

MARC CHILDREN'S SERVICES

INFANT/TODDLER EARLY INTERVENTION

Preservice Support Handbook

For those of you who are interested in making a difference, you have come to the right place! Marc Children's Services serves a five county (Montgomery, Berks, Chester, Philadelphia and Bucks) region that is invested in applying evidence-based, promising practices to services for children and families from diverse cultural and economic backgrounds. At Marc Children's Services we can proudly say that the right people with the right approach are developing the program. Through your work here you will have opportunities to learn new and exciting approaches through your collaborations with a well-trained staff.

Sections in this handbook correspond to Pennsylvania's required training topics and are appropriate for any early intervention provider during preservice training. Early intervention personnel who are employed by Marc Children's Services need to review this handbook before accepting any referrals for any county.

This handbook begins with an overview of Pennsylvania's Infant/Toddler Early Intervention training program. The remaining sections correspond with pre-service training topics (shown in italics below) that are identified in the State Regulations, Section 4226.29

- *Orientation to the Department of Public Welfare's early intervention service system*
Section 1: An overview of early intervention in Pennsylvania.
- *Early Intervention Regulations and Fiscal Operations and Funding Sources*
Section 2: Summarizes requirements that guide how services are provided for families and their infants and toddlers.
- *The Duties and Responsibilities of Your Position*
Section 3: Describe your role in the early intervention process.
- *Family-Centered Approaches*
Section 4: Describe the family-centered model adopted for Pennsylvania's programs.
- *Interrelated Social, Emotional, Health, Developmental and Educational Needs of Children*
Section 5: Highlights aspects of child development.
- *Availability and Use of Local and State Community Resources*
Section 6: Discusses strategies for obtaining resources for families.
- *Services in Natural Environments*
Section 7: Explains natural environments as the foundation for services in the county and the importance of everyday experiences and routines to influence young children's learning.
- *Fiscal Operations and Funding Sources*

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Overview

Introduction to Training in Pennsylvania

Pennsylvania state law requires all early intervention personnel to complete annual training requirements. At Marc we provide ample ways to receive the necessary training through in-service days 1 x / year, six Saturdays / year as well as video lending. All early intervention providers in Pennsylvania must satisfy the state infant/toddler training requirements each year, which are detailed below. Providers need to maintain a training file to document individual staff activity. Sign-in sheets along with printed agendas of meeting schedule and content can be used to document staff participation.

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Pennsylvania regulations include specific training requirements (pre-service, orientation, and others) that must be completed by all early intervention personnel within the first year of service. After the first year, personnel must complete annual requirements which include the renewal of selected pre-service training content. Pennsylvania's training regulations are the following:

§ 4226.29. Preservice training.

- (a) Early intervention personnel who work directly with at-risk children or infants and toddlers with disabilities, including personnel hired through contract, shall receive training before working alone with at-risk children or infants and toddlers with disabilities or their families in the following areas:
 - (1) Orientation to the early intervention service system of the Department, including the purpose and operation of the State and local interagency coordinating councils.
 - (2) The requirements of this chapter.
 - (3) The duties and responsibilities of their position.
 - (4) Methods for working with families utilizing family-centered approaches to encourage family involvement and consider family preferences.
 - (5) The interrelated social, emotional, health, developmental and educational needs of children.
 - (6) The availability and use of available local and State community resources.
 - (7) The principles and methods applied in the provision of services in the natural environment.
 - (8) The fiscal operations of the early intervention service system and the specific funding sources.
 - (9) Within 120 days of the date of hire, fire safety, emergency evacuation, first aid techniques and child cardiopulmonary resuscitation.
- (b) Records of preservice training for all personnel shall be kept in the county MH/MR program's or provider's personnel files for as long as the individual is employed or under contract or for 4 years, whichever is longer, or until any audit or litigation is resolved.

§ 4226.30. Annual training.

- (a) Early intervention personnel who work directly with at-risk children and infants and toddlers with disabilities, including personnel hired through contract, shall have at least 24 hours of training annually, in addition to any preservice training, relevant to early intervention services, child development, community resources or services for children with disabilities. Specific areas shall include cultural competence, mediation, procedural safeguards and universal health procedures.
- (b) The training specified in § 4226.29(a)(9) (relating to preservice training) shall be renewed annually, unless there is a formal certification for first aid or cardiopulmonary resuscitation by a recognized health source that is valid for more than 1 year, in which case the timer period specified on the certification applies.
- (c) Records of all annual training shall be kept in the county MH/MR program's or provider's personnel files for as long as the person is employed or under contract or for 4 years, whichever is longer, or until any audit or litigation is resolved.

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A. Personnel who are in their first year of service in Pennsylvania Infant/Toddler Early Intervention

- 1) Preservice training that needs to be completed before early intervention providers see children and families. Our agency accomplishes this through review of this handbook.
- 2) Training to be complete within 120 days of hire — Fire Safety, emergency evacuation (which is included in fire safety), first aid techniques and certification in child cardiopulmonary resuscitation.
- 3) 24 hours of training on topics germane to early intervention and early development — discipline specific, along with mediation and procedural safeguards, family privacy requirements, universal health procedures, cultural competence, transition, child abuse and mandatory reporting, to be completed by the 30th of June. The 24 hour requirement can be prorated based upon the date of hire.

B. Personnel who are beyond their first year of service in Pennsylvania Infant/Toddler Early Intervention

- 1) Annual renewal of training in first aid techniques and certification in child cardiopulmonary resuscitation (if provider maintains formal certification in first aid or CPR from a recognized health source, certificate that is current and valid satisfies annual renewal requirement), fire safety and emergency evacuation.
- 2) Pennsylvania requirements for experienced staff — a total of at least 24 hours earned between July 1st and June 30th on topics germane to early intervention or early childhood — discipline specific, along with the following: mediation and procedural safeguards, family privacy requirements, universal health procedures, cultural competence, transition, child abuse and mandatory reporting.

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Section 1: *Orientation to Early Intervention*

Pennsylvania's early intervention program includes at-risk tracking and early intervention services. Both are provided at no cost to families. County Service Coordination is the entry point for early intervention in each county. Those personnel manage at-risk tracking services, early intervention service coordination and family support services.

Children who are at-risk for developmental concerns are monitored by Service Coordinators. To receive more intensive services, children must have a developmental delay or an established medical condition that is associated with a developmental delay. Service Coordinators help parents through the Multi-Disciplinary Evaluation (MDE) process to determine if their child is eligible for early intervention.

When children are eligible for early intervention — Service Coordinators, service providers and families work together on teams to develop an Individualized Family Service Plan (IFSP). The IFSP designates the family's individualized outcome(s) as well as services and supports that are needed to accomplish the outcome(s).

Services identified on the IFSP are implemented by providers who are contracted through each county. Team members monitor the child's progress and the IFSP is regularly reviewed. The MDE process occurs again annually, and once continued eligibility for early intervention is established, a new IFSP is developed. All early intervention providers who are working with the family participate as team members to complete the annual MDE and IFSP process.

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The initial MDE and IFSP

The early intervention process begins when a parent or other person refers a child to early intervention through Service Coordination. A staff member from Service Coordination speaks with the parent/referral source and gathers initial information, completes a developmental questionnaire and begins to identify developmental or other concerns that the parent may have about the child. The MDE and IFSP process is implemented according to established timelines of 45 days to identify if the child is eligible for early intervention and then to address the parent's concerns and priorities through development of the IFSP.

In each county multi-disciplinary evaluations (MDEs) and IFSPs are conducted in the same meeting. During this comprehensive meeting, Service Coordinators, families and other team members review the information about the child and family and complete additional evaluation procedures. They use the MDE results to determine the child's eligibility for early intervention, and, for eligible children, they develop the IFSP. Teams record their findings on the Evaluation Report (ER) and IFSP forms that the Office of Child Development and Early Learning (OCDEL) require for all children receiving evaluations in Pennsylvania.

The Child and Family Assessment

Before the MDE and IFSP meeting, The Service Coordinator analyzes Information from the child's intake And referral, as well as from Conversations with the family, and Then summarizes findings in the Family Assessment pages of the Evaluation Report (ER) document.

The service coordinator gathers important information following the initial referral.

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Conducting the Multidisciplinary Evaluation (MDE)

The Service Coordinator introduces everyone and facilitates the meeting during which the MDE occurs. Information from the family assessment pages of the ER document is reviewed so that the team can focus on the parent's concerns and priorities and on the child's typical activities and routines.

All team members work together to complete the evaluation. While each person on the initial MDE and IFSP team has a role during the evaluation, these roles are interchangeable depending on the child's and the family's needs and preferences. Initial MDE teams use one of the State mandated evaluation tools to help identify children's current strengths and concerns and to identify their developmental ranges. The evaluation is completed by interviewing the parent and observing the child. One team member works with the child while another works to involve the family and to score the evaluation.

Determining Eligibility for Early Intervention

There are several ways that children become eligible for early intervention. Children are eligible when they have at least a 25% delay in one or more developmental areas.

A child may also be eligible because he or she has an established condition that is associated with a developmental delay.

Lastly, a child may be eligible by informed clinical opinion when team members have a significant concern that cannot be addressed by standardized assessments. Qualitative and quantitative data about the child's behaviors that support the need for early intervention must be collected and documented. Team members justify clinical opinion in the appropriate developmental domain section of the Evaluation Report.

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Developing the IFSP

Optimally, for eligible children, team members analyze information from the MDE and collaborate to help the family identify outcomes. Outcomes depict the child's and family's desired participation in their own everyday activities and routines. Early intervention providers value child and family engagement and participation in these settings and situations, as they provide the opportunities through which all young children play, grow and learn. The team considers the environmental adaptations and assistive technology, and skills the family and child need as they create the IFSP and document the intervention plan in IFSP Section IV. Outcome/Goal. On the first visit, the early intervention provider reviews the intervention plan with the family. The team also identifies resources, supports or services that the family needs that are not covered by early intervention services (IFSP Section II. Child and Family Information). Then, teaching strategies to reach the outcomes, and ways to determine progress made toward the attainment of the outcome are defined. After these steps, team members discuss and identify what services are needed to accomplish the outcomes (IFSP Section V. Early Intervention Services).

Providing Early Intervention Services

Early intervention includes a variety of service options (see box to the right). The Appendix of this handbook includes descriptions and outlines of the scope of practice for the most frequently used early intervention services. Eligible children can access any early intervention service. However teams need to acknowledge that services and supports included on the IFSP are primarily designed to support the family as they promote their infant's or toddler's development and early learning. Services are not selected by determining which discipline should "treat" each of the child's "deficits." When making decisions, priority consideration needs to address which service, or array of services, represents the expertise that is needed to help the family learn how to support their child's growth and development within their everyday activities and routines. In this way, services are matched to needs identified through the IFSP process.

Service Options

- Assistive technology devices and assistive technology services
- Audiology services
- Early identification and assessment services
- Family training, counseling, and home visits
- Health services necessary to enable an infant or toddler with a disability to benefit from other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Transportation and related costs
- Vision services

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Providing Early *(continued from previous page)*

Here are some considerations for team members as they identify services to best address the outcomes:

- Families should willingly participate in services
- Services should not overwhelm families who already have busy schedules.
- Services should focus on outcomes.
- Services should support the child's participation in everyday activities and routines.
- Providers should coordinate the strategies they are considering through consultations with the family.

Specialized Services

Short-Term Services

When team members need additional ideas or suggestions, they may request short-term consultation from other early intervention teachers and therapists. For example, more information may be needed to implement strategies, or the provider may need ideas to help teach the family specific approaches to use with their child. Usually, the need is discussed at a meeting, however, a team member also can notify the Service Coordinator. In either situation, the request for a short-term service needs to be justified with a specific rationale before the Short-Term Service can be added to the IFSP. Once added to the IFSP, short-term services are integrated with current services. Personnel conducting short-term services work together in homes and communities with families and other team members.

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Progress Monitoring

After the IFSP is established, each therapist and teacher works together with the parent to develop a Service Support Plan for each outcome. The plan outlines strategies and opportunities that help the family to support their child's participation in everyday activities and routines. Early intervention providers work with families and/or caregivers to review progress at the start of each home visit.

All team members need to be sure that they are addressing the family's concerns and that services they provide are having the desired effect. Service Coordinators complete monthly monitoring reports indicating progress. The team of people working with the child reviews progress summaries and judges the child's overall progress toward outcomes at quarterly review meetings.

Session Notes

During home visits, all service providers share information with the family about activities and opportunities that support the child. They document the recommended strategies on the State required Session Note. When completing the form the provider summarizes information collected about the child's progress toward the attainment of outcomes (e.g., videotapes, pictures, parent report, data), along with a review of what occurred during the visit. At the end of each visit, the parent receives a copy of the Session Note.

Monthly Monitoring

The Service Coordinator contacts parents to monitor the child's early intervention program. The parent is asked about the services they have received and confirms that they have been implemented according to the IFSP plan. The parent is also asked to identify any issues that s/he may be having with the program and is given an opportunity to talk about the child's progress.

Quarterly Reviews

Quarterly Reviews need to be completed each quarter following the start of the IFSP. This form is to be completed during regular session. These are used to determine progress and determine if new outcomes/strategies need to be written. A copy is to be left with the family.

INFANT/TODDLER EARLY INTERVENTION**The Annual MDE and IFSP**

All early intervention personnel who work with the child comprise the annual MDE and IFSP team. In general, the team follows the same procedures that are used for the initial MDE and IFSP. The Service Coordinator schedules the Annual MDE with the family and team members. At this annual meeting (a) the child's current IFSP is reviewed, (b) the multidisciplinary evaluation is reviewed to determine the child's continued eligibility and to consider any additional recommendations, and (c) a new IFSP is completed for eligible children. All early intervention personnel need to be prepared and participate as full members of the team that reviews the IFSP annually for each child and family.

The Service Coordinator updates assessment information from the family. Teams use a standardized developmental assessment to help identify the child's current strengths and needs and all early intervention providers are responsible to know how to administer and score the tool. Currently, Marc Children's Services use the Developmental Assessment for Young Children (DAYC) for the annual MDE and IFSP. The team reviews the information and makes a decision about the child's eligibility for early intervention. When the child remains eligible, the team completes the IFSP, identifying the outcome(s) and developing an intervention plan.

The Child's Transition/Discharge

When our intervention is successful, outcomes are accomplished and families feel as though they have the resources and skills to meet future outcomes. This can happen at any time before a child turns three years old. The team should help the family access possible supports for after discharge. For example, the team may provide a family with the information that is needed to enroll their child in a Head Start program. An IFSP transition plan includes the steps needed to support the child and family through the process. Team members document what needs to happen and what resources are needed for the transition.

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Transition and Discharge

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Children leave the birth-to-three early intervention program for many different reasons. Other transitions involve families moving to different early intervention systems. For families relocating out of a county, a successful transition may mean linking them to early intervention in other counties or states.

When children are still receiving early intervention services as they approach their third birthday, team members help families through the transition to preschool early intervention services.

Early Intervention Accountability

The US Department of Education, Office of Special Education Programs' requires every state to collect accountability data on the effectiveness of early intervention. ECAP (Early Childhood Accountability in Pennsylvania) is a web-based data system that collects the child outcome data being gathered by infant/toddler and preschool early intervention programs across Pennsylvania. All early intervention providers are required to submit data to ECAP through Pearson's website Ounce online. The OUNCE Scale, an observational assessment, is administered to collect information about the child's behavior and development. Data is collected and reported at Entry (60 days after the IFSP was written); Annually (60 days prior to the IFSP); and upon Exit (up to 60 days prior to exit).

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Section 2:

Early Intervention Regulations

Where did the Early Intervention Program Begin?

The Education of the Handicapped Act (the earliest version of IDEA) was created in the mid-1970's in part from legislation in Pennsylvania. The Pennsylvania Consent Decree (a settlement between the state and ARC of PA) established principals such as zero exclusion (no children could be kept out of schools) and LRE (least restrictive environment, the requirement that children be educated in regular education settings with typically-developing peers, to the maximum extent possible). These principals were affirmed for all children (not just children with mental retardation) in *Mills vs. the Board of Education*. Legislation also confirmed that services were to be provided even if the state had financial constraints.

In 1986 special education law was revised (PL 99-457) and public programs for children from birth to 6 years of age became available. Among other things, the law ensures that children receive culturally fair assessments and are included in typical educational settings. For children under age three, this translates to typical activities, settings and situations in which young children play, grow and learn, or natural environments.

How does the Early Intervention Program Work?

The federal early intervention program (Part C of IDEA) is a voluntary program for States, but when states do participate, they must adhere to all federal program requirements. States develop their own legislation and subsequent regulations to govern programs that implement federal law. States can offer more than the federal program requires, but cannot implement programs that offer lesser standards. Pennsylvania regulations provide us with more specific information about how services are offered in the Commonwealth.

How do the Federal Mandates of the Early Intervention Program Apply in Our Area?

Our county region has a comprehensive system for the provision of early intervention services. The table on the next page highlights federal mandates for the early intervention program along with a description of what the mandate means and how it is applied locally.

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Federal Mandate	What it is	How it is done locally?
Definition of developmental delay	This definition is used when states identify eligible children	<p>In Pennsylvania a child is eligible if he or she has a (a) 25% delay in one of five developmental areas, or (b) 1.5 standard deviation below the mean in one of the developmental area.</p> <p>A child is also eligible because of a condition associated with a disability or by informed clinical opinion.</p>
Evidence based practices	Early intervention services to be used are supported by research.	Early intervention teams are responsible to implement the practices that they learn. Education is available through our agency and PATTAN.
Timely and Comprehensive Multidisciplinary Evaluation	A Multidisciplinary Evaluation (MDE) is conducted when a child enters the system and then each year thereafter. Through the MDE, eligibility is determined along with needed family outcomes and recommendations for services.	Initially the child receives a MDE through the counties independent evaluation team. The child's service team conducts the annual MDEs. The service coordinator is a member of the MDE and Service Team.
Individualized Family Service Plan and Service Coordination	The Individualized Family Service Plan identifies the child/family outcomes and determines how the team is going to proceed. The IFSP also delineates the type and level of service(s) that a child receives.	Initially, and than annually, the IFSP and MDE generally are completed by the current IFSP team. The IFSP is a natural outcome of the MDE.
Public Awareness Program	A network of resources that advertise early intervention services.	Special Kids Network 800.986.4550
Central Directory	A Directory of Programs and Resources	Project Connect 800.692.7288 (for TYY dial 711 for Relay Service)
Comprehensive System of Personnel Development	Generally refers to University Systems	Certification Requirements in Pennsylvania along with PA State Universities
Single Line of Authority	Administration and Management of the Program	The Program is Administered by the Office of Child Development Early Learning (OCDEL) which is a bureau funded by both the Department of Education and Department of Public Welfare

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What is PA Act 212?

Act 212 is Pennsylvania's state law for early intervention. It addresses key components (e.g., eligibility, MDEs, IFSPs) of federal legislation and assigns the responsibility of the program to various state departments. The Act defines the at-risk categories currently used in Pennsylvania and mandates continuing assessment (tracking) for children under age 3.

Furthermore, for each county in Pennsylvania, the Act establishes a Local Interagency Coordinating Council (LICC) and Interagency Agreements.

The local Interagency Coordinating Council (LICC) is a group comprised of representatives from Health, Welfare, and Education as well as early intervention and early childhood providers and family members. The LICC is responsible for developing Interagency Agreements that specify how services are provided in the local county. The group meets to discuss policy and to arrange presentation and social events for families.

What are the components of Early Intervention Regulations in Pennsylvania?

Reg-

Self-Assessment

Every three years counties perform a self-assessment of the early intervention program. In the past, the self-assessment in local counties involved a questionnaire for parents and review of videotapes of MDEs and IFSPs, and early intervention sessions with families. Providers may be asked to participate in the self-assessment by developing a videotape or by providing feedback.

Child Abuse Clearances

Upon hire/contract all early intervention personnel must have FBI Criminal History Background Check, PA State Criminal Background Check and Child Abuse Clearances. Clearances for personnel hired cannot be older than 1 year.

Services/Personnel

Information about this component of the law has been included in this handbook. See Section 1, pages 6-13.

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MDE and IFSP Requirements

Each child referred to early intervention receives a multidisciplinary evaluation (MDE) to be completed within 45 days of a child's referral. The initial MDE and IFSP is conducted by personnel who are independent of service provision and are trained in assessment methods and procedures. Parents must receive the Evaluation Report (ER) within 30 days of the evaluation. Families also receive a copy of the IFSP.

The MDE includes (a) review of records about the child's health and medical history, (b) evaluation of the child's developmental levels in cognitive development; physical development, including vision and hearing; communication development; social and emotional development; and adaptive development and (c) assessment of unique needs of the child and identification of services to meet the needs. Additional provision of the MDE indicate ways that outside evaluations about the child can be used, as well as steps to provide an interim IFSP, so that when needed, children can receive services before the MDE is completed.

Training Requirements

PA Early Intervention Regulations specify training requirements for all personnel who work with children. Personnel need to complete certain training before providing services. Additional specific content must be completed within 120 days of hire. In accordance with the Regulations continued training requirements apply during each year the personnel work in early intervention. (See *Handbook Section 1, pages 3-5*).

Confidentiality

There are several noteworthy pieces of legislation pertaining to confidentiality issues in Early Intervention. The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) came into effect in April 2001, with final modifications adopted in August 2002. This mandate, which addresses information in a child's medical records, resulted from Public Law 104-99, the Health Insurance Portability and Accountability Act (HIPAA) of 1996. PA Act 148 of 1990 concerns the release of information pertaining to a child's HIV status (positive or negative). The PA Department of Health website (<http://www.dpw.state.pa.us/About/HIPAAPrivacy/>) also details HIPAA requirements. The AIDS Law Project of Pennsylvania (<http://www.aidslawpa.org/publications.htm>) has publications that describe and compare both the Privacy Rule and HIPAA. These resources offer additional information that Resource Providers need to pursue in order to learn about this topic. Since there are special rules and regulations involving a person's HIV status, providers are encouraged to follow applicable laws and not share a child's HIV status.

FERPA is a provision in the federal law, IDEA 2004, pertaining to a child's educational records, including written documents; computer media; microfilm and microfiche; video or audio tapes or CDs; film; and photographs. Under FERPA, parents acting on behalf of the child have several rights. The Service Coordinator reviews these annually with parents.

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FERPA—Parents have the right to

- Access their child's educational records, or receive a copy of the records, within 45 days of request.
- Consent to release the child's records. (*Consent must state the record to be disclosed, the reason for disclosure, the person/party to whom disclosure is to be made, the date, and the parent's signature.*)
- Request that an educational record be amended. (*The agency must consider the parent's request for an amendment and offer a hearing if it decides not to amend the record. When result of the hearing indicate no amendment is necessary, the parent has a right to place a statement in the record which is to be disclosed with the record in question.*)
- File a complaint should one of these rights be violated.

Due Process and Problem Solving

Children in early intervention have due process rights and parents act on behalf of their children. Parents have rights to prior notice and to informed consent when evaluations are planned, changes are to be made in the child's services or locations where services are to be provided. Notifications and consent must be parent's native language when that is feasible. Parents can request an IFSP meeting at any time.

However, it is recommended that parents first contact the service coordinator with any problems or concerns. Parents can participate in any one procedure without affecting their right to use another procedure or affect timelines for other procedures. The child continues to receive early intervention while the matter is resolved through the problem solving process.

While families and early intervention teams most often work together without any disagreement, there may be an instance in which the team cannot reach a consensus. As a way of gaining assistance, parents can activate any of several problem solving procedures (see box below) by request made verbally, in writing, or by indication on the Parents' Rights Agreement.

- Administrative Meeting with MRS
- IFSP Facilitation (arranged by Service Coordinator)
- File a complaint with OCDEL
- Mediation
- Due Process

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Financing the Program

Governmental early intervention funds cannot be used to provide services when another public or private funding source is available. In fact, counties need to have procedures used to ensure that the county is the payer of last resort. However, services on the IFSP may not be denied or delayed because another public or private funding source, including Medicaid, is unavailable.

Counties are first required to use the Infant, Toddlers and Families Medicaid Waiver from the Department of Health and Human Services under Section 1915(c) of the Social Security Act (42 U.S.C.A. §1396n(c)). The Medicaid Waiver is designed for children who have more severe delays in development (50% in more area or 33% in two or more areas). When this is not possible every attempt is made to bill Pennsylvania's Medical Assistance (MA) Program, a source designed especially for early intervention. MA is important since there is a federal match that brings funding into the local system. When waiver and MA options cannot be used, county funds are used.

Eligibility for Early Intervention

Act 212 and Pennsylvania's Regulations specify criteria for a child's eligibility for early intervention (*see page 8*).

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Reportable Incidents and Mandatory Reporting of Suspected Child Abuse

Pennsylvania law includes provisions to protect children against child abuse. Health care, education and social services professionals, and anyone else who has contact with children as part of their job, are identified as *mandated reporters* who MUST report any situations in which they have cause to suspect that a child is a victim of abuse. When abuse or neglect is suspected, if the child is in immediate danger, call the Police. Once you have ensured the child's safety you must *immediately call the Human Services/Personnel at Marc Children's Services 610.265.4700 extension 224* to report the suspected abuse or neglect. (Immediate notification is also required when a provider learns of the death of a child). Childline, a 24-hour system for reporting suspected child abuse, operated by the Department of Public Welfare, must also be called in situations of suspected abuse or neglect (800.932.0313).

Every early intervention provider agency needs to develop an Incident Policy and have it in place effective March 2008 (see attached). The purpose of the Incident Policy is to report any suspected or reported incidents of abuse by an early intervention service provider. Such incidents must be investigated by the agency and reported to the county using the Early Intervention Reportable Incident Form (see Appendix) and forward it to MRS as per the Commonwealth's policy on Reportable Incidents in Early Intervention EI-08 #02. In addition, all providers need to check with their supervisors regarding any specific agency procedures and follow these requirements as well.

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Section 3:

Early Intervention

Personnel Responsibilities

Prior to Your Work with Families

- You must provide current FBI Background check, PA State Criminal Record Check and Child Abuse clearances. The forms are available through Human Resources at Marc Children's Services. After you submit the forms, it may take **4 to 6 weeks to receive your clearance**. Hurry!!
- A copy of your credentials—depending on your discipline this may include your transcripts.
- A copy of the MA enrollment form.
- Submit a copy of up-to-date license, or if you are not required to have a license, a copy of your current resume. Also send a copy of all renewals.
- Preservice training certification—maintain a copy of your preservice training certification in your training file.
- Evidence of liability insurance.

While You Work with Families

1. **Protect children's and families' confidentiality.** As a professional working in the program you must educate yourself about FERPA and HIPAA laws regarding confidentiality and records. Information about children only can be shared outside of the early intervention system only with parental consent. Parents can request copies of records and can make request to amend records.
2. **Introduce yourself to families and explain your role** when you first meet families and at each quarterly annual meeting.

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While You Work with Families

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3. **Provide services to children within 14 calendar days of the IFSP/addenda meeting.** Timely delivery of services is a state and federal requirement. Be sure to document reasons for any services that will be initiated after the 14th day.
4. **Participate as a member of the early intervention team.** When you are working with families, honor the parent's role as an active team member and as one who is the center of the child's life.
5. **Identify family concerns and priorities.** Use active listening strategies to identify and address families' concerns.
6. **Encourage the family's participation.** Invite parents to actively participate by addressing their concerns and encouraging them to identify how they would like to be active in early intervention.
7. **Honor the family's values and diversity.** Be educated about diversity. Respect the family's circumstances and understand their values.
8. **Be nonjudgmental in your approach.** By being nonjudgmental, personnel enable families to feel comfortable and to speak openly about their child.
9. **Leave a session note at every visit and complete necessary paperwork.** The Appendix contains a list of various early intervention services forms along with access information.
10. **Include siblings as well as other family members.** The child's siblings are part of his/her natural routines and activities. Be sure that you understand the sibling's role during these routines. Most important, include siblings so they do not feel left out.
11. **Be professional.** Wear business casual attire. Schedule appointments in advance. Let families know when you are going to miss a visit or when you are going to be late.
12. **Measure progress toward attainment of outcomes.** Outcomes are arranged to address the family's concerns and the child's participation. Each time that you are with the child be sure to measure and record the child's progress. Use direct measurement activities or equipment.

INFANT/TODDLER EARLY INTERVENTION**While You Work with Families**

(continued)

13. **Teach the family how to make adaptations for their child.** Remember that often times the easiest way to help a child participate is to adapt the routine. You can make adaptations by simplifying and changing the routines. Other adaptations involve materials or equipment as needed.
14. **Embed strategies for children in their routines and activities.** Helping families to embed learning opportunities for children within their routines enables children to learn in multiple settings and at times that are naturally spaced throughout the day. With this type of interaction children find that they can interact and explore and their world becomes an enriched learning environment.
15. **Consult with family and other team members.** Instead of providing direct instruction and therapy to children and families, teachers and therapists act as consultants to the family and/or the child's caregivers. With this consultation, families play a critical role in finding solutions and strategies to address their concerns and priorities. Families then can use these strategies throughout the child's day and week and intervention is not limited only to times when the provider visits. As a result, family routines are enhanced and children gain more practice opportunities. Most important, families who are able to find solutions and strategies for their child can be more confident about their parenting after the provider's visit and when their child leaves the program.
16. **Use language that is respectful to children and families** (such as person-first language).
17. **Follow-up on details.** Ensure that you know how to use forms and documentation systems. Return phone calls. Be prepared for meetings.

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Time requirements

- **Schedule appointments in advance with families.**
- **Be on time.** Contact families in advance when you know that you must be late or cannot make it to an appointment.
- **Provide families with services as indicated on the IFSP.** When possible make sure that you reschedule appointments rather than canceling.
- **Be prepared to work a varied schedule.** Appointments need to be scheduled at the family's time convenience and hence at times working late afternoons and on Saturday's may be necessary on occasion.

Training

- **Attend mandatory training activities.** Personnel are expected to attend and participate in mandatory training.
- **Complete the annual hours of Infant/Toddler training hours each year.**

INFANT/TODDLER EARLY INTERVENTION

Section 4:

Family Centered Approaches

Early Interventionists in Pennsylvania and many other states have incorporated family centered principles of care into practice. Personnel rely on the information families give to identify concerns and meaningful strategies throughout each step of the early intervention process. Families are in the best position to participate in early intervention when service providers address their real life challenges. Recognizing that families are the biggest influence and constant in a child's life, helps us to know that the work we do with families has a greater impact than simply working with children. Keep in mind that the information that families learn from early intervention can be used long after the home visit, as well as after the child leaves early intervention.

Families enroll their children in early intervention to receive support and information. To better support families, early intervention personnel share information in an unbiased fashion. Families also are more comfortable when cultural and family traditions are valued. As families are at ease, they should feel free to discuss their joys and concerns. When families have support and all of the information they need to make good decisions they are in a better position to help promote their young children's development.

While early intervention personnel work to help parents prioritize their concerns and to consider the child's strengths and talents, we understand that early intervention alone cannot provide everything that any family needs. Families may be involved in (a) community resources, (b) other types of services and (c) even other early intervention services. Conversely, many families may have little to no need to work with formal systems but may have enough help through the informal support from friends and families. Thus, for early intervention to be effective, personnel must be willing to acknowledge, collaborate, and consult with people across both formal and informal systems.

As parents and professionals work together, teams gain knowledge and respect from one and another. Team members gain an understanding of how the family system operates and can be flexible when understanding the family's point of view. We begin to appreciate issues beyond the child's developmental concerns and can help families to focus on their aspirations for their child.

How well family centered principles are used depends on each person's ability to incorporate the principles into practice. A summary of essential principles within a family centered approach are listed on the next page.

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Family-Centered Principles

- Recognize that families are the constant in the lives of their young children.
- Provide opportunities for families to make good decisions (give families the resources and information that they need to make decisions on their own).
- Include families as full partners in each step of the IFSP process (e.g., assessment, planning, implementation, and review and transition from early intervention supports).
- Structure the IFSP so that families determine the priorities for their young children.
- Provide services that enhance families' capacity to support their child's development.
- Share unbiased and complete information with parents about their child's care and development on an ongoing basis in an appropriate and supportive manner.
- Respect families' cultural and linguistic diversity and styles of interaction, communication, and learning.
- Base support and intervention on a sound understanding of how young children develop and how family systems function.
- Encourage and facilitate family-to-family contact and support.
- Remain flexible, accessible, and responsive to the unique needs of a family.
- Recognize that families have a wide range of strengths, concerns, emotions, and aspirations beyond the health, educational and developmental needs of their children with disabilities.
- Acknowledge that because no one agency can provide all of the information, knowledge, and services needed to support young children with disabilities and their families, practitioners need to be dedicated to collaborating and consulting across programs.

From: Resources and Connections

Enhancing the Quality of Early Learning and
Early Intervention for Infants, Toddlers & Their Families
[www.earlychildhoodconnections.org/files/Newsletter_8.pdf?
CFID=84468&CFTOKEN=71779312](http://www.earlychildhoodconnections.org/files/Newsletter_8.pdf?CFID=84468&CFTOKEN=71779312)

Ear-
<http://>

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Section 5: Interrelated Social, Emotional, Health, Developmental and Educational Needs of Children

The years from birth to age three represent a significant period that lays the foundation for a child's physical and emotional health and well-being. Multiple, interconnected biological and environmental factors contribute to infants' and toddlers' growth and development and their early learning is critical in relation to school-readiness and ability to succeed in later educational opportunities and experiences.

Early childhood literature stresses the importance of the family in promoting their young child's development. Every family is unique. Each has individual preferences and expectations that are based in their own culture, values and beliefs, education, experiences and interests. A parent's child-rearing practices, the presence and influence of siblings or extended family members, the types of toys and spaces in which a young child grows, are just some examples of variables that create unique environments for young children. This background impacts the activities and routines that the family pursues and contributes to the variety of learning opportunities and experiences that play a central role in promoting a young child's development.

The accomplishment of typically expected milestones in areas such as cognitive, communication, social-emotional and physical function provides some information about a child's development. However, it's important to recognize that these milestones may or may not occur at a particular age due to a variety of reasons beyond the child's own innate capacities. As a result, an infant's or toddler's development and behavior needs to be considered in relation to the larger context of his or her own unique family.

In addition, early interventionists recognize that young children depend upon combinations of skills and abilities in order to participate in everyday activities. Consider the interrelatedness of skills needed for a child to learn to eat with a spoon. In most early childhood assessment instruments eating with a spoon is considered to be a specific adaptive or self help skill. However, using a spoon also indicates that a child can use a tool, a cognitive skill. Further, unless adaptations are made, there are motor requirements. Children need to have good head and trunk control to sit in a highchair or

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booster seat. Motor skills enable them to reach and grab an utensil. Furthermore, the process of eating involves oral motor skills to remove the food from the spoon with their mouths, chew and swallow the food. Even the act of combining the use of a spoon with removing food, chewing and swallowing could be considered a cognitive skill.

Contemporary approaches to understanding behavior and influencing the development of infants and toddlers recognize that achievement of skills in one domain is dependent upon development in another. Think of a child with significant visual impairment or blindness. This child's motor development is impacted and the relationship of visual function with both large and small motor development needs to be considered during the assessment and intervention process.

It's important for early intervention providers to know about child development so that their questions and discussions with families focus on developmentally-appropriate issues and concerns. There are numerous text books and resources available to refresh or update your knowledge about current views on child development and the importance of the family's influence in promoting a young child's learning and growth. Some easily accessible Internet resources are included below:

[Zero to Three](http://www.zerotothree.org): a national non-profit organization dedicated to educating and supporting adults who influence the lives of infants and toddlers. This site includes sections on brain development, play, temperament, social-emotional development and other topics. (<http://www.zerotothree.org>)

[American Academy of Pediatrics](http://www.dsf.health.state.pa.us/health/site/default.asp): numerous resources and links to information about promoting health families, child development and children with unique health care needs. (<http://www.dsf.health.state.pa.us/health/site/default.asp>)

Section 6: Use of Local and State Resources

Families may need to access supports and services beyond those that are available through the early intervention system to provide for their infant or toddler (and their other children). Housing assistance, health insurance, pursuing a high school diploma and a variety of financial and social services resources are some examples. Needs for resources may be identified through informal conversation with the family. Potential resources are written on the IFSP under non-early intervention services.

Once IFSP services are implemented, any service provider may discuss possible needs and identify resources at individual sessions or at meetings with the family and/or other team members. Additionally, resources are updated at each IFSP meeting when family assessment information is reviewed.

Everyone of the early intervention team helps families through the resource process outlined on this page.

The resource process

- Identify need
- Identify one or more resources that address the identified need
- Check resource
- Find contact
- Link family to contact or link family to agency that can help family obtain resource
- Get feedback from family about the resource
- Adjust plan as needed

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Once the need for a resource is determined, the Service Coordinator and early intervention provider can collaborate or work independently from one and other to locate and contact a resource by using any of these strategies:

- Personnel may already have resource contacts and share these contacts with each other to use with a family.
- The Service Coordinator or family may access the child's Family Support Coordinator who has considerable knowledge of local resources.
- The Service Coordinator or provider may identify additional online resources.

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Section 7:

Services in Natural Environments

Federal regulation for all early intervention programs requires that services for infants, toddlers and their families be provided in natural environments. Part C of IDEA 2004 defines natural environments in Section 303.18

“As used in this part, natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.”

The routine places, situations and circumstances in which all infants and toddlers typically participate represent opportunities for them to grow, learn and play. These everyday experiences in home and community-based settings make up the natural environments in which early intervention services are provided.

Early intervention providers learn about and value the unique activities and routines that are typical for each child and his or her family. They identify ways to increase the infant’s or toddler’s participation, providing more opportunities for his or her growth and development within these everyday activities. Together with the family, provides plan specific strategies that can be implemented by the family and embedded into their typical activities and routines.

The natural environment requirement does not just relate to where services are provided but focuses on promoting a child’s active participation in the activities and routines that occur in a range of natural settings. When professionals address a child’s participation in various natural settings, their focus broadens to include a participation-based approach to services. In other words, professionals work to promote a child’s participating in the same activities and routines that similarly-aged children without disabilities are doing. Professionals accomplish participation-based services by adapting materials and the activity so that children can participate and by embedding individualized learning targets within activities and routines. In order to provide participation-based services, early intervention teams must support families of the children they serve in identifying, planning, and implementing strategies for successful participation in both home and community settings.

*From: Campbell, P. (2004)
Introduction to Participation-based Services, *Young Exceptional Children**

INFANT/TODDLER EARLY INTERVENTION**Opportunities within Natural Environments**

Children, families and communities benefit through the work we do in natural environments. Families receive support as they manage their everyday activities and address the priorities they have for their child. Children learn better when they are engaged in authentic activities with their family in places that are familiar to them. By doing this, we strengthen relationships that children and parents develop with each other. Communities can profit from a sense of inclusion and acceptance of differences. We work with children and families in their natural environments so that children learn how to adapt and participate in the right places, with the right people, doing the right things. When we work in natural environments everyone has opportunities to see children grow, play and be involved in their neighborhoods.

Asking Families about Their Activities and Routines

The process of working in natural environments begins when we ask the family about their child's everyday activities and routines. With the family's help we identify routines and activities that are going well, along with routines and activities that are challenging for the child or family. This information helps us to learn about the child's strengths and how the child builds relationships with the important people in his/her life. We also begin to understand how challenges are affecting the child's and family's participation in the everyday situations and opportunities through which young children typically learn and develop.

Outcomes to Enhance the Child's Participation in Activities and Routines

The ultimate aim of an outcome is to positively influence the child's participation in his/her everyday routines and activities. We know that families have the greatest influence on their child. Thus, teams develop plans to provide families with support so they can enhance their children's learning and development in their typical activities and routines. The team uses family information obtained by the Service

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Coordinator as a basis for evaluating the child and identifying outcomes that are meaningful for the child and family. Throughout the evaluation and IFSP process, team members observe the child and ask questions to clarify the family's priorities and concerns and learn about the child's strengths. Team-generated outcomes are designed to address the parent's priorities and positively influence the child's participation.

Supporting Families as They Influence Their Child

Once a working plan is developed for the child and family, team members collaborate with the family to implement strategies that increase their child's participation. Realizing that families are so important to young children, team members focus on relationships between the child and other family members to promote the child's participation. This type of support helps families to participate in enjoyable activities while giving children increased opportunities to practice and master skills.

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Section 8: Operations and Funding Sources

Regulations about fiscal operations are described in Section 2 of this handbook. Counties in Pennsylvania use three funding sources for early intervention:

1. the Home and Community Based Waiver Program (Waiver),
2. EPSDT EI Medical Assistance, (Medical Assistance) and
3. County Funding.

Providers bill these funding sources on a fee for service basis. In Pennsylvania, the early intervention programs provide incentives to personnel for giving direct as opposed to indirect services. The system clearly values time spent with families. Billing for service coordination is somewhat different, but again incentives are given for work rendered for individual children and families.

The waiver program is a means of providing community support to families. These waiver funds are available because of the movement to provide services in communities instead of institutional placements. Since the emphasis of the waiver program is community settings, this program does not fund center-based services. This program also does not fund Service Coordination. However, this program does fund the remaining therapies or Special Instruction, Hearing and Vision. The Waiver Program is available to children who have medical assistance and have a 50% delay in one developmental area or a 33% delay in two or more areas. The parent also needs to consent to the program and the Service Coordinator submits paperwork for approval. When parents do not consent to Waiver funding their child's early intervention services are not affected.

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Pennsylvania uses EPSDT as an avenue for billing early intervention to medical assistance. The program adheres to Medical Assistance Regulations and Standards but the services on the fee schedule are identified as early intervention services as opposed to therapy services. This program functions like more traditional medical assistance services in homes, communities, and early intervention centers. However, the program does not fund services that are educational in nature (i.e., special instruction, vision, hearing).

To cover the remaining early intervention services, county MH/MR offices receive allocations from the state. Each county is the payer of last resort. Although at some point there could be provisions to bill a family's private health insurance, currently counties and providers do not have a mechanism for such billing. Since there are not state or local policies and procedures regarding these issues in general, providers are not billing insurance companies.

INFANT/TODDLER EARLY INTERVENTION**Appendices****Frequently Used Early Intervention Services**

Service coordination. Service coordination is an active, ongoing process that includes the following activities: (1) coordinating the performance of initial and ongoing evaluations and assessments, (2) Referring at-risk children to the tracking system and tracking at-risk children, (3) Facilitating the participating in the development, implementation, review and evaluation of IFSPs, (4) Assisting the family of an infant or toddler with a disability in gaining access to the early intervention services and other services identified on the IFSP, (5) Facilitation the timely delivery of early intervention services, (6) Assisting the family in identifying available service providers and facilitating communication with and between the family and the service provider, (7) Coordinating and monitoring the delivery of early intervention services, (8) Informing the family of the availability of advocacy services, (9) Assisting the family in arranging for the infant or toddler with a disability to receive medical and health services, if the services are necessary, and coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and

Evaluation purposes) that the infant or toddler needs or is being provided, (10) Offering the family opportunities and support for the infant or toddler with a disability to participate in community activities with other children, (11) Informing the family of appropriate community resources, (12) Facilitating the development of a transition plan as part of the IFSP.

Occupational therapy. Addresses the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior and play, and sensory, motor and postural development, designed to improve the functional ability of the infant or toddler to perform tasks in home, school and community settings, and include the following: (a) Identification, assessment and intervention, (b) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills, and (c) Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

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INFANT/TODDLER EARLY INTERVENTION**Frequently Used Early Intervention Services** *(continued)*

Physical therapy. Services to address the promotion of sensori-motor function of an infant or toddler with a disability through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation, which include the following:
(a) Screening, evaluation and assessment to identify movement dysfunction,
(b) Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems, and
(c) Providing individual and group services or treatment to prevent, alleviate or compensate for movement.

Social work services. Making home visits to evaluate the living conditions of an infant or toddler with a disability and patterns of parent-child interaction. Preparing a social or emotional developmental assessment of an infant or toddler with a disability within the family context. Providing individual and family or group counseling to the parent and other family members of an infant or toddler with a disability, and appropriate social skill-building activities to the infant or toddler and the infant or toddler's parent. Working to address those problems in the living situation of an infant or toddler with a disability and the infant or toddler's family (home, community, and any center where early intervention services are provided) that impede the maximum use of early intervention services. Identifying,

Mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the infant or toddler's family to receive maximum benefit from early intervention services.

Special Instruction and Early Interventionist, Vision/Hearing Services.

Designing the learning environments and activities that promote the acquisition of skills by an infant or toddler with a disability in a variety of developmental areas, including cognitive processes and social interaction. Curriculum planning, including the planned interaction of personnel, materials and time and space, that leads to achieving the outcomes on the IFSP. Providing the family with information, skills and support related to enhancing the skill development of the infant or toddler with a disability. Working with the infant or toddler with a disability and family to enhance the infant or toddler's development.

An early interventionist is responsible for the following: (a) Designing the learning environments and activities that promote the acquisition of skills by an infant or toddler with a disability in a variety of developmental areas, including cognitive processes and social interaction, (b) Providing the family with information, skills and support related to enhancing the skill development of the infant or toddler with a disability, (c) Working with the infant or toddler with a disability and family to enhance the infant or toddler's development.

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Frequently Used Early Intervention Services *(continued)*

Speech-language pathology services.

Identification of communicative or swallowing disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills. Referral for medical or other professional services necessary for the habilitation or

rehabilitation of communicative or swallowing disorders and delays in development of communication skills. Provision of services for the habilitation, rehabilitation or prevention of communicative or swallowing disorders and delays in development of communication skills.

Frequently Used Forms at Marc Children's Services

Form	Contact
Billing Sheets and Session Notes	Receptionist 610-265-4700
ER and IFSP Forms	HCSIS/PELICAN www.hcsis.state.pa.us
County Quarterly Review Form	Receptionist
Service Consultation Form (August 2007)	Receptionist
Reportable Incident Form	OCDEL website, page 39 of this Handbook
First Day of Services Form	Assistant Director of MARC Children's Services
ECAP/OUNCE	www.pa.ounceonline.com

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EARLY INTERVENTION REPORTABLE INCIDENT FORM

DATE OF REPORT:	TIME: AM/PM
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Office of Child Development and Early
Learning:
Fax Number: 717-346-9330

NAME OF INFANT OR TODDLER (LAST, FIRST, MI)			PROVIDER NAME:		
ADDRESS:			ADDRESS:		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE:		COUNTY OF REGISTRATION:	PHONE:		
INFANT OR TODDLERS EIRS NUMBER:			BASE SERVICE UNIT NUMBER:		
DATE OF BIRTH: MM DD YYYY		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE THE INCIDENT OCCURRED OR WAS RECOGNIZED/ DISCOVERED: MM DD YYYY		
CLASSIFICATION OF INCIDENT:			TIME THE INCIDENT OCCURRED OR WAS RECOGNIZED/ DISCOVERED:		
DESCRIBE THE TYPE OF INCIDENT AND THE ACTION(S) TAKEN TO ADDRESS THE INFANT/TODDLER'S HEALTH AND SAFETY AND THE RESPONSE TO THE INCIDENT, WHAT HAPPENED, IF A MEDICAL REFERRAL WAS NECESSARY (PLEASE LIST), DOCUMENT ALL OTHER REPORTS OR NOTIFICATIONS AND ANY CIRCUMSTANCES WHICH MAY HAVE PRECIPITATED THE INCIDENT: (INCLUDE ACTION TAKEN RELATED TO DISPOSITION OF EMPLOYEE) ATTACH ADDITIONAL SHEETS IF NECESSARY.					
NAME OF PERSON RECEIVING REPORT:		TITLE:		PHONE:	

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Berks County Policy and Procedures

Referral Process

- The referral list is updated daily via the referral website 24/7 to all providers in Berks County. Once we pick up a child, the therapist who will be assigned will be contacted by phone. Once we are identified as the provider, the county service coordinator will link us in PELICAN and Berks Support Point Person will go in and retrieve the ER/IFSP for the child's chart. Berks Support Point Person will then send the referral sheet, MARC blank invoice and First Day of Service Form via email to the assigned therapist/teacher. The therapist/teacher is responsible for retrieving the child's plan in Pelican. Please let the Berks Program Coordinator or Berks Support Point Person know if you have any difficulty retrieving the documents.
- Once information has been received, the therapist/teacher has **1 day** to contact the family. If you have difficulty reaching the family, i.e. the phone is disconnected, no return call, etc., please let Berks Program Coordinator know ASAP on their cell and they will call the county service coordinator to let them know there may be a problem with the number.
- The first visit must be scheduled within **14 days** of the IFSP date. When the visit is scheduled, please call the MARC/Berks Information line at 610-382-5850 and leave the child's name, service, and date and time of the first visit. The Berks Program Coordinator will then relay that information to the county service coordinator.. Service Access and Management (SAM) tracks this information and it is important that you call Berks Program Coordinator as soon as the first visit is scheduled. Also, the county service coordinator often attends the first visit.
- If the start date is beyond the 14 days, please let the Berks Program Coordinator know the reason for the delay, i.e., the family will be going on vacation, family would like to delay the start of service because they are moving etc. The delay will need to be documented on the daily session note as well as the First Day of Service Form.

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Berks County
(continued)

Paperwork

- Daily session note, please be sure the note is completely filled out. Use the child's full name (no nickname). Be sure to have all the appropriate signatures.
- If the note is for the child's first visit- you'll need to write:
 - Today is the first visit and it is within the 14 days.
 - OR
 - Today is the first visit and it is ___ days beyond the IFSP due to: and state the reason.
 - **You will also need to complete the First Day of Service Form- stating the same information**
- Data Collection, please note all progress with numbers, i.e., Johnny demonstrated increased attention span today-attending to a book for 3 minutes or has 2 new words and then list them. Also, reporting information that the family has been keeping- Mom reported that John has been using 2 new words this past week when making choices.
- Follow-Up-write suggestions that you and family discussed as things to work on for the next week.
- There needs to be a daily note for any missed sessions OR noted on another parent signed note stating the reason for the missed session i.e., received phone call from parent and child is sick—put NC/60 or PC/60 for 1/1/00 therapist will be on vacation next week All missed sessions also needs to be documented on the MARC billing invoice.
- OUNCE ONLINE: When you receive the IFSP- the interventionist who will be responsible for the OUNCE data will be identified on the Transition Page of the IFSP. If it is not- please let the Berks Program Coordinator know ASAP and they will contact the county service coordinator. All OUNCE Developmental Profiles need to be submitted at the end of each month. The Berks Program Coordinator will fax the Developmental Profiles for children who are transitioning to the IU.

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Berks County (continued)

- Log into OUNCE online to enter data. It is to be entered at 3 different times:
 - Within 60 days of a child starting service
 - The month prior to a child's annual MDE
 - 60 days prior to the child's 3rd birthday
 - Or-- if a child leaves service early, i.e., family wishes to discontinue service because they no longer have concerns.
- CONSULTS
 - Teachers/Therapists are given up to 90 minutes for a consult. When completing a consult form, please do not write recommendations such as adding or changing a service on the consult form, any service changes need to be discussed at a team meeting.
- ADDITIONAL INFORMATION:
 - In Berks County-when a child is due for an annual re-evaluation, the independent team from Easter Seals will do the re-evaluation.
 - Quarterly Review Forms are done at 3 month, 6 month, and 9 month intervals. Because a 12 month quarterly note is not done, please include any information that may be helpful on the 9 month form that will be forwarded to the evaluation team. If new information arises after the 9 month form is completed- you can do an update that can be sent to the county service coordinator and given to the evaluation team.

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Chester County Policy and Procedures

PAPERWORK

There is a slightly different process for the paperwork required by Chester County:

- Each contact note is completed on the State Early Intervention Session form. This is a triplicate. The parent still receives the yellow copy. The pink remains with you and all white copies are forwarded to the MARC office along with your invoices.
- You are required to complete the 3, 6, 9, 12 month outcome review forms for Chester County.
- You are required to complete the 6 month review form before the last day of the month prior to the meeting date for Chester County.
- Annual to be completed at least 6 weeks prior to expiration of plan in Pelican.

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Philadelphia County Policy and Procedures

Referral Process

- The referral list is updated daily via the referral website . Marc is able to pick up referrals between 12-3pm. Once we pick up a child, the therapist who will be assigned will be contacted by phone. Once we are identified as the provider, the county service coordinator will link us in PELICAN and Philadelphia Support Point Person will go in and retrieve the ER/IFSP for the child's chart. Philadelphia Support Point Person will then send the referral sheet, MARC blank invoice and First Day of Service Form via email to the assigned therapist/teacher. The therapist/teacher is responsible for retrieving the child's plan in Pelican. Please let the Philadelphia Program Coordinator or Philadelphia Support Point Person know if you have any difficulty retrieving the documents.
- Once the referral has been received, the therapist/teacher has **1 day** to contact the family. If you have difficulty reaching the family, i.e. the phone is disconnected, no return call, etc., please let Philadelphia Program Coordinator know ASAP on their cell and they will call the county service coordinator to let them know there may be a problem with the number.
- The first visit must be scheduled within **14 days** of the IFSP date. When the visit is scheduled, please call the email the Philadelphia Support Point Person the child's name, service, and date and time of the first visit. This information is tracked and sent to Philadelphia County each Friday.
- If the start date is beyond the 14 days, please let the Philadelphia Program Coordinator know the reason for the delay, i.e., the family will be going on vacation, family would like to delay the start of service because they are moving etc. The delay will need to be documented on the daily session note as well as the First Day of Service Form.

MARC CHILDREN'S SERVICES

INFANT/TODDLER EARLY INTERVENTION

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Philadelphia County (continued)

Paperwork

- Daily session note, please be sure the note is completely filled out. Use the child's full name (no nickname). Be sure to have all the appropriate signatures.
- If the note is for the child's first visit- you'll need to write:
 - Today is the first visit.
 - **OR**
 - Today is the first visit and it is ___ days beyond the IFSP due to: and state the reason.
 - ****You will also need to complete the First Day of Service Form- stating the same information****
- Data Collection, please note all progress with numbers, i.e., Johnny demonstrated increased attention span today-attending to a book for 3 minutes or has 2 new words and then list them. Also, reporting information that the family has been keeping- Mom reported that John has been using 2 new words this past week when making choices.
- Follow-Up-write suggestions that you and family discussed as things to work on for the next week.
- There needs to be a daily note for any missed sessions OR noted on another parent signed note stating the reason for the missed session i.e., received phone call from parent and child is sick—put NC/60 or PC/60 for 1/1/00 therapist will be on vacation next week All missed sessions also needs to be documented on the MARC billing invoice.

MARC CHILDREN'S SERVICES

INFANT/TODDLER EARLY INTERVENTION

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Philadelphia County (continued)

- OUNCE ONLINE: When you receive the IFSP- the interventionist who will be responsible for the OUNCE data will be identified on the Transition Page of the IFSP. If it is not- please let the Philadelphia Program Coordinator know ASAP and they will contact the county service coordinator. All OUNCE Developmental Profiles need to be submitted at the end of each month.
- Log into OUNCE online to enter data. It is to be entered at 3 different times:
 - Within 60 days of a child starting service
 - The month prior to a child's annual MDE
 - 60 days prior to the child's 3rd birthday
 - Or-- if a child leaves service early, i.e., family wishes to discontinue service because they no longer have concerns.
- CONSULTS
 - Please review the child's IFSP to see how much time is allowed for a consult. When completing a consult form, please do not write recommendations such as adding or changing a service on the consult form, any service changes need to be discussed at a team meeting.
- ADDITIONAL INFORMATION:
 - You are required to complete the annual testing 1 month prior to the scheduled annual meeting. The developmental domains you are responsible for is assigned by your Program Coordinator. Staff enters the annual information directly into Pelican. Contractors send their information to ER@marcpa.org at least 2 weeks prior to the scheduled meeting.
 - Quarterly Review Forms are done at 3 month, 6 month, and 9 month intervals.