

Title of Proposed Rule: Revisions of Early Intervention Program Rules

Rule-making#: 15-11-13-1

Office/Division or Program:  
Office of Early Childhood / Division of  
Community and Family Support

Rule Author: Beth Cole

Phone: 303-866-5017

### **STATEMENT OF BASIS AND PURPOSE**

Summary of the basis and purpose for the rule or rule change. *(State what the rule says or does, explain why the rule or rule change is necessary and what the program hopes to accomplish through this rule. How do these rule changes align with the outcomes that we are trying to achieve, such as those measured in C-Stat?)*

Revisions are needed to make several content and technical changes to support local early intervention programs to implement evidence-based practices that are included as improvement strategies in the federally-required State Systemic Improvement Plan (SSIP), comply with new training requirements, revise the definition of developmental delay to better identify children with atypical behavior or development, meet all of the requirements of multidisciplinary evaluation and assessment, obtain parental consent for use of the tele-health method of service delivery, and appropriately document services on Individualized Family Service Plans (IFSPs) in a high quality, standard manner statewide.

A minor technical change is made in "Definitions", Section 7.901, to add back the second half of a sentence to the definition of "Child Find" that was omitted by accident in rules previously adopted in May 2015.

Rule changes are necessary in order to enforce the requirements statewide. No other action will provide the necessary and effective level of authority required to ensure that local programs are providing high quality early intervention services to children and families.

An emergency rule-making (which waives the initial Administrative Procedure Act noticing requirements) is necessary:

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

to comply with state/federal law and/or

to preserve public health, safety and welfare

Explain:

Authority for Rule:

State Board Authority:

26-1-107, C.R.S. (2015) – State Board to promulgate rules; 26-1-109, C.R.S. (2015) – State Board rules to coordinate with federal programs; 26-1-111, C.R.S. (2015) – State Board to promulgate rules for public assistance and welfare activities.

Program Authority:

27-10.5-703(2), (3)(b), C.R.S. (2015) – department shall develop and promulgate rules in consultation with the state interagency coordinating council;  
34 C.F.R. Part 303 – Federal Part C of IDEA, Early Intervention Program for Infants and Toddlers with Disabilities, published September 28, 2011, as amended

Does the rule incorporate material by reference?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| X                        | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | X                        | No |

Does this rule repeat language found in statute?

If yes, please explain.

The definitions for Child Find, Evaluation and Informed Opinion of Delay incorporate language found in 34 C.F.R. Part 303 – Federal Part C of IDEA, Early Intervention Program for Infants and Toddlers with Disabilities, published September 28, 2011, as amended, definitions section.

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*The program has sent this proposed rule-making package to which stakeholders?*

Division of Child Welfare, CAPTA program;  
Division of Community and Family Support, Early Childhood Mental Health Specialist program;  
ARCs and other disability advocacy organizations;  
Colorado Department of Education;  
Colorado Department of Health Care Policy and Financing;  
Colorado Department of Public Health and Environment;  
Colorado Department of Regulatory Agencies;  
Community Centered Boards;  
Alliance/OEC EI Task Force;  
Child Find teams in Administrative Units;  
Colorado Interagency Coordinating Council members;  
Disability Law Colorado;  
Families receiving early intervention services;  
PEAK Parent Center;  
Parent to Parent;  
Colorado School for Deaf and Blind;  
Independent early intervention providers;  
University of Colorado Denver and University of Northern Colorado Special Education faculty;  
Developmental Pediatrician at Children's Hospital;  
Telehealth Policies and Procedures Task Force;  
Early Childhood Council Leadership Alliance; and,  
Assuring Better Child Health and Development program

[Note: Changes to rule text are identified as follows: deletions are shown as "strikethrough", additions are in "all caps", and changes made between initial review and final adoption are in brackets.]

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Attachments:

Regulatory Analysis

Overview of Proposed Rule

Stakeholder Comment Summary

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## **REGULATORY ANALYSIS**

*(complete each question; answers may take more than the space provided)*

### **1. List of groups impacted by this rule:**

*Which groups of persons will benefit, bear the burdens or be adversely impacted by this rule?*

#### **Beneficiaries**

Eligible infants, toddlers, and their families  
Advocates for persons with disabilities  
Community Centered Boards (CCBs)  
Early Intervention Service providers  
Colorado Interagency Coordinating Council (CICC)  
Administrative Unit Child Find teams

#### **Bear the Burden**

Community Centered Boards (CCB)

#### **Adversely Affected**

None

### **2. Describe the qualitative and quantitative impact:**

*How will this rule-making impact those groups listed above? How many people will be impacted? What are the short-term and long-term consequences of this rule?*

Three rules, Sections 7.901, 7.920, and 7.940, have changes that:

- Add clarifying language to address recent issues with local programs;
- Provide guidance that will result in the use of evidence-based practices by early intervention providers; and,
- Establish common terminology by which the State staff can ensure statewide consistency.

One of the changes in Section 7.914 is a simple technical change to rename the early intervention data system and provides consistent language that the state staff and local programs use.

Changes in Sections 7.915 and 7.951 add requirements that Early Intervention Coordinators and direct service providers complete Department required training in order to ensure that individuals working in the system have appropriate training.

One change in Section 7.920 adds a new requirement necessary to meet federal assurances. This is necessary to be in compliance with the requirements of the federal Part C grant.

All these changes support the Community Centered Boards (CCBs) in their ability to ensure that high quality services are being provided to children and families by appropriately trained personnel.

### **3. Fiscal Impact:**

*For each of the categories listed below explain the distribution of dollars; please identify the costs, revenues, matches or any changes in the distribution of funds even if such change has a total zero effect for any entity that falls within the category. If this rule-making requires one of the categories listed below to devote resources without receiving additional funding, please explain why the rule-making is required and what consultation has occurred with those who will need to devote resources.*

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**REGULATORY ANALYSIS** (continued)

State Fiscal Impact (*Identify all state agencies with a fiscal impact, including any Colorado Benefits Management System (CBMS) change request costs required to implement this rule change*)

There could be a fiscal impact if the State is found to be out of compliance with the federal Part C of IDEA regulations. The current federal Part C grant that may be in jeopardy if Colorado is found to be out of compliance is \$7,264,385.

County Fiscal Impact

N/A

Federal Fiscal Impact

N/A

Other Fiscal Impact (*such as providers, local governments, etc.*)

Community Centered Boards may need to purchase family assessment tools, depending which tool their community prefers to use. The approved tools are listed on the EI Colorado website, and out of the four options, only the Routines Based Interview (RBI) would incur additional costs in staff training.

**4. Data Description:**

*List and explain any data, such as studies, federal announcements, or questionnaires, which were relied upon when developing this rule?*

- Communication with the federal Office of Special Education Programs about the new requirements for Results-Driven Accountability and State Systemic Improvement Plan (SSIP) measures.
- Communication with the Colorado Department of Education on the requirements for evaluation and assessment.
- Results of drill down activities through C-Stat that highlight the need for standard definitions, and methods and models of service delivery.

**5. Alternatives to this Rule-making:**

*Describe any alternatives that were seriously considered. Are there any less costly or less intrusive ways to accomplish the purpose(s) of this rule? Explain why the program chose this rule-making rather than taking no action or using another alternative.*

In order for the State Early Intervention staff to have the level of authority that is needed to implement required policies and evidence-based practices to carry out the quality measures required by the SSIP, the promulgation of the rule revisions is warranted.

**April 1, 2016**  
**STATE BOARD OF HUMAN SERVICES**  
**Document**  
**EI Rules**

**New**
 **Revise**
 **Technical Change**
 **Repeal**

| Page # | Section                       | New Rule Title/Reference         | Current Rule #                 | Status           | Changes/Current Description  |
|--------|-------------------------------|----------------------------------|--------------------------------|------------------|--|
| 11     | Definitions                   | Atypical Development or Behavior | 7.901                          | Revision         | Atypical Development or Behavior added to better define how evaluators may use informed clinical opinion in the initial evaluation process when determining eligibility for children with a suspected developmental delay.   |
| 11     | Definitions                   | Child Find                       | 7.901                          | Technical Change | Technical change – adding back part of sentence that was accidentally removed in May 2015.   |
| 12     | Definitions                   | Developmental Delay              | 7.901, B and C                 | Revision         | Added language for clarification about what developmental delay means throughout the Rules; removes standard deviation as a definition of delay; adds atypical development; and adds language clarifying that children born prematurely will have age adjusted up to 24 months in order to determine developmental status. |
| 13     | Definitions                   | Evaluation                       | 7.901                          | Revision         | Adds language clarifying requirements for a complete evaluation.   |
| 13     | Definitions                   | Family Assessment                | 7.901                          | Technical Change | Capitalizes “I” “F” “S” “P” in Individualized Family Service Plan.   |
| 13     | Definitions                   | Informed clinical opinion        | 7.901                          | Revision         | Modifies definition to “Informed opinion of delay”; provides details for this definition and removes the listing of what is required.  |
| 16     | Definitions                   | Telehealth                       | 7.901                          | Revision         | Changes “form” to “method” to align with the wording in the Individualized Family Service Plan (IFSP).   |
| 18     | Fiscal Management             | Fiscal Management                | 7.911(A)(3)(b) and 7.911(A)(5) | Revision         | Added language clarifying that federal funds may be used for reimbursing co-pays and deductibles; removed requirement for a year end reconciliation from the Community Centered Boards (CCBs); added requirement that all CCBs compute their rates for direct services using a methodology determined by the Department.   |
| 19     | Coordinated System of Payment | Coordinated System of Payment    | 7.912(D)(1)                    | Revision         | Removes the word “prior” and changes the word “notice” to “notification”.  |
| 22     | Data Collection               | Data Collection                  | 7.914(B)(2)                    | Revision         | Changes the wording to read “completes the department- approved data training”.  |
| 22     | Data Collection               | Data Collection                  | 7.914(C)                       | Revision         | Clarifies that child information is required to be established and maintained in the statewide data system, and adds the required timeline.  |
| 22     | Data Collection               | Data Collection                  | 7.914(D)                       | Revision         | Moves this section from 7.961(D) Child Outcomes Measurements; changes the wording “Early Intervention Provider Database” to “statewide data system”.   |

| Page # | Section                            | New Rule Title/Reference                                    | Current Rule #                       | Status           | Changes/Current Description  |
|--------|------------------------------------|---|--------------------------------------|------------------|--|
| 23     | General Supervision and Monitoring | General Supervision and Monitoring                          | 7.915(C)                             | Revision         | Changes wording to “required training, as defined by the Department”.  |
| 26     | Child Identification               | Child Identification  | 7.920(D)(2)(e)                       | Revision         | Adds language clarifying that families have the right to a multidisciplinary evaluation, even if a screening shows no developmental concerns |
| 26     | Child Identification               | Eligibility Criterion                                       | 7.920(E)                             | Technical Change | Moved all Eligibility Criterion (7.920(F-H)) to above Eligibility (7.920(E-H))   |
| 26     | Child Identification               | Eligibility Determination for Developmental Delay           | 7.920(F)(3)(a)                       | Revision         | Reworded to align with the requirements of the Individualized IFSP.  |
| 26     | Child Identification               | Eligibility Determination for Developmental Delay           | 7.920(F)(3)(b)                       | Revision         | Clarified the need to use evaluation instruments, child assessment tools and methods in the evaluation process.                              |
| 27     | Child Identification               | Eligibility Determination Based on an Established Condition | 7.920(G)(5)                          | Technical Change | Moved to 7.920(J) Assessment.  |
| 27     | Child Identification               | Eligibility   | 7.920(E-I)                           | Technical Change | Re-numbered after the move above evaluation and assessment.  |
| 27     | Child Identification               | Evaluation  | 7.920(I);<br>7.920(I)(1)(a)          | Revision         | Removes “and Assessment” to separate evaluation activities from assessment activities; adds Evaluation to clarify procedures.                |
| 27     | Child Identification               | Evaluation  | 7.920(I)(1)(b)                       | Revision         | Adds language regarding obtaining parental consent and adds the required timeline.   |
| 27     | Child Identification               | Evaluation  | 7.920(I)(2)                          | Technical Change | Removed.   |
| 27     | Child Identification               | Evaluation  | 7.920(I)(3 – 5)                      | Technical Change | Renumbered to 2 – 4 as a result of removing 7.920(I)(2).   |
| 27     | Child Identification               | Evaluation  | 7.920(I)(5)                          | Revision         | Added requirement for evaluation to be in the native language of the child, which mirrors the language in the federal regulations.           |
| 27     | Child Identification               | Evaluation  | 7.920(I)(2)<br>(Previously<br>(I)(3) | Revision         | Removed “and/or assessment”.   |
| 27     | Child Identification               | Evaluation  | 7.920(I)(3)<br>(Previously<br>(I)(4) | Revision         | Removed “and/or assessment”.   |
| 27     | Child Identification               | Evaluation  | 7.920(I)(4)                          | Technical Change | Renumbered due to removal of 7.920(I)(2)   |

| Page # | Section                                    | New Rule Title/Reference                   | Current Rule #                            | Status           | Changes/Current Description   |
|--------|--|--|---|------------------|---|
| 27     | Child Identification                       | Evaluation                                 | 7.920(I)(5)                               | Revision         | Adds language requiring conducting the evaluation in the native language of the child.  |
| 27     | Child Identification                       | Evaluation                                 | 7.920(I)(6)                               | Revision         | Removed “and assessment” and modified language to mirror new definition of “informed clinical opinion” (now informed opinion of delay)                  |
| 28     | Child Identification                       | Evaluation                                 | 7.920(I)(7)                               | Revision         | Rewording for clarity.  |
| 28     | Child Identification                       | Assessment                                 | 7.920(J)                                  | Revision         | Created new section by dividing the Evaluation and Assessment section in order to clarify evaluation and assessment as distinct and separate activities |
| 28     | Child Identification                       | Assessment                                 | 7.920(J)(1),<br>previously<br>7.920(I)(8) | Revision         | Added language requiring written prior notice be given and parent consent be obtained prior to conducting child assessment.                             |
| 28     | Child Identification                       | Assessment                                 | 7.920(J)(2),<br>previously<br>7.920(I)(9) | Revision         | Added language to clarify requirements for child assessment.  |
| 28     | Child Identification                       | Assessment                                 | 7.920(J)(8-9)                             | Technical Change | Moved to Assessment section   |
| 31     | Individualized Family Service Plan         | Individualized Family Service Plan         | 7.940(I)                                  | Revision         | Changed “state” to “Department Required” for the IFSP form.   |
| 32     | Early Intervention Provider Qualifications | Early Intervention Provider Qualifications | 7.951(B-C)                                | Revision         | Changed name of the data system; including a requirement that providers complete all required training.   |
| 33     | Child Outcomes Measurements                | Required Timelines                         | 7.961(B)                                  | Revision         | Clarified the timelines required for the Child Outcome measurements.  |
| 33     | Child Outcomes Measurements                | Child Outcomes Measurements                | 7.961(C-D)                                | Technical Change | Renumbered sections due to addition of section B  |
| 33     | Child Outcomes Measurements                | Child Outcomes Measurements                | 7.961(D)                                  | Technical Change | Moved to Data and General Supervision section   |

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### **OVERVIEW OF PROPOSED RULE**

Compare and/or contrast the content of the current regulation and the proposed change.

| <u>Section Numbers</u>  | <u>Current Regulation</u>          | <u>Proposed Change</u>   | <u>Stakeholder Comment</u> |     |           |    |
|-------------------------|------------------------------------|--|----------------------------|-----|-----------|----|
| 7.901                   | Definitions                        | Revised definitions to provide necessary guidance to local programs and ensure statewide consistency   | <u>X</u>                   | Yes | <u>  </u> | No |
| 7.911, A, 3, b, and A,5 | Fiscal Management                  | Clarified that local programs may reimburse for co-pays and deductibles, and removes the requirement for local programs to send year-end reconciliation of all funds | <u>X</u>                   | Yes | <u>  </u> | No |
| 7.912, D, 1             | Coordinated System of Payment      | Removed the word "prior" from written notice, as this is typically provided at the time information is collected, so is not required                                 | <u>X</u>                   | Yes | <u>  </u> | No |
| 7.914, B, 1-3, C and D  | Data Collection                    | Revised proposed name to "statewide data system" and requires staff to complete Department approved data training; section D moved from Child Outcomes Measurements  | <u>  </u>                  | Yes | <u>X</u>  | No |
| 7.915, C                | General Supervision and Monitoring | Revised to require local programs to complete Department required training   | <u>  </u>                  | Yes | <u>X</u>  | No |

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**OVERVIEW OF PROPOSED RULE** (continued)

| <u>Section Numbers</u>  | <u>Current Regulation</u> | <u>Proposed Change</u>  | <u>Stakeholder Comment</u> |
|---|---------------------------|---|----------------------------|
| 7.920, D, 2, e;<br>7.920, E;<br>7.920, F, 3, a-b;<br>7.920, G, 5;<br>7.920, H | Child Identification      | Clarified that families still have a right to a complete evaluation, even though a screening may not indicate a delay; moved all eligibility criterion from its current location after evaluation and assessment to before evaluation and assessment; reworded to align with the IFSP; "Evaluation and Assessment" section split into two distinct sections called "Evaluation" and "Assessment", renumbered sections | <u>X</u> Yes    _ No       |
| 7.920, I, 1-7   | Evaluation                | Clarified the requirement to use evaluation instruments for evaluation; separated evaluation activities from assessment activities and clarified the requirement for parent consent; added a requirement for having evaluation in a child's native language; reworded for clarity; and, made technical changes  | <u>X</u> Yes    _ No       |

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**OVERVIEW OF PROPOSED RULE** (continued)

| <u>Section Numbers</u> | <u>Current Regulation</u>                  | <u>Proposed Change</u>  | <u>Stakeholder Comment</u> |     |          |    |
|------------------------|--|---|----------------------------|-----|----------|----|
| 7.920, J               | Assessment                                 | New section created by dividing the evaluation and assessment section into two to provide greater clarity regarding the two processes; removed and renumbered sections; removed link to EI Colorado website; added requirement for child assessment to be in child's native language and that the family assessment be in the family's native language; and, that assessment must be completed prior to the development of the IFSP | <u>X</u>                   | Yes | —        | No |
| 7.940                  | Individualized Family Service Plan (IFSP)  | Removed link to EI Colorado website, as not needed, and added requirements related to tele-health   | —                          | Yes | <u>X</u> | No |
| 7.951                  | Early Intervention Provider Qualifications | Changed name of provider database and added requirement for providers to complete Department required training  | —                          | Yes | <u>X</u> | No |
| 7.961                  | Child Outcomes Measurements                | Moved and renumbered sections   | —                          | Yes | <u>X</u> | No |

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**STAKEHOLDER COMMENT SUMMARY**

**DEVELOPMENT**

The following individuals and/or entities were included in the development of these proposed rules (such as other Program Areas, Legislative Liaison, and Sub-PAC):

Priscilla Irvine, Office of Special Education Programs;  
Penny Dell and Heidi McCaslin, Colorado Department of Education;  
Dayle Axman, Division of Insurance;  
Phuonglan Nguyes, Colorado Department of Public Health and Environment;  
Gina Robinson, Colorado Department of Health Care Policy and Financing;  
Alliance/OEC Task Force;  
Colorado Interagency Coordinating Council

**THIS RULE-MAKING PACKAGE**

The following individuals and/or entities were contacted and informed that this rule-making was proposed for consideration by the State Board of Human Services:

Division of Child Welfare, CAPTA program;  
Division of Community and Family Support, Early Childhood Mental Health Specialist program;  
ARCs and other disability advocacy organizations;  
Colorado Department of Education;  
Colorado Department of Health Care Policy and Financing;  
Colorado Department of Public Health and Environment;  
Colorado Department of Regulatory Agencies;  
Community Centered Boards;  
Alliance/OEC EI Task Force;  
Child Find teams in Administrative Units;  
Colorado Interagency Coordinating Council members;  
Disability Law Colorado;  
Families receiving early intervention services;  
PEAK Parent Center;  
Parent to Parent;  
Colorado School for Deaf and Blind;  
Independent early intervention providers;  
University of Colorado Denver and University of Northern Colorado Special Education faculty;  
Developmental Pediatrician at Children’s Hospital;  
Telehealth Policies and Procedures Task Force;  
Early Childhood Council Leadership Alliance; and,  
Assuring Better Child Health and Development program

Three public hearings were held: February 24, 3:00-5:00 pm in Lafayette; March 2, 1:00-3:00 pm in Grand Junction; and March 16, 1:00-3:00 pm in La Junta.

Are other State Agencies (such as Colorado Department of Health Care Policy and Financing) impacted by these rules? If so, have they been contacted and provided input on the proposed rules?

Yes     No

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The Colorado Department of Education provided input on the development of the changes in Section 7.920. Administrative Units will not be impacted by the family assessment changes unless they engage in the option to conduct the family assessment through an interagency agreement with the CCBs.

The Colorado Department of Health Care Policy and Financing and the Colorado Department of Regulatory Agencies, Division of Insurance, have reviewed the definition of telehealth and recommended no changes.

Have these rules been reviewed by the appropriate Sub-PAC Committee?

Yes  No

Date presented \_\_\_\_\_. Were there any issues raised? \_\_\_\_ Yes \_\_\_\_ No

If not, why. The Early Childhood Sub-PAC only addresses those policies that affect counties, which these do not.

Comments were received from stakeholders on the proposed rules:

Yes  No

*If "yes" to any of the above questions, summarize and/or attach the feedback received, including requests made by the State Board of Human Services, by specifying the section and including the Department/Office/Division response. Provide proof of agreement or ongoing issues with a letter or public testimony by the stakeholder.*

We received a comment from Rochelle Stoddard appreciating that telehealth has been added as a method that providers may use. No changes to the rules required.

We received a comment from Colleen Batchelor with suggested language for the definition for "Atypical Development". Rule 7.901, Definition section. The definition for "Atypical Development" was modified to incorporate the suggested changes.

(12 CCR 2509-10)

**7.901 EARLY INTERVENTION PROGRAM DEFINITIONS [Rev. eff. 7/1/15]**

As used in these rules and regulations, unless the context requires otherwise: "Abuse or child abuse and/or neglect" is defined in Section 19-1-103(1), C.R.S.

"Access to records" means the right for a parent to have the opportunity to inspect, review and obtain copies of records related to evaluation, assessment, eligibility determination, development and implementation of an Individualized Family Service Plan, individual complaints pertaining to the child, and any other relevant information regarding his or her child and family, unless restricted under authority of applicable state law governing such matters of guardianship, separation, or divorce.

"Administrative unit", as defined in Colorado Department of Education rules in 1 CCR 301-8, 2220-r-2.02, means a School District, Board of Cooperative Services, or the State Charter School Institute, that is approved by the Colorado Department of Education and provides educational services to exceptional children.

"Assessment" means the ongoing procedures used throughout the period of eligibility of a child for Early Intervention Services to identify:

- A. The unique strengths and needs of the child and the Early Intervention Services appropriate to meet those needs; and,
- B. The resources, priorities, and concerns of a parent and the Early Intervention Services necessary to enhance the capacity of a parent or other caregiver to meet the developmental needs of the eligible child within everyday routines, activities and places.

"ATYPICAL DEVELOPMENT" MEANS DEVELOPMENT OR BEHAVIORS THAT FALL OUTSIDE THE EXPECTED RANGE OF DEVELOPMENT IN ONE OR MORE OF THE FIVE (5) DOMAINS AND EMERGE IN A WAY THAT IS DIFFERENT FROM SAME AGE PEERS. THEY ARE NOT ATTRIBUTABLE TO CULTURE OR PERSONALITY AND ARE DIFFERENT IN QUALITY, FORM AND FUNCTION. THIS CAN BE DETERMINED THROUGH INFORMED OPINION OF DELAY, EVEN WHEN EVALUATION TOOLS DO NOT ESTABLISH A 25% DELAY.

"Certified Early Intervention Service Broker" is defined in Section 27-10.5-702(3), C.R.S.

"Child Abuse Prevention and Treatment Act" (CAPTA) means the CAPTA state grant program provides states with flexible funds to improve their child protective service systems. Reauthorized by the Keeping Children and Families Safe Act of 2003, the program requires states to provide assurances in their five (5) year child and family services plan that the state is operating a statewide child abuse and neglect program. This program includes policies and procedures that address the needs of drug-exposed infants and provisions for referral of children under age three (3) who are involved in a substantiated case of abuse and neglect to Early Intervention Services under IDEA Part C.

"Child Find" means Part C of the Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) (IDEA) as defined in Section 27-10.5-702 and pursuant to Section 22-20-103(4), C.R.S. THAT ENSURES THAT INFANTS AND TODDLERS IN THE STATE WHO ARE ELIGIBLE FOR SERVICES UNDER IDEA, PART C, ARE IDENTIFIED, LOCATED AND EVALUATED.

"Child Find program" means the multidisciplinary team within an administrative unit that conducts screening and evaluation activities for young children.

"Children experiencing homelessness" means children who lack a fixed, regular, and adequate nighttime residence, in accordance with the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431, et seq., which is incorporated by reference as defined in Section 7.900, A, 4 and 34 C.F.R. 303.17, which is incorporated by reference as defined in Section 7.900, A, 5.

"Coaching" means a relationship-based strategy used by trained personnel with a family member, other caregiver, or another provider to support what is already working to help a child develop and to increase their knowledge and use of new ideas to achieve child or family outcomes.

"Consent" means that the parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language and the parent understands and agrees in writing to the carrying out of the activity.

"Co-payment" means a specified dollar amount that an insured person must pay for covered health care services. The insured person pays this amount to the provider at the time of service.

"Criteria" means standards on which a judgment or decision may be based. "Days" means calendar days unless otherwise indicated.

"Deductible" means the amount that must be paid out-of-pocket before a health insurance company pays its share.

"Developmental delay", WHEN REFERENCED IN THIS DOCUMENT, MEANS A SIGNIFICANT DELAY, ~~for an infant or toddler is defined as the existence of at least one (1) of the following measurements:~~

- A. Equivalence of twenty-five percent (25%) or greater delay in one (1) or more of the five (5) domains of development as defined in Section 7.920, E, 7, a, when compared with chronological age; or,
- ~~B. Equivalence of one and a half (1.5) standard deviations or more below the mean in one (1) or more of the five (5) domains of development.~~
- B. PRESENCE OF ATYPICAL DEVELOPMENT OR BEHAVIOR, AS DEFINED IN SECTION 7.901; OR,
- C. FOR CHILDREN BORN PREMATURELY WITH GESTATION LESS THAN THIRTY SEVEN (37) WEEKS, THE CHILD'S ADJUSTED AGE IS USED TO DETERMINE DEVELOPMENTAL STATUS. CHRONOLOGICAL AGE IS USED ONCE THE CHILD IS TWENTY-FOUR (24) MONTHS OLD.

"Developmental disability" is defined pursuant to the Colorado Revised Statutes (C.R.S.) Title 27, Article 10.5, Section 102(11).

"Due process procedures" means formal procedures used to resolve a dispute involving an individual child or parent related to any matter described in 34 C.F.R., Sections 303.435-438, which are incorporated by reference as defined in Section 7.900, A, 5.

"Duration" means the specific and measurable period of time a service is provided, specifying the start and end date.

"Early Head Start" means a program funded under the Head Start Act, pursuant to 42 U.S.C. 9801, incorporated by reference as defined in Section 7.900, A, 4, and carried out by a local agency or grantee that provides ongoing comprehensive child development services for pregnant women, infants, toddlers, and their families.

"Early Intervention Provider Database" means the state database located at [www.eicolorado.org](http://www.eicolorado.org) that contains information and Community Centered Board affiliation on all Early Intervention providers, including personnel qualifications. It also serves as the database for the collection of child outcomes data.

"Established condition" for an infant or toddler means a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development and is listed in the established conditions database.

"Established conditions database" means the state database located at [www.eicolorado.org](http://www.eicolorado.org) that includes the state approved list of established conditions.

"Evaluation" for Early Intervention Services means the procedures used to determine initial and continuing eligibility. EVALUATION INCLUDES ADMINISTRATION OF AN EVALUATION TOOL(S), OBSERVATION OF THE CHILD, PARENT REPORT AND A REVIEW OF PERTINENT MEDICAL RECORDS.

"Everyday routines, activities and places" means routines that are customarily a part of families' typical days including, but not limited to: meal time; bath time; shopping; play time; outdoor play; activities a family does with its infant or toddler on a regular basis; and, places where the family participates on a regular basis, such as, but not limited to, home, place of worship, store, and child care.

"Evidence-based practices" mean practices that integrate research that has demonstrated efficacy and with consideration of the situation, goals, and values of the child, family and professionals.

"Evidence-informed strategies" mean methods that use nationally recognized recommended practices to inform the effective delivery of early intervention services.

"Family assessment" means a process using a Department-approved assessment tool and parent interview prior to the development of an initial Individualized Family Service Plan.

"Family Educational Rights and Privacy Act" (FERPA) means the federal law that protects the privacy of students' "education records" under 20 U.S.C. Section 1232g; 34 C.F.R. Part 99, which is incorporated by reference as defined in Section 7.900, A, 4. FERPA requirements apply to educational agencies and institutions that receive funds under any program administered by the United States Department of Education.

"Frequency" means how often an early intervention service is provided.

"Guardian means a person appointed by the court or named in a will and charged with limited, temporary, or full guardian's power and duties, pursuant to Section 15-14-312, C.R.S

"Health Insurance Portability and Accountability Act (HIPAA)" means the privacy rule that establishes national standards and requirements for electronic health care transactions and protects the privacy and security of individually identifiable health information, which is incorporated by reference as defined in Section 7.900, A, 4.

"Individualized Family Service Plan" (IFSP) means a written plan for providing Early Intervention Services to eligible children and their families, in accordance with 34 C.F.R. Section 303.340, et seq., which is incorporated by reference as defined in section 7.900, A, 5.

~~"Informed clinical opinion OF DELAY" means the process KNOWLEDGEABLE OPINION OF THE EVALUATION TEAM WHO USE PROFESSIONAL EXPERTISE AND EXPERIENCE TO used for determining DETERMINE THE PRESENCE OF A SIGNIFICANT DELAY IN ONE OR MORE OF THE FIVE (5) DOMAINS OF DEVELOPMENT. IT IS USED ONLY IN SITUATIONS WHEN A CLEAR DEVELOPMENTAL LEVEL CANNOT BE GAINED THROUGH THE TYPICAL EVALUATION PROCESS. current levels of development in all developmental domains based on a synthesis of objective qualitative and quantitative information from multiple sources that, at a minimum, includes:~~

~~A. A review of pertinent records related to current health status and medical history; and,~~

~~B. A family report about their perceptions and observations of the child's development; and,~~

~~C. The results of appropriate methods and procedures.~~

"Initial assessment" means the assessment of the child and the family conducted before a child's first Individualized Family Service Plan meeting.

"Intensity" means the length of time that a service is provided each session.

"Mediation" means voluntary procedures used to resolve a dispute involving any matter described in 34 C.F.R. Section 303.430-437, which is incorporated by reference as defined in Section 7.900, A, 5.

"Method" means how an early intervention service is provided. The type of method may be one of the following:

- A. Individual service provided to a child and family; or,
- B. Co-visit during which services are provided by two professionals during a session; or,
- C. Teaming through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes; or,
- D. Supervision by a qualified provider who oversees the work of a student or paraprofessional through observation and guidance, including direction and evaluation of the activities performed by the supervisee.

"Model" means one of the following constructs in which a child's and family's early intervention services shall be provided:

- A. Primary service provider; or,
- B. Multidisciplinary service providers; or,
- C. Single provider; or,
- D. Other model approved by the state.

"Multidisciplinary evaluation team" means a group that is made up of two (2) or more qualified personnel who have different training and experience.

"Multidisciplinary Service Providers Model" means a model in which two (2) or more qualified providers who have different training and experience provide ongoing services as identified in an Individualized Family Service Plan. In this model the providers work independently of each other with minimal interaction with other team members, and perform interventions separately from others while working on discipline- specific goals.

"Native language", when used with respect to an individual who has limited English proficiency means:

- A. The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided below in "B"; and,
- B. For evaluations and assessments conducted pursuant to Section 7.920, E, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation and 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 that is normally used by the individual, such as sign language, Braille or oral communication.

"Natural environments" means the day-to-day routines, activities and places that promote learning opportunities for an individual child and family, in settings such as the family's home and community that are natural or typical for the child's peer who have no disabilities.

"Neglect" means an act or failure to act by a person who is responsible for another's well being so that inadequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is provided. This may include,

but is not limited to, denial of meals, medication, habilitation, or other treatment necessities and which is not otherwise within the scope of Section 27-10.5, C.R.S., or these rules and regulations.

"Parent", within Early Intervention Services means:

- A. The biological or adoptive parent; or,
- B. A guardian in a parental relation to the child authorized to act as the child's parent or authorized to make early intervention, educational, health or developmental decisions, but not the State if the child is under the jurisdiction of a court; or,
- C. A foster parent; or,
- D. 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,
- E. A surrogate parent who has been appointed in accordance with 34 CFR Section 303.422, incorporated as identified in Section 7.900, A, 5.

"Part C" means Part C of the Individuals with Disabilities Education Improvement Act of 2004 that addresses infants and toddlers, birth through two (2) years of age, with developmental delays or disabilities, or physical or mental conditions with a high probability of resulting in significant delays in development, in accordance with 34 C.F.R. 303, which is incorporated by reference as defined in Section 7.900, A, 5.

"Participating agency" means, as used in Early Intervention Services, any individual, agency, program or entity that collects, maintains, or uses personally identifiable information to implement the requirements and regulations of Part C of the IDEA with respect to a particular child.

- A. This includes:
  - 1. The Colorado Department of Human Services; and,
  - 2. Community Centered Boards (CCB) or a Certified Early Intervention Service Broker; and,
  - 3. Any individual or entity that provides any Part C services, including service coordination, evaluations and assessments, and other Part C services.
- B. This does not include:
  - 1. Primary referral sources; or,
  - 2. Public agencies, such as the Medicaid program, private entities, or private health insurance carriers, that act solely as funding sources for Early Intervention Services.

"Personally identifiable information" as used in Early Intervention Services means, but is not limited to:

- A. The infant or toddler's name; or,
- B. The name of the infant or toddler's parent or other family member; or, C. The address of the infant or toddler, or their family; or,
- D. A personal identifier, such as a Social Security Number or other biometric record; or,
- E. Other indirect identifiers such as the child's date of birth, place of birth, or mother's maiden name; or,
- F. Other information that, alone or in combination, is linkable to a specific infant or toddler by a person in the early intervention community, who does not have personal knowledge of the relevant circumstances, to identify the infant or toddler with reasonable certainty; or,

G. Information about a child whose identity is believed by the Early Intervention Program to be known by the requester of that information.

"Physician" means a person licensed to practice medicine under Section 12-36-101, C.R.S., et seq., the Colorado Medical Practice Act.

"Post-referral screening" means the early intervention activities that take place after a child is referred to the Early Intervention Program and the administrative unit to identify infants and toddlers who are in need of more intensive evaluation and assessment in order to determine eligibility due to a developmental delay.

"Primary Service Provider Model" means a model of service delivery that utilizes one main qualified provider from any discipline that is the best fit to address the child and family outcomes as identified in an Individualized Family Service Plan. Other team members support the primary service provider through teaming and may provide co-visits under this model.

"Prior written notice" for Early Intervention Services means written notice that is given to parents a reasonable time before a Community Centered Board or other Certified Early Intervention Service Broker proposes or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler, or the provision of appropriate Early Intervention Services to the child and family.

"Qualified personnel" means personnel who have met the state approved or recognized certification, licensing, registration, or other comparable requirements, to provide evaluations, assessments or Early Intervention Services.

"Referral" for Early Intervention Services means a verbal or written notification from a referral source to the Community Centered Board or administrative unit for the provision of information regarding an infant or toddler, birth through two (2) years of age, in order to identify those who are in need of Early Intervention Services.

"Service coordination" means the activities carried out by a service coordinator to assist and enable a child eligible for Early Intervention Services, and the child's family, to receive the rights, procedural safeguards, and services that are authorized to be provided under Section 7.900, et seq.

"Single Provider Model" means a model of early intervention service provision in which one provider is utilized to meet the child's and family's needs as identified in an Individualized Family Service Plan.

"Surrogate parent" means an individual appointed by the local Early Intervention Services Program to act in the place of a parent in safeguarding an infant's or toddler's rights in the decision-making process regarding screening, evaluation, assessment, development of the Individualized Family Service Plan, delivery of Early Intervention Services and transition planning.

"State complaint procedures" mean actions taken by the Department to resolve a complaint lodged by an individual or organization regarding any agency or local service provider participating in the delivery of Early Intervention Services that is violating a state or federal requirement.

"Targeted case management services" means those case management services which are provided as a Medicaid benefit for a specific target group of Medicaid recipients who have a developmental disability and who meet the program eligibility criteria identified in the Medical Assistance rules (10 CCR 2505-10) of the Colorado Department of Health Care Policy and Financing.

"Telehealth" means a ~~form~~ METHOD of service provision that utilizes secure interactive videoconferencing to deliver early intervention services.

"Waiver Services" means those optional Medicaid services defined in the current federally approved HCBS waiver document and do not include Medicaid State Plan services.

**7.911 FISCAL MANAGEMENT [Eff. 7/1/13]**

- A. A Community Centered Board or Certified Early Intervention Service Broker, as defined in Section 7.913, shall:
1. Only purchase Early Intervention Services from providers that meet the qualifications as defined by the Department; and,
  2. Establish and maintain necessary cost accounting systems according to general accounting principles to properly record, and allocate separately, the revenue and expenses for federal Part C of the Individuals with Disabilities Education funds, state- funded Early Intervention Services, Medicaid funds and private health insurance funds that are billed through the Community Centered Board, local funds, and other funds used for the purchase of Early Intervention Services; and,
  3. Ensure that Part C of the Individuals with Disabilities Education Act funds are:
    - a. Used only as payor of last resort;
    - b. MAY BE USED TO REIMBURSE A PARENT FOR COPAYMENTS AND DEDUCTIBLES FOR EI SERVICES DOCUMENTED ON HIS OR HER CHILD'S IFSP; and,
    - ~~b. c.~~ c. For purposes of accounting, not commingled with any other funds received.
  4. Track expenditures for each funding source for service coordination, direct services, management fee and any other expense line item as defined by the Department.
  - ~~5. Submit a year-end reconciliation of private health insurance funds, Medicaid and other funds used for the purchase of Early Intervention Services, but not claimed through the state database as defined in the annual contract with the Department.~~
  - ~~6.5.~~ 5. Notify the Department of any proposed change of reimbursement rates for any early intervention service at least fifteen (15) calendar days prior to the use of such rates including its rate setting methodology. ALL RATES MUST BE COMPUTED USING THE METHODOLOGY DETERMINED BY THE DEPARTMENT.
- B. The maximum reimbursement rate for any Early Intervention Service shall be subject to restriction by the Department.

**7.912 COORDINATED SYSTEM OF PAYMENT [Eff. 7/1/14]**

- A. Early Intervention Services are provided to an eligible child and family at no out-of-pocket costs to a parent, such that the parent is not responsible for a sliding fee for services or payment of deductibles and co-payments for any early intervention service on a child's Individualized Family Service Plan, but is responsible for payment of insurance premiums when:
1. Private or public health insurance is used to pay for early intervention services; or,
  2. Medicaid or Child Health Plan Plus is used to pay for early intervention services; or,
  3. Use of private health insurance is required prior to the use of public insurance or benefits.
- B. The Certified Early Intervention Service Broker shall ensure:
1. That the availability of public or private health insurance to pay for services shall not result in the delay or denial of early intervention services to a child or a child's family; and,

2. No early intervention service documented in an Individualized Family Service Plan shall be delayed or denied because of a dispute between agencies regarding financial or other responsibilities required under 34 C.F.R. Section 303.510, which is incorporated by reference as defined in section 7.900, A, 5; and,
3. All early intervention services on a child's Individualized Family Service Plan shall be made available to the child and family whether or not consent to use insurance or Medicaid is required or provided; and,
4. Each parent of a child receiving early intervention services shall be provided with the written policies that inform the parent of rights to mediation, due process, and the state complaint process under Section 7.990, if the parent is charged for an early intervention service by a provider when the parent should not be.

C. Funding Hierarchy

1. The following order of funding sources shall be used when an Individualized Family Service Plan team determines the appropriate funding source(s) to pay for needed early intervention services and, where required, parental consent is provided to use the available funding source:
  - a. Use of private pay at the discretion of the parent; then,
  - b. Private health insurance; then,
  - c. TRICARE, a military health system; then,
  - d. Medicaid/Title XIX or Home and Community Based Services waivers, and Child Health Plan Plus; then,
  - e. Child Welfare and Temporary Assistance to Needy Families; then,
  - f. Other local, state or federal funds, including mill levy funds, as may be made available; then,
  - g. State General Fund early intervention services; then,
  - h. Federal Part C of the Individuals with Disabilities Education Act funds.
2. Implementation of the funding hierarchy shall be in accordance with 34 C.F.R. Section 303.520(b)(3), which is incorporated by reference as defined in Section 7.900, A, 5.
3. State and federal funds may be used in combination with other funding sources as necessary and appropriate, and within state and federal defined parameters, to ensure the provision of early intervention services.
4. Private health insurance, with written parental consent, shall be accessed prior to accessing public benefits or insurance.
5. The appropriate Medicaid billing codes for early intervention services shall be used for any service on an Individualized Family Service Plan that has Medicaid as the funding source and the early intervention services provider bills Medicaid.

D. In order to use public health insurance or benefits, the Certified Early Intervention Service Broker shall:

1. Provide ~~prior written notice~~ NOTIFICATION of the intent to use public benefits or insurance for payment of early intervention services to a parent or child who has public health insurance or benefits; and,

2. Obtain written parental consent to disclose a child's personally identifiable information to the public insurance agency for billing purposes; and,
3. Not require a parent to enroll him or herself or the parent's infant or toddler in a public health insurance or benefits program as a condition of receiving early intervention services; and,
4. Obtain written parental consent prior to using the public health insurance or benefits of a child or parent if that child or parent is not already enrolled in such a program; and,
5. Obtain written parental consent to use a child's or parent's public benefits or insurance to pay for early intervention services if that use would result in:
  - a. A decrease in the available lifetime coverage or any other insured benefit for a child or parent; or,
  - b. Payment for services that would otherwise be covered by the public insurance or benefits program; or,
  - c. Increases in premiums or discontinuation of public insurance or benefits for that child or parent as a result of such use; or,
  - d. A risk of loss of eligibility for the child or the parent for Medicaid Home and Community-Based waivers based on aggregate health expenses.

E. In order to use private health insurance, the Certified Early Intervention Service Broker shall:

1. Provide prior written notice of the intent to use the private health insurance for payment of early intervention services to a parent who has or whose child has private health insurance or benefits.
2. Obtain written parental consent:
  - a. To disclose a child's personally identifiable information to the private health insurance company for billing purposes, including the use of private health insurance when such use is a prerequisite for the use of public insurance or benefits; and,
  - b. For a child whose private health coverage plan is not covered under Section 10-16-104(1.3), C.R.S., at the initiation of billing for early intervention services and any time there is an increase in frequency, duration or intensity of a service on the child's Individualized Family Service Plan.
3. Provide the written coordinated system of payment and procedural safeguard policies each time consent is required that informs the parent there are no out-of-pocket costs associated with the use of private health insurance, except for:
  - a. Premiums which are the responsibility of the parent; and,
  - b. For any child who has a private health coverage plan not covered under Section 10-16-104(1.3), C.R.S., when there may be long-term costs such as the loss of benefits for the child or family because of annual or lifetime health coverage caps under the insurance policy.

F. Payment from Early Intervention Services Trust Fund Qualified Private Health Insurance Carriers

1. Subject to Section 10-16-104(1.3), C.R.S., qualified private health insurance carriers who are required to cover Early Intervention Services for an eligible dependent child shall provide early intervention services. Non-emergency medical transportation and assistive technology, as defined in Section 7.950, B, 1, shall be excluded, unless assistive technology is covered under an applicable insurance policy or service or indemnity contract as durable medical equipment benefit provisions.

2. Coverage required by private health insurance carriers shall be available annually to an eligible infant or toddler from birth up to the third (3rd) birthday. As of January 1, 2013, the maximum annual benefit payable for early intervention services and service coordination for each dependent infant or toddler, per benefit plan year, shall be limited as required by Section 10-16-104(1.3), C.R.S., and Section 27-10.5-709(1), C.R.S.
  - a. For policies or contracts issued or renewed on or after January 1, 2015, and on or after each January 1 thereafter, the limit shall be adjusted by the Department. This adjustment is based upon the consumer price index for the Denver – Boulder - Greeley metropolitan statistical area for the State Fiscal Year which ends in the preceding calendar year or by such additional amount to be equal to the increase by the General Assembly to the annual appropriated rate. This rate is based on service to one (1) child for one (1) fiscal year in the state-funded Early Intervention Program if that increase is more than the consumer price index increase.
  - b. The limit on the annual amount of coverage for early intervention services shall not apply to:
    - 1) Rehabilitation or therapeutic services that are necessary as the result of an acute medical condition or post surgical rehabilitation; or,
    - 2) Services provided to a child who is not participating in early intervention services that are not provided pursuant to an Individualized Family Service Plan; however, such services shall be covered at the level specified in Section 10-16-104(1.7), C.R.S., which is incorporated by reference as defined in Section 7.900, A, 2, or,
    - 3) Assistive technology that is covered by the policy's durable medical equipment benefit provisions.
3. Any benefits paid under the coverage required by Section 10-16-104(1.3), C.R.S., which is incorporated by reference as defined in Section 7.900, A, 2, shall not be applied to an annual or lifetime maximum benefit contained in the policy or contract, except as provided for high deductible plans in Section 10-16-104(1.3)(d), C.R.S.
4. A qualified early intervention services provider that receives reimbursement for services funded by the trust fund shall accept such reimbursement as payment in full for services under Section 10-16-104(1.3), C.R.S., which is incorporated by reference as defined in Section 7.900, A, 2, and shall not seek additional reimbursement from either the eligible infant's or toddler's family or the carrier.
5. If funds deposited into the trust are fully expended prior to the end of the insurance plan year, the Certified Early Intervention Service Broker, as defined in Section 7.901, shall coordinate with the Department to ensure that services continue as designated in the Individualized Family Service Plan. At the beginning of the new plan year, the private health insurance carrier shall be required to deposit additional funds into the trust as established by Section 7.912, B, 3.
6. Private health insurance carriers shall be notified within ninety (90) calendar days if an infant or toddler is no longer eligible for early intervention services.

G. Use of Early Intervention Services Trust Fund

1. A trust fund shall be established in accordance with Section 27-10.5-709, C.R.S., which is incorporated by reference as defined in Section 7.900, A, 1, for the purpose of accepting deposits from a participating public health insurance or benefits program, or from the required private health insurance carriers for early intervention services provided to infants and toddlers under a participating insurance plan.
2. Funds deposited in the trust fund shall be only utilized on behalf of each infant and toddler for whom funds have been placed into the trust fund for the following:
  - a. Early intervention services, with the exclusion of assistive technology services and transportation, as defined in Section 7.950, B; and,

- b. Monthly case management (service coordination) fee as determined by the Department; and,
  - c. Monthly Certified Early Intervention Service Broker fee as defined by the Department, pursuant to Section 7.913; and,
  - d. Monthly fee to administer the trust fund to each child covered by a qualifying plan as determined by the Department.
3. Upon exit from early intervention services or discontinuation of coverage by the private health insurance carrier, a private health insurance carrier shall be notified of monies deposited in the trust fund on behalf of an eligible dependent infant or toddler that are not expended and the funds shall be returned within ninety (90) calendar days.
  4. No later than April 1 of each year, private health insurance carriers shall be provided with a report specifying the amount of benefits paid to each Certified Early Intervention Service Broker for services provided to eligible infants or toddlers during the prior calendar year.

**7.914 DATA COLLECTION [Rev. eff. 7/1/15]**

- A. A Community Centered Board shall ensure that policies and procedures are developed and maintained, and that information regarding Early Intervention Services is collected and documented as defined by the Department.
- B. A Community Centered Board shall have an Early Intervention Data Coordinator who shall:
  1. Be knowledgeable of the statewide data system, data entry requirements and timelines, and report information; and,
  2. Ensure that each staff who enters data into the statewide data system ~~is trained in the use of the system and procedures to protect personally identifiable information~~ COMPLETES THE DEPARTMENT-APPROVED DATA TRAINING; and,
  3. Ensure that all data is entered into the statewide data system as defined by the Department.
- C. A Community Centered Board shall ensure that for each child who is referred for early intervention services:
  1. An ~~early intervention record~~ ELECTRONIC CASE is established and maintained IN THE STATEWIDE DATA SYSTEM; and,
  2. All required data from ~~the A CHILD'S record~~ be IS entered into the statewide data system WITHIN FIFTEEN (15) DAYS from the date of the referral and tracked through eligibility or ineligibility and exit from early intervention services.
- ~~7.964~~ D. A Community Centered Board shall ensure that accurate child outcomes data are entered into the ~~Early Intervention Provider Database~~ STATEWIDE DATA SYSTEM for measuring outcomes ~~at the following times:~~

**7.915 GENERAL SUPERVISION AND MONITORING [Eff. 7/1/13]**

- A. Monitoring activities shall ensure compliance with Part C of the Individuals with Disabilities Education Act as well as with state statutes and rules and shall include the following:
  1. Self-assessment procedures; and,
  2. Examination of program data; and,

3. Special analysis; and,
  4. On-site reviews; and,
  5. Any other methods as determined by the Department.
- B. The results of monitoring shall be publicly reported on the Early Intervention Colorado website and submitted to state and federal entities, as needed.
- C. A Community Centered Board shall have an Early Intervention Coordinator who shall complete REQUIRED TRAINING, AS DEFINED BY THE ~~state DEPARTMENT-approved training and be-~~ IS:
1. Knowledgeable of Early Intervention Services and federal and state requirements; and,
  2. The liaison to the Department regarding the Early Intervention Program; and,
  3. Responsible for the local implementation of a comprehensive and coordinated system of Early Intervention Services; and,
  4. The contact for families regarding procedural safeguards.
- D. A Community Centered Board shall maintain:
1. A complete file of all early intervention records, documents, communications, and other written and/or electronic materials which pertain to the operation of an Early Intervention Program or the delivery of Early Intervention Services; and,
  2. Such records for a period of six (6) years after the date of closure of the record or for such further periods as may be necessary to resolve any matters that may be pending.
- E. The following information shall be maintained for each child's record:
1. Log of access; and,
  2. Referral information; and,
  3. Parent consent to evaluate; and,
  4. Parent consent to use private health insurance or Medicaid; and,
  5. Prior notice documentation; and,
  6. Parent consent to share information; and,
  7. Individualized Family Service Plans; and,
  8. Progress and assessment reports, including child outcomes measurement information; and,
  9. Case notes; and,
  10. All correspondence related to a child and family; and,
  11. Fiscal records, including documentation of early intervention service provision by qualified providers; and,
  12. Any medical documentation related to the diagnosis or medical condition of the referred child, including history and services.

- F. A Community Centered Board shall permit the state, federal government, or any other duly authorized agent of a governmental agency to audit, inspect, examine, excerpt, copy, and/or transcribe records during the term of a contract for Early Intervention Services and for a period of six (6) years following termination of the contract or final payment hereunder, whichever is later, to assure compliance with federal regulations and/or state statutes and rules or to evaluate an Early Intervention Program's performance.

## **7.920 CHILD IDENTIFICATION [Rev. eff. 7/1/15]**

The Early Intervention Program shall have a comprehensive Child Find system, pursuant to 34 C.F.R. Section 303.302, which is incorporated by reference as defined in Section 7.900, A, 5, that focuses on the early identification of infants and toddlers who have developmental delays or disabilities, including a system for making referrals so that timely and rigorous identification in accordance with Section 7.920, B– F, shall occur.

### **A. Pre-Referral Public Awareness**

1. A Community Centered Board shall work with special education Administrative units, the Local Interagency Coordinating Council, and, other community members, as necessary in order to develop a coordinated program of public awareness that identifies infants and toddlers with disabilities who are eligible for early intervention services.
2. A Community Centered Board shall ensure that it has an Internet link on its website to the Early Intervention Colorado website at [www.eicolorado.org](http://www.eicolorado.org) and that families are informed of the website and the statewide toll free number 1-888-777-4041.
3. A Community Centered Board shall ensure that information on the Early Intervention Colorado Program is available via an Internet website, and in a written format, upon request of a family.
4. A Community Centered Board shall ensure that printed materials from the Department and other products are made available to families and the general public, as well as through state and local interagency efforts for outreach to primary referral sources, including hospitals, physicians, other health providers, child care providers and other public and non-profit agencies.

### **B. Referral**

1. A Community Centered Board shall work collaboratively with community partners and primary referral sources to develop effective procedures for referral of children, birth through two (2) years of age, to the Early Intervention Program, in order to identify infants and toddlers who are in need of Early Intervention Services.
2. Referral of a child, birth through two (2) years of age, means a verbal or written notification from a referral source to the Community Centered Board or Administrative Unit about a child who:
  - a. Is known to have or suspected of having a developmental delay; or,
  - b. Has an established condition, as defined in Section 7.920, H; or,
  - c. Lives with a parent with a developmental disability; or,
  - d. Has been identified as the subject of a substantiated case of child abuse or neglect; or,
  - e. Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

### **C. Post-Referral Process**

1. A Community Centered Board shall accept a referral from community sources, including, but not limited to, a family, health provider, child care provider, Administrative Unit, county department of social/human services, county department of health, and others.

2. A Community Centered Board shall use the state referral form and procedures as defined by the Department, and shall facilitate, to the extent possible, the use of the early intervention referral form by other referral sources in its designated service area.
3. A Community Centered Board shall assign a service coordinator within three (3) working days from the date of a referral.
4. The family shall be contacted as soon as possible after being assigned a service coordinator, but no longer than seven (7) calendar days from the date of the referral, to provide the service coordinator's contact information and inform the family of their procedural safeguards.
5. A Community Centered Board shall notify the appropriate Administrative Unit within three (3) working days of a child being referred for early intervention services for whom a Child Find evaluation needs to be conducted.
6. Community Centered Board shall:
  - a. Notify the referral source of the receipt of the referral using the state referral form; and,
  - b. Provide the contact information for the assigned service coordinator; and,
  - c. With written parent consent, notify the referral source and the child's primary health provider of the results of the evaluation and/or assessment using the state referral form.
7. Referral information sent to an Administrative Unit by a Community Centered Board shall contain at least the following:
  - a. The first, middle, and last name of the child; and,
  - b. Date of birth of the child; and,
  - c. Gender of the child; and,
  - d. Parent name, address, and telephone number; and, e. Primary language spoken; and,
  - f. Name and telephone number of an assigned service coordinator; and,
  - g. Date of the referral.

D. Post-Referral Screening

1. A Community Centered Board shall work with the Administrative Unit(s) to identify in the interagency agreement if the Child Find process will include post-referral screening.
2. If post-referral screening is used, the Community Centered Board shall assure the following requirements are met:
  - a. A parent shall receive prior written notice of and provide consent to the post- referral screening, and be informed of the right to request evaluation in place of or in addition to post-referral screening; and,
  - b. Appropriate instruments shall be used by personnel trained to administer those instruments; and,
  - c. Written screening results are provided to a parent; and,
  - d. A parent shall receive prior written notice of the action that is being proposed or refused as a result of the post-referral screening, and the reasons for taking the action.

- e. IF THE RESULTS OF A POST-REFERRAL SCREENING REVEAL THAT THE CHILD IS DEVELOPING AT AGE EXPECTED LEVELS IN ALL DEVELOPMENTAL DOMAINS, THE PARENT MAY REQUEST AND IS ENTITLED TO A TIMELY, COMPREHENSIVE, MULTIDISCIPLINARY EVALUATION UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT.

**F. E. Eligibility Criterion**

An infant or toddler, birth through two (2) years of age, shall be eligible for early intervention services if he or she has a developmental delay as defined in Section 7.901, an established diagnosed physical or mental condition as defined in Section 7.901, or lives with a parent who has a developmental disability as defined in Section 7.920, I.

**G. F. Eligibility Determination for Developmental Delay**

1. Eligibility shall be based on a developmental delay as defined in Section 7.901.
2. Results derived solely from a single procedure shall not be used to determine eligibility or ineligibility.
3. The following shall be documented in an Individualized Family Service Plan:
  - a. Name, AND discipline, ~~and signature~~ of each team member who participated in the evaluation and assessment; and,
  - b. ~~Types of methods~~ EVALUATION INSTRUMENT(S), CHILD ASSESSMENT TOOL(S), and METHODS AND procedures used to conduct the evaluation and assessment; and,
  - c. The measurable results of the multidisciplinary evaluation and/or assessment in each of the developmental domains; and,
  - d. Eligibility or ineligibility determination; and,
  - e. Name and signature of the Community Centered Board representative who verifies that the evaluation and assessment team gathered and provided diagnostic information to establish eligibility or ineligibility; and,
  - f. Signature of a parent acknowledging that he or she has been informed of his or her child's eligibility determination.
4. If a child is determined ineligible for early intervention services, the family shall be provided prior written notice to inform them of:
  - a. The right to dispute resolution procedures as defined in Section 7.990; and,
  - b. Other community resources that may assist his or her child.

**H. G. Eligibility Determination Based on an Established Condition**

1. There shall be supporting documentation from a qualified health professional maintained in the child's record for a diagnosed physical or mental condition.
2. The diagnosis or condition shall be included in the Established Conditions Database.
3. There shall be documentation in the Individualized Family Service Plan regarding the name of the diagnosed condition on which eligibility is based.
4. A child with an established condition does not have to be exhibiting delays in development at the time of diagnosis to be eligible for early intervention services.

~~5. A multidisciplinary assessment for a child with an established condition shall be conducted to identify a child's current levels of development in all developmental domains, including hearing and vision, in order to develop an initial Individualized Family Service Plan.~~

~~H.~~ An infant or toddler who lives with a parent who has been determined by a Community Centered Board to have a developmental disability is eligible to receive early intervention services using any funding source other than the federal Part C funds. Such services may include, but are not limited to, developmental intervention for parent education and monitoring child development.

~~E. I.~~ Evaluation and Assessment TO DETERMINE ELIGIBILITY BASED ON A DEVELOPMENTAL DELAY:

1. A Community Centered Board shall work with Administrative Units, the Local Interagency Coordinating Council, and other community members, as necessary, to develop a local child identification process to ensure that:
  - a. EVALUATION procedures, as identified in Section 7.920, are adhered to; and,
  - b. FOR EACH CHILD, WHERE PARENTAL CONSENT FOR EVALUATION HAS BEEN GIVEN, an evaluation is conducted by a multidisciplinary evaluation team within forty-five (45) calendar days of the date of the referral of a child, birth through two (2) years of age, who is referred for early intervention services, and, if the child is eligible, completion of a child and family assessment IS COMPLETED, and AN initial Individualized Family Service Plan meeting IS CONVENED WITHIN FORTY-FIVE (45) CALENDAR DAYS OF THE DATE OF THE REFERRAL.
- ~~2. Each child, birth through two (2) years of age, who is referred for early intervention services shall receive:~~
  - ~~a. An evaluation by a multidisciplinary team to determine if there is a developmental delay and an assessment as defined in Section 7.901 to identify a child's current levels of development in all developmental domains; or,~~
  - ~~b. A multidisciplinary assessment by a multidisciplinary team for a child who is eligible due to an established condition or due to living with a parent with a developmental disability to identify the child's current levels of development in all developmental domains.~~
- 3.2. Written notice shall be provided to the parent prior to the scheduling of an evaluation and/or assessment and a copy of the notice shall be maintained in the child's record.
- 4.3. Written parental consent shall be obtained prior to any evaluation and/or assessment being conducted and a copy of the consent shall be maintained in the child's record.
- ~~5.~~ 4. An evaluation shall include a multidisciplinary process by a team comprised of a minimum of two (2) appropriately licensed/qualified professionals, at least one (1) of whom is qualified in the primary area of developmental concern.
5. CHILD EVALUATION SHALL BE CONDUCTED IN THE NATIVE LANGUAGE OF THE CHILD, UNLESS CLEARLY NOT FEASIBLE TO DO SO.
6. An evaluation and assessment shall be based on an informed clinical opinion OF DELAY and shall be administered so that it is not racially or culturally discriminatory.
7. Procedures for the evaluation TO DETERMINE IF ~~of~~ an infant or toddler HAS A DEVELOPMENTAL DELAY shall include:
  - a. Administering an evaluation instrument; and,

- b. Documenting the child's history, including interviewing the parent; and,
- c. Identifying the child's level of functioning in each of the following developmental domains:
  - 1) Adaptive development; and,
  - 2) Cognitive development; and,
  - 3) Communication development; and,
  - 4) Physical development, including vision and hearing; and,
  - 5) Social or emotional development.
- d. Gathering information from other sources such as family member, other caregivers, medical providers and other professionals working with the child and family.

**J. ASSESSEMENT**

IF A CHILD IS DETERMINED TO BE ELIGIBLE FOR EARLY INTERVENTION SERVICES BECAUSE OF A DEVELOPMENTAL DELAY OR AN ESTABLISHED CONDITION, A COMMUNITY CENTERED BOARD SHALL ENSURE THAT THE FOLLOWING OCCURS:

- ~~8~~- 1. PRIOR TO CONDUCTING A CHILD ASSESSMENT, WRITTEN NOTICE SHALL BE PROVIDED TO THE PARENT AND PARENTAL CONSENT FOR THE ASSESSMENT OBTAINED. A COPY OF THE NOTICE AND THE CONSENT SHALL BE MAINTAINED IN THE CHILD'S RECORD. FOR A CHILD DETERMINED ELIGIBLE DUE TO A DEVELOPMENTAL DELAY, THIS NOTICE MAY HAVE BEEN PROVIDED AT THE TIME OF EVALUATION.
- 2. A CHILD ASSESSMENT, CONDUCTED BY QUALIFIED PERSONNEL, MAY INCLUDE THE FOLLOWING:
  - a. A REVIEW OF THE RESULTS OF THE MULTIDISCIPLINARY EVALUATION, INFORMED OPINION OF DELAY, AND MEDICAL AND OTHER RECORDS USED TO ESTABLISH ELIGIBILITY, INCLUDING THE RESULTS OF HEARING AND VISION SCREENING;
  - b. PERSONAL OBSERVATIONS OF THE CHILD;
  - c. IDENTIFICATION OF THE CHILD'S STRENGTHS AND NEEDS IN EACH DEVELOPMENTAL AREA; AND,
  - d. IDENTIFICATION OF EARLY INTERVENTION SERVICES THAT WOULD MEET THE CHILD'S NEEDS;
  - e. A CHILD ASSESSMENT IS CONDUCTED IN THE NATIVE LANGUAGE OF THE CHILD, UNLESS CLEARLY NOT FEASIBLE TO DO SO.
- ~~9~~-3. A FAMILY ASSESSMENT IS MADE AVAILABLE TO ANY PARENT OR OTHER FAMILY MEMBER OF AN ELIGIBLE CHILD.
  - a. A FAMILY ASSESSMENT IS VOLUNTARY ON THE PART OF EACH FAMILY MEMBER PARTICIPATING IN THE ASSESSMENT.
  - b. A FAMILY ASSESSMENT SHALL BE FAMILY-DIRECTED AND DESIGNED TO DETERMINE THE RESOURCES, PRIORITIES AND CONCERNS OF A PARENT OR OTHER FAMILY MEMBER RELATED TO THE ENHANCEMENT OF HIS OR HER CHILD'S DEVELOPMENT.

- c. A FAMILY ASSESSMENT SHALL BE CONDUCTED IN THE NATIVE LANGUAGE OF THE FAMILY MEMBER(S) PARTICIPATING IN THE FAMILY ASSESSMENT, UNLESS CLEARLY NOT FEASIBLE TO DO SO.
- d. WHEN COMPLETED, THE FAMILY ASSESSMENT SHALL BE:
  - 1) CONDUCTED BY QUALIFIED PERSONNEL TRAINED TO UTILIZE A DEPARTMENT- APPROVED FAMILY ASSESSMENT TOOL, THAT IS AVAILABLE ON THE EARLY INTERVENTION COLORADO WEBSITE AT WWW.EICOLORADO.ORG; AND,
  - 2) BASED ON INFORMATION PROVIDED BY THE PARENT OR OTHER FAMILY MEMBER THROUGH A PERSONAL INTERVIEW AND THROUGH A FAMILY ASSESSMENT TOOL; AND,
  - 3) INCLUSIVE OF A PARENT OR OTHER FAMILY MEMBER'S DESCRIPTION OF HIS OR HER RESOURCES, PRIORITIES AND CONCERNS RELATED TO ENHANCING HIS OR HER CHILD'S DEVELOPMENT; AND,
  - 4) COMPLETED PRIOR TO THE DEVELOPMENT OF THE INITIAL INDIVIDUALIZED FAMILY SERVICE PLAN.
- 4. IF AN INDIVIDUALIZED FAMILY SERVICE PLAN IS DEVELOPED AT THE SAME MEETING AS THE EVALUATION AND ASSESSMENT, THE SERVICE COORDINATOR ENSURES THAT PRIOR WRITTEN NOTICE ABOUT THE DEVELOPMENT OF THE INDIVIDUALIZED FAMILY SERVICE PLAN IS PROVIDED TO THE PARENT.
- 5. IF A SECOND MEETING IS REQUIRED, NOTIFICATION OF THE DATE, TIME, AND LOCATION OF THAT MEETING NEEDS TO BE RECEIVED BY THE PARENT FAR ENOUGH IN ADVANCE OF THE MEETING DATE SO THAT THE PARENT WILL BE ABLE TO ATTEND THE MEETING. A COPY OF THE NOTICE SHALL BE MAINTAINED IN THE CHILD'S RECORD.

**7.940 INDIVIDUALIZED FAMILY SERVICE PLAN [Rev. eff. 7/1/15]**

- A. An Individualized Family Service Plan shall serve as the Individualized Plan for a child, from birth to less than three (3) years of age, receiving early intervention services.
- B. A service coordinator shall ensure that an Individualized Family Service Plan is:
  - 1. With prior written notice given to the parent, developed within a reasonable time after an eligibility determination has been made, but no later than forty-five (45) calendar days from the date of the referral, unless a delay is due to documented exceptional family circumstances; and,
  - 2. Developed with all required participants ad defined ins Section 7.940, E; and,
  - 3. Based on, and contains the results of, the evaluation and assessment, and the family's concerns and priorities; and,
  - 4. Inclusive of early intervention services to be provided in natural environments that are necessary to meet the unique needs of the child and the parent or other caregiver, and implement the strategies to achieve the developmental outcomes of the child; and,
  - 5. Culturally sensitive; and,
  - 6. With prior written notice given to the parent, reviewed every six (6) months, or more frequently if necessary or if requested by the parent, in order to:
    - a. Determine progress toward achieving the identified outcomes; and,

- b. Revise or add an outcome, if needed; and,
  - c. Determine if a change in early intervention services is necessary to meet the identified outcomes.
- 7. With prior written notice given to the parent, updated annually through a meeting of the Individualized Family Service Plan team and the parent to:
  - a. Discuss and document the child's current developmental levels in all developmental domains gathered through assessment methods as defined by the Department; and,
  - b. Determine progress towards achieving the identified outcomes; and,
  - c. Determine the child's ongoing need for early intervention services; and, d. Revise or add an outcome, if needed; and,
  - e. Determine the early intervention services necessary to meet the identified outcomes.
- C. If it is determined during an Individualized Family Service Plan review that a child is functioning at age-expected levels when compared with chronological age, as documented in current assessment results, the following shall occur:
  - 1. The Individualized Family Service Plan team shall determine whether one (1) or more early intervention services are no longer needed for the child to continue to progress; and,
  - 2. If the Individualized Family Service Plan team determines that early intervention services are no longer needed, the following shall occur:
    - a. The service coordinator shall explain to the parent the dispute resolution procedures, as defined in Section 7.990-7.994; and,
    - b. The service coordinator shall provide prior written notice to the parent that the members of the Individualized Family Service Plan team have determined the child no longer has any identified need for early intervention services, and the child has completed the Individualized Family Service Plan; and,
    - c. The child's record shall remain open for ten (10) calendar days from the prior written notice date; and,
    - d. Following the ten (10) calendar day period from the prior written notice date, if there is no dispute resolution request from the parent, the early intervention services shall cease and the child's record shall be closed.
- D. Completion of an Individualized Family Service Plan
  - 1. The decision to end early intervention services for a child based on the determination by the members of the Individualized Family Service Plan team that the child no longer needs early intervention services is not to be construed with a determination of ineligibility based on a multidisciplinary evaluation. If future concerns arise and the child is still less than three (3) years of age, the family shall contact the Community Centered Board to conduct an assessment and develop a revised Individualized Family Service Plan, if appropriate.
  - 2. An infant or toddler found eligible due to an established condition, as defined in Sections 7.901 and 7.920, H, shall not have his/her early intervention services ended unless the parent chooses to withdraw from services.
- E. An initial, annual or periodic review meeting to evaluate an Individualized Family Service Plan shall include the following participants:

1. Parent of a child; and,
  2. Service coordinator; and,
  3. Persons directly involved in conducting the evaluations and assessments; and,
  4. As appropriate, a person or persons who will be providing early intervention services to a child or family; and,
  5. Additional participants may include, but are not limited to, the following:
    - a. Other family members, as requested by a parent; and,
    - b. An advocate or person outside of a family, as requested by a parent.
- F. If any person who conducted an evaluation and/or assessment is unable to participate in person, he or she shall participate by:
1. Telephone or Internet web conference;
  2. A knowledgeable authorized representative attending the meeting in his or her place; or,
  3. The provision of appropriate reports for use at the meeting.
- G. If the evaluation and assessment report is provided and there is no authorized representative at the meeting, the Community Centered Board shall ensure that at least one qualified early intervention professional reviews and interprets the developmental information in the report in order to inform the team completing the Individualized Family Service Plan.
- H. An Individualized Family Service Plan shall be conducted in accordance with 34 C.F.R. Sections 303.340 - 303.345, which are incorporated by reference as defined in Section 7.900, A, 5:
1. In a setting and at a time that is convenient to the parent; and,
  2. In the language or mode of communication normally used by the parent, unless clearly not feasible to do so.
- I. The content of an Individualized Family Service Plan shall, at a minimum, meet the requirements of 34 C.F.R. Section 303.344, which is incorporated by reference as defined in Section 7.900, A, 5, and be completed using the ~~state~~ DEPARTMENT REQUIRED form available at the Early Intervention Program website at [www.eicolorado.org](http://www.eicolorado.org), and shall include the following:
1. The type of model for each service shall be one of the following, as defined in Section 7.901:
    - a. Primary service provider; or,
    - b. Multidisciplinary service providers; or,
    - c. Single provider; or,
    - d. Other model approved by the state.
  2. The type of method for each service shall be one of the following, as defined in Section 7.901:
    - a. Individual; or,
    - b. Co-visit; or,

- c. Teaming; or,
- d. Supervision; OR,
- e. Telehealth, with parental consent.

- J. A parent may withhold consent for an early intervention service without jeopardizing the delivery of any other early intervention service for which consent is given.
- K. If a parent and an Individualized Family Service Plan team member(s) do not agree on any aspect of an early intervention service, a service coordinator shall implement the sections of the plan that are not in dispute.
- L. A parent may exercise his or her rights, as defined in Section 7.990, to resolve a dispute while continuing to receive those services in an Individualized Family Service Plan that are not subject to a dispute.
- M. An interim Individualized Family Service Plan shall be developed to provide a temporary early intervention service prior to completion of an evaluation and assessment, only when the service is determined by qualified professionals to be immediately necessary and when the following conditions are met:
  - 1. A child has been determined to be eligible for early intervention services; and,
  - 2. Written parental consent is obtained; and,
  - 3. An evaluation and assessment are completed within forty-five (45) calendar days of the date of the referral.

**7.951 EARLY INTERVENTION PROVIDER QUALIFICATIONS [Eff. 7/1/13]**

- A. Early Intervention Services shall be provided by qualified providers who meet the state personnel standards for each Early Intervention Service.
- B. An Early Intervention provider shall maintain current and accurate documentation, including certifications, licensing, endorsements, and registrations and shall register, and update his or her information at least annually, in the ~~Early Intervention Provider Database~~ STATEWIDE DATA SYSTEM.
- C. AN EARLY INTERVENTION PROVIDER SHALL COMPLETE ALL REQUIRED TRAINING, AS DEFINED BY THE DEPARTMENT.

**7.961 CHILD OUTCOMES MEASUREMENTS [Eff. 7/1/13]**

- A. A Community Centered Board shall participate in the state program to measure child outcomes and shall ensure that each eligible child who receives Early Intervention Services for six (6) months or longer receives a child outcomes rating that is determined utilizing information gathered through:
  - 1. Family interview; and,
  - 2. Professional observation; and,
  - 3. Utilization of an appropriate assessment instrument to measure child outcomes as defined by the Department.
- B. REQUIRED TIMELINES
  - 1. AN ENTRY RATING SHALL BE DETERMINED AS SOON AS A BASELINE CAN BE ACCURATELY ESTABLISHED, BUT NO LATER THAN SIXTEEN (16) WEEKS FROM THE DATE OF REFERRAL FOR EARLY INTERVENTION SERVICES FOR AN ELIGIBLE CHILD, UNLESS A

CHILD IS YOUNGER THAN SIX (6) MONTHS OF AGE. IF THE CHILD IS LESS THAN SIX (6) MONTHS OF AGE AT THE TIME OF REFERRAL, THE FIRST MEASUREMENT SHALL OCCUR ONCE A CHILD HAS REACHED THE AGE OF SIX (6) MONTHS; AND,

2. AN EXIT RATING SHALL BE FINALIZED NO MORE THAN NINETY (90) CALENDAR DAYS PRIOR TO THE CHILD'S EXIT FROM EARLY INTERVENTION SERVICES OR THE CHILD'S THIRD (3<sup>RD</sup>) BIRTHDAY, WHICHEVER OCCURS FIRST. AN EXIT RATING IS NOT REQUIRED FOR A CHILD WHO HAS BEEN IN EARLY INTERVENTION SERVICES FOR LESS THAN SIX (6) MONTHS.

~~B. C.~~ A Community Centered Board shall ensure that all staff and contractors who are responsible for documenting and reporting child outcomes progress data are trained in the methods required by the Department and participate in required technical assistance activities.

~~C. D.~~ Child outcomes shall measure the percent of infants and toddlers with an Individualized Family Service Plan, who:

1. Have positive social emotional skills (including social relationships); and,
2. Acquire and use knowledge and skills (including early language/communication); and,
3. Use appropriate behaviors to meet their needs.

~~D.~~ A Community Centered Board shall ensure that accurate child outcomes data are entered into the Early Intervention Provider Database for measuring outcomes at the following times:

- ~~1.~~ An entry rating must be entered as soon as a baseline can be accurately established, but no later than sixteen (16) weeks from the date of referral for Early Intervention Services for an eligible child, unless a child is younger than six (6) months of age. If the child is less than six (6) months of age at the time of referral, the first measurement shall occur once a child has reached the age of six (6) months; and,
- ~~2.~~ An exit rating must be entered no more than ninety (90) calendar days prior to the child's exit from Early Intervention Services or the child's third (3rd) birthday, whichever occurs first. An exit rating is not required for a child who has been in Early Intervention Services for less than six (6) months.