

## POINTS OF CLARIFICATION # 1

9-19-05

1. How do you indicate clinical opinion on the IFSP?

*Indicate clinical opinion in "Information From (Source)" column of the Present Levels of Development Section. List sources where present levels of development were obtained (i.e., evaluation tool - Hawaii Early Learning Profile, Batelle, The Michigan; Pediatrician Report; Parent Report, etc.). In the narrative section can also add "Per Pediatrician..." "Per Mom..." etc.*

2. How do we note hearing services (Chelsea) on IFSP?

*List hearing services on "Early Intervention Services" page, as "Special Instruction - Hearing Services).*

3. Do we use the same signature page or a new one for the IFSP review?

*Use a new signature page for every IFSP Review meeting and enter the date of the IFSP Review meeting on the first page of the IFSP.*

4. Do parent need to initial changes/up-dates on a Review IFSP?

*Date any additions/notes to the IFSP to indicate that it was added to the IFSP at the review meeting. No initial is necessary, as Parent/Legal Guardian will sign a new signature page.*

5. If the child has had only a single evaluation and is on a waitlist for a CDE, can we write "Schedule the CDE as soon as possible" on the initial IFSP?

*Children who are biologically-at-risk or with a developmental concern must have a CDE prior to the development of the IFSP. If the CDE hasn't been completed, you cannot hold an Initial IFSP meeting; it can only be an Interim IFSP. Sue will be writing a memo with more information about the Interim IFSP.*

6. For frequency and intensity of services:

Can we write 2 to 3 times a month, or do we need to state the minimum frequency, like 2 times a month?

Can we state once per week and "as needed?"

Can care coordination be stated as "once a month and as needed?"

Instead of once weekly, can we state "15 visits per quarter" (for AFS providers).

*Do not use any ranges for frequency and intensity of services. What does the child need? Put the minimum amount (e.g., 30 minutes, 1x/week). If it's later determined that the child now needs 60 minutes per week, then the change should be made on the IFSP at an IFSP Review meeting.*

*For care coordination, a discussion should occur at the IFSP and whatever is determined in terms of how frequent the CC will make contact with the family, that's what should be noted. (e.g., TC once a month, HV once a quarter)*

*For families, once a week is probably easier to understand/remember than 15 visits per quarter.*

7. Should we update and document the IFSP only at the 6 months review or can we update it at other times?

*The IFSP is not progress/anecdotal notes so any changes/up-dates to the IFSP needs to happen at an IFSP meeting. An IFSP review must occur at least every 6-months and as needed. If an IFSP needs to be reviewed/up-dated prior to the 6-month review date, then the CC should coordinate an IFSP meeting.*

8. Can we bring the transition page from the initial IFSP over to the review or annual IFSP, especially because if another program takes over CC, they will not have known what other transition activities have transpired before they got the case? They only get the current IFSP from the previous CC.

*Yes, because the transition plan is an on-going process over the span of time that the child and family is with EI, a copy of the Transition Plan page(s) should be attached to any IFSP with revision/up-dates included as appropriate.*

## POINTS OF CLARIFICATION #2

11-1-05

### FORMS:

1. A child's diagnosis is "strictly confidential information." Therefore, should we explain the risks/benefits/alternatives for sharing the additional information to DOE on the "Transition Notice Form?"

*Explain to the family the purpose of the form and why information is being shared with DOE (purpose noted on the Transition Notice Form). Information on the child's diagnosis is important to DOE to ensure they are prepared for children with specific concerns (e.g., Autism, Hearing Loss, etc.), including identifying appropriate staff, classrooms, etc.*

2. Why is the parent/legal guardian name included in the IFSP heading?

NOTE: Parents may have different last names; CWS may have legal guardianship, etc.

*Healthy Start Programs file records according to the family's last name. If parents have different names, note both names, mother's last name first. Make notations as needed (i.e., FAMILY NAME: Apple (Mom)/Orange (Dad*

*In the "Family Name" line in the IFSP heading, always list the parent/legal guardian as the legal guardian must sign all legal documents.*

3. Prior to the IFSP Meeting, the CC starts inputting information gathered during intake and the CDE report onto the IFSP. Is this OK?

*Yes; however, information should be reviewed with family at the IFSP meeting and they should have an opportunity to change (add and/or delete) anything that is already written down.*

## POINTS OF CLARIFICATION #3

11-01-05

### COMPREHENSIVE DEVELOPMENTAL EVALUATION (CDE)

1. Do we have to do a CDE for children who are environmentally at risk and inappropriately referred to developmental programs (i.e., Easter Seals, ECSPs) for CDE/services? Can we just use the ASQ?

*If the referral is from another program (child is already Part C eligible), the program should submit the "Consent for CDE" form with ASQ or any other documents that support the referral to the receiving program. If the ASQ did not fall in the "referable range," there shouldn't be a referral unless there are overriding concerns of the parent/provider.*

*If the referral is from H-KISS and the program feel sit is an "inappropriate referral:, they should contact H-KISS so inquire if there is additional information to support the referral.*

*After talking with the family and looking at all the information that came with the referral, it is always an option not to provide a CDE, although a "Written Prior Notice" (WPN) is needed as to why the CDE will not be provided.*

2. Can we include CDE referral information on the IFSP?

*If a child already has an IFSP because the child came in under the Environmentally At-risk category and an IFSP Review meeting is already scheduled, then you should document the referral for CDE on the IFSP at an IFSP Review Meeting; however, it is not necessary since a "Consent for CDE" form must be completed and it may not be worthwhile to schedule an IFSP Review Meeting just to add in the CDE referral into the IFSP. If the child came into the system with a developmental concern or biological risk, the CDE is done prior to the development of the IFSP.*

3. Can the Family Support Worker (FSW) request a PT consult prior to submitting a CDE Referral.

*No, if the ASQ fell within the "referral" range, then should refer for a CDE. If the ASQ did not fall within the "referral" range, consult w/ CDS. If there are still concerns, then refer for CDE.*

### COMPREHENSIVE DEVELOPMENTAL ASSESSMENT

4. How many staff is needed to conduct the Comprehensive Developmental Assessment (CDA)? Can the CDA be done only in the area of concern or does it need to be comprehensive?

*CDA is conducted by at least one professional. The CDA is comprehensive - covering all areas. The professional must be sure to gather sufficient information to up-date the HELP in all areas. The Annual IFSP will be based on the findings of the CDA.*

## POINTS OF CLARIFICATION #4

11-01-05

### CONSENT

1. Is verbal consent from CWS or foster family sufficient or do we need consent from family?

*Written consent is needed from the legal guardian. HKISS contacts CWS to determine who has legal guardianship of the child and who is the contact person for consents, etc.*

2. If family checks who to share IFSP with on IFSP form, do we still need to get consent to share IFSP?

*No, when the parents sign the IFSP, it is consent to information documented on the IFSP. Furthermore, the "FERPA Notice" is discussed and provided to the family during Intake and at every IFSP meeting.*

3. Who can sign the IFSP when both mom and baby are under CWS?

*Whoever has legal guardianship of the child receiving early intervention services must sign the IFSP.*

4. Do we send the original IFSP or copy of IFSP for CWS signature?

*CWS should be invited to attend IFSP meeting, but if they cannot attend, send a copy of the IFSP for signature. CWS should sign and both fax and mail signature page back. (Faxing first is recommended so services can get started). Be sure to document in notes when mailed to CWS.*

5. Do we need to address permanency planning in the IFSP or document this in another part of record? What if family wants it addressed in the IFSP?

*If family wants permanency-planning support, then it should be documented in the IFSP and be consistent with the CWS Plan.*

## POINTS OF CLARIFICATION #5

11-01-05

### 45-DAY TIMELINE

1. All areas of the IFSP are completed except for objectives and strategies. Is this considered "done" so, that Program can indicate that the IFSP was completed within 45 days?

*A completed IFSP would include objectives and strategies to address all outcomes. Without objectives and strategies, the team will not know what is being implemented. Furthermore, the objectives and strategies help to determine roles and responsibilities of team members and frequency and intensity of services. If there is insufficient time to complete the IFSP at the first meeting, at minimum all areas must be completed and at least one outcome, objective, and strategies must be completed. There must be a note in the "IFSP Meeting Notes" page that the IFSP is not done and when the follow-up IFSP is scheduled for.*

2. When an AFS provider does an evaluation in a single area and the report is not provided to the CC in a timely manner in order to have the IFSP within the 45-day timeline, is it the Program's "fault" for missing the timeline due to the AFS provider?

*If a single evaluation was completed, it is a partial CDE and therefore an Initial IFSP Meeting cannot occur until the CDE is completed. An Interim IFSP can be developed to start services; however, the CDE and Initial ISP must still be completed within the 45-day timeline.*

### INTERIM IFSP

1. When can an Interim IFSP be used?

*An Interim IFSP is used prior to a CDE if it is determined that the child is presumed eligible and needs to start services right away. It may also be used if the child has received a "partial CDE" (e.g., discipline specific evaluation) so that services can begin in that specific area. The CDE and Initial ISP must still be completed within the 45-day timeline.*

2. If family wants respite (non-mandated) services from EI and does not have an Initial IFSP in place because the CDE is not completed, do we do an interim IFSP for this service?

*Respite is not a mandated service and in order to apply for respite, a child must already be found eligible and have an IFSP in place. For unusual circumstances, call Joyce Metzger, Respite Coordinator.*

3. Can the Interim IFSP be up-dated and become the Initial IFSP?

*No, a new IFSP needs to be completed on a new form for the Initial IFSP.*

## POINTS OF CLARIFICATION #6

11-01-05

### TEAM MEETING/MEMBERS:

1. Do you need to have an IFSP Team Meeting to change the frequency and/or intensity of a service

*Anytime changes are being noted on the IFSP, a "meeting" needs to occur. The CC and family must determine if a face-to-face IFSP meeting needs to be held and invite service providers that it impacts. If not, the CC can have an IFSP phone meeting with the family.*

*When the therapist and the family agree to a change on the IFSP and the therapist informs the CC, the following should occur:*

- *The CC contacts the family and has a discussion regarding the proposed changes to the IFSP and if a team meeting is warranted or not.*
- *If the CC and family determine that an IFSP meeting is warranted, they should identify who needs to be invited to the IFSP meeting (who the changes impacts) and the CC should coordinate the IFSP Review Meeting.*
- *If the CC and the family determine that a face-to-face IFSP Meeting is not warranted, then the CC, with the family's verbal permission, makes the change(s) to the IFSP.*
- *The CC sends out the "Written Prior Notice" form and a copy of the page(s) with the dated IFSP revisions for parent review.*
- *The parent(s) review the IFSP and initials by the date of the revision(s).*
- *The family may send the Revised IFSP, with initials back to the CC or give it to the therapist at the next visit.*
- *When the CC receives the Revised IFSP, copies must be sent to all the team members.*

*NOTE: Changes are not in effect until the family initials the change(s) on the IFSP.*

*NOTE: For the 6-month review, at minimum, the CC must have a face-to-face IFSP Review Meeting with the family. Again, the CC and family determine if a full team meeting is warranted.*

2. Is the Interpreter listed as a team member? What if the family would like them listed as a team member?

*The interpreter's role is to interpret for the family. They are not "active" team members, as they do not provide input into the development nor implementation of the IFSP. If the interpreter has another role (e.g., the Interpreter is a neighbor who provides support to the family), then that person can be included on the team as a family friend if the family chooses. .*

*NOTE: Their role as interpreter should be noted on the IFSP Meeting Notes Page.*

## POINTS OF CLARIFICATION #6

10-11-05

3. Does the Evaluator need to be present at the Initial IFSP meeting? What if the Evaluator can be there at the IFSP meeting, but then the IFSP would be beyond the 45-day timeline?

*In IDEA under IFSP Participants, the Evaluator(s) can participate via other means if they cannot attend the IFSP Meeting, such as providing a copy of the evaluation report and/or participating in the IFSP via a conference call. However, if the family would like the Evaluator to be present at the IFSP meeting, the CC must honor that request. The CC should explain to the family about that postponing the IFSP would postpone services. If the family chooses postpone the IFSP, the CC must document the family's request in the CC's anecdotal notes and it would be a "family reason" as to why the IFSP goes beyond the 45-day timeline.*

4. Does the Pediatrician always need to be on the IFSP team?

*Yes, unless the family chooses not to have the PMD on the IFSP team.*

## POINTS OF CLARIFICATION #7

11-14-05

### OUTCOMES/OBJECTIVES/STRATEGIES:

1. On the outcomes page under the header "What is happening now with our child/family?" can you write "See PLOD."

*In this section, note what the child is currently doing with respect to that specific outcome.*

2. Does each priority need to have an outcome addressing the identified need?

*Yes. If the family does not want an outcome to address an identified priority area, then a discussion should occur with the family and maybe the need remains as a concern and is not added as a priority area at this time.*

3. A Discipline Specific Assessment is completed (after CDE and IFSP already in place) and a delay is identified in another developmental area. The person who did the Assessment recommends that discipline's service (e.g., OT recommends PT services). How would PT services be documented on the IFSP if there were no outcome addressing that developmental area?

*If an Assessment (after the CDE and the IFSP is already in place) identifies a delay in an area not previously identified on the CDE, an IFSP Review Meeting should be held to discuss the findings of the assessment. Invite appropriate service providers to review the current IFSP and determine additional outcomes and services that may need to be added to the IFSP. (e.g., PT should be invited to the meeting to address identified delay discovered during the OT Assessment).*

4. For Healthy Start Programs - previous IFSPs had child development goals and parent child interaction goals designated for the families - are these same goals for child development and parent child interaction to be included in this new IFSP process?

*The outcomes should be based on what is needed by child/family.*

## POINTS OF CLARIFICATION #8

11-14-05

### EI SERVICES PAGE

1. Define "consultation" for the early intervention services page.

*The Consultant is the person providing consultation to the team. Being a "consultant" requires that the person see the child (usually as a joint visit with the primary provider or staff person needing consultation). The minimum amount of time the consultant sees the child should be noted on the IFSP to observe both how the child is progressing and what additional support is needed for the Primary Provider and/or the family (i.e., 1x/quarter; 30 min.)*

2. When the team determines that an SLP is needed for a child, they write down SLP services on the EI Services Page, regardless if they have a SLP on staff. What do you write in the "anticipated start date" column, as Program doesn't know when they will hire an SLP?

*The date entered should not be greater than 30 days from the IFSP date. There could also be a notation on the IFSP Meeting notes page that the program is in the process of hiring an SLP or whatever was discussed at that meeting.*

*Consider other options (if appropriate) such as having the SLP be the Consultant to another team member who can be the primary provider in implementing the IFSP.*

3. Child is receiving SLP (every other week) and Special Instruction (every other week) Services. Both services are being provided Individually (I) as the Team has determined that the Transdisciplinary approach would not be best for this child/family. Chelsea Courtney is also involved and providing services on a weekly basis, alternating with both disciplines on alternate weeks. Would Chelsea be listed as a Consultant ("C")? Can there be a consultant listed if there is no Primary Provider?

*Yes, "Consultation" services can be provided even though services are not being delivered via transdisciplinary approach.*

*In the example above, it depends on what Chelsea is providing. Is she providing direct services to the child? Is she the Primary Provider as she is going in on a weekly basis and the other therapists are the Consultants?*

4. Interpretation services are listed on the EI Services Page. How is the frequency and intensity documented on the IFSP?

*Interpreter services have been removed from the EI Services Page. Discuss with the family at the IFSP Meeting when they would need interpreter services and note on the IFSP Meeting Notes Page.*

5. For frequency and intensity, can ranges be used (i.e., 4x/month for 30-60 minutes or as tolerated)?

*Ranges cannot be used. The team determines what the child needs and that's what should be listed on the IFSP Services page. If the child needs weekly services, it should be listed as 1x/week (if it's listed as 4x/month does that mean if there are 5 weeks in a month that one week it wouldn't be provided?). It should also be clear how long the service provider would be there per session to implement the IFSP (e.g., 45 minutes). NOTE: Of course there are times that a provider may stay a little longer than 45 minutes, which is OK. However, if frequency and intensity changes on a regular basis, then the change should be noted on the IFSP at a Review Meeting.*

6. Can "Family Training" be provided via "I" and "G"?

*Yes, if "Family Training" is provided to one family, it should be "I", if more than one family it should be "G."*

7. How do you document Audiological Evaluation on the EI Services Page?

*One-time evaluations do not need to be listed on the IFSP (a Consent for Evaluation/Assessment is currently being finalized) and Written Prior Notice needs to be provided to the family.*

*If the evaluation results in a need for services (including regular evaluations), there must be an IFSP meeting to up-date the IFSP to reflect any outcomes/objective/strategies and services being added to the IFSP.*

8. If a service is discontinued, can it just be crossed out?

*No. There is a column for actual end date so it is not necessary to cross out the entire line.*

9. If location is "1" (home) and "7" (office setting) for a service, does there still need to be a justification as to why the service is being provided at "7" location?

*Yes.*

10. Where does the "liaison CC" get listed on the IFSP when providing some services to families?

*There is only one CC for each family. There is no "liaison CC", but if needed, a liaison/contact person at the program can be identified; however, anyone can be identified (i.e., Primary Provider) as the program contact person.*

11. Does the SW and CC services go on the same line or separate lines if the same person is doing both?

*Separate lines - 2 different services.*

12. Is a clinical setting a "non natural" environment for every service?

*Yes for EI services. If a service can only be provided in an office setting (e.g., hearing evaluation), include that information in the justification.*

13. Should WIC nutritionist services be listed under EI Summary of Services page?

*If it is determined that nutrition services are needed, then the WIC Nutritionist can be the provider to meet those needs if they agreed to. If nutrition services are not needed, then WIC would be listed under "Other Services" with service being food supplement and WIC as the provider.*

14. How often do we document frequency for PHN - what is minimum expectation, especially for nursing services?

*There is no minimum expectation for services; the team determines the frequency needed for an individual child.*

## POINTS OF CLARIFICATION #9

11-14-05

### SIGNATURE PAGE:

1. If team members do not respond to the IFSP Meeting Notification, how do you complete the signature page of the IFSP re: how did member participate?

*Write "Invited - couldn't attend" or "Invited - no response"*

2. Dad was not present at the IFSP meeting; however he is listed as a team member and it is noted that he participated via Mom's report. Is this OK?

*Yes, if Mom says that she reported Dad's input.*

3. PCP is listed as a team member, but was not present at the meeting. His participation is listed via "referral information." Does this count as participation?

*No, referral information does not count as "participating in the development of the IFSP." The IFSP Meeting Notification Form includes space for the Pediatrician to provide current and relevant information if they will not be present at the IFSP.*

4. If the IFSP is typed w/out changes after the IFSP meeting, can we use the same signature page (without parent resigning)?

*The parent should sign the handwritten IFSP so that services can begin and a copy of the IFSP can be distributed to team members. When the IFSP is typed, the typewritten and handwritten IFSP must be reviewed with the family. A copy of the handwritten signature page may be attached to the typewritten IFSP; however, in the IFSP Meeting Notes Page of the typewritten IFSP, include a note as to when the typewritten IFSP was reviewed with the family and have the family date and initial the notation on the IFSP Meeting Notes Page.*

## POINTS OF CLARIFICATION #10

11-14-05

### TRANSITION

1. For children who are discharged, do CCs need to do the 3-month follow-up?

*IDEA does not require a 3-month follow-up after a child exits EI, but it is offered as best practice. It is also an opportunity to confirm where the child is receiving services. If a family agrees to a follow-up phone call, it should be noted on the transition plan of the IFSP and included on the Discharge Summary Report as a reminder to the CC. NOTE: The child has officially exited out of EI and is no longer "counted" as a child receiving EI/CC services.*

## POINTS OF CLARIFICATION #11

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### Dear Family Brochure with IDEA insert

1. Is it permissible for programs to shrink the IDEA insert form to letter paper size, especially when faxing the document?

*It is recommended that the IDEA procedural safeguards insert be on legal size paper due to the amount and size of the text.*

2. Do we have this insert available in other languages?

*Currently, the brochure and insert is only available in English. Programs will be informed as soon as it is available in other languages.*

3. When is this insert provided to a family?

*The brochure/insert is provided to a family at the first meeting with the family, every time the written prior notice (WPN) is given to the family and offered at every IFSP Meeting.*

#### EI - 1: Notice of Confidentiality and Access to Records (FERPA Notice)

1. How do we document that the family was given the FERPA Notice?

*When the FERPA notice is given to the family at intake, programs should document on their intake or family cover sheet that it was provided to the family. Thereafter, it is documented on the IFSP (signature page).*

2. How often do we need to give the family the FERPA Notice?

*The FERPA Notice is discussed and provided at intake and offered at every IFSP Meeting (initial, review, annual).*

## POINTS OF CLARIFICATION #12

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-2a: Consent for Method of Sharing Information

1. Should programs have all their *active* families sign this form or is it on a go-forward basis?

*Implement this form for all new families. Complete the form with current families on the next scheduled visit.*

2. Is this form only for the family and does each program need to do their form with the family?

*The family/legal guardian signs the consent for sharing of information. The top portion is how providers can share information with each other and the bottom portion is how the family would like information shared with them.*

*The form only needs to be completed once since it is valid for the time the child and family are in Early Intervention or until they provide a written request to revoke their consent. Team members can request a copy of the consent form from the CC.*

3. Can evaluation reports be sent via e-mail?

*Evaluation reports may be sent via e-mail with written consent from the family/legal guardian. Be sure to check the appropriate box on EI-2B re: sharing of information.*

4. If the family does not give consent for providers to fax/e-mail to each other, it makes our job so much harder and mailing becomes a budgetary issue for the program. Why are we giving families this option?

*Discuss with the family the different methods available to share written information. Explain to the family that faxing and/or e-mailing makes communication with other providers easier and faster. If the family has a concern, explore why the family does not want providers to fax information and have a discussion about the issue at hand. However, if the family still does not feel comfortable with faxing then their request must be honored.*

5. Does the family need to consent to having things hand-delivered?

*No. The form will be revised to include a statement that that documents may be delivered by hand and/or by US Mail.*

6. What do we put for "mother/father" name when CWS is the legal guardian and they need to sign the forms?

*Complete the form based on what is needed. If it is not the mother/father, cross out the line and write in the appropriate "title."*

7. Can programs change the size of the font so information will fit in the space provided?

*No because the form is locked. The font size is generally set at 10 pt. If more space is needed, write, "see attached" and an additional page(s) may be attached to the form.*

8. If the family and/or provider give specific instructions about certain things, then do we need to write in those specific instructions?

*Yes, note any specific instructions in the "Comments" section of the form. For example, some physicians do not want things faxed to their office so although the family may have approved faxing as a method to share information, we must respect the Physician's request not to receive things via fax.*

9. What if the family only wants to communicate via e-mail and our program does not e-mail?

*Explain to the family that your program does not e-mail and make note of it in the "Comments" section of the form; however, still check off e-mail because other providers may e-mail the family.*

10. Does this form cover telephone calls and conversations with the family?

*No, this form is for sharing written documents.*

## POINTS OF CLARIFICATION #13

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-2b: Consent for Comprehensive Developmental Evaluation (CDE)

1. Which referral date should be entered for the Part C Referral Date?

- a. H-KISS Receives Referral: The date that H-KISS obtains verbal consent from a family to be contacted by an EI Program is the Part C Referral Date and is noted on the H-KISS Referral Form.
- b. Program Receives Referral: The date that the program talks to the family and family says that they are interested in hearing more about EI is the Part C Referral Date.
- c. Healthy Start: The Part C Referral Date is the date the EID Supervisor confirms/signs the Family Assessment so the family may be referred to a Healthy Start Program.

2. There is not enough space for "primary areas of concern" and "health/medical concerns".

*If there isn't enough space, write, "see attached" and attach additional page(s) to the form.*

3. Does this form replace the referral form (i.e., ECSP-10) to the program?

*Yes. Attach any additional relevant information you may have about the child/family.*

4. Where do we write the family history information?

*Attach any additional information to the form. If it's something that's already written (i.e., H-KISS Referral Form), select "other" in additional information section and write in "H-KISS Referral Form," and attach the H-KISS Referral Form to the form.*

5. How do we include additional information so that the program can provide services?

*This form is the consent for the CDE. At this time, you are not referring to the program for services. Keep in mind that should the CDE show developmental delays, an IFSP Meeting should be scheduled so that the IFSP can be developed or reviewed/up-dated. If the program will be providing services, the CC can provide the program with any necessary documents/information so that they program does need to repeat intake with the family.*

6. If an AFS provider completed the CDE, what form do we use to refer to a program for services?

*The Lead Agency will be exploring if a statewide "Referral Form for Services" may be beneficial.*

7. If Healthy Start submits the Consent for CDE, the program does not know what "discipline" the Child Development Specialist (CDS) is so how does the program determine who needs to partner with the CDS to do the CDE.

*The CC can write the name and discipline of the CDS in the "Comments" section of the form. If needed, call the person who submitted the form to get additional information.*

8. What documents need to be attached to the Consent for CDE for children who are biologically at risk and environmentally at risk?

*Include any information that you may have (i.e., ASQ, ASQ-SE, Nursing Assessment). Discuss with the program(s) in your area to see what other kinds of information they feel would be beneficial.*

9. At what age does the CDE need to be done for babies who are pre-mature?

*For pre-mature babies who's adjusted age is less than 1 month and who are eligible due to biological risk, information may be gathered from a variety of sources so that the "PLOD" can be completed to assist the team in developing the IFSP. The HELP or other approved tool, must be completed at-least by the IFSP 6-month review to determine if there are any developmental delays and to assist the team in up-dating the IFSP for the 6-month review.*

10. When is this form used?

- a. Developmental concern: This form is used prior to the CDE to determine eligibility.
- b. Biological Risk: This form is used to determine if the child has a developmental delay (child is already eligible due to biological risk) and to support the IFSP process.
- c. Environmental Risk: This form is used when the ASQ/ASQ-SE falls into the referral range to determine if the child has a developmental delay (child is already eligible due to environmental risk).

11. For children who are environmentally at risk, what date is entered for "IFSP Due Date" since the family already has an IFSP in place?

*Write the IFSP Review Due Date which should be 45-days from the time the CDE consent form was signed.*

12. What should the CC do if a family who has a developmental concern for their child declines the CDE and only wants an evaluation done in one specific area?

*The family needs to understand that the CDE is a pre-requisite for Part C services if there is a concern regarding the child's development. The purpose and benefits of the CDE should be explained to the family and explore the underlying reason why the family may not want a*

*CDE. If the family declines the CDE, document the discussion in the comments section of the Written Prior Notice Form and check the box "Your child is not eligible for EI services."*

13. Does this form have to be kept in the child's file if the family declines the CDE?

*Yes, a copy of the form that states that the family declined the CDE must be kept in the child's file.*

14. How do programs get the information (history) for the CDE report if the program does not do intake prior to conducting the CDE?

*The program should be getting the history information from the Care Coordinator who has already completed intake with the family. Ideally, the family's CC would be a member of the Evaluation Team. If for some reason the CC is not a member of the evaluation team, the CC should complete the family history, reason for evaluation, etc. and provide it to the program conducting the evaluation so that it may be used in the written evaluation report.*

15. If a program has reports/evaluations from physicians, therapists, etc. outside the EI bubble, can that program re-disclose those reports to another Part C program that will be providing the CDE and/or services?

*Providers/programs within the EI bubble may share information with each other to support development and implementation of the IFSP. However, if providers are outside the EI bubble, information can only be shared or re-disclosed with parent consent.*

## POINTS OF CLARIFICATION #14

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-2d: Authorization for Use or Disclosure of Protected Health Information

1. Who is considered in the EI bubble?

*EIS: ECSPs and POS Programs, EIS Staff, AFS Providers*

*PHNB: PHN sections*

*MCHB: Healthy Start Programs*

2. Is Newborn Hearing Screening Program in the EI bubble?

*No; therefore, consent is needed prior to sharing/obtaining information from Newborn Hearing Screening Program*

3. Is this a two-way form – release and obtain information?

*No, currently it is one way. Separate forms are needed to share back and forth.*

4. Would this form be used for other community resources as well?

*Yes. This form must be used for anyone outside of the EI bubble.*

5. If a program already has a form with the same information do they need to use the EI form?

*Yes, this is a required EI form.*

6. Can programs within the EI bubble share a report that has information on mental health and/or substance abuse with each other?

*Yes, refer to the FERPA Notice. If a family does not want that information shared, on the copy of the report, "black out" that section of the report.*

7. Is information that parents provide considered protected health information?

*Protected Health Information is personally identifiable information.*

8. How long is this form valid for?

*The form is valid for the time the child and family are enrolled in early intervention, unless it is a one-time event and the date of expiration is indicated on the form.*

9. If the same information will be requested from a Pediatrician on a regular basis, do we need to do the form each time?

*No. On the form, indicate what information will be requested from the Pediatrician as well as the frequency and purpose. If any additional information is being requested, then a new form must be completed.*

## POINTS OF CLARIFICATION #15

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### El-2e: Consent for Evaluation/Assessment

1. If a CDE was completed and the child does not have a developmental delay, does a CDA need to be completed annually?
  - a. *Developmental Delay: Child would not be eligible for Early Intervention and should be discharged from the program.*
  - b. *Biological Risk: Program would complete a CDA prior to the annual IFSP to support the IFSP process.*
  - c. *Environmental Risk: Program would complete the ASQ/ASQ-SE at periodic intervals. However, should it fall into the ASQ referral range, then a CDE must be completed at that time.*

*NOTE: The HELP/Michigan may be up-dated on an on-going basis; however, CDAs must be completed prior to the Annual IFSP.*

2. If the child is already receiving services, does this form need to be signed annually for the CDA?

*No. It should be noted on the IFSP Meeting Notes page (as discussed at a meeting) that the HELP/Michigan will be periodically up-dated at regular intervals to support the IFSP and a CDA will be completed prior to the Annual IFSP.*

3. Would this form be used for a sensory evaluation?

*Yes.*

4. Is this form used for someone going in to do an informal consultation to determine if an evaluation/assessment is needed?

*Yes. Indicate in the "Comments" section of the form that the individual will be doing an observation first to determine if an evaluation/assessment is needed.*

## POINTS OF CLARIFICATION #16

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-3: Written Prior Notice

1. Does the Dear Family brochure need to be sent with the WPN every time?

*The Lead Agency is currently waiting for clarification from the AG for approval to revise the form so that the "Dear Family" brochure and insert does not have to be sent with each WPN. If approval is obtained, the form will be revised accordingly.*

2. If the family says that they don't want the Dear Family brochure sent to them, does it still need to be sent?

*Write in the comments section of the form that the family has declined the Dear Family Brochure and is therefore not included.*

3. If CWS is the legal guardian, do we send it to CWS and the foster family?

*The form must be sent to CWS if they are the legal guardians. If CWS and the program have agreed that a copy be sent to the foster family as well, then make a notation on the form that the foster family was provided a copy of the form.*

4. Does the CC need to keep a copy of all WPNs in the record?

*Yes.*

5. Does WPN need to be sent out prior to doing the CDA?

*No; however, there should be documentation on the IFSP that the CDA will be conducted prior to the annual IFSP.*

6. Can the IFSP be done without the written CDE report?

*Yes; however, someone from the evaluation team must be present at the IFSP meeting to discuss the evaluation results if no written report was provided prior to the meeting.*

7. Does the CC always need to do the WPN or can the therapist complete the form and give it to the family?

*The CC is responsible for ensuring that the WPN is completed and provided to the family. The therapist may do it, but the CC must ensure that it was done and a copy is filed in the chart.*

8. What is considered a 'reasonable time' to provide WPN?

*Provide the family with the WPN as soon as possible. The WPN provides the family with an opportunity to think about what's being proposed and what their rights are so they are prepared for the meeting to discuss the action(s) being proposed.*

9. Is the WPN given to the family every time there is a date/time change for evaluation or IFSP meeting?

*No, WPN is given to inform the family of the evaluation or meeting and the purpose. Once the family has been informed, changes to date/time do not require another WPN. It should be documented in the anecdotal notes that the family was informed of the change(s).*

10. When a child is exiting EI due to no longer needing EI services, does the WPN need to be sent out for IFSP Review and Termination of services?

*Yes.*

11. When a child is exiting EI due to age, does the WPN need to be sent out for IFSP Review and is it considered termination of services?

*No, EI is only until age three so the child/family will be exiting the EI system.*

12. Can this form be modified for intake meeting or a transition meeting?

*A transition meeting is an IFSP Review Meeting; therefore select "Hold an IFSP Meeting: Review." This form is not needed for a Transition Conference (use EI -5) or for Intake.*

13. Healthy Start sometimes "drops in" on a family and they do the initial IFSP. How would they provide the WPN?

*Prior to starting the meeting, provide them with the WPN. If the family chooses to do their IFSP on another day, indicate the scheduled date of the meeting on the bottom of the form.*

14. If you need to inform families of more than one item do you need to send multiple forms?

*No, check all the appropriate boxes.*

## POINTS OF CLARIFICATION #17

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-4: IFSP Meeting Notification

1. When a program is CC and providing services, does each of the program's therapists that are being invited to IFSP need a copy of this form so that they can indicate their attendance?

*No, one form in the chart is sufficient; however, have a process in place at the program whereby therapists know of up-coming IFSP meetings.*

2. Does the form need to be sent out if the IFSP will be held within two days?

*I ideally the form would be sent out in enough time for team members to attend; however, if circumstances do not permit that, then send out the form ASAP.*

3. Does this form go to the family also?

*Yes. This provides them with written documentation of who was invited per their request.*

4. When this form is sent to the doctor, does the EI -2d form need to be attached?

*The EI-2d is the consent form needed for the doctor to share information that is being requested.*

5. What does the CC do if the form was sent out to the AFS provider and the provider just didn't show up for the meeting?

*On the signature page of the IFSP, it would be documented that the AFS provider was invited but did not attend.*

6. What happens if the service provider cannot attend the IFSP meeting?

*If the family would like that service provider to attend, then the meeting must be re-scheduled. Or, the service provider can participate via other means (e.g., conference call, written report, etc.)*

7. Do forms that have been returned by parent/therapist need to be kept in the file or can it just be noted on the original?

*The original can be your master log and all responses can be noted on the original.*

## POINTS OF CLARIFICATION #18

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### IFSP Form (Transition Plan)

1. What happens if the child is under 2 and the family wants to postpone transition discussions, does it have to be noted in each box?

*All components of the transition activities should be discussed with the family. If the family chooses not to do anything specific at that time, it should be noted for each of the components.*

2. Can we take the transition plan from the "old" IFSP and use it for the annual IFSP?

*The transition plan page may be copied and inserted into the Annual IFSP. NOTE: Do not remove from the previous IFSP.*

3. Should information on the "old" transition page format be transitioned to the "new" transition page?

*The "new" transition plan must be utilized as of October 1, 2005 for all new referrals and IFSP Review Meetings.*

4. Does the doctor need to be invited to a transition meeting?

*If the family determines that they would like to invite the doctors to their IFSP Review Meeting, then their request must be honored.*

5. Do you need an outcome for transition?

*It is not required; however, space was allotted for a transition outcome so that if a family chooses, they could write down where they would like to see their child at age three.*

6. When is the transition plan complete?

*The transition plan is developed at the initial IFSP and up-dated at every IFSP Review/Annual Meeting. The transition plan is considered "complete" when there is documentation in the middle column to show that discussions occurred and a plan is in place. At least 6-months prior to a child exiting EI, the plan should include specific activities/steps, etc. that they family would like to address.*

7. Does an IFSP Review Meeting need to occur when a family changes levels (Healthy Start), which leads to a change in frequency and intensity?

*Any changes to the IFSP require an IFSP Review Meeting. Refer to Points of Clarification #6, answer #1.*

## POINTS OF CLARIFICATION #19

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-5 Transition Conference Meeting Notification

1. Does this form still need to be completed if a family refuses a transition conference?

*It is not required; however, some programs are putting a slash through the form with a notation and using it as their documentation that it was offered and the family declined a transition conference.*

2. Does the family need to provide consent prior to the CC sending out the Meeting Notification to people outside of the EI bubble?

*No written consent is needed; however, the discussion with the family regarding who they would like to invite to the Transition Conference should be included as part of the Transition Plan. If it's decided outside of an IFSP Review Meeting, document the discussion in the anecdotal notes.*

*NOTE: If the family chooses to have one meeting with multiple providers/agencies, then one form may be used. If the family chooses to have separate meetings, then separate forms would be used.*

3. When a family would like a Part B representative at the Transition Conference, does the Meeting Notification need to go to both the SSC and 619 Coordinator?

*Have a discussion with the 619 Coordinator in your community as to their preference regarding whom they would like the invitation to be sent to.*

## POINTS OF CLARIFICATION #20

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### EI-6: Part C Transition Notice to DOE

1. What information about the child is sent to DOE?

*Refer to form instructions.*

2. Who do we call for Operation Search brochures?

*Contact the 619 Coordinator in your area or Mike Fahey for Operation Search brochures.*

3. If a family is not interested in DOE, do they still need to complete this form?

*Any child who may be eligible for DOE must have this form completed regardless if the family is interested in DOE or not. This form meets Part C's requirement of notifying DOE of children who may be eligible as part of their Child Find.*

4. Should this notice be sent to DOE for any child receiving early intervention services?

*This Notice must be sent to DOE for all children who have a confirmed developmental delay. However, if a team determines that a child may be eligible for DOE even though the child does not have a confirmed developmental delay, the Notice must be sent to DOE.*

## POINTS OF CLARIFICATION #21

1-31-06

### REQUIRED PART C EARLY INTERVENTION FORMS

#### Transition Notice Memo

1. Is it being monitored if the memo is being sent out to the SSCs?

*No, this memo was developed and implemented at the request of DOE because they did not have procedures in place at the time that the form was implemented.*

#### Transition Worksheet

1. If this is an optional form, why is it mandatory for some programs?

*The Transition Worksheet is an optional form that the Lead Agency developed for programs that wanted a "tickler" system. An Agency (EIS, PHNB, MCHB) or Program may make it mandatory as part of their corrective action plan as a strategy to ensure that transition activities occur in a timely manner.*

#### Miscellaneous

1. Is there a standard format that EI would like to have the Forms filed in the chart?

*Programs may determine how to file forms in the charts.*

2. Is there any specific location, other than in the anecdotal notes in the chart, where CCs/clerical staff should document when/how a form was sent out?

*Programs may determine their own procedures regarding filing and documenting when/how a form was sent out.*

3. It is the understanding of the programs that all forms should be sent to the family and appropriate parties by the CC?

*The CC is responsible for ensuring that the forms are completed and sent out to the appropriate parties; however, someone else may do the task itself.*

4. Will any of the forms be produced with a carbon copy attachment?

*Once all the forms are "final," the Lead Agency will explore the possibility of NCR forms.*

## POINTS OF CLARIFICATION #22

8-22-07

### CDE

**\*=change from what was said in trainings.**

#### A. Evaluation Team

1. Is it required that evaluation team identify specific roles (i.e., lead evaluator, recorder, etc.)

*This approach is highly recommended prior to the evaluation. Rationale: Child will not have to move from person to person and will be able to focus on one evaluator. Also one person can ask the parent questions by domain vs. two people asking the parent questions and potentially moving from domain to domain. Also reinforces the transdisciplinary approach in crossing domains during the assessment.*

2. If the CDS is present at the evaluation, does the FSW who is the CC need to be present?

*It is recommended that the FSW attend as they have valuable knowledge of the child and family.*

3. If the CC is a SW/PHN/CDS/Enhanced Healthy Start Nurse, will they be expected to be the 2<sup>nd</sup> evaluator?

*SWs/PHNs/CDS/Enhanced Healthy Start Nurses must attend the required CDE training. Once trained, they participate as the 3<sup>rd</sup> member of the evaluation team. When the mentoring process is completed, they would then participate as the 2<sup>nd</sup> member of the evaluation team.*

#### B. HELP Chart

1. What program is listed on the HELP Chart?

*The program providing care coordination is listed on the HELP Chart.*

- \*2. Age---Do we use  $\frac{1}{2}$ ,  $\frac{3}{4}$  or whole months? (Some programs are using quarter months; other programs are rounding down or up)

*Use half months since the HELP Chart items are aged at  $\frac{1}{2}$  months. Up to 14 days =  $\frac{1}{2}$  month; 15+ days = whole month.*

3. When is the vertical line drawn?

*The vertical line is drawn the day of the evaluation/assessment is completed in all areas as determined by the evaluation team/primary provider. If additional information is obtained at time of IFSP meeting you should date the skill with the month and year the highlight should be the next color in the sequence. The additional information obtained at the time of IFSP should be included on your PLOD. Remember to try to schedule your evaluation/assessment with consideration of your IFSP deadlines and allow for cancellations due to illness, etc.*

\*4. What is highlighted for "emerging skills" and where do the markings go?

*Highlight only the number of that particular item and put the +/- after the item description, preferably in the "white" section.*

5. Do you highlight if the child is credited an "A" (atypical)?

*Don't highlight - refer to the back of the HELP Chart, 5f.*

6. How does information from other reports provided by individuals outside of the EI programs (i.e., doctors, AFS providers, etc.) get included in the CDE?

*Make reference to the report in the appropriate section of the CDE report. The CC ensures that information from report(s) are plotted onto the HELP Chart as appropriate.*

*If you indicate items on the HELP Chart that was obtained via a report instead of observation, create a legend. For example, if you put an "R" next to an item because you received that information via a doctor's report, then there should be a legend on the HELP Chart indicating that "R" - report.*

7. Can copies of the HELP chart be given to the family?

*Yes, a xerox copy may be provided upon request. Clearly mark "COPY" on the HELP Chart and date it was provided to requester.*

### C. HELP Chart Items

1. Why is object permanence important and how do you explain the importance of object permanence to families?

*Object permanence teaches the child that an object still exists even if it disappears. It is important as a foundational skill as it will help the child later to understand that if their parent/caregiver leaves, they will come back (separation). It also helps the child learn persistence and attention to task. An example you can also share with the parent is to relating it to a paycheck - adults who work know they will get a paycheck and will have money even if do not physically hold the cash in their hand.*

2. How do you indicate which sounds the child has if they are not yet producing all the sounds noted? (I tem # 2.22: Produces specific sounds frequently in babbling)

*Highlight the sounds the child is producing at the time of your assessment. And highlight the item number to indicate that the skill is emerging. As the child acquires sounds you would highlight the sound with the color that corresponds to that assessment.*

3. If a child is hemiplegic, and cannot use one side of their body or has a documented hearing or vision loss on one side how would you indicate this on the HELP Chart?

*If the child has a permanent loss (paralyzed, amputee/never have ability to use that body part, documented hearing/vision loss on one side) then credit that side as an N/A and credit the other side accordingly. Refer to the Inside HELP (1997 Revision), pg. i.21 for further explanation of credit codes.*

4. Can matching of object (I tem # 1.107) go both ways? (i.e., object to picture, picture to object)

*Yes, see incidental sample - Inside HELP (1997 Revision), pg. 71*

5. For I tem #2.50 "at least 15-20 words" the Inside HELP says it should be "at least 15 words."

*Follow the Inside HELP (1997 Revision), pg. 111 which state "at least 15 words".*

#### **D. Providing family with information**

1. What information can be shared with the family on the day of the CDE regarding findings?

*Preliminary findings can be shared with families as well as suggested strategies/activities they can begin working on with their child. The only thing that shouldn't be shared is recommendation of specific therapy services.*

2. Can developmental ranges be shared with the family immediately after the CDE/CDA?

*Yes; however, inform the family that you are sharing "preliminary findings" with them because there may be changes that arise when the evaluators review all the information gathered during the evaluation process*

#### **E. CDE Debriefing**

1. Is debriefing mandatory under IDEA?

*Debriefing after the CDE is not required by law; however, it is part of the process developed by Hawai'i's Part C system to support the team approach and to ensure that the findings are as accurate as possible. It provides an opportunity for the evaluation team to discuss observations and make the final "markings" on the HELP Chart. It will also provide the necessary information for the lead report writer to write the draft report.*

2. If the evaluation team is comprised of seasoned evaluators, is debriefing still mandatory?

*Yes, as the evaluation is a team process. See above.*

3. If debriefing is done on another day other than the evaluation was completed, what date is entered as the evaluation date on the CDE report – the day of debriefing or the actual evaluation?

*The day the evaluation was completed.*

4. Who's supposed to be present at the debriefing?

*Minimally, the evaluators who were present at the evaluation must attend the debriefing. However, if the CC was unable to participate in the evaluation, he/she should try to attend the debriefing.*

5. Is the family present at the debriefing?

*The evaluators should provide the family with some information after the evaluation – preliminary findings and suggested activities/strategies that the family may begin to work on with their child. After the evaluation, the professional evaluation team members should meet to debrief about the evaluation and would not include the family in this discussion.*

6. If there are concerns in a discipline specific area and that discipline wasn't present for the evaluation, is that discipline required to be at the debriefing?

*Only the evaluators present at the evaluation meet to debrief. If there are concerns in a discipline specific area it should be recommended to the family that the therapist be invited to the IFSP meeting. The therapist should review the HELP Chart prior to the IFSP meeting. At the IFSP meeting, it should be determined if additional consultations or assessments are needed.*

7. How will debriefing occur if the CDE is done by different AFS providers?

*It is recommended that when the evaluation is scheduled (try to schedule the AFS providers together), schedule additional time for the debriefing to occur after the evaluation. If the AFS providers cannot be scheduled simultaneously, the debriefing should be scheduled at a later time so that both evaluators can be present for that portion of the CDE process.*

**F. Report**

1. In Section I of the CDE Report, who is listed as the "referring person/agency?"

*The CC fills out Section I of the CDE Report. The "referring person/agency" would be the person who made the referral to Part C via H-KI SS (referring person indicated on the H-KI SS Referral Form) or directly to a Program.*

2. What is the definition of scattering of skills or splintering of skills? What does this mean?

*Refer to the Inside HELP (1997 Revision), pg. i.23.*

*Scattering Skills: uneven and in a wide range of skills.*

*Splinter Skills: an isolated ability that does not generalize across learning environments.*

*These abilities are often widely discrepant from other areas of functioning.*

*Cluster/center: generalized groups of skills that cluster within 2-3 months.*

3. Clarification on what strategies are included in the CDE report.

*Highlight some things that the family can begin working on with their child prior to the IFSP meeting.*

4. Why can't therapists include discipline specific recommendations on CDE/CDA report?

*Discuss areas of concerns (i.e., explore nutritional issues; further investigation needed regarding sensory concerns, etc.) instead of specific evaluations because another therapist may be able to assess the situation. The team will determine at the IFSP meeting what services and/or additional evaluation/assessments are needed based on the child's needs.*

5. How do you document that a child needs nutrition, assistive tech or psych services if specific recommendations can't be made on the CDE/CDA report?

*Indicate areas of concern on the CDE/CDA report (e.g., baby not gaining weight; mother reports long and frequent tantrums) describe behaviors, etc.) Then the CC identifies with the family the appropriate people to be invited to the IFSP meeting. Or, at the IFSP meeting, the team discusses with the family any additional consultations or assessments that may be needed.*

6. What does "developmental services are recommended/not recommended at this time" mean at the end of the CDE report template?

*Check off the appropriate box based on the CDE findings if treatment services by the developmental programs are being recommended at this time. Under the boxes, elaborate/summarize findings. This is used instead of "eligible/not eligible" as some children are already eligible for EI due to biological or environmental reasons. This will inform the CC that developmental services are needed in addition to what they are currently receiving.*

7. Does the FSW or CDS (Healthy Start) sign the report?

*The CDS completes Section I of the report based on information provided by the CC/FSW and signs the report as an evaluator. If Care Coordination has switched to the CDS, then they would sign as the Care Coordinator/Evaluator. If care coordination is still provided by the FSW, the FSW would sign as the CC and the CDS would sign only as the evaluator.*

8. Who holds the original CDE/CDA report with original signatures?

*The original report is kept in the child's official chart that is kept by the program providing care coordination.*

9. Can CDE/CDA reports be e-mailed?

*Yes, reports can be e-mailed with parent consent (Form EI-2a: Consent for Method of Sharing Information)*

**G. IFSP Meeting**

1. Do all members of the evaluation team need to be present at the IFSP meeting?

*At least one person from the evaluation team needs to be present at the IFSP meeting to represent the evaluation team to explain results of the evaluation and answer any questions.*

2. Does the FSW or the CDS who was part of the evaluation team attend the IFSP meeting?

*If the FSW is the Care Coordinator, the FSW must attend the IFSP meeting. The CDS may attend as one of the evaluators. If the CDS is the Care Coordinator, then the CDS must attend the IFSP meeting. However, if the FSW is/will be providing services, then the FSW must also attend the IFSP meeting.*

**H. Premies (born less than 37 weeks)**

1. What date is entered into the database for "date CDE completed" for premies?

*The data base should reflect the date the "Multidisciplinary Evaluation" (MDE) is completed. Pre-mature babies whose adjusted age is less than one month at the time of referral receive an MDE based on information from two disciplines (doctor reports, nursing assessments, etc.). Based on the information gathered, informed clinical opinion is used to determine eligibility and status of child's developmental skills.*

*For babies who are pre-mature, a CDE must be completed prior to the IFSP 6-month Review.*

2. Can a premie be referred for a feeding assessment only?

*Yes*

3. How do we calculate adjusted age?

*See attached sheet.*

## **I. Billing (EIS POS Programs)**

1. How many billing units are allowed for the CDE, including debriefing?

*EIS POS program can bill 1 ½ hours per evaluator (maximum of 2) for the evaluation which includes debriefing time. Generally, the evaluation takes approximately one hour, which leaves half an hour for debriefing. POS Programs may also bill up to 1 ½ hours to write the evaluation report.*

2. How does a POS program bill when they are requested to partner with a CC outside of their program (e.g., PHN) to up-date the HELP as part of on-going monitoring when the child is not receiving services from a developmental program?

*The program would bill for an assessment. Refer to EIS billing guidelines.*

## **J. On-going Monitoring**

1. Who up-dates the HELP when the child is not receiving services from a developmental program?

*The CC is responsible for up-dating the HELP Chart. If they need support, they may request support from a developmental program in their geographic area.*

2. Who is responsible for up-dating the HELP when the child is receiving services from a developmental program?

*The CC/CDS/EHS Nurse is responsible to ensure that the HELP is up-dated prior to the 6-month IFSP Review and Annual IFSP. The CC/CDS/EHS Nurse can up-date the HELP with input from provider(s) or they can partner with the provider(s) to up-date the HELP.*

3. What tool would Healthy Start use for on-going monitoring?

*If the child is environmentally at risk or biologically at risk (with no delays) and being served by Enhanced Healthy Start, the ASQ and ASQ-SE are used for on-going monitoring. If the child has a developmental delay or biologically at risk (with no delays) and are served by PHN, on-going monitoring must be conducted using the tool that was used for the CDE.*

4. How is the completion of the 6-month up-date documented?

*A written report is not required; however, add ranges and up-date information in the PLOD section of the IFSP. The CC is responsible to obtain current information for the update.*

## **K. Other**

1. Can other evaluations be accepted for the CDE?

*Yes. If other evaluation reports are used, plot on the HELP Chart to determine if other information is needed to complete all domains. On the CDE report, reference the report in respective sections.*

2. When a child transfers between programs within Hawai'i.

- a. Transfer between two programs from different agencies that both utilize the HELP:

*The transferring program provides copies of the current IFSP, evaluation report, and the HELP Chart to the receiving program. The transferring program must document in their records that the HELP Chart was forwarded to (name) program.*

*If programs are on the same island, the current CC schedules an IFSP Review meeting with the family and receiving program(s) to review the IFSP. IFSP changes, including changes in Care Coordination, is made at this time with a new signature page.*

*If the programs are on different islands, the receiving program schedules an IFSP review meeting with the family to review the IFSP and make any necessary changes with a new signature page. Continue to up-date the HELP accordingly.*

- b. Transfer between programs from different agencies that utilize different tools.

*The transferring program provides copies of the current IFSP and evaluation report. The receiving program schedules an IFSP review meeting with the family. The IFSP should be reviewed and any changes to the IFSP should be made at that time with a new signature page. As the child acquires skills, plot on the HELP Chart (no color). Prior to the IFSP 6-month Review or Annual, update all areas of the HELP, starting with "blue" in the color sequence.*