

Chapter 10: Service Providers Roles and Responsibilities

The roles and responsibilities of the service providers are detailed in this chapter.

Topics included in this chapter

	Page
Chapter 10 Revisions/Updates	2
Introduction	2
Service Delivery in EarlySteps: Focus on supporting Families	4
Seven Key Principles of Service Deliver in Early Intervention	6
Disciplines in Early Intervention	13
Referral to Office of Community Services: Mandated Reporter	14
Assessments and Evaluations by Service Providers	14
Provider Enrollment, Maintaining Enrollment, Disenrollment	14
Professional Development	14
The Service Matrix	14
Changing a Provider	16
Substituting Early Intervention Providers	16
Service Authorizations	17
Accessing the Online System for Authorizations	17
Submission of Claims-Part C services	17
Submission of Claims - Medicaid Services	18
Documentation Requirements for Service Providers	18
Provider Contact Note	19
Provider Monthly Report	20
Documentation for Assistant Level Providers	21
Services Provided outside of the Natural Environment	21
Continuous Quality Improvement	21
Early Intervention Records – Additional Information	21
Opportunity to Examine Records	21
Access to Records	22
Destruction of the Early Intervention Record	22
References	23
Professional Ethics	24
Service Provider Performance Expectations	26

EarlySteps State-Identified Measurable Result:

The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.

Revisions to Chapter 10

DEC Recommended Practices-focus on the Instruction Topic
Content reorganized for better flow
CQI Process
Record Retention for six years
Forms relocated to Forms Chapter
Removed some content related to provider enrollment
General Supervision Performance Expectations

Forms

Provider Contact Note
Monthly Progress Report
Service Authorization/Provider Status Change form

All EarlySteps forms are in Chapter 14 of the EarlySteps Practice manual and can be located on the website at <http://www.earlysteps.dhh.louisiana.gov>, click on information for EarlySteps providers and scroll down to the section with the Practice Manual.

For purposes of clarification, the term early interventionist used in this chapter refers to providers of direct services. Requirements for intake coordinators and FSCs are discussed in Chapters 4 and 9 respectively.

Introduction



Beginning in 2015, Louisiana EarlySteps staff and stakeholders agreed to adopt the *Division of Early Childhood Recommended Practices* (DEC RPs) as the evidence-based practices for early intervention system improvement. The purpose of the DEC RPs is to implement practices specifically known to promote the outcomes of young children with developmental disabilities or delays and to support families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion. Use of the DEC RPs assumes the following by early interventionists/practitioners:

- Have a foundational knowledge of developmentally appropriate early childhood practices,
- Have a basic understanding of relevant professional, legal, and regulatory guidelines for serving every child and family,
- Act in accordance with the principles of the DEC Code of Ethics and in accordance with the principles of access and participation as described in the DEC/NAEYC (2009) position statement on inclusion.
- Engage in ongoing professional development to increase knowledge, skills, dispositions for implementing the DEC RPs and discipline-specific knowledge,
- Adhere to discipline-specific professional standards, competencies, and codes of ethics (DEC, 2015, 2022).

As part of the Louisiana system improvement activities, four program areas were selected for improvement in EarlySteps using the DEC RPs:

- Family Assessment
- Service Delivery Supports Family Priorities
- Team-based Service Delivery
- Evaluation and Assessment

To ensure consistency of practice implementation, early interventionists are required to complete modules related to the implementation of EarlySteps requirements as well as an introductory webinar on the DEC Recommended Practices and the EarlySteps process for Continuous Quality Improvement (CQI). After completion of the webinar, all early interventionists complete a CQI plan identifying self-selected DEC RPs for which the early interventionist will self-assess current practices,

participate in learning events and activities to improve those practices, complete a follow up self-assessment after an identified period, and continue improvement activities for the selected practices or select new practices for improvement. This CQI process continues annually for all early interventionists throughout their time in EarlySteps.

The EarlySteps service delivery system is a team-based interdisciplinary model which consists of the components listed below. This interdisciplinary model refers to providers from multiple professional disciplines that represent specific areas of expertise working together with families as teams to accomplish the IFSP outcomes. Transdisciplinary service delivery is supported in this model in the specific ways that team members interact. This interaction requires that the team members collaborate and provide integrated, routines-based interventions in the child's natural environments. The Division of Early Childhood (DEC) *Recommended Practices for the Interdisciplinary Model of Service Delivery* (Sandall, et al, 2005) identifies four Guiding Principles which are supported in the EarlySteps System:

- Teamwork is a collective responsibility of the providers, families, FSC, and other resource providers involved in service delivery to a child and family. This is supported in EarlySteps partially through the team meeting process and partially through practices which support these guidelines.
- The transdisciplinary model discourages fracturing or segregating services along discipline-specific lines and supports the exchange of competencies among team members. This means that the expertise brought to service delivery by individuals from different disciplines is enhanced through function as a team member, rather than functioning solely as an individual, discipline-specific provider.
- Service delivery should be outcome-based and functional. This means that the interventions utilized are necessary for the child's engagement, independence and social relationships in the context of his home and community environments. Providers are responsible for knowing the most effective approaches, which support these, matching them to the child's needs and sharing them with the team.
- Service delivery must be practical in that it supports caregivers in ways that are meaningful to them from ongoing interactions in the natural environment rather than in relying on "isolated" contacts or sessions. The EarlySteps system supports the belief that it is not the provider who has the direct impact on the child, but it is the child's natural caregivers—parents, child care providers, etc. Providers support this belief through service provision that involves the family in the service delivery through demonstration, written information, and planned opportunities for practice. Additional information on best practices in service delivery is found in Chapter 12: "EarlySteps Recommended Practices Guidelines" and from the DEC RP *Instruction* Topic area: "Instructional practices are a cornerstone of early intervention... Instructional practices are intentional and systematic strategies to inform what to teach, when to teach how to evaluate the effects of teaching, and how to support and evaluated the quality of instructional practices implemented by others (DEC Monograph, 2015).



Instruction practice INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged that promote learning in natural and inclusive environments.

Regardless of the discipline of the early interventionist, the same core components are shared by all high-quality instructional practices. The location of the instruction, the type of interaction with the child and family contained within the instructional interaction, the people providing the instruction may vary, these core components are key to the evidence-based DEC

Recommended Practices:

- The practices are intentional,
- They use data-based decision-making to ensure that the instructional practices are designed to help children make the most progress possible,
- They address target skills and behaviors that are priorities for the family built upon strengths, preferences and interests, beliefs and values,
- The practices address pivotal skills and behaviors that help make the child more independent,
- The practices address goals and objectives across disciplines,
- The practices use data-based decision making.
- The practices are implemented with high fidelity to the Service Delivery support Family Priorities Practice Profile.

Service Delivery in EarlySteps: Recommended Practices for Ongoing Service Delivery

Practices for providing support and services in early intervention rely on supporting families through collaboration so that they can promote their child's development by using identified intervention strategies effectively and confidently during their everyday activities. Critical home visiting components include:

- the visit occurs within the context of the family's routines,
- the visit promotes child engagement,
- the visit ensures caregiver engagement in the activities,
- use of early intervention strategies supports the caregiver providing confidence and competence. (Keilty, 2008)

The following are guidelines for establishing and maintaining collaborative relationships with families and team members:

1. Build on or establish trust and rapport.

- Before each visit, reflect on your own beliefs and values and how they might influence your suggestions and strategies with this particular family or caregiver.
- Use communication styles and social behaviors that are warm and welcoming and respectful of family culture and circumstances.
- Conduct yourself as a guest in the family's home or caregiver's setting.
- Respectfully provide complete and unbiased information in response to requests or questions.
- Be credible and follow through on plans you made with the family.
- If you don't know the answer to a question, tell the family you do not know but will find out for them. Follow up with team members, especially the FSC. Tell the family when you will get back to them with the information.

2. During the first visit, review the IFSP and plan together how the time can be spent.

- Describe the practical aspects of a visit and what the family or caregiver can expect. For example: the length of the typical visit, that other people are always welcome at the family's invitation, the variety of places in which visits can occur, the program's cancellation policy, etc.
- Describe examples of visits in various home and community settings where the family participates. You might want to offer to share clips from commercial or videos produced from the DEC RPs or other resources.
- Invite the family to reflect on their experience with the IFSP process to date and share any concerns or questions.
- Review the IFSP document and assessment information.
- Consider each agreed upon outcome – is it what the family is still interested in; prioritize again, if necessary, where to begin; change wording if needed; provide any explanations to help family understand purpose, etc.
- Discuss how outcomes, activities, and strategies can be a starting place for each home visit.
- Clarify who will work on each outcome – family, friends, other caregivers, service providers.
- Talk about community activities and events that can be used to support practice and mastery for the specific outcomes.
- Ask the family/caregiver to sign the Contact Note.
- Provide information about family-to-family support and parent groups that are available.

3. For on-going visits, use the IFSP as a guide to plan how to spend the time together.

- Begin each visit by asking-open ended questions to identify any significant family events or activities and how well the planned routines and activities have been going.
- Ask if there are any new issues and concerns the family wants to talk about. Explore if these concerns need to be addressed as new outcomes; if so, plan an IFSP review.
- Decide which outcomes and activities to focus on during the visit.

4. Participate with the family or other caregivers and the child in the activity and/or routine as the context for promoting new skills and behaviors.

- Offer a variety of options to families for receiving new information or refining their routines and activities, such as face-to-face demonstrations, video, conversations, written information, audios, CDs, diaries, etc..
- Gather any needed toys and materials in the home and begin the selected activity or routine.
- Listen, observe, model, teach, coach, and/or join the ongoing interactions of the family and child.
- Encourage the family to reflect on the child's skills, behaviors, and interests (a continual part of on-going functional assessment). For example, ask the family if behaviors are typical, if they've seen new behaviors (suggesting emerging skills), or how much the child seems to enjoy the activity.
- Use a variety of consulting or coaching strategies throughout the activity, including: observing, listening, attending, acknowledging, expanding, responding, probing, summarizing, etc.

- Reflect with the family on what went well, what they want to continue doing, and what they would like to do differently at the next visit.

5. Jointly revise, expand, or create strategies, activities or routines to continue progress toward achieving outcomes and address any new family concerns or interests.

- Having listened throughout the visit, reflect on what you have heard that may suggest new outcomes or activities; explore with the family if this is something they want to address soon.
- Support and encourage family decisions.
- Focus recommendations on promoting the child's participation in everyday family and community life.
- Explain the “why” behind recommendations that you make so the family understands what to look for and do.
- Together, plan next steps and/or revise activities and strategies to build on the child and family's interests, culture, enjoyment, strengths.
- Consider any adaptations and augmentations to toys, materials, or environments that are necessary for success.
- Try out new strategies or activities to be sure family members or caregivers can do them on their own.
- Determine if and what type of support from other team members is needed for the next steps (consultation, information, co-visit, etc.). Be prepared to discuss these supports at team meetings.

6. Modify services and supports to reflect the changing strategies, activities, or routines.

- Identify community activities and informal supports that will assist the outcomes and activities to be achieved.
- With the FSC, facilitate referrals and provide any needed assistance, adaptations, or support for the family and the child to participate in desired community activities.
- Plan what early intervention and other services and supports are needed to help the child succeed and make progress.
- In conjunction with other team members, using contact/assessment data, recommend modifications to the IFSP as appropriate. If changes are significant (adding outcomes, or changing services, frequency, or intensity), a team meeting to review the IFSP is necessary. No changes can be made without prior arrangements with the FSC, the family, and other team members.

7. Prepare and assist with reviews and revisions of the IFSP.

- Minimally, at 6 months and annually, and any other time the family/provider team needs to make significant changes to the IFSP, plan the next Review team meeting with the family.
- Review with the family questions, recommendations, or suggestions they wish to discuss with other service providers.
- Decide with the family the agenda for the meeting and their preferred role(s), including who should facilitate.
- Determine when and where the meeting should occur with sufficient time for all team members to participate.
- The FSC will collect necessary information and provide written prior notice for the review meeting.
- Conduct the review meeting and evaluate progress toward outcomes. Ensure all outcomes, services, and supports are still needed, current, and accurate. Make additions and revisions as needed using the Team Decision Process.

8. Prepare families for transition out of Part C services.

- Early in the relationship with the family have conversations about what they want for their child's future after the early intervention program ends.
- At formal 6 month/annual IFSP reviews participate in the discussion about the “transition process” and options (no services, community services, and Part B services) and reinforce that early intervention services end at age three.
- By no later than the child's second birthday, have conversations about the types of programs, places, and activities the family would like their child to participate in at age three. Adjust supports appropriately to reflect child development needs to support transition.
- Discuss and share information about ALL options available to children and families at age three.
- Support team members with any written information about these options or assist the family as needed to explore and visit these options.
- Jointly review the IFSP and revise/add outcomes and strategies based upon the above discussions, according to EarlySteps practices.
- Support the transition plan in service delivery focusing on the outcomes and activities to prepare the child and family for success after early intervention.

9. Explain and follow the regulations, timelines, and procedures for transition plans, planning conferences, and data collection.

- Help the family prepare for any formal evaluations the child may need.
- Provide information to the program staff who may be working with the child after age three with parent consent.

- Assist the IFSP team with finding on-going family support if needed.
- Acknowledge feelings about ending the relationship with this family and help to focus on a positive future as the child and family move on.
- Celebrate with the family or caregiver the accomplishments and joys they have experienced with their child.

These practices are associated with Seven Key Principles of what Service Delivery in Early Intervention Looks Like (Workgroup, February 2008)

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.	
Key Concepts	
<input type="checkbox"/> Learning activities and opportunities must be functional, based on child and family interest and enjoyment <input type="checkbox"/> Learning is relationship-based <input type="checkbox"/> Learning should provide opportunities to practice and build upon previously mastered skills <input type="checkbox"/> Learning occurs through participation in a variety of enjoyable activities	
This principle DOES look like this	This principle DOES NOT look like this
Using toys and materials found in the home or community setting	Using toys, materials and other equipment the professional brings to the visit
Helping the family understand how their toys and materials can be used or adapted	Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress
Identifying activities the child and family like to do which build on their strengths and interests	Designing activities for a child that focus on skill deficits or are not functional or enjoyable
Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning	Using only standardized measurements to understand the child's strengths, needs and developmental levels
Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings	Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting
Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities
Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label	Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities.

2. All families, with the necessary supports and resources, can enhance their children’s learning and development.

Key Concepts

- All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources)
- The consistent adults in a child’s life have the greatest influence on learning and development-not EI providers
- All families have strengths and capabilities that can be used to help their child
- All families are resourceful, but all families do not have equal access to resources
- Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities

This principle DOES look like this	This principle DOES NOT look like this
Assuming all families have strengths and competences; appreciating the unique learning preferences of each adult and matching teaching, coaching, and problem solving styles accordingly	Basing expectations for families on characteristics, such as race, ethnicity, education, income or categorizing families as those who are likely to work with early intervention and those who won’t
Suspending judgment, building rapport, gathering information from the family about their needs and interests	Making assumptions about family needs, interests, and ability to support their child because of life circumstances
Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reducing stressors	Assuming certain families need certain kinds of services, based on their life circumstances or their child’s disability
Identifying with families how all significant people support the child’s learning and development in care routines and activities meaningful and preferable to them	Expecting all families to have the same care routines, child rearing practices and play preferences.
Matching outcomes and intervention strategies to the families’ priorities, needs and interests, building on routines and activities they want and need to do; collaboratively determining the supports, resources and services they want to receive	Viewing families as apathetic or exiting them from services because they miss appointments or don’t carry through on prescribed interventions, rather than refocusing interventions on family priorities
Matching the kind of help or assistance with what the family desires; building on family strengths, skills and interests to address their needs	Taking over and doing “everything” for the family or, conversely, telling the family what to do and doing nothing to assist them

3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

Key Concepts

- EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child's development
- Families are equal partners in the relationship with service providers
- Mutual trust, respect, honesty and open communication characterize the family-provider relationship

This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working "partnership" with families	Being "nice" to families and becoming their friends
Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child
Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development	Training families to be "mini" therapists or interventionists
Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing "expert" services.



INS 5: Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.

Early interventionists must constantly consider who is embedding instruction and who is seeking out, creating, and adapting learning opportunities—the caregiver. The child will receive more intervention when the caregiver, rather than the practitioner embeds instructional strategies in the family's daily life.

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

Key Concepts

- Families are active participants in all aspects of services
- Families are the ultimate decision makers in the amount, type of assistance and the support they receive
- Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly
- The adults in a child’s life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals
- Each family’s culture, spiritual beliefs and activities, values and traditions will be different from the service provider’s (even if from a seemingly similar culture); service providers should seek to understand, not judge
- Family “ways” are more important than provider comfort and beliefs (short of abuse/neglect)

This principle DOES look like this	This principle DOES NOT look like this
Evaluation/assessments address each family’s initial priorities, and accommodate reasonable preferences for time, place and the role the family will play	Providing the same “one size fits all” evaluation and assessment process for each family/child regardless of the initial concerns
Preparing the family to participate in the IFSP meeting, reinforcing their role as a team member who participates in choosing and developing the outcomes, strategies, activities and services and supports	Directing the IFSP process in a rote professional- driven manner and presenting the family with prescribed outcomes and a list of available services
Collaboratively tailoring services to fit each family; providing services and supports in flexible ways that are responsive to each family’s cultural, ethnic, racial, language, socioeconomic characteristics and preferences	Expecting families to “fit” the services; giving families a list of available services to choose from and providing these services and supports in the same manner for every family
Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family, according to the team process.	Providing all the services, frequency and activities the family says they want on the IFSP
Treating each family member as a unique adult learner with valuable insights, interests, and skills	Treating the family as having one learning style that does not change
Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family according to EarlySteps practices	Expecting the IFSP document outcomes, strategies and services not to change for a year
Recognizing one’s own culturally and professionally driven childrearing values, beliefs, and practices; seeking to understand, rather than judge, families with differing values and practices	Acting solely on one’s personally held childrearing beliefs and values and not fully acknowledging the importance of families’ cultural perspectives
Learning about and valuing the many expectations, commitments, recreational activities and pressures in a family’s live; using IFSP practices that enhance the families’ abilities to do what they need to do and want to do for all family members	Assuming that the eligible child and receiving all possible services is and should be the major focus of a family’s life.

5. IFSP outcomes must be functional and based on children’s and families’ needs and priorities	
Key Concepts	
<ul style="list-style-type: none"> • Functional outcomes improve participation in meaningful activities • Functional outcomes build on natural motivations to learn and do; fit what’s important to families; strengthen naturally occurring routines; enhance natural learning opportunities. • The family understands that strategies are worth working on because they lead to practical improvements in child & family life • Functional outcomes keep the team focused on what’s meaningful to the family in their day to day activities. 	
This principle DOES look like this	This principle DOES NOT look like this
Writing IFSP outcomes based on the families’ concerns, resources, and priorities	Writing IFSP outcomes based on test results
Listening to families and believing (in) what they say regarding their priorities/needs	Reinterpreting what families say in order to better match the service provider’s (providers’) ideas
Writing functional outcomes that result in functional support and intervention aimed at advancing children’s engagement, independence, and social relationships.	Writing IFSP outcomes focused on remediating developmental deficits.
Writing integrated outcomes that focus on the child participating in community and family activities	Writing discipline specific outcomes without full consideration of the whole child within the context of the family
Having outcomes that build on a child’s natural motivations to learn and do; match family priorities; strengthen naturally occurring routines; enhance learning opportunities and enjoyment	Having outcomes that focus on deficits and problems to be fixed
Describing what the child or family will be able to do in the context of their typical routines and activities	Listing the services to be provided as an outcome (Johnny will get PT in order to walk).
Writing outcomes and using measures that make sense to families; using supportive documentation to meet funder requirements	Writing outcomes to match funding source requirements, using medical language and measures (percentages, trials) that are difficult for families to understand and measure
Identifying how families will know a functional outcome is achieved by writing measurable criteria that anyone could use to review progress.	Measuring a child’s progress by “therapist checklist/observation” or re-administration of initial evaluation measures.

6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Key Concepts

- The team can include friends, relatives, and community support people, as well as specialized service providers.
- Good teaming practices are used
- One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life
- The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

This principle DOES look like this	This principle DOES NOT look like this
Talking to the family about how children learn through play and practice in all their normally occurring activities	Giving the family the message that the more service providers that are involved, the more gains their child will make
Keeping abreast of changing circumstances, priorities and needs, and bringing in both formal and informal services and supports as necessary	Limiting the services and supports that a child and family receive
Planning and recording consultation and periodic visits with other team members; understanding when to ask for additional support and consultation from team members	Providing all the services and supports through only one provider who operates in isolation from other team members
Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes	Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues
Coaching or supporting the family to carry out the strategies and activities developed with the team members with the appropriate expertise; directly engaging team members when needed	Providing services outside one's scope of expertise or beyond one's license or certification
Developing a team based on the child and family outcomes and priorities, which can include people important to the family, and people from community supports and services, as well as early intervention providers from different disciplines	Defining the team from only the professional disciplines that match the child's deficits
Working as a team, sharing information from first contacts through the IFSP meeting when a primary service provider is assigned; all team members understanding each others on-going roles.	Having a disjointed IFSP process, with different people in early contacts, different evaluators, and different service providers who do not meet and work together with the family as a team.
Making time for team members to communicate formally and informally, and recognizing that outcomes are a shared responsibility	Working in isolation from other team members with no regular scheduled time to discuss how things are going.

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Key Concepts

- Practices must be based on and consistent with explicit principles
- Providers should be able to provide a rationale for practice decisions
- Research is on-going and informs evolving practices
- Practice decisions must be data-based and ongoing evaluation is essential
- Practices must fit with relevant laws and regulations
- As research and practice evolve, laws and regulations must be amended accordingly

This principle DOES look like this	This principle DOES NOT look like this
Continually updating knowledge, skills and strategies by keeping abreast of research	Thinking that the same skills and strategies one has always used will always be effective
Refining practices based on introspection to continually clarify principles and values	Using practices without considering the values and beliefs they reflect
Basing practice decisions for each child and family on continuous assessment data and validating program practice through continual evaluation	Using practices that “feel good” or “sound good” or are promoted as the latest “cure-all”
Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws	Using practices that are contrary to relevant policies, regulations or laws.



INS 10: Practitioners implement the frequency, intensity, and duration of instruction needed to address the child’s phase and pace of learning or the level of support needed by the family to achieve the child’s outcomes or goals.

INS 13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

EarlySteps Practitioners

The following early intervention disciplines comprise the EarlySteps System:

- Audiologist
- Counselor, licensed professional
- Registered Dietician
- Early Intervention Consultant (a position at the SPOE)
- Interpreter for the deaf or hard of hearing
- Nurse, RN
- Occupational Therapist
- Occupational Therapy, Certified Assistant (COTA)
- Optometrist
- Orientation and Mobility Specialist
- Physical Therapist
- Physical Therapy Assistant (PTA)
- Physician
- Psychologist
- School Psychologist
- Intake Coordinator
- Family Support Coordinator (FSC)
- Social Worker
- Speech Language Pathologist
- Speech Language Pathologist Assistant (SLP-Assistant)
- Special Instructor
- Special Instructor for children with sensory impairments
- Behavior Consultant
- Applied Behavioral Analysis (ABA) Implementer
- Transportation Provider
- Foreign Language Interpreter

For qualifications to be an early interventionist in Louisiana, see the Provider Qualifications, Chapter 13.

Roles and Responsibilities of EarlySteps Practitioners

The primary role of every early interventionist is to work collaboratively with the family, child, and IFSP team members so that the child can participate fully with the family and in the community. Full participation is based on identification of the family's priorities and needs regarding their child's development. The IFSP team incorporates the information from the assessment of Concerns, Priorities, and Resources (Family Assessment) into the IFSP. Providers then utilize this information to guide the decision-making regarding the supports provided to the child and family.

Listed below are some of the typical roles/responsibilities in which an early interventionist will engage:

- Adhere to all federal and state policies and procedures relative to program requirements.
- Consult with a family member, service provider, family support coordinator, IFSP team and/or a representative of a community agency to ensure the attainment of identified outcomes.
- Coach the family member/child care worker with different strategies necessary to attain an identified outcomes.
- Participate at team meetings, eligibility determination, reviews and revisions, quarterly team meetings, IFSP development, etc. to assist the team with its responsibilities.
- Conduct single domain assessments as needed to support service decisions with data.
- Complete evaluations using the format(s) provided by EarlySteps. All required evaluation, assessment, and autism screening documentation must be submitted to the FSC, SPOE, etc. as outlined in Chapters 5 and 7 and according to the autism screening requirements.
- Understand and adhere to the "Best Practice Guidelines" and the Service Delivery Practice Profile which aligns with the DEC Recommended Practices as developed by EarlySteps and accurately represent these guidelines in discussions at team meetings and in support to families/caregivers. Alignment with the Practice Profile is measured with the Fidelity Tool for Home Visiting.

- Adhere to all reporting requirements, including completion, sharing and uploading of the **Provider Contact Note and Monthly Progress Report** that describes contacts with the family/child for that month and results of the contacts.
- Maintain a file for a minimum of six (6) years, which contains all required documentation with the family/child.
- Refer any child, who is suspected of having a disability or developmental delay, to the System Point of Entry agency (SPOE) in the area where the child resides,
- Participate and fully cooperate with any CQI/quality management activities as required by the State and this program.
- Verify the Medicaid status of each Medicaid eligible child on a monthly basis and bill the appropriate fund source.
- Complete required professional development activities.
- Uphold professional standards of the appropriate licensing board and/or certifying agency and submit license, certification, and background checks according to the policy for each to EarlySteps.

Referral to the Department of Children and Family Services (DCFS)

EarlySteps providers, Intake Coordinators, Family Support Coordinators, etc. are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect.

For more information on making referrals to DCFS go to: <https://www.dcfslouisiana.gov/page/109>

Assessments and Evaluations by Early Interventionists

Providers who meet the EarlySteps' qualifications and any required training for enrollment may be allowed to conduct assessments, evaluations, and autism screenings. Enrollment for the evaluator role is determined by state and regional needs. Assistant level providers may not conduct assessments or evaluations or autism screenings (this includes OTAs, PTAs, SLPAs.) Providers should consult the requirements of their appropriate licensing board regarding allowable activities which assistant level providers may conduct.

EarlySteps utilizes the *Battelle Developmental Inventory 2nd Edition* as the evaluation instrument for eligibility determination. The Autism Spectrum Disorder Screening Tools (BISCUIT) are the instruments utilized for autism screening. The early interventionist must meet the personnel qualifications, attend the EarlySteps trainings for BDI-2 and Autism Screening and be approved for enrollment as an eligibility evaluator in order to conduct these evaluations and screenings. In 2023, EarlySteps is transitioning to new tools and processes for eligibility determination and family assessment. Plans for this transition will be shared as available.

The website for the Battelle Developmental Inventory 2 (BDI-2) is <https://riversideinsights.com>

See Chapter 4 (Intake) for additional information.

Evaluation and assessment providers must also receive training in the Autism Screening process and the protocols required. Providers are required to meet the timeline, reporting, document submission and team participation requirements regarding evaluations, single domain assessments, and autism screenings required by EarlySteps and outlined in Chapters 5 and 7.

Becoming an EarlySteps Practitioner: Provider Enrollment and Service Matrix

Listed below are the requirements to enroll enrollment in the system:

- A criminal background check current within 5 years.
- Meet the licensing/certification/EarlySteps requirements for the specific provider discipline.
- Complete the required enrollment paperwork from the Provider Enrollment site with the CFO: [ProviderForms \(laeikids.com\)](#) or <https://www.laeikids.com/UI/ProviderForms.aspx?sec=Off>
- Meet with the EarlySteps regional coordinator to complete and send enrollment to the CFO. The regional coordinator must sign the enrollment forms for them to be processed by the CFO.
- Complete the required training modules prior to providing any services and submit pre and post tests as required. The Regional Coordinator will receive a copy of the certificate or verify completion.
- Once the CFO reviews required, complete documentation, the provider will receive a letter from the CFO confirming enrollment. In this letter the CFO will notify the provider of a user ID and instructions on how to log on to the Matrix website: www.laeikids.com.
- Providers will be added to the matrix when all components of enrollment are submitted and complete.
- Set up service matrix page completely and accurately. EarlySteps utilizes the Service Matrix to meet its requirement for a "Central Directory" of early intervention services and resources in the State. Families select their IFSP team

members based on the information in the matrix page. Information should be directed to the family and in family-friendly terms.

- Meet with the Regional Coordinator for “orientation” to the EarlySteps System.

Providers may select one of three options for service provider enrollment: enrollment as the employee of an agency, as an independent provider, or both.

Providers, who enroll as the employee of an agency, may receive benefits offered by the agency, such as health insurance, disability insurance, retirement, etc. Providers, who enroll as independents, must purchase their own health insurance, professional liability insurance, and pay federal and state taxes on the income received.

Note: Family support coordinators (FSCs) must be employed by a licensed case management agency, enrolled to provide case management to infants and toddlers. FSCs do not enroll separately as independent practitioners, but are providers through their employing agency.

Listed below are the requirements to remain as an active provider in the EarlySteps system:

- Update the matrix page **monthly** at a minimum or as changes occur to reflect availability. Providers without an updated matrix page cannot be accessed by families and therefore cannot be offered as a choice for provider selection. After 90 days without an update, the matrix page will not be visible when searching for the practitioner, removing the option for selection by families.
- Keep contact information in the service matrix up to date.
- Keep enrollment information with the CFO up-to-date. Certain fields on the matrix can only be changed by the CFO. Use the **EarlySteps.com Online Access Enrollment form** to make any changes in your identifying information and submit to the CFO.
- Maintain an e-mail address, notify the CFO and Regional Coordinator of any changes and understand that program communications with the OCDD Central Office and/or CFO will be conducted through e-mail. Check e-mail regularly for notices and updates. Email will be sent directly from the CFO email address at cfo@gainwelltechnologies.com. Make sure your email account is set up so these emails do not go to the junk mail folder.
- Utilize the online systems for the processing of authorizations and claims, reviewing and receiving communication online, and to review and update CFO information for Part C funded claims. The provider is responsible for claims submission for Medicaid-payable services either by billing directly or by submitting claims through a vendor.

Disenrollment of a Provider

If a provider decides to no longer provide services to children in the EarlySteps system the following activities are necessary:

- Any authorizations must be cancelled with the appropriate end date negotiated with the provider, IFSP team members and the family.
- The provider must complete any paperwork due to the FSC for the child’s record within 10 calendar days and prior to the disenrollment date.
- The provider must notify the FSC of his/her disenrollment so the FSC can assist the family with selecting another provider.
- The provider must submit the Access form to the CFO to disenroll from the system.
- Medicaid’s fiscal intermediary is contacted for the provider’s status to be changed for those providers who bill Medicaid.

Disenrollment of a Provider by Central Office

If a provider is disenrolled by Central Office, the following steps must be taken:

1. The Central Office will notify the provider by mail.
2. The provider **must** notify the FSC, who will cancel any existing authorizations for the provider. The FSC will assist the family with selecting a new provider.
3. The FSC will submit the required forms to the SPOE.
4. SPOE will cancel existing authorizations for the disenrolled provider.
5. Central Office will notify the CFO of termination of enrollment via the provider specialist.
6. The provider must submit all appropriate paperwork to the CFO to disenroll from the system.

Provider Training Requirements

See Chapter 1 for training requirements. Newly enrolled providers are also required to participate in the DEC Recommended Practices webinar which is offered twice a year. Included is the explanation of the Continuous Quality Improvement Plans each provider is expected to develop and update annually.

Changing a Provider

Parents select their early intervention providers by using the Service Matrix. Agencies/IFSP teams are not allowed to assign early intervention providers without the consent of the parent. Families must have Freedom of Choice in selection of service providers. In addition, providers must use caution in engaging in any activities or of giving the appearance of “solicitation” of referrals. The Family Support Coordinator **must** communicate on an ongoing basis with each family to ensure that services are being provided and that the family is satisfied. If a provider must close a case or otherwise make changes to the IFSP, the FSC must be contacted prior to the implementation of the change. Changes of provider can only occur with appropriate communication with the team.

When changing a provider the following steps should be taken:

1. FSC assists the family in selecting a new provider based on information from the service matrix
2. FSC ensures that the parent completes a “**Freedom of Choice Provider Selection Form**”, including parent signature
3. FSC makes the appropriate changes in the IFSP
4. FSC notifies the SPOE of the changes
5. FSC calls the previous provider to advise them of the parent’s change of providers and that authorizations will be cancelled
6. FSC sends a copy of the form to both the new provider and previous provider.
 - a. Originals of both forms are mailed to the SPOE and kept in the child’s early intervention record
 - b. Copy of IFSP and other pertinent information are sent to new provider
7. SPOE cancels the active authorizations for the previous provider based on the agreed upon date.
8. SPOE issues new authorizations for the new provider based on the agreed upon date.
9. Provider documents changing needs/concerns/progress in the **Service Provider Contact Note** and **Monthly Progress Report** for use for decision-making by the team. All required documents must be uploaded to EarlySteps Online prior to the time the provider’s account is closed, since the provider will not be able to access the system after closure or the child’s account if no longer an active team member for that child.

If a parent requests a change of provider, and there is no provider available, the FSC continues to search for a provider that will assist the child with meeting outcomes. The FSC should search the Service Matrix at least one time per week to find a provider, and, contact a Regional Coordinator if assistance is needed with locating a provider. The FSC **must** document all attempts to locate a new provider. Families should not go without needed services. If a service cannot be accessed after 30 days a team meeting must be held to discuss other options by which the outcomes can be met for the family. More details about the “no provider available” process are available in the FSC chapter and from the regional coordinator.

Substituting Early Intervention Providers

There may be instances—such as in the event of an illness or vacation—when a substitute service provider may be needed for the child/family. In this case, the family and Family Support Coordinator should jointly develop a plan as to how the IFSP outcomes will continue to be addressed.

- **A substitution of a provider for period of less than 14 calendar days**
 - This would not normally be considered a substantial change in the plan of care or require a change to the IFSP.
 - A substitute provider may continue to see the child as indicated on the IFSP and may bill on the regular provider’s authorization.
 - The substitute must be enrolled with EarlySteps.
 - The substitute **must** sign his/her name as the provider substituting for the regular provider.

- **A substitution of a provider for period of more than 14 calendar days**
 - If a substitution is expected to last longer than two weeks:
 - The authorized early intervention provider notifies the family's Family Support Coordinator to discuss implications for the IFSP and options to ensure outcomes can be achieved.
 - This may include a change in service provider (s) during the specified period.

Substitute providers are not to be used as way to cover staff vacancies when a provider has terminated employment. Families MUST be offered freedom of choice to select a new provider.

Service Authorizations

Accessing the Online System for Authorizations

To make sure that the provider's user ID is working, a provider will access the online system. If a provider is unable to log on, please call the CFO for assistance (1-866-305-4985). All service authorizations are issued for a maximum of 6 months except for one-time authorizations, such as evaluations and team meetings. Providers are responsible for managing the utilizations of authorizations:

- Services will not be provided without an active authorization
- Providers only provide supports according to the frequency, intensity and duration of the service as specified in the authorization.
- Providers will not continue to provide services if an authorization has expired. Contact the FSC if there are questions about the timeliness of an authorization. Contact the FSC supervisor or the regional coordinator if a resolution regarding expired authorizations has not occurred.

Once the SPOE has entered a service authorization, the provider will be able to view this authorization online at www.laeikids.com and in EarlySteps Online and begin service delivery. Services should *never* be provided until verification of the authorization is conducted.

WWW.LAEIKIDS.COM

The CFO provides and maintains the www.laeikids.com website.

The website has the following features:

- Communication through email will be sent from EarlySteps from cfo@gainwelltechnologies.com
- Contact Information:
 - Update information online.
 - Attest to future agreements online.
 - Keep service matrix contact information and availability up to date a minimum of monthly.
- Online Authorizations:
 - Print authorizations.
 - Search provider authorizations.
- Online Claims:
 - View payment information.
 - Submit claims.
 - Search claims.

See Chapter 9 for additional information on Early Intervention authorizations.

WWW.EARLYSTEPSONLINE.COM

The CFO provides and maintains the www.earlystepsonline.com website. This site is where providers with access can view information about children for whom they have services authorizations. The site contains child and family demographic information; information on referral, intake, eligibility, and IFSPs; the intake coordinator, FSC and eligibility evaluator and current and expired service authorizations. This site also includes the Child Library where documents are uploaded to be shared by IFSP team members.

Enrolled providers can view a recorded webinar and access the training manual about EarlySteps Online after logging into LAEIKIDS and clicking on the EarlySteps Online link.

Submission of Claims

Part C-only services

For children who are not eligible for Medicaid or for services not paid by Medicaid the following billing process is used:

Billing must be submitted within 60 days of the date of service using the online provider system. If billing is not received within this time frame, the CFO will deny payment. Adjustments are not made for late claims submission or for post-approval for services provided without authorizations or for “make-up” sessions over the daily service limit. The fund transfer schedule of the CFO for claims payment is posted on the LAEIKIDS website. Claims must be submitted by midnight the preceding day for a provider to be paid for that payment cycle. Claims submitted after that time will be paid in the next payment cycle.

Medicaid Services

For Medicaid-reimbursed services provided to Medicaid-eligible children, the provider uses the billing process specified in the Medicaid EarlySteps Provider Manual available from www.lamedicaid.com. Questions regarding billing and payment should only be directed to Medicaid’s Fiscal Intermediary at the phone numbers identified in the manual.

It is the provider’s responsibility to verify Medicaid eligibility for every child for whom they have authorizations monthly. The process for eligibility verification is outlined in the Medicaid provider manual.

Providers are responsible for resubmission of denied Medicaid and Part C claims. There is a help section at the CFO’s website and in the Medicaid manual for resubmitting claims. Adjustments are not allowed for late claims submission, for post-approval for services provided without authorizations, or for “make-up” sessions over the daily service limit. There are no exceptions.

Documentation Requirements for Service Providers

Effective documentation is critical to the early intervention system process. It serves as a “blueprint” for service provision as well as a means for accountability and provides:

1. a chronological record of the child’s status, which details the complete course of intervention.
2. communication among professionals and the family.
3. an objective basis to determine the appropriateness, effectiveness, and necessity of intervention.
4. the practitioner’s rationale for service methods
5. data to support team decision-making regarding IFSP services.

In the role of facilitating communication, documentation **must** be efficient and effective. Because the primary audience in Part C is the family, it is important to use person-first language, avoid jargon, be respectful, and relate comments back to performance concerns.

Each provider must use the Provider Contact Note for each child for each service date. Documentation is required for Quality Management purposes by EarlySteps and Medicaid and any other payor. If a contact was scheduled and did not occur, a contact note should be completed noting the missed contact and the reason that the contact did not occur.

Each EarlySteps provider **must** maintain a working file of daily contact notes, therapy plans, and test protocols used to achieve the outcomes. These files are not part of the official Early Intervention Record at the SPOE. However, if any portion of these files is shared with another provider, that information does become part of the official file, **must** be maintained in the official record, and sent to the SPOE for inclusion in the official early intervention record.

The contact note is the way that the provider documents every individual service contact. This is retained in the provider’s file for each child and are uploaded to EarlySteps Online. EarlySteps has created a mandatory form that each provider must use for this purpose. The Contact note is available in the Forms Chapter of the Practice Manual.

Note: the provider contact note contains information regarding activities that take place at a particular contact. The provider contact note should provide “a true reflection” of the contact. When monitored by a Quality Assurance Specialist, the provider contact notes will be requested for review. The contact note must be filled out completely with all information.

Provider Contact Note

The **Provider Contact Note Format** can be found on the EarlySteps' website: www.earlysteps.dhh.louisiana.gov and in Chapter 14. This form is **mandatory and must be filled in completely to be considered documentation of a service contact**. The information includes:

- Child's Name (full name as listed on in EarlySteps and/or on the Medicaid Card if a beneficiary)
- Date of Birth
- Provider name
- Date
- Start time & End time
- Parent/Caregiver participated in this session? (check yes or no)
- Location
- IFSP Outcome # and Outcome Statement
- Goals/Objectives (Write the goals/objectives that are being worked on.)
- Specific Activities related to the outcome (List the supports provided at this session.)
Indicate which strategies you used to teach the different skills:
 - verbal prompting/instructing
 - modeling (with verbal prompting)
 - gesturing (with verbal prompting)
 - physically assisting/supporting/guiding (with verbal prompting)
 - other (write an explanation)
- Child/Parent response/Progress related to the activity
How did the child/parent/caregiver respond to the activity?
How many times did the child successfully complete the activity?
Did the parent/caregiver successfully complete the activity with the child?
Describe any obstacles to today's contact.

How did the child respond to today's contact?

Was the child cooperative or uncooperative?

Was the child focused on the activity at hand or easily distracted?

Did the child have to be redirected occasionally or frequently?

How did the parent/caregiver respond to the activity?

Did the parent/caregiver actively participate during the activity?

Did the parent/caregiver understand the reason for the activity?

Does the parent/caregiver understand how to practice this activity between contacts with you?

Describe any obstacles to today's contact

Indicate any information, which negatively impacted today's contact.

For example, "Johnny had a cold today; his participation was affected. He was "slower" in learning and repeating an activity."

- Regular Session (check yes or no)
- Make-up Session (check yes or no)
- If yes, date of missed session (indicate the date)
- Provider signature
- **Parent/Caregiver Signature**

Each contact must have the signature of a parent/caregiver to verify that the service was provided. The provider **must** download the form & have the parent/caregiver sign the contact note form. If services are provided to a child at a childcare center, the child's teacher or the administrator may sign the form. Electronic signature is allowable with a statement authorizing use of an electronic signature by the parent/caregiver in the child's file. Where required by a licensing board /certification agency, the form should be signed by the assistant's supervisor. This form is maintained in the provider's file as proof of service delivery to match claims processing. When the provider is selected for monitoring, the monitor will ask for copies of the contact note. Contact Notes are uploaded to EarlySteps Online. If the notes are available online, the monitor does not need to have them mailed. The family receives a copy of the signed Contact Note.

Provider Monthly Report

The **Provider Monthly Report must** be completed by the provider and sent to the FSC monthly/uploaded to the Child Library. This form is **mandatory**. This form summarizes the progress made on IFSP Outcome(s) that the provider is working on with the child and family. The information indicates how the child and/or family are progressing towards the outcome(s) and is part of the supporting documentation used by the IFSP teams in the Services Decisions process.

The provider must send a copy of the monthly progress report to the FSC and IFSP team members monthly. **The report should be submitted by the 5th of the month containing the summary of the prior month. Uploading to EarlySteps Online makes it more available to team members.** The FSC reviews these progress reports and works with the family and individual provider(s) should any problems arise. If the provider notes that an outcome has been achieved, then the FSC will schedule a meeting with all the team members.

The Provider Monthly Progress Report contains the following information:

- Provider name
- Provider address
- Provider phone number
- The child's name
- The child's date of birth
- The FSC name & Agency
- Frequency of the service per the IFSP (complete)
- Intensity of the service per the IFSP (complete)
- Date of the annual IFSP
- Month/year reporting on
- Visits per month (indicate the # of visits)
- Missed visits this month (indicate if any visits were missed)
- Make-up visits this month (indicate the #, if any)
- Outcome #
- Outcome Statement(s)
- Goals/Objectives (Indicate the goals/objective worked on.)
- Progress related to the activities (Describe any new skills acquired.)
- The service I am providing for this outcome relates to enhancing the developmental domain:
(Check the appropriate boxes.)
 - Social Emotional – Positive social/emotional skills (including social relationships)
 - Communication/Cognitive - Acquisition and use of knowledge and skills (including early language/Communication)
 - Adaptive - Use of appropriate behaviors to meet their needs
 - Physical - Moving
 - Does not relate to any of the above developmental domains
- Indicate progress toward achieving the IFSP outcome you are addressing with your early intervention service
 - No progress
 - Slight progress
 - Making expected progress
 - 3 Month Skill Achieved
 - 6 Month Skill Achieved
 - Outcome Achieved!
 - Need to revise outcome
 - Added New Outcome
 - Other
 - Notes: Indicate any additional relevant information
- Team meeting dates
- Provider Signature
- Date
- Supervisor's signature (if applicable)
- Date
- Day and time of week child is typically seen

Monthly progress reports are uploaded to EarlySteps Online.

Documentation for Assistant Level Providers

- The supervisor will maintain a contact note for each supervisory visit with the assistant, which clearly indicates that the visit was a supervisory visit. Supervision must occur and supervision documentation maintained according to the rules of the relevant licensing board. The contact note may be used for this purpose, but should not imply that the supervisor was at the session if she was not.
- The assistant will maintain a contact note for each supervisory visit with supervisor, which clearly indicates that the visit was a required supervisory visit.
- Documentation of services, provided by the assistant, will be sent to supervisor to keep in child's record for monitoring purposes.
- The supervisor is responsible for maintaining and distributing contact notes and monthly progress notes for services provided by assistants.
- The supervisor must also sign the Assistant's **Monthly Progress Report** prior to submitting to the FSC/IFSP team/uploading to EarlySteps Online on a monthly basis.
- The assistant will utilize the appropriate professional designation when signing required documents. Most licensing boards specify these requirements for their disciplines. For example, the Louisiana Board of Examiners for Speech/Language Pathology and Audiology (LBESPA) does not allow the abbreviation of the assistant's title. The signature must be written as: Speech Language Pathology Assistant or SLP-Assistant.

Services in settings other than the Natural Environment

It may be necessary for a child to receive services in a clinic setting. It is the provider's responsibility to make sure to coach the skills/behaviors, which the child is learning, such that the parent can incorporate the skills/strategies into the child's routine at home or at a child care center. The provider must communicate with the parent at least every two weeks by telephone, to discuss the child's progress and what strategies the provider has been using. This conversation must be documented in the provider's file. The provider must communicate with the parent; it is not sufficient to state in the notes that contact was not made with the parent. Three good-faith attempts are required each two weeks and attempts and/or conversations **must** be documented. In addition to the contact, the provider may send home a note after each contact, describing what occurred during the contact as per best practice.

Make up sessions for missed visits are never authorized beyond the daily service limit for a service. An extra session must be scheduled for missed visits and must occur within the authorization period.

Continuous Quality Improvement Management

See Chapter 1 for the description of the Quality Management System used in EarlySteps. Activities may include: chart review, on site monitoring, self-assessments, family interview, provider interviews, data system/payment monitoring, data system reports. Practitioners must meet requirements in these areas and in the Performance Expectations at the end of the chapter.

Early Intervention Records – Additional Information

Early intervention records are confidential. Parents **must** give permission to share information with others by signing a Release of Information. The release of information **must**:

1. Specify the information/records that may be disclosed or released;
2. State the purpose of the disclosure; and
3. Identify the party or class of parties to whom the disclosure may be made.
4. Verify the time period of the Release of Information.

If a parent so requests, the agency or institution shall provide him or her with a copy of the records disclosed.

Opportunity to Examine Records

It is required that all participating service providers permit parents to inspect and review any early intervention records relating to their child which are collected, maintained, or used by the SPOE and/or contracted service providers under this part within 45 days of a request to review. The right to inspect and review records under this section includes:

- The right to a response from the participating service provider to reasonable requests for explanations and interpretations of the records;
- The right to request that the service provider furnish copies of the records containing the information (if failure to provide those copies would effectively prevent the parent/legal guardian from exercising the right to inspect and review the records); and
- The right to have a representative of the parent/legal guardian inspect and review the records.

These access opportunities as set forth in federal and state regulations apply to the clinical record maintained by each individual early intervention provider, as well as to the early intervention record maintained and available through the System Point of Entry. If any Early Intervention Record or any documentation includes information on more than one child, the parents of those children shall have the right to inspect and review only the information related to their child. The identifying information on other children/individuals must be blacked out prior to inspection.

Under the provisions of FERPA, the early intervention record **must** be accessible to the parents. An effective practice is to provide parents copies of the documents maintained in the early intervention record when those documents are developed. However, the law does not require this unless it is the only way a parent has access to the record.

Agencies may charge a reasonable fee for making photocopies of the early intervention record. The fees must address only the cost of photocopying—not the time used by an employee to research and retrieve the document(s).

Each service provider must supply to parents, at their request, a list of the types and locations of early intervention records collected, maintained, or used by the Part C system.

All documentation related to information requests **must** be maintained in the early intervention record. Routine and ongoing communications, IFSP updates, releases, and other forms of documentation (such as assessment reports) are provided to the SPOE by the Family Support Coordinator on an ongoing basis.

There **must** be documentation of all record activities—including information alteration, destruction, or purging of the formal Early Intervention Record maintained at the SPOE.

Access to Records

Provisions of IDEA regarding privacy are intended to protect the interests of families with infants and toddlers with special needs and of the early intervention system. Three primary privacy regulations that pertain to the exchange of personally identifiable information apply to the EarlySteps program: IDEA Part C Privacy Regulations, the Family Education Rights and Privacy Act of 1974 (FERPA), and the Health Insurance Portability Act of 1996 (HIPAA). These regulations govern activities describing parent consent, confidentiality and release of information, access to records, and the requirements for maintenance, storage and destruction of records.

According to the Part C Privacy Regulations, once a child is referred to EarlySteps, the system must have written parent consent before disclosing personal information about the child or family. Signed consent is not needed for EarlySteps to share individual child information with an individual or entity that is an “EarlySteps participating agency.” For example, a provider who is a member of the IFSP team for a child does not require consent to access information about that child.

FERPA specifies that families have the right to know about the information kept as part of the child’s “educational record.” Families are informed about the type of information EarlySteps keep in the printed record as well as the electronic record.

HIPAA includes privacy rules to protect the privacy of individually identifiable health information and disclosure of health information. Health organizations must notify families of the agencies or “covered entities” with whom they may share information. HIPAA allows for covered entities, such as hospitals to share personal information to public health authorities without consent for the sake of surveillance, investigations, and interventions regarding the health or safety of a child. There are two “levels” of access related to the Early Intervention Record maintained at the SPOE:

1. **General Access:** refers to office file access of the early intervention record. An access roster will be posted on the outside of all filing cabinets where the child records are maintained indicating those personnel (by title) who may have general access to the early intervention records. This access would generally apply to the supervisor, support staff, intake coordinators, and EarlySteps employees (quality assurance specialists, regional coordinators, central office staff, etc.). Access by EarlySteps staff is for the purpose of monitoring, program or fiscal audits, or complaint investigation.

2. Situation-specific Access: refers to a specific request for information regarding an individual child by and agency or individual. This request must be accompanied by a signed, dated **Consent to Share and Release Information** by the parent/guardian authorizing access to that specific record or information. The SPOE agency is required to have policies in place regarding handling of these requests according to EarlySteps privacy regulations. This includes an access log in each child's file indicating the date, the purpose of any and all specific information, and signature of employee with access to the record.

Destruction of the Early Intervention Record

The Early Intervention Record must be maintained for six (6) years after the child is no longer provided services through EarlySteps. This is true for all records—including children found to be not eligible for EarlySteps.

The SPOE shall inform parents when personally identifiable information collected, maintained, or used in EarlySteps is no longer needed to provide Part C services to the child. The information **must** be destroyed at the request of the parent, subject to the state requirement that the records be maintained for a minimum of five (5) years after the child is no longer provided services through EarlySteps. The child record **must** be shredded so that there is no identifying information after the six (6) year period expires.

References:

Division for Early Childhood (2015). DEC Recommended Practices: *Enhancing Services for Young Children with Disabilities and their Families* (DEC Recommended Practices Monograph Series No. 1). Los Angeles, CA.

Division for Early Childhood (May 2022) Position Statement on Ethical Practice available from:
[DEC Position Statement on Ethical Practice - May 2022.pdf \(egnyte.com\)](#) or
<https://divisionearlychildhood.egnyte.com/dl/KAh4cOFBZ8>.

DEC/NAEYC (2009). *Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Retrieved from:
<http://dec-sped.org/papers>

Keilty, Bonnie, *Early Intervention Home-Visiting Principles in Practice: A Reflective Approach*. **Young Exceptional Children**, 11, 2, pp 29-40, March, 2008

Sandall, et al, DEC Recommended Practices. *A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education*. Division of Early Childhood. Missoula, MT, 2005.

Workgroup on Principles and Practices in Natural Environments (February, 2008):
--*Agreed Upon Practices for Providing Early Intervention Services in Natural Environments*
--*Seven key principles: Looks like / doesn't look like*. OSEP TA Community of Practice- Part C Settings.
<http://www.nectac.org/topics/families/families.asp>

Professional Ethics:

In Relation to Children

I will:

- View each child firstly as a child and value their unique abilities.
- Respect that each child is part of a family and incorporate this understanding in all my interactions with children and their families.
- Acknowledge the major role of play in development and be sensitive to children's rights to play, their needs for stimulation, enjoyment, choice and preference.
- Interact with children in ways which enhance their development and value their achievements.
- Identify, value and build upon the abilities and strengths of each child.
- Promote safe, healthy and stimulating environments that optimize children's well-being and development.
- Work to ensure that children are not discriminated against on the basis of ability, diagnosis, label, gender, religion, language, culture or national origin.
- Acknowledge the cultural and linguistic diversity of children and families and adapt practices accordingly (e.g. cultural consultation/interpreters).
- Engage in practices that are respectful of and ensure the safety (emotional, physical and cultural) of children and in no way degrade, endanger, exploit, intimidate or harm them.
- Act on behalf of children to protect their physical and emotional well-being including making protective notifications where necessary. (i.e. OCS)
- Uphold appropriate privacy and confidentiality (as per HIPPA).
- Uphold the principles of **partnership**, participation and protection.

In Relation to Families / Caregivers

I will:

- Uphold the principles of **partnership**, participation and protection.
- Respect each family's perspective and priorities for their child and make this the starting point for intervention.
- Develop collaborative partnerships with families respecting family expertise about the children and share my professional knowledge and understanding sensitively/respectfully.
- Work to develop positive relationships with families that are based on shared decision-making, mutual trust and open communication.
- Acknowledge and respect the uniqueness of each family, and the significance of its culture, customs, language, beliefs and the community context in which it operates.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Honor professional commitments and terminate assignments only when fair and justifiable grounds exist.
- Assist each family to develop a sense of trust and connection to the services in which their children participate.
- Maintain confidentiality and respect each family's right to privacy.
- Inform the family in a timely manner when delayed or unable to fulfill assignments.
- Acknowledge, respect and support families in their native language to the maximum extent possible.

In Relation to Myself as a Professional

I will:

- Engage in ongoing professional development and keep up-to-date with new developments in early intervention.
- Work within the boundaries of my profession and qualifications.
- Be an advocate for children, early intervention and the services/agencies that support the children and their families.
- Ensure my practices are culturally appropriate and actively promote anti-racist attitudes.
- Demonstrate in my behavior and language that children are not discriminated against.
- Ensure that I maintain professional standards in all documentation.

- Ensure that I maintain personal integrity, truthfulness and honesty in all professional activities.
- Commit to upholding the standards, values and practices expressed in the Code of Ethics.
- Reserve the option to decline or discontinue assignments if working conditions are unsafe or unhealthy.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Avoid performing dual or conflicting roles in interdisciplinary (e.g. educational or mental health teams) or other settings.
- Recognize the limits of my professional competence and promptly provide referrals to other appropriate qualified health professionals

In Relation to Colleagues

I will:

- Work to communicate effectively, act with integrity and build professional trust, respect and openness.
- Value the personal and professional strengths that my colleagues bring to the team.
- Support Early Interventionists having access to high quality professional support and development.
- Respect the perspectives that different disciplines bring to the understanding of the needs of each child, family, service and community.
- Maintain appropriate confidentiality.
- Actively support a working environment by assisting and encouraging colleagues with the sharing of information and serving as mentors when appropriate.
- Support families having access to early intervention/special education training and professional support and development.
- Approach colleagues privately to discuss and resolve breaches of ethical or professional conduct through standard conflict resolution methods; file a formal grievance only after such attempts have been unsuccessful or the breaches are harmful or habitual.

***This was adapted from the National Code of Ethics of the Early Intervention Association of Aotearoa New Zealand & the Registry for Interpreters for the Deaf**

The Louisiana Department of Health, Office for Citizens with Developmental Disabilities maintains procedures for receiving, investigating, and resolving complaints relating to violations of Part C requirements. This process is administered through EarlySteps under LDH/OCDD. LDH ensures that the parents of eligible children receive their rights procedural safeguards upon referral to the system.

The complaint process for EarlySteps can be found in the practice manual, chapter 2, pages 7-11. If at any time a situation cannot be resolved, please call or submit the information to the Regional Coordinator in order for the complaint process to begin.

The DEC Position Statement on Ethical Practice was updated in May 2022 and is included in Chapter 12: Resources.

General Supervision Performance Expectations

The following performance expectations detail the required components for practitioners in EarlySteps. Early interventionists are monitored for their compliance with these expectations. Failure to do so may result in findings of noncompliance, corrective action and sanctions.

Item	Responsibility	Performance Expectations/Data Source
1	Participate in the multidisciplinary team assessment of a child and a child's family and in the development of strategies and outcomes for the IFSP.	--Progress/session assessment data in contact notes --Single domain assessment results for child performance data --Documentation on IFSP and team meeting notes verify participation in quarterly and other IFSP team meetings. Notes provide information regarding IFSP outcomes.
2	Participate in quarterly team meetings, 6 month reviews and annual IFSP.	--Documentation on IFSP which verifies participation and results of practitioner support on IFSP outcomes --Team meeting minutes
3	Participate in teaming activities which support providers and parents/caregivers incorporating interventions into family/caregiver routines.	--Documentation to support parent/caregiver participation in the delivery of services verified by signature on the monthly report and/or IFSP outcomes which support team-based service delivery. --Documentation of shared service information with all team members evidenced by uploads to EarlySteps Online --Documentation supporting consultation discussions with IFSP team members across disciplines.
4	Consult with parents, support coordinators, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services.	--Documentation to support consultation strategies with IFSP team members and others in delivery of services. --Contact notes demonstrate service activities which support IFSP outcomes and cross-disciplinary activities.
5	Delivery of services in accordance with the IFSP in a timely manner.	--Service initiation within 30 days of parent consent on the IFSP. --Percent of services delivered in accordance with the IFSP and service authorizations as documented in a timely monthly report and provider reimbursement. --Monthly report sent to FSC/uploaded every month for availability by all team members. --Claims for services provided are submitted within 60 days, within authorization frequency, intensity, duration limits, and to the correct fund source.
6	Continuously collect data to determine child's developmental progress.	--Documentation of child specific data regarding developmental progress in the contact notes and on periodic assessments. --Data verifying progress shared with family at visits and with IFSP team members. --Data collected from service contacts and/or single domain assessments used for decision making for progress and with the team. --Service delivery notes confirm use of adaptations and individualization based on child performance
7	Provide appropriate levels of service based on child's developmental level, best practice guidelines and family concerns.	--Average cost of services per child within authorization details, provided according to service guidelines, and within authorization limits. --Contact notes detail missed visits with reason and plans for next steps. --Contact notes reflect supports based on family priorities: family routines and activities and child interests. --Team service data supports revisions/additions to services
8	Provide services in a way which supports family's ability to meet the needs of their child	--supports provided to families in such a way that the percent of families who report their agreement with their ability to meet child's needs according to Indicator 4 of the Annual Performance Report --Coaching strategies embedded within service delivery reflect family priorities and strengths.
9	EarlySteps providers are mandated reporters by Louisiana Law to the Office of Community Services if there is a suspicion of abuse or neglect.	--Timely referrals made to the Department of Children and Family Services.

Item	Responsibility	Performance Expectations/Data Source
10	Early interventionists update service matrix page monthly	--Matrix page is complete with timely monthly updates --Accuracy of availability information allows families to make selections
11	Practitioners are professional and respectful with all team members and families.	--Team differences are handled professionally, without argument, such that parent/practitioner complaints do not result. If resolution is not possible, families are provided with dispute resolution procedures.
12	Practitioners respect and follow confidentiality requirements	Practitioners only share information for which families have provided consent. Records are maintained with security and for the required time limits.



Teaming and Collaboration 1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.