



First Steps

Indiana First Steps Early Intervention Policy Manual



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Helpful Resources:

Indiana First Steps: <http://www.in.gov/fssa/ddrs/4655.htm>

Forms: <http://www.in.gov/fssa/ddrs/2817.htm>

First Steps Email: firststepsweb.fssa@fssa.in.gov

Training Central: <https://partnershipsforearlylearners.org/get-involved/providers/training-central/>

EI Kids: <http://www.eikids.com/in/matrix/>

Personnel Standards

First Steps is Indiana’s early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA).¹ The purpose of Part C is to provide a coordinated, comprehensive system of early intervention services for children under the age of three who are experiencing developmental delays or disabilities. Early intervention services are provided in collaboration with each child’s family in the child’s natural environment.

Each state participating in Part C of the IDEA must establish a comprehensive system of personnel development (CSPD) as illustrated in the graphic below. This includes personnel standards—discipline specific knowledge, skills, and competencies for the early intervention workforce— to ensure that persons providing early intervention services are appropriately and adequately prepared and trained.

Indiana’s early intervention personnel standards are comprised of:

- Entry-level educational qualifications and licensure requirements;
- Initial credentialing for certification as an early interventionist;
- Annual professional development activities to maintain the early intervention credential;
- Early intervention core competencies; and
- Professional conduct guidelines.

Requirements Overview

To become a First Steps provider or service coordinator, individuals must:

- Obtain a limited criminal history check through the Indiana State Police;
- Sign a provider or service coordinator agreement with the Division of Disability and Rehabilitative Services;
- Meet the entry level educational and licensure qualifications described in the section on *entry level qualifications* at the end of this chapter;
- Obtain a National Provider Identifier (NPI) ([service coordinators excluded](#)); and
- Submit an **enrollment application** and any required supporting documentation as indicated.

To get an initial credential within the first year of enrollment, providers and service coordinators must:

- Take the trainings required for an initial credential described in the section on *initial credential requirements*;
- Comply with any first year supervision requirements as applicable; and
- Submit an **initial credential application** and any required supporting documentation as indicated.

To renew a credential after the first year of enrollment, providers and service coordinators must:

- Complete annual professional development in accordance with the sections on *credential renewal requirements* and *early intervention core competencies*;
- Re-sign the provider or service coordinator agreement on an annual basis;
- Obtain a limited criminal history check through the Indiana State Police on an annual basis;
- Comply with any ongoing supervision requirements as applicable; and
- Submit an **annual credential form** and any required supporting documentation as indicated on the form.

Required forms, agreements, and other resources can be found at on the First Steps website at <https://www.in.gov/fssa/4655.htm>. To apply for an NPI, go to <https://nppes.cms.hhs.gov/#/>.

¹ Federal code and regulations for IDEA Part C can be found at 20 U.S.C. 1431-1444 and 34 C.F.R. 303.

Exemptions

The following early intervention service providers are **exempt** from First Steps credentialing requirements; *however, please note that all providers must still enroll with First Steps and sign an agreement in order to be reimbursed for providing early intervention services.*

- Audiologists
- Interpreters
- Nurses
- Physicians
- Orientation and mobility specialists
- Transportation providers
- Vision specialists (optometrists and ophthalmologists)

Initial Credential Requirements

First Steps uses a credentialing process to certify that individuals providing early intervention services are qualified and possess the competencies needed to work effectively with infants, toddlers, and their families. **Providers and service coordinators must apply for an initial credential within one year of enrollment.** The following trainings are required for an initial credential:

- DSP 101 prior to the provider's first authorization or SC 101 within 30 days of enrollment as a service coordinator;
- DSP102/103 or SC 102/103 within 90 days of enrollment;
- Professional Boundaries and Ethics in Home Visiting;
- The Science of Infant Brain Development;
- The AEPS Part 1 training; and
- The Exit Skills Checklist training.

Credential Renewal Requirements

After receiving their initial credential as an early interventionist, First Steps personnel must renew their credential on an annual basis. Failure to complete all of the required credential activities within the specified enrollment period will result in the provider's dis-enrollment from the First Steps program. Time extensions may be requested for exceptional circumstances using the **credentialing extension request form**. Provider or SPOE agency director review and signature is required for all extension requests. "Exceptional circumstances" means events or situations that are unusual or extreme; unforeseen; outside the provider's control; and that have a significant impact on the provider's ability to renew their credential within the specified year.

The practice of early intervention requires very specific knowledge and skills that grow and develop over time. **All credentialed First Steps personnel are required to obtain at least 15 hours of professional development annually.** Professional development hours may be earned through any of the following:

- State required trainings;
- Professional conferences/workshops;
- Agency in-service trainings;
- College coursework;
- Obtaining and/or renewing the Infant Mental Health Endorsement (IMH-E®);
- Mentoring and/or reflective supervision; and
- Independent professional development activities with prior approval from the DDRS/First Steps.

Training and skill development must occur in one or more of the early intervention competency area(s) as explained in the section on *knowledge and competencies*. Unless otherwise noted, all activities must be completed within the current credential year. **Supporting documentation for credentialing activities must be kept on file with the provider/service coordinator for a period of 7 years.** All First Steps personnel are subject to random quality review audits to monitor compliance with credentialing requirements. Individuals chosen for review must produce copies of all required supporting documentation. Personnel are also required to provide copies of documentation to their SPOEs or provider agencies upon request.

Professional development hours may be obtained through the following professional development activities:

State Required Trainings

Professional development hours may be earned by attending trainings required by the Division of Disability and Rehabilitative Services/First Steps.

In-Service Activities

Professional development hours may be earned by attending a provider agency or SPOE in-service training. In-service trainings must align with at least one early intervention competency as documented through written training goals and learning objectives. The following supporting documentation is required for the use of in-service training: date, location, time, agenda outlining topics related to early intervention, and certificates of attendance or sign-in sheets. Meetings/trainings offered within an agency or SPOE that focus only on agency/SPOE issue(s) may not be used for credential hours.

Mentoring and Reflective Supervision

Professional development hours may be earned through providing mentoring and/or reflective supervision. The early intervention competencies covered during the mentorship/supervision face to face meetings must be documented along with date, time, and signature of both supervisor and the supervisee. Mentoring is specific to early intervention and home visiting and includes the required supervision provided to first year developmental therapists. Reflective supervision is specific to the Infant Mental Health Endorsement discussed in more detail below. A maximum of 5 hours of mentoring and/or reflective supervision may be used annually for credentialing.

Professional Conferences/Workshops

Professional development hours may be earned by attending conferences, workshops, seminars, and other similar activities. Documentation must include certificate of attendance and date, location, time, presenter and agenda outlining topics related to early intervention competencies.

Higher Education/Academic Coursework

Professional development hours may be earned through formal study at an accredited post-secondary institution. Course descriptions and syllabi should reflect core knowledge focused on one or more of the early intervention competency areas. There is no maximum for the number of academic coursework hours that may be used toward credentialing.

Infant Mental Health Endorsement (IMH-E®)

Professional development hours may be earned through the formal process of working toward and/or maintaining the Infant Mental Health Endorsement (IMH-E®). Documentation must include but is not limited to: dates, times, agenda or learning objectives, and IMH-E® competency areas for trainings attended, a signed letter from reflective supervisor with hours of supervision completed, and any certificate or documentation with endorsement achievement must be included with credential forms if applicable. Only those hours earned within the current credential year may be used. There is no maximum for the number of Endorsement hours that may be used toward First Steps credentialing. All First Steps personnel are encouraged to obtain the IMH-E®. For information on how to obtain the Endorsement go to <https://www.infancyonward.org/>.

Independent Professional Development Activities

All independent professional development activities require prior approval from the Division of Disability and Rehabilitative Services/First Steps. Documentation must include a one page summary including the date, description of activity, competency area and how it will be used in early intervention practice. Requests must be submitted using the **Independent PD Activity Approval Request form**. A list of previously approved trainings will be maintained by the Division and made available on the First Steps website at: <http://www.in.gov/fssa/ddrs/4655.htm>.

First Year Supervision Requirements for Developmental Therapists

First-year developmental therapists must enroll at the associate level and receive one year of supervision to ensure professional competency unless the individual has at least one year of documented experience in IDEA Part C early intervention. First year developmental therapists with no prior early intervention experience must work for 12 months under the direct supervision of an enrolled, credentialed Developmental Therapy Early Childhood Specialist (DT-EC). The 12 months of supervision begins at enrollment. After 12 months, developmental therapists may submit a request to be credentialed at the specialist level.

Supervisors for first year developmental therapists must:

- A. have at least one (1) year experience, be enrolled, credentialed and have active authorizations.
- B. conduct monthly face to face meetings with first year developmental therapists.
- C. document the face to face meetings with a summary of topics discussed, recommendations, action plans, and training provided.
- D. submit documentation of twelve consecutive months of supervision.

Knowledge and Competencies for First Steps Personnel

All credentialed First Steps early interventionists are expected to possess the Foundational Knowledge and Competencies. The 15 hours of professional development required for the First Steps Early Interventionist credential must address the Early Intervention Competencies that represent the knowledge and skills considered critical across all early intervention disciplines and applicable to children birth to three years. **Personnel should attempt to obtain professional development hours in at least 3 of the competency areas annually.**

Foundational Knowledge and Competencies²

All adults with professional responsibilities for young children need to know:

- How a child develops and learns, including cognitive development, specific content knowledge and skills, general learning competencies, socio-emotional development, and physical development and health.
- The importance of consistent, stable, nurturing, and protective relationships that support development and learning across domains and enable children to fully engage in learning opportunities.
- Biological and environmental factors that can contribute positively to or interfere with development, behavior, and learning (for example, positive and ameliorative effects of nurturing and responsive relationships, negative effects of chronic stress and exposure to trauma and adverse events, positive adaptations to environmental exposures).

² From *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Chapter 7, Box 7-1, page 326. National Research Council. (2015). *Transforming the workforce for children birth through age 8: A unifying foundation*. National Academies Press.

All adults with professional responsibilities for young children need to use this knowledge and develop the skills to:

- Engage effectively in quality interactions with children that foster healthy child development and learning in routine everyday interactions, in specific learning activities, and in educational and other professional settings in a manner appropriate to the child’s developmental level.
- Promote positive social development and behaviors and mitigate challenging behaviors.
- Recognize signs that children may need to be assessed and referred for specialized services (for example, for developmental delays, mental health concerns, social support needs, or abuse and neglect); and be aware of how to access the information, resources, and support for such specialized help when needed.
- Make informed decisions about whether and how to use different kinds of technologies as tools to promote children’s learning³

Early Intervention Competencies

First Steps personnel should reference the competencies found in Division for Early Childhood of the Council for Exceptional Children DEC Recommended Practices 04/14/2014. The DEC Recommended Practices provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through age 5, who have or are at-risk for developmental delays or disabilities. In addition to implementing the DEC Recommended Practices, practitioners working in the field should be guided by their discipline-specific professional standards, competencies, and codes of ethics.⁴

- **Leadership** – refers to the responsibilities needed to create conditions to support First Steps Personnel who implement recommended practices.
- **Assessment** – includes process and methods in determining eligibility, IFSP planning, monitoring child progress and measuring child outcomes.
- **Environment** – practices including physical, social, and the temporal environments necessary to foster each child’s overall health and development.
- **Family** – refers to family-centered practices, family capacity-building practices, and family/professional collaboration necessary to facilitate early intervention.
- **Instruction** – instructional practices that focus on personnel, family members and other caregivers that improve functional outcomes for the children and families.
- **Interaction** – strategies that foster a child’s social-emotional competence, communication, cognitive development and problem solving with varied people across a range of settings.
- **Teaming and Collaboration** – practices that are necessary to promote ongoing interactions among professionals and families in respectful, supportive ways to improve child/family outcomes.
- **Transition** – practices that support children and families throughout the changes that occur from birth through early intervention and on to IDEA Part B, early childhood special education services.

To view the complete DEC Recommended Practices: <https://divisionearlychildhood.egnyc.com/dl/tgv6GUXhVo>.

³ From *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Chapter 7, Box 7-1, page 326. National Research Council. (2015). *Transforming the workforce for children birth through age 8: A unifying foundation*. National Academies Press.

⁴ Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <https://divisionearlychildhood.egnyc.com/dl/tgv6GUXhVo>.

Professional Conduct Guidelines

All First Steps personnel must adhere to the professional conduct guidelines set forth by the Division of Disability and Rehabilitative Services/First Steps.

- First Steps personnel must follow FERPA guidelines at all times. For more information visit: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- First Steps personnel must communicate and collaborate with colleagues and caregivers to ensure quality services for families.
- Professional conduct, appearance, and attitudes must portray the values of First Steps and that of family-centered care. Services shall be family-centered, inclusive, culturally competent, and provided in the family's native language.
- Services may only be provided with the parent or other caregiver present and actively involved.
- Services must be designed to address outcomes outlined in the IFSP. Providers will regularly update families on outcome progress using assessment tools and/or progress reports to validate continued need for services.
- First Steps personnel should notify parents/caregivers in advance if they will be late or need to cancel.
- First Steps personnel must maintain professional relationships and boundaries with families served within the First Steps System. Providers may not provide services to members of their immediate family or individuals in which a professional relationship would be compromised.
- First Steps personnel may not bring children/minors or other individuals not directly involved in the provision of care of the child, early intervention services to the residence of the child or family.
- Parental consent is required for any student or new provider shadowing a First Steps provider in the family's home.
- First Steps personnel may not engage in business transactions for personal gain with families at any time.

Entry Level Educational Qualifications and Licensure Requirements

Note: Any licensed associate therapist (e.g., a physical therapy assistant) must be supervised in accordance with their licensing requirements by a supervisor who is enrolled with and credentialed by First Steps. All first year developmental therapists (including DT-C and B/LV and D/HH specialists if applicable) must enroll at the associate level (DT-A) unless they have one year of documented Part C early intervention experience.

Role	Minimum Education or Certification Requirement <i>For more information on professional licensing requirements in Indiana, go to www.in.gov/pla.</i>	State Licensure or Certification
Audiologist	Minimum degree required for licensure as an audiologist in the State of Indiana. Credentialing is not required.	State licensure
Blind and Low Vision Specialist (B/LV specialist)	Must meet the educational requirements of a DT-EC with university certification in the area of blind and low vision or hold a minimum of a bachelor’s degree in elementary special education with university certification in the area of blind and low vision. The B/LV specialist who does not meet the educational qualifications of a DT-EC may only provide services and address vision needs for children who are blind or have low vision. The B/LV specialist who meets DT-EC requirements will dually enroll as a B/LV specialist and DT-EC.	University certification in area of blind/low vision
Certified Occupational Therapy Assistant (COTA)	Minimum degree required for licensure as an occupational therapy assistant in the State of Indiana. Must work under the supervision of an enrolled, licensed occupational therapist, and submit the name, professional license, and First Steps credential of their supervisor at the time of enrollment and annually.	State licensure
Deaf and Hard of Hearing Specialist (D/HH specialist)	Minimum of a bachelor’s degree in special education/deaf education. SKI-HI training is recommended, but not mandatory. This provider should have expertise to work with children and their families to address a variety of communication needs for children who are deaf or hard of hearing. This should include amplification and other technology needs, knowledge of communication opportunities and language development, including auditory development, spoken language, visual language, and/or other systems and technologies. The D/HH specialist who does not meet the educational qualifications of a DT-EC may only provide services that address hearing and communication needs for children who are deaf or hard of hearing. The D/HH specialist who meets DT-EC requirements will dually enroll as a D/HH specialist and DT-EC.	N/A
Developmental Therapist, Associate (DT-A)	First-year developmental therapists with no previous Part C early intervention experience must enroll at the associate level and receive one year of supervision to ensure professional competency. After one year of supervision, DT-A may request enrollment as DT-EC or DT-C.	N/A
Developmental Therapist, Early Childhood Specialist (DT-EC)	Minimum of a bachelor’s degree in early childhood or special education (with an early childhood focus) is required. Individuals with related degrees may be considered if they have completed at least fifteen (15) hours of academic coursework related to child development.	N/A
Developmental Therapist, Focus Area in Communication (DT-C)	Minimum of a bachelor’s degree in communication disorders (including a bachelor’s degree in speech and language) is required. The DT-C will only work with children and their families who are experiencing an otherwise non-specific general delay in communication development.	N/A

Interpreter	Interpreter certified by a state or nationally recognized organization or a non-certified individual who is fluent in a foreign language, including ASL, and is able to translate on behalf of a provider, service coordinator, and/or family. Credentialing is not required.	N/A
Occupational Therapist	Minimum degree required for licensure as an occupational therapist in the State of Indiana. Individuals with a temporary license must submit the name, First Steps credential, and professional license of their supervising provider.	State licensure
Orientation/ Mobility Specialist	Master's degree in orientation & mobility and certification as an Orientation/Mobility Specialist from the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) or the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). The Orientation/Mobility Specialist enrolls as a B/LV Specialist.	AER or ACVREP certification
Parent Advisor	Minimum of a bachelor's degree in deaf education, speech language pathology, or a related field. Must hold a SKI-HI Parent Advisor certificate.	SKI-HI Parent Advisor certificate
Physical Therapist	Minimum degree required for licensure as a physical therapist in the State of Indiana. Individuals with a temporary license must submit the name, professional license, and First Steps credential of their supervising provider.	State licensure
Physical Therapy Assistant (PTA)	Minimum degree required for licensure as a physical therapy assistant in the State of Indiana. Must work under the direct supervision of an enrolled, licensed Physical Therapist and submit the name, professional license, and First Steps credential of their supervisor at the time of enrollment and annually.	State licensure
Physician	Minimum degree required for licensure as a physician in the State of Indiana. Credentialing is not required.	State licensure
Psychologist	Minimum degree required for licensure as a psychologist in the State of Indiana.	State licensure
Registered Dietitian	Minimum degree required for licensure as a registered Dietitian in the State of Indiana.	State licensure
Registered Nurse	Minimum degree required for licensure as a registered nurse in the State of Indiana. Credentialing is not required.	State licensure
Service Coordinator	Recommended minimum education: Bachelor's degree in a related field of study, such as but not limited to: early childhood, special education, social work, sociology, or counseling.	N/A
Social Worker	Master's and/or doctorate degree in Social Work and licensed as a clinical social worker (LCSW).	State licensure
Speech Language Pathologist	Minimum degree required for licensure as a speech language pathologist in the State of Indiana; or those who have registered with the State of Indiana for the Clinical Fellowship Year (CFY) working toward current licensure under the supervision of a licensed Speech Language Pathologist. SLP-CFY must submit the name, First Steps credential, and professional license of their supervising provider.	State licensure
Vision Specialist	Vision specialist refers to Doctors of Optometry and Ophthalmology. Minimum degree required for licensure as an optometrist or ophthalmologist in the State of Indiana. Credentialing is not required.	State licensure

Service Definitions

Early intervention services means developmental services that:

1. Are provided under public supervision;
2. Are selected in collaboration with the parents;
3. Are provided at no cost, except, subject to 34 CFR 303.520⁵ and 303.521, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
4. Are designed to meet the developmental needs of an infant or toddler with a developmental delay and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including—
 - a. Physical development;
 - b. Cognitive development;
 - c. Communication development;
 - d. Social or emotional development; or
 - e. Adaptive development;
5. Meet State standards;
6. Include services identified under paragraph (B);
7. Are provided by qualified personnel, as that term is defined in 34 CFR 303.31 and in the Indiana First Steps Early Intervention Personnel Guide;
8. To the maximum extent appropriate, are provided in natural environments, as defined in 34 CFR 303.26 and consistent with 34 CFR 303.126 and 303.344(d); and
9. Are provided in conformity with an Individualized Family Service Plan (IFSP) adopted in accordance with section 636 of the Act and 34 CFR 303.20.

Early intervention services may be provided by the following types of qualified personnel:

1. Audiologists
2. Blind and low vision specialists
3. Deaf and hard of hearing specialists
4. Developmental therapists
5. Family therapists
6. Nurses
7. Occupational therapists
8. Orientation and mobility specialists
9. Parent advisors (CDHHE)
10. Pediatricians and other physicians for diagnostic and evaluation purposes
11. Physical therapists
12. Psychologists
13. Registered Dietitians
14. Social workers
15. Speech and language pathologists
16. Vision specialists (ophthalmologists and optometrists)

⁵ Federal code and regulations for Part C can be found at 20 U.S.C. 1431-1444 and 34 C.F.R. 303.

Early intervention services include the following. Indiana has adopted its service definitions from federal IDEA Part C regulations at 34 CFR 303.13.

Service	Definition
Assistive Technology	<p>Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.</p> <p>Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:</p> <ul style="list-style-type: none"> • The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment; • Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities; • Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; • Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; • Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and • Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.
Audiology	<p>Audiology services include:</p> <ul style="list-style-type: none"> • Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques; • Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; • Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment; • Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services; • Provision of services for prevention of hearing loss; and • Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
Family training, counseling, and home visits	<p>Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, parent advisors, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.</p>
Health Services <i>For a listing of what the term "health services" does not include, see 34 CFR 303.16(c).</i>	<p>Health services mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services. The term includes:</p> <ul style="list-style-type: none"> • Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and • Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.
Medical Services	<p>Medical services means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.</p>
Nursing	<p>Nursing services include: the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and the administration of medications, treatments, and regimens prescribed by a licensed physician.</p>

Nutrition Services	<p>Nutrition services include:</p> <ul style="list-style-type: none"> • Conducting individual assessments in: <ul style="list-style-type: none"> ○ Nutritional history and dietary intake; ○ Anthropometric, biochemical, and clinical variables; ○ Feeding skills and feeding problems; and ○ Food habits and food preferences; • Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section; and • Making referrals to appropriate community resources to carry out nutrition goals.
Occupational Therapy	<p>Occupational therapy includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:</p> <ul style="list-style-type: none"> • Identification, assessment, and intervention; • Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and • Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
Physical Therapy	<p>Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neuro-behavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. Services include:</p> <ul style="list-style-type: none"> • Screening, evaluation, and assessment of children to identify movement dysfunction; • Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and • Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.
Psychology	<p>Psychology services include:</p> <ul style="list-style-type: none"> • Administering psychological and developmental tests and other assessment procedures; • Interpreting assessment results; • Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and • Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
Service Coordination	<p>Service coordination services mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under IDEA Part C. Each child and family participating in First Steps will be provided with one service coordinator who is responsible for coordinating all First Steps services across agency lines.</p> <p>Service coordination services include:</p> <ul style="list-style-type: none"> • Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments; • Coordinating the provision of early intervention services and other services that the child needs or is being provided; • Coordinating evaluations and assessments; • Facilitating and participating in the development, review, and evaluation of IFSPs; • Conducting referral and other activities to assist families in identifying available early intervention service providers;

	<ul style="list-style-type: none"> • Coordinating, facilitating, and monitoring the delivery of services to ensure that the services are provided in a timely manner; • Conducting follow-up activities to determine that appropriate services are being provided; • Informing families of their rights and procedural safeguards and related resources; • Coordinating the funding sources for services required under IDEA Part C; and • Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.
Sign language & cued language services	Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
Social Work	<p>Social work services include:</p> <ul style="list-style-type: none"> • Making home visits to evaluate a child's living conditions and patterns of parent-child interaction; • Preparing a social or emotional developmental assessment of the infant or toddler within the family context; • Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents; • Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and • Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.
Special instruction/ Developmental Therapy	<p>First Steps uses the term “developmental therapy” to refer to special instruction. Providers who provide this service include developmental therapists, blind and low vision specialists, and deaf and hard of hearing specialists. Developmental therapy includes:</p> <ul style="list-style-type: none"> • The design of environments and activities that promote the infant's or toddler's development in a variety of areas, including cognitive processes, social interaction, and behavior; • Providing families and other caregivers with information, skills, and support that is related to enhancing the child’s development and that leads to achieving the child’s IFSP outcomes; and • Working with the infant or toddler with a disability to enhance the child's development.
Speech-Language Pathology	<p>Speech-language pathology services include:</p> <ul style="list-style-type: none"> • Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; • Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and • Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
Transportation	Transportation includes the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child’s family to receive early intervention services.
Vision Services	<p>Vision services include:</p> <ul style="list-style-type: none"> • Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development; • Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and • Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

Referral and Intake Procedures

First Steps has multiple regional system points of entry (SPOE) that are responsible for receiving referrals, conducting evaluations and assessments, and providing service coordination, which includes the development, review, and implementation of each eligible child's individualized family service plan (IFSP). SPOEs receive and respond to referrals within 2 days of receipt and collect the information shown on the **sample referral form**.

An intake or service coordinator is responsible for the intake and enrollment process, which is completed prior to the child's initial evaluation and assessment. The intake and enrollment process for each child must include at least one face-to-face meeting with the parent(s) that is scheduled at a time and location convenient to the parent(s).

During the intake and enrollment process,

Parent(s) must be informed of:

- Their rights and procedural safeguards, both verbally and in writing, pursuant to the requirements at 34 CFR 303 Subpart E;
- Evaluation and assessment procedures and the eligibility determination process;
- The IFSP development process, including the 45 day timeline from referral to initial IFSP;
- First Steps cost participation; and
- If applicable to the family, First Steps billing practices regarding private insurance, noting that
 - Consent will be requested;
 - Such billing may occur if and after the child is found eligible and services begin;
 - Evaluation, assessment, eligibility determination, and service coordination are among the services provided at no cost to the family; and
 - Although the above services are provided at no cost to the family, First Steps may still try to recoup the costs for evaluation and assessment from the family's insurance provider.

Information must be collected from the family that includes:

- The family's resources, priorities, concerns, and questions related to their child's development; and
- The supports and services desired to enhance the family's capacity to meet the developmental needs of their child.

The following forms must be completed:

- Documentation of receipt of rights/consent to proceed/permission to assess
- General reciprocal consent to release and share information
- Electronic database collection systems consent for the collection of information
- First Steps enrollment form
- Physician's health summary form
- Medical insurance consent
- Cost participation expenses worksheet

Referrals for children 30 months of age or older

In any scenario under this circumstance, a parent may choose a direct referral to the local educational agency (LEA) rather than pursuing evaluation and eligibility determination through First Steps. In this instance, a Record Closure form must be completed to note that the family chose not to participate in First Steps. In such cases, a transition meeting is not required.

Child's age at referral	SPOE responsibilities
30-33 months	With parental consent, notify and coordinate with LEA personnel. Proceed with a First Steps evaluation and, if the child is eligible, convene an Eligibility/Initial IFSP/Transition meeting.
33 months or older	With parental consent, complete a referral to the LEA. If the family chooses to have an evaluation through First Steps, forward the results to the LEA for follow up. Explain to the family that sufficient time is not available for the family to receive ongoing services through First Steps as a result of the 45 day post-referral timeline and 30 day service start period.
45 days or less from child's 3 rd birthday	Discuss referral to the LEA. Explain to the family that the First Steps does not provide evaluations 45 days or less from the child's 3 rd birthday.

Parental Consent and Prior Written Notice

“Parent” has the meaning set forth in 34 CFR 303.27 and includes foster parents and legal guardians. Pursuant to 34 CFR 303.420, parental consent must be obtained before:

- Administering a screening;
- Conducting an evaluation and assessment;
- Providing early intervention services;
- Using private insurance or public benefits or insurance; and the
- Disclosure of personally identifiable information consistent with 34 CFR 303.414.

Pursuant to 34 CFR 303.421, prior written notice must be provided to parents a reasonable time before any proposal or refusal to initiate or change the identification, evaluation, placement of the child, or the provision of early intervention services to the child and the child's family. **First Steps requires a 10-day prior written notice.** The notice must be:

- In sufficient detail to inform parents about
 - The action being proposed or refused;
 - The reasons for the action; and
 - All procedural safeguards, including a description of mediation, how to file a State complaint and a due process complaint, and any associated timelines
- Written in language understandable to the general public; and
- Provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

Program Eligibility and Definition of Developmental Delay

Eligibility for First Steps is based on the state's definition of developmental delay. The definitions are as follows.

Developmental delay. Pursuant to 470 IAC 3.1-7-1, a developmental delay is defined as:

- A. A delay at least one (1) area of development (listed in section A2) as determined by 2 standard deviations below the mean or at least 25% in function below the child's chronological age; or
- B. A delay in at least two (2) areas of development (listed in section A2) as determined by 1.5 standard deviations below the mean or at least 20% in function below the child's chronological age adjusted for prematurity as applicable and on an assessment instrument that yields scores in months.

High probability of developmental delay. Any child with a diagnosed physical or mental condition that has a high probability of resulting in developmental delay is eligible for First Steps. The child must have one of diagnoses listed in 34 CFR 303.21 (a)(2)(ii).

Evaluation and Assessment Procedures

Child Evaluation and Assessment

Under Part C of the Individuals with Disabilities Education Act (IDEA), multidisciplinary **evaluation** is required to establish an infant or toddler's eligibility for early intervention services, and multidisciplinary **assessment** is required to identify the child's unique strengths and needs and the early intervention services that are appropriate to meet those needs.

First Steps has adopted the following evaluation and assessment procedures:

- A. *Evaluation.* Pursuant to 34 CFR 303.321(b), no single procedure may be used to determine a child's eligibility, and an evaluation is required unless the child is eligible due to a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Evaluations must include:
 1. Administering an evaluation instrument;
 2. Identifying the child's level of functioning in each of the following developmental areas:
 - a. Cognitive development,
 - b. Physical development (including vision and hearing),
 - c. Communication development,
 - d. Social or emotional development, and
 - e. Adaptive development;
 3. Taking the child's history which includes interviewing the parent;
 4. Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
 5. Reviewing the child's medical, educational or other records.

Results of an evaluation are used to establish whether the child has a developmental delay defined in the section on program eligibility.

- B. *Assessment.* Pursuant to 34 CFR 303.321(c)(1), assessment is required to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. Each assessment must include a review of the child's evaluation, personal observations of the child, and the identification of the child's needs in the developmental areas listed in section A2. **Results of the assessment are used to establish need for service and to inform the development of the individualized family service plan (IFSP) for children found eligible and in need of services.**
- C. Each assessment team responsible for a child's evaluation and assessment must be multidisciplinary and consist of two members unless one individual is qualified in more than one discipline.
- D. Assessment team members should be assigned based upon the reasons for referral and the questions, concerns, and priorities of the family, but specific disciplines are not required. Assessment teams are determining eligibility and identifying a child's need for First Steps services.
- E. The Assessment, Evaluation, and Programming System (AEPS) is the child evaluation and assessment tool used in First Steps. The following AEPS components must be utilized:
 1. Child Observation Data Recording Form (CODRF);
 2. Child Progress Record (arrow form); and
 3. Multidisciplinary Assessment Report.
- F. The AEPS arrow form and Multidisciplinary Assessment Report must be filled out completely and copies given to the parent.
- G. The required gathering of information may be conducted by other SPOE personnel; however, individuals performing evaluations and assessments are expected to review all pertinent information as part of the evaluation and assessment process. The following information should be reviewed prior to the evaluation and assessment:
 1. Enrollment form,
 2. General health history,
 3. The family's concerns and priorities, and
 4. Any other information collected about the child's developmental status.

- H. In cases where the child is eligible due to a documented medical diagnosis, the following procedures apply:
1. The physician must provide signed documentation regarding the child's diagnosis with comments that are functional in nature and address the impact of the diagnosis as it relates to the child's development or present levels of functioning. This allows the physician to serve as a member of the multidisciplinary assessment team.
 2. The AEPS must be completed to identify the child's strengths and needs and the early intervention services appropriate to meet those needs. The AEPS is not required on an annual basis for children with a documented medical diagnosis. (See the section on *IFSP Review*.)
 3. The AEPS can be completed by one individual.
- I. All evaluations and assessments must be conducted:
1. Using informed clinical opinion;
 2. In a non-discriminatory manner;
 3. In the native language of the child, if determined developmentally appropriate by qualified personnel conducting those evaluations and assessments; and
 4. In a manner that is culturally sensitive and respectful.
- J. A parent must be present during the evaluation and assessment and the evaluation and assessment must be conducted in the least intrusive manner for the family and in the child's natural environment. When the natural environment is not used, justification must be provided in the assessment report. The decision to provide an evaluation and assessment outside of the natural environment should be child outcome and family-driven.
- K. The assessment team must review with and leave the family a Family Summary Report to include what the child is currently doing and immediate strategies that the family can implement to advance skills.
- L. For children nine months of age and younger, the AEPS does not provide raw scores for all areas of development. In these cases, the assessment should focus on the child's skill set as well as the quality of their skills.
- M. When raw scores are unable to be determined, informed clinical opinion may be used as documentation that the child has a delay constituting eligibility.
- N. Each eligible child receiving First Steps services must also receive an assessment annually using the AEPS.

Family Assessment

Pursuant to 34 CFR 303.321(c)(2), a family-directed assessment must be conducted to identify the family's resources, priorities, and concerns, and the supports and services desired to enhance the family's capacity to meet the developmental needs of their child. In addition to the information collected from the family via interview during the intake process, a comprehensive state-approved family assessment tool must be administered. The family assessment must be **voluntary** on the part of each family member participating in the assessment and must be conducted prior to the initial IFSP meeting with families of eligible children.

Informed Clinical Opinion

Pursuant to 34 CFR 303.321(a)(3)(ii), individuals must use informed clinical opinion when conducting evaluations and assessments. In First Steps, eligibility may be determined using informed clinical opinion when the AEPS (or any other state-approved standardized assessment) is not appropriate because of a child's age or disability. **In no event may informed clinical opinion be used to negate the results of the evaluation instrument used to establish a child's eligibility.**

While informed clinical opinion is also used at the individual level during evaluations and assessments, using informed clinical opinion to recommend a child's eligibility must be based on a team approach wherein the entire team, including the family, combines and interprets all available information about the child and family. This process must include direct observation and a review of the following:

- The child's complete developmental history as currently reported by the parent or primary caregiver;

- A review of pertinent records related to the child’s current health status and medical history; and
- The results of at least one other assessment procedure documenting delayed development such as:
 - An observational assessment (AEPS),
 - A planned and documented observation of the child’s behaviors and parent-child interaction, or
 - A non-standardized assessment device such as a developmental checklist.

A team’s use of informed clinical opinion to propose a child’s eligibility must be clearly documented on the **informed clinical opinion form** with the following information:

- Who was involved in the team and in gathering the information;
- The procedures used and in which settings;
- A summary of the information reviewed and a description of the functioning of the child in each developmental area; and
- The team’s decision and rationale for concluding that the child is eligible.

For more information about informed clinical opinion in the context of IDEA Part C, see NECTAC Notes number 28, *Informed Clinical Opinion*, by Anne Lucas and Evelyn Shaw (August 2012) at <http://ectacenter.org/~pdfs/pubs/nnotes28.pdf>.

Provider Qualifications for Evaluation and Assessment

Individuals providing evaluations and assessments for First Steps must:

- Meet the education and training requirements for their discipline as defined in the First Steps personnel standards;
- Have at least two years working experience in First Steps or otherwise providing early intervention services;
- Be employed or contracted by a First Steps SPOE; and
- Attend assessment training as required by the Division of Disability and Rehabilitative Services.

Individuals cannot provide evaluations or assessments for the same children to whom they provide ongoing early intervention services.

Billing Guidelines for Evaluation and Assessment

Billing for all *initial evaluations and assessments and annual assessments* is limited to 90 minutes of face to face time with the child and may include up to 15 minutes for preparation/paperwork. Total billing may not exceed 105 minutes per person per evaluation/assessment for up to two (2) assessment team members.

Assessment team billing for *annual evaluations and assessments for children eligible under a medical diagnosis* is limited to:

- 90 minutes face to face time with the child for one (1) assessment team member;
- 60 minutes face to face time with the child per assessment team member if two (2) members are used; **or**
- 30 minute total review time for a paper review if justification for the paper review is documented and the review includes a review of the ongoing provider’s progress reports and documented discussion with the service coordinator.

Selecting an Appropriate Evaluation/Assessment Tool other than the AEPS

Any evaluation/assessment tool used in First Steps must be approved by the Division of Disability and Rehabilitative Services. Any tool used for evaluation and assessment in First Steps must be evidence based, have demonstrated validity, and provide a comprehensive view of child development in alignment with the areas of development specified in the First Steps eligibility categories and in the definition of infant or toddler with a disability at 34 CFR 303.21.

Eligibility Determination Process

The results of a child’s multidisciplinary evaluation are used to determine a child’s eligibility. **Eligible children must also demonstrate a need for services based on the assessment of their unique strengths and needs.**

The **eligibility determination statement form** must be completed for each child. Parents must be given written notice regarding the eligibility determination.

Determination	SPOE responsibilities
Eligible and in need of services	Notify the parent of the determination and schedule the initial individualized family service plan (IFSP) meeting.
Eligible but no service need	Notify the parent of the determination. The parent must be given information on their rights, the child’s current developmental level, community supports and services, and how to contact First Steps should they have further concerns or the child’s status changes. The option to receive service coordination only may be offered to the parents at the SPOE’s discretion.
Not eligible	Notify the parent of the determination. The parent must be given information on their rights, including the right to dispute the eligibility determination, the child’s current developmental level, community supports and services, and how to contact First Steps should they have further concerns or the child’s status changes.

Individualized Family Service Plan (IFSP) Procedures

All children who are eligible and in need of early intervention services must be offered an individualized family service plan. The IFSP is the guiding document in the delivery of early intervention services. Early intervention services are provided in natural environments; i.e. settings that are natural or typical for the child’s peers including both home and community settings (see 34 CFR 303.26).

IFSP Definition

Pursuant to 34 CFR 303.20 and 34 CFR 303.40 et seq., an IFSP is a written plan for providing early intervention services that is based on the child’s evaluation and the initial and ongoing assessment of the child and the child’s family. An IFSP must include the following:

- Information about the child’s physical, cognitive, communication, social or emotional, and adaptive development;
- Information about the family’s resources, priorities, and concerns related to enhancing their child’s development;
- Measurable outcomes expected to be achieved for the child and family;
- The early intervention services necessary to meet the needs of the child and family and achieve the identified outcomes;
- Any other services that the family needs or is receiving but that are not required by or funded through First Steps;
- The dates and duration of services;
- The name of the child and family’s service coordinator; and
- The steps and services needed to help the child and family transition smoothly from First Steps to preschool or other services.

Initial IFSP

Once a child’s eligibility and service need have been established, and **within 45 calendar days of the child’s referral**, a service coordinator must be assigned to the family (if one is not already assigned) and a face to face meeting must be convened to develop the initial IFSP. The following procedures apply regarding initial IFSP development:

- The multidisciplinary assessment report must be reviewed with the family.
- If the parent agrees with the results from the child’s evaluation and assessment, the parent must sign the **eligibility determination statement form** before the initial IFSP is developed. If the parent does not agree, they must be informed again of their rights and procedural safeguards, including their right to dispute the eligibility determination through dispute resolution mechanisms (i.e., mediation or due process hearing) with the Division of Disability and Rehabilitative Services/First Steps.
- The family assessment tool must be completed if it was not completed during the intake process, recognizing that the assessment must be voluntary on the part of each family member participating in the assessment
- At a minimum, the family and service coordinator must participate in the initial IFSP meeting. The family may also invite anyone whose input they believe is important for the meeting. Input from the assessment team may be captured through written and/or oral communication as needed.
- The multidisciplinary assessment report and family assessment results must be used in the development of outcomes and the identification of strategies and potential services in the initial IFSP.
- The family must be informed both orally and in writing of their rights and procedural safeguards pursuant to 34 CFR 303 Subpart E.
- The family must be informed that:
 - First Steps focuses on a child’s development and the family’s capacity to support their child’s development.
 - First Steps services are family centered and family driven. The family plays a key role in the delivery of First Steps services and needs to be actively involved during home visits.
- The **IFSP form** must be completed.

Service Authorization

Early intervention services should be identified and authorized based on the outcomes listed in the IFSP and the skills needed to address them. Service decisions are to be made collaboratively by the IFSP team as outlined in the procedures for IFSP review and evaluation.

“Authorization” refers to the permission to bill for a service written in an IFSP and should align with the projected duration of the service, i.e. when a child is expected to achieve the outcomes written in an IFSP. As a general practice, services will be authorized for the length of the IFSP (typically one year). Authorizations should be updated as necessary.

A signature from the child’s physician is required on the service page of the IFSP for billing purposes. Service authorizations are entered electronically by the SPOE and must be entered prior to the date of service. Services must begin between 11 and 30 days of parent signature on the IFSP, since services must begin timely (within 30 days) but after the parent has received prior written notice (10 days). Day 1 is the date that the parent signs the IFSP.

Authorizations for physical therapy assistants (PTAs) should include any supervising therapists. This means that both the PT and the PTA should have an authorization for the child being served by the PTA.

The Multidisciplinary IFSP Team

The IFSP team consists of the family (and anyone the family deems necessary to include), the service coordinator, the child’s physician, the ongoing service provider(s), and the assessment team member(s) who conducted the AEPS to determine the child’s initial eligibility and identify his or her unique strengths and needs. Service providers and assessment team members **are encouraged** to attend IFSP meetings, but team collaboration via other means is acceptable (for example through phone, email, assessment reports, written progress reports, etc.).

IFSP Review

It is expected that the child's developmental needs and the family's priorities will change over time. It is the service coordinator's responsibility to monitor the implementation of the IFSP. It is the ongoing service provider's responsibility to monitor the child's developmental levels. It is the responsibility of assessment team members to participate as part of the IFSP team during the child's annual assessment and as changes are proposed to the IFSP. It is the responsibility of all IFSP team members to engage in intentional and ongoing open communication about IFSP implementation, the child's progress, and any changing concerns and priorities of the family. Changes to services in an IFSP require documented IFSP team discussion and consensus.

The IFSP must be reviewed by the IFSP team at least every 6 months. The IFSP team must meet at least annually to evaluate the IFSP based on the child's annual assessment/evaluation and progress to date. As noted, service providers and assessment team members **are encouraged** to attend IFSP meetings, but team collaboration via phone, electronic, or other written means is acceptable.

Service coordinators are required to meet with families face to face at least every six months (including the annual IFSP meeting) and communicate regularly with families using individualized methods and frequencies. Service coordinators must also ensure that families are asked for consent and provided with 10-day prior written notice when applicable and are informed of all other parent rights and procedural safeguards pursuant to 34 CFR 303 Subpart E.

Service providers are required to submit written quarterly progress reports to the service coordinator that summarize the child's present levels of development and progress toward outcomes in the IFSP. Communication regarding any recommended change in services must be sent with justification to the service coordinator and assessment team member(s) utilizing the **IFSP change recommendation form**. To review IFSP change recommendations, assessment team members must participate in documented IFSP team discussions regarding proposed changes. Assessment team members cannot deny a change request without documented discussion with the ongoing provider.

Assessment team members are expected to evaluate and assess children annually using the AEPS to inform the annual evaluation of the IFSP. The AEPS is not required for children who are eligible due to a medical diagnosis, and other methods (provider progress notes, parent report) should be used to assess the child's progress.

Additional assessments may be requested and provided with parental consent if the IFSP team decides an additional assessment is needed and provides justification for the request.

All written documentation (e.g. assessment reports, progress reports) must be shared with the service coordinator, service provider(s), and assessment team member(s) to facilitate effective team communication. Other IFSP team members (e.g. the child's physician) may receive copies of such records upon request and with parental consent. Parents have the right to receive a free copy of their child's evaluation and assessment, the family assessment, and IFSP as soon as possible after each IFSP meeting. Parents also have the right to inspect and review any other part of their child's early intervention record without unnecessary delay.

Requests for service frequency and duration exceeding 60 minutes per week per service provider must follow the procedures for IFSP team discussion and consensus regarding changes to the IFSP. In addition, the IFSP team must submit all related documentation to the Division of Disability and Rehabilitative Services/First Steps for review and approval. Approval is necessary for fiscal purposes and is based on adherence to the procedures and completeness of documentation.

Exit from First Steps

First Steps must ensure a smooth transition for all children and families exiting the First Steps program, whether they are moving to preschool, exiting the program because their outcomes have been met, or exiting the program for other reasons. In accordance with 34 CFR 303.209, each child exiting the First Steps program will have a transition plan incorporated into the child's IFSP. The SPOE will conduct a transition conference for all children exiting the program. Development of the transition plan and convening of the transition conference may occur at the same meeting.

For all children and families exiting the program (whether at or before the child's third birthday), the service coordinator:

- Meets with the family if the family chooses;
- Obtains updated AEPS scores for the child from the ongoing provider;
- Conducts an exit interview with the family utilizing the **exit summary form**;
- Completes the **transition packet**; and
- Completes the ongoing **record termination form**.

If discharge is recommended prior to the child's third birthday, the ongoing provider notifies the service coordinator.

For children and families who receive early intervention services until the child's third birthday, the following procedures apply consistent with the memorandum of understanding (MOU) between the Division of Disability and Rehabilitative Services and Indiana Department of Education:

- Because children receiving IDEA Part C services through First Steps may also potentially be eligible for IDEA Part B special education preschool services through the local education agency (LEA), the SPOE will notify the LEA of toddlers receiving First Steps services who are approaching their third birthday.
- SPOEs will send the required notification at least six months prior to the child's third birthday, and the notification will include the child's name, date of birth, and the parent's name, address, and phone number.
- When a toddler is 30 months of age and with parental consent, the SPOE will send the LEA the child's First Steps information (e.g., the IFSP) to prepare the LEA for the toddler's transition conference.
- For toddlers referred to First Steps at 30 months of age and older, the SPOE follows the referral and LEA coordination policies for those children.
- If a child is receiving First Steps services and the parent does not consent to the child's referral to Part B, or does not consent to initial evaluation at the time of the transition conference, and later wants to initiate a referral to Part B, the SPOE will advise the parent to make a self-referral to the LEA or assist the parent in doing so.

Disputes

The following dispute resolution options are available. For information on how to contact the Division of Disability and Rehabilitative Services, go to <https://www.in.gov/fssa/ddrs/4655.htm>.

State complaints. Any individual or organization may file a complaint with the Division of Disability and Rehabilitative Services (DDRS) if it is believed that DDRS or other First Steps personnel have violated federal or state laws or regulations under Part C of the Individuals with Disabilities Education Act. The complaint must be signed and in writing and contain: a statement alleging a violation; the facts on which the allegation is based; contact information of the complainant; and, if the complaint alleges a violation with respect to a specific child, the name and address of the child, the name(s) of the provider(s) serving the child, and a proposed resolution to the problem. State complaints must allege a violation that occurred not more than one (1) year prior to the date the complaint is received by DDRS.

Due process complaints. If the issue is regarding the appropriateness of a child's identification, evaluation, or placement or the provision of early intervention services to a child and the child's family, a due process complaint may be filed with the Division of Disability and Rehabilitative Services (DDRS). The due process complaint must be signed and in writing and contain the child's name and address, the name(s) of the provider(s) serving the child, a description of the nature of the problem, and a proposed resolution. Due process complaints must allege a violation that occurred not more than two (2) years prior to the date the complaint is received by DDRS.

Mediation. Individuals/agencies may seek mediation as part of the complaint process or as an alternative to the complaint process. Requests for mediation must be sent in writing to the Division of Disability and Rehabilitative Services.

Service Delivery Options

Early intervention services are designed to meet the needs of the family and child. Since no two families are identical, the approach to services should not be identical. When considering service delivery formats, the IFSP team must consider the priorities, strengths, and routines of the family. Services are never to be provided in isolation of the parents or caregivers. All service delivery options should include a component of parent training and education with a focus on enhancing the family's capacity to support the development of their child.

Direct treatment. Direct treatment is defined as early intervention services provided directly to and with the child and family.

Co-treatment. At times it may benefit the child and family to have to therapists of different disciplines working with the child during the same time period. Co-treatment must be justified and documented as a strategy in the IFSP. Providers engaging in co-treatment may each bill for the full face to face time that they are involved in the delivery of services.

Consultation. The consultative approach focuses on one provider maintaining a relationship with the family while allowing for input from additional individuals with different knowledge and experience. The approach is collaborative in nature and benefits both the child/family and the provider involved in direct treatment. Consultation must be justified and documented as a strategy in the IFSP.

Home programming. When weekly services are not necessary or desirable to the family, a home program can be considered in which the assessment team develops activities and strategies for the parent to implement. In this model, an ongoing service provider is not assigned, but the assessment team member schedules up to four visits annually with the family to provide support and monitor progress.

Key Timelines

Requirement	Timeline
Respond to referrals and schedule intake appointment with family	Within two (2) business days from initial contact from referral source
Establish the early intervention record/ electronic record	Within four (4) business days of referral
Provide prior written notice to the family as required by 34 CFR 303.421	Ten (10) calendar days before: <ul style="list-style-type: none"> Proposing or refusing to initiate or change the identification, evaluation, or placement of the child The provision of early intervention services
Obtain physician's signature on IFSP (with the exception of cases where the family does not have a primary care physician for the child for cultural or religious reasons)	Within ten (10) calendar days of parent's signature on IFSP
Initial IFSP must be written	Within forty-five (45) calendar days of referral
Establish a transition plan in the IFSP	Not fewer than ninety (90) days and not more than nine (9) months before a child's third birthday
New services begin on initial IFSP	Within 30 days of parent signature on the initial IFSP
New services begin on annual IFSP	Within 30 days of IFSP start date
Continuing services on annual IFSP	Must continue without interruption
Changed or added services begin outside of annual IFSP	Within 30 days of parent signature on IFSP change page