
Introduction

Early Intervention (EI) is a statewide program that provides coordinated *early intervention services* to parents of eligible children under the age of three with *developmental delays or disabilities*. The Early Intervention program is funded by the IDEA part C service coordination grant, Title XX and local levy dollars.

House Bill 483, passed by the 131st General Assembly in 2016, transferred responsibility for implementing the Early Intervention program from the Ohio Department of Health to the Ohio Department of Developmental Disabilities. The legislation charged the Ohio Department of Developmental Disabilities with adopting rules necessary to implement the program. These rules went into effect July 1, 2019.

The Early Intervention policy for the Auglaize County Board of Developmental Disabilities includes:

- A description of the services included in the early intervention program
- Eligibility criteria for early intervention
- Payment strategies for activities and expenses included in the program
- A description of the credentialing requirements for early intervention service coordinators and early intervention service coordination supervisors
- Requirements for *reflective supervision* of early intervention service coordinators
- A description of the procedural safeguards incorporated into the program

For ease of reading, the Auglaize County Board of Developmental Disabilities will be referred to as *the Board* or *ACBDD* throughout this policy.

For ease of reading, the Ohio Administrative Code may be referred to as the *OAC* in this policy.

For ease of reading, the Ohio Department of Developmental Disabilities may be referred to as *DODD* in this policy.

Policy

This policy is based on:

- Rule 5123-10-01 *Early Intervention Program – Procedural Safeguards*, Ohio Administrative Code
- Rule 5123-10-02 *Early Intervention Program – Eligibility and Services*, Ohio Administrative Code
- Rule 5123-10-03 *Early Intervention Program – System of Payments*, Ohio Administrative Code
- Rule 5123-10-04 *Early Intervention Program – Credentials for Early Intervention Service Coordinators and Early Intervention Service Coordination Supervisors*, Ohio Administrative Code

Forms

In addition to the rules established in the Ohio Administrative Code for early intervention, the July 1, 2019 update to the program also included a number of standardized forms. For example, a partial list of the forms used in EI includes:

- Consents and Prior Written Notice
- Referral
- Eligibility
- Individualized Family Service Plan
- Transition Plans

See the ACBDD Procedures Manual or the DODD Early Intervention website (<https://ohioearlyintervention.org/forms>) for a complete listing of the forms used for early intervention activities.

Definition

Some terms used in this policy need more explanation. If a term is italicized the first time it is used in the policy, it has a definition in the Glossary. Refer to the Glossary for more information about that term.

Scope

This policy applies to the members of the Auglaize County Board of Developmental Disabilities.

What Are Early Intervention Services?

An early intervention service is any service provided to the child or child's family that assists in the child's development. The service must be provided by qualified personnel. Early intervention services include, but are not limited to:

- Assistive technology
- Audiology services
- Family training, counseling, and home visits
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services
- Sign language and cued language services
- Social work services

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- Special instruction
 - Speech-language pathology services
 - Transportation and related costs
 - Vision services

Some exceptions to the above list exist. For example, health services do not include:

- Devices such as heart monitors or respirators and oxygen needed to control or treat a medical condition
- Medical health services such as immunizations that are routinely recommended for all children
- Surgical services
- Purely medical services such as hospitalization for management of congenital heart conditions
- Implementation, optimization, maintenance, or replacement of a medical device that is surgically implanted

Who is Eligible for Early Intervention Services?

The board provides early intervention services to children from birth to age three.

Four broad categories of eligibility for early intervention services exist. These categories are:

- Children with a documented diagnosis of a physical or mental condition which has a high probability of resulting in a developmental delay. The physical or mental conditions are listed in Appendix C to OAC 5123-10-02.:

Obtaining Early Intervention Services

The ACBDD enrolls a child in the EI program after a multi-step process that:

- Identifies a potentially eligible child through referrals from a variety of sources
- Screens the child using DODD-approved screening instruments for developmental delays
- Evaluates the child and the child's family for eligibility for EI services
- Assesses the eligible child and family to determine their unique strengths and needs
- Creates an individualized family service plan that includes the specific EI services needed to meet the unique needs of the child and family

NOTE: The early intervention service coordinator has 45 calendar days from the referral date to complete the steps in the evaluation and *assessment* process described above. This timeline does not apply if:

- The child or parent is unavailable to complete any of the steps listed above due to exceptional family circumstances that are documented in the child's EI record

- The early intervention service coordinator is unable to locate the parent to provide *consent* for any of the steps listed above despite documented, repeated attempts to contact the parent.

NOTE: A child or family can be referred to the EI program and found ineligible after screening or *evaluation*. The child must meet EI program eligibility requirements in order to receive services.

NOTE: If a child is referred to the EI program and the child is fewer than 45 days from his or her third birthday, the ACBDD is not required to conduct an initial evaluation, assessment, or initial individualized family service plan meeting. If the child may be eligible for preschool services, the early intervention service coordinator:

- Obtains the parent’s consent on the appropriate form
- Refers the child to the local educational agency
 - DODD makes a corresponding notification to the Ohio Department of Education

Referral

Anyone can refer a family for consideration for early intervention services. A *family member*, friend, medical provider, or other concerned party can call an 800 number (1-800-755-4769) or submit a form through the Early Intervention page (www.ohioearlyintervention.org) on the DODD website. The DODD website also provides contact information for Early Intervention Regional Consultants.

An early intervention service coordinator is assigned to the family when the family is referred to Early Intervention.

Developmental Screening

The next step in the EI eligibility process is a developmental screening. A developmental screening is a list of questions that allows the parent and EI service coordinator to quickly identify any potential developmental issues.

- The person conducting the developmental screening must use an DODD-approved screening instrument
- Parents must receive prior written notice of the intent to screen the child
- Parents must consent to the developmental screening before it occurs

If the screening shows...	Then...
That the child may have a developmental delay or disability	The early intervention service coordinator works with the family to set up and carry out an evaluation and assessment of the child
That the child is not suspected of having a developmental delay or disability	The early intervention service coordinator ensures that the parent receives prior written notice of the determination

NOTE: If the child has a documented diagnosed physical or mental condition with a high probability of resulting in a developmental delay, a screening is not necessary. The early intervention service coordinator can direct the child and family to the evaluation or assessment phase depending on the documentation available about the child's physical or mental condition.

NOTE: A parent can request an evaluation of the child at any time during the developmental screening process, even if the early intervention service coordinator has determined that the child is not suspected of having a developmental delay or disability. If the parent requests an evaluation, the early intervention service coordinator works with the family to set up and carry out an evaluation.

NOTE: Evaluation and assessment may occur at the same time.

Evaluation

If a child is referred for evaluation, the child receives a timely, multidisciplinary, and comprehensive evaluation from qualified personnel. An evaluation has the following components:

- Administration of a DODD-approved evaluation tool. At least one of the qualified personnel administering the tool must have completed DODD-approved training in administering the tool.
- Review of the child's history through a parent interview and review of medical, educational, or other *records*
- Identification of the child's level of functioning in adaptive, cognitive, communication, social and emotional development domains, fine and gross motor skills, vision, and hearing
- Information gathered from family members, caregivers, medical providers, social workers, and educators

An evaluation occurs in a setting and at times that are convenient for the family. The person conducting the evaluation ensures that it is given in the child and family's *native language*.

The early intervention service coordinator ensures that the parent receives prior written notice of the evaluation and obtains the parent's consent before the evaluation.

If the results of the evaluation show that a child is eligible to receive EI services, the child receives an assessment. The child's family also participates in a family-directed assessment.

If the early intervention service provider determines that a child is not eligible to receive early intervention service, the early intervention service coordinator provides prior written notice of ineligibility to the child's parents.

Assessment

If the results of the evaluation show that a child is eligible to receive EI services, the child receives an assessment. The child’s family can also participate in a family-directed assessment.

An assessment identifies the eligible child’s unique strengths and needs and the EI services needed to meet those needs. Qualified personnel conduct the assessment. An assessment is multi-disciplinary.

If...	Then the assessment includes...
The child required an evaluation to determine whether the child was eligible for EI services	<ul style="list-style-type: none"> • A review of the results of the evaluation • Personal observations of the child • Identification of the child’s level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, hearing, and nutrition), social, and emotional developmental domains
The child did not require an evaluation to determine whether the child was eligible for EI services	<ul style="list-style-type: none"> • A review of the child’s history through parent interviews and medical, educational, or other records • Information gathering from other sources such as family members, other care-givers, medical providers, social workers, and educators to understand the full scope of the child’s unique strengths and needs • Personal observation of the child • Identification of the child’s level of functioning in adaptive, cognitive, communication, physical (including fine and gross motor, vision, hearing, and nutrition), social, and emotional developmental domains

The early intervention service coordinator also offers the family a family-directed assessment of the child. The family-directed assessment is:

- Voluntary
- Conducted by qualified personnel or an early intervention service coordinator
- Obtained through an DODD-approved family-directed assessment tool and interviews with those family members who elect to participate in the assessment

- Designed to identify the family’s resources, priorities, and concerns
- Designed to identify the supports and services needed to enhance the family’s ability to meet the developmental needs of the child

NOTE: Both the assessment and family-directed assessment occur annually after the initial assessment. The annual individualized family service plan has a due date. Follow-up assessments and family-directed assessments occur during the 90-day period prior to the due date of the individualized family service plan. If needed, an assessment can occur more frequently than annually.

Individualized Family Service Plan

An individualized family service plan is a summary of the child’s present developmental status and the measurable outcomes expected to be achieved through involvement with EI services. The individualized family service plan may also include a statement of the family’s resources, priorities, and concerns that were discovered during the family-directed assessment of the child.

Development of the individualized family service plan is a *team* effort and occurs during an individualized family service plan meeting. An individualized family service plan meeting includes:

- The parents of the child
- Other family members, if requested by the parent and if feasible to do so
- An advocate or person outside the family, if requested by the parent
- The early intervention service coordinator responsible for implementing the individualized family service plan
- A person directly involved in conducting the child’s evaluation and assessment, or his or her authorized and knowledgeable representative. This role may also be filled by supplying pertinent records for the meeting.
- If appropriate, the persons who will be providing early intervention services to the child or family

The individualized family service plan meetings are conducted at a time and place convenient for the parent. The meetings should be conducted in the family’s native language or other mode of communication.

The early intervention service coordinator ~~makes~~ provides a written notice of the meeting to the parent and other participants in advance to ensure that the participants can attend.

NOTE: The parent of the child and the early intervention service coordinator must be physically present at the individualized family service plan meeting. If other team members are not able to be physically present, they can participate remotely as long as they are able to maintain the child’s and family’s confidentiality.

After obtaining the input of the entire team, the early intervention service coordinator facilitates the development of the individualized family service plan. The individualized family service plan includes:

- A statement of the child’s present levels of physical development, cognitive development, communication development, social and emotional development, and adaptive development
- A statement of the family’s resources, priorities, and concerns if the family consents to include them and if a family-directed assessment took place
- A statement of the measurable outcomes expected for the child’s participation in the EI program
- Criteria, procedures, and timelines used to determine the degree to which progress towards the outcomes is occurring
- Criteria, procedures, and timelines used to determine whether modifications or revisions of outcomes or EI services are needed
- A statement of the specific EI services needed to meet the unique needs of the child and family
- The length, duration, frequency, intensity, and method of delivering the EI services
- The location where EI services will be provided, including considerations for delivering the EI services in the child’s *natural environment*
- The payment arrangements for EI services
- Identification of the medical and other services that the child or family needs or are receiving through other sources but which are not required or funded by the EI program. If the needed services are not currently being provided, the plan includes a description of the steps the early intervention service coordinator or family will take to obtain those services
- Identification of any EI services needed but not yet coordinated
- The projected date for initiating each EI service identified in the individualized family service plan. The date should be as soon as possible after the *parent* consents to the service, but not more than 30 days after the parent provides consent.
- The anticipated duration of each service
- The name of the early intervention service coordinator responsible for planning, organizing, and overseeing the implementation of the EI services identified in the individualized family service plan. The early intervention service coordinator also obtains signatures for all prior written notifications, consents, releases of information, and other procedural duties

After the parent signs the individualized family service plan, the early intervention service coordinator ensures that other participants receive a copy of the individualized service plan after obtaining the parent’s consent for its release.

Critical Milestones – Individualized Family Service Plan

Event	Milestone
Referral of child	Individualized family service plan meeting conducted within 45 days of referral date for eligible child
Every six months from the date the parents sign the individualized service plan	<i>Periodic review</i> of the individualized family service plan for the child and family. This review may occur more frequently as the goals for the child change or if the parent requests a review.
Annual anniversary of the signing of the child’s individualized service plan	Meeting conducted annually to evaluate the individualized family service plan and revise, if needed
Child’s 3 rd birthday	In the time period of 90 calendar days before and nine months before the child’s 3 rd birthday: <ul style="list-style-type: none"> • add a transition outcome to the individualized family service plan • conduct a transition planning conference during an individualized family service plan meeting. If child is eligible for preschool services, include representatives of the local educational agency to discuss any services the child may receive.

Interim Individualized Family Service Plan

If a child has immediate needs and exceptional family circumstances prevent the team from developing a final individualized family service plan, an interim individualized family service plan can be put in place. All *prior written notices* and consent are part of this process. The team can use an interim individualized service plan when assessments are complete within the 45 calendar timeline established in the OAC.

The interim individualized family service plan includes:

- The name of the service coordinator responsible for implementing it and coordinating services
- The EI intervention outcomes and services needed immediately by the child and the child’s family.

Paying for Early Intervention Services

The ACBDD provides ~~55~~ up to 100 units of service per individualized family service plan year to each child in the EI program. A unit of service is either:

- 60 minutes of early intervention service or
- One hundred dollars expended for an assistive technology device

The Board does not bill insurance or Medicaid. The Board does not accept private payment.

After the Board has provided ~~55~~ 100 units of service, a variety of other funding sources may be used to pay for any additional units of service provided. The ACBDD continues to provide support in the form of service coordination.

Transition to Preschool and Other Programs

Since the EI program supports children and families from birth to 3 years of age, the Early Intervention Service Coordinator and family begin the process of transitioning the child into educational or other settings near the child's 2nd birthday. The transition consists of:

- ~~Obtaining the parent's consent to disclose personally identifiable information to the local educational agency and the Ohio Department of Education~~
- If the child may be eligible for preschool services, and the parent has provided consent, the early intervention service *provider* responsible for service coordination notifies the educational agency where the child resides.
- The DODD makes a corresponding notification to the Ohio Department of Education.
- Adding at least one transition outcome to the child's individualized family service plan. The transition outcome includes the steps to be taken and services provided for:
 - Needed discussion with, and training of, the parent regarding future placements and other transition matters
 - Strategies for preparing the child for changes in services, including steps to help the child adjust to and function in a new setting
 - Identifying transition services, steps, or activities that support the transition of the child
 - Confirmation that information about the child, including the most recent evaluation, assessment, and individualized family service plan, was transmitted to the local educational agency. Transmitting this information about the child and family occurs only after the team obtains the parent's consent.

~~NOTE: Obtaining the parent's consent to disclosure of personally identifiable information occurs wither at the individualized family service plan meeting closest to the child's second birthday or whenever a child is determined eligible at after 24 months of age.~~

Other Transition Activities

An early intervention service provider responsible for service coordination must notify the local educational agency of all children in the EI program who turn three years of age in the next year from the date of the notification.

The notification dates are on or before, but not more than 10 calendar dates in advance of, the first day of these months:

- February
- May
- August
- November

The DODD makes a corresponding notification to the Ohio Department of Education.

Exiting from the Early Intervention Program

A child may no longer be part of the Early Intervention program for a number of reasons. When a child is no longer receiving EI services, he or she has exited the program.

Exiting the EI program often occurs when the child reaches 3 years of age. This is a routine exit and does not require any prior written notice before the child leaves the program. The Early Intervention Service Coordinator also exits a child from the EI program if the child should die.

The following scenarios require prior written notice from the Early Intervention Service Coordinator before the child is no longer considered part of the EI program:

- The child was screened in and was not suspected of having a developmental delay or disability. The parent did not request an evaluation.
- The parent did not provide consent for evaluation as required by the OAC
- The child was determined not to be eligible to receive early intervention services
- ~~The required re-determination of eligibility was not completed~~
- The annual child assessment procedures were not completed
- The parent determined that the family did not need of the outcomes described in the individualized family service plan
- The child achieved the outcomes described in the individualized family service plan and the team agrees that the child does not need any additional outcomes
- The parent declined to participate any further in the EI program
- The parent could not be located. The parent has 10 calendar days from the date of the written notice to contact the early intervention service coordinator if the parent does not want the child to exit the EI program.
- The child moved out of the state of Ohio
- The child transitioned to part B services with an individualized education program prior to his or her third birthday

Transferring from the Early Intervention Program – One Ohio County to Another

If a child moves to a new county in Ohio, the early intervention service coordinator from the original county of residence has some administrative duties. These include:

- Retaining the child's original early intervention record

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- Providing an electronic or paper copy of the child’s early intervention record to the new county within ten calendar days from the date of the records request from the new county of residence
 - Updating the statewide data system information before transferring the child’s record to the new county of residence

The early intervention service coordinator in the new county of residence also has some administrative duties. These activities must occur within 45 days of the transfer. These duties include:

- Reviewing existing eligibility and assessment information
- Updating any assessments as necessary
- Reviewing the individualized family service plan developed for the child and family in the original county of residence

Qualified Personnel

The OAC calls for *qualified personnel* to conduct evaluations or provide early intervention services. To be considered qualified, the provider must meet state-approved or recognized certification, licensing, registration, or other comparable credentialing measures in their field of practice. Qualified personnel include, but are not limited to:

- Counselors
- Developmental specialists, as certified by the DODD
- Family therapists
- Hearing impairment interventionists including audiologists and teachers of the deaf
- Marriage and family therapists
- Nurses
- Occupational therapists
- Pediatricians, psychiatrists, and other physicians involved in diagnosis and evaluation
- Physical therapists
- Psychologists
- Registered dietitians
- Social workers
- Special educators, including early childhood educators licensed for ages three through eight, kindergarten through third grade, or special education
- Speech and language pathologists
- Vision specialists including:
 - Ophthalmologists
 - Optometrists
 - Teachers of the visually impaired
 - Orientation and mobility specialists

Other Early Intervention Roles

In addition to the qualified personnel listed above, the EI program relies on two other roles to deliver the program. These roles are:

- Early intervention service coordinator
- Early intervention service coordination supervisor

Each of these roles has a credentialing program associated with it. For more information about the other early intervention roles and their associated credentialing process, see the ACBDD Employee Handbook.

Maintaining Early Intervention Records

An early intervention service coordinator maintains one record for each child in the EI program. The record consists of:

- Copies of required forms and all EI program correspondence
- EI service coordination case notes that document EI program activities
- Documentation of eligibility
- All individualized family service plans signed by the individualized family service plan team and the parent

Early intervention service providers other than the early intervention service coordinator maintain the following records for each child in the EI program:

- Documentation of eligibility
- Current individualized family service plan
- Copies of relevant forms and all EI program correspondence
- Documentation of the EI services provided including:
 - Date of service
 - Length of service
 - Duration of service
 - Frequency of service
 - Intensity
 - Method of delivery
 - Location
 - All activities related to individualized family service plan outcomes

NOTE: An early intervention service provider must provide a copy of a child's EI record within 10 business days after an early intervention service coordinator's request for the record.

Procedural Safeguards

Procedural safeguards provide legal rights and protections for the parents and children who interact with the early intervention program. They serve as the ground rules while a child is being evaluated, assessed, or being provided services. Procedural safeguards include:

- Obtaining a parent's consent

- Withdrawal of parental consent
- Prior written notice for actions being proposed or refused
- Retention of early intervention records
- Confidentiality of personally identifiable information in early intervention records
- Access to early intervention records
- Amendments to early intervention records
- Dispute resolution
- Investigation of complaints
- Mediation process
- *Due process* hearing procedures

Some of the above procedural safeguards are the responsibility of the ACBDD; others are the responsibility of the DODD.

The chart below shows procedural safeguards and the organization responsible for implementing them when they are needed:

Procedural Safeguard	Primary Responsibility of...
Obtaining a parent's consent	ACBDD
Withdrawal of parental consent	ACBDD
Prior written notice for actions being proposed or refused	ACBDD
Retention of early intervention records	ACBDD
Confidentiality of personally identifiable information in early intervention records	ACBDD
Access to early intervention records	ACBDD
Amendments to early intervention records	ACBDD
Dispute resolution	ACBDD and DODD, depending on nature of the dispute and wishes of parent or complainant
Investigation of complaints	DODD
Mediation process	DODD
Due process hearing procedures	DODD

The following sections provide more information about the procedural safeguards implemented by ACBDD. See OAC 5123-10-01 for more information about the procedural safeguards implemented by the DODD.

Obtaining a Parent's Consent

An EI service provider obtains a parent's consent before:

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- Administering developmental screening procedures
 - Conducting an evaluation or an assessment of a child
 - Conducting a family assessment
 - Providing EI services to a child or the child's family
 - Using private insurance belonging to the child or the child's family
 - Disclosing personally identifiable information to anyone other than authorized representatives, officials, or employees

Each of these activities has a specific form associated with it to collect the parent's consent. The parent or parents provide their consent by signing the form associated with the activity.

Withdrawal of Parental Consent

Parents are not required to take advantage of EI services. If a parent does not give consent for an EI evaluation or assessment, the EI provider makes reasonable efforts to ensure that the parent is fully aware of:

- The nature of the evaluation and assessment
- The EI service that might be available
- The role of consent – if the parent does not give consent, the child will not receive an evaluation, assessment, or EI services

Parents may consent to or withdraw consent for EI services at any time.

Parents may withdraw consent for some EI services after initially giving consent for them. If the parent withdraws consent for some EI services, the child may still receive other EI services that the parent does consent to.

An EI service provider or participating agency cannot use a due process hearing to challenge a parent's refusal to provide consent.

Prior Written Notice

An EI service provider must provide prior written notice if the provider is:

- Proposing to initiate or change the identification, evaluation, or placement of a child
- Refusing to initiate or change the identification, evaluation, or placement of a child
- Providing EI services to the child and that child's family

The prior written notice must be sufficient to inform the parent about the action that is being proposed or refused and the reason the provider is taking the action. The notice must be written in language that is:

- Understandable to the public

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- In the native language of the parent or in the mode of communication used by the parent. If the native language or mode of communication is not a written language, the EI service provider must ensure that the notice is translated orally or by other means in the parents' native language or mode of communication.

If the prior notice given orally or by other means, the EI provider must ensure that the parent understands the notice and that written documentation that the requirements of prior notice are met.

The prior written notice must be given on the form associated with the action proposed. OAC 5123-10-01 lists the prescribed forms for each action.

The EI provider must provide the written notice at least 10 calendar days before the action described in the notice.

A parent may waive the right to a 10-day prior notice.

Retention of Early Intervention Records

An EI service provider must retain a child's EI records until the child's 9th birthday.

When a child enters the EI program, the parents receive a written notice that states when the child's personally identifiable information will be destroyed.

An EI service provider may retain a child's records longer than the child's 9th birthday unless the parent requests the destruction of the child's personally identifiable information following the mandated retention period.

The DODD can retain a permanent record of the child that includes:

- Child's name
- Date of birth
- Parents' contact information
- Names of EI service coordinators
- Names of EI service providers
- Exit data, including year and age of child upon exit
- Any programs the child entered upon exit

The DODD can keep this summarized information about the child indefinitely.

Confidentiality of Personally Identifiable Information

Protecting certain information about a child and his or her family is a procedural safeguard. This protected information is known as personally identifiable information. Personally identifiable information includes:

- A child's name

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- The name of a child’s parent or other family member
 - The address of a child or the child’s family
 - A personal identifier, such as a child’s social security number
 - Indirect identifiers such as a child’s date of birth, place of birth, or mother’s maiden name
 - Information that, alone or in combination, is linked or linkable to a specific child. This information would allow a reasonable person, who does not have personal knowledge of the relevant circumstances, to identify the child with reasonable certainty. For example, a therapist who is aware of an older sibling being treated by another therapist cannot discuss the younger sibling without a release.
 - Information requested by a person who the EI service provider reasonably believes knows the identity of the child linked to the information. For example, the person may know of a child in the community that is receiving services. The child’s information is protected and cannot be disclosed without a release.

An EI service provider has three responsibilities regarding protecting personally identifiable information. The EI service provider must:

- Appoint an employee to assume the responsibility for maintaining the confidentiality of any personally identifiable information
- Successfully complete DODD-approved training regarding the confidentiality of personally identifiable information
- Maintain a current listing of the names and positions of those employees who may have access to personally identifiable information. This listing must be available for public inspection.

The EI service provider must obtain a parent’s consent before disclosing personally identifiable information to:

- Anyone other than authorized representatives, officials, or employees participating in the EI program who collects, maintains, or uses the information under Part C of the Individuals with Disabilities Education Act or who uses the information for any purpose other than meeting a requirement under Part C. The EI service provider records the parent’s consent using Form EI-06 (Consent for Release of Records and Consent for Release and/or Exchange of Information).
- Any local educational agency that is identifying all children potentially eligible for services under Part B of the Individuals with Disabilities Education Act. The EI service provider records the parent’s consent using Form EI-07 (Consents for Transition).

Access to Early Intervention Records

Parents have broad rights to inspect and review EI records for their child who is referred to or receives EI services. The EI service provider must accommodate the parent’s access to the EI

records. The chart below summarizes the rights and responsibilities of parents and EI service providers regarding access to EI records.

Parent's Rights	EI Service Provider Responsibility
Parent can inspect and review any EI records related to his or her child that are collected, maintained, or used by the EI service provider	<ul style="list-style-type: none"> • Permit parent to inspect and review records within no more than 10 calendar days after the request is made. • Not charge a fee for searching for or retrieving information requested • EI service provider may charge a fee for copies of the EI records if the fee does not prevent the parent from exercising his or her right to inspect or review the records
Parent can request a list of the types and locations of EI records collected, maintained, or used by the EI service provider	Provide the list if requested
Parent can request an electronic or paper copy of the evaluation or assessment of the child, the family-directed assessment, and the individualized family service plan	Provide the requested information within 10 calendar days after each individualized family service plan meeting
Parent can request information about parties who have obtained access to EI records collected, maintained, or used under Part C	Keep a record of parties who have obtained access to EI records that include: <ul style="list-style-type: none"> • The name of the party authorized to access the EI records • The date access to the EI records was given • The purpose for which the party was authorized to access the EI records
Parent can make reasonable requests for explanations and interpretations of EI records	Provide a response to a parent's request for explanation or interpretation of EI records
Parent can request copies of EI records if the parent is otherwise unable to inspect or review the records	Provide copies of EI records as requested
Parent can name a representative to inspect and review the EI records	Provide access to EI records to a parent's representative

NOTE: Parents have the right to inspect and review **only** the information relating to the parent's child.

NOTE: Some parents do not have authorization to inspect or review their child’s EI records. If the EI service provider has documentation that the parent does not have authority under applicable state laws governing such matters as custody, foster care, guardianship, separation, or divorce, the EI service provider can deny the parent’s access to the EI records.

Amendments to Early Intervention Records

A parent may ask an EI service provider to amend the EI records if the parent believes the information in the records is inaccurate, misleading, or violates the privacy of the child or parent. The parent’s request to amend the records may be made verbally or in writing. The EI service provider makes the decision whether to amend the information within a reasonable period of time after receiving the request.

If...	Then...
The EI service provider determines that the information in the EI record is inaccurate, misleading, or violates the privacy or other rights of the child or parent	The EI service provider amends the record
The EI service provider refuses to amend the EI records	The EI service provider must: <ul style="list-style-type: none"> • Inform the parent of the refusal to amend the EI records • Advise the parent of the parent’s right to a due process hearing

If the parent chooses a due process hearing to challenge information in a child’s EI record, the EI service provider must record the outcome of the due process hearing.

If...	Then...
The due process hearing determines that information in the EI record is inaccurate, misleading, or in violation of the privacy or other rights of the parent or child	The EI service provider: <ul style="list-style-type: none"> • Amends the information so that it is no longer in violation • Informs the parent in writing that the information has been amended
The due process hearing determines that the information in the EI record is accurate	The EI service provider: <ul style="list-style-type: none"> • Informs the parent that he or she has the right to place a statement in the child’s EI record that comments on the information or explains any reasons for disagreeing with the decision • Maintains the explanation as part of the EI records of the child as long as the EI

	<p>records or contested portion is maintained</p> <ul style="list-style-type: none"> • Discloses the explanation as part of the EI records of the child to any party that requests the child’s EI records
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Dispute Resolution

Disputes regarding an alleged violation of Part C may be resolved informally at the local level. When the parties involved cannot resolve the dispute at the local level, a *complainant* or parent can file a complaint with the DODD. A complainant or parent may also go directly to the DODD, bypassing dispute resolution at the local level.

See the ACBDD *Resolution of Complaints – Appeals of Adverse Actions* policy for more information about dispute resolution.

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APPENDIX C

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PHYSICAL AND MENTAL CONDITIONS WITH A HIGH PROBABILITY
OF RESULTING IN A DEVELOPMENTAL DELAY

Attachment disorder

Autism spectrum disorder

Blindness, including visual impairments

Blood lead level of five micrograms per deciliter or greater

Brain malformation, including but not limited to, Dandy-Walker syndrome, agenesis of the corpus callosum, and holoprosencephaly

Cerebral palsy

Chromosomal abnormalities, including but not limited to, trisomy 21 (Down syndrome), trisomy 13 (Patau syndrome), trisomy 18 (Edwards syndrome), 22q11.2 (DiGeorge syndrome), and fragile X syndrome

Cranio-facial anomalies, including cleft lip and palate, craniosynostosis, hemifacial anomalies, and plagiocephaly

Cyanotic heart conditions, excluding simple atrial septal defects, ventricular septal defects, and isolated valve disease

Cystic fibrosis

Deaf/blindness

Deafness, including hearing impairments

Epilepsy

Fetal alcohol syndrome

Human immunodeficiency virus/acquired immunodeficiency syndrome

Hydrocephalus

Hypoxic ischemic encephalopathy

Inborn errors of metabolism, including but not limited to, phenylketonuria, homocystinuria, and galactosemia

Infant of untreated mother of phenylketonuria

Infection (fetal/neonatal) of herpes, syphilis, cytomegalovirus, toxoplasmosis, or rubella

Intraventricular hemorrhage (grade IV)

Microcephaly

Muscular dystrophy

Neonatal abstinence syndrome

Neonatal opioid withdrawal syndrome

Newborn with extreme prematurity (less than 28 weeks)

Newborn with neonatal intensive care unit stay greater than 30 days

Newborn with very low birth weight (i.e., less than 1,500 grams or 3.3 pounds) diagnosed at birth or within 30 calendar days after birth

Perinatal stroke (stroke in fetus or newborn)

Sickle cell anemia

Spina bifida

Spinal muscular atrophy

Traumatic brain injury, including shaken infant syndrome