



RULE AMENDMENTS – 3/7/15

PURPOSE OF COMPREHENSIVE RULE REVIEW

- Does each subchapter have the required components?
 - Legal Authority
 - Purpose
- Is the Rule necessary?
- Is the intent of the Rule understandable?
- Are new requirements needed to improve services for children and families?



SUBCHAPTER A

- Added the Legal Authority
- Clarified definitions:
 - Child
 - Comprehensive Needs Assessment
 - Co-visits
 - Days
 - Group Services
 - IFSP Team
 - Interdisciplinary Team
 - LPHA
 - Natural Environments
- Added Definition – Qualifying Medical Diagnosis



SUBCHAPTER A

- **Question:** The LEA definition for “days” (which we understand is different than ECI’s) impacts the contractors 28-day service provision requirement by school district personnel. Do the LEA staff have 28 school days (not calendar days) to complete the first visit for AI/VI services without impact to the ECI programs?
- **Answer:** AI/VI services are not supposed to be counted in the 28-day count because the contractor does not have any authority to enforce that AI/VI providers meet this deadline.



SUBCHAPTER B

- Parents must receive a Parent Handbook at the initial meeting. The contents of the handbook must be explained at the initial meeting and on an annual basis.



SUBCHAPTER B

- Consent to Release Information – “expiration” change
 - “not to exceed five years after the child exits services or other applicable record retention period”



SUBCHAPTER C

- Added Purpose and Legal Authority
- Added Definition “IPDP”
- Clarified orientation and supervision requirements does not apply to LEA staff.
- Clarified components of supervision.
- Added Rule about LPHA
 - Purpose and job responsibilities
 - Services are effective and “reasonable and necessary”



SUBCHAPTER C

- Clarified active and inactive status for EISs.
 - Added required timelines
 - Clarified when the 24 month “countdown” starts



SUBCHAPTER F

- Wording changes for clarity
 - Coordinate and collaborate with LEA representatives and Head Start representatives for a joint understanding



SUBCHAPTER G

- Added Purpose and Legal Authority
- “Native Language” – removed from this rule because of redundancy.
 - Providing pre enrollment activities in the family’s native language is required in Subchapter B



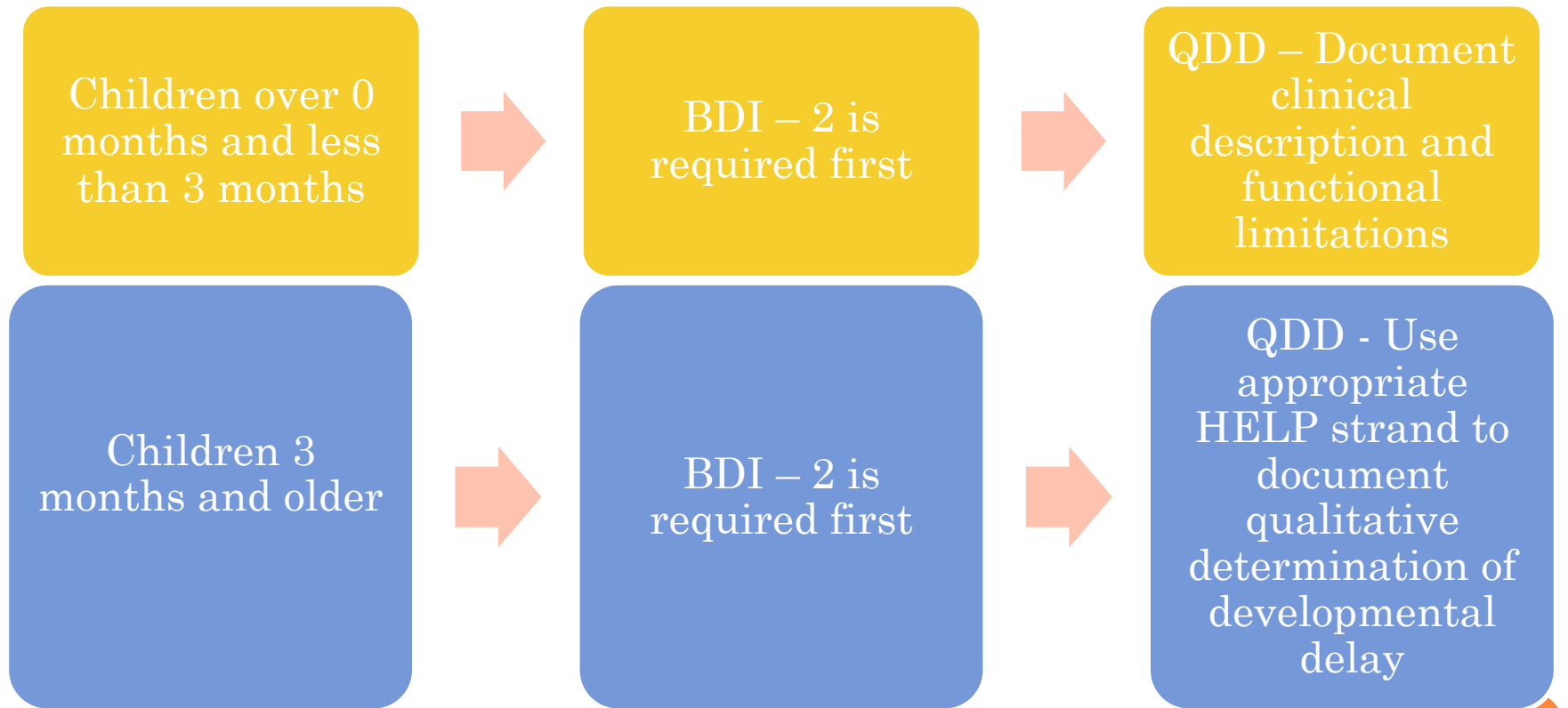
SUBCHAPTER H

- Changed requirement and added clarity for qualitative determination of delay
 - Infants with adjusted age of 0 do not need the BDI – 2. Move directly to qualitative determination of delay
 - LPHA with expertise in the area of the child’s concern
 - Document clinical description and functional limitations



SUBCHAPTER H

○ QDD Refresher



*LPHA knowledgeable in area of concern must be on the team.

SUBCHAPTER H

○ Eligibility Statement

- Must be completed for every child evaluated.
- Only one eligibility type may be selected (Eligibility Statement and TKIDS).
- Removed requirement to update Eligibility Statement for new eligibility outside of the eligibility determination meeting.
- Establishes an “expiration date”. Eligibility Statement is only completed again when the form expires and eligibility is re-determined.



Question: If a child receives a medical diagnosis or AI/VI qualifier in a middle of an IFSP eligibility period (i.e. between initial and annual), do we need to complete a new eligibility statement and make the change in TKIDS?

Answer: No – the child’s eligibility is valid until it “expires” (annual or 6 month for QDD). Additional eligibility information is kept in the child’s record and can be entered into the “medical information” section in TKIDS.



Medical

The **Medical** page details the child's medical information. This page serves to document information regarding the child's last physical exam, immunization status, medical diagnoses, therapy prescriptions, and physicians associated with the child's case.

Child ID	Child Name	DOB	Case ID	Current Disposition	Option
360779	EARHART, AMELIA D	10/03/2007	396634	'Enrolled' effective Tuesday, May 20, 2008	Referral, Intake Screening, Evaluation/Assessment, Medical, Third Party Benefits, CM/TCM, IFSP, Family, Child Outcomes, Transition, Dismissal, History, Actions, Notes, Case Report

MEDICAL FOR CASE: 396634 [return to main page / case search page](#)

Child's Last Physical Date : * 10/11/2007 (MMDDYYYY) Immunizations : * Current

Child's Physician(s): New Physician

Name	Type	Options
Jones, Bob	Pediatrician	Open

Diagnosis (Medical & Qualifying): New Diagnosis

ICD-9	Description	Elig	Options
359.9	Myopathy Unspecified	No	Delete

Therapy Prescriptions:


Specialty	Start Date	End Date
<input type="checkbox"/> Nutrition	(MMDDYYYY)	(MMDDYYYY)
<input type="checkbox"/> Occupational Therapy	(MMDDYYYY)	(MMDDYYYY)
<input type="checkbox"/> Physical Therapy	(MMDDYYYY)	(MMDDYYYY)
<input type="checkbox"/> Speech Therapy	(MMDDYYYY)	(MMDDYYYY)



UPDATED ELIGIBILITY STATEMENT

- Available on the Extranet – March 7, 2015

Entry
 Annual
 Re-Determine Qualitative
 Other

Eligibility Statement  early childhood intervention

Child's Name _____ Client ID _____ DOB _____

Not Eligible
 Eligible – Select one (1-3 below) & enter required information

Chronological Age _____
(According to BDI-2 instructions)

Adjusted Age _____

Duration _____

Eligibility Date _____
(If testing conducted on more than one date, enter the first date)

Interdisciplinary Team Member Names _____

1 – Medically Diagnosed Condition

Diagnosis _____ **ICD Code** _____

Child's chart contains medical records confirming diagnosis

Removed requirement to update form



UPDATED ELIGIBILITY STATEMENT



Eligibility Statement Qualitative Determination of Delay for Ages Birth through 2 Months

Child's Name _____
Client ID _____

Eligibility Date _____
Duration _____

Complete this page for infants who meet both of the following criteria:

1. Chronological or adjusted age is younger than 3 months;
2. Baby did not qualify based on the BDI-2 score but team identifies a developmental concern. The BDI-2 does not need to be administered for an infant with an adjusted age of 0 months.

Indicate area(s) of concern and provide a complete clinical description in the space below.

- Communication | Oral Motor:** Feeding skills are inadequate to meet nutritional needs
- Motor:** Impairment of neuromusculoskeletal and/or sensory systems results in functional limitations



SUBCHAPTER H

- LPHA is required for every evaluation team.
 - Reflected in new definition of interdisciplinary team



SUBCHAPTER H

○ Contractor Oversight

- Written, internal procedures for establishing a system of clinical oversight for eligibility determination
 - Eligibility criteria is applied consistently
 - Testing is administered and scored accurately
 - Comprehensive evaluations
 - Clinical opinion
 - Appropriate documentation
 - Eligibility statement
 - Progress note or evaluation report



EXAMPLES OF OVERSIGHT ACTIVITIES

- Include training, group discussions, Q and A into staff meetings. Solicit ideas for how to improve program practices.
- Complete weekly/biweekly or monthly record reviews to ensure correct eligibility determination, accurate scoring of the BDI-2, all needs identified with functional, and measureable outcomes embedded within family routines. Trainings and discussions as needed based on review findings. (Supervision – record review).
- Peer to peer record reviews and discussions.
- Systematic observations of the eligibility determination process.
- Peer group case study presentation for group discussion and problem solving.
- Discussion of clinical and service delivery aspects of a specific case with supervisor for problem solving.



SUBCHAPTER H

- Other rule changes added clarity to the requirements.
 - 108.809 (wording changes for clarity)
 - 108.811 (points to section about Needs Assessment)
 - 108.813 (wording changes for clarity)
 - 108.815 (wording changes for clarity)
 - 108.819 (wording change for clarity)
- Moved Medical Review for ECI Services (108.828)
- 108.833 – MCHAT is now MCHAT – R
- Moved Needs Assessment (108.837)
 - Bridge between Evaluation and Assessment and IFSP.



Question: Define or clarify Family-Directed Assessment re: 303.321.

Answer: A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler.

Assessment means the **ongoing procedures** used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under this part

(2) A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must—

(i) Be voluntary

(ii) Be based on information obtained through an **assessment tool** and also through an **interview** and

(iii) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

So, what is it?



Positive Social-Emotional Skills	Acquiring and Using Knowledge and Skills	Taking Appropriate Actions to Meet Needs	Routines	Strength	Need/Concern	Priority	Code
How Your day starts							
X	X	X	How does your child let you know he/she is awake? <i>(cognitive, communication and social-emotional)</i>				
	X	X	How does your child get out of bed? <i>(adaptive/self-help and motor)</i>				
X	X		Is your child happy or sad when he/she wakes up? <i>(social-emotional and communication)</i>				

Child and Family Resources and Case Management Needs			
Your service coordinator must monitor the implementation of the IFSP and follow up with you to ensure that your child's needs are being adequately addressed. Your assigned service coordinator must:			
<ul style="list-style-type: none"> • Talk with you on a regular basis to determine if services are being provided in accordance with the IFSP and if your child's goals/outcomes are being met. • This includes contacting your child's service providers, or other entities or individuals who can provide information related to your child's needs and related services if needed. • Determine if there are changes in your child's needs or status 			
Your family may have additional concerns related to your child's medical, social, educational or other needs that have not already been identified. We will identify resources and supports to assist you in addressing these concerns. You may choose to identify and address these needs now, at the initial IFSP or at another time. As new needs are identified your service coordinator will add them to this plan.			
Need Identified	Outcome developed	Need Identified	Outcome declined
No needs initially identified	Resource Identified	Areas of Need and Resources Related to the Family's Ability to Enhance the Child's Development	
Check appropriate boxes for each		Medical	Notes
		Medical insurance (CHIP, Medicaid etc.)	
		Well Child Check	
		Other medical/dental providers	
		Primary care physician	
		Medical equipment and supplies	
		Prescriptions	
		Immunizations	
		Hearing and/or Vision Evaluation	
		Other (specify)	
		Educational	
		Child care or Head Start	
		Private Therapy	
		Transition	
		Other (specify)	

Describe the parent's resources available to meet all developmental concerns and priorities identified.

The IFSP process includes the family-directed assessment and the child's comprehensive needs assessment.



SUBCHAPTER J

- Added Purpose and Legal Authority
- Definitions moved to 108.1003
- “IFSP” moved to 108.1004
 - Reorganization of IFSP (108.1004)
 - Requirements removed from 108.1009 and moved to 108.1004



SUBCHAPTER J – 108.1015

- Operationalizes requirement to include child outcomes information in the IFSP (108.1015 - initial) and (108.1019 – annual)
- Clarifications:
 - Team monitors all IFSP services, not just SST
 - Points reader to rule about Parent Participation instead of restating it
 - Group services must meet the developmental needs of the child.
 - LPHA signature indicates the services are reasonable and necessary
- Clarifies requirement for writing IFSP outcomes



Question: Clarify 108.1015. Clarify and give examples of targeted participation.

Outcomes address the child's functional developmental skills by describing targeted participation in everyday family and community routines and activities;

Answer: Targeted participation means the specific ways the child will participate in the routine. Not just “will participate”



Jackson will use words like “stop” or “go away,” or will walk away instead of biting when other children get too close. Daycare teacher will report no biting incidents for one week.



IFSP OUTCOMES TRAINING

ECI Extranet Home



ECI Extranet > IFSP

IFSP

View All Site Content

Lists

- Performance and Oversight Calendar

Document Libraries

- Case Management
- CDS Supervisors
- Directors Meetings
- DARS ECI TKIDS/TRAD/EIS Registry/Extranet Security Agreement
- ECI Publications
- ECI Rules
- ECI State Office Org Chart
- ECI Videos

New ▾ Upload ▾ Actions ▾ Settings ▾

Type	Name	Modified
Folder	Annual Evaluation of IFSP	1/15/2014 8:31 AM
Folder	DARS 4006_Services Page_Form_Fill_also_on_internet	1/15/2014 8:48 AM
Folder	IFSP Outcomes_Training Materials	1/15/2014 8:35 AM
Folder	Initial IFSP	1/15/2014 8:31 AM
Folder	Periodic Reviews	1/15/2014 8:31 AM
Folder	Spanish forms	1/15/2014 8:32 AM
Folder	Transition	1/15/2014 8:32 AM
Folder	z_Q and As	1/15/2014 8:44 AM

New ▾ Upload ▾ Actions ▾ Settings ▾

Type	Name	Modified
PDF	1_Measurable outcomes intro	1/15/2014 8:18 AM
PDF	2_Guidelines_What makes outcome measurable	1/15/2014 8:18 AM
PDF	3_Questions to drill deeper2	1/15/2014 8:18 AM
PDF	4_Two Families_Two Outcomes	1/15/2014 8:18 AM
PDF	5_More examples Measurable Outcomes	1/15/2014 9:22 AM
PDF	6_Exercise_What makes outcome measurable	1/15/2014 8:19 AM
PDF	7_Supervisor Key_What Makes an Outcome Measurable	1/15/2014 8:19 AM

SUBCHAPTER J – PERIODIC REVIEW

- Moved location
- Clarifies what must be accomplished during the review
- No new requirements



SUBCHAPTER K

- Added Purpose and Legal Authority
- Early Childhood Intervention Services Delivery changed number (108.1104)
- Includes requirement “Services must be monitored by the interdisciplinary team at least once every six months”



SUBCHAPTER K

- Group Services – clarifies requirements.
- Documentation Requirements
 - Changes “method” to “techniques”
 - IFSP Services Page already uses “method” in a different context.
 - Requires providers to document “return demonstration”
 - Return demonstration = caregiver demonstrates understanding of the strategy and how it should be used



SUBCHAPTER P

- Requires 120 notice required before terminating or non-renewing a contract



SUBCHAPTER N

- Explains methodology of new sliding fee scale (108.1431).
- New sliding fee scale implemented on 9/1/2015.
- Current scale expires 8/31/2016.



TRAINING AND TECHNICAL ASSISTANCE

- NEW Making It Work and EIS IPDP
 - Changes were incorporated before release
- Family Cost Share Module
 - New sliding scale will be implemented before 9/1/15
- Webinars – will have written and verbal disclaimer
 - Young Infant Series: Oral Motor and Feeding Skills Development for the ECI Team, Motor and Sensory Motor Development, Evaluation and Needs Assessment
 - Quality Services: Supervision, Referral and Evaluation, Service Delivery
 - Qualitative Determination of Delay (Overview)
 - Eligibility Determination and the BDI (Part 1 and 2)
 - Possible NEW webinar coming soon
 - BDI Mythbusters
- Extranet Q and A will be updated

