

# Rhode Island Early Intervention Certification Standards

## Policies and Procedures

### III. Referral and Intake

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Certified Early Intervention providers must develop policies and procedures to ensure all families who have an infant or toddler suspected of having a disability receive a timely response to referral and the completion of an Intake with the family to gather comprehensive information to plan the multi-disciplinary evaluation/assessment.

#### Referral

#### Referral procedures include:

- EI Providers must select a catchment area which includes the cities and towns they serve. Each city and town must have at least 2 EI providers. Providers update their catchment areas twice yearly. All changes must be approved by the lead agency.
- Referrals to EI providers from state and community agencies, health insurers, health care providers, and families must be accepted by telephone, fax, letter, or in person. Written acknowledgement of the receipt of the referral must be provided to the primary referral source within one business day of receiving the referral, unless the primary referral source is the parent. (Written acknowledgement is not required when families self-refer.)
- Referrals to the EI provider by primary referral sources are made as soon as possible but in no case more than seven days after the child is identified as needing EI evaluation and assessment.
- Providers must accept all referrals in their catchment area. If there are circumstances that prevent a provider from a timely response to a referral the provider must inform the lead agency and assist the family to access another program.
- Referrals will be accepted by EI providers for children up to 34.5 months. Children referred older than 34.5 months are provided LEA contact information and encouraged to contact the district directly or, with parental consent, referred directly to the LEA and SEA.
- Information from a primary referral source is considered confidential under the Family Educational Rights and Privacy Act (FERPA). With parental consent, the primary referral source will receive timely feedback from the EI provider regarding if the child was found eligible for EI. When parental consent is obtained, feedback must be provided in a written format to the primary referral source within 45 days of referral and must be documented in each child's record.
- If the contact information provided by the referral source is not valid (the phone number is disconnected or belongs to someone else, or mail sent to the address is returned as undeliverable), the EI provider must contact the primary referral source for updated contact information. If the contact information does appear valid, but the

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#### Referral (*continued*)

family is not responsive to outreach efforts, this engagement status can only be shared with the referral source when parental consent was obtained at time of referral.

- The EI provider must appoint a service coordinator as soon as possible for each referral.
- ~~All information related to a referral must be recorded on the most recent version of the Rhode Island Early Intervention Referral and Demographics form and entered into the Welligent data system.~~
- A complete referral is defined as information received by a referral source which includes enough demographic information to enable the EI program to contact the family. The referral date is the date of the receipt of a complete referral.
- All complete referrals must be entered into the Welligent data system within 1 business day of receipt.
- All infants and toddlers referred must have a multidisciplinary evaluation/assessment and initial IFSP meeting conducted within 45 days of referral. The only exceptions to the 45-day time line are:
  - exceptional family circumstances which caused a delay that are documented in the child's EI records; or
  - the parent has not provided consent despite documented attempts by the EI provider.
- Referred families who are unable to be contacted must be sent Prior Written Notice and Procedural Safeguards (via 10-day letter or SRF/session note) prior to discharge. If no response, discharge child as "Exit – (No IFSP) Attempts to Contact Unsuccessful."
- Referred families who do not wish to proceed with the Early Intervention eligibility process must be sent Prior Written Notice and Procedural Safeguards (via letter or SRF/session note) prior to discharge. Discharge child as "Exit – (No IFSP) Withdrawal by Parent/Guardian".
- Procedures related to children referred to Early Intervention for a second time are available at the [Paul V. Sherlock Center on Disabilities at Rhode Island College](http://www.ric.edu/sherlockcenter/ei.html). ~~found in the RI Early Intervention IFSP Guidebook at <http://www.ric.edu/sherlockcenter/ei.html>.~~

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#### **CAPTA Referral**

##### **303.27 Parent**

*Section 303.27 of IDEA*

*defines parent as*

*(A) a biological, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent);*

*(B) a guardian authorized to act as the child's parent (but not the State if the child is a ward of the State);*

*(C) 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*

*(D) an individual who has been appointed under 303.422 or section 639(a)(5) to be a surrogate parent.*

- The EI provider receives referrals for children from the Department of Children Youth and Families (DCYF) who:
  - are the subject of a substantiated case of abuse and neglect or
  - have been directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or
  - are under three years of age and potentially eligible for Early Intervention
  
- **If the biological parent is available and retains rights as primary decision maker:**
  - The EI provider contacts the biological parent and the parent makes all decisions regarding EI services and signs all EI paperwork, including consents, releases, the IFSP and transition. Initial intake conversations should be done with the parent. If the child is in foster placement the EI provider should also visit the foster parent to gather information, but not necessarily with the parent at the same time/location. The confidentiality of the foster parent is protected, when appropriate.
  - If the biological parent is unable to be reached prior to the initial multidisciplinary evaluation/assessment, the DCYF case worker must be immediately informed, and events clearly documented on an SRF. DCYF will locate the biological parent so they can receive prior written notice. Early Intervention proceeds with the evaluation to determine eligibility with the foster parent.
  - If the child is found eligible for EI, IFSP development should be done with both the biological and foster families.
  - If at any time, attempts to contact the biological parent are unsuccessful and will result in a delay of the IFSP process; the foster family may act in the role of parent and make decisions regarding Early Intervention such as signing IFSP and required consents. The DCYF case worker and DCYF EI liaison must be immediately informed, and events clearly documented on an SRF. The EI provider is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
  
- **If the biological parent is available but the foster parent has been named as temporary decision maker:**
  - Until DCYF indicates otherwise, the foster parent may sign EI documents including Services Rendered Forms, IFSPs and consent forms. Intake conversations should be done with the biological parent and foster parent, but not necessarily at the

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#### CAPTA Referral (continued)

- same time/location. The biological parents should be updated regularly and be included in visits whenever possible. At any time, the biological parent may assume the role as primary decision maker about EI services. The EI provider is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
- The EI provider proceeds with prior written notice and evaluation/assessment to determine eligibility. If eligible, the IFSP is developed and signed by the foster parent. All information gathered via evaluation and IFSP should be shared with biological parent by whatever means makes sense (mail, phone, visit, etc.).
  - When the child is 28 months old if the foster parent is still designated as the decision maker, the EI provider must contact the DCYF worker as a reminder to complete the DCYF Form 061 and submit it to the DCYF Educational Advocate Liaison to begin the process of designating an Educational Advocate. If the biological parent has assumed the role of decision maker, then he/she will participate in the transition process.
- **If the biological parent's whereabouts is unknown or their parental rights have been terminated and the foster parent has been named as decision maker:**
    - The EI provider contacts the foster parent who signs all EI documents including Services Rendered Forms, IFSPs and consent forms. A DCYF representative must sign all medical releases of information.
    - On or before the 6-month IFSP Progress Review, or an Annual Review of the IFSP, the EI provider must obtain an update regarding the status of the availability of the biological parent by speaking with the DCYF case worker. If appropriate the EI provider contacts the biological parent and is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
    - When the child is 28 months old, EI Service Coordinator contacts the child's DCYF worker as a reminder to complete the DCYF Form 061 and submit it to the DCYF Educational Advocate Liaison to begin the process of designating an Educational Advocate.

#### Intake

#### Policies and procedures related to Intake include:

- The EI provider, upon receipt of a referral, must contact the referred family within five business days.

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#### Intake *(continued)*

- All contact with the family must be in the family's chosen language and/or method of communication unless not feasible to do so.
- The intake process must include:
  - providing the parent with an overview of Early Intervention and the service delivery model (see Rhode Island Early Intervention Principles and Practices Policy)
  - gathering information from the family (parent concerns, [priorities, resources](#), developmental history, etc.) to assist with [the eligibility determination](#) ~~planning and individualizing the evaluation/assessment;~~
  - obtaining information from other sources as appropriate (biological/foster parent; custodial/non-custodial parent, child care provider);
  - explaining steps in the Intake and Evaluation/Assessment process [and the Child Outcomes Measurement process](#)
  - explaining *Rhode Island Early Intervention Procedural Safeguards and Funding*
  - informing the parent of the Central Directory and providing the parent a copy if requested;
  - explaining the role of RIPIN Family Support Staff (Parent Consultant);
  - completing all intake forms and obtaining signatures (Prior Written Notice and Consent for Multidisciplinary Evaluation/Assessment, KIDSNET Consent, Health Insurance Consent, and Income Attestation), including agency releases to share/obtain information from the referral source and other sources relevant to Early Intervention.
- The most recent ~~versions of paperwork forms~~ required to be completed at Intake are [available in the Welligent system or at the Paul V. Sherlock Center on Disabilities at Rhode Island College](#).  
~~include:~~
  - ~~Rhode Island Early Intervention Referral and Demographics form~~
  - ~~Intake Services Rendered Form~~
  - ~~Income Attestation~~
  - ~~Consent to Evaluation/Assessment~~
  - ~~Health Insurance Consent to Release Information~~
  - ~~KIDSNET Consent to Release Information~~
  - ~~Prior Written Notice for Evaluation/Assessment~~
  - ~~Prior Written Notice for Eligibility/IFSP Meeting~~
  - ~~The pages of the IFSP related to Family Concerns, Supports and Resources~~

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- A list of other important information required to review with families can be found at: <http://www.ric.edu/sherlockcenter/ei.html>.

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Certified EI providers are required to develop policies and procedures to effectively conduct a timely, comprehensive multidisciplinary evaluation and assessment of the functioning of each infant and toddler suspected of having a developmental delay or disability and a family directed assessment of the concerns, priorities and resources to enhance the family's capacity to meet the developmental needs of the infant or toddler. Requirements related to a multidisciplinary evaluation/assessment include:

#### Multidisciplinary Evaluation and Assessment

A multidisciplinary evaluation is an evaluation to determine eligibility when eligibility is not known. It is required once initially and whenever there is a question regarding eligibility.

#### Prior Written Notice

*Prior Written Notice and Procedural Safeguards must be provided to parents within a reasonable time frame before an EI provider proposes an evaluation*

A multidisciplinary assessment of the child is conducted to gather information regarding child functioning and to identify the child's current levels of development, the child's unique strengths and needs, and services appropriate to meet those needs. An initial multidisciplinary assessment is required for every child prior to the IFSP.

#### Parental Consent

*Parental consent to evaluate must be obtained prior to evaluation.*

**Procedural Safeguards Required**

Multidisciplinary Evaluation and Multidisciplinary Assessment procedures must include:

- Evaluations and assessments of the child and family must be conducted by qualified professionals, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- Unless clearly not feasible to do so, evaluations and assessments of the child must be conducted in the native language of the child (See definition).
- Unless clearly not feasible to do so, assessments of the family must be conducted in the native language of the family (See definition)
- Evaluation and assessment instruments and methods must be individualized and selected based on the presenting concerns to best determine the how the child's developmental status is impacting functioning.
  - A variety of evaluation tools and assessment methods must be available.
  - Qualified professionals must be trained in the administration of evaluation/assessment tools.
  - The Lead Agency reserves the right to determine specific evaluation/assessment instruments

#### Timeline

*Initial evaluation and assessments must occur within 45 days from the date of referral unless the child or family is unavailable due to exceptional family circumstances or the parent has not provided consent. In this case evaluation and assessments must occur as soon as possible once consent is given. Exceptional family circumstances and provider attempts to obtain consent must be documented in the child's record.*

Multidisciplinary team requirements include:

- Multidisciplinary team members are chosen based on the areas of developmental concern and the family's questions

#### Native Language

*The language normally used by that individual, or, in the case of a child the language normally used by the parents of the child. For evaluations and*

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## V. Multidisciplinary Evaluation/Assessment

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*assessments, the language normally used by the child if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment. Native language when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication normally used by the individual (such as sign language, braille, or oral communication)*

- Each multidisciplinary evaluation/assessment includes at least two members of a multidisciplinary team and a family member that actively participate in the process.
- The two multidisciplinary team members must be from two different disciplines (professions). The evaluation may be conducted by one individual who is qualified in more than one discipline or profession. The team must include the service coordinator if not already part of the evaluation team.

### **Multidisciplinary Evaluation**

Multidisciplinary Evaluation procedures include:

- Identification of the child’s level of functioning in five developmental areas:
  1. Cognitive
  2. Physical (motor, vision and hearing)
  3. Communication (expressive and receptive language)
  4. Social/Emotional
  5. Adaptive development
- Administering a norm referenced standardized tool to conduct a multidisciplinary evaluation of all areas of development to determine eligibility when eligibility is not known.
- Obtaining the child’s history (including a parent interview).
- Gathering information from other sources such as family members, other caregivers, medical providers, social workers and educators if necessary to understand the full scope of the child’s strengths and needs.
- Reviewing medical, educational and other records
  - Outside evaluations/medical records can be used to determine eligibility (without conducting an evaluation) if those records indicate that the child’s level of functioning in one or more areas of development constitutes a significant developmental delay (2 standard deviations below the mean in at least one area of development or 1.5 standard deviations from the mean in two or more areas of development) or the child has a diagnosed Single Established Condition. A multidisciplinary assessment of the child and family directed assessment is still required.
- No single procedure may be used as the sole criterion to determine eligibility



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#### Multidisciplinary Assessment

Multidisciplinary assessment procedures to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs must include:

- An assessment of the child's functioning in all 5 areas of development in the context of daily routines and activities; and an assessment of the child's functioning in the three integrated global outcomes<sup>1</sup> utilizing:
  - A review of the results of the multidisciplinary evaluation
  - Parent report and personal observations of the child
  - The identification of the child's needs in all developmental areas
  - Information gathered regarding the child's functioning in the three integrated global outcomes.
  
- A family directed assessment must be conducted to identify the family's concerns, priorities and resources and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. This assessment must:
  - be voluntary on the part of each family member participating
  - be based on information obtained through an assessment tool and through an interview with those family members who elect to participate in the assessment
  - be conducted in the language or mode of communication normally used by the family member being assessed unless not feasible to do so
  - include the family's description of its resources, priorities and concerns related to enhancing their child's development.
  - be summarized in the IFSP and utilized in the development of the IFSP if the child is eligible.
  
- Assessments of the child and family may occur simultaneously with the multidisciplinary evaluation if the requirements for each are met.

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<sup>1</sup> The three global outcomes are:

1. Demonstrate positive social emotional skills (including positive social relationships);
2. Acquire and use knowledge and skills including early language/communication and early literacy skills;
3. Use of appropriate actions to meet needs.

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### V. Multidisciplinary Evaluation/Assessment

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#### Informed Clinical Opinion

Informed Clinical Opinion is the way in which a team utilizes their cumulative knowledge and experience to evaluate and assess a child and to interpret the results of evaluation and assessment instruments.

- Evaluation/assessment team members must use informed clinical opinion to interpret all evaluation data and test results.
- Informed Clinical Opinion can be used on an independent basis to determine eligibility when other instruments do not definitively establish eligibility (See Eligibility).
- Informed clinical opinion is never to be used to negate the results of evaluation instruments used to establish eligibility.

#### Documentation of Multidisciplinary Evaluation/Assessment

The results of the evaluation/assessment must be:

- Summarized in the IFSP in descriptive, jargon free language understood by the family and include all sources of information. Summaries must address the following in each domain:
  - Present levels of development
  - Strengths
  - Needs
  - Impact on the child's functioning in everyday routines and typical activities
- The assessment must be summarized on the Rhode Island Early Intervention/Early Childhood Special Education Child Outcomes Summary Form utilizing all sources of information to address:
  - The child's positive social relationships, use of knowledge and skills and the ability to take action to get his or her needs met in everyday routines and activities across settings and situations
  - The child's skills and abilities compared to age expectations.

#### Eligibility/IFSP Meeting Procedural Safeguards Required

An Eligibility/IFSP Meeting which meets regulatory requirements ~~(left)~~ must be convened with the family within 45 days of the referral. The child's present levels of development are discussed with the parent using the framework of the three global child outcomes and how the child's functioning compares to peers. The child's eligibility for Early Intervention is determined.

#### *Prior Written Notice*

*Prior written notice must be provided to parents within a reasonable time frame before an EI provider proposes, ~~an IFSP Meeting~~*

The Eligibility/IFSP Meeting occurs for all children. ~~whether they are eligible or not.~~

- Meeting arrangements must be made with, and written notice provided to the family and other participants early enough before the meeting date to ensure they will be able to attend.

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## V. Multidisciplinary Evaluation/Assessment

### Eligibility/ IFSP Meeting

*(Continued)*

*or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family.*

### Timeline Required

*An Eligibility/IFSP meeting must occur within 45 days from the date of referral*

- The meeting must occur in a setting and time convenient for the family
  - In the native language of family or other mode of communication used by the family unless it is clearly not feasible to do so
- Participants must include the parent(s), EI service coordinator, and others as requested by the parent if feasible to do so. (Parents may include other family members, persons outside the family, advocates, etc.)
  - A person or persons directly involved in conducting the evaluation of the child and assessment of the child and family or if necessary that person's involvement through other means is acceptable such as making pertinent records available at the meeting, or an authorized representative, or by conference call.
- Information is documented on the ~~Rhode Island Early Intervention/Early Childhood Special Education Child Outcome Summary Form~~ most recent IFSP issued by EOHHS and by data entry of the IFSP in the EI data system. The most recent IFSP can be found at: [Sherlock Center on Disabilities at Rhode Island College](#) regarding
- The three integrated global outcomes are discussed and summarized.
- Prior Written Notice is provided to the parent(s) to inform them of their child's eligibility status. ~~Prior Written Notice and Procedural Safeguards~~ are required provided to the parent which include the parent's right to dispute the eligibility determination and information regarding the right to appeal.

<p>If the child is not eligible the following occurs:</p> <ul style="list-style-type: none"> <li>• <del>Notification is provided in writing that the child is not eligible.</del></li> <li>• A written summary of the evaluation results is provided to the parent.</li> <li>• <del>The parent is provided with Procedural Safeguards.</del></li> <li>• The parent is provided with information regarding community resources as appropriate.</li> </ul>	<p>If the child is eligible and family agrees to move forward with the IFSP, the following occurs:</p> <ul style="list-style-type: none"> <li>• An initial A discussion regarding concerns, priorities and resources of the parent.</li> <li>• A Physician's Authorization is sent and obtained.</li> </ul>
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#### **On Going Assessment**

Ongoing assessment means the procedures used by qualified professionals to identify the child's unique strength and needs and the early intervention services appropriate to meet those needs throughout the child's eligibility. These procedures include:

- For each eligible child an ongoing assessment of functional, developmental skills in all areas of development is required.
- A criterion based assessment tool that utilizes parent report and observation must be used to document and monitor each child's development in all domains.
- The assessment tool must be used to:
  - Consistently track development across all domains
  - Serve as a source of input to the development of the Individual Family Service Plan
  - Provide functional, developmental information to the Local Educational Agency during the Transition process
  - Serve as a source of input regarding the three global outcomes
- The assessment tool must be included in the child's record and must be updated at least at each Periodic Progress Review and Annual IFSP Review.

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### VI. Individualized Family Service Plan

Certified EI providers are required to develop policies and procedures to assure the development of Individualized Family Service Plans for eligible children by a multidisciplinary team, including the parents. Requirements related to the Individualized Family Service Plan (IFSP) and IFSP Meetings include:

#### Eligibility/

#### IFSP Meeting

#### Procedural Safeguards

#### IFSP Meeting Requirements

• *Meeting arrangements must be made with ~~prior~~ written notice provided to the family and other participants early enough before the meeting date to ensure they will be able to attend.*

• *The meeting must occur in a time and place convenient for the family.*

• *The meeting must be in the native language of the family (or any other mode of communication used by the family) unless it is clearly not feasible to do so.*

• *Participants must include: i) the parent(s); ii) others as requested by the parent if feasible to do so (parents may include other family members, persons outside the family, etc.); iii) EI service coordinator, iv) a person or persons directly involved in conducting the evaluation of the child and assessment of the child and family (if necessary that person's involvement through other means is acceptable such as making pertinent records available at the meeting, an authorized representative or by conference call); v) and as appropriate, person(s) who will be providing early intervention services to the child/family person(s). ~~; and others as~~*

#### Eligibility /IFSP Meeting

- An Eligibility/IFSP Meeting which meets regulatory requirements (left) must be convened with the family within 45 days of the referral. *An Eligibility/IFSP Meeting occurs for all children ~~whether they are eligible or not.~~*
- The child's present levels of development are discussed with the parent using the framework of the three global child outcomes<sup>1</sup> and how the child's functioning compares to peers.
- ~~The child's eligibility for Early Intervention is determined~~ Prior Written Notice is provided to the parent(s) to inform them of their child's eligibility status.
- Procedural Safeguards are ~~required~~ provided to the parent which include the parent's right to dispute the eligibility determination and information regarding the right to appeal.
- ~~The Eligibility/IFSP Meeting occurs for all children whether they are eligible or not.~~

When a child is determined not eligible the parent must be:

- ~~Notified in writing that the child is not eligible;~~
- Provided with a summary of the evaluation results;
- ~~Provided with~~ procedural safeguards;
- Provided with community resources if appropriate.

When a child is determined eligible and family agrees to move forward with the IFSP, the following occurs and is documented:

- ~~An initial~~ A discussion regarding the concerns, priorities and resources of the parent.
- A Physician's Authorization form is sent and obtained.

<sup>1</sup> The three global outcomes for young children are to:

1. Demonstrate positive social emotional skills (including positive social relationships);
2. Acquire and use knowledge and skills including early

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## VI. Individualized Family Service Plan

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*requested by the parent if feasible to do so (parents may include other family members, persons outside the family, etc.)*

language/communication and early literacy skills;  
3. Use appropriate actions to meet needs

**• Prior written notice regarding the eligibility decision must be given including the parent's right to dispute the eligibility determination and information regarding the right to appeal.**

### IFSP Development

IFSP development following an IFSP/Eligibility meeting ~~begins with the completion of a Routines Based Assessment to further explore the family's concerns and priorities. Once this is completed, an IFSP Meeting, which meets regulatory requirements, must be convened.~~ IFSP development following an IFSP/Eligibility meeting is required for all children determined eligible and includes the provision of a Routines Based Interview for all children determined eligible prior to 33 months of age. A focused Routines Based Interview is required for children determined eligible after 33 months of age.

~~At the completion of IFSP development activities, IFSP Outcomes development; IFSP services) an IFSP meeting which meets regulatory requirements is held.~~

At this meeting the IFSP team, which includes the family, completes the IFSP ~~is developed~~ by developing IFSP outcomes based on the concerns and priorities of the family and designating IFSP services to support identified outcomes. ~~and the IFSP is completed.~~ EI providers must document the IFSP process by completing the most recent IFSP issued by EOHHS and by data entry of the IFSP in the EI data system. The most recent IFSP can be found at: Sherlock Center on Disabilities at Rhode Island College

The IFSP must be in writing and developed in accordance with the Mission and Key Principles of Early Intervention Services in Natural

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### VI. Individualized Family Service Plan

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#### IFSP Development (continued)

Environments (See *Rhode Island Principles and Practices*) and must include:

- A statement of the infant or toddler’s present level of development in all developmental domains (physical, cognitive, communication, social/emotional, and adaptive development) based on objective criteria within the context of the three global child outcomes.
- A statement of the family’s resources, priorities and concerns related to enhancing the development of their infant or toddler with a disability;
- A statement of the family owned, functional and measurable outcomes or results expected to be achieved for the infant or toddler and family, (including pre-literacy and language skills, as developmentally appropriate for the child),
- The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made and whether modifications or revisions of the results or outcomes or services are necessary;
- A statement of specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and family [to achieve the results or outcomes identified on the IFSP](#);
- A statement including the frequency, intensity, and method of delivering services (These services are further defined in *Services Provided on the IFSP*);
- A statement of the natural environments in which early intervention services will be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment. The decision to provide a service in a non-natural environment must be:
  - Made by the IFSP Team (including the parent and other team members);
  - Based on the child’s outcomes as identified by the IFSP team.
- The projected dates for initiation of services and the

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### VI. Individualized Family Service Plan

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#### IFSP Development (continued)

anticipated length, duration, and frequency of services;

- The identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities) who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services and;
- The steps and services to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.
- Medical and other services may be identified that the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C; and If those services are not currently being provided, the EI provider should include an outcome in the IFSP describing the steps the service coordinator or family may take to assist the child or family in securing those other services.
- The contents of the IFSP must be fully explained to the ~~parents~~ family.
- The parent must be provided with Prior Written Notice and Procedural Safeguards before initiating early intervention services described in the IFSP.
- ~~and~~ Informed written consent must be obtained prior to the provision of early intervention services described in the IFSP.
- ~~The parent must be provided with Prior Written Notice and must be provided with Procedural Safeguards.~~
- The parent may determine whether the family will accept or decline any early intervention service written into the IFSP without jeopardizing the right to receive other early intervention services. If the parent does not provide consent for the services, or some part of the services, only the services to which consent has been obtained must be provided.
- Each early intervention service must be provided as soon as



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possible after the parent provides consent for that service and no longer than 30 days from the date of consent.

- A Physician's Authorization documenting the medical necessity of Early Intervention is sent for all eligible infants and toddlers within 45 days of referral. A Physicians Authorization signed by the child's pediatrician is required for all eligible infants and toddlers.

#### Interim IFSP

In Rhode Island, an interim IFSP should be used in rare instances when eligibility is presumed and there is an immediate need for services. Early intervention services for an eligible child and the child's family may commence before the completion of the multidisciplinary evaluation /assessment. **An Interim IFSP Meeting which meets regulatory requirements must be convened with the family to develop if an interim IFSP is developed** which includes:

- The name of the service coordinator who will be responsible for implementing the interim IFSP;
- Documentation of the immediate need for Early Intervention services;
- **Outcome(s) developed by the IFSP team;**
- The services that have been determined to be needed immediately by the child and the child's **family based on the outcomes developed;**
  - ~~Services must be based on an outcome developed by the IFSP team.~~
- **The parent must be provided with Prior Written Notice and Procedural Safeguards before initiating early intervention services described in the IFSP.**
- **Written parental consent is obtained prior to the provision of early intervention services described in the IFSP.**
- Evaluations and assessments must be completed within 45 days.

#### Periodic Review

**An IFSP Periodic Review Meeting of the IFSP for a child and the child's family must and must be conducted** convened with the family every 6 months **to review the IFSP** or more frequently if conditions warrant, or if the family requests such a review.

- The purpose of the periodic review is to determine: the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and whether modifications or revisions of the results, outcomes, or early intervention services identified in the IFSP is necessary.
- The review may be carried out by a meeting or by another means that is acceptable to the parents and other

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participants.

- If services are changed as a result of the review, the parent must be provided with Prior Written Notice and Procedural Safeguards before initiating the changes in early intervention services described in the IFSP. Written parental consent is obtained prior to the provision of early intervention services described in the IFSP.

#### Annual Meeting to Review and Evaluate the IFSP

An ~~Eligibility/~~Annual IFSP Review Meeting which meets regulatory requirements ~~to conduct an annually review of the IFSP. must meet regulatory requirements of an IFSP meeting. The meeting~~ must be convened with the family annually to review ~~of~~ the IFSP. At this meeting the following occurs and is documented:

- A discussion of the child's present levels of development based on a review of any current evaluations and ongoing assessment ~~occurs and is documented;~~
- An ~~initial~~ discussion of new concerns, priorities and resources of the family;
- The child's continued eligibility status for Early Intervention is communicated to the family.
- A review of IFSP outcomes and services is conducted;
- Revised/new outcomes and services are developed as needed;
- The parent must be provided with Prior Written Notice and Procedural Safeguards before initiating any changes in early intervention services described in the IFSP.
- Written parental consent is obtained prior to the provision of early intervention services described in the IFSP.

#### Re-determining Eligibility

Whenever there is a question of eligibility Prior Written Notice and Procedural Safeguards are issued and parent consent for a multidisciplinary evaluation/assessment is obtained. ~~completed and, if the child is eligible, a new~~ After the evaluation has been conducted, an Eligibility/IFSP meeting which meets regulatory requirements is ~~completed in it's entirety~~-convened. The child's present levels of development are discussed with the parent and documented using the framework of the three global child outcomes and how the child's functioning compares to peers. The child's eligibility for Early Intervention is determined and shared with the parent in writing.

- The parent must be provided with Prior Written Notice and Procedural Safeguards after the eligibility decision.
- If the child meets eligibility criteria, an IFSP Development meeting is convened (See IFSP Development)
- If the child is no longer meets eligibility criteria, the child the child is discharged (See Ending The IFSP)

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#### ~~IFSP Development to Annually Review and Evaluate the IFSP~~

~~IFSP development following an IFSP/Eligibility meeting to annually review the IFSP must meet the regulatory requirements of an IFSP meeting. At this meeting:~~

- ~~• Any new concerns, priorities and resources of the family are summarized;~~
- ~~• A review of IFSP outcomes and services is conducted;~~
- ~~• Revised/new outcomes, strategies and services are developed as needed;~~
- ~~• Written parental consent for new or changed services is obtained.~~

#### Ending the IFSP

Once a child has been determined eligible the IFSP cannot be ended prior to age 3 unless the child is no longer eligible for early intervention under Rhode Island Early Intervention policies and regulations, ~~or~~ the parents have withdrawn from the EI program, ~~or the EI program has been unable to contact the family.~~

When a child no longer meets eligibility criteria for EI as determined by multidisciplinary evaluation, ~~the discharge is completed at the Eligibility/IFSP meeting as “Discharge - Completion of IFSP Prior to Age 3”.~~

~~or~~ If the parent declines a multidisciplinary evaluation and the IFSP team, including the parent, has determined all identified goals have been reached, an IFSP/~~eligibility~~ meeting is convened which meets all regulatory requirements. At this meeting, the parent must be:

- ~~• Provided with a summary of the evaluation results~~
- Provided with Prior Written Notice and Procedural Safeguards for discharge.
- Provided with community resources if appropriate

The discharge is documented on an SRF/Session note, specifying the discharge reason as ~~“No longer eligible for Early Intervention” - Program Completion-~~ “Discharge - Completion of IFSP Prior to Age 3”.

When the family withdraws from services voluntarily:

- Documentation of the withdrawal, the reason and the discharge date is indicated on an SRF/Session Note;
- The parent is provided Prior Written Notice and Procedural Safeguards; and information regarding available community resources if appropriate.
- The child is discharged as ~~discharge status is documented in as~~ “ Discharge- Withdrawal by parent/guardian.” ~~while child is still eligible”.~~

When a child/family with an IFSP ~~if the family~~ is not home for three consecutive scheduled visits without any advance cancellation (or

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#### *Ending the IFSP (continued)*

appropriate explanation) or is unable to be contacted:

- A letter is sent to the family to inform them that an IFSP review meeting is needed ~~Prior written notice of an IFSP meeting to review the IFSP is sent to family.~~
- If the family responds:
  - The service coordinator schedules an IFSP meeting with the family to determine what, if any, services the family wants to receive and how those services can best be delivered to meet the family's needs.
  - If the family indicates they no longer want to receive services, the procedures used when a family withdraws from services voluntarily are followed.
- If the family does not respond:
  - Attempts to contact the family must occur and are documented on a Services Rendered Form (SRF)/Session note or phone log. These could include contact with the referral source such as the pediatrician or DCYF if there is a release on file, family members or other collaborators.
  - If the family does not respond to the first notice, the program should send a second notice to the address on file giving the family 10 days [Prior Written Notice, accompanied by Procedural Safeguards](#), ~~written notice of an IFSP meeting to review the IFSP and~~ informing them that if they do not respond in 10 days services will discontinue.
  - If the family does not contact the program within 10 days, the child is discharged as "[Discharged-Attempts to Contact Unsuccessful.](#)"

#### **Special Circumstances**

Additional guidance can be found ~~in the RI Early Intervention IFSP Guidebook~~ at the [Sherlock Center for Disabilities at Rhode Island College](#) regarding special circumstances for IFSP development (i.e. the instate transfer of Early Intervention services, second episodes of Early Intervention services.)

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Certified Early Intervention providers are required to develop policies and procedures in compliance with federal regulations to ensure a smooth transition for children from Early Intervention to the Local Education Agency (LEA) and/or appropriate community services and supports. Procedural requirements below have been developed by the Lead Agency and the Rhode Island Department of Education via an Interagency Agreement and provider policies and procedures must at minimum include the following:

#### EI Notification to LEA and SEA

Early Intervention providers and the Lead Agency (the Rhode Island Executive Office of Health and Human Services) must send notification of children receiving Part C services who are potentially eligible for Part B services to the appropriate LEA and SEA (the Rhode Island Department of Education).

**Definition: “28 months”**  
Means by the end of the calendar month in which the child turns 28 months

- Notification of children receiving Part C services who are potentially eligible for Part B services is made to the appropriate LEA and SEA at 28 months of age. *Rhode Island Early Intervention Transition Notification and Consent* (Page T-1 of the IFSP) must be completed with the parent and sent to the LEA by the end of the child’s 28th month.
- For children determined eligible for EI after 28 months of age but prior to 90 days before their third birthday, notification to the LEA and SEA must occur as soon as possible after Part C eligibility is determined but in no case later than 90 days prior to the child’s third birthday. *Rhode Island Early Intervention Transition Notification and Consent* (Page T-1 of the IFSP) must be completed with the parent within 7 calendar days of the IFSP Eligibility Meeting and sent to the LEA within 2 business days of its completion.
- For children determined eligible for EI more than 45 days but less than 90 days prior to their third birthday, notification to the LEA and SEA must occur as soon as possible after Part C eligibility is determined. *Rhode Island Early Intervention Transition Notification and Consent* (Page T-1 of the IFSP) must be completed with the parent within 7 calendar days of the IFSP Eligibility Meeting and sent to the LEA within 2 business days of its completion.
- For children referred less than 45 days before their third birthday an eligibility evaluation is not required. Children referred at this time who may potentially be eligible for Part B services, must be referred to the LEA and the SEA by the EI provider by faxing the child’s name, date of birth, parent’s names, address, and telephone number to the LEA and SEA. Parental consent is required. In all cases the EI provider will provide contact info for the appropriate LEA for future use.
- For children determined eligible for EI who will be turning three during the summer, notification will occur earlier than 28 months of

# Rhode Island Early Intervention Certification Standards

## Policies and Procedures

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#### EI Notification to LEA and SEA (Continued)

age and at the discretion of all parties up to nine months before the child's third birthday (27 months of age) but no later than 90 days before the child's third birthday

- Potential eligibility for each child must be decided by the IFSP team based on knowledge of current functioning and a review of the RI Part B eligibility criteria.
- EI providers send notification to the LEA by faxing, mailing or securely emailing (page T-1 of the IFSP) to the LEA. T-1 of the IFSP must include the child's name, date of birth, parents' names, address, and telephone number.
- The Lead Agency must provide notification to the SEA through monthly data reporting which includes the child's name, date of birth, parent's names, address, and telephone number.
- This dual notification must be sent unless the parent chooses to opt-out of notification. Parental consent is not required for such notification and will occur in the absence of an opt out by the parent.
- Parental consent is required in order to include additional relevant documents such as the latest IFSP and evaluation/assessments with the notification to the LEA.
- Confirmation of this notification must be documented on page T-1 of the IFSP.

Rhode Island has an "Opt Out" policy which means a parent may choose to "opt out" of LEA and SEA notification.

- EI providers must inform parents about the transition process including the Opt Out of Notification to the LEA and SEA by the child's 27<sup>th</sup> month. The *Early Intervention Transition Workbook-A Family Guide* must be given to the family and the opt out policy explained. Parents have from then to the 28<sup>th</sup> month to decide (See definition of 28<sup>th</sup> month on Page 1). Children who are determined eligible after the 27<sup>th</sup> but before 34.5 months are informed about the transition process including the opt out of notification policy when they are determined eligible for EI. Parents have up to 7 calendar days from the IFSP/Eligibility meeting to decide whether to opt out.
- If parents want additional time to decide whether they want to opt out, they must opt out of notification while they make the decision. Parents must be informed that "opting back in" after the end of the 28<sup>th</sup> month may cause transition timelines to be delayed.

# Rhode Island Early Intervention Certification Standards

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- Parents who opt out of the notification to the LEA and SEA may do so by selecting and signing the “opt out” option on page T-1 of the IFSP and notification will not occur. Parents may change their mind regarding opting out of notification at any time by informing their service coordinator. The service coordinator will meet with parent who will then sign and date the “withdraw opt out” option on page T-1 of the IFSP.

#### EI Transition Conference

With the family’s approval, a Transition Conference will be convened by EI for all children potentially eligible for Part B services.

- A Transition Conference will be convened by EI for all children potentially eligible for Part B services at 30 months of age.
- For children determined eligible for EI after 30 months of age, a Transition Conference for all children potentially eligible for Part B services must be convened soon as possible, but no later than 90 days prior to the child’s third birthday.
- For children determined eligible for EI less than 90 days prior to their third birthday a Transition Conference with the LEA is not required although the development of a transition plan (page T-2 of the IFSP) with steps and services is required as soon as possible.

#### **Procedural Safeguards Required**

#### **Prior Written Notice**

#### **IFSP Meeting Notice**

**Prior** Written notice must be provided to parents and other participants within a reasonable time frame to ensure they will be able to attend

The purpose of the Transition Conference is to develop a plan for the effective transitioning of child/family as they exit Part C.

- The agenda must include a discussion of any services the child may receive from Part B.
- EI will schedule the conference
  - at a time and place convenient for the family
  - 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.
- Participants must include
  - The parent(s), EI service coordinator, and LEA.
  - Other family members as requested by the parent if feasible to do so.
  - An advocate or person outside the family if the parent requests that the person participate.
  - A person or persons directly involved in conducting the evaluation of the child and assessment of the child and family or if necessary that person’s involvement through other means is acceptable such as making pertinent records available at the meeting, or an authorized representative, or by conference call.

#### **Definition: “30 months”**

Means by the end of the calendar month in which the child turns 30 months

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#### EI Transition Conference

*(Continued)*

- The EI provider must invite the LEA to the conference, but if for any reason the LEA is unable to attend and it cannot be rescheduled within required timelines (at 30 months for children determined eligible prior to 30 months, and as soon as possible but no later than 90 days prior to age three if determined eligible after 30 months), the EI provider must convene the conference with the family without the LEA. The EI provider must provide parents at the conference with information about Part B preschool services, including a description of the Part B eligibility definitions, state timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services. The EI provider must also provide the parent a copy or information on where to find RI Special Education Procedural Safeguards and the town's local Special Education Advisory Committee.

For a child determined not to be potentially eligible for Part B services, with the families approval the EI provider must make reasonable efforts to convene a Transition Conference which includes the family, the EI provider and providers of other appropriate services at 30 months of age or as soon as possible but no later than 90 days prior to age three if the child has been determined eligible for EI after 30 months of age.

#### Transition Plan

All children enrolled in EI must have an IFSP meeting to develop a Transition Plan which includes transition steps and services as part of their IFSP.

- A Transition Plan which includes steps and services as part of their IFSP is developed for all children at 30 months of age.
- For children determined eligible for EI after 30 months of age but before 90 days prior to their third birthday, a Transition Plan which includes steps and services as part of their IFSP is developed as soon as possible as but no later than 90 days prior to the child's third birthday.
- For children determined eligible for EI less than 90 days prior to their third birthday, a Transition Plan which includes steps and services as part of their IFSP is developed as soon as possible.
- The family must be included in the development of the plan.
- The plan must include:
  - all appropriate steps needed for the toddler and his or her family to exit EI and any transition services that the IFSP team identifies as needed by the child and his/her family;



# Rhode Island Early Intervention Certification Standards

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#### Transition Plan (Continued)

- a review of program options (e.g., discussions about Part B starting date, ESY, community resources) for the child from the third birthday through the remainder of the school year; and
- confirmations that: (a) child find information has been transmitted to the LEA or other relevant agency, and (b) EI has transmitted additional evaluations, assessments, and the IFSP (with parent consent) to the LEA.
- Steps must include:
  - 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;
  - Identification of transition services that the IFSP team determines is necessary to support the transition of the child; and
  - Procedures to gather and provide input regarding child functioning (e.g. RI Transition Summary Form).
- These timelines have been developed to allow sufficient time to initiate Part B services by the child's third birthday (if child is found eligible).
- Children who discharge EI earlier than 9 months prior to their third birthday do not require pages T-1 and T-2 to be completed but transition steps and services must be developed and documented in the record.
- The Transition Conference and the IFSP meeting to develop the Transition plan may be combined as long as the regulatory requirements for both are met. In Rhode Island the Transition Conference and IFSP meeting to develop the Transition Plan are always combined.

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### IX. Procedural Safeguards

Certified Early Intervention providers are required to develop policies and procedures in compliance with federal regulations to ensure that families understand their rights within the Rhode Island Early Intervention system. Provider policies and procedures must minimally include the following:

Early Intervention providers must assure and document that a copy of the *Rhode Island Early Intervention Procedural Safeguards and Funding* is provided to all families at intake and annually thereafter

- Service Coordinators must review, explain and ensure each family involved in EI understands *Rhode Island Early Intervention Procedural Safeguards and Funding*.

#### Prior Written Notice

*§303.421 Prior written notice must be provided to parents a reasonable time before the lead agency or an EIS provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family.*

#### Prior Written Notice

EI providers must notify families in writing prior to actions taken that affect their child. Prior written notice within a reasonable amount of time must be given on the following occasions:

- Prior to a Multidisciplinary Evaluation/Assessment.
- ~~At Prior to~~ an Eligibility/IFSP meeting ~~after an eligibility decision has been made~~
- ~~At Prior to~~ an IFSP meeting ~~(including a transition conference) when~~ after decisions ~~will be~~ were made to:
  - add new services,
  - change services (type, frequency, intensity or duration),
  - end services or
  - refuse to add, change, or initiate a particular service and ~~○ discharge a child from Early Intervention~~
- Prior to discharge of a family who has been unavailable, ~~withdraws from early intervention, has been determined ineligible at an initial multidisciplinary evaluation or through reevaluation, or the IFSP team agrees that goals have been completed but the family does not wish to have another evaluation to confirm eligibility~~
- ~~After an IFSP meeting when the team has made a decision about eligibility, which services to add, change, or end, or after a refusal to include or change an IFSP service. The IFSP signature page and/or the SRF IFSP/Update form provide Prior Written Notice to the initiation of the decision.~~

#### **Forms that provide Prior Written Notice are:**

- ~~Rhode Island Early Intervention Prior Written Notice and Consent Multidisciplinary Evaluation/Assessment and Eligibility/IFSP Meeting~~
- ~~Rhode Island Early Intervention Prior Written Notice~~
- ~~Rhode Island Early Intervention Program Services Rendered Form~~
- ~~Rhode Island Early Intervention Program Services Rendered Form IFSP/Update~~
- ~~Rhode Island Early Intervention IFSP Services signature page~~
- ~~Rhode Island Early Intervention Discharge/Exit Services Rendered Form~~

# Rhode Island Early Intervention Certification Standards

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#### Prior Written Notice (continued)

- The notice must be in the parents' native language or preferred mode of communication. If the family prefers another language or way of communicating (such as Braille or American Sign Language), the program must provide an interpreter unless it is clearly not feasible to do so. For families who do not read, the written information should be provided orally.
- With each notice the parent/caregiver must be provided with *Understanding Procedural Safeguards* or *Understanding Procedural Safeguards and Funding*. ~~The parent must indicate that they have been given the *Understanding Procedural Safeguards* document and that they understand these rights.~~ If notice is provided by mail or email the *Understanding Procedural Safeguards* document must be mailed/emailed with the notice.

#### Informed Written Consent

*§303.7 Consent*  
*Consent means that—*

*(a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language, as defined in §303.25;*  
*(b) The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released; and*  
*(c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at*

#### Informed Written Consent

**EI providers must ensure that families have been fully informed (in their native language), understand and provide written consent to actions that affect their child. Parental consent is required for the following activities:**

- EI providers must obtain written consent from a parent before conducting the initial/annual multidisciplinary evaluation/ assessment.
- A program must obtain written consent from a parent before initiating any services (including discipline specific evaluations and assessments) or changes in services on an IFSP. EI providers must assure families that they have the ability to accept or decline some services without impacting the provision of other services.
- A parent may withdraw his/her consent for Early Intervention services after initially providing it without jeopardizing other Early Intervention services.
- If a parent does not give consent, the program must make an effort to ensure that the parent is fully aware of the nature of the evaluation, assessment, or services that would be available, and that the parent understands the child will not be able to receive an evaluation, assessment, or services without consent.
- EI providers must obtain parental consent prior to the release of personally identifiable information necessary to bill private insurance.
- EI providers must obtain parental consent to release records with personally identifiable information (unless otherwise permitted under state or federal law).

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any time.

(2) If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

#### **Forms used to obtain parental consent are:**

- ~~Health Insurance Consent to Release Information form~~
- ~~Prior Written Notice and Consent Multidisciplinary Evaluation/Assessment form~~
- ~~IFSP signature page~~
- ~~Rhode Island Early Intervention Program Services Rendered Form IFSP/Update~~

#### **Confidentiality and Release of Information**

IDEA 303.401

(a) Each state must ensure that the parents referred to under this part are afforded the right to confidentiality of personally identifiable information, including the right to written notice of and written consent to the exchange of that information consistent with Federal and State Laws

b) Confidentiality procedures. As required under sections 617(c) and 642 of the Act, the regulations in §§ 303.401 through 303.417 ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained pursuant to this part by the Secretary and by participating

#### **Confidentiality and Release of Information**

The lead agency and EI providers must ensure that information about children and families is kept confidential.

- The lead agency and EI providers must ensure the protection of the confidentiality of any personally identifiable information, data and records collected, used or maintained, consistent with federal and state law. This applies from the time the child is referred to early intervention until the information is no longer required to be maintained.
- Personally identifiable information includes:
  - the child’s name, address and date of birth;
  - the names of the parents and other family members;
  - a personal identifier, such as a social security number
  - indirect identifiers such as, place of birth, and mother's maiden name;
  - a list of personal characteristics that would make it possible to identify the child with reasonable certainty.
- The lead agency and EI providers must provide written notice and obtain prior written consent from the parent in order to obtain, release or exchange personally identifiable information concerning the child and family. This also includes the sharing of personally identifiable information verbally.
- Prior parental consent must be obtained before personally identifiable information is disclosed to anyone other than authorized representatives, officials or employees of “participating agencies”. A “participating agency” is any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information to implement the requirements in Part C of the Act and the regulations in this part with respect to a particular child.
- The written consent must be signed by the parent, list the information that will be released, state the purpose of the disclosure, and identify the party to whom the disclosure will be made.

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*agencies, including the State lead agency and EIS providers, in accordance with the protections under the Family Educational Rights and Privacy Act (FERPA) in 20 U.S.C. 1232g and 34 CFR part 99.*

- The EI provider must explain to the parent that the granting of consent to obtain, release or exchange personally identifiable information may be revoked at any time by contacting their service coordinator (but cannot be revoked retroactively).
- No personally identifiable information about the child or family will be disclosed to another agency or individual without written consent from the parent or other person with legal authority to make such a release, except as follows to:
  - The parents of the child;
  - An Early Intervention program’s employees and contractors such as educators, therapists, supervisors, administrators, secretaries, or paraprofessionals who have been determined to have legitimate interests. Legitimate interest is performing a task related to his or her job description or a service to the child or family.
  - Another Rhode Island certified Early Intervention Provider in connection with implementing Part C;
  - Authorized representatives of the United States Department of Education and the lead agency in connection with implementing Part C;
  - LEAs and SEA’s for the purpose of notification, unless the parent “Opts out” of notification. Notification information includes the child’s name, date of birth, parent contact information (including parents’ names, addresses, and telephone numbers). This is done by faxing or mailing/[emailing](#) T-1 of the IFSP to the LEA. Parent consent is required to release any additional information;
  - Accrediting organizations to carry out their accrediting functions;
  - Appropriate persons, if the knowledge of such information is necessary to protect the health or safety of a child;
  - To comply with a judicial order or lawfully issued subpoena.
  - [To authorized representatives of the lead agency in order to conduct an audit, evaluation, or enforcement of federal regulations.](#)
- If a child is under the guardianship of the Rhode Island Department of Children Youth and Families, the child’s DCYF worker can access the child’s early intervention record without the consent of the child’s, parent, or legal guardian.
- If there is an active investigation of abuse or neglect. DCYF investigators will be granted access to any information in the early intervention record.
- The lead agency and EI provider must protect the confidentiality of

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personally identifiable information during collection, maintenance, use, storage, disclosure, and destruction of records.

- The lead agency and EI provider must have one official who will assume responsibility for ensuring the confidentiality of any personally identifiable information.
- All persons collecting or using personally identifiable information must receive documented training or instruction on Rhode Island Early Intervention policies and procedures regarding consent, confidentiality, and access to records and family rights under the Family Rights and Privacy Act (FERPA).
- The lead agency and EI provider must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.
- EI providers notify parents when personally identifiable information collected, maintained or used is no longer needed at intake in the *Rhode Island Early Intervention Procedural Safeguards and Funding* document. Parents may request that the EI provider destroy the information when it is no longer needed. The lead agency and EI provider may maintain a permanent record of the child’s name, date of birth, address, phone number, name(s) of service coordinator(s), and exit status and date.
- The EI provider must have policies and procedures regarding record retention which ensures confidentiality of the record during storage and destruction. The EI Provider must keep the child’s records for ten (10) years.

#### **Access to Records**

**Access to Records**  
**EI Providers must ensure that families have access to early intervention records regarding their child and family.**

- Early Intervention records include any information, recorded in any way, maintained by an agency or Early Intervention provider.
- EI Providers must ensure that parents have the opportunity to inspect and review all early intervention records about the child and child’s family that are collected, maintained, or used including evaluations and assessments, eligibility determinations, development and implementation of the IFSP, provision of early intervention services, individual complaints involving the child, and any other part of the child’s early intervention record.
- EI Providers must provide parents, upon request, a list of the types and locations of early intervention records kept on their child, where they are maintained and how they can gain access to them.

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#### Access to Records (continued)

- EI Providers will respond to and comply with a parent’s request to inspect and review their child’s early intervention records without unnecessary delay and before any meeting regarding an IFSP or due process hearing, but not more than 10 days after a request has been made.
- EI providers must make available at no cost to the parent, a copy of each evaluation, assessment of the child, family assessment, and IFSP as soon as possible after each IFSP meeting.
- EI providers may charge a fee for copies of records, but only if such a fee does not prevent the parent from inspecting and reviewing the record.
- EI providers may not charge a fee to search for or collect information.
- The family of the child has the right to have someone from the EI program explain or interpret any item in the record that the family does not understand.
- Parents have the right to have a representative inspect and review the early intervention record.
- The EI provider may presume the parent has the authority to inspect and review records relating to their child unless the EI provider has been provided documentation that the parent does not have the authority under applicable state law governing such matters as custody, foster care, guardianship, separation and divorce.
- If a record includes information on more than one child, the parents’ rights to access are restricted to the portion of the record of their own child.
- If the parent feels that any information in the record is inaccurate, or misleading, or violates the privacy or other rights of the child, he/she may request the EI provider to amend the information. The request must be documented. The EI provider must either amend the information in a reasonable period of time or formally refuse to do so.
- If the EI provider refuses to do so, the parents must be informed in writing of that refusal, be advised of the right to dispute the decision to refuse to change the record, and be advised of the right to a due process hearing to challenge information in the record to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.
- The provider will inform the parent of the right to a due process hearing and assist the parent in completing the Request for a Due Process Hearing if needed. The hearing must be in accordance with FERPA procedures.

# Rhode Island Early Intervention Certification Standards

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### IX. Procedural Safeguards

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#### Access to Records (continued)

- If, as a result of a hearing, it is determined that information in the record is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child or parent, the records will be amended accordingly and the parents will be notified in writing.
- If, as a result of the hearing, it is determined that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parent, the parent will be informed of the right to place in the record a statement commenting on the information or reasons for disagreeing with the decision of the agency.
- Any explanation placed in the record must be maintained by the EI provider as part of the early intervention record as long as the record or contested portion is maintained by the EI provider. If the record or the contested portion is disclosed by the EI provider to any party, the explanation must also be disclosed to the party.
- Parents also have the right to file a complaint with the U.S. Dept. of Education concerning alleged failures of compliance with FERPA.
- Each EI provider must keep a record of parties obtaining or requesting access to early intervention records collected, maintained or used. The record of access must include the name of the party, the date of access and the purpose for which the party was authorized to use the child's record.
- The record of access shall be maintained with the record as long as the record is maintained.
- Each EI provider must maintain early intervention records in locked files/storage rooms at all times in order to secure confidentiality.
- Each EI provider is responsible for ensuring compliance with the Family Educational Rights and Privacy Act FERPA and the Health Insurance Portability and Accountability Act (HIPAA).

**Surrogate Parent** Every child referred for an evaluation or enrolled in Early Intervention must have someone who can act on that child's behalf as a parent as defined under Part C of the IDEA

*Section 303.27 of IDEA defines parent as*



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## Policies and Procedures

### IX. Procedural Safeguards

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#### Surrogate Parent (continued)

*(A) a biological, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent);*  
*(B) a guardian authorized to act as the child's parent (but not the State if the child is a ward of the State);*  
*(C) 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*  
*(D) an individual who has been appointed under 303.422 or section 639(a)(5) to be a surrogate parent.*

- A child does not need a surrogate parent if he or she lives with someone who meets the definition of “parent.”
- A child needs a surrogate parent when:
  - No parent (as defined) can be identified
  - The lead agency or other public agency, after reasonable efforts, cannot locate a parent; or
  - The child is a ward of the State.
- In Rhode Island, children referred to Early Intervention will usually live with someone who meets the definition of “parent”. In the rare instance when a child does not live with anyone that fits the definition of parent the following methods are used:
  - Department of Children Youth and Families will assign a surrogate parent. The surrogate parent is identified on Form 175.
  - A judge who oversees the case of an infant or toddler, who is a ward of the state, can appoint a surrogate parent for that child.
- The role of a surrogate parent is to make Early Intervention decisions affecting the child, in place of the child's parent. Early intervention decisions include identification, evaluation, placement, development and periodic reviews of the Individualized Family Service Plan (IFSP) and due process procedures. A surrogate parent has access to all early intervention records concerning the child and due process rights. The surrogate parent has the same rights as a parent for all purposes under Rhode Island Early Intervention. However, surrogate parents do not have the authority to request or release medical information. The DCYF social worker signs for release of medical records.
- A person assigned as a surrogate parent
  - May not be an employee of the lead agency or any other public agency or EIS provider that provides early intervention services, education, care, or other services to the child or any family.
  - May not have personal or professional interest that conflicts with the interest of the child he or she

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#### Surrogate Parent (continued)

- represents; and
  - Must have knowledge and skills that ensure adequate representation of the child.
  - A person who is otherwise qualified to be a surrogate parent under paragraph (d) of this section is not an employee of the agency solely because he or she is paid by the agency to serve as a surrogate parent.
- DCYF must make reasonable efforts to ensure the assignment of a surrogate parent not more than 30 days after a public agency determines that the child needs a surrogate parent.

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#### Informal Complaint Procedures

##### **Certified EI Providers must have policies and procedures for resolving informal parent complaints.**

- [EI providers must have a written internal process, aligned with Rhode Island Early Intervention Certification Standards Procedural Safeguards, for responding to and addressing complaints](#)
- EI providers explain at Intake how and with whom parents can address concerns or disagreements about Early Intervention with at the program level.
- EI providers offer informal opportunities to resolve a parent’s concern and areas of disagreements through meetings/discussions.
- EI providers work collaboratively with families and accommodate parent preferences within reason.
- EI providers must notify parents of formal complaint procedures at Intake and annually by providing each parent with the *Rhode Island Early Intervention Procedural Safeguards and Funding*. EI providers must also provide parents with *Understanding Procedural Safeguards* which includes formal complaint procedures whenever Prior Written Notice is given.

##### **The following formal complaint processes are available:**

###### **Complaints**

The Rhode Island Executive Office of Health and Human Services, as lead agency, is responsible to review, investigate and act on any complaints or allegations of noncompliance with Part C of IDEA or with Rhode Island Early Intervention Certification standards, policies, or procedures by a certified Early Intervention Provider. The complaint procedure is publicly available on the EOHHHS website.

Any public agency, public employee, parent, private individual or organization may file a written complaint alleging that there has been an instance of noncompliance with IDEA Part C or with Rhode Island Certification Standards, policies, or procedures by any certified Early Intervention Provider.

- The parent, organization or individual filing the complaint must submit a signed written complaint to the Part C Coordinator and simultaneously forward a copy of the complaint to the EI provider serving the child.

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- The Rhode Island Early Intervention Written Complaint form must be completed, signed, dated and submitted to the Part C Coordinator. This form is available in *Rhode Island Early Intervention Procedural Safeguards and Funding* document given at Intake and on line at:  
<http://www.eohhs.ri.gov/Consumer/FamilieswithChildren/EarlyIntervention.aspx>
- The EI provider will assist the parent in filing a written complaint if requested.
- The Early Intervention Complaint Form shall be used and must include:
  - A statement that the EI provider has violated a requirement of Part C of the IDEA; not more than one year prior to the date that the complaint is received;
  - The facts on which the statement is based;
  - The signature and contact information for the individual filing the complaint; and
  - The name and address of the child
  - The name of the EI provider serving the child
  - A description of the nature of the problem of the child, including facts relating to the problem; and
  - A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.
- The lead agency will conduct an investigation of the complaint through interviews and a review of the early intervention record(s) or may determine that an independent on-site investigation is necessary. The complainant will be given the opportunity to submit additional information orally or in writing within the required timeline.
- The EI provider will be given an opportunity to respond to the complaint; including at the discretion of the lead agency, a proposal to resolve the complaint.
- A parent who has filed a complaint will be given an opportunity to voluntarily engage in mediation with the EI provider.
- EI programs will cooperate with the lead agency by providing full access to all records and personnel involved.
- The lead agency will review all relevant information and determine whether there has been a violation of a requirement of the Rhode Island Early Intervention system and will issue a written decision within 60 days. A time extension may be permitted only if exceptional circumstances exist with respect to the complaint or if the parent and the EI provider agree to extend the time to engage in mediation.
- The written decision will address each allegation in the complaint and will contain the following:
  - Findings of facts and conclusions
  - The reasons for the final decision

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- The procedures to effectively implement the decision including corrective actions needed to achieve compliance, negotiations and technical assistance.
  - If the lead agency has found that the EI provider failed to provide appropriate services, the lead agency must address corrective actions required to correct the cause of the complaint. This includes corrective actions required of the system or of the EI program which impact the future provision of service for children with disabilities and their families, and compensatory services or monetary reimbursement as appropriate to the needs of the child and the child's family.
- Final decisions are binding and enforceable. The lead agency may monitor the EI provider regarding implementation of corrective actions and if corrective actions are not implemented the lead agency may terminate the EI provider's certification agreement.
- If an issue is raised in the written complaint, or there are multiple issues in which one or more are also part of a due process hearing request, the issue(s) must be set aside until the conclusion of the due process hearing. The remaining issues must be resolved using the written complaint time limits.
- If an issue is raised in the written complaint, which has already been decided in a due process hearing, the previous decision is binding and the complainant must be so informed.
- A written complaint alleging a failure of the EI provider to implement a decision made pursuant to a Request for Due Process Hearing must be resolved by the lead agency.
- If a parent is not satisfied with the final decision issued by the lead agency a Request for a Due Process Hearing may be filed by the parent if the written complaint was about a proposal to initiate or change the identification, evaluation or early intervention services of their child; or the refusal to initiate or change the child's identification, evaluation or early intervention services of their child.

#### Mediation

When filing a written complaint or a request for a due process hearing, families must be offered mediation as a formal avenue with which to resolve any dispute. Parents are notified of mediation procedures in *Rhode Island Early Intervention Procedural Safeguards and Funding* which they receive initially and annually from the EI provider. They also receive *Understanding Procedural Safeguards* whenever Prior Written Notice is given.

The lead agency (EOHHS) offers the parent mediation as a first step in resolving a disagreement when they file:

- A written complaint
- A request for a due process hearing

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### IX. Procedural Safeguards

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- Mediation is voluntary on the part of all parties. The lead agency (EOHHS) identifies individual mediators to provide EI mediation services. EOHHS maintains a list of qualified and impartial mediators who are required to undergo training in effective mediation techniques and are knowledgeable in laws, regulations, policies and procedures related to the provision of EI services.
- Mediation cannot be used to deny or delay the parent’s right to a due process hearing or any other rights.
- The parent may refuse or withdraw from the mediation process at any time.
- The mediation process, including a written mediation agreement, must be completed to ensure enough time for completion of a due process hearing or complaint investigation by the lead agency unless an extension of time has been granted by the lead agency in the case of a written complaint or the hearing officer in the case of a due process hearing.
- Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties (parent and EI service provider) to the dispute. The lead agency must bear the cost of the mediation process, including the costs of meetings or sessions described above.
- If the parties resolve a dispute through the mediation process, the parties must execute a legally binding agreement that sets forth the resolution of the dispute and:
  - States that all discussions that occurred during the mediation process shall remain confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding; and
  - Is signed by both the parent and a representative of the lead agency to bind the agency to what has been agreed upon.
  - A written, signed mediation agreement is enforceable in any state court of competent jurisdiction or in a district court of the United States.

#### **Due Process Hearing**

A due process hearing is a formal review of a complaint identified by the parent, all data related to the problem, and testimony from the parties concerned.

Parents may request a hearing with regard to:

- A proposal to initiate or change the identification, evaluation or early intervention services of their child;
- Refusal to initiate or change the child’s identification, evaluation or early intervention services of their child.
- If they have requested that information in their child’s record be amended and the Early Intervention provider refuses to amend the record in accordance with the

# Rhode Island Early Intervention Certification Standards

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request (see Access to Records procedure).

- A Request for a Due Process Hearing form must be completed, signed and dated by the parent or the parent’s representative and submitted to the Part C Coordinator. This form is included in *Rhode Island Early Intervention Procedural Safeguards and Funding* document given at Intake and is available on line at: <http://www.eohhs.ri.gov/Consumer/FamilieswithChildren/EarlyIntervention.aspx>
- The EI provider will assist the parent in filing a Request for a Due Process Hearing upon parent request.
- When a hearing is requested by the parent, the lead agency will inform the parent of the right to mediation and of any free or low cost legal services available to the parent.
- The hearing will be scheduled at a time and in a location, that is convenient to the parents.
- The due process hearing must be completed, and a written decision mailed to each of the parties within thirty (30) calendar days of the receipt of the request. Mediation, if attempted, must occur within the same thirty (30) days. A hearing officer may grant specific extensions of time beyond the period set at the request of either party.
- The hearing officer:
  - shall not be an employee of the lead agency or program involved in the provision of early intervention services or care of the child, nor have a personal or professional interest that would conflict with his or her objectivity in implementing the process. A hearing officer cannot be an employee of an agency solely because the person is paid by the agency to implement hearing or mediation procedures under this part.
  - shall have knowledge about the provision of early intervention and services available for infants and toddlers with disabilities and their families.
  - shall listen to the presentation of viewpoints concerning the matter under review, examine all information relevant to the issues, and seek to reach a timely resolution of the matter.
- Parents have the right to:
  - be accompanied and advised by counsel and or individuals with special knowledge or training with respect to early intervention services for eligible children.
  - present evidence and confront, cross-examine and compel the attendance of witnesses.
  - prohibit the introduction of any evidence at the hearing that has not been disclosed to them at least five days before the proceeding.
  - obtain a written or electronic verbatim transcription of the

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- proceedings.
  - obtain written findings of fact, conclusions of law and decisions at no cost.
- Results of the Hearing
  - The hearing officer informs the parents or guardians and lead agency of their decision in writing within 30 days of the request.
  - Any party disagreeing with the results of the hearing has the right to bring civil action in State or Federal court.
- The lead agency will ensure that the results of the hearing are implemented.
- A child must continue to receive IFSP services consented to by the parent pending a hearing unless the parent and lead agency (EOHHS) agree otherwise. If the hearing involves agreement on the initial IFSP, the child shall receive those services that are not in dispute.