, priorities and concerns and asks their permission to record responses on the *Family Statement* page. The following table provides guidance on next steps, depending on the parent’s decision.

<b>If the family...</b>	<b>Then ...</b>
agrees to an assessment of the family’s resources, priorities, and concerns	<p>The following requirements must be met:</p> <ul style="list-style-type: none"> <li>• Conducted by personnel trained to utilize appropriate methods and procedures;</li> <li>• Based on information provided by the family through personal interview; and</li> <li>• Documented as to the family’s identified resources, priorities, and concerns related to enhancing their child’s development on <i>Family Statement</i> page <a href="#">LINK to Document</a>.</li> </ul>
Declines to a family assessment at this time	<ul style="list-style-type: none"> <li>• Check the box at the top of the <i>Family Statement</i> page</li> <li>• Do not record any family resources, priorities or concerns on the <i>Family Statement</i> page.</li> </ul>

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures

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**Introduction** Once the Service Coordinator has explained Early ACCESS, reviewed procedural safeguards and obtained signed *Consent for Early ACCESS Evaluation with Prior Written Notice* form, the Service Coordinator coordinates the comprehensive multidisciplinary evaluation.

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**Purpose** A comprehensive multidisciplinary evaluation is conducted to determine a child's initial and continuing eligibility for Early ACCESS and to gather information about planning to address the needs of the child and child's family [281 – 120.27(4)].

The evaluation results are used to:

- fulfill the requirement to evaluate a child with a known condition (child automatically eligible for Early ACCESS) in specific areas of development;

OR

- determine initial eligibility and substantiate or confirm if a child has a 25% or greater delay in one or more areas of development;

AND

- assess the child's strengths and concerns to assist in developing an Individualized Family Service Plan to address needs of the child and the child's family.

The following areas are required to be evaluated:

- Physical-Fine motor development
- Physical-Gross motor development
- Cognitive development
- Communication development
- Social/Emotional development
- Adaptive development
- Health status and medical history
- Vision
- Hearing
- Nutrition

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Comprehensive Evaluation definition

A comprehensive evaluation means to:

- use appropriate methods or procedures to determine a child’s initial and continuing eligibility for Early ACCESS consistent with the definition of “eligible children”; and
  - determine the status of the child in each of the development areas (281-120.4).
- 

### Multi- disciplinary team definition

A multidisciplinary team must conduct the comprehensive evaluation.

**Multidisciplinary team** means the involvement of two or more qualified disciplines of different professional backgrounds who complete the evaluation activities and development of the IFSP (281 - 120.4).

Multidisciplinary team members must be *actively participating* in the data gathering and decision-making process for both the evaluation and development of the IFSP.

**Actively participating** means the qualified professional is participating within the timeframe of the evaluation process and development of the IFSP since needs of an infant and/or toddler change so rapidly.

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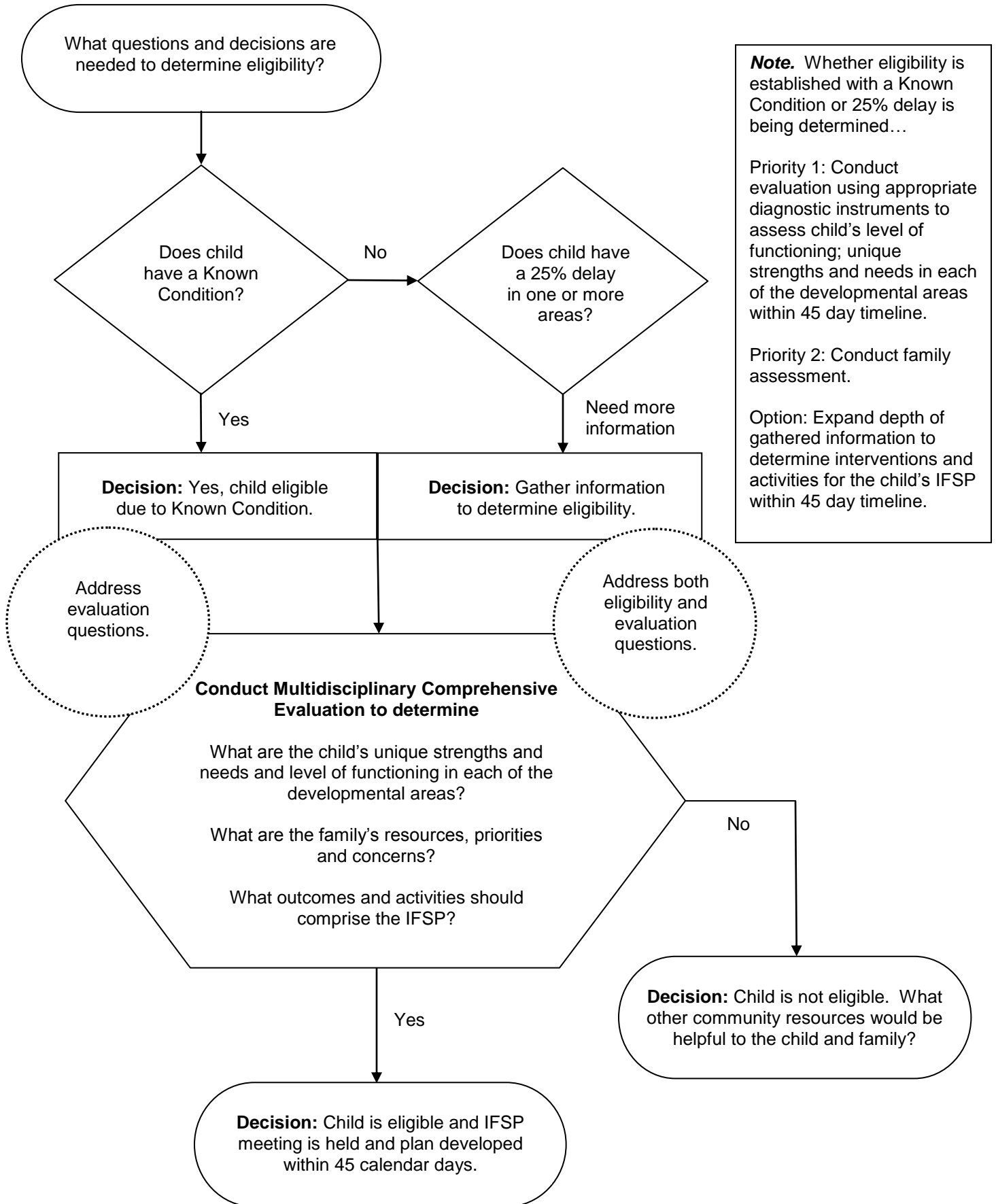
### Multi- disciplinary comprehensive evaluation decision making model

The comprehensive multidisciplinary evaluation process is illustrated in the following decision-making model. Decision steps are provided for corresponding action to take for each question.

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# Multidisciplinary Comprehensive Evaluation Process



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**Introduction to decision-making model**

The Multi-Disciplinary Comprehensive Evaluation Process model shows the basic evaluation decisions and actions needed to provide information to determine eligibility and to develop an IFSP for eligible children and their families.

While the model shows the basic questions and decisions that need to be made, it does not show all the multiple questions and decisions that the multidisciplinary comprehensive evaluation team considers.

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**Assess eligibility status**

The process begins with the initial question:

*What questions and decisions are needed to determine eligibility?*

<b>If ...</b>	<b>Then ...</b>
the child has a condition known to cause later delays,	<ul style="list-style-type: none"><li>• the child is automatically eligible for Early ACCESS, and</li><li>• the team completes a multidisciplinary comprehensive evaluation in all [10] required developmental areas to provide information about the child's current level of functioning</li></ul>
the child does not have a known condition,	<ul style="list-style-type: none"><li>• the child is not automatically eligible for Early ACCESS, and the team needs information to determine if the child has a 25% delay in one or more developmental areas</li><li>• the team completes a multidisciplinary comprehensive evaluation in all [10] required developmental areas to provide information about the child's current level of functioning</li></ul>
the child does not have a known condition or a 25% delay in one or more developmental areas,	<ul style="list-style-type: none"><li>• the child is not eligible for Early ACCESS, and child/family is referred to other community agencies for services or resources</li></ul>

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Conduct the evaluation

Whether the child has a known condition or a suspected 25% delay in one or more developmental areas, the team conducting the multidisciplinary comprehensive evaluation seeks information to determine the child's unique needs and level of functioning in each of the developmental areas.

- The first priority of the multidisciplinary comprehensive evaluation is to evaluate the child's unique strengths and needs and level of functioning in all developmental areas using appropriate diagnostic instruments within the 45-day timeline.
- The second priority is to identify the family resources, priorities and concerns.

Option: Expand depth of gathered information to determine intervention and activities for child's IFSP within 45 day timeline.

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### Evaluation results for writing IFSP outcomes

Teams are required to gather enough information before the initial IFSP meeting so that an appropriate IFSP can be written. However, additional evaluation information may be needed to enhance IFSP outcomes. The activities and services and this additional information can be gathered after the initial IFSP meeting. In other words, enough assessment data needs to be gathered to write a meaningful IFSP at the initial IFSP meeting within the 45-day timeline.

If the team does not collect the depth of assessment data needed in an area of development, (e.g. reason for referral) the team cannot delay meeting the 45-day timeline for the purpose of gathering additional assessment information. The team would recommend, as an IFSP outcome, further assessment data be collected in the area of need.

**Note.** The multidisciplinary comprehensive team has the option of expanding the evaluation process in further depth to gather information and determine interventions and activities for the child's IFSP within the 45 day timeline. At this point, the team would use a variety of assessment instruments that identify the child's unique strengths and needs.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Evaluation questions

The multidisciplinary comprehensive team evaluation seeks to answer several questions:

- What are the family's resources, priorities and concerns?
- What are the unique strengths and early intervention needs of the child and family in all required areas of development?
- What factors impact this child's development and opportunities for learning, and could be addressed to promote the infant/toddler's growth?
- How does the child's performance of skills and knowledge compare to age appropriate expectations?
- What areas need further evaluation?
- Are there additional sources to gather needed information to develop program plans for the child?
- Is the child eligible for early intervention services?

**Note.** This list is not meant to be an exhaustive representation of the questions a team may ask.

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### Multi-disciplinary evaluation requirements

There are a number of requirements that must be met during the comprehensive multidisciplinary evaluation process. Public agencies responsible for the evaluation of children and families shall ensure, at a minimum:

- No cost to parents;
  - Timelines are met for completing the evaluation and IFSP meeting within 45 calendar days;
  - Tests and other evaluation materials and procedures are administered in the native language of a parent or child, or other mode of communication, unless it is clearly not feasible to do so;
  - Any assessment and evaluation procedures and materials used are selected and administered so as not to be racially or culturally discriminatory;
  - No single procedure is used as the sole criterion for determining a child's eligibility for Early ACCESS;
  - Evaluations and assessments are conducted by qualified personnel; and
  - Must be conducted by a multidisciplinary team.
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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### **RIOT framework**

Within the state of Iowa, the multidisciplinary evaluation teams conduct an evaluation and assessment using a systematic means of collecting and recording information about young children through a framework referred to as RIOT.

RIOT is an acronym for:

- **Review**
- **Interview**
- **Observe**
- **Test**

The purpose of the RIOT framework is to consider information needed for decision-making in an accurate and efficient way.

It is important to note that the RIOT process may vary with the needs of the child and family, and the process is unique for each child.

Each component of the RIOT framework is provided in the blocks below.

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### **Review**

A member of the multidisciplinary evaluation team reviews relevant documents available for the infant/toddler and determines through professional judgment the information relevant to the evaluation. Records that might be reviewed include:

- pertinent records related to the child's current health status and medical history; and
  - existing child evaluation, assessment, and prior screening reports.
- 

### **Interview**

Members of the multidisciplinary evaluation team interview the parents and other individuals with direct knowledge and understanding of the child and family with respect to the specified developmental areas. The interview process may be used to evaluate the family's resources, priorities and concerns. Should the family choose to participate in the family assessment, it is conducted through the interview process.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Observe

Team members may observe the infant or toddler in his/her natural environment and through interactions for daily activities such as eating, playing, talking, laughing, crawling, rolling, etc. Other observations may include:

- observations following adaptations or modifications suggested by the evaluator,
- the child's interaction with family, friends and other professionals, and/or
- insight and information gathered through observations by family members or other providers.

It should be noted that observations can be used to seek answers to questions regarding the family's interactions, routines that can be used to infuse instructional opportunities, intervention ideas and intensity of support needed to effect a change in the infant/toddler's performance.

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### Test

Tests are a process of gathering direct information and provides a numeric measure of performance gathered through a variety of means. These means may include and are not limited to rubric assessments based on functional skills, functional behavioral assessments, curriculum based assessments, norm or criterion referenced assessments or performance assessments through the completion of specific tasks.

These tests or assessments assist with determining:

- initial functioning level in all required areas of development;
  - the gap between the child's current level and expected developmental or age referenced performance;
  - additional areas where more in depth evaluation is needed; and
  - other sources to gather needed information.
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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Types of evaluation and assessment instruments

When the evaluation includes administration of tests, the selection of valid and reliable instruments is critical since decisions about the child's progress are based on the integrity of the initial evaluation. The following are descriptions of various types of evaluation and assessment instruments (tests).

**Diagnostic instrument.** Provides information about a child's developmental strengths and concerns compared to other children of the same age; provides a norm-referenced or a criterion-referenced score.

**Norm-referenced.** A standardized test in which the child's score is compared with other children's scores. Provides information on how a child is developing in relation to a larger group of children of the same chronological age. Items are chosen based on statistical criteria, such as percentage of children who master a particular skill at a certain age or whether the item correlates well with the total test (Losardo & Notari-Syverson, 2001, p. 18).

**Criterion-referenced.** A means of determining the level of a child's skills compared with a criterion or with a performance standard. Items are usually sequentially arranged within the developmental domains or subject areas. Numerical scores represent proportion of specific domain or subject area that a child has mastered (Losardo & Notari-Syverson, 2001, p. 18).

**Curriculum-based.** An assessment that is integrated as a part of the curriculum, and skills are assessed during daily teaching and instruction. Information is used as a direct means for identifying a child's entry point within an educational program and for refining and readjusting instruction. Assessment and curricular content are coordinated to address same skills and abilities. Repeated testing occurs over time to measure child's progress on these skills (Losardo & Notari-Syverson, 2001, p. 18).

It is recommended that the comprehensive evaluation instrument contain multiple domains necessary to assess most of the developmental areas required for a comprehensive evaluation. Other instruments and procedures may be used to assist with evaluation of infants and toddlers, especially for other areas of major concern, such as behavior checklists, structured interviews, play-based assessments, adaptive and developmental scales, and curriculum-based instruments.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Criteria for selecting tools

Individuals are responsible for selecting diagnostic instruments based on the following state selected criteria (Meisels, 1991).

- Purpose of instrument described and population for which it was designed validated;
- Data available to indicate the technical adequacy or psychometric properties is well described, and indicates that the instrument is valid (meaning) and reliable (consistent);
  - The validity of an instrument communicates whether it is measuring what it says it measures (e.g., a “language test” actually measures language development).
  - If an instrument is reliable, results across examiners, children and over time can be trusted. (McCormick, Missall, Woods & Samplers, 2007)
- Standardized administration with clear description of requirements necessary to administer the tool and training or education level of personnel needed;
- Norm referenced based on range of age from birth to three years;
- Multiple developmental domains;
- Provides opportunities to involve families in the evaluation process;
- Cost for use and ongoing data collection reasonable;
- Time to administer instrument reasonable;
- Yields a standard score;
- Provides the necessary information to answer the referral concern and the family/team questions; and
- Provides information to help make the decision about a child’s eligibility for Early ACCESS. [LINK to Document](#).

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

### Further guidance for required evaluation areas

The following table provides links to available guidance of each required evaluation area.

Required Evaluation Area	Further Guidance
Cognitive development	To be developed
Physical-Fine motor development	To be developed
Physical-Gross motor development	To be developed
Communication development	To be developed
Social/Emotional development	To be developed
Adaptive development	To be developed
Health status and medical history	To be developed
Vision	To be developed
Hearing	To be developed
Nutrition	<a href="#">LINK to Document.</a>

### The evaluation: Early Childhood Outcomes

In addition, as the evaluation occurs, the multidisciplinary team seeks information to make decisions and recommendations regarding the infant and/or toddler's age-appropriate functioning levels in the following three Early Childhood Outcomes (ECO) areas:

- Positive social emotional skills (including social relationships);
- Acquisition and use of knowledge and skills (including early language/communication and literacy); and
- Use of appropriate behaviors to meet needs (self-help and motor skills).

**Note.** A child's age-appropriate functioning in each of the ECO areas is agreed upon at the IFSP team meeting based on the data and information collected from the comprehensive multidisciplinary evaluation. See Early Childhood Outcomes Section.

**Note.** More information about team decisions in each of the ECO areas can be found in Section 4: ECO.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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**Eligibility Determination** Consideration of the child’s eligibility for Early ACCESS services is a focus of the multidisciplinary team.

The importance of eligibility in the REVIEW of records is to gather evidence to support team decisions regarding eligibility determination (i.e., known condition or 25% delay).

The following definitions describe pathways to eligibility determination.

<b>Eligibility Determination</b>	<b>Definition</b>
<i><b>Known condition</b></i>	Infants and toddlers referred to Early ACCESS may have a known condition that has a high probability resulting in delays in cognitive, physical, vision, hearing, communication, social or emotional, and/or adaptive development. Children with known conditions are eligible for Early ACCESS services from the first contact with the Service Coordinator.
<i><b>Eligibility based on 25% delay</b></i>	Infants and toddlers referred to Early ACCESS may have delays in cognitive, physical (including vision, hearing), communication, social or emotional, and/or adaptive development. The delays are “measured by appropriate diagnostic instruments and procedures” [20 USCS 1432(5)(A)(i)]. The infant or toddler with a 25% or greater delay in one or more of the required areas of development is considered eligible for Early ACCESS services.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Prepare for eligibility determination

Once the evaluation is completed, the Service Coordinator schedules the Individualized Family Service Plan meeting with the parent and members of the multidisciplinary team. Information and evaluation results are reviewed to consider eligibility of the child for Early ACCESS.

*Note.* Disciplines in need of providing reports (as required by professional licensure) prepare results to be included with the *IFSP Evaluations and Assessments* page. These report data and results on the IFSP may include a reference to a report, but shall not substitute what is written on the IFSP Evaluation Assessment page.

Infants and toddlers (birth to three years of age) are eligible to receive early intervention services coordinated by Early ACCESS, if the child meets one of two eligibility criteria (e.g. known condition or 25 % delay).

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### Preparation for eligibility based on known condition

**Eligibility based on Known Condition.** Infants and toddlers referred to Early ACCESS may have a known condition that has a high probability resulting in delays in cognitive, physical including vision and hearing, communication, social or emotional, and/or adaptive development (281 – 120.4).

Infants and toddlers with a known condition are eligible to receive Early ACCESS services at the time of referral or within the 45-day evaluation and IFSP meeting timeline.

- One appropriately qualified professional can submit documentation for the child’s known condition within their scope of practice. (This information is used by the multidisciplinary team to establish the known condition.)
- A comprehensive multidisciplinary evaluation must be completed in all developmental areas to determine the child’s needs to develop an IFSP to address those needs.
- A child with a known condition may or may not have a delay in developmental areas at the time of referral and evaluation but remains eligible for Early ACCESS.

**Note.** The child remains eligible for Early ACCESS services, until the age of three, for ongoing monitoring and assessment of all developmental areas.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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**Preparation for  
eligibility –  
Known  
condition list**

Known conditions with a high probability of later delay, identified for early intervention services include, but are not limited to:

- Genetic abnormalities, including, but not limited to, Down Syndrome, Fragile X, cystic fibrosis, and dwarfism
- Sensory impairments, including, but not limited to, vision and hearing deficits
- Inborn errors of metabolism, including, but not limited to, phenylketonuria, hypothyroidism, galactosemia, and sickle cell disease
- Congenital central nervous disorders, including, but not limited to, spina bifida and microcephaly
- Other congenital or acquired conditions, including, but not limited to, cleft palate, missing limbs, cerebral palsy, traumatic brain injury, seizure disorders, and physical impairments from birth or accident
- Venous blood lead level greater than or equal to 20 micrograms per deciliter
- Behavioral or emotional conditions such as serious attachment disorders
- Foster care
- Conditions resulting from serious chronic conditions (> 12 months duration expected), drug or alcohol exposure, failure to thrive, Pervasive Developmental Disorder (PDD) and other autistic spectrum disorders, low birth weight, or prematurity.

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## Section 2: Multidisciplinary Comprehensive Evaluation/ Identification Procedures, Continued

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### Preparation for eligibility based on 25% delay

**Eligibility based on 25% delay.** For infants and toddlers who do not have a known condition at the time of referral, a 25% delay is used to establish eligibility for Early ACCESS in one or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development (281 – 120.4).

- The delays are measured by appropriate diagnostic instruments and procedures to document a 25% or more delay in at least one of the seven areas of development based on professional judgment (informed clinical opinion).
- The information from the comprehensive evaluation is reviewed by the multidisciplinary team to determine eligibility, determine the child's and family's areas of need, and to develop an IFSP to address those needs.

**Definition.** Informed Clinical Opinion is defined as the integration of the results of evaluations, direct observations in various settings, and varied activities with the experience, knowledge, and skill of qualified personnel.

**Example.** A physical or occupational therapist must make judgments about muscle tone abnormality based on the therapist's training and experience with children. The professional judgment (Informed Clinical Opinion) of evaluators becomes a significant factor in the eligibility decision-making process. If results of the evaluation indicate concerns in the child's development, but is not at the 25% delayed level, it may be appropriate to provide early intervention services to the child and family.

**Note.** For children with a **known condition AND who have a 25% delay** in one of more of the previously described developmental areas, the IFSP team designates *known condition* as eligibility determination.

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## Section 2: Interim IFSP/Comprehensive Identification Procedures

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### Interim IFSP requirements

Early ACCESS services may be provided to a child and family before the comprehensive multidisciplinary evaluation is completed. If services are initiated prior to completion of the evaluation, an interim IFSP is developed. The 45 day timeline must be followed and appropriate documentation completed.

An interim IFSP would be developed in the following scenarios:

If ...	Then ...
<p>a child has obvious immediate needs, and signed parental consent is obtained</p> <p><b>Example.</b> A toddler with a recent diagnosis of autism spectrum disorder, whose family needs immediate intervention for behavioral management of sleeping and routines.</p>	<p>develop an interim IFSP and continue to conduct the timely evaluation and family assessment.</p>
<p>exceptional child or family circumstances (see documentation information below) make it impossible to complete the evaluation and family assessment within the 45-day time frame.</p> <p><b>Example.</b> An infant with complex medical needs who has frequent illnesses and hospitalizations.</p>	<p>develop an interim IFSP. (A plan must be established to describe needed assessments, which provides necessary documentation for third party billing (e.g., Medicaid requirements).</p>

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## Section 2: Interim IFSP/Comprehensive Identification Procedures, Continued

### Interim IFSP procedures

Steps used by the Service Coordinator to develop the Interim IFSP include:

Step	Action
1	During the intake or the comprehensive multidisciplinary evaluation process, discuss with the family, the possibility that the child may not be eligible for Early ACCESS services.
2	Obtain signed parental consent.
3	Schedule an interim IFSP meeting to address provision of services.  <b>Note.</b> The IFSP must include the name of the Service Coordinator responsible for implementation of the interim IFSP.
4	Schedule the comprehensive multidisciplinary child evaluation and family assessment to meet the 45-day timeline requirement for completion of the evaluation and having the IFSP meeting.

### Documentation of exceptional circumstances

The exceptional child/family or outside circumstance(s) for not meeting the 45-day timeline must be documented on the IFSP. The following circumstances are considered within reasonable parameters of federal reporting requirements for Iowa meeting compliance of the 45-day timeline indicators:

Exceptional Circumstance	Description
Child/Family (FA)	<ul style="list-style-type: none"> <li>• Family Schedule</li> <li>• Family move or change in residence</li> <li>• Family vacation</li> <li>• Child hospitalization or illness</li> </ul>
Outside/Other (OU)	<ul style="list-style-type: none"> <li>• Significant weather related events</li> </ul>

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## Section 2: Interim IFSP/Comprehensive Identification Procedures, Continued

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### Documentation of exceptional circumstances (continued)

Although there may be exceptional circumstance(s) for not meeting the 45-day timeline, the state is required to report indicator data as “not met” in the Annual Performance Report. However, the state can provide data and explanation for exceptional circumstances and not meeting 45-day timeline requirements. It is critical to:

- document the exceptional circumstance and
- document appropriate circumstance provided in the chart.

Agency or system circumstances may contribute to not meeting the 45-day timeline requirement. The following agency/system exceptional circumstance is a choice to document delay but is not considered an acceptable reason.

Exceptional Circumstance	Description
Agency/System (AG)	<ul style="list-style-type: none"> <li>• Staff shortage</li> <li>• Meeting notice not sent</li> <li>• Staff schedule</li> </ul> Location of family residence (travel distance to family’s home on extreme boundary of region; difficult to manage driving time for distance to family’s home and schedule of visits)

The state reports agency/system exceptional circumstances for the 45-day timeline indicator as “not met” and considers the data necessary to improve the state system. It remains critical to:

- Document agency/system exceptional circumstances
  - Document exceptional circumstances described in the chart.
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## Section 3: Service Coordination

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**Introduction** The overall purpose of Early ACCESS service coordination is to help the child and family meet their unique needs within an integrated system of informal supports and early intervention services with natural communities of support [281—120.15(1)].

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**Definition** Each child referred to Early ACCESS and all eligible children and their families must have one Service Coordinator who is responsible for:

1. Coordinating all early intervention and other services identified on the IFSP across agencies and
2. Serving as the single point of contact in helping parents obtain the services and assistance that the parents need. [281—15 (3-5)].

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**Role of Service Coordinator** Service Coordinators serve as a representative of the Early ACCESS system of early intervention services. They have three important roles:

1. Partner with each family in continuously seeking the appropriate services, resources and supports necessary to benefit the development of each child being served for the duration of the child's eligibility.
2. Assist the family in accessing early intervention services and resources from a variety of formal and informal community agencies or providers.
3. Facilitate communication among early intervention service providers across agencies, resulting in a more coordinated and responsive delivery system.

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**Family centered practices** The relationship between the Service Coordinator and the family demonstrates family-centered practice, and is a partnership that:

- Employs active and reflective listening;
- Helps the family clarify concerns and needs;
- treats the family with respect and dignity;
- communicates openly and honestly;
- allows the family to make decisions and accepts those decisions; and
- offers help that matches the family's view of needs.

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## Section 3: Service Coordination, Continued

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### Federal indicator family outcomes

√ C4  
family  
outcome

Survey data from families in Early ACCESS are collected and analyzed to assess the impact of early intervention services on families. Data are reported annually as a federal indicator in order to show Regional and State performance. All states collect data on a Family Survey and have set targets. Each AEA/Early ACCESS Region is to meet the state target, which is reported in the Part C Annual Performance Report. [LINK to document.](#) Iowa collects Indicator C4 data using the Early ACCESS Family Survey. [LINK to document.](#)

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### Qualifications

Service Coordinators must meet the qualifications of the Iowa Administrative Rules for Early ACCESS. They are employed by any of the Signatory Agencies (including AEAs) or agencies that have a contract, memorandum of understanding, or memorandum of agreement with AEAs [281—120.19(8)].

All Service Coordinators must meet the established requirements of the state developed Service Coordination Competency Module Training program. [281–120.15(4)].

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### Service Coordinator responsibilities

The minimum responsibilities of Service Coordinators are provided in the following table [281–120.15(5)].

#	Service Coordinator Responsibilities
1	Assist parents of eligible children in gaining access to the early intervention services and other services identified in the IFSP.
2	Facilitate the timely delivery of available services.
3	Use family-centered practices in all contacts with families.
4	Explain the system of services and resources called Early ACCESS.
5	Assist families in identifying and accessing available resources and services needed, and actions to meet needs.
6	Coordinate the performance of evaluations and assessments.
7	Inform families of the availability of advocacy services and explaining family rights.
8	Facilitate and participate in the development, review and evaluation of IFSPs.

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## Section 3: Service Coordination, Continued

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### Service Coordinator responsibilities (continued)

#	Service Coordinator Responsibilities
9	Coordinate services with medical and health providers.
10	Coordinate and monitor the delivery of available services.
11	Manage the case file, including the IFSP and all necessary related information and reports.
12	Provide necessary information at formal periodic and annual reviews of the IFSP
13	Facilitate the development of a transition plan prior to child's age of three years. See next block.

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### Service coordination at transition

The Service Coordinator is responsible for initiating discussion with the family about transition within the timelines established by IDEA Part C (within 9 months prior to and 90 days before the child's third birthday), including development of a transition plan, as appropriate.

Service coordination activities at the time of transition include:

- Preparation of the child and parents for transition;
- Preparation for the transition planning meeting;
- Facilitation of the transition planning meeting; and
- Implementation of the transition plan.

**Note.** More specific information and procedures for transition responsibilities can be found in the Transition section of this manual. [LINK to Document.](#)

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### Minimum service coordination requirement

Service coordination varies both among families and within any given family over time. Service coordination frequency and intensity is to be responsive to the changing child and family needs over time.

Early ACCESS has established a policy for the minimum amount of service coordination to be provided each eligible child and their family:

- One face-to-face contact with the child and family every three months.
- Telephone contact occurs in the months in which a face-to-face contact does not occur.

**Note.** See guidance on how to document service coordination on IFSPs. [LINK to Document.](#)

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## Section 3: Service Coordination, Continued

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### Documentation of service coordination requirements

Ongoing and accurate documentation of service coordination activities for each child/family is maintained by using the Service Coordination Log/Service Notes. [LINK to Document](#). The log can be typed or written legibly in ink and includes:

- Child's name and date of birth.
- Date of service.
- Beginning and ending time of activity.
- Location of activity.
- Summary of activity and/or result of activity.
- Signature and title of staff position on **each** log sheet.

The log is kept in the active or working file while the child is served in Early ACCESS. When the child exits Early ACCESS, the logs are kept as part of the child's official IFSP file in the designated AEA office. The logs may also serve as documentation for Medicaid billing.

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### Workloads and family contact

Each AEA establishes local procedures for assignment of Service Coordinators, within the AEA and across agencies, including consistent practice for monitoring case work loads of Service Coordinators.

It is important for workloads to allow a Service Coordinator to build a relationship with families and understand their concerns, priorities and resources. Service Coordinators and their supervisors work collaboratively to monitor workloads to ensure adequate support is available. Flexibility in workload is necessary to allow a range of support from intensive to minimal services. Service coordination varies both among families and within any given family over time.

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## Section 3: Service Coordination, Continued

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### **Interagency service coordination**

The Early ACCESS system was designed to support and to meet the priority needs of the child and family. The Iowa Department of Public Health (IDPH) and Child Health Specialty Clinics (CHSC), as signatory partners of the Early ACCESS system, have committed to provide service coordination to targeted populations.

IDPH grantee agencies, Title V Maternal Health Agencies, provide service coordination for children who have a venous blood lead level at 20 ug/dl or higher (blood poisoning). If it is determined that a child has significant developmental delays, the child is transferred to the regional AEA for service coordination. If a child has an active IFSP when a high lead level has been newly determined, service coordination remains with the AEA Service Coordinator.

A child with critical health concerns may need primary service coordination from CHSC. CHSC and each AEA collaborate to provide service coordination for children identified as drug exposed, premature or medically fragile. As a child's health needs stabilize, other developmental needs may take priority and service coordination transfers to the AEA.

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## Section 4: Early Childhood Outcomes (ECO)

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### Introduction

Early ACCESS routinely collects information about children’s age-appropriate functioning at entry, annual reviews and exit in order to measure the effectiveness of Early ACCESS services. This information is commonly called Early Childhood Outcomes (ECO).

Ratings and progress for three ECO areas are collected, based upon the IFSP Team’s decisions. Documentation of the team’s supporting evidence used to make those decisions is also required.

The following blocks provide needed information for completion of the IFSP ECO form. Specific implementation procedures are provided in other sections when the ratings are required (e.g. Initial IFSP meeting; Annual IFSP Review Meeting; and Exit from Early ACCESS).

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### ECO Area Ratings

The three ECO areas in the following table represent the critical functional skills and behaviors in which young children need to be successful in everyday activities and routines.

ECO Area	Examples
Positive Social – Emotional Skills (including social relationships)	Relating to adults and children; and following rules related to groups or interacting with others
Acquisition and Use of Knowledge and Skills (including early language and communication)	Examples: Reasoning, remembering, thinking and problem solving; understanding symbols; and understanding the physical and social worlds
Use of Appropriate Behaviors to Meet their Needs	Examples: Taking care of basic needs; getting from place to place; using tools; and contributing to child’s own health and safety

**Note.** These areas are not separated into discrete developmental domains; therefore, they represent the complex and integrated nature of how young children develop.

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### ECO Decision Requirement

When determining a child’s outcome rating and progress on the ECO Summary form, the IFSP team must consider information gathered from multiple methods and sources. [LINK to Document](#). These data provide the evidence for determining the child’s level of functioning and progress.

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## Section 4: Early Childhood Outcomes (ECO), Continued

### ECO Ratings

IFSP Teams use a 7-point rating scale to decide to what extent a child functions in ways considered age-appropriate with regard to the ECO areas. An outcome rating is determined based on a child's:

- Current level of functioning demonstrated across settings and situations;
- Functioning using assistive technology or special accommodations, if applicable; and
- Performance of skills and behaviors compared to age appropriate expectations.

The following table provides the seven ratings from which a team would choose one for each of the three ECO areas.

Outcome Rating	Outcome Rating Definitions and Descriptions:	
<b>Age Appropriate</b>		
7	Completely	<ul style="list-style-type: none"> <li>• Functioning expected for his or her age in <b>all or almost all of everyday situations</b> that are part of the child's life</li> <li>• Functioning is considered <b>appropriate</b> for his or her age</li> <li>• No concerns about functioning</li> </ul>
6	Between Completely and Somewhat	<ul style="list-style-type: none"> <li>• Functioning generally is considered appropriate for his or her age</li> <li>• Some concerns about functioning</li> </ul>
<b>Below Age Appropriate</b>		
5	Somewhat	<ul style="list-style-type: none"> <li>• Functioning expected for his or her age <b>some of the time and/or in some situations</b></li> <li>• Functioning is a <b>mix</b> of age appropriate and not age appropriate</li> <li>• Functioning might be described as like that of a <b>slightly younger child</b></li> </ul>
4	Between Somewhat and Emerging	<ul style="list-style-type: none"> <li>• Functioning <b>rarely</b> shows the use of age appropriate skills and behaviors.</li> </ul>

*Continued on next page*

## Section 4: Early Childhood Outcomes (ECO), Continued

### ECO Ratings (continued)

Outcome Rating	Outcome Rating Definitions and Descriptions:	
3	Emerging	<ul style="list-style-type: none"> <li>• Does <b>not yet</b> show functioning expected of a child of his or her age in any situation</li> <li>• Skills and behaviors include <b>immediate foundational skills</b> upon which to build age appropriate functioning</li> <li>• Functioning might be described as like that of a <b>younger child</b></li> </ul>
2	Between Emerging and Not Yet	<ul style="list-style-type: none"> <li>• Uses <b>some immediate foundational skills</b> across settings and situations</li> </ul>
1	Not Yet	<ul style="list-style-type: none"> <li>• Does <b>not yet</b> show functioning expected of a child his or her age in any situation</li> <li>• Skills and behaviors <b>do not yet include any immediate foundational skills</b> upon which to build age appropriate functioning</li> <li>• Functioning might be described as like that of a <b>much younger child</b></li> </ul>

*Note.* See *Decision Tree for ECO Summary Rating Discussions* [LINK to Document](#), and *Iowa’s Early Learning Standards and Guidance for Discussing the ECO Areas* documents for more team decision-making guidance [LINK to Document](#).

### Progress Decisions

At Annual IFSP Review Meetings and when the child exits from Early ACCESS, IFSP Teams determine if the child has gained any new skills or behaviors while receiving Early ACCESS early intervention services. At any Initial IFSP Meeting, IFSP Teams will check “*Not Applicable because this is the child’s Initial IEP Meeting*” on the ECO Summary.

A child’s progress is determined based on any of the following:

- Acquisition of a new skill or behavior;
- More independently demonstrates mastery of a skill or behavior;
- Progresses toward achieving annual goals; or
- Improves the quality when performing a skill or behavior.

*Continued on next page*

## Section 4: Early Childhood Outcomes (ECO), Continued

### Supporting Evidence Documentation Requirements

IFSP Teams are required to use the **RIOT LINK to Document** model to document the supporting evidence used to determine a child’s level of functioning and progress. **LINK to Document.**

**RIOT stands for:**

- R - Record reviews of existing medical reports and evaluations;**
- I - Interviews with parents, caregivers, teachers and service providers;**
- O - Observations in various settings and situations; and**
- T - Tests and Assessments, including research-based criterion-referenced, curriculum-based or play-based assessments.**

The purpose of the **RIOT** method is to consider an approach that provides the information needed for decision-making in an accurate and efficient way. Sufficiency of information is the key principle, not the number of approaches used.

### Required ECO Rating Schedule

Ratings and data collection for Early Childhood Outcomes is required for the following times. More specific procedures are provided in other sections of the Procedures Manual.

<b>Required Data Collection Times</b>	<b>Example</b>	<b>Procedures Located in Section...</b>
Entry to Early ACCESS services	When child is determined eligible for and begins receiving Early ACCESS services	Initial IFSP Meeting
Annually	As child continues to receive Early ACCESS services, annually after Initial IFSP meeting.	Annual IFSP Review Meeting
Exit from Early ACCESS	When child is transitioning to Part B or other services; moving out of state; or discontinuing services due to inability to contact or locate the family.	Exit from Early ACCESS

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## Section 4: Early Childhood Outcomes (ECO), Continued

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**Procedures for  
Completing  
IFSP ECO form**

Specific implementation procedures are provided in other sections when the completion of the IFSP ECO forms is required (e.g. Initial IFSP meeting; Annual IFSP Review Meeting; and Exit from Early ACCESS). [LINK to Document.](#)

---

**Federal  
indicator of  
ECO**

√ C3  
ECO

Data about early childhood outcomes are collected and reported annually in a federal indicator in order to show Regional and State performance of this requirement. All states collect ECO data and targets will be set in 2009-2010. Each AEA/Early ACCESS Region is to meet the state target, which is reported in the Part C Annual Performance Report. [LINK to document.](#) Iowa collects Indicator C3 data on the IFSP ECO pages.

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## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting

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### Introduction

The Initial IFSP Meeting is the first meeting where the multidisciplinary team gathers to:

- determine eligibility of the child for Early ACCESS services, based on the multidisciplinary evaluation and assessments completed within 45 days of referral, and
  - develop an Individualized Family Service Plan (IFSP) for eligible child/family or
  - assists the family in accessing needed resources if child is determined not eligible for Early ACCESS. [281–120.34]
- 

### Multidisciplinary definition

Multidisciplinary team means the involvement of two or more qualified disciplines of different professional backgrounds who complete the evaluation activities and development of the IFSP [281–120.4]

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### Initial IFSP meeting and development process

The following table provides an overview of the seven stages of the process and requirements for the Initial IFSP meeting. Specific implementation procedures follow the overview.

Stage	Process	Description
1	Prepare for Initial IFSP Meeting	The initial IFSP meeting is held within 45 calendar days of the referral to Early ACCESS and after all evaluation and assessments have been completed. The family is notified of the IFSP meeting. [281–120.34]
2	Begin the Meeting	Participants are introduced at the beginning of the meeting. The purpose and intended results are reviewed, and the tone and details of the meeting are set.
3	Determine Eligibility	The multidisciplinary IFSP team reviews strengths and concerns of evaluation results and determines eligibility of child for early intervention services.

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*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

### Initial IFSP meeting and development process (continued)

Stage	Process	Description
4	Develop the Plan	The multidisciplinary IFSP team develops child and/or family outcomes, based upon family priorities, and determines activities and services needed to achieve those outcomes.
5	Document Early Childhood Outcomes	The multidisciplinary IFSP team rates the child's developmental status in three domains based on evaluation results, as required for Early Childhood Outcomes data collection.
6	Consent for Services	Parent signs or declines consent for services.
7	Finalize Paperwork and Communications	Service Coordinator completes all needed paperwork and communicates the results of the meeting with parent identified partners (e.g., physician; referral source).

Procedures and documentation requirements for each stage of the process are described below.

### Stage 1: Background prepare for initial IFSP meeting

The parent(s) and other IFSP team members must be notified in writing in advance of initial, periodic, annual, and transition IFSP meetings. The following table outlines Service Coordinator actions to prepare for the initial IFSP meeting.

Step	Action
1	Checks that all evaluations and assessments are or will be completed within 45 days of referral to Early ACCESS.
2	Initiates discussion with parents regarding required participants invited to the IFSP meeting; location; and scheduling of the meeting to meet 45 day timeline.  <i>Note.</i> The IFSP meeting(s) must be conducted in settings and at times that are convenient to families and in the native language of the family or other mode of communication used by the family (unless it is clearly not feasible to do so).

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 1:**  
**Background**  
**prepare for**  
**initial IFSP**  
**meeting**  
 (continued)

Step	Action
3	Completes the <i>IFSP Meeting Notice</i> form and sends to invited participants. [281–120.37]
4	Prepares for Initial IFSP meeting; gathers paperwork; etc.

**Required**  
**participants**

Required participants in the initial IFSP meeting must include:

- Parent(s) of the child
- The Service Coordinator who has been designated by the agency to be responsible for the implementation of the IFSP (or the designee if the current Service Coordinator is unable to attend)
- A person or persons directly involved in conducting the evaluation(s) and assessment(s).

Other participants in the IFSP meeting may include:

- Other family members, as requested by a parent
- An advocate or person outside the family, if a parent requests that the person participate
- Persons who may be providing services to the child and family as appropriate, and/or
- A primary health care provider or designee [281–120.35].

**Note.** Consideration of participants should include the primary referral source, and all agencies providing direct and ongoing services and others as the family requests. See also, *Guidance for Arranging IFSP Meetings*. [LINK to Document](#).

**Alternative**  
**methods of**  
**meeting**  
**participation**

The participation of a professional who has been directly involved in conducting evaluations, assessments, or medical diagnoses and who is unable to attend the IFSP meeting may be achieved through a variety of means including:

- Participate in a conference call;
- Make pertinent records available at the meeting; or
- Designate a qualified professional to attend the meeting and interpret the evaluation and assessment results and their service implications [281–120.36].

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

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### Stage 2: Begin the meeting

The Service Coordinator starts the meeting:

- Introduce IFSP team members
- Review purpose and intended results of the meeting
- Set the tone and details of the meeting.

*Note.* See helpful resource, Initial IFSP Meeting Agenda checklist. [LINK to Document.](#)

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### Stage 3: Determine eligibility

Early ACCESS eligibility is determined for children from birth to two years nine months. The child's eligibility determination is recommended based on review of evaluation and/or other records documentation. The decision is made based upon the Early ACCESS definition of eligibility (see also Section 3 Comprehensive Identification).

*“Eligible children”* means infants and toddlers from birth to the age of three years who meet **one** of the following criteria:

1. Have a condition, based on informed clinical opinion, known to have a high probability of resulting in later delays in growth and development if early intervention services are not provided; or [34 CFR 303.16(b); 303.300(c)]
2. Have a developmental delay, which is a 25 percent delay as measured by appropriate diagnostic instruments and procedures and based on informed clinical opinion, in one or more of the following developmental areas:
  - cognitive development;
  - physical development including vision and hearing;
  - communication development;
  - social or emotional development; or
  - adaptive development [281-120.4].

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*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

*Continued on next page*

**Stage 3:  
Determine  
eligibility  
(continued)**

The following seven possible scenarios describe options for the multidisciplinary team eligibility decision. Subsequent actions unique to each scenario are also provided.

<b>If the child is determined</b>	<b>And the family...</b>	<b>And...</b>	<b>Then...</b>
Eligible	agrees to EA services	no further assessments are needed	<ul style="list-style-type: none"> <li>• SC documents eligibility decision using the team's agreed upon eligibility reason:               <ul style="list-style-type: none"> <li>– Check Yes</li> <li>– Check either Known Condition or 25% delay in Basis for Eligibility.</li> </ul> </li> <li>• Multidisciplinary team develops an IFSP; see Stage 4 Developing the Plan.</li> </ul>
Eligible	agrees to EA services	further discipline specific assessment is needed	<ul style="list-style-type: none"> <li>• SC documents eligibility decision using the team's agreed upon eligibility reason:               <ul style="list-style-type: none"> <li>– Check Yes</li> <li>– Check either Known Condition or 25% delay in Basis for Eligibility.</li> </ul> </li> <li>• Multidisciplinary team develops an IFSP, including evaluations/assessments needed from specific discipline provider(s). See Stage 4 Developing the Plan.</li> </ul>

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 3:**  
**Determine eligibility**  
 (continued)

If the child is determined	And the family...	And...	Then...
Eligible	accepts some services	refuses other services.	<ul style="list-style-type: none"> <li>• SC documents eligibility decision using the team's agreed upon eligibility reason:               <ul style="list-style-type: none"> <li>– Check Yes</li> <li>– Check either Known Condition or 25% delay in Basis for Eligibility.</li> </ul> </li> <li>• Multidisciplinary team develops an IFSP; see Stage 4 Developing the Plan.</li> <li>• SC documents all recommended services on the PWN forms. <a href="#">LINK to Document.</a></li> <li>• SC indicates all accepted services on EI services page</li> <li>• SC indicates specific services declined by the parent on the <i>Consent for Early ACCESS Services</i> form. <a href="#">LINK to Document.</a></li> </ul>
Eligible or Not eligible	Declines to hold an Initial IFSP meeting	-	<ul style="list-style-type: none"> <li>• SC completes <i>Steps when evaluation completed and parent declines IFSP meeting</i> (see block below).</li> </ul>
Eligible	Declines all recommended services	-	<ul style="list-style-type: none"> <li>• SC completes <i>Steps for when parent declines all EA services</i> (see block below)</li> </ul>
Not eligible	Agrees to hold Initial IFSP meeting	-	<ul style="list-style-type: none"> <li>• SC completes steps for children determined not eligible (see block below)</li> </ul>

Continued on next page

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

### Steps for when parent declines all EA services

The parent has the right to decline any of the needed early intervention services recommended by the IFSP team. If the parent declines one or more EI services, the Service Coordinator makes reasonable efforts to ensure the parent:

- is fully aware of the nature of the services that would be available;
- understands that the child will not be able to receive the service(s) unless consent is given [281-120.41 and 120.67(3)].

The following steps outline Service Coordinator responsibilities, including documentation, for when parent(s) decline all EA services.

Step	Action	Documents on...
1	SC and the parent explore and consider other appropriate community options, as appropriate.	SC log and/or meeting details notes section
2	SC documents eligibility decision using the team's agreed upon eligibility reason: <ul style="list-style-type: none"> <li>• Check Yes and</li> <li>• Check either Known Condition or 25% delay in Basis for Eligibility</li> </ul>	<i>Meeting Details</i> form. <a href="#">LINK to Document</a>
3	SC documents all services declined by the parent	Consent for Early ACCESS Services form (LINK)
4	SC completes a <i>Prior Written Notice</i> <a href="#">LINK to Document</a> describing parental decision to decline services and gives copy to parent [281-120.67(3)].	Prior Written Notice. <a href="#">LINK to Document</a>
5	SC provides information so the family can contact Early ACCESS in the future, if needed.	Prior Written Notice. <a href="#">LINK to Document</a>
6	SC completes required forms for data entry and filing.	See table below.

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## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Steps for when parent declines all EA services**  
(continued)

The Service Coordinator assures that the following forms are completed, filed in the child's record, and turned in for data entry, unless noted otherwise.

<b>IFSP Forms</b>	<b>Required or Optional</b>
Intake/Referral	<b>Required</b>
Family Information	<b>Required</b>
Family Statements	<b>Required</b> (whether family consents or declines)
IFSP Evaluations and Assessments	<b>Required</b>
Meeting Details	<b>Required</b>
Service Coordination Log	<b>Required</b>
<b>Consents, Notices, Authorizations</b>	
Consent for Evaluation	<b>Required</b>
Exchange of Information	Required, if used.
Release of Health Information	Required if used.
Prior Written Notice	<b>Required</b>
Meeting Notice	<b>Required</b>
Consent for Services (declining)	<b>Required</b>

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

Steps when evaluation completed and parent declines IFSP meeting

Occasionally, a parent will choose to not hold the Initial IFSP meeting. Procedures for this situation are in the table below.

Step	Action	Documents on...
1	Service Coordinator (SC) and the parent explore and consider other appropriate community options, as appropriate.	Service Coordinator log
2	SC completes a <i>Prior Written Notice</i> <a href="#">LINK to Document</a> describing the following: <ul style="list-style-type: none"> <li>• Initial IFSP Meeting was declined by parent</li> <li>• Parent was informed that eligibility would not be determined and EI services would not be provided.</li> </ul>	<i>Prior Written Notice</i> form. <a href="#">LINK to Document</a> .
3	SC provides information so the family can contact Early ACCESS in the future, if needed.	<i>Prior Written Notice</i> . <a href="#">LINK to Document</a> .
4	SC completes required forms for data entry and filing, including case closure on IFSP Intake/Referral page; check <input type="checkbox"/> <i>Parent withdrew consent for evaluation and/or IFSP completion. No further action in Early ACCESS.</i>	See table below for required forms.

The Service Coordinator assures that the following forms are completed, filed in the child's record, and turned in for data entry, unless noted otherwise.

IFSP Forms	Required or Optional
Intake/Referral	<b>Required</b>
Family Information	<b>Required</b>
Family Statements	<b>Required</b> (whether family consents or declines)
IFSP Evaluations and Assessments	<b>Required</b>
Service Coordination Log	<b>Required</b>
<b>Consents, Notices, Authorizations</b>	
Exchange of Information	Required, if used.
Release of Health Information	Required if used.
Prior Written Notice	<b>Required</b>

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

### Steps when child not eligible

The following steps outline Service Coordinator responsibilities, including documentation for children determined not eligible for Early ACCESS.

Step	Action	Documented on form...
1	SC attempts to explore other appropriate community options with the family, if appropriate.	<ul style="list-style-type: none"> <li>• Prior Written Notice (LINK)</li> <li>• SC Log</li> </ul>
2	SC provides information so the family can contact Early ACCESS in the future, if needed.	Prior Written Notice. <a href="#">LINK to Document.</a>
3	SC documents eligibility decision: <ul style="list-style-type: none"> <li>• Check <i>No</i> and</li> <li>• leave <i>Basis for Eligibility</i> blank.</li> </ul>	IFSP Meeting Detail. <a href="#">LINK to Document.</a>
4	SC completes <i>Prior Written Notice</i> form describing decision made to not provide services and gives copy to parent.  <i>Note.</i> For families who decline holding an Initial IFSP meeting, document that information and reason.	Prior Written Notice. <a href="#">LINK to Document.</a>
5	SC provides and reviews <i>Parental Rights/Procedural Safeguards</i> legal parameters of the law for Early ACCESS services. <a href="#">LINK to Document.</a>	IFSP Meeting Details. <a href="#">LINK to Document.</a>

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## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Steps when child not eligible**  
(continued)

The Service Coordinator assures that the following forms are completed, filed in the child's record, and turned in for data entry, unless noted otherwise.

<b>IFSP Forms</b>	<b>Required or Optional</b>
Intake/Referral	<b>Required</b>
Family Information	<b>Required</b>
Family Statements	<b>Required</b> (whether family consents or declines)
IFSP Evaluations and Assessments	<b>Required</b>
Meeting Details	<b>Required</b>
Service Coordination Log	<b>Required</b>
<b>Consents, Notices, Authorizations</b>	
Consent for Evaluation with Prior Written Notice	<b>Required</b>
Exchange of Information	Required, if used
Release of Health Information	Required, if used
Meeting Notice	<b>Required</b>
Prior Written Notice	<b>Required</b>

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

### Contents of IFSP

There are requirements for the contents of the IFSP [281 – 120.40] [LINK to Document](#). See *IFSP Paperwork Line by Line* [LINK to Document](#) guidance document for details on how to complete the paperwork in order to meet this requirement.

### Stage 4: Develop the plan

The multidisciplinary IFSP team develops an IFSP for each eligible child, including:

- child and/or family outcomes based upon family priorities and how they will be monitored,
- activities to achieve the outcomes, and
- services needed to achieve those outcomes and enhance the child’s health and development and the family’s capacity to meet their child’s needs.

Completion of IFSP forms is necessary to meet state and federal compliance monitoring requirements.

Steps and forms to be completed are provided in the table below.

Step	Action	Documented on IFSP form...
1	Discuss findings from child assessments and the family’s concerns, priorities and resources.	<ul style="list-style-type: none"> <li>• IFSP Evaluation and Assessment. <a href="#">LINK to Document</a>.</li> <li>• Family Statements. <a href="#">LINK to Document</a>.</li> </ul>
2	Determine and document needed child and/or family outcomes	IFSP Outcomes. <a href="#">LINK to Document</a> .
3	Determine and document criteria, timelines, procedures and activities for each outcome.	IFSP Outcomes. <a href="#">LINK to Document</a> .

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 4:**  
**Develop the plan**  
 (continued)

Step	Action	Documented on IFSP form...
4	Determine services needed to achieve the outcomes. Sort services into <i>Early Intervention Services</i> and <i>Other Services</i> . <a href="#">LINK to Document.</a>	EI Services. <a href="#">LINK to Document.</a> Other Services. <a href="#">LINK to Document.</a>
5	Determine where services are to be provided and document the proper setting (IT) code. <a href="#">LINK to Document.</a>	Meeting Details. <a href="#">LINK to Document.</a> <div style="border: 1px solid orange; padding: 5px; display: inline-block;">√ C2 Services in NE</div>

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## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 5:**  
**Document early**  
**childhood**  
**outcomes**

√ C3  
 ECO

The multidisciplinary IFSP team makes decisions about the child’s age-appropriate functioning in three areas and documents them. Steps and forms to be completed are provided in the table below.

Step	Action									
1	<p>IFSP team reviews data and information collected from the comprehensive, multidisciplinary evaluation and assessment.</p> <p><i>Note.</i> The IFSP team must consider information gathered from multiple methods and sources.</p>									
2	<p>IFSP team determines a child’s Early Childhood Outcome (ECO) rating. <a href="#">LINK to Document.</a> These data provide the evidence for determining the child’s level of functioning and progress.</p>									
3	<p>Service Coordinator records team ratings on the <i>Early Childhood Outcomes</i> forms in each of the following three areas, regardless of the Early ACCESS services the child receives.</p> <table border="1"> <thead> <tr> <th>Rating Category</th> <th>Documented on IFSP form...</th> <th>Documented in section...</th> </tr> </thead> <tbody> <tr> <td>Positive Social – Emotional Skills (including social relationships)</td> <td>Early Childhood Outcomes (ECO) 1/3. <a href="#">LINK to Document.</a></td> <td>           a. Check one box that reflects team rating            b. Check <input type="checkbox"/> Not Applicable because this is the child’s Initial IFSP.            c. Complete information         </td> </tr> <tr> <td>Acquisition and Use of Knowledge and Skills (including early language and communication)</td> <td>Early Childhood Outcomes (ECO) 2/3. <a href="#">LINK to Document.</a></td> <td>           a. Check one box that reflects team rating            b. Check <input type="checkbox"/> Not Applicable because this is the child’s Initial IFSP.            c. Complete information         </td> </tr> </tbody> </table>	Rating Category	Documented on IFSP form...	Documented in section...	Positive Social – Emotional Skills (including social relationships)	Early Childhood Outcomes (ECO) 1/3. <a href="#">LINK to Document.</a>	a. Check one box that reflects team rating b. Check <input type="checkbox"/> Not Applicable because this is the child’s Initial IFSP. c. Complete information	Acquisition and Use of Knowledge and Skills (including early language and communication)	Early Childhood Outcomes (ECO) 2/3. <a href="#">LINK to Document.</a>	a. Check one box that reflects team rating b. Check <input type="checkbox"/> Not Applicable because this is the child’s Initial IFSP. c. Complete information
Rating Category	Documented on IFSP form...	Documented in section...								
Positive Social – Emotional Skills (including social relationships)	Early Childhood Outcomes (ECO) 1/3. <a href="#">LINK to Document.</a>	a. Check one box that reflects team rating b. Check <input type="checkbox"/> Not Applicable because this is the child’s Initial IFSP. c. Complete information								
Acquisition and Use of Knowledge and Skills (including early language and communication)	Early Childhood Outcomes (ECO) 2/3. <a href="#">LINK to Document.</a>	a. Check one box that reflects team rating b. Check <input type="checkbox"/> Not Applicable because this is the child’s Initial IFSP. c. Complete information								

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## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 5:**  
**Document early childhood outcomes**  
 (continued)

√ C3  
 ECO

Step	Action						
3	Service Coordinator records team ratings on the <i>Early Childhood Outcomes</i> forms in each of the following three areas, regardless of the Early ACCESS services the child receives.						
	<table border="1"> <thead> <tr> <th>Rating Category</th> <th>Documented on IFSP form...</th> <th>Documented in section...</th> </tr> </thead> <tbody> <tr> <td>Use of Appropriate Behaviors to Meet their Needs.</td> <td>Early Childhood Outcomes (ECO) 3/3. <a href="#">LINK to Document.</a></td> <td>           a. Check one box that reflects team rating            b. Check <input type="checkbox"/> Not Applicable because this is the child's Initial IFSP.            c. Complete information         </td> </tr> </tbody> </table>	Rating Category	Documented on IFSP form...	Documented in section...	Use of Appropriate Behaviors to Meet their Needs.	Early Childhood Outcomes (ECO) 3/3. <a href="#">LINK to Document.</a>	a. Check one box that reflects team rating b. Check <input type="checkbox"/> Not Applicable because this is the child's Initial IFSP. c. Complete information
Rating Category	Documented on IFSP form...	Documented in section...					
Use of Appropriate Behaviors to Meet their Needs.	Early Childhood Outcomes (ECO) 3/3. <a href="#">LINK to Document.</a>	a. Check one box that reflects team rating b. Check <input type="checkbox"/> Not Applicable because this is the child's Initial IFSP. c. Complete information					

**Stage 6:**  
**Consent for services**

Parent(s) consent or decline services. The contents of the IFSP must be fully explained to a parent and informed written consent from a parent must be obtained prior to the provision of early intervention services described in the IFSP. [281-120.41 and 120.67(3)]

Parents have the right to agree to all or some of the recommended services. Only the services consented to, by the parents, are provided to the child/family. If a parent does not provide consent for a particular early intervention service or withdraws consent after first receiving it, that service cannot be provided.

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 6:  
Consent for  
services  
(continued)**

Complete the *Consent for Early ACCESS Services* form using the following scenarios and instructions. [LINK to Document.](#)

<b>If parent...</b>	<b>Then ...</b>
Gives consent to all recommended services	<ul style="list-style-type: none"> <li>• Check box labeled: <i>I give consent for this IFSP and services as written.</i></li> <li>• Review consent rights on the form with parent and check two boxes that start with “I understand...”</li> <li>• Ask parent(s) to sign and date Consent for Services Page</li> </ul>
Give consent to some services, but declines a specific service(s)	<ul style="list-style-type: none"> <li>• Check box labeled: <i>I give consent for all services listed on Prior Written Notice except, and fill in name of declined service(s).</i></li> <li>• Review consent rights on the form with parent and check two boxes that start with “I understand...”</li> <li>• Ask parent(s) to sign and date Consent for Services Page</li> </ul>

See Section 8 Procedural Safeguards for further information about consents.

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## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

### Stage 7: Finalize paperwork and communications

The Service Coordinator finalizes understandings with the family, completes all needed paperwork and communicates the results of the meeting with parent identified partners (e.g. physician; referral source). Some of the seven steps can be completed at the meeting location or can be afterwards in another location.

Step	Action						
1	Review with the family when each consented early intervention service is scheduled to begin and address any questions they may have.						
2	<p>If the child is on Medicaid, ask parent to give consent to release information for Medicaid reimbursement. Complete <i>Parent/Guardian Authorization Form For Medicaid Reimbursement For IFSP Services</i> as the following table instructs, based upon the parent's decision. <a href="#">LINK to Document.</a></p> <table border="1"> <thead> <tr> <th>If parent(s) ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Consent(s) to release information</td> <td> <ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul> </td> </tr> <tr> <td>Declines consent to release information</td> <td> <ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul> </td> </tr> </tbody> </table> <p><b>Note.</b> The <i>Parent/Guardian Authorization Form For Medicaid Reimbursement For IFSP Services</i> gives agencies permission to share IFSP and billing information with Medicaid so the agency can be reimbursed for services provided. The Authorization form's purpose is not to be confused for consent to use Medicaid. See guidance document for information on how to explain the consent to families. <a href="#">LINK to Document.</a></p>	If parent(s) ...	Then ...	Consent(s) to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul>	Declines consent to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul>
If parent(s) ...	Then ...						
Consent(s) to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul>						
Declines consent to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul>						

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

**Stage 7:  
Finalize  
paperwork and  
communica-  
tions**  
(Continued)

Step	Action
3	Discuss with the family who will get copies of the IFSP (referral source; IFSP team members; others with appropriate releases).  <i>Note.</i> An Exchange of Information form may need to be completed at the meeting (or prior to) to allow for information to be exchanged with providers from outside the network of Early ACCESS service providers.
4	Document meeting attendance on <i>IFSP Meeting Details</i> form.
5	Complete all required forms for Initial IFSP Meeting (see table below).
6	Communicate outcome of meeting with referral source if signed release is obtained. More information about these procedures can be found in <i>Communicating with Referral Source</i> guidance. <a href="#">LINK to Document.</a>
7	Send copies of IFSP forms to IFSP team members and others for whom the family has signed a release of information, as agreed upon with the family in Step 2.

**Stage 7, Step 5:  
Required forms  
for initial IFSP  
meeting**

The Service Coordinator assures that the following forms are completed, filed in the child's record, and turned in for data entry, unless noted otherwise.

IFSP Forms	Required or Optional
Family Information	<b>Required</b>
Family Statements	<b>Required</b> (whether family consents or declines)
IFSP Evaluations and Assessments	<b>Required</b>
IFSP Outcomes	<b>Required</b>
IFSP Early Intervention Services	<b>Required</b>
IFSP Other Services	Required if have Other Services
Early Childhood Outcomes (ECO)	<b>Required</b>
Meeting Details	<b>Required</b>
IFSP Transition Plan	May begin as needed

*Continued on next page*

## Section 5: IFSP Development/Initial Individualized Family Service Plan (IFSP) Meeting, Continued

Stage 7, Step 5:  
Required forms  
for initial IFSP  
meeting  
(continued)

IFSP Forms	Required or Optional
Service Coordination Log	Kept by Service Coordinator
<b>Consents, Notices, Authorizations</b>	
Consent for EA Evaluation with Prior Written Notice	<b>Required</b>
Exchange of Information	Required for other agency providers
Release of Health Information	Required for outside health records
Medicaid Release	Required for child with Medicaid
Consent for Services	<b>Required</b>
Meeting Notice	<b>Required</b>

**Federal  
indicator of  
children served**

√ C5/C6  
children  
served

Data about the number and percentage of children served in Part C early intervention (Early ACCESS) are collected and reported annually in a federal indicator in order to show Regional and State performance. All states collect data on the number of children served (children on an IFSP) and have set targets. Each AEA/Early ACCESS Region is to meet the state target, which is reported in the Part C *Annual Performance Report*. [LINK to document](#). Iowa collects Indicator C5 (birth to one) and C6 (birth to three) information on the IFSP Meeting Details page.

## Section 5: IFSP Implementation/Ongoing Assessment

---

### **Introduction**

At this stage in the IFSP process, early intervention and other services recorded on the IFSP are implemented.

All IFSP members communicate and work collaboratively as they implement the services and monitor the progress made toward achieving the IFSP outcomes.

Ongoing assessment by service providers occurs as early intervention services are provided. Ongoing assessment information is used for decision-making throughout the time the child/family receives Early ACCESS services [281–120.47].

---

### **Implementation of EI services**

Service providers implement their services, beginning with the Initial IFSP meeting and as outlined in the IFSP (frequency, intensity, duration, natural environments, etc.). If these are substantial changes to services, then service providers are to communicate with the family and Service Coordinator and request a periodic review.

---

### **Purpose of ongoing assessment**

The purpose of ongoing assessment is to identify:

- Child’s unique strengths and needs
  - The effectiveness of interventions and activities
  - Services appropriate to meet the child’s needs
  - Family’s changing resources, priorities and concerns
  - Supports and services necessary to enhance the family’s capacity to meet the developmental needs of the child shall be included within ongoing assessment.
- 

### **Rationale for ongoing assessment**

Ongoing assessment information enables the IFSP team to determine the degree to which the child and family are making progress toward achieving the desired outcomes and whether modifications or revisions of the IFSP outcomes or services are necessary.

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*Continued on next page*

## Section 5: IFSP Implementation/Ongoing Assessment,

Continued

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### Ongoing assessment requirements

- Ongoing assessment is conducted by providers of IFSP early intervention services and those listed as responsible on the *IFSP Outcomes* form. [LINK to Document.](#)
  - Ongoing assessment shall, at a minimum, implement the criteria, timelines, procedures and activities outlined for each IFSP outcome.
  - Verbal or written feedback shall be provided to parents regarding ongoing assessment of their child.
- 

### Coordinating and monitoring delivery of services

Between IFSP meetings, Service Coordinators have the responsibility to:

- Facilitate the timely delivery of EI services
  - Coordinate and monitor the delivery of available services
  - Coordinate the performance of evaluations and assessments (if written as outcomes on IFSP)
  - Coordinate with medical and health providers
  - Assist families in identifying and accessing available resources and services needed and actions to meet those needs.
  - Use family-centered practices in all contacts with families
- 

### When parent withdraws consent for a service being provided

The following steps are to be taken when a parent withdraws consent for the delivery of a service and continues to give consent for the remaining EI and other services written on the IFSP [281–120.67(1)c].

- Schedule a periodic or annual IFSP meeting to gather the IFSP team for decision making.
- Follow procedures for type of meeting chosen (Periodic or Annual).

**Note.** SC will need to complete a new EI services and Consent for EA Services form. On the Consent form, check box labeled: *I give consent for all services listed on Prior Written Notice except*, and fill in name of declined service(s). [It is not necessary to complete a new Prior Written Notice form for this. Use the past PWN that listed the recommended service that the parent is now declining.]

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*Continued on next page*

## Section 5: IFSP Implementation/Ongoing Assessment,

Continued

### Changes to services over time

Changes to the EI and Other services may need to occur over the child and family's time in Early ACCESS:

- Change in service provider/coordinator
- Family moved to new location
- Drop a service that had been provided (and was documented on last IFSP).

The following table provides change codes to be used on the *IFSP EI Services* template to indicate those changes to IFSP team members and data entry personnel. Use these change codes when the child remains in Early ACCESS.

**Note.** Iowa IFSP refers to an Iowa funded IFSP; it does not necessarily mean that IFSP was written by Iowa providers.

Code	Type of Change	Description
MGS	Met outcome or outcome not appropriate, still receiving services	Met outcome or outcome not appropriate, still receiving services, continuing IFSP.
PDS	Parent declined services	One or more services discontinued at parent request, continuing IFSP
MAK *	Moved residence to another region, known to continue	Moved residence to another Regional Grantee (AEA boundaries), known to continue Iowa IFSP.
CAD *	Change in attending district	Change in attending district within Regional Grantee (AEA boundaries), outside Regional Grantee or outside state, continuing Iowa IFSP, no change in residence.
CRD *	Change in resident district	Change in resident district within same Regional Grantee (AEA boundaries), continuing Iowa IFSP.
CRI *	Change in roster information	Change in roster information, continuing Iowa IFSP in same district.

\* **Note.** Changes with asterisk do not necessarily require an IFSP meeting in order to be made (though they may be made during IFSP meetings). The change codes can be indicated on a copy of the child/family's IFSP Early Intervention Services template and turned in for IMS data entry.

## Section 5: IFSP Implementation /Periodic IFSP Review

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**Introduction** At least every six months, or more frequently if conditions warrant or if the family requests such a review, a periodic review of the IFSP must be held [281–120.48].

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**Periodic review requirements** A periodic review of the IFSP must be held at least every six months for the following purposes:

- determine the degree to which progress toward achieving the outcomes is being made; and
- whether modification or revision of the outcomes or services is necessary.

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**When periodic review is needed** Periodic reviews may also be conducted more frequently than 6 months if conditions warrant or if the family requests. The table below indicates various conditions and whether a periodic review is needed or not.

<b>If ...</b>	<b>Then a Periodic Review is....</b>
Parent requests the IFSP team to reconvene	<b>Required.</b>
Service(s) need changes in: <ul style="list-style-type: none"> <li>• Frequency,</li> <li>• Duration, or</li> <li>• Location.</li> </ul>	<b>Required.</b>
Team is considering a service be added or dropped	<b>Required.</b>
Major changes have occurred in family priorities, concerns or resources	<b>Required.</b>
An outcome is needed to be changed, dropped or added <b>AND</b> if the new outcome does not require a change in the IFSP’s services	<b>Not Required.</b> Make changes to <i>IFSP Outcome</i> form, as needed.

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**Options for periodic review** Periodic reviews may be carried out by a meeting or other means if acceptable to parent and other participants. Other means may include a conference call, web-cam, etc.

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*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

### Periodic IFSP review process

The following table provides an overview of the six stages of the process and requirements for the Periodic IFSP Review. Specific implementation procedures follow the overview.

Stage	Process	Description
1	Prepare for Periodic IFSP Review	The Periodic IFSP Review must be held within 6 months of the Initial and/or Annual IFSP Meeting (or more frequently as needed) and uses ongoing assessment data to assist the team in reviewing the plan. The family and other IFSP members are notified of the periodic IFSP review.  <i>Note.</i> A periodic or an annual review must be held every six months.
2	Begin the Review	Participants are introduced at the beginning of the meeting. The purpose and intended results are reviewed, and the tone and details of the meeting are set.
3	Review and Revise the Plan	The multidisciplinary IFSP team reviews child and/or family outcomes, progress, the services provided and determines needed changes.
4	Consent for Services	Parent signs or declines consent for services. Move to paperwork.
5	Finalize Paperwork and Communications	Service Coordinator completes all needed paperwork, including Consent for Services and if needed Prior Written Notice. Service Coordinator communicates the results of the meeting with parent identified partners (e.g. physician; IFSP team members).

*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

### Stage 1: prepare for periodic IFSP review

There are three steps to prepare for the periodic IFSP meeting that involve Service Coordinators, Families and IFSP team members.

Step	Action
1	Service Coordinator (SC) schedules Periodic IFSP Review with family and team members. The review can be face to face or by other means acceptable to the family (e.g. conference call).
2	<p>SC completes <i>IFSP Meeting Notice</i> (<a href="#">LINK</a>) form and sends to all team members including the family, no matter how meeting is held.</p> <p><b>Note 1.</b> The Meeting Notice must include the purpose of the Early ACCESS meeting, date, time, and location of the meeting and a list of those who are invited and/or planning to attend.</p> <p><b>Note 2.</b> There is no required number-of-days a notice must be provided in advance. Family centered and collaborative practices indicate notice is timely enough to assure team members' participation.</p>
3	SC updates <i>Family Information</i> <a href="#">LINK to Document</a> and <i>Family Statement</i> forms <a href="#">LINK to Document</a> , as needed.

### Required participants

Required participants in the Periodic Review must include:

- Parent(s) of the child.
- The Service Coordinator who has been designated by the agency to be responsible for the implementation of the IFSP (or the designee if the current Service Coordinator is unable to attend).
- If conditions warrant, the periodic review team shall include the participation of:
  - Other family members, an advocate or person outside of the family, if requested by a parent.
  - Person(s) directly involved in conducting the evaluations and assessments;
  - As appropriate, persons who will be providing services to the child or family; or
  - A primary health care provider or designee [281–120.49].

**Note.** Consideration of participants should include all agencies providing direct and ongoing services and others as the family requests. See also, *Guidance for Arranging IFSP Meetings*. [LINK to Document](#).

*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

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### Alternative methods of meeting participation

The participation of a professional who has been directly involved in conducting evaluations, assessments, or medical diagnoses and who is unable to attend the Periodic Review may be achieved through a variety of means including:

- Participate in a conference call;
  - Make pertinent records available at the meeting; or
  - Designate a qualified professional to attend the meeting and interpret the evaluation and assessment results and their service implications [281–120.52].
- 

### Stage 2: Begin the review

The Service Coordinator starts the meeting:

- Introduce IFSP team members
  - Review purpose and intended results of the meeting
  - Set the tone and details of the meeting.
- 

### Stage 3: Review and Revise the Plan

The IFSP team:

- Reviews child and/or family outcomes and their progress, based upon ongoing assessment information.
- Determines the effectiveness of activities and services to achieve the outcomes, and
- Determines needed changes to the plan in order to enhance the child’s health and development and the family’s capacity to meet their child’s needs.

Completion of IFSP forms is necessary to meet state and federal requirements. Steps and forms to be completed are provided in the table below.

Step	Action	Documented on IFSP form...
1	Discuss findings from ongoing assessments and the family’s current concerns, priorities and resources.	<ul style="list-style-type: none"> <li>• Progress Notes section on previous IFSP Outcome page (s)</li> <li>• Family Statements, if family has changes. <a href="#">LINK to Document.</a></li> </ul>
2	Revise or update child and/or family outcomes, as needed	IFSP Outcomes. <a href="#">LINK to Document.</a>

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*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

### Stage 3: Review and Revise the Plan (continued)

Step	Action	Documented on IFSP form...
3	Determine and document criteria, timelines, procedures and activities for each outcome.	IFSP Outcomes. <a href="#">LINK to Document.</a>
4	Determine services needed to achieve the outcomes. Sort services into <i>Early Intervention Services</i> and <i>Other Services</i> . <a href="#">LINK to Document.</a>	EI Services. <a href="#">LINK to Document.</a> Other Services. <a href="#">LINK to Document.</a>  √ C2 Services in NE
5	Determine where services are to be provided and document the proper setting (IT) code.	Meeting Details <a href="#">LINK to Document</a>

### Stage 4: Consent for services

Whether the parent(s) consents or decline services, the consent for Early ACCESS Services form must be signed and completed. The contents of the IFSP must be fully explained to a parent and informed written consent from a parent must be obtained prior to the provision of early intervention services described in the IFSP. [LINK to Document.](#)

*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

**Stage 4:  
Consent for  
services**  
(Continued)

Parents have the right to agree to all or some of the recommended services. Only the services consented to, by the parents, are provided to the child/family. If a parent does not provide consent for a particular early intervention service or withdraws consent after first receiving it, that service cannot be provided [281–120.41 and 120.67(3)].

Complete the *Consent for Early ACCESS Services* form using the following scenarios and instructions. [LINK to Document.](#)

<b>If parent...</b>	<b>Then ...</b>
Gives consent to all recommended services	<ul style="list-style-type: none"> <li>• Check box labeled: <i>I give consent for this IFSP and services as written.</i></li> <li>• Review consent rights with parent and check two boxes that start with “I understand...”</li> <li>• Ask parent(s) to sign and date Consent for Services Page</li> </ul>
Give consent to some services, but declines a specific service(s)	<ul style="list-style-type: none"> <li>• Check box labeled: <i>I give consent for all services listed on Prior Written Notice except,</i> and fill in name of declined service(s).</li> <li>• Review consent rights with parent and check two boxes that start with “I understand...”</li> <li>• Ask parent(s) to sign and date Consent for Services Page</li> </ul>

*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

### Stage 5: Finalize paperwork and communica- tions

The Service Coordinator finalizes understandings with the family, completes all needed paperwork and communicates the results of the meeting with parent identified partners (e.g. physician; referral source). Some of the six steps can be completed at the meeting location or can be done afterwards in another location.

Step	Action						
1	Review with the family when each consented early intervention service is scheduled to begin and address any questions they may have.						
2	<p>If the child is on Medicaid, ask parent to give consent to release information for Medicaid reimbursement. Complete <i>Parent/Guardian Authorization Form For Medicaid Reimbursement For IFSP Services</i>, based upon the parent's decision and instructions below. <a href="#">LINK to Document.</a></p> <table border="1"> <thead> <tr> <th>If parent(s) ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Consents to release information</td> <td> <ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul> </td> </tr> <tr> <td>Declines consent to release information</td> <td> <ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul> </td> </tr> </tbody> </table>	If parent(s) ...	Then ...	Consents to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul>	Declines consent to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul>
If parent(s) ...	Then ...						
Consents to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul>						
Declines consent to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul>						
3	<p>Discuss with the family who will get copies of the IFSP (referral source; IFSP team members; others with appropriate releases).</p> <p><b>Note.</b> An Exchange of Information form may need to be completed at the meeting (or prior to) to allow for information to be exchanged with providers from outside the network of Early ACCESS service providers.</p>						

*Continued on next page*

## Section 5: IFSP Development/Periodic IFSP Review, Continued

**Stage 5:  
Finalize  
paperwork and  
communications**  
(Continued)

Step	Action
4	Document meeting attendance on <i>IFSP Meeting Details</i> form.  <i>Note.</i> This form is needed whether the review was conducted face to face or by other means.
5	Complete all required forms for Periodic Review (see table below).
6	Send electronic or hard copies of IFSP forms to IFSP team members and others for whom the family has signed a release of information, as agreed upon with the family in Step 2.

**Required  
Forms for  
Periodic  
Review**

The Service Coordinator assures that the following forms are completed, filed in the child's record, and turned in for data entry, unless noted otherwise.

IFSP Forms	Required or Optional
Family Information	Optional if any changes
Family Statements	Optional if any changes for family
IFSP Evaluations and Assessments	Required for any new evaluations
IFSP Outcomes	<b>Required</b>
IFSP Early Intervention Services	<b>Required</b>
IFSP Other Services	Required if have Other Services
Early Childhood Outcomes (ECO)	Required if exiting
Meeting Details	<b>Required</b>
IFSP Transition Plan	May be needed depending on age
Service Coordination Log/Service Notes	Kept by Service Coordinator/Service Provider
<b>Consents, Notices, Authorizations</b>	
Meeting Notice	<b>Required</b>
Exchange of Information	May be needed. Check expiration date.
Release of Health Information	May be needed. Check expiration date.
Medicaid Release	Required if changes in services are made or if Medicaid consent expired
Prior Written Notice	Required for any change
Consent for Services	<b>Required</b>

## Section 5: IFSP Development/Annual IFSP Review Meeting

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### Introduction

A meeting must be conducted at least annually to evaluate the IFSP and revise its provisions, as appropriate. The results of any current evaluations and other information available from ongoing assessments of the child and family shall be used to determine any changes in the provisions of the IFSP [281–120.41 and 120.50].

---

### Annual IFSP meeting process

The following table provides an overview of the seven stages of the process and requirements for the Annual IFSP Review meeting. Specific implementation procedures follow the overview.

Stage	Process	Description
1	Prepare for Annual IFSP Meeting	The Annual IFSP Review Meeting is held within one year of the Initial IFSP Meeting. The family is notified of the meeting. Ongoing assessment information of child and family is gathered. Decisions are made about additional evaluations needed.
2	Begin the Meeting	Participants are introduced at the beginning of the meeting. The purpose and intended results are reviewed, and the tone and details of the meeting are set.
3	Evaluate IFSP and Revise the Plan	The multidisciplinary IFSP team evaluates the effectiveness of the plan and determines needed changes.
4	Document Early Childhood Outcomes	The multidisciplinary IFSP team rates the child’s developmental status in three domains based on evaluation results, as required for Early Childhood Outcomes data collection.
5	Review Parental Rights	Parental rights are reviewed and a copy provided to the family at the meeting.
6	Consent for Services	Parent signs or declines consent for services.
7	Finalize Paperwork and Communications	Service Coordinator (SC) completes all needed paperwork, including Consent for Services and Prior Written Notice. SC communicates the results of the meeting with parent identified partners (e.g. physician; referral source).

Procedures and documentation requirements for each stage of the process are described below.

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*Continued on next page*

## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

### Stages 1: Prepare for annual IFSP review meeting

There are five steps to prepare for the Annual IFSP meeting that involve Service Coordinators, Families and IFSP team members.

Step	Action
1	<ul style="list-style-type: none"> <li>• Service Coordinator (SC) has discussions with family and other team members about preparing for the upcoming annual review of the IFSP and completing evaluation requirements.</li> <li>• If an additional evaluation by a provider not already on the team is needed for decision-making at the Annual IFSP Review Meeting, SC completes a Prior Written Notice and facilitates the process of obtaining the evaluation. <a href="#">LINK to Document.</a></li> </ul>
2	SC schedules Annual IFSP Team Meeting with family, team members and new evaluator (if needed) to be within one year of the Initial IFSP Meeting.
3	<p>SC completes <i>IFSP Meeting Notice (LINK)</i> form and sends to all team members including the family.</p> <p><b>Note 1.</b> The Meeting Notice must include the purpose of the Early ACCESS meeting, date, time, and location of the meeting and a list of those who are invited and/or planning to attend.</p> <p><b>Note 2.</b> There is no required number-of-days a notice must be provided in advance. Family centered and collaborative practices indicate notice is timely enough to assure team members' participation.</p>
4	SC assures that IFSP team members' ongoing assessment and any new evaluation information are documented on <i>IFSP Evaluation and Assessment</i> form. <a href="#">LINK to Document.</a> See Annual Child Assessment information in next block.
5	SC reviews and updates <i>Family Information</i> form <a href="#">LINK to Document.</a> and <i>Family Statement</i> form <a href="#">LINK to Document.</a> as needed.

*Continued on next page*

## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

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### Stage 1, Step 4: Annual child assessment

At a minimum, infants and toddlers in the Early ACCESS system shall receive an annual assessment (RIOT: Test) in preparation for the IFSP annual review meeting. The following developmental areas must be addressed and documented on the *IFSP Evaluations and Assessment* form:

- Physical: Gross Motor
- Physical: Fine Motor
- Cognitive
- Communication
- Social/Emotional
- Adaptive
- Current Health Status of vision, hearing and nutrition (*Note*. Further guidance on annual assessment of vision, hearing and nutrition will be developed in the future).

Evaluation in the areas of concern needs to be completed for the annual review (RIOT: Test). The other areas of development may be reviewed through a combination of RIOT's: R = record review, I = interview or O = observation. Review of progress notes on the *IFSP Outcomes* page will provide important information for the child's annual assessment. [LINK to Document](#)

---

### Stage 2: Begin the meeting

The Service Coordinator starts the meeting:

- Introduce IFSP team members
  - Review purpose and intended results of the meeting
  - Set the tone and details of the meeting.
- 

### Required participants of annual review

Required participants in the Annual IFSP Review Meeting must include:

- Parent(s) of the child.
  - The Service Coordinator who has been designated by the agency to be responsible for the implementation of the IFSP (or the designee if the current Service Coordinator is unable to attend).
  - A person or persons directly involved in conducting the evaluation(s) and assessment(s).
- 

*Continued on next page*

## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

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### Required participants of annual review (Continued)

Other participants in the IFSP meeting may include:

- Other family members, as requested by a parent;
- An advocate or person outside the family, if a parent requests that the person participate;
- Persons who may be providing services to the child and family as appropriate; and/or
- A primary health care provider or designee [281–120.51].

**Note.** Consideration of participants should include the primary referral source, and all agencies providing direct and ongoing services and others as the family requests. See also, *Guidance for Arranging IFSP Meetings* [LINK to Document](#).

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### Alternative methods of meeting participation

The participation of a professional who has been directly involved in conducting evaluations, assessments, or medical diagnoses and who is unable to attend the IFSP meeting may be achieved through a variety of means including:

- Participate in a conference call;
  - Make pertinent records available at the meeting; or
  - Designate a qualified professional to attend the meeting and interpret the evaluation and assessment results and their service implications [281–120.52].
- 

### Stage 3: Evaluate IFSP and revise the plan

The IFSP team evaluates the effectiveness of the plan using ongoing assessment and any new evaluation information and determines needed changes.

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## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

**Stage 3:  
Evaluate IFSP  
and revise the  
plan**  
(Continued)

Completion of IFSP forms is necessary to meet state and federal requirements. Steps and forms to be completed are provided in the table below.

Step	Action	Documented on IFSP form...
1	Discuss findings from annual child assessment and the family's concerns, priorities and resources.	<ul style="list-style-type: none"> <li>• IFSP Evaluation and Assessment (LINK)</li> <li>• Family Statements, if family has changes (LINK)</li> </ul>
2	Determine and document needed child and/or family outcomes	IFSP Outcomes (LINK)
3	Determine and document criteria, timelines, procedures and activities for each outcome.	IFSP Outcomes (LINK)
4	Determine services needed to achieve the outcomes. Sort services into <i>Early Intervention Services</i> and <i>Other Services</i> (Link to Module 4 section on this).	EI Services (LINK) Other Services (LINK)
5	Determine where services are to be provided and document the proper setting (IT) code. Link to EI Services in Natural Environment section and Guidance for Calculating Setting (IT) Code.	Meeting Details (LINK) <div style="border: 2px solid orange; padding: 5px; display: inline-block;">             ✓ C2              Services              in NE           </div>

**Stage 4:  
Document early  
childhood  
outcomes**

The IFSP team makes decisions about the child's age-appropriate functioning in three areas and documents them. The annual assessment results shall inform the team of the extent to which the child is showing age-appropriate functioning in the three Early Childhood Outcomes areas. [LINK to Document.](#)

*Continued on next page*

## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

### Stage 4: Document early childhood outcomes



Steps and forms to be completed are provided in the table below.

Step	Action												
1	<p>IFSP team reviews data and information collected from the annual assessment.</p> <p><i>Note.</i> The IFSP team must consider information gathered from multiple methods and sources.</p>												
2	IFSP team determines a child's outcome rating (LINK to decision tree for ratings). These data provide the evidence for determining the child's level of functioning and progress.												
3	<p>Service Coordinator records team ratings on the <i>Early Childhood Outcomes</i> forms in each of the following three areas, regardless of the Early ACCESS services the child receives.</p> <table border="1"> <thead> <tr> <th>Rating Category</th> <th>Documented on IFSP form...</th> <th>Documented in section...</th> </tr> </thead> <tbody> <tr> <td>Positive Social – Emotional Skills (including social relationships)</td> <td>Early Childhood Outcomes (ECO) 1/3 (LINK)</td> <td> <p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p> </td> </tr> <tr> <td>Acquisition and Use of Knowledge and Skills (including early language and communication)</td> <td>Early Childhood Outcomes (ECO) 2/3 (LINK)</td> <td> <p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p> </td> </tr> <tr> <td>Use of Appropriate Behaviors to Meet their Needs.</td> <td>Early Childhood Outcomes (ECO) 3/3 (LINK)</td> <td> <p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p> </td> </tr> </tbody> </table>	Rating Category	Documented on IFSP form...	Documented in section...	Positive Social – Emotional Skills (including social relationships)	Early Childhood Outcomes (ECO) 1/3 (LINK)	<p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p>	Acquisition and Use of Knowledge and Skills (including early language and communication)	Early Childhood Outcomes (ECO) 2/3 (LINK)	<p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p>	Use of Appropriate Behaviors to Meet their Needs.	Early Childhood Outcomes (ECO) 3/3 (LINK)	<p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p>
Rating Category	Documented on IFSP form...	Documented in section...											
Positive Social – Emotional Skills (including social relationships)	Early Childhood Outcomes (ECO) 1/3 (LINK)	<p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p>											
Acquisition and Use of Knowledge and Skills (including early language and communication)	Early Childhood Outcomes (ECO) 2/3 (LINK)	<p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p>											
Use of Appropriate Behaviors to Meet their Needs.	Early Childhood Outcomes (ECO) 3/3 (LINK)	<p>a. Check one box that reflects team rating</p> <p>b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision.</p> <p>c. Complete information</p>											

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## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

### Stage 5: Review parental rights

The Service Coordinator reviews and provides the *Early ACCESS Procedural Safeguards Manual for Parents* (Parental Rights in Early Intervention) [LINK to Document](#) with the family. See Section 7 for more guidance on procedural safeguards.

### Stage 6: Consent for services

Whether the parent(s) consents or decline services, the consent for Early ACCESS Services form must be signed and completed. The contents of the IFSP must be fully explained to a parent and informed written consent from a parent must be obtained prior to the provision of early intervention services described in the IFSP. [LINK to Document.](#)

Parents have the right to agree to all or some of the recommended services. Only the services consented to, by the parents, are provided to the child/family. If a parent does not provide consent for a particular early intervention service or withdraws consent after first receiving it, that service cannot be provided. [281–120.41 and 120.67(3)]

Complete the *Consent for Early ACCESS Services* form using the following scenarios and instructions. [LINK to Document.](#)

If parent...	Then ...
Gives consent to all recommended services	<ul style="list-style-type: none"> <li>• Check box labeled: <i>I give consent for this IFSP and services as written.</i></li> <li>• Review consent rights with parent and check two boxes that start with “I understand...”</li> <li>• Ask parent(s) to sign and date Consent for Services Page</li> </ul>
Give consent to some services, but declines a specific service(s)	<ul style="list-style-type: none"> <li>• Check box labeled: <i>I give consent for all services listed on Prior Written Notice except,</i> and fill in name of declined service(s).</li> <li>• Review consent rights with parent and check two boxes that start with “I understand...”</li> <li>• Ask parent(s) to sign and date Consent for Services Page</li> </ul>

See Section 8 Procedural Safeguards for further information about consent(s).

*Continued on next page*

## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

### Stage 7: Finalize paperwork and communications

The Service Coordinator finalizes understandings with the family, completes all needed paperwork and communicates the results of the meeting with parent identified partners. Some of the six steps can be completed at the meeting location or can be done afterwards in another location.

Step	Action						
1	Review with the family when each consented early intervention service is scheduled to begin and address any questions they may have.						
2	<p>If the child is on Medicaid, ask parent to give consent to release information for Medicaid reimbursement. Complete <i>Parent/Guardian Authorization Form For Medicaid Reimbursement For IFSP Services</i> as the following table instructs, based upon the parent's decision. <a href="#">LINK to Document</a>.</p> <table border="1"> <thead> <tr> <th>If parent(s) ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Consents to release information</td> <td> <ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul> </td> </tr> <tr> <td>Declines consent to release information</td> <td> <ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul> </td> </tr> </tbody> </table> <p><b>Note.</b> The <i>Parent/Guardian Authorization Form For Medicaid Reimbursement For IFSP Services</i> gives agencies permission to share IFSP and billing information with Medicaid so the agency can be reimbursed for services provided. The Authorization form's purpose is not to be confused for consent to use Medicaid. See guidance document for information on how to explain the consent to families. <a href="#">LINK to Document</a></p>	If parent(s) ...	Then ...	Consents to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul>	Declines consent to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul>
If parent(s) ...	Then ...						
Consents to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• Parent signs and dates at the bottom of the form.</li> </ul>						
Declines consent to release information	<ul style="list-style-type: none"> <li>• SC completes top part of form</li> <li>• SC writes an X beside: Parent/Guardian declines to consent to release of information to Medicaid.</li> </ul>						

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## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

**Stage 7:**  
**Finalize**  
**paperwork and**  
**communica-**  
**tions**  
(Continued)

Step	Action
3	<p>Discuss with the family who will get copies of the IFSP (physician; IFSP team members; others with appropriate releases).</p> <p><i>Note 1.</i> Assure that releases for information exchanges are current and have not expired.</p> <p><i>Note 2.</i> An Exchange of Information form may need to be completed at the meeting (or prior to) to allow for information to be exchanged with new providers from outside the network of Early ACCESS service providers.</p>
4	Document meeting attendance on <i>IFSP Meeting Notice</i> form.
5	<p>Complete all required forms for Annual IFSP Meeting (see table below).</p> <p><i>Note.</i> Includes PWN.</p>
6	Send copies of IFSP forms to IFSP team members and others for whom the family has signed a release of information, as agreed upon with the family in Step 3.

*Continued on next page*

## Section 5: IFSP Development/Annual IFSP Review Meeting, Continued

**Stage 7, Step 5:** The Service Coordinator assures that the following forms are completed, filed in the child's record, and turned in for data entry, unless noted otherwise.  
**Required forms for annual IFSP meeting**

<b>IFSP Forms</b>	<b>Required or Optional</b>
Family Information	Needed if any changes
Family Statements	Needed if any changes
IFSP Evaluations and Assessments	<b>Required</b>
IFSP Outcomes	<b>Required</b>
IFSP Early Intervention Services	<b>Required</b>
IFSP Other Services	Needed if have Other Services
Early Childhood Outcomes (ECO)	<b>Required</b>
Meeting Details	<b>Required</b>
IFSP Transition Plan	May be needed depending on age
Service Coordination Log	Kept by Service Coordinator
<b>Consents, Notices, Authorizations</b>	
Exchange of Information	Needed for other agency providers
Release of Health Information	Needed for outside health records
Medicaid Release	Needed for child with Medicaid
Prior Written Notice	<b>Required</b>
Consent for Services	<b>Required</b>
Meeting Notice	<b>Required</b>



## Section 6: Transition from Early ACCESS/Transition Planning

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### Introduction

Early ACCESS services are provided until a child’s third birthday or until the child has met all IFSP outcomes and there is no longer a need for early intervention services. It is essential to anticipate the time when the child will no longer receive early intervention services. Planning for the child’s transition is important in order to achieve our mission of enhanced child growth and development and family capacity to meet child needs.

With the approval of the family, all children exiting Early ACCESS by their third birthday should be provided an opportunity for transition planning to promote effective transition to other services [281–120.60-61].

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### Purpose and intent

Effective transition promotes linkages with the community system, including informal and formal supports, which will assist with the continued growth and development of the child. Families are involved throughout the transition process for their child. There shall be continuity of services for children during the transition process as children and families move from the Early ACCESS system to the school system or other community services [281–120.56].

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### Discussions with families

Transition from Early ACCESS is to be discussed with families from the beginning of the child’s eligibility to plan for a smooth change.

*The Transition Toolbox: A Guide for Families* [LINK to Document](#) is a helpful resource for informing families about the transition process and enhancing their abilities to advocate for their child and family before, during and after the transition planning process. Step One could be shared at this stage of the process.

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### Steps and services

√ C8a  
Transition

Steps and services needed to prepare the child and family for the transition should be incorporated into the Individualized Family Service Plan (IFSP) over time, using the *IFSP Transition Plan* template. [LINK to Document](#). This planning form can be used as early as the Initial IFSP meeting and added to until the child exits [281–120.57].

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## Section 6: Transition from Early ACCESS/Transition Planning, Continued

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### Transition planning options

Federal regulations outline two transition planning pathways for children and their families, depending on whether they are exploring Part B (special education) services after age three or are choosing other community services.

IFSP teams are to analyze and discuss ongoing child and family assessment data to determine which pathway a family will follow. Discussions should answer the question: Based on the data, is the child “potentially” eligible for Part B?

The following table indicates which pathway to follow based upon the team’s analysis of the data.

<b>If data suggest child is...</b>	<b>Then IFSP Team follows procedures for...</b>
potentially eligible for Part B	Transition <u>from Part C to B</u> Planning Process
not potentially eligible for Part B	Transition <u>to Other Community</u> Services Planning Process

**Note.** All families must be offered the opportunity for a Part B evaluation to determine their child’s eligibility for special education. Parents may accept or decline the Part B evaluation. If data are not sufficient to draw conclusions about “potentially eligible,” it is important for the family to be offered the opportunity for a Part B evaluation.

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## Section 6: Transition from Early ACCESS/Transition Planning, Continued

### Required meeting timelines

The following outlines the requirements and timelines for holding a transition planning meeting, depending on the pathway chosen by the IFSP team. [281-120.60-61]

Pathway	Requirement	Timeline
Transition from Part C to B	Service Coordinators <b>must</b> convene a transition planning meeting with approval of the family	<b>At least 3 months</b> and up to 9 months prior to the child's third birthday.
Transition from Part C to B	If the child is eligible for Part B services an IEP <b>must</b> be developed and implemented with approval of the family	<b>Before</b> the child's third birthday.
Transition to Other Community Services	Service Coordinators should make <b>reasonable efforts</b> to convene a transition planning meeting.	<b>At least 3 months</b> and up to 9 months prior to the child's third birthday.

*Note.* Lessons learned from IFSP teams indicate the transition planning meeting needs to occur earlier than 3 months prior to the child's third birthday in order to complete all required activities by the child's third birth date.

### Pathway procedures

Procedures for each of the two pathways are provided in the following sections:

- Transition from Part C to B Planning Process
- Transition to Other Community Services Planning Process.

## Section 6: Transition from Part C to B Planning Process

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### Introduction

Transition from Early ACCESS, for the purposes of these procedures, occurs when an infant and toddler is reaching maximum age and will exit Early ACCESS at age 3. This section provides background information and procedures for children who are exploring the option of Part B special education services after the age of three [281–120.61].

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### Part C to B requirements

The IFSP must contain steps to be taken to support the smooth transition of the child from Early ACCESS. These steps include, but are not limited to:

- Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child’s transition.
  - Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting
  - With written parental consent, the transmission of information about the child, when needed, to other relevant agencies to ensure continuity of services including evaluation and assessment, and information and copies of IFSPs that have been implemented.
  - A transition plan shall be developed that includes the child’s program options for the period from the child’s third birthday through the remainder of the school year and the services that may be provided following the child’s third birthday.
  - AEA staff knowledgeable about Part B are required to collaborate with IFSP teams in planning transition. Part B Individualized Education Program (IEP) teams are required to determine Part B eligibility for children exiting Part C [281–120.57 & 120.61].
- 

### Required timeline

Service Coordinators must initiate a transition planning meeting at least 90 days and up to 9 months prior to the child’s third birthday with approval of the family. If the child is eligible for Part B services, an IEP must be developed and implemented by the child’s third birthday.

*Definition.* “Implement” for the purposes of IEP implementation means the day of the IEP meeting. It does not mean day of web-based IEP “implement” day). “An IEP written is an IEP implemented” [281–120.61].

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*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

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### Dual meeting procedures

IFSP teams are to follow procedures for Transition Planning Meeting and incorporate procedures for the appropriate type of meeting - either Periodic [LINK to Document](#) or Annual Meeting [LINK to Document](#). The Transition Planning Meeting is technically not a “type” of IFSP meeting.

*Note.* For children referred to Early ACCESS shortly before they are 2 years and 9 months old, the Initial IFSP and Transition Planning meetings may need to be scheduled together in order to meet timelines.

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### Summer birthdays – special considerations

Children turning three years of age during the summer months who are eligible for Part B services must have an IEP developed and implemented by their third birthday. Transition planning for children who turn three in the summer requires more advance scheduling of transition activities because school districts and AEA staff may be unavailable. In order to involve AEA staff in the Transition Planning Meeting and the local school district personnel in the IEP meeting, those meetings may need to occur during the school year before the child turns three. [LINK to Document](#).

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### Extended school year services (ESY)

A child on an IEP must be considered for extended school year services (ESY) as a component of a free and appropriate public education (FAPE). Therefore, discussion of ESY services occurs at the Initial IEP meeting. If the child is eligible for ESY services, it is the responsibility of the LEA to provide instructional services and/or the AEA to provide support or related services.

*Note.* ESY services are not provider or location specific but are related to the goals developed on the IEP. ESY services may be provided in the community through routine based community interventions and do not have to be delivered in a school district location.

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### When IEP can be written before age 3

The earliest age an IEP may be developed for a child who is being served in Early ACCESS is **2 years 9 months**. However, if in the rare and unusual circumstance that an IEP was being considered for a child younger than 2 years 9 months, the IFSP team would need to contact the AEA Director of Special Education to seek prior approval. See guidance for more explanation. [LINK to Document](#).

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*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

### Transition planning meeting process

There are five stages in the transition planning meeting process.

Stage	Process	Description
1	Prepare for Transition Planning Meeting	The Service Coordinator initiates family discussions about current services the child and family receive, potential services and other community options. Arrangements for the meeting also occur (meeting location; notice sent; gathering information, etc.).
2	Transition Planning Meeting	Participants review ongoing assessment data, discuss options for future services and determine plans for smooth transition.
3	Implement Transition Plan	The steps and services outlined in the IFSP Transition Plan are implemented.
4	Initial IEP/Exit Part C Meeting	Eligibility for Part B is determined. If eligible, an IEP is developed and implemented by the child's third birthday. Steps to exit a child from Early ACCESS (Part C) services are initiated.
5	Exit from Early ACCESS (Part C)	Final paperwork and communications are completed to end a child and family's involvement with Early ACCESS and to facilitate the transition.

Procedures and documentation requirements for each stage of the process are described below.

### Transition resource for families

The *Transition Toolbox: A Guide for Families* is a resource organized into six, easy to read steps. Triggers to share the information at key times are included throughout this document. The toolbox can be found at: [http://www.aea267.k12.ia.us/familyed/index.php?page=trans\\_toolbox](http://www.aea267.k12.ia.us/familyed/index.php?page=trans_toolbox).

*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 1: Prepare for the transition planning meeting

The following tables provide steps for preparing for the transition planning meeting, first with the family and then after the discussions.

#### Prepare with the Family

Step	Action	Notes
1	Discuss changes and vision.	<ul style="list-style-type: none"> <li>• The Service Coordinator initiates discussions about current services the child and family are receiving, potential services or other community based options. What will be different? Vision for the future?</li> <li>• Service Coordinator discusses invitation and involvement of AEA personnel in transition planning.</li> <li>• Review the <i>Transition Toolbox: A Guide for Families</i>, Step One</li> </ul>
2	Provide information to the family about the transition process and their rights	<ul style="list-style-type: none"> <li>• Review the <i>Transition Toolbox: A Guide for Families</i>, Step Two</li> <li>• Share the <i>Early ACCESS Procedural Safeguards Manual for Parents</i>, as needed (page 11 specifically addresses transition).</li> </ul>
3	Discuss program options and enrollment criteria	The discussion of options includes whether the family is interested in pursuing evaluation for Part B special education services. If so, the Service Coordinator arranges for Part B AEA staff to attend the transition planning meeting.
4	Discuss scheduling of meeting  √ C8c Transition	<ul style="list-style-type: none"> <li>• Meeting <b>must</b> be at least 3 months and up to 9 months prior to the child's third birthday.</li> <li>• Recommended to schedule more than 3 months prior to third birthday. Schedule during the spring of the school year for children with summer birthdays.</li> <li>• Consider timing with Periodic or Annual Review IFSP meeting.</li> <li>• See Guidance for Arranging IFSP Meetings. <a href="#">LINK to Document.</a></li> </ul>

Continued on next page

## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 1: Prepare for the transition planning meeting (continued)

Step	Action	Notes
5	Determine with the family who should attend	<ul style="list-style-type: none"> <li>• See Required Participants - next block</li> <li>• AEA representative must be invited for Part B consideration.</li> <li>• See Guidance for Arranging IFSP Meetings. <a href="#">LINK to Document.</a></li> </ul>
6	Consider Authorization for Exchange of Information, as appropriate.	<ul style="list-style-type: none"> <li>• Releases are <b>not</b> needed to send records to AEAs and school districts who are involved in the transition planning. Families are to be informed before records are sent.</li> <li>• A current release of information is needed to share IFSP records with other programs or agencies that are under consideration.</li> </ul>

### Prepare After Discussions with Family

Step	Action	Notes
1	Gather information	The Service Coordinator makes reasonable efforts to gather information from current and potential service providers and/or programs.
2	Provide training and information to parents about the transition process	<ul style="list-style-type: none"> <li>• With family permission, contact local Parent Education Coordinator, ask them to offer support during transition and provide them with family contact information OR</li> <li>• Service Coordinator reviews Step Three of <i>Transition Toolbox: A Guide for Families</i> with family. <a href="#">LINK to Document.</a></li> </ul>
3	Contact AEA representative	Request assistance from the AEA to provide Part B information at the transition planning meeting.
4	Send Meeting Notice	Send <i>Meeting Notice</i> to all invited participants. <a href="#">LINK to Document.</a>

*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

### Required participants for transition planning meeting

Participants to invite to the Transition Planning Meeting must include

- Parent(s) of the child
- Service Coordinator
- Person(s) directly involved in conducting evaluations and assessments \*
- AEA staff qualified to explain and initiate Part B eligibility determination
- As appropriate, persons who may provide services to the child or family in the future
- Other family members, as requested by the parent, if feasible to do so
- An advocate or person outside of the family, if the family requests.

\* **Note.** If necessary, follow Alternative methods of meeting participation procedures (in Periodic or Annual Review IFSP Meeting section).

### Parent declines meeting

The following table provides Service Coordinator actions to be taken when a parent declines to hold a transition planning meeting.

Step	Action
1	Informs parent that they have the right to decline a transition planning meeting.
2	Informs parent that if in the future they have concerns about their child's development, they can contact the AEA to ask for a special education evaluation (provide contact information).
3	Documents in the Transition Planning Meeting box of the <i>Transition Plan</i> form: <a href="#">LINK to Document</a> . – Service Coordinator's attempts to engage family in a meeting and – Parent decision to decline a meeting.
4	Follows procedures: Transition to Other Community Services Planning Process <b>except</b> does not convene a formal Transition Planning Meeting.

**Note.** In this circumstance, when the child exits Early ACCESS, do not use BND (Part B not determined). Use either EOP or ENR.

*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 2: Transition planning meeting

The following table provides actions to be taken during a Transition Planning Meeting.

Step	Action	Notes
1	Share information	The team, including the parents, share progress on the IFSP outcomes, parents vision for their child, the transition process and any concerns.
2	Discuss eligibility process for Part B services.	AEA staff share information about eligibility requirements for special education (Part B) and least restrictive environments (LRE) and any other needed information about these services.
3	Consider necessary evaluation(s)	The team reviews current IFSP information in order to plan for any needed evaluation(s).
4	Discuss potential services	The team discusses potential services for when the child turns three: <ul style="list-style-type: none"> <li>• Part B special education instructional and support/related services in the least restrictive environment</li> <li>• Other community resources and services</li> </ul> <p><i>Note.</i> Discussion must include services needed from the child's third birthday through the remainder of the school year.</p>
5	Discuss parent consent for transfer of records	<ul style="list-style-type: none"> <li>• Information may be transmitted including evaluation and assessment information, copies of the IFSP and other records, to the AEA and school district without parent consent. Parental Consent for transmission of records to the AEA/school district is <b>not</b> required.</li> <li>• Consent is needed for other programs and agencies (not AEA and school district).</li> <li>• Service Coordinators will inform families about any record sharing whether written consent is needed or not.</li> </ul>

*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 2: Transition planning meeting (continued)

Step	Action	Notes
6	Discuss who to invite to Initial IEP/Exit Part C Meeting	<ul style="list-style-type: none"> <li>• Discuss required participants – see required participant block below. <a href="#">LINK to Document.</a></li> <li>• Discuss the inclusion of IFSP team members in the IEP meeting with the family. The Service Coordinator or IFSP team members may attend the IEP meeting at the request of the parent.</li> </ul>
7	Develop a written transition plan.  √ C8a Transition	<ul style="list-style-type: none"> <li>• A transition plan must be written, including <i>steps and services</i> to prepare the child for any new expectations and /or skills as well as any supports and training needed for the parent(s).</li> <li>• <i>Complete all sections of the IFSP Transition Plan</i> template. <a href="#">LINK to Document.</a></li> </ul>
8	Complete Authorization for Exchange of Information, as needed.	<ul style="list-style-type: none"> <li>• A current release of information is needed to share IFSP records with other agencies and programs that are under consideration (e.g. Head Start).</li> <li>• Obtain parent signature</li> </ul>

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## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 2: Transition planning meeting (continued)

Step	Action	Notes
9	Discuss important timelines for when parent consent will be signed for initial Part B evaluation and holding the IEP meeting	<p>Discuss potential timeline for obtaining parental consent for full and individual evaluation and holding an IEP meeting before child's third birthday.</p> <p>The meeting to determine eligibility and develop/implement the web-based IEP must be held on or before the 60<sup>th</sup> calendar day following receipt of the signed <i>Consent for/Notice of Full and Individual Initial Evaluation</i>. The 60-calendar day timeline begins when the signed consent is received by the public agency (e.g. LEA or AEA).</p> <p>It can be helpful to plan ahead for unforeseen events, such as weather and illness, to ensure IEP is implemented by the child's third birthday.</p> <p><b>Definition.</b> "Implement" for the purposes of IEP implementation means the day of the IEP meeting. It does not mean day of web-based IEP "implement" day). "An IEP written is an IEP implemented."</p>
10	Finalize paperwork	<p>At top of IFSP Transition Plan form, check <input type="checkbox"/> Yes for Transition Planning Meeting.</p> <p>Turn in paperwork for initial, periodic or annual meeting at this time. Refer to paperwork stage of each type of meeting:</p> <ul style="list-style-type: none"> <li>• Initial IFSP meeting, Stage 7</li> <li>• Periodic Review, Stage 5</li> <li>• Annual Review, Stage 7</li> </ul>

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## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 3: Implement transition plan

The Service Coordinator and the designated AEA staff monitors implementation of the activities as identified in the child's transition plan. The following table outlines actions for different team members needed for effective transition from C to B.

Team Member	Action
Family	Participates in steps and services related to child and family as outlined in transition plan.
Service Coordinator	<ul style="list-style-type: none"> <li>• Monitors all Part C and non-special education transition activities and IFSP services</li> <li>• Provide information about program(s) and/or available community opportunities</li> <li>• Other duties as outlined in transition plan.</li> <li>• Prepares for child's exit from Part C.</li> </ul>
AEA	<ul style="list-style-type: none"> <li>• Reviews Step Four of <i>Transition Toolbox: A Guide for Families</i> with family prior to evaluation activities.</li> <li>• Complete and obtain parent signature on the <i>Consent for Full and Individual Initial Evaluation</i> (<a href="#">LINK to Document</a>) and shares <i>Special Education Parent Rights</i> <a href="#">LINK to Document</a>.</li> <li>• Arranges for and monitors special education evaluation activities, as needed.</li> <li>• Communicates with local school districts and other early childhood setting options to assist in the determination of least restrictive environment.</li> <li>• Other duties as outlined in transition plan.</li> <li>• Schedules IEP meeting and provides meeting notice. AEA and LEA staff are responsible for meeting federal requirements for attendance and development of the IEP – see Required Participants above block.</li> <li>• Reviews Step Five of <i>Transition Toolbox: A Guide for Families</i> with family prior to Initial IEP Meeting.</li> </ul>
IEP team members	<ul style="list-style-type: none"> <li>• Uses available IFSP assessment data.</li> <li>• Conduct any necessary evaluation for Part B or other services, as outlined in consent for evaluation.</li> </ul>
IFSP team members	<ul style="list-style-type: none"> <li>• Provides ongoing assessment information, as needed and allowed by consent.</li> </ul>

Continued on next page

## Section 6: Transition from Part C to B Planning Process,

Continued

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### Required participants for initial IEP / exit Part C meeting

Each IEP meeting must provide for the participation of the following:

- Parent(s) of the child
- At least one general education teacher of the eligible individual if the eligible individual is or may be participating in the general education environment.\*\*
- At least one special education teacher or if appropriate at least one special education provider of the eligible individual. **Note.** A special education teacher may also serve as the general education teacher if he or she can speak to the curriculum appropriate to the child.
- School district representative qualified to provide or supervise specially designed instruction to meet the unique needs of children with disabilities; is knowledgeable about the Iowa Core Curriculum; and is knowledgeable about the availability of resources of the public agency.\*\*
- An individual who can interpret the instructional implications of Part B evaluation and results.\*\*
- Service Coordinator and/or other IFSP team members at parent request.
- Other family members, as requested by the parent, if feasible to do so; and
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate.

\*\* **Note.** Provisions must be made for the participation of appropriate service providers and persons conducting evaluations and assessments.

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### Stage 4: Initial IEP / exit Part C meeting

The purpose of the meeting is to achieve the following by the child's third birthday:

- determine eligibility for Part B
  - develop an IEP, if eligible
  - complete steps for exiting a child from Early ACCESS (Part C) services
- 

*Continued on next page*

## Section 6: Transition from Part C to B Planning Process, Continued

### Stage 4: Initial IEP / exit Part C meeting (continued)

The following table describes seven steps for the Initial IEP / Exit Part C Meeting.

Step	Action
1	Review IFSP outcomes and determine progress, based upon ongoing assessments.
2	IEP team determines Part B eligibility based on the Educational Evaluation Report. Full and Individual Evaluation.
3	IEP team considers the child's program options for the period from the child's third birthday through the remainder of the school year, including determination of the need for extended school year services during the summer.  <i>Note.</i> See block below for guidance on children who turn three during the summer.
4	Provide Part B Prior Written Notice to family regarding discontinuation of early intervention services and eligibility for Part B services. <a href="#">LINK to Document.</a>
5	<ul style="list-style-type: none"> <li>• Develop the IEP, completing all required forms. <a href="#">LINK to Document.</a></li> <li>• Refer to Part B IEP procedures.</li> </ul>
6	Document Early Childhood Outcomes team decision on: <ul style="list-style-type: none"> <li>• IFSP Exit ECO forms</li> <li>• IEP ECO forms</li> </ul> <p>See Early Childhood Outcome block below, for more instructions.</p>
7	AEA reviews Step Six of <i>Transition Toolbox: A Guide for Families</i> with family.

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## Section 6: Transition from Part C to B Planning Process, Continued

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### Stage 4, Step 3: Continuity of services for children with summer birthdays

Transitions for children who turn 3 years of age during the summer when school district and AEA personnel may not be available require more careful planning to assure continuity of services during their transition. See guidance document for detailed procedures on how to plan for and document continuation of IFSP services until the child's third birthday and the initiation of IEP services [LINK to Document](#). [281–120.56].

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### Stage 4, Step 6: Early Childhood Outcomes

√ C3  
ECO

The IFSP team and IEP Team members make a decision about the child's age-appropriate functioning in three areas and documents them on the IFSP and IEP Early Childhood Outcomes (ECO) forms. The following information is needed to complete the ECO form during the Initial IEP/Exit IFSP Meeting (see Section 4).

The exit assessment results shall inform the team of the extent to which the child is showing age-appropriate functioning in the three Early Childhood Outcomes areas. The rating the team chooses is to be recorded on both the IFSP and IEP ECO forms. [LINK to Document](#).

**Note.** While the IFSP and IEP ECO forms are similar, the data are used to address 2 different federal reporting requirements. The IFSP ECO data will be used in reporting of Early ACCESS/Part C data. The data on the IEP ECO form will be used in the gathering, analyzing and reporting for special education/Part B.

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## Section 6: Transition from Part C to B Planning Process, Continued

**Stage 4, Step 6:** Steps and forms to be completed are provided in the table below.

**Early  
Childhood  
Outcomes**  
(continued)

Step	Action
1	IFSP team reviews data and information collected from the EA exit/ongoing assessment and Educational Evaluation Report (EER) data. <a href="#">LINK to Document.</a>
2	IFSP and IEP team members determine a child's outcome rating ( <a href="#">LINK to decision tree for ratings</a> ). These data provide the evidence for determining the child's level of functioning and progress.
3	Service Coordinator records team ratings on the IFSP <i>Early Childhood Outcomes</i> forms <a href="#">LINK to Document</a> in each of the following three areas, regardless of the Early ACCESS services the child receives.  <i>Note.</i> The IEP Team is to record the same rating on the IEP ECO form. <a href="#">LINK to Document</a>

Rating Category	Documented on IFSP form...	Documented in section...
Positive Social – Emotional Skills (including social relationships)	Early Childhood Outcomes (ECO) 1/3 ( <a href="#">LINK</a> )	a. Check one box that reflects team rating b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision. c. Complete information

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## Section 6: Transition from Part C to B Planning Process, Continued

**Stage 4, Step 6:**  
**Early**  
**Childhood**  
**Outcomes**  
(continued)

<b>Rating Category</b>	<b>Documented on IFSP form...</b>	<b>Documented in section...</b>
Acquisition and Use of Knowledge and Skills (including early language and communication)	Early Childhood Outcomes (ECO) 2/3 (LINK)	a. Check one box that reflects team rating b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision. c. Complete information
Use of Appropriate Behaviors to Meet their Needs.	Early Childhood Outcomes (ECO) 3/3 (LINK)	a. Check one box that reflects team rating b. Check either <input type="checkbox"/> Yes or No box, reflecting team decision. c. Complete information

**Stage 5:**  
**Exit from Part C**

The Service Coordinator finalizes understandings with the family, completes all needed paperwork and communicates the results of the meeting with parent identified partners.

The following table outlines steps Service Coordinators are to complete in order to exit a child from Early ACCESS (Part C).

<b>Step</b>	<b>Action</b>
1	Review with the family understandings from Initial IEP/Exit from Part C meeting.
2	Complete all required forms for exiting Part C (see below - Stage 5, Step 2: Required Forms for Exiting Part C).

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## Section 6: Transition from Part C to B Planning Process, Continued

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**Stage 5, Step 2:** The Service Coordinator assures that the following required forms are completed, filed in the child’s record, and turned in for data entry.

**Required  
Forms for  
Exiting Part C**

*Note.* This list does not include required Part B paperwork.  
*Note.* Exit code and date has to be entered into IMS before web IEP is implemented.

<b>IFSP Forms</b>	<b>Notes</b>
Early Childhood Outcomes (ECO)	Check <i>Exit From Part C</i> box and provide meeting date in addition to all required information.
IFSP Transition Plan	Indicate completed activity dates and final exit date and reason code (EFB).
Service Coordination Log	All prior Service Coordinator log sheets are turned into file.
<b>Consents, Notices, Authorizations</b>	
Prior Written Notice	Document end of services  <i>Note.</i> This would be a copy of Part B’s PWN that describes both exiting Part C and eligibility for Part B.

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## Section 6: Transition to Other Community Services Planning Process

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**Introduction** Transition from Early ACCESS, for the purposes of these procedures, occurs when an infant and toddler is reaching maximum age and will exit Early ACCESS at age 3. IFSP teams are required to discuss transition issues and make plans that assist the child and family in making smooth transitions regarding appropriate future services by the child's third birthday.

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**Transition planning requirements** The following are transition planning requirements for children moving from Part C to other community services (non-Part B services).

- Families will be included in the transition plans;
- With the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services to discuss the appropriate services that the child may receive;
- Establish a transition plan, including, as appropriate, steps to exit from the Part C program [281–120.60].

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**Transition plan requirements** The IFSP must contain steps to be taken to support the transition of the child from Early ACCESS. These steps include, but are not limited to:

- Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition.
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting; and
- With written parental consent, the transmission of information about the child to relevant agency(s) to ensure continuity of services including evaluation and assessment, and information and copies of IFSPs that have been developed and implemented.
- A transition plan shall be developed that includes the child's program options for the period from the child's third birthday through the remainder of the school year and the services that may be provided following the child's third birthday [281–120.57].

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**Required timeline** Service Coordinators are to make reasonable efforts to convene a Transition Planning Meeting at least 3 months and up to 9 months prior to the child's third birthday.

*Note.* Families may decline convening of meeting.

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*Continued on next page*

## Section 6: Transition to Other Community Services Planning Process, Continued

### Parent decisions

Parents have a number of options and decisions to make regarding transition planning and next steps. The following table provides three common scenarios and the procedures to follow based on the family's decision.

If parent...	Then Service Coordinator ...
and other IFSP team members determine child is not potentially eligible for Part B...	<ul style="list-style-type: none"> <li>• Checks the box in the <i>Part B Consideration</i> section of the <i>Transition Plan</i>: <input type="checkbox"/> Not Applicable. Data indicate child not potentially eligible for Part B form.</li> <li>• Follows procedures: Transition to Other Community Services Planning Process</li> </ul>
Declines Part B evaluation	<ul style="list-style-type: none"> <li>• Checks the box in the <i>Part B Consideration</i> section of the <i>Transition Plan</i>: <input type="checkbox"/> Parent declines Part B eligibility determination.</li> <li>• Follows procedures: Transition to Other Community Services Planning Process</li> </ul>
Declines holding a Transition Planning Meeting	<ul style="list-style-type: none"> <li>• Documents in the Transition Planning Meeting section of the <i>Transition Plan</i> form <b>LINK to Document:</b> <ul style="list-style-type: none"> <li>– Service Coordinator's attempts to engage family in a meeting and</li> <li>– Parent decision to decline a meeting.</li> </ul> </li> <li>• Follows procedures: Transition to Other Community Services Planning Process <b>except</b> does not convene a formal Transition Planning Meeting.</li> </ul>

### Transition resource for families

The *Transition Toolbox: A Guide for Families* is a resource organized into six, easy to read steps. Triggers to share the information at key times are included throughout this document. The toolbox can be found at: [http://www.aea267.k12.ia.us/familyed/index.php?page=trans\\_toolbox](http://www.aea267.k12.ia.us/familyed/index.php?page=trans_toolbox).

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## Section 6: Transition to Other Community Services Planning Process, Continued

### Transition planning process

There are four stages in the transition planning process for children leaving Early ACCESS and moving to other community services.

Stage	Process	Description
1	Prepare for Transition Planning Meeting	The Service Coordinator initiates discussions about current services the child and family receives, potential services and other community options. Preparations for the meeting also occur.
2	Transition Planning Meeting	With parent approval, participants gather to review ongoing assessment data, discuss options for future services and determine plans for smooth transition.
3	Implement Transition Plan	The steps and services outlined in the IFSP Transition Plan are implemented.
4	Exit from Early ACCESS (Part C)	Final paperwork and communications are completed to facilitate the transition and end a child and family's involvement with Early ACCESS.

Procedures and documentation requirements for each stage of the process are described below.

*Continued on next page*

## Section 6: Transition to Other Community Services Planning Process, Continued

### Stage 1: Prepare for transition planning meeting

The following tables provide steps for preparing for the transition planning meeting, first with the family and then afterward the discussions.

*Note.* If parent declined convening of Transition Planning Meeting, Service Coordinator still **must** complete the steps with the family without a formal meeting and document steps on Transition Planning Page.

#### Prepare with the Family

Step	Action	Notes
1	Discuss changes and vision.	<ul style="list-style-type: none"> <li>• The Service Coordinator initiates discussions about current services the child and family are receiving, potential services or other community based options. What will be different? Vision for the future?</li> <li>• Review the <i>Transition Toolbox: A Guide for Families</i>, Step One</li> </ul>
2	Provide information to the family about the transition process and their rights	<ul style="list-style-type: none"> <li>• Review the <i>Transition Toolbox: A Guide for Families</i>, Step Two</li> <li>• Share the <i>Early ACCESS Procedural Safeguards Manual for Parents</i>, as needed.</li> </ul>
3	Discuss program options and enrollment criteria.	The discussion of options includes eligibility requirements for community services (e.g. Head Start; CHSC Clinical Program; etc.).

*Continued on next page*

## Section 6: Transition to Other Community Services Planning Process, Continued

**Stage 1:  
Prepare for  
transition  
planning  
meeting**  
(continued)

Step	Action	Notes
4	Discuss scheduling of meeting	<ul style="list-style-type: none"> <li>• Meeting, with parental approval, <b>must</b> be at least 3 months and up to 9 months prior to the child's third birthday.</li> <li>• Recommended to schedule more than 3 months prior to third birthday.</li> <li>• Consider timing with Periodic or Annual Review IFSP meeting.</li> <li>• See Guidance for Arranging IFSP Meetings <a href="#">LINK to Document</a>.</li> </ul>
5	Determine with the family who should attend	<p>Participants must include:</p> <ul style="list-style-type: none"> <li>• Parent(s) of the child</li> <li>• The Service Coordinator who has been designated by the agency to be responsible for the implementation of the IFSP (or the designee if the current Service Coordinator is unable to attend).</li> </ul> <p>Other participants may include:</p> <ul style="list-style-type: none"> <li>• IFSP service provider(s)</li> <li>• Other family members, as requested by the parent, if feasible to do so</li> <li>• An advocate or person outside of the family, if the family requests</li> <li>• As appropriate, persons who will be providing services to the child or family</li> </ul>

*Continued on next page*

## Section 6: Transition to Other Community Services Planning Process, Continued

Prepare for transition planning meeting (continued)

Step	Action	Notes
6	Consider Authorization for Exchange of Information, as appropriate.	A current release of information is needed to share IFSP records with future agencies that are under consideration.

### Preparations After Discussions with Family

Step	Action	Notes
1	Gather information	The Service Coordinator makes reasonable efforts to gather information from current and potential service providers and/or programs.
2	Send Meeting Notice  <i>Note.</i> Omit Step 2 if parent declined meeting.	<ul style="list-style-type: none"> <li>• Check Yes <input type="checkbox"/> box at top of template.</li> <li>• Send <i>Meeting Notice</i> <a href="#">LINK to Document</a> to all invited participants.</li> </ul>
3	Share information about transition process	Service Coordinator reviews Step Three of <i>Transition Toolbox: A Guide for Families</i> <a href="#">LINK to Document</a> with family.

Continued on next page

## Section 6: Transition to Other Community Services Planning Process, Continued

### Stage 2: Transition planning meeting

The following table provides seven steps for IFSP team to follow during Transition Planning Meeting.

*Note.* If parent declined convening of Transition Planning Meeting, Service Coordinator still **must** complete the steps with the family without a formal meeting and document on Transition Planning Page.

Step	Action	Notes
1	Share information	The team, including the parents, share progress on the IFSP outcomes, parent's vision for their child, the transition process and any concerns.
2	Discuss potential services	The team discusses potential services for when the child turns three.  <i>Note.</i> Discussion must include services needed from the child's third birthday through the remainder of the school year.
3	Discuss parent consent for transfer of records	<ul style="list-style-type: none"> <li>• Consent is required to transmit Part C records to community partners, if determined necessary (e.g. Head Start).</li> <li>• If needed, complete <i>Authorization for Exchange of Information</i> form and obtain parent signature <a href="#">LINK to Document</a>.</li> </ul>
4	Develop a written transition plan.	<ul style="list-style-type: none"> <li>• A transition plan must be written, including <i>steps and services</i> to prepare the child for any new expectations and /or skills as well as any supports and training needed for the parent(s).</li> <li>• <i>Complete all sections of the IFSP Transition Plan</i> <a href="#">LINK to Document</a> template.</li> </ul>
5	Determine how IFSP team will complete ECO forms	IFSP Teams must complete the ECO forms upon the child's exit from Early ACCESS. Determine how and when team decisions will be made.
6	Turn in required paperwork	See either Periodic or Annual Review IFSP Meeting procedures.

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## Section 6: Transition to Other Community Services Planning Process, Continued

**Stage 3:  
Implement  
transition plan**

The Service Coordinator monitors implementation of the activities as identified in the child's transition plan. The following table outlines actions for different team members for effective transition plan implementation.

Name	Actions
Family	Participates in steps and services related to child and family as outlined in transition plan
Service Coordinator	<ul style="list-style-type: none"> <li>• Monitors all transition plan activities and IFSP services</li> <li>• Provides information about program(s) and/or available community opportunities</li> <li>• Assists with steps and services as outlined in transition plan</li> <li>• Prepares for child's exit from Part C</li> </ul>
Other IFSP team members	<ul style="list-style-type: none"> <li>• Provide ongoing assessment information to future service providers, as needed and allowed by consent</li> <li>• Assist with steps and services as outlined in Transition Plan</li> <li>• Complete exit ECO form with family and Service Coordinator</li> </ul>

*Continued on next page*

## Section 6: Transition to Other Community Services Planning Process, Continued

### Stage 4: Exit from Early ACCESS (Part C)

An exit from Early ACCESS must occur prior to the child's third birthday. The Service Coordinator finalizes understandings with the family, completes all needed paperwork and communicates the results of the meeting with parent identified partners.

The following table outlines steps Service Coordinators are to complete in order to exit a child from Early ACCESS (Part C).

Step	Action
1	Review Transition Plan with family and document completion of activities.
2	The IFSP team rates the child's developmental status in three domains based on evaluation results, as required for Early Childhood Outcomes data collection (see Section 5 Early Childhood Outcomes or Section 6 IFSP Annual Review Meeting procedures). <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;">√ C3 ECO</div>
3	Document final exit date and reason on Transition Plan form. See next block, Final Exit Codes.
4	Inform family of options and contact information if they have concerns for child's development in the future.
5	Complete Prior Written Notice <a href="#">LINK to Document</a> . PWN indicates early intervention services will discontinue at age 3
6	Turn in required forms for filing and data entry (see Required Forms for Exiting Part C below).

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## Section 6: Transition to Other Community Services Planning Process, Continued

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**Stage 4, Step 6:** The Service Coordinator assures that the following required forms are completed, filed in the child’s record, and turned in for data entry.

**Required forms for exiting Part C**

IFSP Forms	Notes
Early Childhood Outcomes (ECO)	<ul style="list-style-type: none"> <li>• Check <i>Exit From Part C</i> box.</li> <li>• Provide meeting date, if one held.</li> </ul>
IFSP Transition Plan	Indicate completed activity dates and final exit date and reason code. See Final Exit Codes below.
Service Coordination Log	All prior Service Coordinator log sheets are turned into file.
Consents, Notices, Authorizations	
Prior Written Notice	Document end of services

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**Final exit codes** Final Exit Reason codes are used when a child who has been receiving Early Intervention services and on an IFSP is leaving the Early ACCESS. The codes are located on the *IFSP Transition Plan* template.

Final Exit Reason codes are different than change codes. When a child moves to another area within a region or in the state and remains in Early ACCESS, change codes are to be used. Change codes are found on the *IFSP Early Intervention Services* template.

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## Section 6: Transition to Other Community Services Planning Process, Continued

**Final exit codes** The following table provides Final Exit Reason codes.  
(continued)

*Note.* Iowa IFSP refers to an Iowa funded IFSP; it does not necessarily mean the IFSP was written by Iowa providers.

<b>Code</b>	<b>Reason</b>	<b>Description</b>
PMA	Completion of IFSP prior to reaching maximum age for Part C	Children who have not reach maximum age for Part C, have completed their IFSP, and no longer require services under IDEA, Part C.
EFB	Eligible for B	Children served in Part C who exited Part C and were determined to be eligible for Part B. Part B eligibility refers to children who have been determined according to State and Federal criteria to have a disability that requires special education and related services.
EOP	Not eligible for Part B, exited with referrals to other programs	<p>Children who reached maximum age for Part C (third birthday), were determined not eligible for Part B, and were referred to other programs. EOP (exit to other programs) may include preschool learning centers and child care centers, and/or were referred for other services, which may include health and nutrition services, such as WIC.</p> <p>Referral means:</p> <ul style="list-style-type: none"> <li>• a referral to a non-Part B agency/program OR</li> <li>• if child is already receiving service from a non-Part B agency (e.g. WIC, Head Start) continuing that service after exiting from Part C.</li> </ul> <p><i>Note.</i> If a child was already receiving a service (e.g. WIC) and was going to continue, you would consider that as “referred to other programs” – EOP.</p>

*Continued on next page*

## Section 6: Transition to Other Community Services Planning Process, Continued

### Final exit codes (continued)

Code	Reason	Description
ENR	Not Eligible for Part B, Exited with no referrals	Children <i>who reached maximum age</i> for Part C (third birthday) and were determined not eligible for Part B services, but were not referred to other programs. ENR, <i>exit with no referrals</i> , is intended to reflect the rare times when families were not connected to other community services after the child turned three (e.g. home schooled) and/or when providers were not able to facilitate those connections by the child's third birthday.
BND	Part B eligibility not determined	Children for whom Part B eligibility has not been made by the child's third birthday. This category includes children who were referred/considered for Part B evaluation, but for whom the eligibility determination has not yet been made or reported by the child's third birthday and children for whom parents did not consent to transition planning. Include in this category any child <i>who reached maximum age</i> for Part C, and who has not been counted in EFB, ENR or EOP.
CMK	Moved out of State, known to be continuing IFSP services	Children who moved out of State and are known to be continuing Part C services. Do not report a child who moved within State (i.e., from one region to another) if services are known to be continuing.

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## Section 6: Transition to Other Community Services Planning Process, Continued

### Final exit codes (continued)

Code	Reason	Description
CMN	Moved out of State, not known to be continuing IFSP services	Children who moved out of State and for whom it is not known whether they are continuing Part C services. Include situation where it is known that the child will not be continuing Part C services.
SDP	Services declined by parent	All services discontinued due to parent request.
DEC	Deceased	Children who died, even if their death occurred at the age of exit.
UNK	Unknown/Attempts to contact unsuccessful	Children who have not reached the maximum age of service under Part C (third birthday), who had an active IFSP, and for whom Part C personnel have been unable to contact or locate the family or child after repeated, <i>documented</i> attempts. Include in this category any child who did not complete their IFSP, exited Part C before reaching maximum age, and who has not been counted as BND, DEC, CMK, CMN, PMA or SDP.  <i>Note.</i> Use this code if resident city and state are unknown.

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## Section 7: Procedural Safeguards

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### Introduction

Parents have rights, known as procedural safeguards, which apply to every aspect of the early intervention process, including:

- Evaluation;
- Access to records; and
- Individualized Family Services Plan (IFSP) team participation.

These parental rights and procedural safeguards are provided in the *Early ACCESS Procedural Safeguards Manual for Parents* (2006) [LINK to Document](#).

A parent retains all rights and procedural safeguards, unless his/her authority to make educational decisions on behalf of an eligible individual has been extinguished under state law.

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### Requirements for sharing rights

A copy of the *Early ACCESS Procedural Safeguards Manual for Parents* **must** be given to the family of a child:

- Upon initial referral or parental request for evaluation and
- Then only once a year thereafter.

A copy **must** also be given to the family:

- Upon the first occurrence of the filing of a complaint
  - Upon request by a parent [281–120.66(2)c].
- 

### Parent definition

In working with children and families, it is critical to understand the definition of parent for the purpose of processing signed consent for Early ACCESS and other paperwork [281–120.4].

Parent means:

- A biological or adoptive parent of a child;
  - A foster parent, unless State law, regulations, or contractual obligations with a State of local entity prohibit a foster parent from acting as a parent [*Note*. The Departments of Education and Human Services are currently reviewing this issue to determine whether such a barrier exists.];
  - A guardian generally authorized to act as the child’s parent, or authorized to make education decisions for the child (but not the State if the child is a ward of the State);
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## Section 7: Procedural Safeguards, Continued

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### Parent definition (continued)

- An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare; or
- A surrogate parent who has been appointed. See blocks below for surrogate parent definition and procedures.

**Note.** This definition aligns with Part B’s definition (20 U.S.C. 1439(a)(5)).

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### Question of custody and guardianship

Custody and control of a child may be assigned by parents or courts to the Iowa Department of Human Service or to a private agency. Such assignments may be made on a temporary or long term basis. Under extreme circumstances, the court may terminate the parental rights and give the Department of Human Services, another agency, or person the responsibility for the care of the child.

**Note.** Signatures from employees of Department of Human Services will not be accepted.

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### Guide for determining parent

When there is a need to obtain written parental consent, every attempt must be made to obtain the signature of a legal parent, likely the biological or adoptive parent. The following chart provides examples of exceptions to circumstances:

<b>If...</b>	<b>And...</b>	<b>Then...</b>
The parents’ whereabouts are unknown	The court has appointed a legal guardian (i.e., a person who is legally responsible for the child’s welfare)	This person may sign the consent form
The parents’ whereabouts are unknown	And the child has a foster parent	Foster parent may be able to sign the consent form; if not, consider other alternatives (e.g. appointment of surrogate)
A parent has gone to court	Relinquished his/her rights to an appointed guardian	The guardian may sign the consent form

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## Section 7: Procedural Safeguards, Continued

### Guide for determining parent (continued)

If...	And...	Then...
Parents are divorced	Have been granted joint custody	Signature for consent may be obtained from the either parent
Parents are divorced	One parent is awarded sole custody	Signature for consent is obtained from the custodial parent
The biological or adoptive parent is attempting to act as the parent  <i>Note.</i> Except as provided in next row	When more than one party is qualified under prior parent definition to act as a parent	Must be presumed to be the parent for purposes of this section unless the biological or adoptive parent does not have legal authority to make educational decisions for the child.
A judicial decree or order identifies a specific person or person under the parent definition to act as the “parent” of a child or to make educational decisions on behalf of a child	-	Such person or persons shall be determined to be the “parent.”

*Note.* It is advisable to request a copy of the most recent court order to verify the legal status of the child in regard to guardianship, or to verify legal status in regard to custody.

### Surrogate parent definition

A surrogate parent is an individual who acts in place of a parent in protecting the rights of a child in the Early ACCESS decision-making process [281–120.68].

A surrogate parent, for the purposes of Early ACCESS planning and programming, is appointed when:

- The parents’ rights have been terminated;
- The parents’ whereabouts are unknown;
- The child is under the guardianship of the State; or
- The foster parent declines to sign consents.

*Continued on next page*

## Section 7: Procedural Safeguards, Continued

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### Surrogate parent definition (continued)

The surrogate parent has the same rights and responsibilities as natural parents in the educational process (i.e., provides signed consent, participates in IFSP meetings, etc).

Surrogate parent procedures are not intended to circumvent the rights and responsibilities of the legal parent.

---

### Surrogate parent procedures

There are four steps for designating a surrogate parent as provided in the following table (281—120.68).

*Note.* Procedures are similar to Part B procedures [LINK to Document](#).

Step	Action
1	The IFSP team and/or the Service Coordinator determine that a surrogate parent is needed for a child.
2	The IFSP team and/or the Service Coordinator recommend an “eligible surrogate parent” candidate to the AEA Director of Special Education for appointment as an individual’s surrogate parent.
3	The AEA Director of Special Education selects the surrogate parent for Early ACCESS purposes. The Director contacts the Department of Human Services Regional Administrator to ascertain whether the proposed surrogate parent has any conflicts of interest (41.110[2]c).
4	<ul style="list-style-type: none"><li>• The AEA Director of Special Education appoints the surrogate parent by letter.</li><li>• The letter must contain the individual’s name, age, educational placement and other information about the individuals determined to be useful to the surrogate parent, and must specify the period of time which the person shall serve.</li><li>• A copy of the letter is sent to the Department of Education 41.110[2](c).</li></ul>

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*Continued on next page*

## Section 7: Procedural Safeguards, Continued

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### Native language and use of interpreters

The AEA ensures that parents understand the information shared at a meeting [281—120.63(3)]. Therefore, an interpreter may be needed as the team communicates with individuals who have limited English skills. This communication may include:

- Telephone calls;
- Notifications of meetings;
- Meetings; and
- Home visits.

The primary role of interpreters and translators is to be a conduit for oral and written communication between limited English proficient families and English-speaking personnel. An interpreter conveys information from one language orally while a translator conveys information in writing.

The *English Language Learner Guidelines Manual* from the Iowa Department of Education Speech-Language Services provides guidance on the use of interpreters [LINK to Document](#).

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### Informed parental consent

Parent consent is obtained before:

- Initial evaluation and assessment activities occur [281—120.67].
- Personally identifiable information cannot be exchanged between agencies or service providers, unless such disclosure is allowed under the Individuals with Disabilities Education Act (IDEA) and Family Education Rights and Privacy Act (FERPA) [281—120.65.1].
- The child and family can receive Early ACCESS services [281—120.67].
- Release of records at transition to services other than Part B [281—120.59].
- Using public or private insurance to pay for any services [281—120.82].

**Note.** Parent consent is not required to transfer records from Part C to Part B for a child who is eligible and transitioning to Part B services.

---

### Exception regarding consent for services

If a parent does not provide consent with respect to a particular early intervention service or withdraws consent after first providing consent, that service will not be provided. The early intervention services for which parental consent is obtained must be provided [281—120.41].

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*Continued on next page*

## Section 7: Procedural Safeguards, Continued

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### Requirements for informed consent

In order to give consent, the parent must be fully informed in their native language or other mode of communication of all information relevant to the activity for which consent is sought.

Parents have the right to refuse evaluation, assessments, and early intervention services. If parental consent is not given, a Prior Written Notice form must be completed and the Service Coordinator must make reasonable efforts to ensure that a parent:

- Is fully aware of the nature of the evaluation or assessment or the services that are available.
  - Understands that the child will not be able to receive the evaluation and assessment or services unless signed consent is given [281—120.67(1)].
- 

### Prior written notice (PWN) introduction

Prior Written Notice is a safeguard to protect families. It requires public agencies and service providers to inform and involve parents before decisions are made or implemented that will affect the child and family.

The Service Coordinator must ensure that adequate Prior Written Notice is provided to parents within a reasonable time before the agency or service provider proposes or refuses to initiate or a change in the:

- Identification
  - Evaluation
  - Placement of the child; or
  - Provision of appropriate Early ACCESS services to the child and/or the child's family 281—120.66].
- 

### PWN - informed parent requirements

The completed Prior Written Notice must contain sufficient detail to inform the parent of the following:

- Action that is being proposed or refused
- Reasons for taking the action
- Reference to all procedural safeguards that are available to the child and family and
- State complaint procedures, including a description of how to file a complaint and the timelines.

**Note.** State complaint procedures are already printed on the PWN form [281—120.66(2)].

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*Continued on next page*

## Section 7: Procedural Safeguards, Continued

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### PWN - additional requirements

Service Coordinators are to implement the following requirements [281—120.66(3)]:

- The PWN must be completed in the language understandable to the parent and provided in the native language of the parent unless it is clearly not feasible to do so
  - If the native language or other mode of communication of the parent is not a written language, the agency ensures that the notice is translated orally or by other means understandable to the parent
  - Written documentation that these requirements have been met are kept in the agency's file of the child
  - If the parent is deaf, blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication)
  - In addition to alternative forms of communication, the parent is given a written copy of all such communication.
- 

### When PWN is required

Service Coordinators are to provide Prior Written Notice in the following circumstances:

- Before evaluations are conducted or not conducted (included in Consent for Evaluation form)
- Before determination of, or change in eligibility
- Before any substantive changes to the provision of services listed on the IFSP (e.g., change in location, amount of time, mode of delivery, etc.)
- Before the initiation or termination of a service
- Upon a change in placement in Early ACCESS (e.g. transition to another program) [281—120.66(1)].

**Note.** See flowchart for when to use PWN [LINK to document](#).

**Note.** Triggers to provide PWN are indicated in steps throughout this procedure manual (e.g. when consent for evaluation is written; when nearing age 3 and services are to be discontinued, etc.).

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## Section 7: Procedural Safeguards, Continued

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### When PWN is not required

Prior Written Notice is not required in the following examples:

- Change in a qualified service provider/coordinator, but not in actual service provided;
  - Change in location of service not controlled by agency or service provider, e.g., foster care, hospitalization, or family move; or
  - Change in outcomes that do not affect services being provided.
- 

### Records definition

Records mean those documents that are maintained by a provider or agency that are directly related to the child and any information pertaining to an eligible child that is shared [281—120.65].

Since Early ACCESS is legislated through IDEA, the records are considered educational records. Any information admitted to the record, including health information becomes part of the educational record and is protected under FERPA.

Personal notes are not considered part of the educational record if they are not shared in any way. Once someone else has knowledge of the personal notes, they cease to be private and are part of the educational record.

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### Record documents

Record documents include, but are not limited to:

- Referral/Intake form
  - Consents forms
  - Authorizations for release of information
  - Prior Written Notice
  - IFSP pages
  - Service Coordinator logs
  - Assessment and screening protocols intermingled with or containing personally identifiable information
  - Service provider logs for Medicaid documentation requirements
  - Evaluation reports, supplementary reports and other information to determine eligibility and continued eligibility for Early ACCESS.
- 

*Continued on next page*

## Section 7: Procedural Safeguards, Continued

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### Documents excluded from record documents

- Personal notes of Service Coordinators/providers that have not been shared with anyone
- Assessment or screening protocols that do not contain personally identifiable information

*Note.* Even if a protocol does not contain personally identifiable information, an AEA must respond to a request to review the protocol. Additionally, the AEA must provide an explanation or interpretation of test results, which may require allowing the parent to inspect a test protocol that does not contain personally identification information. *Letter to Anonymous*, 213 IDEALR 188 (OSERS 1989).

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### Maintenance of records requirements

The official copy of the active IFSP is maintained by the agency providing service coordination and copies are provided to the parent(s) and service providers as needed. Documents maintained as part of the educational file are protected under Family Education Rights and Privacy Act of 1974 (FERPA).

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### Storing active records

The child's official educational record is maintained by the AEA due to Regional Grantee responsibilities for Part C. If parts of the educational records are stored outside of the AEA office, a note is placed in the AEA file indicating where such records can be found. For records stored outside of the AEA office, AEAs must ensure that all official educational record documents are submitted to the official file in a timely manner.

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## Section 7: Procedural Safeguards, Continued

### Maintaining active and inactive educational records over time

AEAs maintain active and inactive files for Part B (3-21) and C (birth to 3). Once inactive, the official educational file, including all IFSP documents is maintained by the AEA.

The following table provides guidance on what to do with files after child exits Early ACCESS.

When	And...	Then...
Child leaves EA	Is eligible for Part B	EA record continues as the child's official ongoing education record and is maintained as an active Part B record
Child leaves EA	Is not eligible for Part B	AEA treats it as inactive file for 5 years after child's third birthday

### Maintaining active and inactive educational records over time (continued)

When	And...	Then...
Five years has passed since child left EA and did not go on to Part B services	-	Parent is notified by AEA that they can pick up the record
The above notified parent does not pick up the record by the date provided in the notice	-	AEA destroys the record <b>Note.</b> Each AEA has discretion to establish what a reasonable time would be (e.g. 60 days).

**Note.** IDEA Part C Educational Records procedures are the same as Part B Educational Records procedures including record retention and access [LINK to Document](#).

**Note.** Service Coordinators who have been storing their Early ACCESS Service Coordination log sheets must turn in all log sheets to the child's record when the child exits Early ACCESS (when paperwork with Final Exit Reason Code is turned in).

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## Section 7: Procedural Safeguards, Continued

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### Parent confidentiality rights

Parents have the right to confidentiality of their child's personally identifiable information. Personally identifiable information includes:

1. Name of the child, the child's parent, or other family member;
2. Address of the child;
3. A personal identifier, such as the child's or parent's social security number; or
4. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty [LINK to Document](#) [281—41.610].

**Note.** Although parent permission is needed to release personally identifiable information, this excludes directory information.

- Designated directory information for Early ACCESS is only the eligible child's name.
  - Release of the eligible child's name allows the Service Coordinator to communicate with the referral source (using only the child's name) without parental permission.
- 

### Informing parents requirements

Parents have the right to be informed regarding the following:

- Location of records, and the policies and procedures regarding the maintenance of records;
- Right to examine the child's Early ACCESS records related to evaluation and assessment, eligibility determination, development and implementation of IFSPs, and individual complaints regarding their child [281—120.65(2)].

When a child transitions to Part B, parents are informed:

- The IFSP is part of the child's ongoing educational record;
  - The school district and AEA has access to these records; and
  - Records are released to other agencies or providers only with the signed consent of a parent.
- 

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## Section 7: Procedural Safeguards, Continued

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### Due process complaint procedures

Parents have the right to utilize administrative and judicial process to resolve complaints, including the right to the procedures regarding:

- Individual child complaints and
- Requirements of Part C not being met [281—120.69].

If disagreements with the Regional Grantee (AEA) or Signatory Agencies (DHS, DPH, CHSC) lead to impasse, parents may utilize due process procedures (281—120.69). [LINK to Document](#). The following steps should be followed:

Step	Action
1	AEA personnel contact their AEA Special Education Director for assistance.
2	If a difference of opinion exists, parties should be apprised of their options to resolve their concerns (resolution facilitation, mediation, etc.).
3	The <i>Early ACCESS Procedural Safeguards Manual for Parents (2006)</i> must be given to parents at this time. <a href="#">LINK to Document</a> .
4	An explanation of parental rights should be provided to parents by the AEA Regional Special Education Director or Service Coordinator.

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## Section 7: Procedural Safeguards, Continued

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### **Resolution facilitation definition**

Resolution Facilitation is a way to resolve differences instead of, or before, using formal proceedings provided by the State. The process helps to clarify the problem and helps everyone involved work together to find an agreement which is acceptable to all.

A Resolution Facilitator assists in resolving differences regarding early intervention services and concerns between parents, public agencies and private service providers.

If differences arise, open discussion is the first step toward mutual understandings. A third party can provide an objective review of both parties' concerns in support of a successful conclusion. The Resolution Facilitator is trained in mediation and serves as that objective third party.

- The Resolution Facilitator may be a neutral party from within the Regional Grantee (AEA), or if necessary, someone from another Region;
  - The Resolution Facilitator service is provided at no cost to parents or service providers; and
  - The AEA Director of Special Education or designee is responsible for assigning the Resolution Facilitator.
- 

### **How to access resolution facilitator**

Contact your AEA Special Education Director to access a resolution facilitator.

For more information and a list of Resolution Facilitators, [LINK to Document](#).

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### **Complaint filing requirements**

An organization or individual may file a signed, written complaint with the Department of Education [281—120.69].

- The complaint must allege that the violation occurred not more than one year prior to the date that the complaint is received.
  - The complaint must involve one of the Signatory Agencies or the Regional Grantee AEA involved with the provision of Early ACCESS services.
- 

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## Section 7: Procedural Safeguards, Continued

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### Complaint filing requirements (continued)

- The party filing the complaint must forward a copy of the complaint to the AEA as the Regional Grantee serving the child at the same time the party files the complaint with the Iowa Department of Education.
- After investigating the complaint, the Department of Education issues a written decision which addresses the allegations and includes findings of fact and conclusions reached.

*Note.* The first time a parent files a complaint, a copy of the *Early ACCESS Procedural Rights Manual for Parents* must be given to the parents. See example form for filing a complaint, included at the end of this section.

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### Mediation requirements

Parties may choose to resolve a dispute through a mediation process.

Mediation allow parties to dispute matters involving:

- Refusal to initiate the identification, evaluation or placement of a child;
- Refusal to change the identification, evaluation or placement of a child;
- Refusal to initiate the provision of appropriate early intervention services to the child and the child's family;
- Refusal to change the provision of appropriate early intervention services to the child and the child's family [281—120.70].

Mediation is voluntary on the part of all parties and conducted by a qualified and impartial mediator who is trained in effective mediation techniques. Mediation can occur at any time, even prior to the filing of a due process hearing request. An agreement reached by the parties must be provided in a written mediation agreement.

*Note.* 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.

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## Section 7: Procedural Safeguards, Continued

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### How to access mediation

The Iowa Department of Education:

- Maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
- Selects mediators on a random, rotational, or other impartial basis.
- Bears the cost of the mediation process, including the costs of meetings with a disinterested party when the choice is to not use mediation.

To access a mediator, contact your AEA Special Education Director. For more information about mediation, click here [LINK to Document](#).

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### Due process hearing requirements

A parent or a public agency may initiate a hearing on any decision relating to the identification, evaluation, placement or provision of Early ACCESS services to a child.

The due process hearing is chaired by an independent administrative law judge (ALJ) who is not an employee of the Iowa Department of Education or the public agency involved in the education of the child. The hearing results in a decision are final unless a party brings civil action.

Specific procedures for due process hearings are outlined in the *Iowa Administrative Rules for Early ACCESS* [LINK to Document](#) [281—120.71].

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### How to file request for hearing

Filing a request for a hearing is not a difficult process and an attorney is not required. A person filing for a due process hearing may have legal or other assistance if desired. The request for an impartial due process hearing must:

- State the name and address of the residence of the child.
- Identify the Regional Grantee AEA and the partnering agency of complaint.
- Provide a description of the nature of the problem of the child and how this relates to the proposed initiation or change, including the facts related to the problem.
- Identify a proposed resolution of the problem.

**Note.** Request is sent to: Director of Education, Iowa Department of Education, Grimes State Office Building, 400 E 14<sup>th</sup> Street, Des Moines, IA 50319-0146.

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## Section 7: Procedural Safeguards, Continued

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### Consent for evaluation requirements

The *Consent for Evaluation with Prior Written Notice* [LINK to Document](#) is a signed agreement that allows the Service Coordinator to begin to gather developmental information and consider additional evaluation needs of the child. [281—120.67(2)]

Consent for an Early ACCESS evaluation is documented with parent signature on the *Consent for Evaluation with Prior Written Notice* form. Consent for initial evaluation *is the only time* a *Consent for Evaluation* form must be signed by the parent; for other subsequent evaluations, a Prior Written Notice form is needed [LINK to Document](#). Parental rights and procedural safeguards must be reviewed at this time. The name and agency of the person reviewing the rights with the parents must be documented and dated.

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### Authorization to exchange information requirements

The Early ACCESS Exchange Information form is used to obtain the parent(s) authorization to share information between Early ACCESS providers and outside community agencies/ providers. [281—120.65]

Under FERPA regulations, an Exchange of Information is **not** required among Early ACCESS service providers that are involved in “educational” services that are Early ACCESS services as opposed to “other” services.

The authorization pertains only to the child and cannot be used to request information for more than one member of a family. For each member of the family that information is requested, a separate authorization must be completed.

Parents are allowed option to indicate specific information they want shared with individuals, programs, organizations, or services. The information for the release must be specified (e.g., evaluation for EA services, assessment, IFSP planning etc.). Written copies of reports, etc. are to be sent to the Service Coordinator.

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## Section 7: Procedural Safeguards, Continued

### Special release permissions

Specific authorization is required for the release of the following special information:

- mental health
- sexually transmitted disease
- substance abuse/chemical dependence, or
- HIV/AIDS records.

The following table indicates how to document parent’s decision regarding release of special information.

<b>If parent/family member ...</b>	<b>Then ...</b>
Wants special information released	<ul style="list-style-type: none"> <li>• Parent initials the line/box by the requested record.</li> <li>• If “Other” is chosen, specify type of record.</li> </ul>
Does not want special information released	The line/box is left blank.

### Release of health information requirements

The *Early ACCESS Release of Health Information* form [LINK to Document](#) is used to obtain the parent(s) authorization for the Service Coordinator to obtain health information. This form is specifically for the release of health information and meets Health Insurance Portability and Accountability Act (HIPAA) requirements for the release of private health information. The Service Coordinator ensures that the health information will be properly maintained as part of the IFSP.

### More health release of information requirements & guidance

The following table provides additional requirements and guidance for release of health information.

<b>Requirement</b>	<b>Guidance</b>
The release pertains only to the child (or other family member named on the release).	The form cannot be used to request information for more than one member of a family.

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## Section 7: Procedural Safeguards, Continued

**More health release of information requirements & guidance**  
(continued)

Requirement	Guidance
The types of records being requested are to be specified on the form.	The release of very specific health information allows for more family control. Due to the size of record, it may be unrealistic to request the release of an entire record (e.g. newborn intensive care hospitalization record).
For each member of the family that information is requested, a separate release must be completed.	Example: To obtain mental health information on the child's mother, a separate release must be completed listing the mother's name.
A separate form is required for each health provider, agency, or medical institution.	The same form cannot be copied and sent to multiple providers/agencies.
The dates of the health information record(s) requested must be completed.	This may be from date of birth to present or for specific clinic visits or hospitalizations.
The release of special information allows the health care provider listed to provide the Service Coordinator with written information requested.	This health information becomes part of the IFSP and is available and can be reviewed by all members of the IFSP team and later by school districts if the child receives Part B services.

**Authorization for Medicaid Reimbursement**

Families have the right to consent or not consent to the release of personally identified information on their child's IFSP to Iowa Department of Human Services Medical Program or their contractor on the *Parent/Guardian Authorization Form For Medical Reimbursement For IFSP Services*. The Parent/Guardian Authorization form is a federal requirement. Parent/Guardian consent is to be obtained after parent consent for IFSP services and is valid for one year.

This consent is to be obtained only for children who already are on Medicaid or who are in the application process.

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## Section 7: Procedural Safeguards, Continued

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### **Consent for evaluation and authorizations durations**

Consent for evaluation and authorizations for release of information are valid for a maximum of one year.

- Parents may choose to have the release expire prior to one year. In that event, the expiration date needs to be specified
- If a date is not inserted, the authorization will automatically expire one year from the date of signature.

The authorization is voluntary and may be revoked in writing; however, this does not affect information shared prior to revocation.

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## Section 8: Financial Resources

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### Introduction

The Regional Grantee (AEA) implements procedures for provision of services to eligible children and their families with payment in compliance with *Iowa Code and the Iowa Administrative Rules for Early ACCESS, 2003*).

- Evaluation and needed early interventions services are provided for children birth to 21 at no cost to families since Iowa is a birth mandate state (256B.2(1)).
  - Available federal, state and local funds are to be used and coordinated to fund Early ACCESS services (e.g. Medicaid; special education; state allocations; Title V; etc.).
  - Federal Part C funds are considered as *payer of last resort* and utilized when all other funding options are exhausted.
- 

### Use of private insurance

Since evaluation and needed early intervention services are provided at no cost to families, [281—120.12], Early ACCESS cannot require payment of services by billing of insurance. Use of private insurance often involves costs to the family through deductibles, co-pays or life time limits. AEAs currently do not have a system of procedures that ensures families do not incur these costs, so Service Coordinators should not be accessing private insurance to pay for needed early intervention services.

**Note.** Some Signatory Agencies may bill insurance for “Other” services. Other services are services that parents may seek at their discretion and do not have to meet IDEA Part C requirements. These “Other” services should be documented on the IFSP on the *Other Services* template.

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## Section 8: Financial Resources, Continued

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### Infant and toddler Medicaid

AEAs participate in Medicaid reimbursement under IDEA - Part C for services that include:

- audiology
- developmental services (same as special instruction)
- family training
- health and nursing
- medical transportation and escort
- nutrition counseling
- occupational therapy
- physical therapy
- psychological services
- speech-language therapy
- social work services
- vision services including orientation and mobility.
- service coordination (Medicaid refers to this service as targeted case management in its Rules and other documents)

See DHS Policy Manual for Infant-Toddler Medicaid Program for more details of services [LINK to Document](#).

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## Section 8: Financial Resources, Continued

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### Medicaid provider qualification requirements

Service Coordinators and providers must be licensed by their respective professional licensing boards and meet provider qualifications in order to bill Medicaid. Information about the required licensure for each of the Medicaid services can be found under each service listed in the DHS Policy Manual for Infant-Toddler Medicaid Program ([LINK to document](#)). Service Coordinators must have completed the Early ACCESS Service Coordination Competency Module Training Program in addition to having an appropriate license (see Section 9 Interagency Collaboration for more information about the training program).

The following table provides guidance about licensure and billing practices.

<b>If coordinator/provider...</b>	<b>Then ...</b>
Has appropriate license	Can bill Medicaid
Does not have appropriate license	<ul style="list-style-type: none"> <li>• Can not bill Medicaid</li> <li style="text-align: center;">OR</li> <li>• Would be considered a paraprofessional and must be supervised by a licensed practitioner.</li> </ul>

### Infant and toddler Medicaid-eligible with an IFSP

All Infant-Toddler Medicaid services must be specific to an Early ACCESS eligible child under age three who is also Medicaid-eligible and has an IFSP.

- An IFSP is required for direct services, based on a multidisciplinary comprehensive evaluation.
- The child's IFSP is the document authorizing services for Medicaid billing.
- The IFSP must indicate measurable goals and the type and frequency of service provided.

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## Section 8: Financial Resources, Continued

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### **Medicaid record and documentation requirements**

AEA staff must maintain clinical records necessary to fully support the extent of services for a minimum of five years from the date service was rendered.

Documentation for Medicaid billing shall be completed in ink and legible (may be typed or hand written), and contain the following information:

- The date, time, location, and description of each service provided and identification of the individual rendering the service by name and professional or paraprofessional designation.  
The professional or paraprofessional who provides the session must write notes summarizing the child's status and developmental progress as they relate to the IFSP goals, outcomes and actions.
- Weekly progress notes or block charting to reflect progress noted for each service date provided during that week. Each date of service must be noted and each entry must be signed and dated by the treating provider.
- Copies of the IFSP, including any changes or revisions to the IFSP.
- Progress notes on goals and outcomes for which the Service Coordinator has primary responsibility in the IFSP.
- Documentation of Service Coordinator activities designed to:
  - Locate
  - Refer
  - Obtain and coordinate service outside and inside the agency, as needed by the child.
- Record-keeping necessary for IFSP planning, service implementation, monitoring, and coordination. This includes preparation of:
  - Reports
  - Service plan reviews
  - Notes about activities in the service record
  - Correspondence with the child and collateral contacts.

---

### **Excluded services from service coordination reimbursement**

The services of the Medicaid program are considered to be “medically necessary.” Federally, it has been determined that Medicaid will not reimburse providers for “education” related services. Those excluded services include a number of tasks/situations that providers may experience and that Service Coordinators are responsible for providing.

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## Section 8: Financial Resources, Continued

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**Excluded services from service coordination reimbursement**  
(continued)

Service Coordinators and providers are to document their services/tasks on their logs in enough detail in order to bill only for covered services.

Services excluded from Medicaid reimbursement include:

- All preparations and meetings for developing or revising IFSPs
- Services that are provided but are not documented in the child's IFSP or linked to a service in the IFSP
- Services provided to anyone other than the eligible child and/or the child's family
- All preparations and activities related to evaluation and assessments
- Canceled visits or appointments that are not kept
- Sessions that are conducted for family support, education, recreational or custodial purposes, including respite or child care
- Consultation services that are not specific to an eligible child or are not consistent with the IFSP
- Service Coordination that is provided when another case management service that has Medicaid case management components (such as HCBS waiver) is also being provided (e.g. joint visit with Waiver case manager)
- Two Medicaid services provide simultaneously
- Child find activities. [LINK to Document.](#)

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**Consent to release information for Medicaid**

Families have the right to consent or not consent to the release of personally identified information on their child's IFSP to Iowa Department of Human Services Medicaid Program or their contractor. Early ACCESS services must still be provided at not cost to families whether or not parent/guardian sign consent for release or personally identifiable information to Medicaid [LINK to Document.](#)

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## Section 9: Interagency Collaboration

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### **Introduction**

This section describes the requirements for collaboration according to the Iowa Administrative Rules for Early ACCESS and the Memorandum of Agreement between Signatory Agencies.

Examples of documents and procedures that may facilitate interagency collaboration have been included in this section.

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### **Required integrated system**

Iowa Administrative Rules for Early ACCESS clearly delineate requirements of a statewide, integrated system of interagency services and supports:

Early ACCESS is the statewide comprehensive, interagency system of integrated early intervention services that supports eligible children and their families. Early ACCESS is part of a larger early care, health, and education system. Services are provided by public and private agencies in partnership with families. The purpose of Early ACCESS is to work together in identifying, coordinating, and providing needed services and resources, including informal supports provided by communities, that will help families assist their infants or toddlers to grow and develop [281–120.4].

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### **Purpose**

Collaboration between agencies is intended to create a flexible system of services and resources for children and families and to promote a high level of quality and consistency throughout the state while minimizing duplication of services between agencies.

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### **Lead Agency role**

As the Lead Agency, the Department of Education is responsible for the development of policies and procedures to meet federal requirements for implementation of IDEA-Part C, 2004.

Reauthorization of the federal law, every five years, requires development of new policies and procedures at the state and regional level. The Early ACCESS Executive Committee and the Iowa Council for Early ACCESS review updated policies and procedures in their advise and assist role to the Lead Agency. Membership of these committees is comprised of individuals representing the four Signatory Agencies, Council leadership and families.

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## Section 9: Interagency Collaboration, Continued

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### Signatory Agency roles

The Departments of Education, Public Health, and Human Services and the Child Health Specialty Clinics have entered into a Memorandum of Agreement to formalize their joint commitments to the establishment and ongoing implementation and evaluation of a comprehensive, integrated, interagency Early ACCESS system [LINK to Document](#).

The Iowa Department of Education is responsible for providing education programs and services for preschool and school-age students, including children with disabilities, from birth through 21 years of age.

The Iowa Department of Human Services administers social service programs in order to help and empower individuals and families to become increasingly self-sufficient and productive.

The Iowa Department of Public Health administers public health programs in order to promote and protect the health of Iowans.

The Child Health Specialty Clinics are the statewide public health program for children with special health care needs, as designated by the legislature [281-120.7(4)].

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### Regional Grantees, the AEAs

As Regional Grantees, AEAs have the *fiscal and legal obligation for ensuring that the Early ACCESS system is carried out regionally* [281–120.8(1)].

AEA personnel collaborate with local representatives of Signatory Agencies, community partners, and families in the development, implementation and monitoring of policies and procedures required in the Iowa Administrative Rules for Early ACCESS. [281—120.8(1)c]

Collaboration activities include developing and implementing interagency agreements and interagency systems of service coordination and personnel development.

**Note.** In order to have a collaborative interagency system, a contract or interagency agreement may be beneficial. A sample contract and process flowchart is provided in [LINK to Document](#).

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## Section 9: Interagency Collaboration, Continued

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### Community partners

Community partners are *local providers of Signatory Agencies, as well as other public or private community programs or agencies, including [Early Head Start](#), childcare providers, [Community Empowerment](#) areas, and health programs, that work with Early ACCESS (281-120.4).*

In some cases, community partners provide services that families need such as medical or family support. In other cases, community partners, such as Community Empowerment, can be a source of financial support [LINK to Document](#).

The Iowa Department of Education administers the School Ready state funds allocated to the 58 Community Empowerment Area Boards for support of comprehensive early care, health and education services for children, families and early childhood professionals. These funds may be a local funding source to support different aspects of the Early ACCESS system of services including: quality improvement, parent training/leadership, professional development for Early ACCESS providers; etc.

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### Collaboration with community partners

To maximize efficiency and reduce redundancy of services provided by various community partners, AEA staff promote awareness of Early ACCESS rules and procedures and support professional development related to Early ACCESS for community partners.

In addition, AEA leadership and staff contribute to collaboration in the following ways:

- Participate on local empowerment boards.
  - Serve on grant review committees.
  - Share information about available resources.
  - Collaborate on professional development opportunities.
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### Interagency system of service coordination

The Signatory Agencies and community partners work with families to support an effective system of service coordination [120.15(2)].

In addition, all Signatory Agencies have agreed to implement IFSP procedures developed in conjunction with the Lead Agency. The IFSP is used to document ongoing planning between families and providers across all agencies providing services or resources to meet identified needs [281-120.39].

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## Section 9: Interagency Collaboration, Continued

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### **Interagency comprehensive system of personnel development**

The Signatory Agencies support and implement an interagency comprehensive system of personnel development to ensure that there will be sufficient numbers of qualified and skilled providers of Early ACCESS supports and services.

The system provides for pre-service and in-service training conducted on an interdisciplinary basis, to the extent appropriate. It also provides professional development for a variety of personnel needed to meet the needs of eligible children, including

- public and private providers,
- primary referral sources,
- paraprofessionals, and
- persons who will serve as Service Coordinators.

AEAs collaborate with partners to develop and conduct trainings that are available to practitioners across a variety of agencies and disciplines (281-120.19(2)).

Regional trainings are available and can be reviewed. Early Childhood Iowa's Professional Development website is a source of current training opportunities throughout the state [LINK to Document](#). By using the expertise and resources of a wide variety of agencies, it is intended that an efficient and appropriate system of professional development can be maintained.

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### **Service Coordinator competency module training**

Iowa's Early ACCESS Service Coordination Training Program, which is research based, is composed of five modules. [LINK to DE website/modules](#)

- Module 1: Federal, State and Local Rules, Regulations, and Procedures for the Early ACCESS System
- Module 2: Family Centered Practices
- Module 3: The Early ACCESS Process
- Module 4: Coordinating Community Resources
- Module 5: Infant and Toddler Development

Each of the modules focuses on one of the identified competencies necessary for effective Service Coordination. Approved trainers provide this training in regions of the state annually and it is available to all Service Coordinators.

The training modules provide guidance on required transition procedures and guidelines that are especially important when children transition in or exit the Early ACCESS system.

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## Section 9: Interagency Collaboration, Continued

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**Resource book** A State Resource Directory of interagency resources and services for young children with and without special needs and families is available at EarlyACCESSIowa.org [LINK to Document](#). The resources and services in the directory meet both the typical and unique needs of children who have or are at-risk for development delays and their families (e.g. housing; disability-related groups). This tool is helpful to families and other IFSP team members when exploring available services and funding sources to meet the identified needs of children and their families.

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