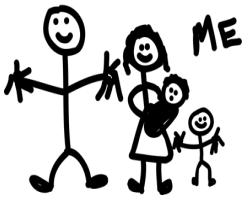
Alabama's Early Intervention System



Dear Applicant:

Thank you for your interest in Alabama's Early Intervention System (AEIS). AEIS is a statewide, coordinated, and family-focused system for identification, eligibility determination and early intervention services and supports for infants, toddlers and their families. You will be considered for approval to provide services as a valuable team member in partnership with families and district staff. Our goal is to recruit highly qualified professionals to serve as evaluators and service providers. Regretfully, we are unable to consider those currently employed with the Alabama Department of Rehabilitation Services (ADRS) to provide early intervention services as a vendor.

The following information is about opportunities, service descriptions, training and credentialing requirements. Part C federal and state regulations guide our policies and procedures. If approved, vendors work directly with DEICs and families in targeted areas that you identify. Vendors must provide timely services, written reports and progress notes to DEICs and protocols (if vendor provides evaluations) become the property of ADRS/EI. A fee schedule is included in this packet.

Approval of your application is not a contractual obligation; a vendor is requested to provide the specific service(s) for which they are approved at the discretion of the IFSP team, including the family and DEIC (functioning as service coordinator) to meet the child's and family's needs. This request is only made when established community EI programs cannot accept a referral. Vendor contacts may vary significantly depending on program availability and area served; there is no guarantee regarding caseload assignment. (Most vendors retain other work.) This agreement may be revoked by a vendor or AEIS for issues such as payment, training requirements, unsatisfactory service or failure to adhere to Plan Services. Vendors must *acquire their own criminal background check* if they agree to serve children in daycares (please call local police department to inquire further).

Please read *ICC Approved Personnel Standards* (go to www.rehab.state.al.us/ei) to view required trainings for all providers and to be certain you qualify for the service you want to provide. Return only required documents (or other supporting documentation for training or work)

- Vendor a*pplication*
- Copy of *current licensure* if discipline requires one (send updates to state office)
- *Diploma, teacher certificate* and/or *unofficial* transcript from four-year or post-graduate work (an *official transcript* will be required to access the special instructor webinar)
- *Certification Regarding Privacy, Security, and Confidentiality of Client Identification Data and Client Personal Health Information*
- W-9 form for tax purposes; please print from www.IRS.gov
- *Confirmation of Services To Be Rendered*
- *"Revolving Door" Policy Statement*
- *Confirmation of Evaluator Standards Form (if applicable and you must show additional training)*

Prior to submitting your vendor application, vendors must register with the Vendor Self Service (VSS). The VSS Portal is a website that will allow vendors to manage their account information, track payments, submit invoices, sign-up for EFT payments and receive notification of bids based on their commodity codes. In order to benefit from VSS Portal, vendors must activate or register an account at https://procurement.staars.alabama.gov/.
Important Note: Activation and Registration Guides are posted on the VSS Portal to help vendors through the activation and registration process. Vendors can go to the vendor website for more information on activating or creating their accounts. Vendors that need further assistance can contact the STAARS Support Desk directly at 334-353-9000 or they can email staars.support@finance.alabama.gov.

Vendor must also complete and submit the Central Resource Directory Form to state office along with this application. See pages 34 and 35.

We recommend you return documents by mail (has confidential personal information). The approval process should take less than four weeks but you will be notified if there are delays. An approval letter will follow by e-mail. Please contact me with questions at 334-293-7066 (fax 334-293-7375).

Vendor applications are returned to: Alabama Department of Rehabilitation Services, Early Intervention State Office, Attn: Shannon Foster, 602 S. Lawrence St., Montgomery, AL 36104.

SERVICE DELIVERY: Vendors provide services (family training emphasis) to infants and toddlers within the context of routines and natural learning opportunities for families. This may include traveling to homes, child-care sites or other community settings. Clinics, hospitals or settings that serve only children with disabilities are not considered appropriate inclusive settings for serving most infants and toddlers in early intervention. Principles of service delivery are in accord with AEIS training called "Vital Message about AEIS". (See enclosed document) Service providers are allowed to work with primary caregivers in day cares without a DHR application to do so (per DHR letter from Commissioner Buckner in 2010 clarifying EI providers are not subject to DHR regulations for typical day care employees. Effective November 2020 in order to provide virtual services, vendors are required to obtain a HIPAA Compliant platform and will be required to submit the signed business associate agreement (BAA) form to their local DEIC. (Examples: Zoom, Doxy.me).

VENDOR TRAINING: All approved vendors are required to complete an EI orientation with a DEIC unless they have substantial work experience with AEIS and/or have completed Journey 2 training (see Agreement). ***Effective August 2009 vendors without at least two years' experience with AEIS are required to attend Journey 2/Message Revitalized. Contact Linda.bedgood@rehab.alabama.gov.*** to register. Vendors are not reimbursed for travel or time at this training. To learn more, contact your DEIC. These trainings offer contact hours which can be applied to the Personnel Standard for non-licensed providers (e.g. special instructors). PT, OT and SLPs meet this requirement by virtue of licensure.

Evaluator Qualifications: Evaluators approved to conduct eligibility determination must submit appropriate documentation regarding the following criteria (effective 10/1/09. (See Confirmation of Evaluator Standards Form in this package)

- ☑ Meets personnel standards for one of the EI services.
- ☑ Had a *child development course that includes infants and toddlers* or completed Special Instruction Webinar.
- ☑ Had training or course work on specific tool(s) used and in conformity with test protocol requirements
- ☑ Has completed a minimum of 1 observation of a qualified evaluator administering the tool(s) and a minimum of 1 supervised administration of the tool(s).

VENDOR TRAINING FOR SPECIAL INSTRUCTORS: If you do not have an EARLY CHILDHOOD SPECIAL EDUCATION DEGREE (ECSE), you are required to complete additional training for special instruction or family training. For *conditional* status special instruction or family training, completing the "webinar" is required, see http://rehab.alabama.gov/individuals-and-families/early-intervention/resource-library/special-instruction-webinar-application for more information. You may complete and submit the application for the webinar after approval by this office. More information will be sent to you after approval by this office. An on-line textbook is 30.00. There is a 1-year window to complete training based on your approval date and therefore candidates must enroll in the next available workshop. Admission is determined by the webinar coordinator at Troy University; state EI office does not coordinate the webinar. For *conditional* status special instructors (candidate), a vendor may provide service while completing training requirements but service is not billable to Medicaid until completion.

Lesson 1 - Foundations of Special Instruction
Lesson 2 - Developmental Theory (and the Importance of Play)
Lesson 3 - Building Partnerships and Teams
Lesson 4 - Interventions with Specific Populations
Lesson 5 - Effective Instructional and Accommodative Practices

Lesson 6: SI Mentorship must be supervised by an approved mentor (currently approved SI who completed webinar or other accepted training: may be in an EI program or is also a vendor). A mentor has responsibilities which may impact a vendor if not completed in a timely manner, so expectations should be clearly defined in advance of selecting a mentor. It is a vendor's responsibility to locate a mentor who meets qualifications outlined in the SI Application for Participation.

MEDICAID BILLING AND PROVIDER NOTES: AEIS has an EI/Medicaid partnership for billing services. This means that district offices bill Medicaid for EI services conducted by highly qualified individuals. An approved vendor and DEIC should discuss details of required communication and documentation. Vendors document child's progress on the AEIS progress note format; other documentation forms are not accepted. To familiarize vendors with standards for quality progress notes regarding IFSP

services, regardless of Medicaid eligibility, a copy of the approved note format is attached. Vendors are paid ***following*** submission of progress notes.

CENTRAL RESOURCE DIRECTORY (CRD): Alabama's Early Intervention System has a statewide resource directory *to assist families* and community providers in locating resources for eligible infants and toddlers. The directory includes public and private service providers, professionals, family support organizations and other groups. Approved vendors' names are added to the CRD. Inclusion in the directory does not imply endorsement for private business by the Alabama Department of Rehabilitation Services or its affiliated early intervention programs. To access the CRD, contact the DEIC in your community.

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 with whom they spend the most time, such as his or her mother, father, grandparent, childcare provider or primary caregiver. How these individuals interact with your child while feeding, diapering, playing, and cuddling will have the greatest impact on 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 which 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 your priorities. From this plan, you and your Service Coordinator will identify a team of professionals, other family members, caregivers, and/or friends to help in reaching 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 natural environment***

  EI services are provided in a location where your child and family typically would be: home, 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 the support of your team of professionals, together we will work to carry out these activities on a daily basis so that your child and your family will meet your outcomes.

- ***Collaborative***

Your EI team will work closely with each other as well as with you and your child to reach outcomes. The team can also work with other service providers which might include your child's physician(s), therapists from other agencies, childcare providers, community partners, and other specialists. If you or your physician feel more services are needed which are determined to be outside the scope of EI, 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 provides assistance 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 own unique routines or times of the 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.

Early Intervention is…	***Early Intervention is not…***
Provided from birth to three years of age	Provided to serve children after their third birthday
Eligibility is based on 25% or greater 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/caregiver training	A clinical therapy program
Provided in 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
Outcomes are family driven and based on family routines	Goals are medically based and set by providers
Frequencies are determined by the IFSP team	Frequencies are 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.

www.aota.org – American Occupational Therapy Association
www.asha.org – American Speech, Language, Hearing Association
www.apta.org – American Physical Therapy Association
www.cec.sped.org – Council for Exceptional Children, particularly the Division of Early Childhood
http://pediatrics.aappublications.org/cgi/reprint/104/1/124 - Article on the role of the pediatrician in EI
http://www.medicalhomeinfo.org/health/EI.html - American Academy of Pediatrics web page on EI

Frequently Asked Vendor Questions

The following information is intended to help vendors as early intervention specialists to better understand their roles on the Evaluation and IFSP team.

1. What is the philosophy of Early Intervention when it comes to working with specialists like therapists and special instructors?

Early identification of infants and toddlers with developmental delays is the first step in a process to develop intervention strategies to achieve functional outcomes based on child and family routines. Families benefit from coordination of a variety of community supports and services that meet the needs of a child *and* family. Family may be broadly interpreted in early intervention. AEIS is not constrained by other participatory regulations of other agencies and programs (i.e. no social security number required, parents and children do not have to hold citizenship, another relative may act as a parent).

AEIS's mission is to equip families and primary caregivers to enhance the development of children. This mission has been explained in a required training for anyone working for AEIS; it is called "**Vital Message About Early Intervention" (attached as page 3).** Our efforts empower caregivers to be a child's best and most effective teacher. Specialists have the expertise to help families bridge recommendations from non-EI sources and navigate the overwhelming "information highway". Of course, it is more complicated than just that but not much more. We do this by "teaching", "guiding" or "coaching" families and others in activities that uniquely address their needs and concerns. Who was it that said, "Every moment is a teachable moment"? Pull-out services (removing infants and toddlers from peers and/or normal routines) is not considered appropriate under most circumstances. We want EI specialists to work together in a trans-disciplinary way, monitoring children's progress while teaching caregivers to embed intervention during routine learning opportunities. Research has proven the efficacy of this approach and that it usually leads to more successful functional outcomes. This empowers families and caregivers to be children's best and most effective teachers.

Consultation is an expression frequently heard in EI circles, but on occasion is misused to explain reduced therapy or reduced frequency and intensity of a service. EI does not provide services based on a therapeutic model (yes, there can be very special circumstances under which direct therapy could be "part" of an intervention process but this is usually achieved by referring child to private clinics for which AEIS does not pay).

2. How do DEICs utilize approved vendors?

DEICs are district representatives for the Division of Early Intervention (DEI) and work with approved vendors to conduct specific activities (evaluations/services) to help families achieve functional outcomes. As a policy, DEICs offer *temporary* service coordination; the goal is to serve families *in established EI programs* that offer a full array of services but programs are sometimes unable to accept a transfer into the program immediately. DEICs are most likely to complete eligibility determination but an approved vendor may be contacted for determining eligibility or to provide a service once eligibility is determined and the IFSP is written. Children may transfer to Community-based EI programs at some point after initial planning or may remain with the DEIC as service coordinator for as long as 6 months.

Early intervention programs are community-based service agencies (Dept. of Mental Health, Alabama Institute for Deaf and Blind, and Children's Rehabilitation Services). Programs (approximately 55) typically have their own or specialized staff available and services will transfer to a program when service coordination changes (some vendors also work for programs). We use the term "vendor" to mean a qualified professional providing a service for a fee; they are not considered state employees. DEICs have a list of approved vendors from which to choose when a service is required. Assignments are based on factors such as a vendor's ability to work in certain areas or accommodating a family's schedule. We never know how many children will be served by District offices. For this reason, no set amount of work can be guaranteed to a vendor.

3. In Alabama's Early Intervention System, who may be served?

In Alabama, children are eligible with at least one area of delay of 25% or greater (which must be confirmed by a second procedure) in one of five domains or who was prior to referral diagnosed (in writing) with a mental or physical condition with a high probability of developmental delay. Most states have similar guidelines.

4. What is the role of discipline-specific professionals in completing eligibility evaluation?

A specialist (discipline-based) sometimes completes one or both procedures for initial eligibility but less frequently beginning in 2011 when DEICs began completing procedures. A DEIC, acting as service coordinator, may request a vendor (e.g. Special Instructor, PT, SLP) to conduct one of the required procedures for eligibility OR a specialist may be called upon after the IFSP for a more in-depth review of a child's skills in a particular domain. The "team" usually determines such things based on referral reasons or stated concerns of the parent discussed at Family Assessment.

5. Once a second procedure is completed to satisfy requirements of initial eligibility, can a single specialist begin right away serving a child? Should discipline-specific specialists make recommendations for services during *Eligibility Determination*?

It's really important to understand that during the eligibility determination phase that families are still absorbing information; it is too early to determine which services, frequency and intensity is appropriate until all information is reviewed and a great in-depth Family Assessment based on the daily routine challenges is conducted by the service coordinator. Vendors, because they frequently work in isolation, sometimes have a harder time connecting with other team members but the importance of doing so should not be underestimated; the team should understand the whole picture and always anticipate that you should have a copy of the IFSP if you are serving a child. Ask your DEIC to assist you in connecting with other team members. The IFSP team, including parents, decides how and when an EI service is needed based on all considerations. Delivering a service (other than evaluation) *prior* to IFSP means a vendor cannot be paid.

Families value professional input but *plan services are based on family defined outcomes and routines* (where and when) and *functional outcomes* (what and how). And don't forget….we primarily provide families with opportunities to learn how to work through unique situations and challenges in their everyday lives. In early intervention we need family perspective, including ideas, concerns, daily routines, assessment of children's progress and planning tips that make us assets to families rather than "just another appointment".

6. If team specialists are not able to be present for the IFSP meeting, how do they let "the team" know their impressions of a child's performance?

Specialists who evaluate a child may not be able to attend the IFSP meeting. However, they have ideas about how they can assist parents and promote children's development. By the time of the IFSP meeting, a specialist will have provided written evaluation results. This report should be worded in family-friendly language, with no professional jargon that is easily understood by everyone. The team uses results to help guide the family in their decisions about who are the most appropriate specialists to help them achieve functional outcomes. The specialist(s) and service coordinator should be in routine contact with one another about a child's progress. Though rare, families can reject an offered service without jeopardy of losing other services or supports.

7. Where do discipline-specific specialists fit into "the team"?

A specialist is one member of a team who can help meet the needs of a child and family. An evaluator may be the same person who provides a service after the IFSP is developed, but not always. Team members decide collaboratively who best can assist a family in addressing an outcome successfully. For example, just because a

speech delay has been documented, certain factors may lead the team to decide someone other than a speech pathologist can easily assist the family, with occasional guidance (collaboration) and direction from a speech pathologist. Sometimes, a speech pathologist is the most desirable team member to work with a family. The team needs to consider many questions. Should the physical therapist and a special instructor work with a family on a particular outcome? Are both needed to achieve an outcome? Maybe, maybe not. Who is the best team member to help families understand a feeding concern-a speech pathologist or an OT? Both may have exceptional skills in feeding issues. Maybe there are circumstances that support only a special instructor providing consultation to the family rather than a therapist for example, a child experiencing mild developmental delays with no health issues or other special considerations. This is why every plan can look very different than the last though diagnoses or areas of delay may be the same.

8. What role do specialists play in ongoing assessments during the time the child is in early intervention?

Specialists such as PTs, OTs, and SLPs are frequently asked by service coordinators to provide annual reassessments of a child's abilities to determine continuing eligibility. Sometimes, the team decides that one qualified team member can complete a five-part developmental evaluation (i.e. DAYC). Again, the decision is based on "needs" of the individual child and family. What can provide the best current picture of a child's progress? Discipline-specific assessments (SLP, PT, OT) provide more in-depth information about a child's current abilities in a specific domain.

9. What do vendors have to provide to AEIS to insure payment?

Ongoing communication between families, providers and service coordinators is paramount. Specialists give service coordinators *specific activity-related progress notes related to functional outcomes they are assigned to.* If a vendor attempts to follow-through for a scheduled visit, a progress note must be submitted within 10 days of the event. It is smart to always confirm an appointment before traveling to the home and/or daycare. There is no obligation for EI to make up a missed visit caused by a caregiver or family. On the other hand, vendors who are late to appointments will be asked to make up any visit if the family or caregiver cannot meet at the later arrival time.

All progress notes must specifically reflect ***face-to-face time*** spent with family or caretaker in the delivery of the service and the time "begin and end" time on the note should match the *amount* promised on the IFSP (note writing time is not part of that visit). Service coordinators make notes in their section of records and frequently document contacts they have with team member. Progress notes for randomly selected cases are monitored at least annually to see if they meet standards. A vendor's progress note, properly documented and submitted to the DEIC, will result in payment, usually within 3 weeks of submission to state accounting (An approved format for progress notes is included in this package.)

10. What happens when a child no longer meets eligibility for AEIS?

If, following an assessment, a child no longer meets eligibility criteria for AEIS (25% delay), ending those services can only be done by the service coordinator who is responsible for all information regarding a plan. There are procedural safeguards that insure families are notified properly about changing or ending a plan. A vendor may not stop seeing a family without notifying the service coordinator first and explaining the status of the child or situation.

Families occasionally seek services outside of AEIS and pay on their own. AEIS is not responsible for payment of services *arranged outside* of EI. If a therapist discusses with a family the child's medical needs and clinical therapy is recommended in addition to EI, parents or their private or public insurance must pay for it. It is cause for EI concern if a vendor is found to have advised a family that their child should get "additional therapy" in clinic offices. *Teams should provide the amount of EI service needed to address a functional out*come and reflect the proper amount of service on the plan (IFSP). We can inform families about alternate community resources or supports; families frequently make the choice to do both.

Children who are eligible based on diagnosis can continue in AEIS even when they are not showing delays; this is the law. However, the same principles are in play as for other children. If a child is not showing developmental delays despite predictions of delays, only the parent can decide to voluntarily withdraw from the EI system; otherwise, a plan will remain in effect until the child turns three.

The team's challenge is to decide what will *actually be needed to meet the child's or family's needs*. Periodic monitoring or service coordination may be the only thing needed to see that the child's appropriate development continues.

11. What is the nature of the working agreement between AEIS and the vendor?

Many vendors also have employment through education agencies and in the private sector and we welcome their expertise. Employees of ADRS, however, may not be approved as vendors. Applicants may be seeking a formal contractual agreement with a predetermined caseload, something that can be relied on each month. However, an approved vendor is *not a contracted employee* and therefore cannot be guaranteed authorization to perform a specific amount of work.

12. What are the most likely reasons a vendor's application may be delayed?

The most frequent delay is that a diploma does not clearly indicate the area of study and the general area of study and nature of the coursework is not sufficient to draw conclusions based on Personnel Standards. For instance, a diploma that simply states Bachelor of Science is not sufficient to document that the specific area of study was in communication disorders; the applicant would need to attach an *unofficial transcript* to be approved for *conditional status* as special instructor (referred to as a special instructor candidate in SI Webinar Information).

With only a bachelor's degree in communication, the vendor applicant cannot be approved under these standards for Speech Pathology (you must be SLP-CCC to provide speech as a vendor) but this individual would be a huge asset as a special instructor (with a communication background). Another frequent reason is that one of the required forms is not returned (W-9, "Services to be Rendered" page, failure to specify an evaluation tool and accompanying documentation, vague diploma information, or no current license or certificate).

*For discipline-specific applicants (i.e. SLP-CCC, OTR), we are satisfied with a copy of a current licensure from Alabama. For applicants who wish to provide special instruction in *permanent* status, a vendor must submit a degree for Early Childhood Special Education (ECSE) or documentation of completion of the SI Webinar.

Return this form, signed and dated (Department refers to Rehab Services)

REVOLVING DOOR POLICY STATEMENT
ALABAMA'S EARLY INTERVENTION SYSTEM VENDORS

From: Ashley Hamlett, Legal Services
Department of Rehabilitation Services

I (vendor) attest that neither the vendor nor any of the vendor's trustees, officers, directors, agents, servants or employees is a current employee of the Department, and none of the same individuals have been employees of the Department in violation of the revolving door prohibitions contained in the State of Alabama ethics laws. If any person involved in any way with the business relationship between vendor and the Department was employed with the Department within the last two years prior to the date of this application, vendor has attached an opinion of the Alabama Ethics Commission indicating that the activity to be engaged in is not in violation of the Ethics Law.

_____

Vendor Name/ Print Vendor Signature Date

Return this form, signed and dated

ALABAMA DEPARTMENT OF REHABILITATION SERIVCES
ALABAMA'S EARLY INTERVENTION SYSTEM (AEIS)
VENDOR APPLICATION

PLEASE REVIEW AND COMPLETE EACH SECTION. PARTIALLY COMPLETED APPLICATIONS WITHOUT PROOF OF CREDENTIALS, SIGNATURE, PHONE NUMBER AND E-MAIL WILL NOT BE PROCESSED.

***NOTE: IF YOU PROVIDE A SERVICE THAT REQUIRES ALABAMA LICENSURE OR CERTIFICATION, YOU MUST SUBMIT A COPY OF CURRENT LICENSURE/CERTIFICATION WITH THIS APPLICATION. PLEASE REVIEW ATTACHED STANDARDS FOR SERVING YOUNG CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN ALABAMA**

I. GENERAL APPLICANT INFORMATION:

a. APPLICANT NAME: _____

b. PHYSICAL ADDRESS: _____
(include street, city, state,
zip and county) _____

c. MAILING ADDRESS: _____
(if different from physical)
_____

d. CURRENT JOB TITLE/POSITION/AGENCY: _____

e. FEDERAL ID NUMBER/
OR SOCIAL SECURITY NUMBER: _____ BUSINESS LICENSE NUMBER: _____

VENDOR SELF SERVICE #: _____

f. PREFERRED PHONE # (____)_____ ALTERNATE #: (____)_____ FAX NUMBER: (____)_____

*EMAIL: _____ (this is required information for correspondence)

g. DEGREE(S) EARNED: _____

h. LIST COUNTIES OR DISTRICT WHERE YOU ARE WILLING TO PROVIDE SERVICES: (See attached district map)
_____

II. MEDICAID BILLING: District Early Intervention Coordinators are required to bill Medicaid directly for services provided by approved vendors. If you are or have been an approved Medicaid provider, has your application or approval ever been denied, suspended or revoked? If yes, please attach explanation.

III. ETHNICITY: For classifying ethnicity, the following definitions may assist you.

Black or African American (not Hispanic): A person having origins in any of the Black racial groups of Africa.
White (not Hispanic): A person having origins in any of the original people of Europe, the Middle East or North Africa.

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.
Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including the Philippine Islands, Thailand and Vietnam. The Pacific Islands include Hawaii, Guam and Samoa.
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

ASIAN/PACIFIC ISLANDER ___ BLACK/AFRICAN AMERICAN ___ HISPANIC/LATINO ___
AMERICAN INDIAN/ALASKA NATIVE ___ WHITE (NOT HISPANIC) ___

IV. BUSINESS OWNERSHIP: In classifying your business, use these definitions:

Large Business: Greater than 50 employees or gross receipts greater than $1,000,000.00 per year and independently owned and operated.

Large Minority Large Non-minority Large Female Minority Large Disability Owned

Small Business: Less than 50 employees or gross receipts less than $1,000,000.00 per year and Independently owned and operated.

Small Minority Small Non-minority Small Female Minority Small Disability Owned

****For Minority Owned Business: At least 51% owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of those individuals.**
****Female Owned Business: Same as minority owned.**
****Disability Owned Business: Person(s) owning business is/are person(s) with a disability.**

IF MINORITY OWNED, please indicate ethnicity as appropriate (refer to definitions)

ASIAN/PACIFIC ISLANDER BLACK/AFRICAN AMERICAN HISPANIC/LATINO

AMERICAN INDIAN/ALASKA NATIVE OTHER/SPECIFY: _____

If your business license has ever been suspended or revoked in any state, attach an explanation on a separate sheet. Has never been suspended or revoked

V. SERVICE DELIVERY: Federal regulations mandate that services be provided in natural environments to the maximum extent appropriate. Our mission is to train, equip and support family/caregivers in being the first and best teachers for their child. AEIS enhances the capacity of families to meet the special needs of infants and toddlers with disabilities.

ALABAMA'S EARLY INTEVENTION SYSTEM VENDOR AGREEMENT OF UNDERSTANDING

I HAVE RECEIVED AND READ THE PART C STATEMENT OF UNDERSTANDING, THE STATEMENT OF PART C ASSURANCES AND THE STATE STATUTE, § 21-3A (Included). I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUPPLIED ON THIS APPLICATION IS ACCURATE AND COMPLETE AND IS HEREBY RELEASED TO THE LEAD AGENCY OF ALABAMA'S EARLY INTERVENTION SYSTEM FOR THE PURPOSE OF VENDOR APPROVAL.

I HEREBY AGREE TO ABIDE BY THE ABOVE IN THE DELIVERY OF PART C SERVICES. I AGREE TO COMPLETE ANY ADDITIONAL TRAINING THAT MAY HAVE BEEN INDICATED AS REQUIRED TO PROVIDE A SPECIFIC SERVICE.

_____ _____

SIGNATURE AND PROFESSIONAL CREDENTIALS **DATE**
(Degree- i.e. M.Ed., SLP-CCC, RPT)

Questions concerning this application: contact (334) 293-7066 or 293-7183.

ALABAMA'S EARLY INTERVENTION SYSTEM
STATE OFFICE
602 S. LAWRENCE ST., MONTGOMERY, AL 36104

FOR STATE USE ONLY:

_____ _____ _____ _____

Reviewer Name **Reviewer Signature** **Date of Review** **Date of Approval**

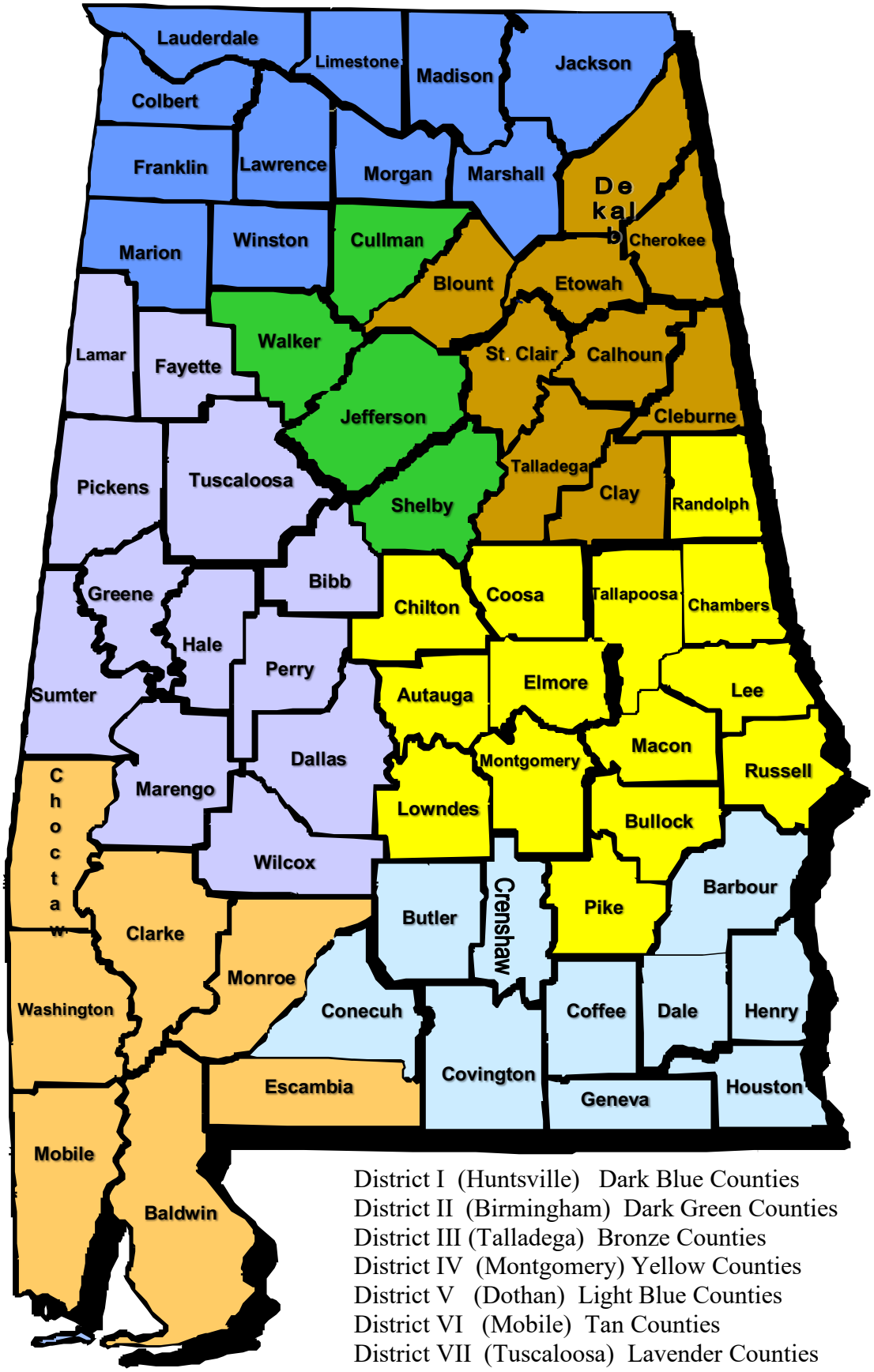
Delay in process:_____
_____
Other Comments: _____
_____
_____

Approved for/Meet Standards for:

- ☐ ***Permanent status*** **Special Instruction, Family Training**
- ☐ ***Conditional status*** **Special Instruction, Family Training Webinar Target Date: _____(within 1 year)**
- ☐ **Eligibility Determination Evaluation (training requirements): Target: _____(within 1 year**
- ☐ **Home Visiting (SW degree)**
- ☐ **Interpreter Foreign Language_____** ☐ **Sign Language/Cued Language _____**
- ☐ **Speech & SLP Eval**
- ☐ **Physical Therapy & PT Eval**
- ☐ **Occupational Therapy & OT Eval**
- ☐ **Other Service _____**

If you are requesting approval for Special Instruction, Family Training and/or Eligibility Determination Evaluations, please read attached information regarding Special Instruction Webinar. The Alabama Dept. of Rehabilitation Services Part C Coordinator reviews applications and related documents prior to final vendor approval.

Alabama State Map – Listed by EI Districts



District I (Huntsville) Dark Blue Counties
District II (Birmingham) Dark Green Counties
District III (Talladega) Bronze Counties
District IV (Montgomery) Yellow Counties
District V (Dothan) Light Blue Counties
District VI (Mobile) Tan Counties
District VII (Tuscaloosa) Lavender Counties

Return this form, signed and dated

CONFIRMATION OF SERVICES TO BE RENDERED

Please read *Description of Services* and *Personnel Standards* (on ADRS website). Indicate services you wish to provide for AEIS and for which you are qualified.

- ☐ **ASSISTIVE TECHNOLOGY SERVICES (APPROVED FOR THERAPISTS OR SPECIALISTS)**
- ☐ **AUDIOLOGY SERVICES AND EVALUATIONS (NOT CONDUCTED IN NATURAL ENVIRONMENTS)**
- ☐ **FAMILY TRAINING, COUNSELING AND HOME VISITS (DIFFERENT DISCIPLINES BASED ON CREDENTIALS)**
- ☐ **HEALTH SERVICES**
- ☐ **MEDICAL SERVICES FOR DIAGNOSTIC/EVALUATION PURPOSES ONLY**
- ☐ **NURSING SERVICES**
- ☐ **NUTRITION SERVICES AND NUTRITIONAL EVALUATIONS**
- ☐ **OCCUPATIONAL THERAPY SERVICES AND OCCUPATIONAL THERAPY EVALUATIONS**
- ☐ **PHYSICAL THERAPY SERVICES AND PHYSICAL THERAPY EVALUATIONS**
- ☐ **PSYCHOLOGICAL SERVICES AND DEVELOPMENTAL EVALUATIONS**
- ☐ **SOCIAL WORK SERVICES**
- ☐ **SPECIAL INSTRUCTION SERVICES**
- ☐ **SPEECH-LANGUAGE PATHOLOGY SERVICES AND SPEECH-COMMUNICATION EVALUATIONS**
- ☐ **TRANSPORTATION (TO PROVIDE FOR EARLY INTERVENTION SERVICES)**
- ☐ **INTERPRETER FOR FOREIGN LANGUAGE (PLEASE SPECIFY_____)**

****VISION SERVICES AND SIGN LANGUAGE/CUED LANGUAGE PROVIDED THROUGH AIDB**
****SERVICE COORDINATION IS NOT VENDORED**

EVALUATION/ASSESSMENT SERVICES: Test(s) I own or have access to and would use for eligibility:_____

- ☐ **I completed training/college coursework for infant-toddlers tests/procedures and meet standards cited in test manuals. Attach *unofficial* transcript which reflects child development coursework. (This is required information; application will not be processed without it)**
- ☐ **I completed training or a mentorship with a minimum one (1) 1 observation of a *qualified* evaluator and a minimum one (1) supervised administration of the following tool(s).**
  _____
  If the above is true, please attach *Confirmation of Evaluator Standards* found on the following pages.
  ****Evaluators purchase and maintain their own tools (AEIS does not provide test kits or protocols)****
  (Effective 2011, DEICs began completing initial eligibility evaluations but DEICs on occasion call vendors)

CHECK ALL THAT APPLY (Include documentation that supports the following statements): An informal college transcript will be acceptable if legible.

- ☐ **I have a degree from an accredited school for Early Childhood Special Education (ECSE)**
- ☐ **I have at least a Bachelor's degree with child development coursework or in a related field**
- ☐ **I have at least 6 months work experience with infants/toddlers with disabilities and families**
- ☐ **I have at least 2 years' work experience with Alabama's Early Intervention System**
- ☐ **I have professional EI experience in other states: _____ Duration_____**
- ☐ **I can provide three(3) references if requested re: EI experience in other states**
- ☐ **I previously attended these trainings: ☐ Journey I ☐ Journey II/Message Revitalized**
- ☐ **I previously completed AEIS Special Instructor Webinar: Date: _____(Attach Certificate)**

Having read the AEIS ICC Approved Personnel Standards (http://rehab.alabama.gov/individuals-and-families/early-intervention/resource-library **), I affirm that the services indicated above are those for which I am qualified and will provide to Alabama's Early Intervention families.**

_____
Signature/ Credentials/ Date

Return this form, signed and dated

CONFIRMATION OF EVALUATOR STANDARDS

If you consider yourself an evaluator but do not have an Early Childhood Special Education Degree, please have a mentor sign this document (mentoring is included in the SI webinar/mentoring process). If you do not plan to special instruct and prefer to do only evaluations, you must ensure that a trainer-mentor signs this form or submit a college transcript which clearly reflects that evaluator training was part of coursework.

Otherwise, please return this form with the following documentation:

1. **unofficial college transcript indicating coursework in child development and evaluations OR a college diploma specifying a degree in Early Childhood Special Education (must be equivalent to ECSE)**
2. **documentation of experience conducting developmental evaluations**

As an applicant requesting to provide evaluations for AEIS, you must meet standards (a)-(d) below.

AEIS PERSONNEL STANDARDS:

(a) Meets personnel standards for one of the EI services.
(b) Has had a child development course that includes infants and toddlers or has completed the Child the Special Instruction Core Curriculum training (either in person or via the Special Instruction Webinar).
(c) Has had training or course work on the specific tool(s) to be used and is in conformity with test protocol requirements for administering the test.
(d) Has completed a minimum of 1 observation of a qualified evaluator administering the tool(s) and a minimum of 1 supervised administration of tool(s).

Mentor Statement of Completion of training:

Based on my training as a qualified evaluator, this vendor completed training requirements stipulated above and now meets AEIS standards for evaluators.

Date completed: _____

Training on what test: _____

_____ _____
Mentor's signature and credentials **Date**

_____ _____
Vendor Applicant signature and credentials **Date**

Return this form, signed and dated

Certification Regarding Privacy, Security and Confidentiality of Client Identification Data and Client Personal Health Information

This section of agreement/contract establishes the fundamental rules and requirements for the protection of client identification data and client personal health information.

The **contractor** agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the client data and to prevent unauthorized use or access to it in accordance with 42 CFR 431.300 et seq.

The **contractor** represents and warrants further that, except as specified in this document or except as authorized in writing, it will not disclose, release, reveal, show, sell, rent, lease, loan or otherwise grant access to client identifying data or client personal health information to any person or entity. Access to the data covered by this agreement shall be limited to the minimum number of individuals necessary to achieve the purpose stated in this agreement and to those individuals on a need-to-know basis only.

The **contractor** shall not permit access to ADRS data for third parties, nor assign or delegate duties described herein to third parties without the prior written agreement of the ADRS. All third parties are prohibited from the independent use of information, statistics, project results, and reports prepared pursuant to this agreement without the prior written approval of the Commissioner of the ADRS. All proposed publications of any kind that use the data generated by this exchange of information must receive prior written approval from the commissioner of the ADRS before they are published.

Any disclosure of information by the contractor **must be approved in advance by the Commissioner of the ADRS and then only to individuals expressly authorized to review such information under federal or state laws. If the** contractors**, employees, subcontractors or agents, discloses or attempts to disclose confidential information it is understood that an injunction may be obtained to prevent that disclosure as well as any other remedies at law that may be available.**

When deemed necessary by the ADRS, all client identifying information and personal health information provided to the **contractor** by the ADRS must be returned to the ADRS.

Compliance

It is the responsibility of the **contractor** to take all reasonable steps to ensure compliance with the conditions set out in this agreement, and to ensure that unacceptable use of client identification and client personal health data does not occur.

The **contractor** shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 and any implementing regulations as adopted. The Health information Portability and Accountability Act (HIPAA) requires the securing of client personal health information and the non-retrievable destruction of client personal health information when no longer needed. Contractor staff must be pro-active in safeguarding trusted client information. Failure to comply with the aforementioned Act can bring severe civil and criminal liabilities. Section 1176 mandates penalties of up to $25,000 per person per standard per year. Section 1177 mandates penalties of up to $250,000 and imprisonment of not more than 10 years for infractions of privileged data covered under the act.

Additionally, it is incumbent upon the **contractor** to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 U. S. C. 552a. Specifically, 5 USC 552A (I) (1), which is made applicable to contractors by 5 U. S. C. 552a (m) (1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

Each officer or employee or the contractor **or its** subcontractors **or agents to whom Social Security information is or may be disclosed shall be notified in writing that such information can only be used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as $5,000.00 or imprisonment for as long as five years, or both, together with the cost of prosecution. ADRS shall also notify each individual that further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than $1,000.00 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Section 7213 and 7431 and set forth at 26 CFR 301.6103(n).**

Right to Audit

The ADRS reserves the right to audit any organization's implementation of, and/or adherence to the requirements, as stated in this agreement. This includes the right to require that any organization utilizing the Internet for transmission of sensitive information submit documentation to demonstrate that it has met the requirements contained in this agreement.

_____	_____	_____
Contractor Name	**Signature of Contractor/Vendor**	**Date**

DESCRIPTION OF SERVICES AND QUALIFICATIONS FOR PERSONNEL PROVIDING AEIS SERVICES

Please read about the following services and determine your qualifications to apply. Review ICC Approved Standards for Serving Young Children with Disabilities and Their Families in Alabama (additional requirements are indicated for some services such as for Special Instruction). (Vendors are not approved to provide SERVICE COORDINATION)
Do not return this form.

ASSISTIVE TECHNOLOGY SERVICES: Include services that directly assist a child with a disability in the selection, acquisition, or use of an Assistive Technology device. Assistive Technology Device means any item, piece of equipment, or product systems, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

***AUDIOLOGY SERVICES:** Include identification of children with auditory impairment, using at risk criteria and appropriate Audiology screening techniques; determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; referral for medical and other services necessary for the habitation or rehabilitation of children with auditory impairment; provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; provision of services for prevention of hearing loss; and determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibro-tactile devices, and evaluating the effectiveness of those devices. **NOTE: Because the vendor is an independent provider of services, the individual or business providing this service is approved must be licensed by the Alabama Board of Examiners for Speech/Language Pathology and Audiology.**

***FAMILY TRAINING, COUNSELING AND HOME VISITS:** Include services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development. **NOTE: Because the vendor is an independent provider of services, for the service of Home Visits, the individual or business approved must have the following: (please read Webinar Information)**

- **License for Certified Social Work, with PIP Certification (LCSW, PIP)**
- **Speech/Language Pathologists with Master's degree plus Certificate of Clinical Competence and licensed by the Alabama Board of Examiners for Speech/Language Pathology and Audiology or in clinical fellowship year.**
- **License for Professional Counseling (not Associate Level) (LPC-Alabama)**

Related human service degrees are considered for *conditional* status; individuals approved for this status are required to complete a core curriculum of on-line courses provided through the University of West Alabama. See Webinar Information Sheet in this package.

For family trainers approved on a *conditional* basis, the vendor approval letter has important information for completion of coursework. Currently, personnel standards indicate that all coursework must be completed within 2 years of approval date. Verification of completion is sent directly to state office and maintained in a vendor file. On completion conditional status will revert to *permanent* status. Personnel Standards additionally require that special instructors and family trainers/home visitors document 16 contact hours every two years. Some training may be provided through CSPD (Comprehensive System of Personnel Development). Contact the DEIC for additional information. Verification of additional contact hours should be sent to the state EI office.

***HEALTH SERVICES:** Include services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services; such services as cleaning intermittent catheter, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services that will need to be addressed in the course of providing other early intervention services; consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services. **NOTE: Only licensed registered nurses by Alabama Board of Nursing AND licensed nurses with Associate Degree or BSN Bachelor Degree can provide these services as independent vendors.**

HEALTH SERVICES DOES NOT INCLUDE THE FOLLOWING:

- *Services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus).*
- *Services that are purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).*
- *Devices necessary to control or treat a medical condition.*
- *Medical-health services (immunizations and well-baby care) routinely recommended for all children.*

***MEDICAL SERVICES:** Include medical services ONLY for diagnostic or evaluation purposes provided by a licensed medical physician to determine a child's developmental status and need for early intervention services.

***NURSING SERVICES:** Include assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and administration of medications, treatments, and regimens prescribed by a licensed physician. **NOTE: Only licensed registered nurses by Alabama Board of Nursing AND licensed nurses with Associate Degree or BSN Bachelor Degree can provide these services as independent vendors.**

NUTRITION SERVICES: Include conducting individual assessments in nutritional history, dietary intake, anthropometric, biochemical, clinical variables, feeding skills, feeding problems; and food habits and food preferences; developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part on the findings of the individual nutritional assessment; making referrals to appropriate community resources to carry out nutritional goals.

***OCCUPATIONAL THERAPY SERVICES:** Include services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school and community settings; identification, assessment and intervention; adaptation of the environment; selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability. **NOTE: Only Occupational Therapists certified by AOTCB and licensed by Alabama Board of Occupational Therapy can provide these services as independent vendors.**

***PHYSICAL THERAPY SERVICES:** Include services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems; providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems. **NOTE: Only Physical Therapists licensed by the Alabama Board of Physical Therapy can provide these services as independent vendors.**

***PSYCHOLOGICAL SERVICES:** Include administering psychological and developmental tests and other assessment procedures, interpreting assessment result, obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development, planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs. **NOTE: Only licensed psychologists, psychological technicians with supervision of a Ph.D., and School Psychometrists or Psychologists certified by the Alabama Department of Education for the AA Certificate and holds the NCSP Certification may provide these services as independent vendors.**

***SIGN LANGUAGE/CUED LANGUAGE: (Added to federal regulations FY 2012)** Includes teaching sign language, cued language, auditory/oral language, or providing oral transliteration services (such as amplification), and providing sign and cued language interpretation. Must have a degree in Education of the Hearing Impaired or be permitted or licensed as an interpreter, be a speech/language pathologist or be an audiologist (Note: LSLS). **NOTE: Only a Speech/Language Pathologists with a Master's Degree plus Certificate of Clinical Competence in Speech/Language Pathology and licensed by the Alabama Board of Examiners for Speech/Language Pathology and Audiology or Audiologists with LSLS can provide these services as independent vendors.**

****** Alabama Institute for Deaf and Blind (AIDB) provides this service on plans coordinated by District Early Intervention Service Coordinators (DEICs). Therefore, we do not currently approve vendors for this service.***

***SOCIAL WORK SERVICES:** Include making home visits to evaluate a child's living conditions and patterns of parent-child interaction, preparing a social or emotional developmental assessment of the child within the family context, providing individual and family-group counseling with parents and other family members, and appropriate social skill building with the child and parents, working with those problems in a child's and family's living situation (home, community, and any other center where early intervention services are provided) that affect the child's maximum utilization of early intervention services, and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services. **NOTE: Only Licensed Clinical Social Worker with PIP (Private Independent Practice) can provide these services as independent vendors.**

***SPECIAL INSTRUCTION SERVICES:** Include the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP; providing families with information, skill, and support related to enhancing the skill development of the child; and working with the child to enhance the child's development. **NOTE: Please read personnel requirements for this in *Standards for Serving Young Children with Disabilities and Their Families in Alabama.* Individuals with bachelor's degrees in ECSE, HI, or VI and Alabama Class B teacher certification may provide this service on a *permanent* basis (16 additional contact hours required every two years).**

Related human service degrees are considered for *conditional* status; individuals approved for this status are required to complete a curriculum of on-line courses provided through the University of West Alabama. See Webinar Information sheet in this package. Hearing Impairment and Vision Specialists are not currently approved under the Vendor System due to collaborative services provided by Alabama Institute for Deaf and Blind (AIDB).

For special instructors approved on a *conditional* basis, the vendor approval letter has important information for completion of coursework. Currently, personnel standards indicate that all coursework must be completed within 2 years of approval date. The on-line coursework is provided at a minimal 30.00 charge. Verification of completion is sent directly to state office and maintained in a vendor file. On completion conditional status will revert to *permanent* status. Personnel Standards additionally require that special instructors and family trainers/home visitors document 16 contact hours every two years. Some training may be provided through CSPD (Comprehensive System of Personnel Development). Contact the DEIC for additional information. Verification of additional contact hours should be sent to the state EI office.

***SPEECH-LANGUAGE PATHOLOGY SERVICES**: Include identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skill; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills. **NOTE: Only a Speech/Language Pathologists with a Master's Degree plus Certificate of Clinical Competence in Speech/Language Pathology and licensed by the Alabama Board of Examiners for Speech/Language Pathology and Audiology or professionals in Clinical Fellowship Year can provide these services as independent vendors.**

TRANSPORTATION AND RELATED COSTS: (significant changes 2012) For families, this may include transportation to an audiologist or other early intervention service location at the recommendation of the AEIS team (if service site is justified appropriately) and the family would otherwise be unable to afford the

cost of transportation. However, a vendor may not be reimbursed for transportation from home to an evaluation clinic site (such as a District Office) to perform duties in one location. The 2012 Fee Schedule also now *includes* transportation reimbursement for each service unless special consideration is discussed and approved in advance by a DEIC state supervisor. Any transportation reimbursement would be determined based on the shortest distance to a location from home or a District Office.

VISION SERVICES: Includes evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities; referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and communication skills training, orientations and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
NOTE: Only Occupational Therapists certified by AOTCB and licensed by Alabama Board of Occupational Therapy OR Physical Therapists licensed by Alabama Board of Physical Therapy or individuals with Bachelor's Degree in Education of the Visually Impaired with Class B teacher certification OR Orientation/Mobility Specialists certified by the Association for Education and Rehabilitation of the Blind and Visually Impaired can provide this service as independent vendors.

****** Alabama Institute for Deaf and Blind (AIDB) provides this service on plans coordinated by District Early Intervention Service Coordinators (DEICs). Therefore, we do not currently approve vendors for this service.***

INTERPRETER SERVICES: Individuals providing this service to families who prefer *"sign"* as a mode of communication are required to provide documentation of Sign language/Certification level. AIDB (Alabama Institute for Deaf and Blind) and Alabama Department of Rehabilitation Services (ADRS) can assist DEICs with qualified signing interpreters.

For interpretation of a *foreign language*, there are currently no guidelines through which we determine proficiency. Proficiency is determined through satisfactory performance with families. The service coordinator works collaboratively with families so they may participate completely in the EI process.

EVALUATION AND/OR ASSESSMENT SERVICES: For a child suspected of developmental delay(s), an initial determination of eligibility includes procedures for the five developmental areas: motor, cognitive, communication, social/emotional, and adaptive plus a second procedure that supports the findings of the first procedure in at least one of the identified areas of delay. This process must involve at least two different disciplines. Therefore, a single (person) vendor may only complete one procedure. A "business" vendor must have sufficient staff to conduct two procedures in accordance with Part C regulations. Physician documentation must be available as part of the overall process when determining a child eligible based on diagnosis (two physicians would not be considered multi-disciplinary).
Evaluators must meet current Personnel Standards (see P.3 or review Confirmation of Evaluator Standards Form included in this package.

In the provision of services and in employment practices, Alabama's Early Intervention System does not discriminate on the basis of race, sex, creed, national origin, religion, age or disability.

ATTACHMENT

PART C STATEMENT OF UNDERSTANDING

Alabama is committed to implementing a statewide, community-based, interagency, coordinated, family-centered, multidisciplinary system of services for all eligible infants and toddlers, from birth to three years of age, and their families. This commitment is evident from Alabama's acceptance of funds in the Part C Federal Program authorized by the Individuals with Disabilities Education Act (IDEA), appointment of the Interagency Coordinating Council (ICC), designation of the Alabama Department of Rehabilitation Services as Lead Agency, adoption of state administrative regulations, and passage of the State Early Intervention Act for Infants and Toddlers with Disabilities.

Alabama's Early Intervention System provides any one or more of the following sixteen appropriate services to eligible infants and toddlers with disabilities and their families: Assistive Technology Devises and Services, Audiology, Family Training, Counseling, and Home Visits, Health, Medical, Nursing, Nutrition, Occupational Therapy, Physical Therapy, Psychological, Service Coordination, Social Work, Special Instruction, Speech-Language Pathology, Transportation and Related Costs, and Vision Services.

*Interpretation Services are also provided when necessary.

The Lead Agency/Division of Early Intervention (DEI) has established a fee schedule for vendor reimbursement if Medicaid or private insurance cannot be billed. THE VENDOR'S AGREEMENT TO ACCEPT PART C ELIGIBLE INFANTS AND TODDLERS AND THEIR FAMILIES CONSTITUES THE ACCEPTANCE OF EARLY INTERVENTION REIMBURSEMENT AS FULL PAYMENT FOR SERVICES RENDERED WHEN SERVICES ARE NOT BILLED TO MEDICAID. FEDERAL LAW PROHIBITS ANY ADDITONAL CHARGES TO THE FAMILY FOR SERVICES BY THE VENDOR. (SEE ENCLOSED PART C FEE SCHEDULE.)

Many eligible infants and toddlers and their families are served through Alabama's Early Intervention System (AEIS) each year. Cooperating vendors are accepting of our remuneration as a public service throughout the state.

By applying for approval as a Part C vendor, the applicant authorizes contact with licensing/certification board(s) concerning past or current licensure/certification.

A vendor agrees to provide quality documentation for completed services to the DEIC prior to payment. If a vendor fails to provide required documentation after two (2) months, results may include but may not be limited to non-payment for services and/or removal from the vendor list.

ATTACHMENT

STATEMENT OF PART C ASSURANCES

As directed under the Individuals with Disabilities Education Act, and the State Early Intervention Statue, § 21-3A, all vendors of Early Intervention services shall be responsible for meeting all policies, procedures, and standards adopted by the State in providing Early Intervention services to eligible infants, toddlers, and their families.
(See enclosed State Statute, § 21 - 3A.)

I VOLUNTARILY AGREE TO THE FOLLOWING ASSURANCES:

I. GENERAL:

A. To provide services for Part C eligible infants and toddlers which meet the State's eligibility criteria.

B. To abide by the policies established by the State of Alabama to govern the Early Intervention System in regard to:
- Child Find
- Central Resource Directory
- Comprehensive System of Personnel Development
- Procedural Safeguards
- Policies and procedures related to financial matters
- Procedures for resolving complaints
- Resolution of disputes
- Policy for contracting or otherwise arranging for services

C. To assist in data collection for AEIS by providing required information.

D. To cooperate fully with monitoring procedures which are required elements of Alabama's Early Intervention System (AEIS).

E. To participate with the AEIS Child Find Component to identify, locate, and evaluate Alabama's infants and toddlers who may be eligible for early intervention services.

F. To assure that complete records are kept for five years plus the current year to substantiate that expenditures billed to Lead Agency were accurate. However, if the audit litigation or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the five-year period, the records shall be retained until resolution. Such records shall be kept in a form that facilitates the establishment of an audit trail in the event such items are audited. The vendor agrees to retain and make accessible for audit original and supporting documents to substantiate expenditures.

G. To reimburse the Lead Agency for any penalties, disallowances or loss of recoupment of funds from the Lead Agency by the State or Federal Government as a result of any condition of non-compliance with state/federal program requirements for which noncompliance is due to any erroneous or insufficient action by the vendor. The vendor further agrees to reimburse additional expenses incurred by the Lead Agency, including staff time and other cost, resulting from such action or inaction when such expense is incurred due to necessary corrective actions in response to actual or potential State/Federal recoupment. The resolution of all audit exceptions shall be the responsibility of the vendor.

H. To assure that all records shall be available for review and audit during regular business hours at any time by State, Federal, or Lead Agency representatives.

I. To submit timely and accurate claims and provide supporting documentation as required and instructed by the Lead Agency and to provide the DEIC service coordinator with regular progress reports on request prior to payment. .

J. To accept Medicaid reimbursement for Medicaid eligible infants and toddlers for all EI services which are reimbursable.

K. To assure that all professionals or paraprofessionals employed to provide early intervention services under Part C meet the ICC approved **Standards for Serving Young Children with Disabilities and Their Families in Alabama.**

L. To provide evaluation and/or assessment, vendor will:
   (1) Abide by the State's current policies and procedures regarding evaluation and assessment to meet the required 45-day timeline for eligibility determination and IFSP development.
   (2) Utilize the current AEIS reporting format for Evaluation and Assessment and meet the protocol criteria for administering the formal instrument(s).
   (3) Participate in the process of teaming, developing, implementing, and reviewing the Individualized Family Service Plan (child's written service plan).
   (4) Abide by the State's current policies and procedures regarding Individualized Family Service Plans (IFSP).
   (5) Team with other discipline professionals, families and the service coordinator to ensure effective communication between all team members and ensure procedural safeguards..

M. To participate in the process of developing, implementing, and reviewing the Individualized Family Service Plan (child's written plan).

N. To abide by the state's current policies and procedures regarding Individualized Family Service Plans (IFSP).

O. To provide the family's service coordinator with regular progress reports on services.

***AEIS reserves the right to remove a vendor from the list based on infractions of AEIS policies/procedures, which can include but may not be limited by valid family complaints (state office will review). If a vendor is not utilized within two (2) years, he or she will be removed without prior notice from the list and required to resubmit a new application for reconsideration.*

Chapter 3A. EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES.

NOTES

Effective date
The act, which added this chapter, became effective August 31, 1993.

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§ 21-3A-1. Short title.

STATUTORY TEXT

This chapter shall be known and may be cited as the Alabama Early Intervention Act for Infants and Toddlers with Disabilities. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §1.)

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§ 21-3A-2. Legislative intent.

STATUTORY TEXT

The Legislature finds that there is an urgent and substantial need to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of **early intervention** services for all eligible infants and toddlers with disabilities and their families. (Acts 1993, 1st Ex. Sess., No. 93-920 p. 224, § 2.)

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§ 21-3A-3. Definitions

STATUTORY TEXT

The following words and phrases used in this chapter have the following respective meanings unless the context clearly indicates otherwise:

(1) Council. The Interagency Coordinating Council as established in Section 21-3A-4.
(2) Early Intervention services. Any developmental services that:
   a. Are provided under public supervision.
   b. Are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the development of the child.
   c. Are selected in collaboration with the parents.
   d. Are provided by qualified personnel as determined by the personnel standards of the state, the standards of the early intervention program, and the regulations.
   e. Are provided in conformity with an individualized family service plan.
   f. Meet the requirements of Public Law 99-457 as amended (20 U.S.C. §§1471 to 1485, inclusive), and the early intervention standards of the State of Alabama.
   g. Are provided, to the extent appropriate, in the types of settings in which infants and toddlers without disabilities would participate.
   h. Include, but are not limited to, the following services:
      1. Assistive Technology Devices and Assistive Technology Services.
      2. Audiology.
      3. Family Training, Counseling, and Home Visits.
      4. Health Services.
      5. Medical Services Only for Diagnostic or Evaluation Purposes.
      6. Nursing Services.
      7. Nutrition Services.
      8. Occupational Therapy.
      9. Physical Therapy.
      10. Psychological Services.
      11. Service Coordination Services.
      12. Social Work Services.
      13. Special Instruction.
      14. Speech-Language Pathology.
      15. Transportation and related costs that are necessary to enable an infant or toddler, and the family of the infant or toddler to receive early intervention services.
      16. Vision Services.
(3) **Early Intervention System**. The total effort in the state that is directed at meeting the needs of eligible infants and toddlers and their families.
(4) **Eligible infants and toddlers**. Individuals, from birth through age two, inclusive, who need **early intervention** services because of one or both of the following:
   a. They are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development; physical development, including vision and hearing; communication development; social or emotional development, or adaptive development.
   b. They have a diagnosed physical or mental condition, which has a high probability of resulting in developmental delay.
   c. Services for the at-risk population may be incorporated into the **early intervention** services system but are not included as a requirement of this chapter.
(5) Individualized family service plan. A process, which includes the development of a written plan containing the required elements, designed to address the needs of eligible infants and toddlers and their families in accordance with Section 1477 of Title 20 of the United States Code.
(6) Lead Agency. The Alabama Department of Education.
(7) Local coordinating council. A working group of interagency representatives, parents and other family members, and others at the local or regional level.

(8) Multidisciplinary. The involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the individualized family service plan. The multidisciplinary team means a group comprised of the parents, service providers, and others as deemed appropriate by the family.

(9) Parent. A parent, a guardian, a person acting as a parent of a child, or an appointed surrogate parent. The term does not include the state if the child is a ward of the state.

(10) Policies. The state statutes, regulations, orders of the Governor, directives by the lead agency, participating agencies, the Executive's Committee, or other written documents that represent the position of the state concerning any matter within the purview of this chapter.

(11) Public agency. A department, commission, council, board, division, service, private community provider, or an office or administration that is responsible for providing services to eligible infants and toddlers and their families pursuant to this chapter, including, but not limited to, the following:

a. Alabama Department of Education
b. Alabama Department of Human Resources
c. Alabama Department of Insurance
d. Alabama Department of Mental Health and Mental Retardation
e. Alabama Department of Public Health
f. Alabama Institute for the Deaf and Blind
g. Alabama Medicaid Agency

(12) Regulations. The regulations implementing Part C of Public Law 99-457 as amended (20 U.S.C. §§1471 TO 1485, Inclusive), titled **Early Intervention** Program for Infants and Toddlers with Disabilities and codified as part 303 of Title 34 of the Code of Federal Regulations.

(13) Service coordination. The case management and other activities carried out by a service coordinator to assist and enable a child eligible under Part C of Public Law 99-457 as amended (20 U.S.C. 1471 to 1485, inclusive), and the family of the child, to receive the rights, procedural safeguards, and services that are authorized to be provided under the **early intervention** system of the state.

(14) Service provider. Any individual or public or private agency who does all or any of the following:

a. Consults with or provides services to parents .
b. Consults with or provides services to other service providers.
c. Participates in the multidisciplinary team evaluation and assessment of a child and family of a child to develop the individualized family service plan.
d. Assists parents and others to provide services. (Acts 1993, 1st Ex. Sess., No. 93-920 p. 224, §3.)

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§ 21-3A-4. Composition; appointment and duties of member

STATUTORY TEXT

(a) For the purposes of implementing this chapter, the Governor shall appoint the Interagency Coordinating Council. The council shall consist of not less than 15 members not more than the number allowed by regulation.

(b) The governor shall designate a member of the council to serve as the chair, or shall require the council to designate a member to serve as the chair.

(c) The council shall be composed as follows:

(1) At least 20 percent of the members shall be parents, including minority parents, of infants and toddlers with disabilities or children with disabilities aged 12 or younger. At least one member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger.

(2) At least 20 percent of the members shall be public or private providers of **early intervention** services.
(3) One representative from the Alabama Legislature.
(4) One person involved in personnel preparation
(5) The directors of the appropriate agencies involved in the provision of or payment for **early intervention** services to eligible infants, toddlers, and their families, or their designated representative. These agencies include, but not limited to, each of the following:
   a. Alabama Department of Education
   b. Alabama Department of Human Resources
   c. Alabama Department of Insurance
   d. Alabama Department of Mental Health and Mental Retardation
   e. Alabama Department of Public Health
   f. Alabama Department of Deaf and Blind
   g. Alabama Medicaid Agency
   h. Others selected by the Governor, which may include a representative of the local coordinating councils.

(d) The seven enumerated directors of state agencies or their designees shall serve ex officio. All other appointments shall be made by the Governor with initial staggered terms and subsequent terms of two years.
(e) The council shall meet at least quarterly. Meetings shall be open to the public.
(f) The council shall advise and assist the lead agency in the performance of its responsibilities consistent with its role in federal law, regulations, and state policy.
(g) No member of the council shall cast a vote on any matter, which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under state law.
(h) The Governor shall designate an executive committee, composed of the seven enumerated directors of the state agencies and at least two family members represented on the Interagency Coordinating Council, as the policy making body for the **early intervention** program. Its authority to set policy is limited those broad policy area which the executive committee or Interagency Coordinating Council has identified as having significant impact on the **early intervention** system, policies, and funding of the respective agencies. The policies shall be adopted only after deliberation and consultation with the Interagency Coordinating Council. The executive committee shall have each of the following duties:

(1) Ensure interagency collaboration and mutual sharing of information to facilitate policy decisions and implementation of the comprehensive statewide system of **early intervention** services.
(2) Assure the development of a state plan to coordinate available resources related to **early intervention.**
(3) Identify areas of duplicative or fragmented public policies and regulations, which may require modification or amendment and plan action directed at those issues.
(4) Resolve interagency disputes.
(5) Provide for coordinated program planning and joint budget development related to **early intervention** services based on the studies and recommendations of the council.
(6) Assign financial responsibility among appropriate agencies. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §4.)

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§ 21-3A-5. Early Intervention services.

STATUTORY TEXT

To the extent required by and consistent with Part C of Public Law 99-457 as amended, (20 U.S.C. §§1471 to 1485, inclusive), and its implementing regulations, a statewide system of coordinated comprehensive, multidisciplinary, interagency services providing appropriate **early intervention** services to all eligible infants and toddlers and their families shall include the required minimum components under federal law. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §5.)

§ 21-3A-6. Duties of local coordinating council.

STATUTORY TEXT

The statewide system shall be implemented at the local level through local coordinating councils. The local coordinating council shall focus on the development of a formal, working team or agency involving parental and other representatives who regularly meet to perform each of the following duties:

(1) Develop a common information base.
(2) Eliminate unnecessary duplication of services.
(3) Develop a local plan.
(4) Coordinate local or regional **early intervention** services.
(5) Identify gaps in service.
(6) Collaborate on utilization of resources.
(7) Facilitate delivery of service to all eligible infants, toddlers, and their families. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §6.)

§ 21-3A-7. Duties of lead agency.

STATUTORY TEXT

(a) The lead agency shall be responsible for general administration, supervision, and monitoring of programs and activities within the **early intervention** system, including coordination of all available financial resources within the state from federal, state, local, and private sources, and other responsibilities as detailed in federal law.
(b) All providers of **early intervention** services shall be responsible for meeting all policies, procedures, and standards adopted by the state in providing **early intervention** services to eligible infants, toddlers, and their families. All participating agencies shall cooperate with the lead agency in meeting these responsibilities. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §7.)

§ 21-3A-8. Evaluations; assessments.

STATUTORY TEXT

(a) Upon full implementation of the **early intervention** system, eligible infants and toddlers, and their families shall receive each of the following:
   (1) A comprehensive, multidisciplinary evaluation and assessment of the needs of the infant and toddler and the resources, priorities, and concerns of the family, and the identification of services to meet these needs.
   (2) An explanation of the evaluation and assessment and all service options in the native language of the family and other accommodations as may be necessary to assure meaningful involvement in the planning and implementation of all services provided under this chapter. The explanation shall accommodate for cultural differences.
   (3) A written individualized family service plan developed according to the recommendations of a multidisciplinary team with the parents as fully participating members of the team.
   (4) The services outlined in the individual family service plan, which, at a minimum, shall include service coordination.
   (5) Procedural safeguards outlined in the regulations.
(b) The individualized family service plan shall serve as the singular comprehensive service plan for all agencies and service providers involved in providing **early intervention** services to the eligible infant or toddler and the family. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §8.)

§ 21-3A-9. Use of funds appropriated for **early** **intervention** services.

STATUTORY TEXT

Any federal funds made available to the state through Part C of Public Law 99-457, as amended, (20 U.S.C. §§1471-1485, inclusive), and any additional state funds appropriated for **early** **intervention** services shall not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source but for the enactment of Part C of Public Law 99-457, as amended, (20 U.S.C. §§1471 to 1485, inclusive). Funds under this part shall only be used for **early** **intervention** services that an eligible child needs but is not currently entitled to under any other federal, state, local, or private source.

All public agencies named in this chapter shall comply with Part C of Public Law 99-457, as amended, (20 U.S.C. §§1471 to 1485, inclusive), and its implementing regulations. The public agencies shall participate in the funding of the **early** **intervention** system as detailed in each agency's agreement with the lead agency. The lead agency shall present an annual budget request to the Legislature that is developed in conjunction with and through coordination with the named public agencies. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §9.)

§ 21-3A-10. Furthering purpose and policy.

STATUTORY TEXT

This chapter shall be interpreted to be consistent with and further the purpose and policy of Part C of Public Law 99-457, as amended, (20 U.S.C. §§1471 to 1485, inclusive), its implementing regulations, and any subsequent amendments to the law and its implementing regulations. (Acts 1993, 1st Ex. Sess., No. 93-920, p. 224, §10.)

§ 21-3A-11. Implementation. Repealed by Acts 1997, No. 97-418, §1, effective May 14,1997.

DISTRICT EARLY INTERVENTION COORDINATOR CONTACT LIST

Please call the toll free number(s) provided below and request to speak with one of the District EI Coordinators in the Early Intervention Office. They will be able to address the status of current need for vendors in each district as well. These individuals will be responsible for providing new vendors with a required overview of AEIS following approval as a vendor.

District I	**Huntsville (surrounding counties)**	**1-800-283-9352**
District II	**Birmingham (surrounding counties)**	**1-888-430-7423**
District III	**Talladega (surrounding counties)**	**1-800-947-7140**
District IV	**Montgomery (surrounding counties)**	**1-800-441-7607**
District V	**Dothan (surrounding counties)**	**1-800-677-9123**
District VI	**Mobile (surrounding counties)**	**1-800-879-8163**
District VII	**Tuscaloosa (surrounding counties)**	**1-800-723-0490**

STATE OFFICE CONTACT LIST

Shannon Foster, AEIS Specialist	**(334) 293-7066**
State Office FAX	**(334) 293-7375**

The Alabama Early Intervention System (AEIS) requires all individuals without degrees in Early Childhood Special Education, Education for Hearing Impairment (in settings serving children with hearing impairments) or Education for Visual Impairment (in settings serving children with vision impairments) who are or would like to provide Special Instruction services for AEIS to complete the AEIS Special Instruction Core Curriculum (AEIS SICC) <u>within 1 year from initial employment</u> in an AEIS supported program (or as a vendor).

AEIS partnered with Troy University and revised the in-classroom SICC of past years into an <u>online</u> Special Instruction Webinar (SI Webinar) using the Blackboard (Bb) Learning System. In an effort to continuously improve this training, SI Webinar was created with the addition of a Special Instruction Mentorship (SI Mentorship).
The SI Webinar is a 12-week intensive training composed of studies on:

- ***Lesson 1: Foundations of Special Instruction***
- ***Lesson 2: Developmental Theory (and the Importance of Play)***
- ***Lesson 3: Building Partnerships and Teams***
- ***Lesson 4: Interventions with Specific Populations***
- ***Lesson 5: Effective Instructional and Accommodative Practices***
- ***Lesson 6: Summative Activities and Special Instruction Mentorship Preparation***
    - Immediately following the successful completion of the SI Webinar, an 8-week SI Mentorship must be completed within an EI setting and under the supervisor of an approved Mentor.

How to Apply for Participation**: To qualify as a vendor for participation in the SI Webinar/SI Mentorship, AEIS requires individuals to complete an Application for Participation. An 8-week SI Mentorship is required of all individuals who successfully complete the SI Webinar.**
(see **http://rehab.alabama.gov/individuals-and-families/early-intervention/resource-library/special-instruction-webinar-application** for more information)

For a Vendor, the SI Mentorship must be supervised by an approved Mentor and this Mentor must complete and sign *Requirement 8* of the Application for Participation. It is the Vendor's responsibility to locate a Mentor who meets the qualifications outlined in *Requirement 8* of the Application for Participation. If approved as a special instructor (conditional status), your approval letter will direct you to contact Dr. Deborah Nowakowski at dnowakowski@troy.edu to apply for the webinar.

Standard progress note used by all DEIC vendors. This progress note format assures that your documentation meets a standard determined by Medicaid and AEIS for reimbursement. This is a sample only; your DEIC will provide you with a blank format.

District # ____

Progress Note

CHILD'S NAME: _____
DATE OF SERVICE: _____
EI Service as listed on the IFSP: ___i.e. special instruction, speech therapy_____

IFSP <u>FUNCTIONAL</u> OUTCOME(S): must be included as stated on IFSP; please ensure your DEIC service coordinator has provided you with a copy of the IFSP (can be emailed).

_____
_____
_____
_____

Summary (include description of family training (or service provided) and parent/caregiver participation):

Activities described must be relevant to functional outcomes which are listed above.
The parent/caregiver level of participation in this session must be included (brief is fine).

Parent/Caregiver Plan: This should be detailed and individualized for specific families.

Provider Signature (add credentials): _____(required)

Time: from_____to_____ (required)

Parent/Caregiver Signature: _____(optional)

EI Fee Schedule (Effective July 1, 2012)

SERVICE	LEVEL	G/I	UNIT	RATE
Assistive Technology evaluation	**Professional**	**I**	**1**	**$50.00**
Assistive Technology services	**Professional**	**I**	**15 min**	**$7.50**
Audiology evaluation	**Professional**	**I**	**1**	**$70.00**
Audiology services	**Professional**	**I**	**1**	**$35.00**
Family Training	**Professional**	**I**	**15 min**	**$10.00**
Family Training	**Professional**	**G**	**15 min**	**$5.00**
Counseling	**Professional**	**I**	**15 min**	**$12.50**
Counseling	**Professional**	**G**	**15 min**	**$6.25**
Home Visits	**Professional**	**I**	**15 min**	**$10.00**
Health Services	**Professional**	**I**	**15 min**	**$12.50**
Medical services	**Professional**	**I**	**15 min**	**$7.50**
Nursing services	**Professional**	**I**	**15 min**	**$6.25**
Nutrition Evaluation	**Professional**	**I**	**1**	**$50.00**
Nutrition services	**Professional**	**I**	**15 min**	**$7.50**
Occupational Therapy evaluation	**Professional**	**I**	**1**	**$50.00**
Occupational Therapy services	**Professional**	**I**	**15 min**	**$15.00**
Physical Therapy evaluation	**Professional**	**I**	**1**	**$50.00**
Physical Therapy services	**Professional**	**I**	**15 min**	**$15.00**
Psychological evaluation	**Professional**	**I**	**1**	**$50.00**
Psychological services	**Professional**	**I**	**15 min**	**$6.25**
Social Work evaluation	**Professional**	**I**	**1**	**$50.00**
Social Work services	**Professional**	**I**	**15 min**	**$12.50**
Special Instruction	**Professional**	**I**	**15 min**	**$9.00**
Speech evaluation	**Professional**	**I**	**1**	**$55.00**
Speech services	**Professional**	**I**	**1**	**$45.00**
Transportation			**1 mile**	**$.30**
Vision evaluation	**Professional**	**I**	**1**	**$17.00**
Vision services	**Professional**	**I**	**1**	**$21.00**
Interpreter services – sign language	**ADRS policy**	**I**	**1**	**$25.00**
Interpreter services – other		**I**	**1**	**$25.00**
Eligibility Evaluation/Assessment	**Professional**	**I**	**1**	**$60.00**
IFSP Meeting/Review	**Professional**	**1**	**15 min**	**12.00**

Eligibility Determination Report Form (for single evaluator)

☐ **For initial eligibility determination** ☐ **For Annual Eligibility**

The report reflects a child's current abilities/needs for one or all developmental areas and is based on age-appropriate procedures conducted by qualified personnel. It will assist to determine this child's eligibility for Alabama's Early Intervention System (AEIS).

Child's Name: _____ Sex: M or F Parent/Caregiver's Name:_____
DOB: _____ Age today: (months) _____ Corrected Age (to 18 months): _____

Test:_____ Date of Evaluation:_____

☐ **Report of child history:_____**
_____

Area	Results Months)	Report 25% Delay	Evaluator Observations/Clinical Opinion
I. Physical (movement)		☐ **Equal/Greater** ☐ **Less**	Strengths: _____ Concerns: _____ ☐ **Parent has concern** ☐ **Parent has no concern**
II. Cognitive (learning)		☐ **Equal/Greater** ☐ **Less**	Strengths: _____ Concerns: _____ ☐ **Parent has concern** ☐ **Parent has no concern**
III. Communication (language)		☐ **Equal/Greater** ☐ **Less**	Strengths: _____ Concerns: _____ ☐ **Parent has concern** ☐ **Parent has no concern**
IV. Adaptive (self-care)		☐ **Equal/Greater** ☐ **Less**	Strengths: _____ Concerns: _____ ☐ **Parent has concern** ☐ **Parent has no concern**
V. Social/Emotional (relationships)		☐ **Equal/Greater** ☐ **Less**	Strengths: _____ Concerns: _____ ☐ **Parent has concern** ☐ **Parent has no concern**

☐ **Functional Vision screen results: Pass Not Passed This evaluation did not complete**
☐ **Functional Hearing screen/results: Pass Not Passed This evaluation did not complete**

Evaluator Name/Signature/Credential: _____

***Vendors: please attach protocols, including vision and hearing screens, to this written report and submit to DEICs so payment may be rendered.**

Central Resource Directory Form

Program or Provider Name: _____

Submitted by: _____ Title: _____ Date Submitted: _____

Please Check Appropriate Type (Only Select One Type):

EI Service Provider: _____ Medical Facility: _____ School System: _____ Child Care: _____

Preschool: _____ EI Vendor: _____ Support Group: _____ State Agency: _____

Research & Demonstration Project: _____ Other: _____

Address: _____

_____
City State Zip Code County

Phone: (_____) _____ (_____) _____(_____) _____
Toll Free FAX

Email: _____ Website: _____

County(s) Served: _____

Program Description: _____

_____

Please Check All Early Intervention Services You Provide:

_____ Assistive Technology

_____ Audiology Services

_____ Family Training, Counseling and Home Visits

_____Health Services

_____ Medical Services (Diagnostic Purposes Only)

_____ Nursing Services

_____ Nutrition Services

_____ Occupational Therapy

_____ Vision Services

_____ Physical Therapy

_____ Psychological Services

_____ Service Coordination

_____ Social Work Services

_____ Special Instruction

_____ Speech/Language Pathology

_____ Transportation/Related Cost

_____ Sign Language & Cued Language

_____ Interpreter Services

_____ Other Language (Specify)

_____

_____ All EI Services Listed

Other Non-EI Services Provided: _____

_____

For additional information contact Tonya Gandy at (334) 293-7158. Please return completed form to: Tonya Gandy, ADRS, Division of Early Intervention, 602 South Lawrence Street, Montgomery, AL 36104, tonya.gandy@rehab.alabama.gov or send a fax to (334) 293-7393.

AEIS has in place a statewide resource directory to assist families and community providers in locating resources for infants and toddlers with developmental delays. This directory includes public and private service providers, early intervention professionals, family support organizations and other groups that provide services to infants and toddlers with disabilities and their families in Alabama.

The AEIS directory includes information on the nature and scope of services available, the addresses and telephone numbers for the organizations, programs or persons listed, and other pertinent information. Inclusion in the directory does not imply an endorsement by the Alabama Department of Rehabilitation Services or its affiliated early intervention programs, but the directory is an important tool for families and others to find out more about resources in their own community.

If you are interested in being listed as a resource for families of young children with disabilities, please complete the information on the CRD form. Please mail, email or FAX the information to Tonya Gandy, AEIS Child Find Specialist. You may also contact Tonya if you are interested in additional information about the AEIS Central Resource Directory.

Knowing about *all* available resources is important to families and providers to best meet the needs of our infants and toddlers. You can help us compile the most comprehensive directory possible by making copies of the CRD form and sharing with other resources in your area.

The AEIS Central Resource Directory will be available from the website of Alabama's Early Intervention System, Department of Rehabilitation Services at http://rehab.alabama.gov/individuals-and-families/early-intervention/resource-library/ei-central-resource-directory. Information about the CRD will also be available by contacting Tonya Gandy or other state or regional early intervention staff.

AEISCRDFactSheet07-17