Ohio Early Intervention

SERVICE COORDINATOR INITIAL/ ANNUAL FAMILY VISIT(S) PACKET

www.ohioearlyintervention.org

Ohio Early Intervention Service Coordinator Initial/Annual Family Visit(s) Packet

This packet is a collection of Ohio Early Intervention forms and brochures that provide and explain parent rights, procedural safeguards, and the system of payments (SOP). These materials have been compiled, and in some cases reformatted, to make it easier to share and explain their content to families while using a video conferencing platform. You can use this packet during an initial visit or any other time you need to share this information with families.

Individual forms contained within this packet can be found in the <u>forms</u> section of the Ohio Early Intervention website.

Use the individual forms as needed, as each form within this packet may not be necessary for every instance. If the meeting or conversation with the family is conducted via technology, the EISC is encouraged to use the "Share Your Screen" feature so families can follow along with the explanation of parent rights, procedural safeguards, and the completion of the necessary EI forms. Additionally, the EISC may provide the family with these forms electronically for review at any time.

If you have further questions on best practices or how to use this packet, please reach out to your region's El Program Consultant.

Prepared by

Early Intervention Program Consultants and the DODD Training Team From the idea and best practice created by the Belmont County Board of Developmental Disabilities May 8, 2020

Ohio Department of Developmental Disabilities 30 E. Broad Street Columbus, Ohio 43215



Department of Developmental Disabilities



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Parents Rights (July 2019)

Introduction

Parents of children in Early Intervention (EI) have many rights and protections under the Individuals with Disabilities Education Act (IDEA).

The Ohio Department of Developmental Disabilities (DODD) and its local partners make up the El system in Ohio and are responsible for implementing these rights and protections. Many of them apply even if your child is found ineligible for El.

This brochure will provide your family with information about those rights and protections as well as what to do if you have a disagreement about something in EI. The forms used in EI explain these rights and protections in greater detail. In addition, your service coordinator will also explain them and answer any questions you may have.

Prior Written Notice and Consent

You will receive information about certain activities delivered by the El system ahead of time and in writing. This is called "prior written notice." The prior written notice gives you time to decide if you want to go through with a particular activity. If you are ready to begin the activity right away, you can waive this waiting period. After deciding to go through with some activities, you will give your permission in writing.

This permission is called "consent." Your consent is voluntary and may be revoked at any time. The El system will ensure your questions about any activity have been answered before you give your consent. Please ask your service coordinator or anyone else working with you in El any questions you have. Prior written notice and consent applies to

- developmental screenings,
- child evaluations,
- child and family assessments,
- determination of ineligibility,
- and beginning or changing services on your Individualized Family Service Plan (IFSP).

In addition, you will receive prior written notice whenever a service included on your IFSP is ended or you exit from El.

Some situations will not involve a prior written notice, but your consent is still required before the El system completes certain actions. The El system must receive your consent before

- sharing information about your family outside of the EI system, including to your local school district or pediatrician;
- holding a transition planning conference;
- or using your public or private insurance to pay for El services.

It is important to know that an evaluation or child assessment is required before you may be served by the EI system. If you do not consent to an evaluation or child assessment, your child will not be able to be served by the EI system.

El Records and Your Privacy

Because the EI system will receive a lot of information about you and your child, you have rights associated with the records maintained by the EI system. These records include information about evaluations and assessments, medical information related to your child's eligibility for EI, services on your IFSP, copies or originals of the EI forms you have filled out and signed, and documentation of communications between you and your EI providers. All of this information is part of your child's EI record.

You have many rights related to your family's El records. These include the right to

- request copies of your child's El records,
- inspect and review your child's El records within 10 calendar days of your request;
- have a representative inspect and review your child's EI records;
- receive explanations and interpretations of your child's El records;
- have a list of the types and locations of EI records collected, maintained, or used;
- request that the EI service provider amend your child's EI record;
- and receive a due process hearing if the provider refuses to amend your child's El record.

You will receive at no cost either an electronic or paper copy of the evaluation or assessment of your child, the family-directed assessment, and the IFSP plan within 10 calendar days after each IFSP meeting. You will not be charged a fee to search for or retrieve your El records; however, your provider may charge a fee for copies of El records that are made for you as long as the fee does not effectively prevent you from exercising your right to inspect and review those records.

Because of the private nature of the information in your El record, people working in the El system who have access to that information must keep it private. Agencies that maintain El records about your family must keep a list of the types and locations of the El records they collect and maintain. People in the El system who have access to your El record can only disclose your personally identifiable information (PII) to other people working in the El system and only to the extent necessary to provide El services to your family. If you want your PII shared outside of the El system, you must first provide your consent.

However, the Family Educational Rights and Privacy Act of 1974 (FERPA) allows your El service provider to disclose PII without parent consent in some situations. These include

- any entity or person designated by the Comptroller General of the United States, the Attorney General of the United States, the Secretary of Education, or a state or local educational authority to conduct any audit, evaluation, compliance, or enforcement activity with respect to any federal legal requirements that relate to any federal or state-supported educational program;
- an agency caseworker or other representative of a state or local child welfare agency when that person is legally responsible for the care and protection of the child;
- a court in response to a lawfully issued subpoena or judicial order;
- or an appropriate official relating to a health or safety emergency.

When someone outside of the EI system has accessed your EI record, the agency who maintains the record must keep documentation of who accessed the record, when, and for what purpose.

Retention and Destruction of El Records

Your El service provider is required keep your child's El records until your child's ninth birthday. The El service provider may retain your child's El records longer than this unless you ask that the records be destroyed after your child's ninth birthday.

El may retain a permanent record of your child's name, date of birth, your contact information, names of El service coordinators and providers who have worked with your family, and exit data (including year and age upon exiting, and any programs entered into after exiting) without time limitation.

For additional guidance on your rights regarding your child's El records, contact the DODD at 614-466-6879 or ei@dodd.ohio.gov. For additional guidance regarding FERPA, contact the Family Compliance Office in the U.S. Department of Education at 202-260-3887.

Resolving Disputes

If you have a disagreement about something in EI, there are many ways to resolve it. The easiest and fastest way is to work with your local EI program through your EI service coordinator or the EI contract manager in your county to find a solution to the disagreement.

Your service coordinator's contact information is on this brochure and you can find information about your local EI program's leaders on the EI website: ohioearlyintervention.org.

If you prefer not to work through your local El program, you can contact DODD's El staff at 614-466-6879 or ei@dodd.ohio.gov.

You may also file a complaint with DODD and ask the department to investigate the complaint, go through mediation, or have a due process hearing. Your complaint must be signed and in writing. It must include a description of what has happened and which rules or rights have been violated.

Complaints should be sent to

Ohio Early Intervention Ohio Department of Developmental Disabilities 30 East Broad St., 12th floor Columbus, Ohio 43215

Investigation

If you want DODD to investigate your complaint, the department will request information from you and your EI provider, review all of the relevant information, and make a final written determination within 60 days about whether there has been

a violation of your rights or the El rules. The final determination will include information about what DODD has done and will do to correct any problems.

Mediation

Mediation is voluntary on the part of both you and your El provider. If you want to use mediation and your El provider agrees to participate, DODD will provide a qualified and impartial mediator to oversee the process. DODD pays the cost of the mediator, and the mediation must be at places and times that are convenient for the participants.

Due Process Hearing

A due process hearing is a more formal process. You may hire an attorney to represent you, but this is not a requirement. In a due process hearing, an impartial due process hearing officer will review the complaint, listen to the participants, review additional information, and provide a written decision within 30 days of receiving the complaint. DODD pays the cost of the due process hearing officer, and the hearing must be at places and times that are convenient for the participants.

Visit <u>ohioearlyintervention.org/federal-and-state-regulations</u> to learn more about IDEA and the state rules for Ohio's El program.

My El service coordinator: _____

Contact info: _	
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Form EI-02

_	-		Service coo	Service coordinator use only	
Today's date	Child's name	Child's DOB	On and consen	(date), a copy of this notice t was provided to the parent(s)	
Parent name(s)		EIDS number	in-pers	on via mail via email	

Prior Written Notice and Consent for Developmental Evaluation and Assessment

Early Intervention (EI) eligibility may be determined through an evaluation. The developmental evaluation is conducted by an EI team — one or more professionals — to determine your child's eligibility. The assessment, usually conducted at the same time, is meant to understand your child's participation within your family's daily routines and activities. The evaluation and assessment include:

- A review of relevant records, including medical records that you agree to release;
- Observation of your child;
- Input from you about your child's development; and
- Use of evaluation and assessment tool(s) which provides information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing.

This information, along with the information you provide about your family's resources, priorities, and concerns, sets the stage for developing the Individualized Family Service Plan and determining what El services are needed to support you and your child. Written notice must be provided to you at least 10 calendar days before the evaluation and assessment.

We propose to (check all that apply):

Identify your child's eligibility for EI by conducting a developmental evaluation.

Identify your child's strengths and needs through a developmental assessment.

My service coordinator has informed me of all information related to evaluation and/or assessment and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I consent to the

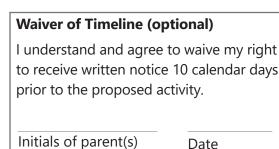
evaluation

assessment of my child (check one or both, as applicable).

Parent name(s)

Parent signature(s)

Date



Ohio Department of Developmental Disabilities



Form EI-03			Service coordinator use only		
Today's date	Child's name	Child's DOB	On (date), a copy of this notice and consent was provided to the parent(s)		
Parent name(s)		EIDS number	in-personvia mailvia email.		
r di citte fidific (5)		Elbo Hamber			

Prior Written Notice and Consent for the Family-Directed Assessment

Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance the child's development and participation in everyday activities. As a parent, you know your child better than anyone. You know what happens daily that brings delight or offers unique challenges for you and your family.

The family-directed assessment is your opportunity to tell your EI team in more detail about your concerns and priorities for including your child successfully in all your daily activities and the potential resources to assist you. The family-directed assessment is voluntary, and only family members who wish to participate will be included.

You have the right to share as much or as little about your family as you like. Written notice must be provided to you at least 10 calendar days before the family-directed assessment.

My service coordinator has informed me of all information related to family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio El Parent Rights brochure. I understand I have dispute resolution options if I have an El complaint.

I consent to the family-directed assessment.

I do not consent to the family-directed assessment.

Parent name(s)

Parent signature(s)

Date

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s)

July 2019

Date





Form El-	06		
			Service coordinator use only
Today's date	Child's name	Child's DOB	Date received from other El qualified personnel, if applicable

Parent name(s)

EIDS number

number

Consent for Release of Records and Consent for Release and/or Exchange of Information

As a parent, you have the right to give permission or not give permission for the release of your child's Early Intervention (EI) records to other persons or agencies who are not part of the EI system. A copy of this form will be released to the agencies or persons when you give permission to release records. If you do not want these agencies or persons to be aware of your permissions for other agencies, please request the use of multiple release of record forms. As a parent, you have access to any part of your child's EI record. An EI record means all records regarding your child that are collected, maintained, or used under the federal law, Part C of the Individuals with Disabilities Education Act.

Consent for Release of Records

I give consent for the following EI records to be rele	eased
Individualized Family Service Plan (IFSP)	Progress notes
Results of evaluation/assessments	Other (specify)
To the following agencies or persons	
Purpose of the release of records	
This consent is valid Until my child's third birthday on	
For one year. Specify end date	
From to	

My service coordinator or EI provider has informed me of all information related to release of records and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and agree to the release of my child's records.

Parent name(s)

Department of Developmental Disabilities



Parent signature(s)

Consent for Release and/or Exchange of Information

I give consent for the release and/or exchange of the following information orally, in writing, or electronically

Between Early Intervention and the following agencies or persons	
Purpose of the release or exchange of information	
This consent is valid	
Until my child's third birthday on	
For one year. Specify end date	
From to	

I have been fully informed of all information related the release and/or exchange of information about my child or my child's Early Intervention records. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

Parent name(s)

Parent signature(s)

Date

System of Payments

The Individuals with Disabilities Education Act or IDEA, requires that some Early Intervention (EI) activities and services are provided at no cost to parents. Child find, evaluation and assessment, development of the Individualized Family Service Plan, procedural safeguards, and service coordination are publicly funded and provided at no cost to parents.

The need for additional EI services1 is determined through the Individualized Family Service Plan (IFSP) team process. As many as 55 units2 of these additional EI services are provided each IFSP year3 at no cost to parents for each eligible child. These services are funded through a combination of local, state and federal public funds, including parent and child insurance, given parent consent.

Before the first IFSP meeting, an El service coordinator will explain Ohio's System of Payments rule

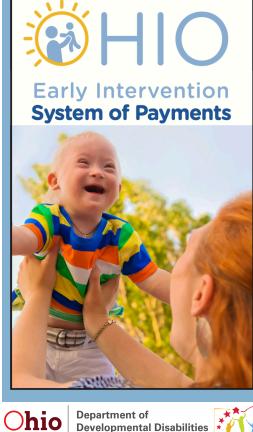
(ohioearlyintervention.org/federal-and-state-regulations) and, with you, determine if you will have financial responsibility for needed EI services that exceed 55 publicly funded units in the IFSP year.

You will not have any financial responsibility for El services

- If you or your child are enrolled in WIC or Ohio Medicaid,
- If your family income is less than or equal to <u>Ohio Healthy Start</u>⁴ eligibility for uninsured children, Or if your family incurs extraordinary medical expenses during the IFSP year

Your El service coordinator will further explain these categories. If you do not meet these financial qual- ifications or if you choose not to share financial information, you will only pay for those additional El services that exceed 55 units in the IFSP year. Your El service coordinator will discuss with you how El funding works and the choices you have as the IFSP is developed.

As part of your child's IFSP team, you will help to determine which services and how much of any service is needed to meet IFSP outcomes. Your EI service coordinator will work with you to coordinate needed services and funding as your IFSP is developed or changed.





¹ Additional early intervention services include: audiology, assistive technology devices and services, special instruction, occupational therapy, physical therapy, speech language therapy and others as needed to meet IFSP outcomes

² A unit is equal to one hour of service or \$100 in assistive technology device expense. Partial times or dollars may be used to equal a unit, as determined by the IFSP team.

³ The IFSP year means the year beginning on the date the initial or annual IFSP is signed, and ending the day before the signing of the next annual IFSP.

⁴ More information about Ohio Healthy Start is available at: https://ohioearlyintervention.org/system-of-payments

Parent Rights and Procedural Safeguards

If you disagree with the determination of your ability to pay or your parent cost participation, you have all of the rights outlined in the Early Intervention Parent Rights brochure.

This includes the right to file a written complaint with the Ohio Department of Developmental Disabilities or to use a mediator or hearing officer to resolve your issue.

You may also request an informal review by asking your El service coordinator for assistance or by submitting a written request for review within thirty calendar days from the time you received notification of your ability to pay or parent cost participation to:

Ohio Early Intervention, 30 E. Broad St.,12th Floor, Columbus, OH, 43215

Include a statement of the reasons you believe the determination of your ability to pay or your cost participation is wrong and what you suggest as a solution. The department will issue a written decision to you within twenty calendar days of receiving your request for review.

Paying for Early Intervention Service

Your Early Intervention (EI) service coordinator will explain Ohio's System of Payments rule (ohioearlyintervention. org/federal-and-state-regulations) and will provide you with a copy at your request. The rule outlines your choices in paying for EI services and the parent consent that is required before services can be billed.

Your El service coordinator will review which services are available to your child at no cost, and which services may have a cost to you. Your El service coordinator will explain that your consent is needed before your private or public insurance can be billed to pay for El services and your right to appeal eligibility and payment determinations.

Using Private Insurance

Often offered through employers, trade unions or other groups, private insurance is any insurance that is not part of state or federal programs like Medicaid or Medicare.

You must give consent before your private insurance can be used to pay for El services. Your El service coordinator will explain the potential costs of using your private insurance to pay for El services, including potential long-term costs or a loss of benefits should you exceed annual or lifetime coverage caps.

If you give consent, you will continue to pay your own insurance premiums but will not have to pay your co-pays or deductibles for the first 55 units of El services.

If you have private insurance and it is determined that you have no financial responsibility for El services, you will not have to pay any co-pays or deductibles.

Your El service coordinator will ask you for consent again anytime there is increase in amount, duration, or scope of El services on your IFSP.

Using Public Insurance

Medicaid is a public insurance program. When someone is enrolled in Medicaid, there is no cost to them for El services, or premiums, co-pays or deductibles for El services.

Using Medicaid, there is no risk of discontinuation of enrollment of regular Medicaid benefits or waiver services, nor risk of decrease in available lifetime coverage or any other insured benefit.

Your El service coordinator will ask for your consent to share your child's name and Medicaid number with the Ohio Department of Medicaid for billing purposes. If you give consent, you may also, at any time, withdraw your consent.

Using Public and Private Insurance

If you have both public and private insurance, you will have no financial responsibility for El services.

Your El service coordinator must ask for consent before accessing your public or private insurance when billing for El services.

Protections for You

El services shall not be delayed or denied to an eligible child due to lack of:

a) Parental consent to use the private insurance of the child or parent to pay for El services;b) The child's or parent's enrollment in public insurance programs; or

c) Parental consent to share the child's personally-identifiable information with public insurance programs.

The EI system shall not require a child or parent to enroll in public insurance programs as a condition of receiving EI services, but shall share information about the enrollment process for such programs. The EI system shall not enroll a child or parent in public insurance programs or use the public insurance of a child or parent to pay for EI services if the child or parent is not already enrolled in a public insurance program.

When using the public insurance of a child or parent to pay for El services, the El system: a) Shall obtain initial, one-time parental consent for disclosure of the child's personallyidentifiable information to the public insurance program for billing purposes; b) Shall make available those El services in the IFSP to which the parent has provided consent.

When the parent is determined unable to pay, the eligible child shall be provided all EI services identified as needed in the IFSP at no cost to the child or family, including those EI services that exceed 55 units in the IFSP year.

Parents able to pay shall be responsible for paying the cost of El services that exceed 55 units, including private insurance co-payments and deductibles, needed to meet the outcomes in the IFSP, except for the no cost El services.

A parent shall not be charged more than the actual cost of the El services (factoring in any amount received from other sources for payment for those services).

A child or parent with private insurance or public insurance shall not be charged disproportionately more than a child or parent without public or private insurance.

El services shall not be delayed or denied to an eligible child of a parent determined unable to pay for El services.

Form EI-15

Today's date	Child's name	Child's DOB
Parent name(s)		EIDS number
Determination	of Parent Ability to	• Pay for Early Intervention Services
Documentation (only	one is required)	
(A) Ohio Medicaid Card	(B) Ohio WIC Card	(C) Parent income
Parent income: weel	kly (52) 🗌 bi-weekly (26) 🗌	monthly (12) bi-monthly (24) family size:
Pay stub date(s)		
Gross amount(s)		
		monthly (12) 🗌 bi-monthly (24) family size:
Pay stub date(s)		
•	equal to Healthy Start Eligibility fo on.org/system-of-payments	r uninsured children? (206% FPL) Yes 🗌 No 🗌
		ation and understand that according to OAC 5123:10-03 (D). I will rvention services beyond the first publicly funded 55 units.
	he documentation provided by the object of the base of	e parent per OAC 5123:2-10-03 (D) and have determined the rvices.
El Service Coordinator na	me	Date
El Service Coordinator sig	nature	
I have reviewed the information of whether I am able or una		nd my service coordinator has explained to me the determination

Parent Signature

Date



Form EI-05

Today's date

Child's name

Child's DOB

Parents name(s)

EIDS number

Consent to Use Insurance for Early Intervention Services

Use of Private Insurance

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay.

I give my consent to bill my private insurance for Early Int	tervention (EI) services	Yes No	private insurance
Primary insurance policy number		Begin date	End date
Health insurance company name	Name of in	nsured	
Secondary insurance policy number		Begin date	End date
Health insurance company name	Name of i	nsured	

Use of Public Insurance

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes

No

My child does not have Medicaid insurance

 Medicaid recipient/billing number

 Parent signature(s)

Date



Developmental Disabilities

Department of

Department of Developmental Disabilities An Equal Opportunity Employer and Provider of Services

July 2019

Form EI-14

Professional Referral Follow-up

Only with parent consent, a copy of this form will be provided to the professional who referred the child to Early Intervention (EI).

loday's date	Name of referre	a chiid	Child's DOB	
Name of professiona	I who referred child	Agency name	Professional or agency contact in	nfo
Early Intervention Intervention (EI) P	(EI) and explained m arent Rights brochur	y parent rights, includ e. I understand I have	elated to sharing the status of my child's referral ing giving consent. I have a copy of the Ohio Ear dispute resolution options if I have an El compla itus of my child's referral to the professional who	rly aint.
Parent name(s)		Parent signature(s)	Date	
	ot give consent to sh ore information.	are information on th	ne status of the child's referral. Please contact th	าย
	empts to reach the p for the parent.	parent were unsuccess	sful. Let us know if you have updated contact	
The parent was	contacted and the f	ollowing occurred:		
Parent declin	ed Early Intervention	services	Not eligible for Ohio Early Intervention	
	determining eligibili		The Early Intervention team, including the par determined no Early Intervention services wer needed at this time	
Eligible for O	hio Early Intervention	า		

contacting Central Intake at 1-800-755-4769 or go to www.ohioearlyintervention.org.

بعرامي فأحد N I امانهام ام Child's DOB

Eligible for Onio Early Intervention

Ohio Early Intervention appreciates your referral! You may re-refer at any time by



Service coordinator use only: Date referral

received by local EI SC agency

Form EI-0)7				
			Service coordinator use only		
Today's date	Child's name	Child's DOB	– On consent was provide	(date), a copy of this ed to the parent(s)	
Parent name(s)		EIDS number	in-person	via mail via email	

Consents for Transition

School District and Ohio Department of Education (ODE) Notification: Ohio Early Intervention (EI) seeks your consent to share your child's name and your contact information with the Ohio school district responsible for your child's education and with the ODE. This information helps school districts plan for preschool special education programs for the upcoming year.

My service coordinator has informed me of all information related to sharing my child's name and date of birth and my contact information with the school district and ODE and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.



I understand and consent to sharing my child's name and date of birth and my contact information with the school district and ODE.

I do not consent to sharing my child's name and date of birth and my contact information with the school district and ODE.

Parent name(s)

Parent signature(s)

Date

Transition Planning Conference (TPC): If your child may be eligible for preschool services under part B of IDEA, Ohio Early Intervention (EI) seeks your consent to schedule a transition planning conference with a representative from your school district who will explain the process for determining part B preschool eligibility. This conference must occur at least 90 days, but no sooner than 9 months before your child's 3rd birthday.

If your child is determined not to be potentially eligible for preschool services under part B of IDEA, El seeks your consent to schedule a transition planning conference with other community service providers you and your team have identified.

My service coordinator has informed me of all information related to the transition planning conference (TPC) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I understand and give consent to scheduling a TPC.

I do not give consent to a TPC.

Parent name(s)

Parent signature(s)

Date



An Equal Opportunity Employer and Provider of Services July 2019

Developmental Disabilities

Department of