EarlySteps Practice Manual

Chapter 4: Intake

This chapter describes the steps in the process for Intake with a child and family following referral:

Louisiana’s State-Identified Measurable Result for Infants and Toddlers with disabilities and their families:

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.

Practice Manual Updates – October 2023
Updates to this Chapter are listed below and indicated in the body of the chapter by:
"Updated"

Chapter 4: Intake	--added/updated steps for screening including consent for screening in Intake Process --removed references to Community Care, KidMed, Bayou Health and changed to Healthy Louisiana or Managed Care Organization (MCOs) --updated name and information for OPH EHDI program --added reference to EarlySteps Online throughout chapter --removed instructions for LDH Application to move instructions to forms chapter --Notification to the LEA, LGE and Parent consent when children are referred late and may be Part B eligible. --Clarified referral to EPSDT Case Management and other EPSDT services if children are not eligible for EarlySteps and for age 3 transition. --Removed requirement to refer to the LDH Children and Youth with Special Health Care Needs program (CYSHCN or CSHS). --Added references to DEC recommended practices which support intake practice implantation processes including family assessment --Added requirement to submit attorney records requests to LDH online records management system --clarification added about consents when families are divorced. --revised timeline for maintaining records from 5 to 6 years. --removed supervisor caseload requirement except for ongoing FSC. --updated referral procedures to Human Service Districts/Authorities/LGEs to age 2 years 6 months. --added requirement to maintain family cost participation documents to child record. --Performance Expectations

Introduction:

Upon receiving a referral, the regional System Point of Entry office (SPOE) welcomes the family, explains the EarlySteps system to them, and starts the process of eligibility determination. The first contact with the newly referred family is the opportunity to introduce the EarlySteps process and model, discuss the referral, and provide families with the opportunities and options available to them through the EarlySteps system designed to address their concerns and priorities in supporting their child's development.

Intake Forms:

- **Notice of Action**
- **Louisiana Department of Health Application for Services Children 0-3 with Special Needs**
- **Health History**
- **Consent to Release and Share Information**
- **Health Summary**
- **Parents Rights Handbook**
- **Change Form**
- **Early Intervention Services Transition Notification (for children over 2 years 2 months)**
- **Freedom of Choice Provider Selection**
- **Eligibility Determination Process Report**
- **BDI-2 Evaluation Report**
- **Family Assessment of Concerns, Priorities, and Resources**

Through the description and requirements of the intake process, EarlySteps intends to reflect the following *DEC Recommended Practices* (DEC RPs):

- Early interventionists work as a team with the family and other professionals to gather assessment information (DEC RP Assessment 2).
- Early interventionists obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community (DEC RP Assessment 7).
- Early interventionists work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals (DEC RP Family 7).

Intake Process

The intake process begins with the first phone call with the family during which information about what the family can expect from early intervention including the system's focus on addressing family concerns, priorities and resources (CPR) through an ongoing series of conversations with the family. Throughout the intake process, the intake coordinator uses all information collected through a process called the *family assessment* to assist the family in identifying their CPRs.

SPOE procedures throughout intake outline for families the expectations for each step in the process (intake, screening, eligibility evaluation, IFSP development, etc.) prior to the next event. All information collected throughout the process contributes to identification of family needs and priorities that will support improving child and family outcomes.

The intake process should be initiated by the 10th working day and completed by the 20th day after referral date. This timeline allows for adequate time to complete eligibility determination and have a completed IFSP by day 45, for children who meet eligibility criteria. (See Intake Process Chart at end of this chapter).

Step 1: Consent to Proceed

Within 10 working days of referral, the Intake Coordinator:

1. Meets face-to-face with the family to explain the EarlySteps system and the family indicate whether they will proceed with the next steps of the process.
2. If parent **wants to proceed**, the Intake Coordinator:

a. Gives parent the **Notice of Action** to read. Check (√) Initial Eligibility Proposed
b. Explains procedural safeguards and gives parent a copy of the **Family Rights Handbook.**
c. Obtains parent signature on the **Notice of Action** and gives parent a copy**.**
    - **Updated**: Provides parent with notice of intent to screen including right to request evaluation and assessment.
    - Obtains parental consent
    - If screening results indicate the need for further evaluation, with notice and consent move to evaluation and assessment next
    - If screening results do not indicate the need for further evaluation, provide notice that the child is not eligible for EarlySteps and notify parent of results and their right to request an evaluation
    - At any point during the screening process, the parent can request and consent to evaluation

d. Proceeds to Intake process.

3. If parent **does not wish to proceed** in EarlySteps, the Intake Coordinator:
    a. Explains procedural safeguards and gives parent a copy of the **Family Rights Handbook** Informs parent that they may re-apply later.

Step 2: Health History

The Intake Coordinator completes this form with the parent. This is completed at the initial intake and parts of the form are updated annually for annual re-determination of eligibility. If the child is eligible, page 2 of this form becomes Section 3a of the IFSP. This form collects information regarding:

- Child's primary physician
- Child's specialty physicians
- Risk factors for hearing and vision
- Diagnosis
- Equipment (adaptive & medical)
- Medications
- Special diet
- Allergies
- Information from the mother's pregnancy which may be helpful in eligibility determination

Step 3: Collect existing information from**:**

- Family (parent interview, family related information from Ages to Stages Questionnaire (ASQ)
- Reports of existing testing/assessment from providers who have seen the child in the past
- Relevant information from child care providers
- Referral source, if it is anticipated that more information is needed
- Medical care provider(s) and other medical providers that have relevant medical information related to eligibility determination by completing **Consent(s) to Share/Release Information** forms (give parent copies of all **Consents)**:
    - Developmental screening information from physician/health practitioner: The health screening component of Louisiana's Early Periodic Screening, Diagnosis and Treatment (EPSDT) in the Healthy Louisiana Medicaid managed care system, EPSDT, provides preventive health screening, diagnosis, and treatment services for suspected vision, hearing, dental, medical problems, and autism screening. Children should have up-to-date screening at these ages: 1, 2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months.
        - Medical information about the child by sending the **Health Summary** to the child's primary care provider. The Intake Coordinator may collect information from the **Health Summary** via a telephone call. However, in this instance, the physician should sign and return the form to the SPOE. Intake Coordinator indicates on the form and in contact notes how the information was obtained. The Health Summary indicates whether or not routine well-child care is in place and if immunizations are current. If the child has a medical condition that qualifies for EarlySteps, this information may be documented on the **Health Summary** form. Physician may also note any developmental concerns discovered during routine medical care or health screenings. (**Note: Delay in receiving** the **Health Summary** does

not exempt the SPOE from meeting the 45-day timeline). In the absence of a completed health summary the case record must contain documentation of attempts to obtain health information.

- For children in Healthy Louisiana, a hearing screening/evaluation by a licensed physician or licensed audiologist and a vision screening/evaluation by a licensed physician may be available as part of ongoing care.

The Intake Coordinator must assure that children referred to EarlySteps are linked to a Medical Home: a. Children enrolled in Medicaid **must** be linked to a primary care physician who is a Medicaid provider for screening and ongoing medical care (i.e., Healthy Louisiana provider). b. Children not enrolled in Medicaid **will** have a primary care provider for screening and ongoing care.

Step 4: Vision, Hearing, and Nutrition Screenings

The validity of developmental testing is highly questionable if the child's vision and/or hearing are in doubt. If the parent, the medical home physician, a child care provider, or any provider of early intervention services has concerns about the child's vision or hearing, a **screening** is indicated prior to the comprehensive developmental assessment.

If more current medical information than the well child screening is available, this information should also be requested.

Vision and hearing "screenings" are a requirement of the well-child protocol for the periodic medical visits. Healthy Louisiana requires a subjective vision and hearing assessment which includes review of family history and medical diseases, along with the physical exam. A formal vision and hearing evaluation is not required until the child is older, unless indicated by the screening results, history/risk assessment, or newborn hearing screening. Children are required to have a hearing screening prior to discharge from a birth hospital. This information can be requested from the physician and/or family.

- Children who have failed vision and hearing screenings and are currently under medical treatment for the problem on a regular basis do not require further screening prior to the EarlySteps assessment.
- A screening is considered current if performed according to the Medicaid well-child visit periodicity schedule. The vision and hearing screening is a required component of the "screening" visit.
- The physician may indicate the results of the vision and hearing screening on the Health Summary under "Current Health Status." The "Date you last saw child" section will indicate if the screening is current.
- Follow up, including contact with the Early Hearing, Detection, and Intervention Program (EHDI) will be arranged for children who did not have or failed the newborn hearing screening.

NOTE: Hearing and vision screening results may be obtained from the **Health Summary Form.**

Hearing Screen

All children born in Louisiana hospitals undergo a **hearing screening**, usually before discharge from the birthing hospital. The results of this screening are provided to parents and the child's medical home. Children who do not pass this hospital screening or children whose medical condition requires hearing follow up are referred to a community audiologist for a second screening and, if indicated, a **hearing assessment**. Intake Coordinators should obtain the completed results of the newborn hearing testing results to ascertain if further testing is needed. If there is concern about a child's hearing at any time, repeat testing is indicated. If the Intake Coordinator cannot obtain the newborn hearing screening results from the birth hospital or child's medical home, they may contact the Office of Public Health Early Hearing Detection and Intervention Program (EHDI) for results.

Hearing screening results are generally "pass/fail" and indicate the need for further testing. They can usually be performed in a short amount of time (less than 30 minutes) depending upon the type of test and the cooperation of the child. Usually young children can be tested without sedation for hearing screening. If the child passes the test, then the screener will usually report that the child's hearing is within normal limits and no further evaluation is needed or recommend additional screening at a later time. If the child cannot be tested or does not pass the test, then a **full audiological evaluation** is required.

Hearing screening for children from birth to age 6 months is performed using an objective electrophysiological test such as auditory brainstem response (ABR) or otoacoustic emissions (OAE). For children older than 6 months (developmental level) testing can be attempted using visual reinforcement audiometry in a sound treated booth with insert earphones or sound field testing. The choice of test will be dependent upon many factors such as developmental level of the child, cooperation with test procedures and available equipment. Every effort should be made to refer to audiologists skilled in testing infants and toddlers and who have appropriate equipment and expertise to test this population, such as an enrolled EarlySteps audiologist.

Updated: Referral lists of pediatric audiologists are also maintained by the EHDI Program and can be found at http://www.ehdi-pals.org. EarlySteps also coordinates referrals for children with hearing loss with the EHDI Program with the Office of Public Health and the Louisiana School for the Deaf Parent Pupil Education Program (PPEP).

Any hearing screening/evaluation results, including newborn hearing screening, are considered current if performed within the previous 6 months. Results of the hearing screening should be included in the Health Summary and recorded in EarlySteps Online.

Hearing screens by Audiologists can be authorized for EarlySteps-enrolled audiologists through the EarlySteps data system and paid for through EarlySteps or through Medicaid. For children approaching age 3 transition, the SPOE intake coordinator/FSC will arrange for an updated vision and hearing screening and/or evaluation as part of the initial/annual/transition IFSP process to facilitate the timely completion of an IEP by the child's third birthday. In addition, some conditions, such as prematurity, require ongoing hearing screening/assessment. A child may have normal hearing at birth, but have a hearing loss that occurs later, also referred to as a progressive hearing loss.

Vision Screen

A vision screening for EarlySteps is not necessarily a test of visual acuity. A vision screening by a medical home provider consists of checking the medical history for risk factors for vision or eye problems, checking the child's ability to track and respond to light in an age appropriate manner, and performing a physical examination of the eyes to be sure that corneal and red reflexes are intact and that there are no abnormalities that warrant referral to an ophthalmologist. This should be part of every well-child screening and every health maintenance check-up for this age group.

The results of the vision screening should be documented on the **Health Summary** form and in EarlySteps Online. If this is not documented, the Intake Coordinator/FSC should contact the medical home provider's office to obtain this information. If the information is not current, or the provider or parent has new concerns about the child's vision since the child's last health maintenance visit, the Intake Coordinator/FSC should refer the family back to the medical home provider for another vision screening. Children who were born prematurely with *retinopathy of prematurity* (ROP) may have vision loss after birth which may resolve or improve as the child matures. Ongoing vision management for these children is critical.

Vision screenings by ophthalmologists, optometrists, or pediatricians can be paid through medical services through a family's insurance, by Medicaid, or by EarlySteps, if the physician or screener is an enrolled EarlySteps provider.

Nutrition Screening

If nutritional status is identified as a concern of the family or if there is a history of nutritional or feeding problems, the Intake Coordinator should verify with the physician whether consultation with a nutritionist

is indicated. If a nutrition screening has been performed, it is important to obtain the results from this screening. The child may be referred to an EarlySteps-enrolled Dietitian (may also be called a Nutritionist) who is skilled in assessing nutritional status and feeding issues. If further consultation is required to address an identified problem, this may be listed as an EarlySteps service on the IFSP. This information may also be provided from the WIC program for a child receiving WIC services. The child may be receiving services of a nutritionist through this program or may be referred to the WIC nutritionist if nutrition is a concern.

Step 5: Conduct Developmental Screening
Ages and Stages Questionnaire (ASQ)

A. Review of Screening Information:

Ages and Stages Questionnaire (ASQ)

The Ages and Stages Questionnaire is used in EarlySteps as the developmental screening component following a referral to discriminate children who require further evaluation for eligibility and those who do not. The ASQ 3rd Edition is the most current version and most widely used by the SPOEs. The ASQ includes 21 total questionnaires and 17 questionnaires for children (from 2-36 months) for these ages: 2,4,6,8,9,10,12,14,16,18,20,22,24,27,30,33,36 months. Each questionnaire contains approximately 30 questions across the areas of communication, gross and fine motor, problem solving and personal-social. There is an "overall" section which addresses general parent concerns. Children who score at or below the cut off in the dark-shaded zone are recommended for additional developmental assessment. Scores in the light-shaded "monitoring" zone may be at risk. Scores outside the shaded zones are "doing well" in those areas. A referred child who scores above the cut off is not considered in need of additional assessment. Screeners should follow the appropriate criteria for the ASQ version used.

Children will present to EarlySteps with one of the following situations:

- **Child is referred because of suspected developmental delay but no developmental screening tool or developmental assessment has been completed:** All children who have not had a comprehensive developmental assessment that addresses all developmental domains (language, cognition, gross/fine motor, social/emotional and adaptive) or an Ages and Stages Questionnaire (ASQ) within the three months prior to referral to EarlySteps **must** be screened with the ASQ by the Intake Coordinator, unless a full evaluation is requested by the parent. Move to "B" below.

- **Child is referred with developmental delays that are confirmed with a Battelle Developmental Inventory-2nd Edition (BDI-2) or replacement tool (2022-2023):** If the developmental assessment has been completed within the previous three months and includes assessment of all developmental domains (communication, fine/gross motor, social/emotional, cognitive and adaptive), and the reported results include all scoring including the standard deviations, no further testing is required for eligibility determination. These BDI-2 scores may be used for child eligibility determination. There is no need to conduct an ASQ if a developmental assessment already confirms developmental delays. Any other assessment information will be reviewed at the Eligibility Determination team meeting along with the BDI-2 results.

- **Child is referred with developmental delay that is confirmed with a single domain assessment:** All children who have not had a comprehensive developmental assessment that addresses all developmental domains (language, cognition, gross/fine motor, social/emotional and adaptive) or an Ages and Stages Questionnaire (ASQ) within the three months prior to referral to EarlySteps will be screened with the ASQ by the Intake Coordinator. The existing single domain assessment (if current within the prior three months) will be included in the information utilized for eligibility determination. If the information is sufficient to establish a child's needs/delays in an area of development, the assessment may be considered as part of informed clinical opinion for eligibility determination. Move to "B" below.

- **Child is referred with only an ASQ that has been completed in the previous three months and indicates a need for further assessment:** If the ASQ results are consistent with the Health Summary, the Health History, and the parent's concerns, the ASQ does not need to be repeated. (**Note:** If the

ASQ results are not consistent with the other information provided, the Intake Coordinator repeats the ASQ.) Move to "B" below.

- **The parent requests an evaluation, proceed to administration of the BDI-2 or replacement.**

- **Child is referred with an established medical condition as listed in the EarlySteps eligibility criteria:** The child will proceed to the BDI-2 for child outcomes entry scores, but the BDI-2 is not necessary for eligibility determination.

B. Conducting the ASQ--after providing notice to and obtaining consent for screening from families

- The Intake Coordinator will conduct the ASQ in person (virtually, as appropriate) with the primary caretaker and the child present, preferably in a natural environment for the child (e.g., home or childcare).
- The parent and/or Intake Coordinator will administer any items for which the parent questions the child's ability to complete the items. When possible, toys that are familiar to the child should be used for administering ASQ items.

The ASQ instrument begins at 2 months of age, depending on the ASQ version being used. Children referred to EarlySteps younger than 4 months or corrected gestational age should not be screened with the ASQ, unless the 3rd edition is used. These children should receive a BDI-2. Completing the ASQ requires that the child is present. Intake Coordinators may initially meet a parent at a time and place where the child is not present (parent's workplace, for example). In this case, a second meeting where the child is present is required to complete the ASQ.

ASQ Scoring Interpretation and Follow up:

No Concern: All scores are above the (gray area) cut-off indicates that the child is on track developmentally and is not considered in need of further eligibility determination.
Concern indicating need for BDI-2 administration: score below the cut-off (Black area) in two or more areas

Discussion and Monitoring: scores near the cut-off (gray area) but not below indicate consideration for BDI-2 and should be discussed with the parent. If the parent is satisfied with the results, no additional assessment is necessary. Early Intervention Consultant and/or Regional Coordinator review the information to determine referrals to appropriate agencies. All children who have a medical diagnosis that is on the eligibility list (ASQ not required) or are below the cutoff points in two areas of the ASQ will proceed to eligibility assessment. The eligibility determination process includes testing with the BDI-2. The BDI-2 is not required for eligibility determination for children with established medical conditions meeting EarlySteps criteria, but is used for child outcomes and assessment information for the IFSP.

Parent Concern: Parent expresses concern during interview or in the "Overall" questions section or requests an evaluation for eligibility determinations and/or scheduling of a BDI-2. The child is scheduled for the BDI-2.

At any point during the screening process, the parent can request and consent to evaluation and the administration of the BDI-2 will be arranged.

C. Sharing ASQ results with the parent/primary caretaker:
The parent and the Intake Coordinator will discuss screening results and determine joint areas of concern based on the **Health History**, the **Health Summary** form or other sources of health information, screening results, and parent interview. This discussion should take place immediately following the screening activities when possible and should incorporate all information available including the screening.

For children with no concerns on the ASQ or with scores in the white area for whom the decision is made with the parent not to proceed with additional assessment, the next two age-appropriate ASQs will be provided to the parent to monitor the child's development. The child may be re-referred at a time in the future if concerns are identified. Referrals to other agencies are made to address additional concerns or

needs expressed by the family which are not being addressed through EarlySteps. For children approaching their third birthday who are suspected of meeting IDEA-Part B eligibility, the family is provided with LEA contact information or may be referred directly by the SPOE to the LEA with parent consent. Referral information to the developmental disability system local governing entity (LDE) is provided and the family is encouraged to request eligibility determination at the LGE if developmental concerns are present at the child's third birthday.

If a family requests an evaluation following the administration of the ASQ, the child must be evaluated and a BDI-2 administered.

For a child proceeding through eligibility determination, the Intake Coordinator is responsible for collecting existing information from the family, primary medical care provider(s), and others who have relevant information related to eligibility determination. Requesting pertinent medical reports, conducting interviews, and/or taking information over the phone that is later supported by hard-copy documents are valid methods of information collection.

Existing information including parent interview, structured observation, medical, and other existing assessment information should be obtained before eligibility assessments are conducted. Previously conducted assessments, physician's consultation reports, and hospital discharge summaries are valuable sources of information. This is especially true for infants referred from Neonatal Intensive Care Units (NICUs) or other hospital programs. Information from these records may provide significant information that supports eligibility determination.

Once the family has consented to proceed through intake for eligibility determination, the Intake Coordinator completes the intake process by completing the following forms/steps with the family:

Step 6: Completion of LDH Application

Louisiana Department of Health Application for Services Children 0-3 with Special Needs serves as the application for the following:

- **EarlySteps**—
- **Office for Citizens with Developmental Disabilities (OCDD)/Human Service Authority/District (HSA/D) also known as the LGE —**the Louisiana state agency/regional agency responsible for services and supports to individuals with developmental disabilities, birth through adulthood.
- **Developmental Disabilities Request for Service Registry (RFSR)**—documents and maintains the person's name and protected date for waiver services.
  a. Complete Section 1 (Enrollment Application) & Section A (Child Information)
  b. Complete Section B (Enrollment Requests)

Step 7: Medicaid Eligibility Verification

The SPOE **must** verify Medicaid eligibility for children prior to the initial eligibility determination meeting, using:

- Procedures from "Review of Existing Information/Proceed to Eligibility Determination" section (pages 41-42); and
- Procedures from the Medicaid website.

Medicaid Registration

Medicaid eligibility can be verified online at no charge at www.lamedicaid.com after a login and password are obtained using the line – Provider Web Account Registration Instructions.

Eligibility Verification
Upon receipt of the login and password, refer to in-depth instructions on using this online Medicaid Eligibility Verification System (e-MEVS) that can be found online at the above mentioned website. Select the "About Medicaid" link on the menu then select MEVS for instructions on eligibility verification.
For more information on Medicaid programs refer to: www.lamedicaid.com.

A child's Social Security Number and Medicaid number are **critical** for cost participation and FSC Agency and Provider Authorizations and Billing. These are utilized as part of the eligibility verification process with the Medicaid Fiscal Intermediary (currently Gainwell Technologies LLC). The intake coordinator is responsible for collecting the information, comparing the child's name with the identifying information on the cards and ensuring that the numbers are accurately entered into EarlySteps Online. When the information is entered inaccurately or is missing, service authorizations will not be successfully submitted to Medicaid or paid to the provider.

Referral to the Department of Children and Family Services

EarlySteps providers, Intake Coordinators, Family Support Coordinators etc. are mandated reporters by Louisiana Law to the Department of Children and Family Services (DCFS) if there is a suspicion of abuse or neglect. To report suspected child abuse or neglect, anyone may call **855-4LA-KIDS (1-855-452-5437)**.

For more information on the DCFS including the list of contacts refer to:
http://www.dcfs.louisiana.gov/page/109

Initial Eligibility Refused/Child does not qualify for EarlySteps

For children who:

- do not have a confirmed diagnosis on the EarlySteps eligibility condition list;
- have no concerns on the ASQ and family have no additional concerns
- presenting information does not support additional evaluation

1. Discuss information with parent.
2. Give/send parent **Notice of Action**
    a. √ Action(s) taken
        i. Administered ASQ
        ii. Reviewed recent ASQ/BDI-2 EVALUATION
    b. √ Initial Eligibility Refused/Child does not quality for EarlySteps
3. Give/send **Parent's Rights.**
4. Give/send parent next 2 age-appropriate ASQs.
5. Provide parent with SPOE contact information to use in the future if any concerns arise again.
6. Medicaid enrolled children: provide family with process to request case management services through EPSDT below. They may also be evaluated for and receive other EPSDT services. Families should be encouraged to contact their child's physician for referral information and providers.
7. Close case **(Change Form**) within 5 calendar days of the date of inactivation.

Referral to Early Periodic Screening Diagnosis Treatment (EPSDT) Services
Updated:

- EPSDT targeted support coordination (case management) is part of the Louisiana Medicaid service package. Support Coordination is a service that can assist families to access the services available to them through the Medicaid EPSDT program. Children are eligible for EPSDT support coordination at age 3 if they are on the request for services registry (waiver waiting list) or if support coordination is medically necessary. Other EPSDT services include all services that individuals between birth and age 21 may be Medicaid-eligible. These services may help address the individual's medical, social and educational needs. The EarlySteps Intake/Support Coordinator will review all available services and assist with making referrals for the services they may be eligible to receive.
- These EPSDT services **may** include medical equipment, occupational, physical or speech therapy, Personal Care Services (PCS), Home Health, Applied Behavior Analysis and Healthy Louisiana medical services.
- As a Medicaid participant, a child is eligible for EPSDT services if they have a medical need. If a family is interested in EPSDT services, go to https://www.myplan.healthy.la.gov/myaccount/choose/find-provider or
- Discuss their interest in EPSDT services with the child's Healthy Louisiana physician who will assist with making a referral to an enrolled Healthy Louisiana Network provider.

- For children who may not be eligible for EarlySteps, but for whom there are concerns regarding development, SPOEs should provide the family with EPSDT services information and refer the family to their physician and/or Healthy Louisiana physician for referral and provider information.

For Children Referred to EarlySteps after Age 2 Years, 2 Months

The Intake Coordinator should complete all initial intake activities. Care should be taken to ensure that if any testing is conducted for EarlySteps eligibility purposes, the testing results can be used by the Local Education Agency (LEA) for Part B eligibility determination in the future. This will minimize duplicate testing. Many LEA's coordinate eligibility determination with EarlySteps and should be notified of the referral to determine what information is available. If the child proceeds to an IFSP, the LEA should participate at the meeting.

The Intake Coordinator **must** also notify the LEA of the child's application and potential for IDEA-Part B services by sending the **Early Intervention Services Transition Notification** letter. A child may meet Part B eligibility even though found not eligible for EarlySteps. Timing for referrals to the LEA is critical the closer the child is to their third birthday, so that the LEA can have eligibility determined and an IEP developed by the time the child turns 3 years of age. Information about eligibility determination through the OCDD developmental service system with the regional LGE office is also provided. Children not found to be eligible for EarlySteps should contact their LGE when the child reaches the third birthday.

Transition Process for Late Referrals-SPOE Responsibilities

SPOE Responsibilities: Children Referred to EarlySteps after Age 2 Years, 2 Months

Notification to the LEA must occur for any child referred to EarlySteps at age 2 years, 2 months and older using the Transition Notification Letter.

The Intake Coordinator should complete all initial intake activities. Attempts should be made to ensure that any testing conducted for EarlySteps eligibility purposes can be used by the LEA for Part B eligibility determination. This will minimize duplicate testing. Included in the intake process for children in this age range are making arrangements for updated vision and hearing screening/evaluation to meet the LEA requirements. These arrangements are to be included in the initial IFSP. Many LEAs coordinate eligibility determination with EarlySteps.

If the child proceeds to an IFSP, the LEA should participate at the initial IFSP meeting; this should be considered the Transition Conference. If for any reason the LEA is unable to attend the initial IFSP meeting the FSC will invite the LEA to any future IFSP team meetings to discuss age three transition. If the LEA does not participate in the initial IFSP, the intake coordinator will ensure that the required activities for the transition conference in the IFSP Section 5-C are completed, including providing parents with information about Part B preschool services, timelines and process for consenting to an evaluation and conducting eligibility determination under Part B and the availability of special education and related services. Providing the parent with LEA contact information and the Louisiana Department of Education Transition Booklet will assist in meeting this requirement. The guide can be found at the following address: http://www.louisianabelieves.com/docs/default-source/early-childhood/brochure---early-childhood-transition-process---english-version.pdf?sfvrsn=e45a5e21_7

If a toddler is referred to EarlySteps less than 45 days before the third birthday and that toddler may be eligible for preschool Part B services, the SPOE, with parent consent, refers the toddler to the LEA.

Updated: Notification to Regional Human Service Districts/Authorities, also called Local Governing Entities (LGEs)

Services available from the OCDD Developmental Disability Services system are discussed with the family. Services include Flexible Family Fund, Family Support, and Waiver services. The SPOEs assemble and maintain records for children whose families are interested in a referral for these services. SPOE staff are responsible for checking "yes" or "no" for OCDD referral as determined by the parents' interest in EarlySteps Online. Transition lists are shared with the LGE when a child reaches 2 years, 6 months of age if the family has indicated "yes" for a referral. Updated information packets are submitted to the LGE by the

FSC agency at 2 years, 6 months so that the DD System eligibility can be determined by the child's third birthday. Families should be encouraged to select a referral to the LGE since the EarlySteps eligibility date is considered the child's "protected date" for services. The protected date is maintained until the child's fifth birthday if eligibility determination is not conducted prior to that time.

For Children Re-Referred after Closure

Referrals are often made to EarlySteps for a child whose case has been closed (i.e., family requested closure, unable to locate family, family moved out of state, etc.). With the updates for EarlySteps Online, the SPOE can re-open a child's record. By selecting the "reopen" link the child moves into referral status and the 45 day timelines apply. The SPOE should always search for closed records to avoid duplicate entries for the same child.
For cases that have been re-opened, existing information obtained from providers may be used if the information is less than 45 days old—**Health Summary**, health information, or other assessments. The ASQ may also be used if less than 45 days old and results are consistent with the **Health Summary**. If the ASQ results are not consistent with the Health Summary, the ASQ **must** be repeated. Previous BDI-2 information is current within 90 days.

New intake forms **must** be completed/updated as "re-opened".

Early Intervention Records- System Point of Entry

SPOE Records

The System Point of Entry (SPOE) maintains two types of early intervention records: a paper or hard copy file for each individual child and the electronic record in EarlySteps Online. These records are important documentation of the rights and entitlements afforded under Part C of IDEA. The early intervention record is the current and historical documentation of the child's participation in Part C.

The paper or hard copy of the file is called the Early Intervention Official Record.

Early Intervention Official Record

The contents of the official early intervention record include:

- **Referral**
  - Referral Form-as sent to the SPOE or printed from EarlySteps Online
  - Documentation of initial family contact
  - Acknowledgement of referral letter
- **Intake**
  - Notices of Action
  - ASQ
  - LDH Application for Services
    - Documentation that LDH Application sent to:
      - **Updated:** OCDD HSA/D-LGE--after the Eligibility Determination meeting, as indicated for children beginning at age 2 years, 6 months
  - Signed Consent to Release/Share Information forms
  - Health Summary
  - Health History
    - Documentation of:
      - Scheduled vision screening
      - Scheduled hearing screening
      - Scheduled nutrition screening
      - Scheduled autism screening at age 18 months and after
  - Freedom of Choice Provider Selection form BDI-2 Evaluation BDI-2 evaluation

- Documentation of Authorization for BDI-2 evaluation entered
- Completed Notice of Action – if child not eligible

- **Initial Eligibility**
  - Freedom of Choice Provider Selection form
  - Documentation of Authorizations entered
  - Eligibility Team Meeting Announcement
  - Eligibility Determination Documentation
  - Team Meeting Notice and Minutes Form
  - Completed Notice of Action—if child not eligible
  - Family Assessment of CPR
  - Completed Authorization for FSC
  - Completed Authorization for Initial Outcomes and IFSP Planning/Report
  - Initial Outcomes and IFSP Planning Report
  - Assessment Report from Provider
  - **Updated:** Cost Participation Documents

- **Initial IFSP Development**
  - Freedom of Choice Provider Selection form
  - IFSP Team Meeting Announcement
  - Authorizations for IFSP team meeting
  - Completed IFSP
  - Documentation of Authorizations for IFSP services entered
  - Documentation of IFSP sent to all team members
  - Team Services Process Form if needed
  - Documents uploaded to EarlySteps Online
- **Transition**
  - Documentation of Transition Notification letter sent to LEA if child enters after 2 years 2 months
  - Completed Request for Authorization for Exit BDI-2
  - Exit BDI-2 Report
  - Section 5 of the IFSP completed and transition conference date indicated.
- **Case Closure**
  - Completed Change Form (Case Closure)
  - Copies of correspondence
  - Case closed in EarlySteps Online timely and with the correct closure reason.
- **Miscellaneous forms**
  - SPOE Activity Checklist

Intake Coordinators "Working File"

Intake Coordinators may keep a "working file" which contains various types of documentation. The "working file" will contain forms "in progress", contact notes, and other type of documentation as it is being completed for permanent placement in the child's official record. Any information which is duplicated in the official record may be destroyed when the intake coordinator no longer uses the "working file."

Confidentiality: The Intake Coordinator must protect the confidential information in the file at all times. Once the Intake Coordinator completes the casework, the original contact notes and forms are incorporated into the official Early Intervention Record.

If the SPOE is also temporarily working as the ongoing Family Support Coordinator (due to lack of Family Support Coordinators), a Family Support Coordinator working file is created that is kept separate from the Intake files and Early Intervention Records. This Family Support Coordinator file is then transferred to the ongoing Family Support Coordinator once one is available.

Electronic Early Intervention Record – LAEIKIDS and EarlySteps Online

The SPOE will open and maintain an electronic record for each child referred to the EarlySteps system. This record is comprises key demographic and service data. Authorizations for services entered into EarlySteps Online are taken directly from the **Early Intervention Services section of the IFSP.**

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 (FERPA), and the Health Insurance Portability and Accountability Act (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. 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 keeps in the printed record as well as the electronic record.

Updated: In 2013, FERPA requirements were amended by the Uninterrupted Scholars Act which allow for disclosure of personally identifiable information for children in foster care placement, without parent consent, to a DCFS caseworker or other representative of a state or local child welfare agency when "the agency or organization is legally responsible for the care and protection of the child."

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 an agency or individual. This request must be accompanied by a signed, dated **Consent to Release and Share 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.

Updated: Frequently, EarlySteps receives records requests from attorney's offices either through a records request or subpoena. LDH has an online records management system to process these requests. Each SPOE has access to the system and attorney records requests are processed through this system by uploading the request. SPOEs may not respond to an attorney request directly but respond through the online system which includes a review by the LDH legal department of the request and whether it meets LDH requirements for records requests.

Maintaining the Early Intervention Record

SPOEs **must** maintain the hard copy early intervention record in a secure location. Records **must** be stored in a locked**,** fireproof cabinet. The list of agency personnel who have access to the files must be displayed near this cabinet. This list should contain a list of positions or titles-- not individual names.

Other individuals who, at times, access the early intervention record **must** sign the Access Log maintained within the record.

Transfer of Documentation after Initial IFSP

Once the initial IFSP has been completed, the Intake Coordinator **must** make copies of all documentation in the official record and provide it to the FSC and providers either through hard copy or notifying them that records are uploaded in EarlySteps Online. The FSC will use this as a basis for creating a record for ongoing IFSP development. The eligibility determination forms and the IFSP are also uploaded in EarlySteps Online.

Early Intervention Records – Additional Requirements

Early Intervention Record Protections

Early intervention records are confidential. Parents **must** give permission to share information with others by signing a Release of Information unless the provisions of the Uninterrupted Scholars Act are in place. 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 covered by the Release of Information.

If a parent so requests, the agency or institution shall provide a copy of the records disclosed. SPOEs must make available to parents an initial copy of the child's early intervention record at no cost (CFR 303.400(c)).

Opportunity to Examine Records

It is required that all participating service providers, FSC agencies, and/or SPOEs 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 the FSC Agency and service providers without unnecessary delay and in no case more than 10 days after the request to review has been made and prior to any meeting regarding the records, such as an IFSP meeting, evaluation, etc. (CFR 303.405(a)). The right to inspect and review records under this section includes:

- The right to a response 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. Requirements for these protections are detailed in Part C regulations CFR 303.401-.417. 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.

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**.** The parent must be provided, at no cost, a copy of each evaluation, assessment of the child, family

assessment, and IFSP as soon as possible after each IFSP meeting. The SPOE will provide this documentation for the initial evaluation and IFSP process.

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).

Updated: SPOEs and other EarlySteps agencies/early interventionists may presume that that the parent(s) has authority to inspect and review records relating to the child unless the agency has been provided documentation that the parent does not have the authority under state law governing such matters as custody, foster care, guardianship, separation and divorce. (CFR 303.405 (c)). Once the SPOE becomes aware that any of these matters relate to a family in the intake process, copies of the custody arrangement or court judgment must be provided, maintained, and shared with the IFSP team so that appropriate individuals are providing consent and involved in decisions regarding the child.

Parents may not agree with the information contained in the early intervention record. Parents may request that the record is changed. The SPOE then decides if that request should be granted.

SPOE/Agency/Provider Does Not Agree to Amendment of Record.

If the SPOE decides that the record will not be changed; the SPOE **must** inform the parents of their right to a review on the issue of the record change and for relevant procedural safeguards (CFR 303.410 (c)). If, following the review of the parent's request, the SPOE/Agency does not agree to the amendment of the record the SPOE will inform the parent of the refusal and advise the parent of their rights in the dispute resolution process. The SPOE shall also inform the parent of their right to place a statement in the record commenting on the contested information in the record or stating why he or she disagrees with the decision of the SPOE, or both.
If the SPOE places a statement in the early intervention record of the child, the SPOE shall:

- Retain the statement with the contested part of the record for as long as the record is maintained; and
- Reveal the statement whenever it discloses the portion of the record to which the statement relates.

SPOE/Agency/Provider Agrees to Amendment of Record.

If as a result of the above review, the SPOE decides that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of the child or family, it shall amend the record accordingly and inform the parent of the amendment**,** in writing.

- If the document is something that other team members would have on file, the SPOE will send the amended document to the rest of the IFSP team members, ask them to destroy the previous version and replace with the amended document.

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 and uploaded to EarlySteps Online. There **must** be documentation of all record activities--including information alteration, destruction, or purging of the formal Early Intervention Record maintained at the SPOE.

Destruction of the Early Intervention Record

Updated: The Early Intervention Record must be maintained for 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 requirement that the records be maintained for a minimum of 6 years after the child is no longer provided services through EarlySteps. Destruction of the child record after the 6 year period expires is handled through shredding to secure protection of any identifying information. However, a permanent record of a child's name, date of birth, and parent contact information, address, and phone number, names of service coordinator(s) and EIS providers, and exit data including the year and age of exit and any programs entered into upon exit is maintained by EarlySteps through EarlySteps Online.

The Document Encryption Process for sending personally identifiable information via email.
Required procedures for sending information via email is listed in Chapter 12.

System Point of Entry Personnel

Intake Coordinator (IC)

Intake Coordinators are employees of a SPOE and specialize in the intake activities that occur once a referral is received at the SPOE. The Intake Coordinator is team leader for all the activities that occur from referral to screening, to eligibility determination, through the development of the initial IFSP. Until the ongoing Support Coordinator is selected by the family the Intake Coordinator functions as the Support Coordinator and is responsible for all the activities outlining for Support Coordination in Chapter 9.

Maximum Caseload for an Intake Coordinator

The maximum caseload for an Intake Coordinator is 50.

Intake Coordinator (IC) Supervisor

Supervision Activities

Effective supervision includes direct review, assessment, teaching and monitoring of family-centered practices, problem solving, and feedback regarding the performance of Support Coordination services. Supervisors are responsible for assuring quality services, managing assignments of caseloads, assisting staff in meeting compliance areas and performance indicators, and arranging for training (as appropriate). The supervisor, according to the SPOE's written policy on performance evaluation, **must** evaluate Intake Coordinators at least annually.

- Each Intake Coordinator Supervisor/Manager **must** not supervise more than eight (8) full-time Intake Coordinators or other professional-level human service staff.
- **Must** be employed 40 hours per week.
- Individual, face-to-face sessions to review cases, assess performance, and provide feedback for improving performance. This individual supervision **must** occur at least one time per week per Intake Coordinator for a minimum of one hour.
- Group meetings with all Support Coordination staff to problem-solve, provide feedback, and collegial support.
- Joint sessions in which the supervisor accompanies an Intake Coordinator to meet with a family for purposes of teaching, coaching, and giving feedback to the Intake Coordinator regarding performance may occur.
- Case record review. A minimum of 10% of each Intake Coordinator's caseload **must** be reviewed for completeness, compliance with licensing standards, and quality each month.
- The supervisor is accountable for the training, experience, and activities of the Intake Coordinator. The supervisor will be responsible for developing and implementing an Individual Employee Supervision Plan (IESP) that designates the training, field experience, and peer relationships for a period of no less than (1) year. The supervision **must** include the following:
- Supervise the new Intake Coordinator on a daily basis for a period of three months.
    - After the three months, an assessment shall be completed to identify areas on which to focus training and supervision. If all areas are covered in the first 3-month period, supervision may begin occurring less frequently, but no less than 3 times per week for the remainder of year of training.

- The supervisor shall sign all case record documentation.

Caseload of an Intake Coordinator Supervisor

Updated: This section applies to supervisors whose intake coordinators are providing ongoing family support coordination only. SPOEs have the ability to determine their supervisor caseloads based on staff experience and workload management for caseloads during the intake process.

Each IC supervisor must not supervise more than 8 full-time IC's or other professional staff and carry no more than 12 families at any time.

Documentation of Supervision

Each supervisor is required to maintain a file on each Intake Coordinator supervised that contains:

- Date, time, and content of the supervisory session; and
- The results of the supervisory case review which addresses completeness and adequacy of records, compliance with standards, and effectiveness of services.

Frequently Asked Questions about Intake

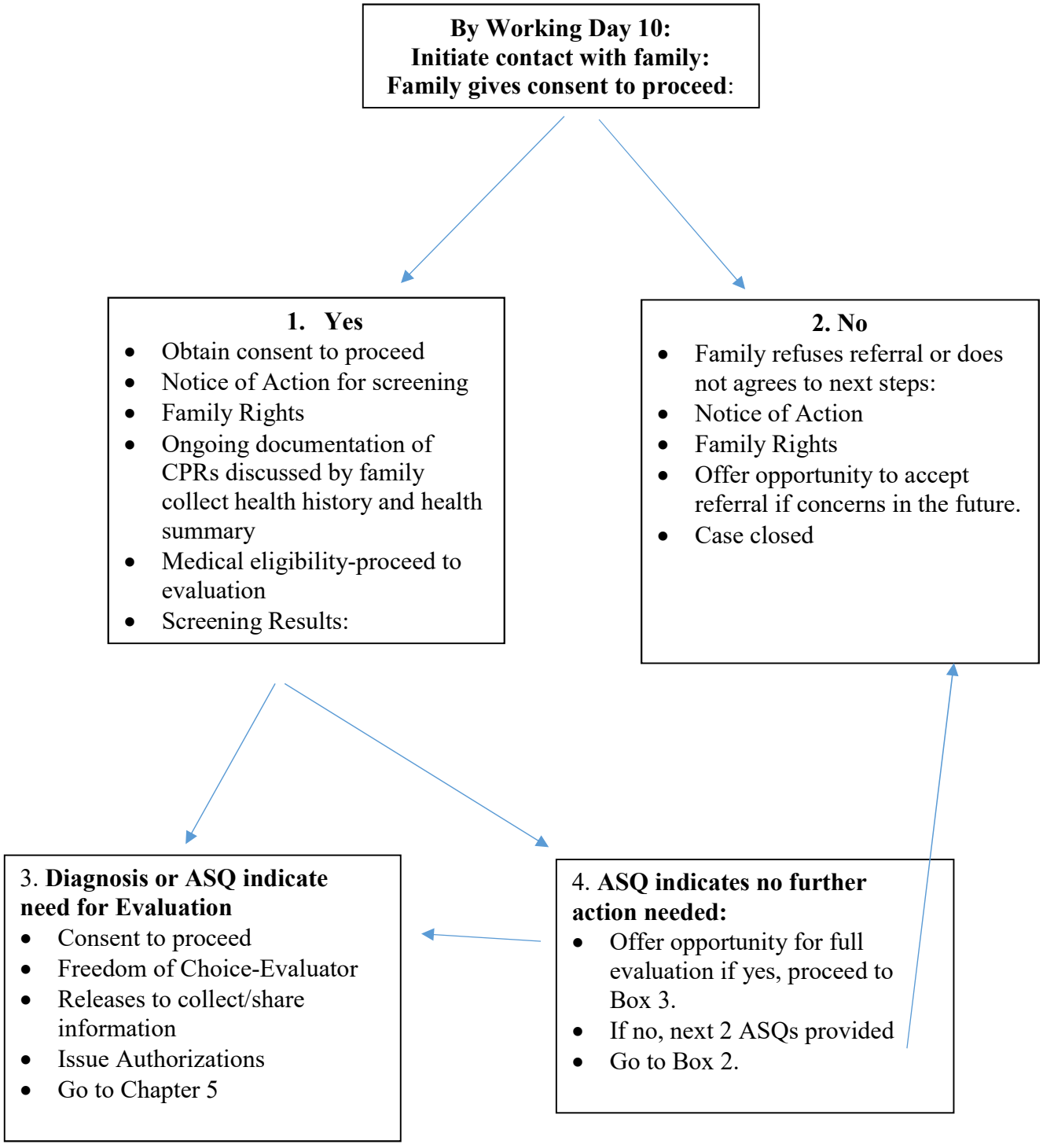
Is the date of referral counted as the first day in the 45-day timeline?
The date of referral is counted as Day One.

For the SPOE Checklist, what is considered the first contact and what date should be put on the Checklist?
The first time contact is made with the family or the date of the letter to contact the family (within 3 working days of referral).

What if a child who was referred to EarlySteps for developmental delay passes the ASQ at the Intake meeting, but there are still some areas of concern from the parent and/or other health care providers? Should an assessment of the areas of concern be completed?
Children who have an established medical condition from the eligibility list will receive an assessment and do not need an ASQ. If children do not have a confirmed diagnosis from the medical eligibility list, an assessment will not be completed if there are no areas of concern on the ASQ, either from the interpretation of the screening or from the parent's concern. Parent concern to answers on the ASQ screening questionnaire and/or a request for evaluation is a reason to proceed to evaluation. For children who do not proceed to further eligibility determination, the parent should be given copies of the next 2 age appropriate ASQ screening tools and information to contact the SPOE if areas of concern are noted in future screenings, or referrals to other agencies, including the LEA and the LGE for eligibility determination at age 3. However, if the child has areas of concern that may qualify him/her using "Informed Clinical Opinion" the Intake Coordinator/Family Support Coordinator would consult with the EarlySteps Early Intervention Consultant for a decision on proceeding with that process.

Do hearing and vision screening have to be conducted prior to eligibility determination? Does the screen have to be conducted if the parent has a concern?
A vision and hearing screen **must** be conducted if a "high risk" condition is noted on the **Health History** or a concern is noted on the **Health Summary** or other health records, even if no concerns are noted on the ASQ. This is especially important for those conditions associated with vision or hearing loss. The child must be referred for a hearing and vision follow up. All children transitioning to Part B services should have updated vision and hearing screening/evaluations conducted prior to exit to facilitate the eligibility determination process for Part B.

Intake Process



Intake complete by Day 20

General Supervision Performance Expectations

Failure to meet performance expectations results in findings of noncompliance, corrective action, and/or sanctions.

Performance Expectation	Monitoring/Source	Responsibility
All referrals entered timely and accurately	Referral record compared with data entry in EarlySteps Online	SPOE data entry staff
Intake timelines met	Early Intervention dates match documentation	SPOE Intake Coordinator
Referral and Intake documents completed • Notice of Action • Referral acknowledgement • Parent Rights • Hard copy record	Documentation in file	SPOE staff
Appropriate ASQ administered, interpreted, resulting in accurate decisions on how to proceed.	Correct ASQ version, scoring accurate, appropriate next steps determined	SPOE Intake Coordinator/Early Intervention Coordinator
Health/medical records requested and used for decision-making	• Documentation of requested records • Records received and filed • Evidence of record review used in decision-making	SPOE staff
Confidentiality requirements met	Access to records documented Consent forms complete Complaint received about violation	SPOE staff
Medicaid Eligibility determined and entered in EarlySteps Online	Accurate data entry of Medicaid status/number	Data entry
Parent Rights provided	Documentation in file	Intake coordinator
Referrals to other agencies/resources made	Documentation in file	Intake coordinator
Family native language determined and interpreter authorization entered as needed.	Authorization entered	Intake coordinator
Documents uploaded in EarlySteps Online	Child Library	SPOE staff
Records provided to family	Documentation in file	SPOE staff
SPOE staffing and supervision requirements	SPOE staff meet requirements SPOE documentation meets staff supervision requirements	SPOE director/supervisors