Alabama's Early Intervention System Service Coordination Process & Procedures

This handbook should be used as a reference guide and is NOT a substitute for in-program training.

SECTION 1: WHAT IS SERVICE COORDINATION?

A. <u>Early Intervention Website</u> - Additional Information can be found on the AEIS website at
   ADRS | Alabama Department of Rehabilitation Services

B. <u>Service Coordinator Documentation Training</u> is required for all service coordinators after they have
   worked for 30 days. This provides time for a new SC to be introduced to SC-related activities
   and various EI processes (e.g., IFSP, VFA, transition, etc.). For more information or to register for the
   SC documentation training, contact Debra Florea at Debra.Florea@mh.alabama.gov or Amy Fisher
   at amy.fisher@mh.alabama.gov.

C. <u>Typical/Atypical Child Development Modules</u> are required for all service coordinators hired after
   October 1, 2021, and must be completed within 45 days of employment.

D. <u>Journey I Training</u> is required for all service coordinators. Individuals must work in the
   service coordinator role for a minimum of 60 days before attending Journey I. This training
   must be completed by the 6th month of employment. For more information or to register for Journey
   I, please contact Kaynia Felder at [kaynia.felder@rehab.alabama.gov.](mailto:kaynia.felder@rehab.alabama.gov)

E. <u>Journey II Training</u> is required for all Early Intervention service coordinators and service
   providers. SC and providers must attend this training within six months of their hire date and revisit
   it every three years. For more information or to register for Journey II, please contact Kaynia
   Felder at [kaynia.felder@rehab.alabama.gov.](mailto:kaynia.felder@rehab.alabama.gov)

F. <u>Routines-Based Interview (RBI) Training</u> and approval are required for all service coordinators. Service
   Coordinators must complete Journey I before they can enroll in RBI Modules. Training on RBI begins
   immediately by observing experienced colleagues within your program/agency. Service Coordinators
   can practice implementing RBI strategies and IFSP development before being enrolled in or completing
   the RBI Modules. After Journey I, Shannon Foster will enroll new SCs in RBI. If you have questions,
   you may contact Shannon at [Shannon.foster@rehab.alabama.gov.](mailto:Shannon.foster@rehab.alabama.gov)

SERVICE COORDINATION

Service Coordination is the only early intervention service explicitly identified in the Individuals with Disabilities Education Act with specific responsibilities.

Service Coordinators coordinate:

- across agency lines, serving as a single point of contact
- required evaluations and assessments
- access to treatment/services, making referrals, scheduling appointments
- services identified on the IFSP in a timely manner
- funding sources to pay for early intervention services
- the development of transition plans

Service coordinators help:

- families of children with a disability gain access to early Intervention services
- infants and families access treatment and support from qualified providers
- with follow-up services
- parents understand their rights and the procedural safeguards
- build caregiver capacity through collaborative consultation
- develop, review, and evaluate the IFSP

Service Coordination:

- The Individuals with Disabilities Education Act requires it!

- Parents and Professionals advocated for it.

- Only role with specific requirements in the law.

- Only role that must be assigned to every family.

- The mechanism by which all things EI are possible.

Everything you do as a Service Coordinator is important, but NOT everything you do as a Service Coordinator is billable

WHAT THE REGULATIONS SAY:

§303.34 Service coordination services (case management).

(a) General.
(1) As used in this part, service coordination services mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part.

(2) Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for—
    (i) Coordinating all services required under this part across agency lines; and
    (ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.

(3) Service coordination is an active, ongoing process that involves—
    (i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and
    (ii) Coordinating the other services identified in the IFSP under §303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

(b) Specific service coordination services. Service coordination services include—
(1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

(2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;

(3) Coordinating evaluations and assessments;

(4) Facilitating and participating in the development, review, and evaluation of IFSPs;

(5) Conducting referral and other activities to assist families in identifying available EIS providers;

(6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;

(7) Conducting follow-up activities to determine that appropriate part C services are being provided;

(8) Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;

(9) Coordinating the funding sources for services required under this part; and

(10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.
(c) Use of the term service coordination or service coordination services. The lead agency's or an EIS provider's use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of §§303.501 through 303.521 (Payor of last resort provisions).

Service Coordination Support

ADRS	Alabama Department of Rehabilitation Services
AEIS	Alabama's Early Intervention System
CFR	Child Find Referral
EI	Early Intervention
IFSP	Individualized Family Service Plan
GIFTS	Giving Infants, Families, and Toddlers Support
RBI	Routines Based Interview
EDR	Eligibility Determination Report
E&A	Evaluation and Assessment
VFA	Voluntary Family Assessment
SC	Service Coordinator
SEAM	Social Emotional Assessment Measure
LEA	Local Education Agency
COS	Child Outcome Summary
DCC	District Coordinating Council
HMG	Help Me Grow
DNQ	Did Not Qualify
TA	Technical Assistance
PHI	Personal Health Information
PII	Personal Identifiable Information
PSA	Program Self-Assessment

How to take a Direct Referral Phone Call *(a child not received from the district office):*
- Fill out the Child Find Referral
- Send to Child Find- *(make sure your name is on the bottom with caseload #)*
- Accept in GIFTS *(Pages – Case transfer – Acknowledge)*
- Make an appointment with the family to complete two 5-part evaluations **or** one 5-part evaluation with the diagnosis documented (with the signature of the Doctor or CRNP)

Do NOT BEGIN any SC activities until you have acknowledged the record on your caseload in GIFTS

What to take to an evaluation for initial eligibility:
- Permission to Evaluate form
- Child and Parent Rights *(two copies, (1) one for them to sign (keep in chart) and (2) one for them to keep)*
- Permission to Bill Medicaid, Private or Public Insurance
- Release of Information Form *(take two copies just in case you need it)*
- Help Me Grow Release
- Evaluation Protocols – *(Score sheets for protocols if needed) You should prep these ahead of time with the child's name, date of birth, age, etc. I would suggest using a pencil – if the family cancels, you will be able to use the protocols again.*
- Functional Hearing and Vision Screener
- Don't forget your evaluation kit!

What to do if a child is determined INELIGIBLE for EI services:
- Write an Eligibility Determination Report (EDR) *(if you were one of the evaluators)*
- Complete the final page of EDR and mark the ineligible box.
- Sign the final page and mark the date summarized *(at the bottom of the final page).*

This is the date that you receive everything needed to determine ineligibility. For instance, the date that you receive evaluation reports and check them for accuracy.

- Inform the family of the results of the evaluation
- Complete a Letter of Ineligibility
- Send to family (keep originals in child's chart):
  - Copy of Evaluation Determination Report
  - Copy of the Letter of Ineligibility
  - Copy of the signed Child and Parents Rights
- Provide resources to the family if needed
- Refer the child to Help Me Grow *(if the family signed the release)*
- Mark "ineligible" in GIFTS *(use the same date as the 'date summarized' on the EDR)*
- Close case in GIFTS

When to refer to Help Me Grow:
- When a child is determined ineligible for EI services
- When a child is aging out of EI services

How to refer a child to Help Me Grow:
*Refer children **ONLY IF** the family has signed the Help Me Grow release!*
- Scan in and email *(don't forget to encrypt)* the following to referrals@smartstartalabama.org
  - a copy of the Help Me Grow release that the family signed
    (this is optional for the family to sign or not)
  - a copy of the AEIS Referral Sheet
  - a copy of the Evaluation Determination Report
  - a short write-up about the family and their concerns

What to do if a child is ELIGIBLE for EI services:
- Write an Eligibility Determination Report (EDR) *(if you were one of the evaluators)*
- Receive evaluation report(s) from evaluators
- Complete the final page of EDR with the area(s) of 25% delay, diagnosis, or ICO
- Sign the final page and mark the date summarized
  - *This is the date that you receive everything needed to determine eligibility. For instance, the date that you receive evaluation reports and check them for accuracy or the date that you have documentation of diagnosis as well as evaluation report from one 5-part evaluation.*
- Inform the family of the results of the evaluation and find out if they are still interested in services
- Set up a date and time to meet and write the initial IFSP with the family
- Send the family a Request to Attend the initial IFSP
- Mark as eligible in GIFTS (Pages – Eligibility Determination). The date eligible needs to match the 'date summarized' on the final page of the EDR

What to bring to the initial IFSP meeting:
(It is helpful to have these forms filled out before your meeting.)
Take with you:
- Business Card *(your contact info)*
- Request to Attend *(Mail this out to the family ahead of time unless time does not permit. In which case, give a copy of the family when you arrive (this should not be a common practice). Always make two copies, give one to the family, and file one in the child's chart.)*

- Alabama's Early Intervention System (AEIS) Vital Message *(Also known as the eight core values)*
- AEIS Pathways Flyer
- Another copy of the Child and Parent Rights *(will need the family to sign a copy of these if not signed at initial evaluation)*
- 'What is DCC?' Flyer
- Eligible Parent's Concern Fact Sheet *(Also known as the "Amy Letter," make sure the service coordinator's name/program information is filled in.)*
- Voluntary Family Assessment Report-*page 2 of IFSP (You need to get the parent to initial at the IFSP meeting; it will help if you prepare this page before the meeting and fill in the child's name and date of birth at the top)*
- Blank notepad *(for the eco-map and Routines-Based Interview process)*
- If applicable, your program's Family Service Agreement/Attendance Policy *(Two copies, one for the family to sign and one to leave with the family)*
- Release of Information Form(s), if needed *(Fill out ahead of time with your program information and any other information you may have. i.e., the pediatrician's name and address- Bring as many blank copies as you think you may need.)*
- Your program's Consent to Text and Email
  - *Remember, text must not include any PII or PHI. This includes but is not limited to the program name, SC's name, parent's name, child's name, family or program address, etc.*
- Consent for the use of public benefits, public insurance, or private insurance *(if not already received)*
- Coordination of all available resources *(if the child has insurance)*
- IFSP Signature page is the last page of the IFSP. **(You will need the parent to sign at the end of the IFSP meeting.** *It will help if you prepare this page before the meeting, e.g., fill in the child's name and date of birth at the top. Also, fill in the service coordinator's name, evaluators' names (if they are not present at the IFSP, put "per report" in their signature space), and parents' names)*
- Eligibility Determination Report (EDR) *(Make two copies, give one to the family/caregiver, and keep one in the child's chart)*

What to prepare for the initial IFSP meeting but kept in the child's chart:
- Record of Access
- Intake sheet *(if you have one)*
- Dear Dr. Letter *(This letter tells the pediatrician what services have been decided on at the IFSP meeting. Fill out with the correct information and send it to the pediatrician after the initial IFSP meeting. Only send if you have a signed release of information for the pediatrician.)*

What to do after the initial IFSP meeting:
- Write formal outcomes from the family's concerns/informal outcomes
- Complete the IFSP document
- Send the child's doctor the following (ONLY IF the parent has given written permission to them all):
  - Dear Doctor Letter
  - Eligibility Determination Report (EDR)
  - Rx Request *(if required for the EI service to be provided. This request cannot be used to delay service delivery)*

How to enter new IFSP into GIFTS:
- IFSP *(Pages – Plan Browse - New, beginning, and end dates of plan)*
- Service Lines *(Pages – Plan Browse – New service line (enter service line info) – Close, repeat for each service line)*

Don't forget a line for service coordination
- Areas of delay *(Pages – Plan Browse – Pages – Present Level of Development (enter info) – Close)*
- Child Outcome Summaries (COS), if the child will be in EI for six months or longer *(Pages – Plan Browse – Pages – AEIS Child Outcome Summary, enter Entry info for each of the three Child Outcome Types, print these three pages and put in child's chart)*
- Enter 'Date Completed' on the IFSP main page *(GIFTS will let you know at the bottom what else needs to be completed before being able to enter 'Date Completed')*
  *Entering the SEAM/Social-Emotional is optional

Send the service provider the following:
- Copy of EI Referral Page
- Copy of Evaluation Report
- Copy of the entire IFSP
- Copy of any pertinent medical information about the child
- Copy of prescription from a doctor *(if needed)*
- Prepared progress notes (for visits)

** If emailing this information, AEIS requires the use of encryption on any email with information about a child.

How to complete a six-month review *(can be completed over the phone or in person):*
- Request to Attend *(mail or give to parent in person. Don't forget to keep a copy in the chart.)*
- Blank notepad
- Update Ecomap *(this is not required at a six-month review, however, if there were any changes to a family's support system, it is good to write this down on the Ecomap-use a different color pen for changes)*
- Child's IFSP *(review each outcome with the family, mark appropriate boxes on each outcome page: if done in person, complete all of the aforementioned and have family initial and date **EACH** page.)*
- Discuss any new concerns the family has
- Write a list of outcomes that the team is keeping, along with any new outcomes that the team has decided to add *(page four of the IFSP)*
- Have the family prioritize this list of outcomes
- Discuss services – Determine if any changes need to be made *(Notice of Intent is not needed when this is discussed and decided at a meeting with the family. Notice of Intent is needed if this is decided over the phone and not at a previously scheduled meeting with family)*
- Signature page-*last page of IFSP (Everyone needs to sign at the end of the meeting)*

**If a six-month review is completed over the phone, write "by phone and the date" where the parent would typically initial and date and sign. *(On each outcome page and the signature page)*

Things to do after the six-month review meeting:
- Write any new outcomes for the IFSP
- Write new concerns on page three of IFSP
- Enter into GIFTS along with any changes to services *(see below)*
- Provide the family and the service provider(s) with an updated copy of the IFSP

How to enter a six-month review in GIFTS:
- Check current plan *(Pages – Plan Browse – Edit, check current service lines and service delivery dates, enter dates if needed)*
- Enter 6-month review *(New – 'Is this a 6-month review?', Yes)*
- Enter the date the 6-month review was held
- Enter new service lines or change current service lines if needed
- Enter the date completed *(it must be today's date)*

What to bring to the 27-month transition meeting:
This meeting must be completed face-to-face (face-to-face is defined as virtual or in person) sometime during the child's 27th month
Bring the entire chart to this meeting (if you cannot bring the chart, bring the family's IFSP). Find out what school zone the family is zoned for before the meeting.
- Notice of Meeting must be mailed to the family in advance *(Make two copies, give one to the family, and keep one in the child's chart)*
- Transition: FAQs
- Blank 'Opt-out' letter
- Information on private outpatient therapy options in their area
- Schools' pamphlet or website address (if available)
- Release of Information with the school system the family is zoned for (bring additional blank release, just in case)
- Have family initial and date in appropriate places on Transition IFSP pages *(if they agree to transition to Local Education Agency (LEA) preschool services or have them sign the "Opt-Out Letter" if they decide not to transition to Local Education Agency (LEA) preschool services)*
- Signature Page of IFSP for the family to sign *(under the 27-month transition meeting column)*

Remember: The family can also wait ten days to decide. If this is the case, make a note on your calendar to get back to them in 8-10 days to find out what they have decided. If no response from the family is received, you must proceed with sending the LEA Notification Letter ONLY. This is the minimum information that can be sent to the school system, and you do not have to have a release signed by the family to send it.

What to send to schools after the Transition meeting *(ONLY if the family signed a release indicating the following documents can be sent in addition to the LEA Notification Letter):*
- ➢ Copy of EI Referral
- ➢ Evaluation Report
- ➢ IFSP

*Email the appropriate LEA's Preschool Contact **and** Preschool Coordinator and attach all of this information. Make sure the email is **encrypted and follow up to obtain confirmation the LEA Notification has been received.** Print the confirmation email from the LEA representative and file it in the child's record.*

Remember: You have 14 days from the date of the 27-month transition meeting to send the LEA letter via email and enter the transition information into GIFTS.

How to enter a 27-month transition meeting into GIFTS:
- Pages - Transition Plan *(enter the date of the meeting and the decision of the family)*

What to take to the 33-month meeting with the school system:
- Bring the entire chart to the meeting *(if you are unable to bring the chart, bring the entire IFSP, evaluation reports, and evaluation protocols)*
- IFSP (get transition pages initialed)
- Any resources for the family

Preparing for the Annual IFSP Meeting:
- Prepare and send the Notice of Intent *(for annual IFSP)*
- Complete the Permission to Evaluate (PTE) for ongoing eligibility *(administering the SEAM is optional. If your agency still uses it, it should be reflected on the PTE)*
- Complete AEIS re-evaluation *(Eligibility can be determined up to 2 months prior to the Annual Review due date. If a qualifying diagnosis is documented, only one 5-part assessment needs to be completed.)*
- If the child is determined ineligible:
  - follow the steps for notifying the family of ineligibility and completing case closures

Be sure the family/caregiver is aware that service(s) could end once the annual eligibility status has been determined.
- If the child remains eligible:
  - Consult with the family about which team members will be present and complete the Annual IFSP Attendance form if all team members will not be present (team members can attend virtually).
  - Mail the Request to Attend for the Annual IFSP meeting *(keep a copy in the chart)*

What to bring to the Annual IFSP Meeting:
- Child and Parent Rights - *(offer them a new copy, do not need to get another one signed)*
- Voluntary Family Assessment Report – *(2nd page of annual IFSP-family needs to initial)*
- Ecomap (*can make a copy of the previous ecomap and write on it with a different color pen*)
- Current IFSP – *(Go over each current outcome with the family, check the appropriate box, and get them to initial **EACH** page)*
- Blank sheet/pad of paper *(for writing down outcomes that the team is keeping and new outcomes decided upon at meeting for the family to prioritize the outcomes)*
- Release of Information form(s) *(if new ones are needed)*
- Your program's consent to text and email *(only needed if changes are being made)*
- Permission to Bill *(Private, Medicaid-only needed if changes are being made)*
- If applicable, your program's Family Service Agreement/Attendance Policy *(good time to review with family, but it does not need to be signed again)*
- Annual EDR *(give one copy to the family/caregiver and keep one in the chart, if the evaluation was completed before the annual IFSP)*
- New Team Signature Page *(Last Page of IFSP)*

At Annual Review
1) Provide and offer to review the Child and Parent Rights *(the family may decline)*

2) Provide and review the annual EDR with the family/caregiver (if you didn't before the meeting)
3) Revisit the initial RBI notes to see if there have been any changes during those times of day (if there are new concerns document them in a different color ink from the initial)
    a. You can also explore other times of day that the team didn't have time to discuss during the initial interview
4) Write a list of outcomes that the team is keeping, along with any new outcomes that the team has decided to add *(page four of the IFSP)*
5) Have the family prioritize this list of outcomes
6) Discuss services – Determine if any changes need to be made
    a. *If changes are made make sure the parents signs the appropriate space(s) on the IFSP Planned Services Page.*
7) Sign the Signature page-*last page of IFSP (Everyone needs to sign at the end of the meeting)*
8) Don't forget to include this information in your case notes

How to enter Annual IFSP into GIFTS:
- Annual Review *(Pages – Plan Browse – New 'Is this a 6-month review?', NO, beginning and end dates of plan)*
- Service Lines *(Pages – Plan Browse – New service line (enter service line info) – Close, repeat for each service line)*
- Areas of delay *(Pages – Plan Browse – Pages – Present Level of Development (enter info) – Close)*
- COSF *(Pages – Plan Browse – Pages – AEIS Child Outcome Summary, enter First Annual info for each of the 3 Child Outcome Types, print these three pages, and put in the child's chart)*
- Enter 'Date Completed' on IFSP main page *(GIFTS will let you know at the bottom what else needs to be completed before being able to enter 'Date Completed')*

How to accept an in-service child FROM another caseload TO your own (** When transferring within your program):
- Acknowledge the case transfer *(Pages – Case Transfer Acknowledgement – Click on the check box next to the child's name – Acknowledge – Close)*
- Change the service line end dates *(Pages – Plan Browse – Edit (most current plan) – Click on the service line you need to work on – Edit – Change only the END Date back to the end of the Plan End Date (found at the very top of the page) – Close)*
- Add in a new service coordination line for yourself *(from the main page, Pages – Plan Browse – Edit (most current plan) – New – Change BEGIN Date to today's date – Service Description: Service Coordination – Agency: Find your agency – Person Responsible: Your name – Payor of Service: typically either Medicaid or Part C – Method: Support/Information to Family - Intensity: Individualized – Setting: Home – Frequency: Whatever you decide, but typically 1 or 2 times per month – Length: whatever you decide, but typically 1 hour – Close)*
- Done *(Close)*

How to accept an in-service child FROM another caseload TO your own (** When accepting a transfer from a different program):
- Acknowledge the case transfer *(Pages – Case Transfer Acknowledgement – Click on the check box next to the child's name – Acknowledge – Close)*
- Add in a new service coordination line for yourself *(from the main page, Pages – Plan Browse – Edit (most current plan) – New – Change BEGIN Date to today's date – Service Description: Service Coordination – Agency: Find your agency – Person Responsible: Your name – Payor of*

Service: typically either Medicaid or Part C – Method: Support/Information to Family - intensity: Individualized – Setting: Home – Frequency: Whatever you decide, but typically 1 or 2 times per month – Length: whatever you decide, but typically 1 hour – Close)
- After meeting with the family, add in new service lines *(Pages – Plan Browse – New service line (enter service line info) – Close, repeat for each service line)*
- Done *(Close)*

How to close a file before the plan expires:
- Document the conversation with the family in your Service Coordination notes to close the EI case.
- Meet with the team, including the family, to complete the Exit COS.
- Notice of Intent letter stating the intent to close EI case *(mail a copy to family, but they do not need this letter if a child ages out)*
- End Service Lines in GIFTS
- End IFSP plan date
- Must enter the Exit COS in GIFTS before the Closure date
  - (*Pages – Plan Browse – Pages – AEIS Child Outcome Summary, enter exit info for each of the 3 Child Outcomes, print these three pages, and put in the child's chart)*
- *If the child has been in EI for less than six months, but you had previously entered COS Entry Summaries, email Tonya Gandy so she can remove these.*
- Close case in GIFTS *(Pages – Closure, complete closure reason – Close)*

When a child turns three years old:
- Document conversation with family, if appropriate
- Meet with the team, including the family, to complete the Exit COS
- Notice of Intent is **NOT** needed in this case
- If a child has been in EI for six months or longer, complete the Exit COS in GIFTS (*Pages – Plan Browse – Pages – AEIS Child Outcome Summary, enter exit info for each of the 3 Child Outcome Types, print these three pages and put in child's chart).*

==Be sure to complete the exit COS before the child turns three.==
- Service Lines and IFSP plan will automatically expire in GIFTS when the child turns three
- Close case in GIFTS *(Pages – Closure, complete closure reason – Close)*

The closure date will be the day before the child's third birthday

How to enter your verification information (monthly) (see the Verification Procedures):
- GIFTS (Pages - Verification Validation)
- Enter the month and year
- For each child, click the box with the appropriate service amount for that month *(1 hour, 1 hour 15 minutes – 2 hours 45 minutes, 3 hours or More, Not Served, Valid Attempt)*

* See GIFTS training packet for information on Not Served and Valid Attempt*

How to run verification validation report for state office *(needed by the 10th of each month):*
- See your program for guidance with this
- See the Verification Procedures

What to send to Social Security for disability determination services (if requested):
- Evaluation reports
- Recent progress notes *(only if you feel it is needed)*

General Service Coordination Tips:
- Keep a folder in your car with blank forms. You never know when you may be at a family's home and may have forgotten a form.

- For all blank forms, save a copy of the ones with your name on them so they are ready to go when you need them. For example, Child and Parent Rights with your name already filled in as service coordinator. Same with the IFSP document. Go ahead and fill in your information at the top of a blank one.

- Save "shells" of the Notice of Intents that you write. There is no need to recreate it when a similar situation arises with another family.

- Blank copies of all forms can be found on the AEIS website. These can be downloaded to your computer. Many of these documents are fillable for your convenience.

- Make yourself packets of common forms for different meetings (Initial IFSP packets, transition planning packets, etc.). This makes preparing for meetings much easier.

SECTION 2: AEIS VITAL MESSAGE

A Vital Message About Alabama's Early Intervention System -
The focus of EI the eight core values: The Vital Message must be reviewed with the family at the initial and annual IFSP meetings.

A Vital Message about Alabama's Early Intervention System

Congress established the Early Intervention (EI) program in 1986 as part of The Individuals with Disabilities Education Act (IDEA), Part C, in recognition of "an urgent and substantial need" to enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education through EI; minimize the likelihood of institutionalization, and maximize independent living, and enhance the capacity of families to meet their child's needs.

Alabama's EI System is committed to providing quality services for eligible children, birth to three, and their families. The focus of EI is to train, equip and support parents/caregivers in being the first and best teachers for their child.

Eight Core Values of Alabama's Early Intervention System (AEIS)

Family Centered
Services and supports are aimed at helping your family support and care for your child. Research indicates that a child's most effective teachers are those with whom they have a nurturing relationship and spend the most time, such as their mother, father, grandparent, childcare provider, or primary caregiver. How these individuals interact with your child while feeding, diapering, playing, and cuddling will impact how your child develops and learns.

Developmentally Appropriate
A team of professionals will assist you with understanding typical development and how your child is likely to develop based on factors that may include a medical diagnosis or delay. Services and home activities are designed to support your child's development. Your EI team will assist your family with the functional and developmental needs of your child and family "today."

Individualized
If your child is eligible for services, your Service Coordinator will assist you and your family in developing an Individualized Family Service Plan (IFSP), which will include individualized outcomes based on needs and priorities. From this plan, you and your Service Coordinator will identify a team of professionals, other family members, caregivers, and/or friends to help reach the outcomes included in the IFSP. This plan can and should change as your child grows and develops and is based on your child's progress toward meeting these outcomes.

Provided in the natural environment
EI services are provided in a location where your child and family typically would be at home, in childcare, playgrounds, etc. Natural environments also include the daily activities and routines of your family.

Trains/Equips the Parent/Caregiver
AEIS is a program that supports and trains families and caregivers. EI will aid and support your family while teaching you skills to meet your child's developmental needs. With your team of professionals' support, we will work to carry out these activities daily so that your child and your family will meet your outcomes.

Collaborative
Your EI team will work closely with each other and with you and your child to reach outcomes. The team can also work with other service providers, including your child's physician(s), therapists from other agencies, childcare providers, community partners, and other specialists. Suppose you or your physician feel more services are needed that are determined to be outside the scope of EI. In that case, your Service Coordinator will assist you in identifying resources that might supplement EI services, using either your public or private insurance.

Routines-Based
Routines-based intervention assists with routines identified by a family that are considered a concern/priority. Routines (or times of the day) are activities that happen naturally. They are how families organize themselves to get things done, spend time together and have fun. Every family has its unique routines or times of day. They help family members know who should do what, when, in what order, and how often.

Evidence-Based Practices
Evidence-based practice in the field of early childhood is the process that pulls together the best available research, knowledge from professional experts, and data and input from children and their caregivers to identify and provide services, evaluated and proven to achieve positive outcomes for children and families.

AEIS is a division of the Alabama Department of Rehabilitation Services.
rehab.alabama.gov

Early Intervention is…	***Early Intervention is not…***
provided from birth to three years of age.	provided to serve children after their third birthday.
eligibility based on a 25% or more significant delay in one of the five developmental areas or a qualifying diagnosis.	therapeutic intervention provided for medical conditions that do not lead to a delay.
parent or caregiver training.	a clinical therapy program.
provided in the natural environment (i.e., home, daycare).	provided in a center-based segregated environment.
individualized based on the specific needs of each child and family.	based solely on diagnosis or delay.
family driven and based on family routines.	medically based goals set by providers.
frequencies are determined by the IFSP team.	frequencies set by a physician or therapist.
no cost to the family, use of public/private insurance or public benefits is voluntary.	families are responsible for out-of-pocket expenses.
collaborative with the medical community.	the only service a child may need.

Many professional groups and organizations support the delivery of EI services and include EI in their standards. The links below demonstrate each organization's support of EI.

– American Occupational Therapy Association**:** https://www.aota.org
– American Speech, Language, Hearing Association: https://www.asha.org
– American Physical Therapy Association: https://www.apta.org
– Council for Exceptional Children, particularly the Division of Early Childhood: www.cec.sped.org
– Article on the role of the pediatrician in EI: https://publications.aap.org/pediatricsinreview/article-abstract/35/1/e1/32571/Early-Intervention-and-the-Role-of-Pediatricians
– American Academy of Pediatrics web page on EI: https://publications.aap.org/pediatrics/article/132/4/e1073/64821/Early-Intervention-IDEA-Part-C-Services-and-the

For more information and additional resources, contact:

Child Find

1-800-543-3098

or visit us at

rehab.alabama.gov

SECTION 3: REFERRAL

A. **Child Find Referral Form** - A child is referred to AEIS by completing and submitting this referral form. All information is required to process a referral. The 45-day timeline begins once the referral is entered into Child Find. There is no waiting list for Early Intervention services.

B. Accepting Referrals --- The agency agrees to accept *any* Child Find referral of a child located within their service area.

Alabama's Early Intervention System

Child Find Referral Form

To make a referral by phone: 1-800-543-3098 Mail to: ADRS/EI, 602 S. Lawrence St., Montgomery, AL 36104
Or Fax # (334) 293-7393 or send via secure email to: REHAB--Childfind@rehab.alabama.gov
For more info, please visit: http://rehab.alabama.gov/individuals-and-families/early-intervention
*indicates required information (referral cannot be accepted without)

Infant/Toddler Information:

1. *First Name: _____ 2. Middle Name/Initial: _____ 3. *Last Name: _____

4. Preferred Name: _____ 5. SSN: _____ 6. *DOB: _____ 7. *Sex: M__ F__

8. *Is child of Hispanic or Latino origin?: Y__ N__ 9. *Child's Primary Race: _____

If the primary race is 2 or more races, please mark appropriate boxes: American Indian/Alaska Native __ Asian __
Black/African American __ Hawaiian/Pacific Islander __ Hispanic/Latino __

10.*Primary Home Language: _____ Other Language(s) spoken in home: _____

11. Medicaid: Y__ N__ Medicaid #:_____ 12. Private Insurance: Y__ N__ 13. CHIP/All Kids: Y__ N__

Parent/Caregiver/Guardian (person whom child lives with):

14. *First Name: _____ 15. *Last Name: _____

16. *Relationship to child: _____ 17.* Mailing Address: (Street)_____

City/State/Zip: _____ 18.*County: _____

19. Physical Address (if different from above): _____

City/State/Zip: _____ County: _____

20. Primary Contact Phone #: _____ Alternate #: _____

2nd Alternate #: _____ Work #: _____

Primary Email Address: _____

Referral Source Information (who is making the referral to AEIS?):

21. *Person Making Referral's Name: _____

22. *Office/Program Where Person Making Referral Works or Relationship to Child: _____

23. *County Where Referral Source is Located: _____ 24. *Phone: _____

25. FAX: _____ 26. Email address: _____

27. *How family became aware of Child Find? _____ Additional information: _____

Refer to Service Coordinator/Caseload ID# (leave blank if unknown): _____

Date Sent to Child Find: _____ Sender's Name/Phone #: _____

Physician/CRNP Use Only:

28. I certify that the child named above has a confirmed diagnosis of _____

29. Printed Name of Physician/CRNP: _____ 30. Phone #: _____

31. Signature of Physician/CRNP: _____ 32. Date: _____

State Office Use Only:

New Case ID#: _____ SSN or T#: _____

Referral taken by: _____ Date taken: _____ Rec'd by: phone __ email __ fax __ Processed by: _____ Entry date: _____

☐ Attachment? _____ ☐ Signed ROI?

Revised 09/2021

Alabama's Early Intervention System (AEIS) – Child Find Referral Info Sheet

Please enter ***all*** available information. However, the information denoted by an asterisk is required. We cannot accept referrals that do not have all of the required information. If you have any questions about completing the Child Find Referral, please do not hesitate to contact someone at Child Find. You will find Child Find contact info at the top of the Child Find Referral form.

#1-3 The child's legal name (as found on medical records/Medicaid or Insurance)

#4. The name the family prefers the child to be addressed by.

#5. Provide the SS# if available. However, if the number is unavailable or the parents/caregivers do not choose to share it, we can assign a pseudo number to process the referral.

#8. Answer either yes or no. We cannot process the referral without this information.

#9. Enter the primary race that the family identifies. If the child is of multiple races, check all boxes that apply.

  ➢ ***American Indian or Alaska Native*** *– A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. (Does not include persons of Hispanic/Latino ethnicity)*

  ➢ ***Asian*** *– A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Does not include persons of Hispanic/Latino ethnicity)*

  ➢ ***Black or African American*** *– A person having origins in any of the Black racial groups of Africa. (Does not include persons of Hispanic/Latino ethnicity)*

  ➢ ***Hispanic or Latino*** *- A person of Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish culture or origin, regardless of race.*

  ➢ ***Native Hawaiian or Other Pacific Islander*** *- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Does not include persons of Hispanic/Latino ethnicity)*

  ➢ ***White*** *- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Does not include persons of Hispanic/Latino ethnicity)*

  ➢ ***Two or More Races*** *– A person having origins in two or more of the six Race categories listed immediately above. (Does not include persons of Hispanic/Latino ethnicity)*

#10. If the family is multi-lingual and English is one of the languages spoken, please enter English. If English is not spoken in the home, please enter the language spoken so that an interpreter can be obtained if needed.

#11. Not required, but please enter if available.

#13. What concerns are there concerning this child's development?

#14-15. Enter the first and last name of the primary caregiver with whom the child lives.

#16. Does the parent/caregiver/guardian have a name other than the one in #14 they'd prefer to be addressed by?

#17. How is this person that the child lives with related to the child? (mother, father, aunt, foster parent, etc.) We cannot accept referrals that list a DHR Caseworker as the primary guardian unless the child lives with that person.

#18. Enter the address where mailed correspondence for this child should be sent.

#20. Where does the family live (if different from the mailing address)? This information determines which program will serve the child/family.

#22. Provide all available contact information for the family.

#23. The name of the person making this referral.

#24. The organization in which the person making the referral is affiliated or a description of who that person is (for example, Children's Hospital, ABC Therapy Company, DPS, grandfather).

#25-28. Demographic and contact information for the referral source.

#29. Who told the family about Early Intervention?

#30-34. This section can only be completed by a physician or nurse practitioner who is making the referral. To expedite eligibility determination, a physician/nurse practitioner can provide documentation of any diagnoses the child may have. We must have the physician/nurse practitioner's name and signature along with the diagnosis.

SECTION 4: ELIGIBILITY

A. **Permission to Evaluate** - (located in the Procedural Safeguards folder) The permission to evaluate form must be signed by the parent/guardian prior to eligibility evaluation.

B. **Eligibility Determination Report** (EDR) - EDR form should be used to document all developmental assessments used for eligibility. If a domain-specific evaluation is completed, a full narrative report should be used instead of this form. The EDR summary form should be completed and signed by the service coordinator once eligibility has been determined.

C. **Notice that Infant/Toddler is Ineligible for EI** - (located in the Procedural Safeguards folder). This form should be completed and sent to the family, along with copies of evaluation reports, when a child is determined ineligible for EI Service. Clearly summarize why the child is not eligible for AEIS. Do not use symbols such as">" or "<" within the narrative section. Do not write, "See attached report." Make sure that you include the evaluation/assessment report with this notice. Do not send protocols. This information should be discussed with the parents prior to sending this notice. This notice should not be the first time the parent hears that their child is not eligible for services.

D. **Timelines** - Eligibility must be determined, and if eligible, the IFSP must be written within 45 calendar days from the referral date (referral date = Day 1). An Exceptional Circumstance must be entered for the Initial Plan if it is entered into GIFTS past the 45-day timeline.

E. Eligibility must be entered into GIFTS as soon as possible (prior to the 45th day) if entered on or after Day 45, GIFTS will require you to enter an Exceptional Circumstance for the referral.

F. **Definition of Developmental Delay Policy** - (located in the Policies and Procedures folder)

G. **Evaluation and Assessment Policy** - (located in the Policies and Procedures folder)

SECTION 5: PROCEDURAL SAFEGUARDS FORMS

A. **Release of Information** – The Release of Information form documents the parent/ guardian's permission for the EI program to release and/or receive sensitive information about their child. ==**_Only check the items that the parent agrees to._**== The parent chooses the expiration date, if no date is selected the form is in effect as long as the child is served by AEIS. If the child leaves the system and then comes back at a later date, a new form must be signed by the parent with the opportunity for a new expiration date.

B. **Child and Parent Rights** --- Child and Parent Rights describe the rights and responsibilities of a parent of a child involved in Early Intervention. This document is first discussed during the evaluation process. Parents should be given an opportunity to ask questions and then sign a copy of this form for the child's file.

C. **Record of Access**--- This document provides a written record of all parties accessing the Child's EI file. You must ensure that *anyone* accessing the record fits into categories 1 - 6. If not, make sure you have written permission from the parent on file for that individual/agency. The service coordinator does not have to sign this form.

D. **Request for Parent to Attend IFSP meeting** --- After having a discussion with parent/caregiver to determine a time, day, and location that is convenient for the IFSP meeting/review, the service coordinator will send this form honoring the family's right to Prior Written Notice. Be sure to indicate what type of IFSP meeting will occur. Per federal regulations, the following are part of the initial/annual meeting: *other family members as requested by the parent, if feasible to do so; advocates, if the parent requests; service coordinator; E/A individuals (either in person, by phone, knowledgeable representative, or records at the meeting); and the service provider as appropriate.* For periodic (six-month or additional) reviews: the parent, service coordinator, other family members as requested by the parent (if feasible to do so), and advocates if the parent requests. Initial and annual IFSPs and transition planning meeting must be held face-to-face *(face-to-face is defined as virtual or in person).* In addition, you must attach Child and Parent Rights to this document if sent by mail or e-mail.

E. **Notice of Intent** --- Anytime there is a change in the IFSP services this form must be used; unless the change is made during a face-to-face meeting. Also, you must attach Child & Parent Rights if you send it to the family by mail or e-mail.

F. **Annual IFSP Attendance form**--- This form must be signed by the parent and in the file if the parent and team agree that all providers do not have to be present at the annual ISP meeting.

G. **Dear Doctor letter**--- This state-approved form is used to notify the child's physician an IFSP has been written and EI services will be provided. It should only be used when there is a signed release of information form on file.

H. **Coordination of all available benefits and system of payment forms**--- These forms are used to provide parental consent to bill Medicaid, ALL Kids, or private insurance for EI services. You do not have to get parents to sign the Consent for Use of Private Insurance form if you have no plans to bill the insurance. You must include on the Consent for Use of Public Benefits (Medicaid) and the Consent for Use of Public Insurance (ALL Kids) the phrase "*billing records*". It should be written in after the sentence ending, "…agree in writing to release any and all EI records including:". Any agency billing private insurance must provide families (with private insurance) with a copy of the Coordination of all Available Benefits policy found on the AEIS website.

SECTION 6: VOLUNTARY FAMILY ASSESSMENT & COSF

A. <u>Routines-Based Interview</u> - A family-centered assessment should be administered through an in-depth semi-structured conversation about daily activities following RBI guidelines. The routines-based interview should produce specific outcomes that will directly address the family's priorities and concerns.

B. <u>Ecomap</u>- An ecomap is a graphic representation of the family surrounded by both informal (family, friends, community activities, etc.) and formal supports (doctors, school/daycare, other therapists, etc.). Connection from all relevant supports and services is linked to the family by a thick or thin double line (representing a stronger or weaker relationship) or a dotted line (representing a stressful relationship).

C. <u>Child Outcome Summary form</u> - the child outcome summary form (COSF) is used to document a child's functioning in three outcome areas:
   a. positive social-emotional,
   b. acquisition of knowledge and skills,
   c. and use of appropriate behaviors to meet needs.
This COSF process is a team process for summarizing information related to the child's progress on each of the three child outcome areas on a 7-point scale. The COSF is documented in GIFTs at entry, annuals, and exit. For each annual review period, the GIFTS printout of the COS should be included in the child's EI file. You should not enter COSF data at entry if the child is within six months of their third birthday at the initial IFSP.

The following resources are available to help you understand the COS and to better explain it to and include other IFSP team members.
1. The Introduction to Child Outcomes flyer is two pages. Share it with ~~your~~ families and providers. Use this flyer to introduce the topic and facilitate the discussion about the three outcomes areas, where this information comes from, and how the team will rate each area.

2. The Breadth of the three outcomes is for service coordinators and providers. It is important to see how each outcome encompasses each development domain. Rating an outcome based solely on a child's evaluation performance is not a true representation of the child's functioning across settings and situations.

D. <u>Development of outcomes</u> – identifying outcomes and prioritizing them is the last step in the routines-based interview. Outcomes can be child-level or family-level.   Outcomes are based on the needs and concerns of the family. Based on the outcomes, services are identified and documented on the planned services page of the IFSP. Outcomes are reviewed as needed but at least every six months.

An Introduction to Child Outcomes

in Alabama's Early Intervention System

What are Early Childhood outcomes?

Child Outcomes are skills and abilities that children use to be successful in everyday activities and routines, and skills children need to be successful in future school settings. For example:

1. Children have positive social relationships.

0-6 months:
- Smiles to a smile, voice or touch
- Laughs aloud and likes to play
- Notices strangers

6-12 months:
- Plays peek-a-boo
- Shows preference for one toy over another
- Responds appropriately to adults' moods

12-24 months:
- Gives affection; returns hugs and kisses
- Uses words or gestures to get someone's attention
- Pays attention to other children

2. Children gain and use knowledge and skills.

0-6 months:
- Looks at objects or people
- Finds partially hidden object
- Looks at a toy while holding it

6-18 months:
- Plays simple games like pat-a-cake
- Points to an object when it's named

12-24 months:
- Recognizes shapes in a puzzle board
- Imitates sounds, words or body movements
- Names five body parts

3. Children take appropriate action to meet their needs.

0-6 months:
- Responds to own name
- Stops crying when talked to
- Turns head toward nipple when offered

6-12 months:
- Uses first true words
- Touches adult or object to cause an action
- Uses gesture words such as shaking head "no"

12-24 months:
- Tries to figure out how toys work
- Walks alone and can creep up stairs
- Stands on a chair to get something out of reach
- Makes some decisions, such as what to eat or wear

How is information about my child's development gathered?

Information about your child is gathered by your child's Service Coordinator from you, from other caregivers, and from professionals who work with your child regularly. Additional information is gathered from formal child assessment that has already been done. Your child's team, including you, share input about your child's development each year through the Child Outcome Summary Process, or COS.

Alabama's Early Intervention System

An Introduction to Child Outcomes

in Alabama's Early Intervention System

How can families and parents be involved?

You know your child best! You are a partner in helping to measure your child's progress. Share your observations of your child's skills in each of the child outcome areas. Describe how your child interacts with friends and family. Let your child's service providers know examples of how your child participates in typical family routines and in community activities. Tell them how your child meets their self-care needs at home. Remember, we want to know your thoughts about how your child is doing throughout the day and in different settings.

Alabama's Early Intervention System is a Division of the Alabama Department of Rehabilitation Services.

For more information about Early Intervention and the Alabama Department of Rehabilitation Services, visit rehab.alabama.gov

Why is this information important?

- It gives your EI team information that can be used to monitor your child's progress.

- It helps in monitoring the early intervention program as a whole.

- It gives you a picture of how well your child is progressing in the three outcome areas.

- It provides information for the Annual Performance Report (APR) that is required to be sent to the Office of Special Education Programs (OSEP), U.S. Department of Education.

(The APR is available to the general public and can be found on the AEIS web-site at rehab.alabama.gov/services/ei)

Will my child be required to have any additional testing?

No additional testing is required. Evaluation information used to determine eligibility and ongoing assessment for your child's progress provides sufficient information for understanding your child's outcomes.

How is my child's privacy protected, where does the information go, and do I have access to the information?

Only summary information is reported annually to the Office of Special Education Programs (OSEP) in the U.S. Department of Education. Your name and your child's name will not be attached to the information that is reported. As part of the team, you will have access to this information.

THREE CHILD OUTCOMES

ecta DaSy
August 2021

The three child outcomes, measured by early intervention and early childhood special education systems, encompass functional skills and behaviors that are meaningful for a child's participation in everyday routines. They cut across developmental domains to represent the integrated nature of how children develop, learn, and thrive. The breadth of these outcomes provides a framework for describing and consistently measuring children's functional skills and behaviors across settings and situations.
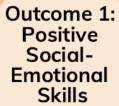
Outcome 1: Positive Social-Emotional Skills
(including social relationships)

Relating with Caregivers
Demonstrate regulation and attachment, respond/initiate/sustain interactions, acknowledge comings and goings...

Attending to Other People in a Variety of Settings
Express awareness/caution, respond to/offer greetings, respond to own/others' names...

Interacting with Peers
Convey awareness, respond/initiate/ sustain interactions, share/cope/resolve conflicts, play near and with peers...

Participating in Social Games & Communicating with Others
Respond to/initiate/sustain games and back-and-forth communication, demonstrate joint attention, engage in mutual activity, follow rules of games...

Following Social Norms & Adapting to Change in Routines
Transition between activities, respond to new/familiar settings/interactions, behave in ways that allow participation, follow routines and rules...

Expressing Own Emotions & Responding to Emotions of Others
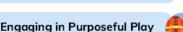Show pride/excitement/frustration, manage own emotions, display affection, and comfort others...

Outcome 2: Acquisition and Use of Knowledge and Skills

Showing Interest in Learning
Persist, show eagerness and awareness, imitate/repeat actions, explore environment...

Using Problem Solving
Figure things out, use trial and error, remember steps/actions and execute them with intention, experiment with new/known actions...

Engaging in Purposeful Play
Show early awareness and exploration, use objects according to function, play by building, pretending, organizing and expanding play scenarios and roles...

Understanding Pre-Academics & Literacy
Notice differences or associations among things, demonstrate matching/sorting/labeling by size/color/shape/numbers/function, interact with books and pictures, practice early writing and reading...

Acquiring Language to Communicate
Learn and use sounds, words, and sentences with increasing complexity including sign language and augmentative and alternative communication (AAC)...

Understanding Questions Asked & Directions Given
Respond to gestures/verbal requests, understand meaning of increasingly complex words/questions/directions, know and state details about self (e.g., name, age)...

Outcome 3: Use of Appropriate Behaviors to Meet Needs

Moving Around & Manipulating Things to Meet Needs
Move with increasing control and purpose (e.g., reach, roll, crawl, walk, run, climb) to navigate the environment - with accommodations as needed, manipulate objects/tools (e.g., crayons, scissors, switches, fragile items) with increasing control...

Eating & Drinking with Increasing Independence
Suck/swallow, chew, bite, finger feed, use utensils, hold bottle, drink from cup, show growing independence with amount/type of food eaten, access food and feed self....

Dressing & Undressing with Increasing Independence
Assist with dressing, take off/put on shoes and clothes, undo/do fasteners...

Diapering/Toileting & Washing with Increasing Independence
Lift legs for diaper change, sit on potty, wash hands, brush teeth, help with bathing...

Communicating Needs
Indicate hunger/need for sleep/diaper change, express discomfort/hurt, request or reject food, express choice/preferences...

Showing Safety Awareness
Avoid dangers (e.g., putting things in mouth, touching hot stove), follow safety rules across settings and situations...
Note: This awareness is less evident in very young children

SECTION 7: INDIVIDUALIZED FAMILY SERVICE PLAN and TRANSITION PROCESS

A. **Individualized Family Service Plan (IFSP)** - The IFSP is a written plan for providing Early Intervention services to an infant or toddler with a disability. It is a fluid document that changes based on the family's needs.
   1. **Initial IFSP**- must be written within 45 days of the Child Find Referral date unless it is due to exceptional circumstances on the family's behalf. The initial IFSP must be developed in person with the family.
   2. **Six-month review** – this is a required IFSP review, and it must be completed within six months of the initial or annual IFSP. It can be completed up to 30 days prior to six months. The six-month review can be completed in person or via phone at the family's discretion.
   3. **Annual IFSP** - ongoing eligibility must be determined and the annual IFSP completed prior to the expiration of the initial plan. The annual IFSP can be written up to 30 days prior to the expiration of the previous plan. The annual IFSP must be written in person with the family. The attendance at the annual IFSP review form must be completed and signed by the family if all service providers are not in attendance.
   4. **Exceptional circumstances** - if any plan is late, exceptional circumstances must be entered into GIFTS and documented in the service coordinator's notes. Exceptional circumstances should be entered as soon as it becomes known the plan will be late.
B. **Transition** - The development of the transition plan at 27 months of age provides for a smooth transition from EI to preschool (or appropriate services) and exiting the program. Transition planning begins no earlier than nine months prior to the child turning three years old (27 months or at initial IFSP). See the decision tree and Transition FAQ's document for more details.
   1. Transition Planning (see IFSP transition section of IFSP for more details on these steps) – It is the Service Coordinator's responsibility to ensure that the parent/guardian evaluates, initials, and dates each section.
      - SC will discuss the steps necessary to transition the toddler from EI to another community-based service.
      - SC explains local placement options and the LEA program (notification, eligibility criteria, and how service delivery is different from AEIS services).
      - LEA (Local Education Agency) is notified electronically within 14 days of the transition planning meeting that the child will turn 3 within 9 months using the EI Notification to LEA letter.
      - The EI to Preschool Meeting with LEA is convened to discuss the child's educational preschool needs and introduce the family to school system personnel or a meeting is convened with an alternate community placement agency (if appropriate).
   2. Opt-Out Policy (REMEMBER: Families do not Opt-Out of Transition, they are ONLY Opting-out of LEA notification.)
      - Families that do not wish to have the notification sent to the local school system, have the opportunity to "Opt-Out", and do so by signing the "Opt-Out" form.
      - Families have 10 days from the transition planning meeting to decide whether they want to "Opt-Out" or notify the LEA.
      - If a family does not sign and return the Opt-Out Form within 10 days, the LEA notification letter **must** be sent to the LEA within 14 days of the transition planning.

SECTION 8: GIFTS

GIFTS (Giving Infants, Families, and Toddlers Support) is the AEIS data system used to gather data from providers on all components of the system, such as referrals, eligibility, IFSP development, IFSP reviews, child outcomes, natural environment, numbers served, and other pertinent data including demographics.

The current Medical Diagnosis List can be accessed in GIFTS --- (From Main GIFTS screen, click on SERVICE COORDINATION, then REPORTS, then PLAN DIAGNOSIS DESCRIPTION).

To ensure AEIS has timely and accurate data the following guidelines were established for data entry.

AEIS defines timely data entry as...

IFSPs The Date Completed must be entered for initial and annual IFSPs before submitting the Verification Certificate to the AEIS Data Manager. Per the 2024 AEIS Verification Procedures, your program cannot resubmit a current verification certificate or correct a past verification certificate or invoice if a case doesn't appear because of not completing the Date Completed before submitting the verification report to the state office. It is always best practice to have a running list throughout each month of the cases expected to appear on the validation/verification report and then investigate if the actual report doesn't match what is expected.

Transitions must be entered as each step in the process is completed.

Exceptional Circumstances (all types) must be entered as soon as the SC is aware the event will be late.

Initial service delivery dates must be entered within sixty (60) days.

IFSP Planned Service changes must be entered within thirty (30) days of the change.

Errors-data entry errors must be identified and corrected within thirty (30) days of the entry/Begin Date.

Closures must be completed within fourteen (14) days of closure date.

Exit data (Child Outcomes Summaries) should be entered before the closure date.

REMINDER: Effective October 2022, the SEAM or approved RBI no longer has to be entered into GIFTS. However, you may continue to add it if you choose.

SECTION 9: VERIFICATION

A. **Verification Procedures** Guidelines for completing the verification validation process for your caseload.   (*Please note Extensive Travel Policy*)

B. **Verify Certificate** --- While the procedure is the same for all, the process may vary from program to program.

SECTION 10: Medicaid Option Billing

A. **Medicaid Chapter 108** --- (please see Medicaid website for most current revisions):
   Alabama Medicaid

B. Service Coordinator Documentation Training Handout will be provided during the training. See page two for more details.

SECTION 11: SELF-ASSESSMENT

A. **Program Self-Assessment (PSA) –** The state office has developed a PSA tool. It can be found in the AEIS Monitor Handbook. PSAs should be used to peer-review 25% of active records each quarter so by the end of the year, all active records have been reviewed internally at least once.

C. **AEIS Monitor Handbook –** Outlines the Monitoring process, including federal and state requirements that must be met for an EI program to comply with Part C of IDEA.

SECTION 12: EARLY INTERVENTION PERSONNEL

A. ICC Subcommittees, Roles, and State Staff Contact

- **Financial Planning Subcommittee**
    - Council Coordinator: Felicia Carswell, AEIS Asst. Part C Coordinator
    - Chairperson: Susan Sellers, United Ability

- **Public Awareness Subcommittee**
    - Council Coordinator: Darlene Flowers, AEIS Program Monitor
    - Chairperson: Summer Washington, The Arc of Madison County

- **Personnel Prep Subcommittee**
    - Council Coordinator: Katrina Lipscomb, AEIS Program Monitor
                                          Shannon Foster, CSPD Coordinator
    - Chairperson: Michelle Creekmore, The Arc of Madison County

- **Program Planning and Evaluations Subcommittee**
    - Council Coordinator: Tabitha Perry, AEIS Program Monitor
    - Chairperson: Jessica Letson, United Ability

B. [Personnel Standards](#) – click the link.

SECTION 13: PUBLIC AWARENESS, TRAINING, & FAMILY SUPPORT

A. AEIS Public Awareness/Training/Family Support Activity Reporting Form

B. The Pathway of Early Intervention

C. FAQs about AEIS

D. A Step Ahead brochure

E. An Eligible Family's Guide to Early Intervention

F. Help Me Grow release/referral form

*All forms are available at ADRS | Alabama Department of Rehabilitation Services

SECTION 14: POLICIES

A. [Coordination of All Available Resources](#)

B. [Developmental Delay](#)

C. [Early Intervention Services](#)

D. [Evaluation & Assessment](#)

E. General Information

F. [Natural Environments](#)

G. Opt-Out

H. [Public Participation](#)

I. [Transition](#)

J. [Transition Planning Procedures](#) and all policies can be found at [ADRS | Alabama Department of Rehabilitation Services](#)

SECTION 15: MISCELLANEOUS

A. Next Steps Form and Quick Reference Guide

B. Evaluator Training and Observation Checklist

C. Eligible Family Concern Factsheet (required to be given to family)

D. DCC INFORMATION (required to be given to family)

E. District Map

These resources can be found at ADRS | Alabama Department of Rehabilitation Services

AEIS Evaluator Training/Observation Checklist

Name of potential evaluator: _____

Name of tool(s): _____

Name of qualified evaluator/trainer: _____

# of observations of a qualified evaluator administering the tool: _____

# of supervised administrations of the tool: _____

- ☐ Provides documentation of personnel standards being met for at least one EI service. EI service qualified for is _____.
- ☐ Provides documentation of having a child development course that includes infants and toddlers or has completed the Child Development Cluster of the Special Instruction Webinar/Special Instruction Mentorship/SI Workshop/Developmental Specialist Certification and Mentorship training and is in conformity with test protocol requirements for administering the test.
- ☐ Demonstrates ability to accurately calculate the child's chronological and adjusted age.
- ☐ Demonstrates the ability to accurately calculate the child's raw score and age equivalent.
- ☐ Demonstrates the ability to accurately complete the Evaluation Determination Report.
- ☐ Demonstrates understanding of AEIS system including referral, eligibility determination, timelines, IFSP, service provision, natural environment, 8 core values, teaming
- ☐ Demonstrates ability to establish and maintain rapport with the parents/caregiver and child.
- ☐ Can effectively explain evaluation process to family, ie. how the child will be tested, their input during the test, when to expect results of the test, next steps in AEIS process
- ☐ Effectively listens to family/caregiver input. The evaluation process is not rushed.
- ☐ Effectively listens to other evaluators (if applicable) so that family/caregivers aren't forced to answer the same question or the child doesn't have to demonstrate the same skill more than once.
- ☐ Is familiar with the evaluation so that they are aware of which questions are coming up and are able to combine questions/tasks as much as possible.
- ☐ Does not ask someone else to conduct questions/tasks during the evaluation unless this method was agreed to prior to the evaluation.
- ☐ Avoids influencing the result of the questions by giving the child or parents/caregivers cues. For example, "He can probably ask for a cookie. Right?" This would encourage the family to answer in a positive way. Questions should be open-ended and non-leading. A better way to ask the question would be "How does he tell you he wants something to eat?"

Qualified trainers must:

1. Meet personnel standards for at least one of the EI services.
2. Have had a child development course that includes infants and toddlers OR has completed the Child Development Cluster of the Special Instruction Webinar/Special Instruction Mentorship/ SI Workshop/Developmental Specialist Certification and Mentorship.
3. Have had training or course work on the specific tool to be trained and is in conformity with test protocol requirements for administering the test.
4. Has a minimum of 3 years experience working directly with children ages birth to three.

To Parents of Children in Alabama's Early Intervention System:

Alabama's Early Intervention System (AEIS) is composed of many different programs and agencies. We know it can be confusing to understand the early intervention system. To help ease the confusion, we want you to know where to go for answers.

Your child's service coordinator, _____, who you can phone at _____, can answer many of your questions or concerns. However, after speaking with your service coordinator, you may want to have additional discussions regarding your questions or concerns. Here are some other individuals, along with their contact numbers, who will be glad to assist you:

Your service coordinator's supervisor: _____

Your service coordinator's Executive Director: _____

State-level funding agency contact/EI monitoring partner: _____

EI State Office monitor: _____

Another source of information is the website for Alabama's Early Intervention System found at https://rehab.alabama.gov/services/ei. You are also encouraged and welcome to attend the Governor's Interagency Coordinating Council (ICC), which includes family members, service providers, and others appointed by the Governor and provides advice and assistance to AEIS.

You may contact me at amy.blakeney@rehab.alabama.gov or 334-293-7021 at any time. Or, you may contact Felicia Carswell, Assistant Coordinator, at felicia.carswell@rehab.alabama.gov, or 334-293-7024 to share your family's experience with early intervention.

AEIS has partnered with the University of Alabama at Birmingham (UAB) to conduct surveys on our behalf. These surveys will help us to improve AEIS services and provide better support to families and children. We are also required to set goals to determine if AEIS is truly helping families and children. The surveys will be conducted by email. Your participation is vital to us and would be greatly appreciated.

We are so glad you have chosen to participate in Alabama's Early Intervention System!

Sincerely,

Amy

Amy Blakeney, Director
Alabama's Early Intervention System

District Map

Alabama's Early Intervention System

District I: Huntsville

Colbert	Limestone
Cullman	Madison
Franklin	Marion
Jackson	Marshall
Lauderdale	Morgan
Lawrence	Winston

District II: Birmingham

Jefferson
Shelby
Walker

District III: Anniston

Blount	DeKalb
Calhoun	Etowah
Cherokee	St. Clair
Clay	Talladega
Cleburne	

District IV: Montgomery

Autauga	Lowndes
Bullock	Macon
Chambers	Montgomery
Chilton	Pike
Coosa	Randolph
Elmore	Russell
Lee	Tallapoosa

District V: Dothan

Barbour	Crenshaw
Butler	Dale
Coffee	Geneva
Conecuh	Henry
Covington	Houston

District VI: Mobile

Baldwin	Monroe
Choctaw	Washington
Clarke	Escambia
Mobile	

District VII: Tuscaloosa

Bibb	Marengo
Dallas	Perry
Fayette	Pickens
Greene	Sumter
Hale	Tuscaloosa
Lamar	Wilcox

ADRS
rehab.alabama.gov
A program of the Alabama Department of Rehabilitation

800-543-3098
nevertooearlyAL.org

Revised 05-2023

Help Me Grow®
Alabama

Universal Referral Form

Help Me Grow Alabama (HMG) is a free information and referral line connecting parents and providers to information about child development and community resources. By completing this form, you are:
- signing up to receive **free** information from HMG on child development and community resources in your area,
- signing up to receive access to a **free** developmental screening tool called the Ages and Stages Questionnaire (ASQ) for each of your children—ages 5 and under,
- authorizing the exchange of information, if permission is given below, for the child(ren) listed between HMG and the provider listed on this form.

Provider's Information

Provider Name (e.g. Agency, Center, Practice, School Name): _____

Contact Person: _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Family's Information

Parent or Guardian Name(s): _____

Street: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Best time to contact: □ Between ____ & ____ □ Anytime | **Best form of contact:** □ Phone □ Email □ Text

Please contact me in: □ English □ Spanish □ Other (including specific dialect): _____

Child Name: _____ □ Male □ Female

Date of Birth: _____ **Premature?** □ Yes □ No If yes, # of weeks early: _____

Concerns/Reason for Referral: _____

Existing services and/or other referrals in progress: _____

□ **Ask me about my other children when you contact me.**

By signing this form, I, the parent/legal guardian, authorize the release and use of the information above. I also give permission to Help Me Grow to maintain contact with the provider listed about the developmental and resource information provided to my family, so the provider can give us further support.

_____   _____
Signature of the parent/legal guardian   Date

Email: referrals@smartstartalabama.org | Fax: 334-356-8230
www.helpmegrowalabama.org

Revised August 2019

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