

SoonerStart Early Intervention Operations Manual – Revised March 2016



S O O N E R S T A R T

The purpose of this document is to provide SoonerStart staff with information and instruction regarding IDEA, Part C requirements as well as establish standardized operating procedures for the SoonerStart program. The procedures outlined adhere to SoonerStart Policy as well as IDEA, Part C Federal Regulations.

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1000: HISTORY AND OVERVIEW

In 1986, the “Infants and Toddlers with Disabilities Program”, which focused on infants and toddlers (birth to age three) as well as their families was added to the Individuals with Disabilities Education Act (IDEA) to:

- enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delays and to recognize the significant brain development that occurs during the child’s first three years;
- enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.

In 1989, Oklahoma established the Oklahoma Early Intervention Act to provide for early intervention services to infants and toddlers with disabilities and their families in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). Implementation of this legislation required the development of a comprehensive, coordinated, multidisciplinary and interagency system of services to infants and toddlers with disabilities and their families in Oklahoma. As a result of the Oklahoma Early Intervention Act the SoonerStart Early Intervention Program was created.

The SoonerStart Mission Statement

Oklahoma SoonerStart Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.

SoonerStart 8 Key Principles

1. Early intervention services for children and families are most effective when agencies and organizations work together to provide services based on family needs.
2. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
3. All families, with the necessary supports and resources, can enhance their children’s and family’s learning and development.
4. The primary role of the service provider in early intervention is to work with and support family members and caregivers in children’s lives.
5. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family’s preferences, learning styles and cultural beliefs.
6. IFSP outcomes must be functional and based on children’s and families’ needs and family identified priorities.
7. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
8. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

What is SoonerStart?

SoonerStart is a program designed to help parents, other caregivers and children (birth to 36 months) with developmental delays gain the knowledge and confidence they need to be successful in life. Through visits with SoonerStart Early Intervention professionals, the family receives information, support, guidance and consultation about improving the child and family's quality of life. It is a program that can be provided in the home, childcare center, the park or other natural settings in the community.

- It is a collaboration among a child's parents, caregivers, childcare providers, SoonerStart Early Intervention professionals and others.
- It is a process that helps the adults in a child's life learn to help the child develop.
- It has been proven to make a family's quality of life better and help adults be more confident in their caregiving abilities.
- It is a service provided to the entire family – not just the child.

Who is Eligible?

Infants and toddlers birth to 36 months of age who have developmental delays or have a physical or mental condition (such as Down Syndrome, Cerebral Palsy, etc.) which will most likely result in a developmental delay.

What is a developmental delay?

For SoonerStart Early Intervention program eligibility, the term "developmental delay" refers to children of the chronological age group birth to 36 months who:

1. Exhibit a delay in their developmental age compared to their chronological age of fifty percent or score two standard deviations below the mean in one of the following areas or in a sub-domain of one of the following areas: cognitive, physical, communication, social or emotional or adaptive development; or
2. Exhibit a delay in their developmental age compared to their chronological age of twenty-five percent or score one and one-half standard deviations below the mean in two or more of the following areas or in a subdomain of two or more of the following areas: cognitive, physical, communication, social or emotional or adaptive development; or
3. Have a diagnosed physical or mental condition that has a high probability of resulting in delay.

1100: PUBLIC AWARENESS AND CHILD FIND

The Oklahoma State Department of Education (OSDE), as the lead agency, is responsible to ensure that the state has a comprehensive system of child find and public awareness activities.

The OSDE develops, prepares, and disseminates information and materials to all local SoonerStart Early Intervention Units (EIU) for the purpose of informing parents of the availability of early intervention services. Methods for informing the public and locating children and families include:

- Maintaining a central directory (211/JOIN) that is updated on an annual basis. The Joint Oklahoma Information Network (JOIN) database is Oklahoma's central directory. The JOIN network is a statewide community resource directory that provides a statewide database of information as a resource to parents, communities, and professionals. Through this system, users may complete an eligibility questionnaire to assist in locating services which they may be eligible to receive. A local toll-free number (2-1-1) is available to every family and professional in Oklahoma including individuals with vision and hearing challenges. The toll free access line (211/JOIN) links families and other concerned individuals to the local SoonerStart EIU.
- Collaborating with The Oklahoma Parent Center (OPC) which provides a statewide toll-free phone service to all families with children with disabilities. This service provides one-on-one consultation to provide families referral and advocacy resources. A telecommunication device for the deaf (TDD) is available.
- Participating in the development and implementation of a plan for effective outreach, which may include public service announcements, newspaper articles, posters, and other community information processes, and reporting the results of these efforts to the Interagency Coordinating Council (ICC) on an annual basis;
- Maintaining a system for supplying and distributing public awareness materials.

The lead agency also requires each SoonerStart site to inform the local community about Oklahoma's early intervention system. The Regional Early Intervention Coordinator (REIC) designates a person to coordinate and implement public awareness and child find activities at the local EIU.

Public awareness information should include:

- a description of SoonerStart services and availability;
- procedures for referring a child under the age of three to SoonerStart;
- an explanation of how to access a comprehensive, multidisciplinary evaluation and other early intervention services;
- a description of how to access the SoonerStart central directory (211/JOIN) and the Oklahoma Parent Center; and
- information about the availability of Part B services for eligible children at age three.

Child find information must include the name of the appropriate individual(s) to contact in order to access SoonerStart services.

All activities are to be documented on the **Public Awareness Plan (Appendix A)**. The plan designates the activities to be accomplished, the public awareness materials (**Appendixes B-G**) to be used; the target date and the completed date of each activity and the individual responsible for completion. The SoonerStart Public Awareness Plan emphasizes child find requirements of IDEA, Part C. (*34 CFR §303.302*) (see **SoonerStart Early Intervention Policies and Procedures Manual - 2013**).

The SoonerStart Public Awareness Plan is developed for the fiscal year (July 1st – June 30th). The local EIU submits the plan electronically to the SoonerStart Program Managers by July 1st of each year. The previous year's completed Public Awareness plan is maintained by the REIC at the local EIU.

1200: Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, is a federal law that protects the privacy of student education records. An education agency, institution, or program that receives funds under a program from the U.S. Department of Education (which includes Part C Early Intervention Programs) must abide by the provisions of this law. SoonerStart is Oklahoma's Part C Early Intervention Program and adheres to all FERPA regulations. FERPA specifies that students and guardians have a right to know about the information kept as a part of their educational records.

The Part C privacy regulations incorporate the privacy protections of the IDEA Part B regulations and the protections and exceptions under FERPA. Signed consent is needed for Part C participating agencies to share personal information with any individuals or entities that are not a part of the Part C system.

However, IDEA Child Find provisions meet an exception under FERPA that permits the disclosure of limited child find information (e.g., the child's name, date of birth, parent contact information, and reason for referral) to local educational agencies (LEA).

Under FERPA, a "parent" means a parent of a child and includes a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian (34 CFR § 99.3). Additionally, in the case of the divorce or separation of a child's parents, SoonerStart is required to give full rights under FERPA to either parent, unless the program has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights (34 CFR § 99.4).

The Uninterrupted Scholars Act

The Uninterrupted Scholars Act (USA) amendment to FERPA became effective in January 2014. This amendment creates a new exception under FERPA that allows education programs to release a child's educational or early intervention records to child welfare agencies without the prior written consent of the parents. The new amendment permits release of early intervention records to "an agency caseworker or other representative of a State or local child welfare agency, or tribal organization" who has the right to access a child's case plan and when the agency or organization is "legally responsible" for the child's "care and protection."

Within the policies of the Part C lead agency, the Oklahoma State Department of Education (OSDE), SoonerStart records and information may be released to the child's specific caseworker without parental consent when the child is in Department of Human Service's custody.

The USA also eliminates the requirement that education agencies notify parents before education records are released pursuant to a court order to any individual, when the parent is a party to the case where that order was issued. Again, within the policies of the OSDE, SoonerStart records may be released to attorneys, court officials, etc. without parental consent through a subpoena for any legal matter that involves the parent.

Quinton Douglas Wood Act

FERPA permits disclosure of education or early intervention records, or personally identifiable, non-directory information from education records without parent consent in connection with a health or safety emergency under § 99.31(a)(10) and § 99.36 of the FERPA regulations. Oklahoma House Bill 3469 created the “**Quinton Douglas Wood Act**” which became effective November 1, 2014.

*“The Department of Human Services or other public or private agency or individual having court-ordered custody or physical custody pursuant to Department placement of the child, or conducting a child abuse or neglect investigation of the child who is the subject of the record...
...may inspect, without a court order and upon a showing of proper credentials and pursuant to their lawful duties, information that includes, but is not limited to:*

- a. psychological and medical records, and*
- b. nondirectory education records;*

SoonerStart staff are required to verify the identity of the employee of the Department of Human-Child Welfare Services requesting information from SoonerStart as part of an investigation. This can be obtained by asking the DHS employee to fax a copy of their official badge to the local SoonerStart office or provide an official employee ID number via telephone. Information shared with the DHS employee should be objective and factual. A progress note (ODH #303G) should be completed to document the DHS employee’s name, ID number (or attach copy of faxed badge) and date and time of contact.

Any staff members having knowledge or suspicion of a specific situation of abuse or neglect involving a child in the SoonerStart program is required by law to report this information to the proper authorities. (See Guidelines for Reporting Suspected Child Abuse or Neglect – Section 2510). Regardless if a staff member has been contacted previously by a DHS employee regarding an investigation, any new knowledge or suspicion must be reported.

1300: REFERRAL

Primary referral sources are required to refer any child suspected of having a developmental delay no later than seven days after identification. (*34 CFR §303.303(a)(2)(i)*). The state must specify in its application for Part C federal funds that their Part C child find system requires referrals no later than 7 days from identification.

The primary referral sources include, but are not limited to: parents, guardians, other family members, friends, hospitals, physicians, childcare programs, local educational agencies, education cooperatives, public health facilities, other social service agencies and any other health care providers.

Referrals to SoonerStart can be made by phone, email, fax, letter, or in person. The following information must be included on the **Referral Form (Appendix G)** to be considered an official referral:

- child's name
- date of birth
- ethnicity
- race
- address
- telephone number
- parent's name
- reason for the referral

Referral sources are also encouraged to provide:

- additional person to contact
- parent's email address
- child's native language/interpreter needed
- referral source name contact information
- supporting documentation for referral

Supporting documentation may include medical records of an automatic qualifying diagnosis or a release of information to contact the referral sources back for follow up. If documents are received, they need to be filed into the appropriate section of the child's SoonerStart record.

Referral sources are encouraged to talk with the parents before referring a child to SoonerStart. However, parental consent is not required to make a referral. Parental consent is needed to conduct screenings and/or evaluations and determine eligibility.

An official referral is considered to be made on the date the SoonerStart Regional Coordinator (REIC) and/or designee receives demographic and contact information from a referral source regarding a child with a suspected or identified developmental delay. The SoonerStart database is searched to determine if the referral is currently receiving or has previously received early intervention services

from another SoonerStart Early Intervention Unit (EIU). If the referred child has previously received services, the SoonerStart EIU may want to obtain records or transfer information from the previous EIU (See section 2503: Re-Referral/Re-Open Procedures and Section 2504: Transfer Procedures for further information). The REIC assigns the referral to a service coordinator within two (2) working days from the official referral date. As part of processing the referral, an assigned SoonerStart staff member should mail a **Medicaid Prior Written Notice (Appendix H)** to all families upon receipt of the referral regardless of the child's current status of SoonerCare enrollment.

The SoonerStart service coordinator contacts the family to complete the Intake Process within ten (10) working days of the initial referral. The service coordinator must make at least three (3) attempts to contact the family. Attempts are by phone, in person or by letter. If the service coordinator is not able to contact the family within the ten (10) working days, a letter is sent informing the family how to contact SoonerStart and the referral is filed as inactive. This is a status code of 7c on the SoonerStart database. If the family contacts SoonerStart again, a new referral is opened on SoonerStart database with a new referral date.

1301: INTAKE PROCESS

The SoonerStart service coordinator contacts the family by phone to complete the intake process within ten (10) working days of the initial referral date. The purpose of the intake call is to gather additional information about the child and family, explain the SoonerStart program/process and to explore the concerns of the family. An **Intake Script (Appendix I)** has been provided as a helpful tool to assist in the explanation of the SoonerStart program and process. The intake process is documented on the **Intake Form (Appendix J)** and addresses the following:

- presenting concerns
- prior and current diagnostic or intervention services
- relevant medical information (child and/or family)
- birth history of the child
- Medicaid eligibility or potential eligibility

During the intake call, the Service Coordinator determines if a child requires a developmental screening or is immediately scheduled for an evaluation for program eligibility. The service coordinator mails the **Notification of Meeting (Written Notice) (Appendix K)** to the parent for the developmental screening or eligibility evaluation. If the child has Medicaid, the service coordinator must notify the family that SoonerStart will bill Medicaid for all eligible services. A family can be notified by explaining and mailing out the **Medicaid Prior Written Notice (Appendix H)**. This must be provided to the family prior to any billing to occur with Medicaid. If the parent declines the referral, a letter indicating how the parent may access early intervention services at a future date is mailed to the family along with **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards (Appendix L)**.

Before the developmental screening and/or eligibility evaluation and assessment are completed the service coordinator or service provider must provide and explain Parent Rights for SoonerStart Services – Notice of Procedural Safeguards and obtain written parental consent. This can be completed prior to or at the time of the developmental screening and/or eligibility evaluation and assessment. **Sooner Start Releases of Confidential Information** should also be obtained at this time if necessary (**Appendix M**).

1302: DEVELOPMENTAL SCREENING

SoonerStart uses the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire – Social/Emotional (ASQ: SE) to screen young children for developmental delays. The ASQ contains questions to screen areas of communication, gross motor, fine motor, problem solving, and personal-social skills. The ASQ: SE was created in response to feedback from the ASQ for a tool to focus on children’s social and emotional behavior. The ASQ: SE is used to assess children’s social-emotional development.

SoonerStart uses the ASQ and ASQ: SE as a resource to help families determine if they want to pursue a multidisciplinary evaluation. However, a developmental screening may not be used to determine program eligibility. Before the screening, the service coordinator reviews the Parent Rights for SoonerStart Services - Notice of Procedural Safeguards with the family and obtains written parental consent before screening activities are conducted. The parent must receive Prior Written Notice (PWN) before proceeding with the screening. The SoonerStart **Consent for Screening and Prior Written Notice (Appendix N)** form satisfies both the PWN and parental consent requirements. After the screening has been completed, the service coordinator provides the family with the screening results. **Prior Written Notice (PWN) (Appendix O)** is also provided to the family following the screening which outlines the results of the screening and SoonerStart’s proposal or refusal of additional services. A copy of the original ASQ and PWN is maintained in the child’s SoonerStart record.

When determining the correct Ages and Stages Questionnaire and Ages and Stages Questionnaire-Social/Emotional, the Resource Coordinator will adjust for prematurity for infants born prior to 37 weeks gestation. This adjustment will continue up until 24 months of age.

When screening an infant/child who was born prematurely, the Service Coordinator will need to compute the child’s corrected age. This computation involves subtracting the amount of time (in months and days) the child was premature from the chronological age. This can be based on the discharge summary in the medical record when available, information from the referral source, or parent report.

1303: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

In accordance with the Child Abuse Prevention and Treatment Act (CAPTA), the SoonerStart program accepts referrals of all children under the age of three (3) who are *the subject* of a substantiated case of abuse or neglect. In addition, SoonerStart accepts referrals for infants and toddlers identified as being *directly affected* by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. If a referral is made by Department of Human Services (DHS) for a child that is NOT in custody this is not a CAPTA referral.

A referral form (DHS form O4MP053E) is completed by the Department of Human services (DHS) Child and Family services Division (CFSD) caseworker, and sent to SoonerStart for each child from birth to age three in the custody of DHS.

The Regional Coordinator or their designee assigns the referral to a service coordinator.

If the referral form is not complete or more information is needed, the SoonerStart service coordinator contacts the DHS caseworker for additional information. The DHS office sending the referral form to SoonerStart is the DHS office to contact for further information concerning the child. The contact county can change but the office sending the referral form should be able to provide information concerning changes in location of the child.

The information on the DHS form O4MP053E is transferred to a SoonerStart Referral Form (**Appendix G**) and placed in the child's SoonerStart record.

The service coordinator contacts the foster family to complete the Intake Process.

The Foster Parent is considered the parent of a child in the custody of DHS and must sign the **Consent for Screening (Appendix N)** and **Prior Written Notice (Appendix O)** (if applicable) and/or the **Consent for Initial Evaluation/Assessment and Prior Written Notice (Appendix P)**. If at any point the foster parent declines to consent, the service coordinator contacts the DHS caseworker.

If there is a problem in completing the intake process with the foster family other than usual reasons such as doctor's appointment or related appointments, the DHS caseworker is contacted for assistance. If the worker cannot assist, the REIC is contacted.

If results of the developmental screenings and other information gathered during the intake process indicate no concerns in all developmental areas, the service coordinator contacts the DHS caseworker to inform them that further evaluation is not recommended. The service coordinator provides a copy of the completed ASQ and ASQ: SE screenings and Prior Written Notice (PWN) to the family and DHS following the screening to provide the results of the screening and SoonerStart's proposal or refusal of additional services. A copy of the original ASQ, ASQ-SE, and PWN is filed in the child's SoonerStart record.

If the child is referred for a multidisciplinary evaluation, copies of the ASQ, ASQ: SE, **Multidisciplinary Evaluation Team and Child Assessment Summary (MECATS) (Appendix Q)**, and **Individualized Family Service Plan (IFSP) (Appendix R)** (if child qualifies for services) are provided only to the foster parent and to DHS.

1304: SURROGATE PARENT(S)

In certain situations, a surrogate parent may be appointed for a child in the SoonerStart program to protect the child's rights to a free, appropriate, public education which includes early intervention services.

A surrogate is needed when no parent can be identified (see definition of "parent" in **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards (Appendix L)**); and SoonerStart staff, after reasonable efforts, cannot discover the whereabouts of a parent. This may occur if a child is residing with a non-related person who provides for, and makes decisions regarding the child's welfare.

A surrogate parent should have the knowledge and skills that ensure adequate representation of the child. The surrogate parent cannot be an employee of SoonerStart, or any other agency (i.e. DHS) that is involved in the education or care of the child and must have no interest that conflicts with the interest of the child he or she represents.

The surrogate parent may represent the child in all matters relating to the identification, evaluation, and development of the Individualized Family Service Plan (IFSP) for the child. The SoonerStart service coordinator will provide the surrogate parent with information regarding parental rights and procedural safeguards and complete the **Surrogate Parent Verification of Training Form (Appendix S)** Documentation must be included in the service coordinator's progress notes that this activity was completed.

1400: PROCEDURAL SAFEGUARDS

Procedural safeguards establish and define the process by which infants and toddlers with disabilities and their families are assured of their rights under the IDEA Part C and the Oklahoma Early Intervention Act. Procedural safeguards are the checks and balances of the system, not a piece separate from the system.

All SoonerStart personnel share responsibility for the implementation of procedural safeguards as outlined in the **Parent Rights for SoonerStart Services-Notice of Procedural Safeguards (Appendix L)** manual.

The manual is presented during early contacts (screening or eligibility evaluation) with the family by the service coordinator or service provider. An explanation of the following sections should be sufficient in detail to provide the family with a thorough understanding of procedural safeguards:

- Parental Consent
- Confidentiality
- Parent's Right to Examine Records
- Notice of Meeting
- Prior Written Notice
- Fee for Records
- Dispute Resolution Options

For additional information, the family can be provided a copy of **SoonerStart Early Intervention Policies and Procedures Manual - 2013** or referred to the online version:

<http://ok.gov/sde/sites/ok.gov.sde/files/2012%20SS%20POLICIES%203-11-13%20Final.pdf>

If the child is eligible for early intervention services and an IFSP is completed, the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards manual is presented to the family at each subsequent annual IFSP meeting; if a parent files a due process or formal written complaint; or any time the parent requests a copy.

A one page example of explanations and implications of procedural safeguards is included in (**Appendix T**) to assist the family in understanding their rights as well as a flow chart to assist SoonerStart staff in determining when procedural safeguards explanations are necessary.

Parental Consent

Parental Consent must be obtained in writing before the eligibility evaluation can be conducted. If a child is determined eligible, and an IFSP is developed, written parental consent is required before services can be initiated. The service coordinator is responsible for completing and obtaining parental signature(s) on the **Consent for Initial Evaluation/Assessment and Prior Written Notice (Appendix P)** form and the IFSP service delivery page.

Parental Consent must be obtained in writing before an evaluation to determine *continued* eligibility is conducted. The service coordinator is responsible for completing and obtaining parental signature(s) on the **Consent for Re-Evaluation and Prior Written Notice (Appendix U)** form and also responsible for explaining the criteria for continued eligibility; the possibility that early intervention services may be discontinued if the child no longer meets eligibility criteria; and that the parent can decline to give written consent for the re-evaluation. If the family refuses to consent to the re-evaluation, the IFSP team must meet to review outcomes and possibly modify services.

Parental Consent must be obtained in writing before SoonerStart can request records from, or provide records to, medical professionals; educational agencies or program; or any party outside of the early intervention program.

Exceptions to the requirement of parental consent for release of confidential information are:

A. the automatic referral requirements when a child is potentially eligible for preschool special education and a referral is made using the **LEA Notification (Appendix V)** form;

B. exceptions listed in Family Educational Rights and Privacy Act (FERPA), 34 C.F.R. §99.31, including but not limited to:

1. When a child moves and changes early intervention providers, the early intervention records may be sent from one early intervention provider to another without the parent's consent;

2. Disclosure to comply with a judicial order or lawfully issued subpoena;

3. The disclosure is in connection with a health and safety emergency to appropriate authorities to protect the health or safety of the child or other individuals.

4. Release of education records to an agency caseworker or other representative of a State or local child welfare agency or tribal organization who has the right to access a child's case plan and when the agency or organization is legally responsible for the child's care and protection.*

(*effective January 2014)

Confidentiality

SoonerStart must ensure that the confidentiality of personally identifiable information is protected at collection, storage, disclosure, and destruction stages. All personnel collecting or using personally identifiable information must receive training regarding SoonerStart Policies and Procedures.

The SoonerStart Regional Early Intervention Coordinator (REIC) must maintain for public inspection the names of individuals who have access to personally identifiable information.

The service coordinator is responsible for explaining that the Part C federal regulations require that SoonerStart disclose a child's name, date of birth, and parent contact information (including parents' names, addresses, and telephone numbers) to the local education agency (LEA) where the child resides. This disclosure is mandatory and is provided *without* parental consent as part of Child Find to identify all children potentially eligible for Part B services. [34 CFR §303.401(d)(1)(i)(ii)(iii) and §303.401 (d)(2)].

Parents' Right to Examine Records

The parents of a child receiving SoonerStart services must be afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area under this part involving records about the child and the child's family.

If the parent believes the information is inaccurate, misleading or violates the privacy or rights of the child/family, the parent may request that the record be amended. The REIC will determine the personnel to be involved in reviewing the request to amend the record. If SoonerStart makes the desired changes, or refuses to change the record, the REIC will provide Prior Written Notice to the parents.

Notice to Parents

SoonerStart must inform parents that an "early intervention record" is created and may be maintained in print, video, audio and or computer media format. The early intervention record contains personally identifiable information directly related to the child and his or her family.

This information includes:

- *The child's name, address and date of birth*
- *The parents' contact information including parents' names, addresses and telephone numbers*
- *The child's social security number or other child specific number*
- *A list of personal characteristics or any other information that clearly distinguishes the child's identity*

Parents must receive a description of the children on whom personally identifiable information is maintained, the types of information sought, the methods used to gather information, and the uses to be made of the information.

The early intervention record may contain information provided by parents, referral sources, physicians (if applicable), developmental screenings, evaluations and assessments; and SoonerStart staff which includes:

- Intake – referral forms, initial home visit documents
- Progress notes
- Parent contact reports
- Incoming and copies of outgoing correspondence
- Individualized Family service Plan (IFSP) and reviews
- Evaluation – Multidisciplinary Evaluation Team Summary and testing protocols
- Medical – medical records, prescriptions
- Forms – consents, notifications, written notice, releases of information
- Medicaid billing (if applicable)

Information maintained in the record is utilized to determine eligibility and develop program planning for infants and toddlers with disabilities in the SoonerStart program.

Parents must be given notice of the SoonerStart procedures regarding the confidential storage, retention, and destruction of the child's early intervention records in their native language, unless clearly not feasible to do so.

A SoonerStart record is maintained at the local SoonerStart site office in an **active** or **inactive** file until the child's third birthday at which time it is transferred to a **closed** file. When a child's file is transferred to a closed file, it is retained at the local SoonerStart site office for a period of one (1) year after the third birthday and is then transferred to the local county health department in the child's county of residence. The closed record is maintained in accordance with Records Disposition Schedule 2003-05N, Series 1-13A, but is eligible for destruction when it is seven (7) years old provided all audits have been completed and all applicable audit reports have been accepted and resolved by all applicable federal and state agencies, and provided no legal actions are pending. If legal action is pending, the record may be destroyed two (2) years after of all legal remedies are completed provided the record meets all stipulated retention requirements. All **active**, **inactive** and **closed** SoonerStart records are maintained in a confidential manner until destruction.

Prior Written Notice

Prior Written Notice (PWN)(Appendix O) serves as the basis for formal notification to the family regarding their right to agree or disagree with early intervention service decisions made by the SoonerStart team. Prior Written Notice must be provided to parents prior to the proposal or refusal of initiation or change of identification, evaluation, placement or provision of appropriate early intervention services.

Prior Written Notice must include sufficient detail of the action being proposed or refused, the reason for the proposed action, procedural safeguards available, and state complaint procedures, including how to file a complaint. The notice must be provided in the parent's native language unless clearly not feasible to do so.

Fees for Records

A copy of each evaluation, assessment of the child, family assessment and IFSP must be provided at **no cost** to the family as soon as possible after each IFSP meeting. SoonerStart may charge a fee for copies of records that are made for parents if the fee does not effectively prevent the parents from exercising their right to inspect and review records. SoonerStart may charge a fee for copies of records that are made for third parties (i.e. attorneys if records are subpoenaed), if the requesting party has written consent from the parent to receive early intervention records. Fees are charged at the discretion of the local SoonerStart site and are reasonable and customary charges set by the Oklahoma State Department of Health.

System of Payments and Fees

If a State elects to adopt a system of payments, policies must be in writing and specify which functions or services, if any, are subject to the system of payments (including any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance).

A parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one of the following:

- (i) Participate in mediation.
- (ii) Request a due process hearing.
- (iii) File a State complaint.
- (iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights.

The Individuals with Disabilities Education Act (IDEA) requires that Part C programs be the payor of last resort and requires that Part C funds 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 sources.

Dispute Resolution Options

Every effort should be made to resolve disagreements using informal decision making. However, there may come a time during provision of early intervention services when a dispute or complaint arises. Parties who can report complaints include parent(s), surrogate parent(s), legal guardian(s), individual(s), organization(s), and public or private Part C personnel acting on behalf of the State.

The overall responsibility for administering Oklahoma's dispute resolution system is conducted by the Oklahoma State Department of Education, Division of Special Education services (OSDE-SES). OSDE-SES contracts with the Special Education Resolution Center (SERC) at Oklahoma State University to manage the required processes for dispute resolution. The three dispute resolution options available in Oklahoma are mediation, due process, and formal written complaints.

Mediation in early intervention is a process designed to assist parents and Part C agencies to resolve disputes or complaints about identification, evaluations, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. A trained mediator works with both parties to guide them toward a mutually satisfactory solution in the best interest of the child.

Due Process procedures govern the process for resolving individual child complaints concerning identification, evaluation, or placement of the child and arising from the provision of appropriate early intervention services to the child and the child's family, under Part C of the Individuals with Disabilities Education Improvement Act 2004 (IDEA).

Formal Written Complaint procedures govern the process for receiving and resolving any written complaint that a public agency or private service provider who receives Part C funds is violating a requirement or regulations of Part C the IDEA.

It is the responsibility of all SoonerStart staff to be familiar with the SoonerStart procedural safeguards as outlined in the **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards** as well as the SoonerStart Early Intervention Policies and Procedures Manual - 2013 regarding Oklahoma’s Part C dispute resolution options. The REIC should be notified within 48 hours after a family has identified a dispute and contact the family to provide additional assistance.

Additional information is found in the SoonerStart Early Intervention Policies and Procedures - 2013 or the online version: <http://ok.gov/sde/sites/ok.gov.sde/files/2012%20SS%20POLICIES%203-11-13%20Final.pdf>

A full version of the **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards** can be located in **Appendix L**.

1401: PRIOR WRITTEN NOTICE

Prior Written Notice (PWN) (Appendix O) serves as the basis for formal notification to the family regarding their right to agree or disagree with early intervention service decisions made by the SoonerStart team. Prior Written Notice must be provided to parents prior to the proposal or refusal of initiation or change of identification, evaluation, placement or provision of appropriate early intervention services.

Prior Written Notice is provided at the following times:

- Before* and following a developmental screening
- Before* and following determination of eligibility (initial, automatic qualifier or continuing)
- Following an IFSP meeting (initial, periodic review, annual review, modification)
- Following the transition meeting (development/initiation of Transition Steps and Services or Transition Planning Conference)
- Parent/guardian revocation of consent for or withdrawal from services
- Exit from SoonerStart based on completion of IFSP goals
- Before billing for Medicaid compensable services for children enrolled in SoonerCare

**Note for the “before” the screening and “before” the evaluation – the prior written notice is already written into the consent for screening and consent for initial evaluation/assessment, a separate prior written notice ~~is~~ before screening and evaluation is not necessary.*

The service coordinator is responsible for providing Prior Written Notice to the family a reasonable amount of time *after* a decision is made by the Early Intervention (EI) team and *before* the proposed action will occur. This allows the family time to determine if they want to give consent or choose another avenue (e.g. calling an IFSP meeting, requesting mediation, etc.). However, if a proposed action is to take place within a timeframe that does not allow for prior written notice to be provided a “reasonable” amount time before the action occurs*, the parent/guardian may waive the time frame by signing off on the prior written notice form (see below):

Optional: I understand the above and agree that the action(s) described on this notice may occur without the notice being provided to me by SoonerStart a reasonable amount of time prior to the proposed or refused action(s) taking place.

Parent Initials:

Date:

**For example, a service delivery is modified to reflect increasing services from 30 minutes/1 time weekly to 60 minutes/1 time weekly and the provider is going to stay and complete a 60 minute visit on the same day as the modification. If the parent/guardian agrees to this action, they would need to sign off on the prior written notice waiving the “reasonable amount of time prior to” as services are occurring on the same date as the modification and reasonable amount of time prior is not possible.*

The Prior Written Notice must include sufficient detail of the action being proposed or refused, the reason for the proposed action, procedural safeguards available and state complaint procedures including how to file a complaint. (Many of these components are already on the SoonerStart Prior Written Notice form.) *See Appendix D – Prior Written Notice Form and Instructions.*

The notice must be provided in the parent’s native language unless clearly not feasible to do so.

The service coordinator’s progress note should reflect that Prior Written Notice has been provided to the family and a copy maintained in the Early Intervention record.

Medicaid Prior Written Notice

A **Medicaid Prior Written Notice (Appendix H)** is to be sent to all families upon receipt of a referral regardless of the child’s current status of SoonerCare enrollment. The prior written notice should be sent in conjunction with an **explanation letter (Appendix W)** for the family. A copy of the Prior Written Notice and the letter should be maintained in the child’s SoonerStart chart for documentation purposes. This process allows the program to ensure that no Medicaid billing occurs for the child without the family being notified of SoonerStart’s intent to bill when appropriate.

1402: SYSTEM OF PAYMENTS

The SoonerStart program does not collect co-payments, sliding scale fees or private insurance reimbursement for IDEA Part C services. The SoonerStart program is supported by the following funding sources:

1. Medicaid
2. State general revenue
3. IDEA Federal funds

SoonerStart does not require a parent to enroll in a public benefits (Medicaid) program as a condition to participate in early intervention services. If the child is currently enrolled in the Oklahoma Medicaid program (SoonerCare), SoonerStart bills Medicaid for Medicaid compensable services.

SoonerStart does not need to obtain the parent's consent to bill Medicaid if the child is currently enrolled because the parent has already given consent when they enrolled in the Oklahoma Medicaid program. However, SoonerStart must provide **Medicaid Prior Written Notice (PWN)(Appendix H)** to the parent before billing Medicaid.

System of Payments is explained in **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards (Appendix L)** handout which is provided annually to families. The families initials on **Consent for Screening and Prior Written Notice (Appendix)** or **Consent for Initial Evaluation (Appendix)** and Prior Written Notice and IFSP Section 7. Consent means they received a copy of Parent Rights. This action satisfies that the families were informed that SoonerStart bills Medicaid for Medicaid compensable services.

SoonerStart does not bill Medicaid for any children who are dually covered by Medicaid in addition to other medical benefits/insurance. If a family reports the child is dually covered by Medicaid and other medical benefits/insurance, the service provider should not complete the procedure code section of the **Service Provider Progress Note (Appendix X)** and ensure that all IFSP team members are aware that the child's Medicaid will not be billed.

The Individuals with Disabilities Education Act (IDEA) requires that Part C programs be the payor of last resort and requires that Part C funds 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 sources.

1500: EVALUATION

The purpose of the initial multidisciplinary evaluation is to determine a child's eligibility for IDEA Part C services. This process evaluates the child's functioning in five developmental areas: cognitive; physical, communication; social or emotional; and adaptive. The evaluation also includes a hearing and vision screening. The family-centered evaluation process is to gather information to determine a child's eligibility for services.

Parents are essential and participatory members of the evaluation team, and have a vital voice in making decisions about their child's program and services. Parental consent and Prior Written Notice is required before an evaluation or determination of eligibility is conducted. The **Consent for Initial Evaluation/Assessment and Prior Written Notice (Appendix P)** form satisfies both the PWN and parental consent requirements. (PWN is not required for an assessment, such as the annual assessment).

Prior Written Notice (Appendix O) must also be provided to the family following the determination of eligibility, continued eligibility or ineligibility.

1501: CRITERIA FOR ELIGIBILITY

Initial Eligibility

Infants and toddlers in Oklahoma who meet the criteria of developmentally delayed are eligible for SoonerStart services. As used in the Oklahoma Early Intervention Act, [Oklahoma State Statutes Title 70, Section 13-123] “developmentally delayed” means children who:

- Exhibit a delay in their developmental age compared to their chronological age of fifty percent or score two standard deviations below the mean in one or more of the following areas or in a sub-domain of one of the areas: cognitive, physical, communication, social or emotional, or adaptive development;
- Exhibit a delay in their developmental age compared to their chronological age of twenty-five percent or score one and one-half standard deviations below the mean in two or more of the following areas or in a sub-domain of two or more of the following areas: cognitive, physical, communication, social or emotional, or adaptive development; or
- Have a diagnosed physical or mental condition that has been identified as having a high probability of resulting in delay. This includes, but is not limited to: chromosomal disorders, neurological abnormalities, inborn errors of metabolism, genetic disorders, congenital malformation of the brain, congenital infections, sensory abnormalities and impairments, or identified syndromes. See **Appendix Y** for a complete list of automatic qualifying conditions.

In addition to “developmentally delayed”, IDEA, Part C regulations (34CFR 303.321(a)(3)(ii)) require that informed clinical opinion be used as an independent basis to establish eligibility even when other instruments do not establish eligibility.

Ineligibility

An infant/toddler is not eligible for SoonerStart services if he or she does not meet the criteria for developmentally delayed or is not determined eligible by informed clinical opinion (see Initial Eligibility). If the child is not eligible for services, the evaluation team is responsible for explaining parent rights and procedural safeguards and making any recommendations for other appropriate community resources and/or services. Information on how to make a re-referral to SoonerStart if needed should also be provided.

If the parent does not agree with the evaluation results documented on the **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) (Appendix Q)**, the service coordinator is responsible for providing the parent with the **SoonerStart Parent Rights – Notice of Procedural Safeguards (Appendix L)** handbook and explaining their right to a timely dispute resolution of their concerns.

Continued Eligibility

If continued eligibility for an infant/toddler in the SoonerStart program is questioned, a multidisciplinary team evaluation should be administered. Parental consent is required before an evaluation for continued eligibility is conducted. The **Consent for Re-Evaluation and Prior Written Notice (Appendix U)** form satisfies both the PWN and parental consent requirements. For the purposes of determining continued eligibility for early intervention services, the child must exhibit:

- A delay in their developmental age compared to their chronological age of 25 percent or score one and one-half standard deviations below the mean in one or more domains or sub-domains; or
- Continue to have a diagnosed physical or mental condition that has been identified as having a high probability of resulting in delay . This includes, but is not limited to: chromosomal disorders, neurological abnormalities, inborn errors of metabolism, genetic disorders, congenital malformation of the brain, congenital infections, sensory abnormalities and impairments, or identified syndromes **(Appendix Y)**.

The continuation of services for children who do not qualify for SoonerStart services limits available services for other children in the community. Local team leaders are to insure that services provided are reserved for children that meet the programs eligibility requirements.

1502: DETERMINATION OF ELIGIBILITY

Eligibility for SoonerStart early intervention services is determined by a developmental evaluation, documentation of an automatic qualifying condition (**Appendix Y**), or informed clinical opinion which includes review of existing information. The multidisciplinary evaluation team determines eligibility upon completion of the evaluation or review of the existing information which forms the basis of an automatic qualifying condition or informed clinical opinion.

Evaluation

The multidisciplinary evaluation team consists of person(s) representing two or more separate disciplines or professions. Parental consent is required prior to the administration of any evaluation. Evaluations are scheduled at the closest SoonerStart office to the family's home to be able to evaluate and serve a greater number of children and families. Exceptions to the evaluation location may be made for infants and toddlers who are medically fragile or if the family lacks transportation or the cost of transportation would limit the family's access to the service.

SoonerStart uses nondiscriminatory procedures for evaluation of the children and families which insure, at a minimum, that:

- tests and other evaluation materials, and procedures are administered in the native language of the child or other mode of communication, unless this is clearly not feasible;
- any evaluation procedures and materials used are selected and administered so as not to be racially or culturally discriminatory; and
- no single procedure is used as the sole criterion for determining a child's eligibility.

Evaluation procedures must include:

- administering one norm-referenced evaluation instrument across all areas of development as well as administering a second tool that can be norm or criterion-referenced. Oklahoma utilizes the Battelle Developmental Inventory – 2 (BDI-2) as the norm-referenced evaluation instrument for all eligibility evaluations.
- taking the child's history (including interviewing the parent);
- identifying the child's level of functioning in each of the developmental areas;
- gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- reviewing medical, educational, and other pertinent records, existing or requested. Testing in the five developmental domains completed by outside agencies may be used for eligibility determination if the results are not older than 6 months.

Informed Clinical Opinion

Informed clinical opinion is required as an integral part of all eligibility determinations. It provides a necessary safeguard against determination of eligibility based upon isolated information or test scores alone.

Part C federal regulations require the use of informed clinical opinion as an independent basis for eligibility determination when standardized measures fail to show an eligible percentage of developmental delay. Informed clinical opinion requires the qualified personnel who conducted the evaluation to determine a child's eligibility. However, informed clinical opinion is not allowed to be used to negate the results of evaluation instruments, i.e. if the child exhibits qualifying developmental delays based on the evaluation, informed clinical opinion cannot be used to determine that the child is ineligible.

Informed clinical opinion is also used to determine eligibility through must include a review of existing information in addition to the standardized testing completed by the multidisciplinary evaluation team. Any pertinent records regarding current health status and medical history, functional abilities, as well as any developmental evaluations and assessments from other sources must be considered in eligibility determination. The multidisciplinary team must document the basis of their recommendation that the infant or toddler is or remains eligible for SoonerStart services on the **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) (Appendix)** form.

Automatic Qualifying Condition

If an infant/toddler enters the program with medical records confirming a diagnosis of an automatic qualifying condition or syndrome (**Appendix Y**), the multidisciplinary team should determine eligibility and complete the Routines Based Interview (RBI) and IFSP.

If a review of the medical records confirms a diagnosis of an automatic qualifying condition or syndrome, then a BDI-2 is not required to determine eligibility.

Review of Existing Information

If an infant/toddler enters the program with standardized testing completed in all five developmental domains, the multidisciplinary team may use this information to determine eligibility if the testing is not more than six (6) months old. Any standardized testing from any outside agency should be considered. A BDI-2 is not required to determine eligibility.

1503: DOCUMENTATION OF ELIGIBILITY

Eligibility for early intervention services must be documented on the **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS Q)**. See **Appendix** for Step By Step instructions.

- If an infant/toddler is determined to be eligible based on standardized testing completed by the multidisciplinary evaluation team, the developmental scores are recorded on page 3 of the MECATS and the box labeled “eligibility” “ELIGIBILITY DETERMINATION” should be checked. The appropriate “Reason for Eligibility” is marked on page 2 and the Eligibility Statement is completed. Under the Eligibility Decision section, the statement “_____Your child is eligible for the SoonerStart Early Intervention Program” is checked. The parent/caregiver circles their responses and signature is obtained.
- If an infant/toddler is determined to be eligible with an automatic qualifying condition, the appropriate “Reason for Eligibility” is marked on page 2 and the Eligibility Statement is completed. Under the Eligibility Decision section, the statement “_____Your child is eligible for the SoonerStart Early Intervention Program” is checked. The parent/caregiver circles their responses and signature is obtained. If the service provider completes the formal assessment tool to establish current levels of development in all domains, (e.g. BDI-2, ELAP, etc) the developmental scores are recorded on page 3. When the RBI is the only assessment tool used, the information gained from the RBI regarding the child’s present levels of development should be recorded on page 3 of the MECATS in the boxes labeled “clinical observations/developmental needs” The box labeled “assessment” “ASSESSMENT ONLY” should be checked. Documentation of the medical diagnosis or automatic qualifying condition should be attached to the MECATS.
- If an infant/toddler is determined to be eligible based on informed clinical opinion, the appropriate “Reason for Eligibility” is marked on page 2 and the Eligibility Statement is completed justifying the determination of eligibility. The developmental scores from the standardized testing completed by multidisciplinary evaluation team are recorded on page 3 of the MECATS and the box labeled eligibility “ELIGIBILITY DETERMINATION” is checked. Under the Eligibility Decision section, the statement “_____Your child is eligible for the SoonerStart Early Intervention Program” is checked. The parent/caregiver circles their responses and signature is obtained. If informed clinical opinion is based on a review of existing records/information that contain developmental scores from outside the SoonerStart program, these scores are also recorded on page 3 of the MECATS and the box labeled “eligibility” “ELIGIBILITY DETERMINATION” is checked.
- If an infant/toddler is determined to be ineligible for SoonerStart services, the Eligibility Statement is completed on page 2 of the MECATS to explain the basis for the decision (i.e. child does not have qualifying delays of 25% in two or more areas or 50% delay in one area of development). The developmental scores from the standardized testing completed by multidisciplinary evaluation team are recorded on page 3 of the MECATS and the box labeled “ELIGIBILITY DETERMINATION” is checked. Under the Eligibility Decision section, the

statement “_____Your child is not eligible for the SoonerStart Early Intervention Program” is checked. The parent/caregiver circles their responses and a parent signature is obtained.

Determination and documentation of eligibility must be completed AT or BEFORE the Individualized Family Service Plan meeting with the family.

A copy of the Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) is provided to the family. The service coordinator will provide **Prior Written Notice (PWN) (Appendix O)** to the family regarding the eligibility decision.

1504: HEARING PROCEDURES AND PROTOCOL

Hearing/middle-ear screening is a screening only and not a complete assessment of hearing sensitivity. Not passing a screening does not necessarily indicate a hearing loss but rather is an indication of the need for an in-depth audiologic evaluation.

Who to screen?

Infants and toddlers being evaluated for the early intervention program will be screened for hearing and middle-ear function as part of the evaluation process. Parents may waive their right for a hearing screening and a prior written notice will be documented and a copy given to the family. Passing newborn hearing results (for children 6 months or younger), or a documented hearing screening completed within 6 months of the evaluation can be used as screening results if the child has no “at risk” factors and family and evaluators have no concerns. The child will be screened annually thereafter if they qualify for SoonerStart services.

At risk factors

- Family history of hearing loss
- Did not pass newborn hearing screening
- Placed in the NICU
- Identified as at-risk for hearing loss by the Newborn Hearing Screening Program
- Recurrent history of otitis media (ear infections)
- Congenital infections suspected (neonatal herpes, CMV, syphilis, rubella, toxoplasmosis)
- History of frequent colds, adenoiditis, tonsillitis, or allergies
- Craniofacial anomalies (cleft lip and/or palate, pinna/ear canal abnormality, hydrocephalus)
- Serum bilirubin level >15 mg.dl
- Infant exchange transfusion
- Down Syndrome
- Speech/language communication difficulties
- Difficulty following age appropriate oral directions
- Inconsistent inattentive auditory behavior
- Native Americans

Hearing Screening Protocols

The chart below outlines the procedures for children who are eligible for SoonerStart services.

RECOMMENDATION CRITERIA FOR CHILDREN ELIGIBLE FOR SERVICES		
Tympanometry	OAE or ABR	Recommendations
pass	pass	rescreen annually, “at risk” rescreen every 6 months
pass	refer	refer to Audiologist
refer	refer	refer to physician, rescreen in 4-6 weeks. After physician visit and ears are clear, if rescreen continues to refer, refer to Audiologist.
refer	pass	refer to physician

Hearing screening results are to be completed and reported on the **SoonerStart Hearing Screening Form, (Appendix Z)**, the original goes in the child file and a copy to the family.

Sedated ABR

It may be determined by the Audiologist the child will need to have a sedated ABR in order to get a valid screening. SoonerStart will ONLY pay for the ABR or other hearing screening tools used. SoonerStart does NOT pay for the medication used to sedate the child for the procedure. It is the responsibility of the Audiologist to bill private insurance or Medicaid for the sedation medication. The Audiologist is given this information as a part of their contract.

Newborn Hearing Screening Program

SoonerStart, along with all other entities administering hearing screening for the birth to three populations, is mandated by Oklahoma statute (Act 63-1-543) to report follow-up hearing results to the Newborn Hearing Screening Program as part of their annual data report to the Center for Disease Control and Prevention to determine babies “Loss to Follow-up/Loss to Documentation”.

For all children “at risk” for hearing loss (see list above), the hearing screening result will be reported to the Newborn Hearing Screening Program (NBHS). The **NBHS Reporting Form, (Appendix AA)** is to be completed and reported as soon as possible to the below address or faxed. The original form will go into the child’s file.

Newborn Hearing Screening Program
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117
(405) 271-4892 fax

Children that do NOT qualify for SoonerStart services

Infants and toddlers being evaluated for the early intervention program will be screened for hearing and middle-ear function as part of the evaluation process unless documented passed hearing screening results are available and the results are less than 6 months old. If the child does not qualify for SoonerStart services based on test scores, two attempts will be made to screen the child during the evaluation process. If a valid hearing screening cannot be achieved, due to noise, behavioral issues or other environmental or equipment factors, and the family and evaluators have no concerns, the child should be referred to the local Guidance Program or their physician for screening or follow-up and the chart should be closed in the SoonerStart database. If the family or evaluators have documented concerns or reasons to suspect a hearing loss, the child can be referred to an Audiologist and the chart should be closed in the SoonerStart database.

If the hearing screening can be achieved the below procedures will be followed and the chart should be closed in the SoonerStart database.

If a hearing loss is detected by the Audiologist, a new referral will be made back to SoonerStart due to an auto qualifying condition.

Tympanometry	OAE or ABR	Recommendations
pass	refer	refer to Audiologist
refer	pass	refer to physician
refer	refer	refer to Audiologist or Physician (depending on concern or suspected hearing loss)

Prior Written Notice (PWN)

If the child is eligible for SoonerStart services but receives a “refer” on the hearing screening, this information is entered in the "Description of any other factors relevant to the proposal or refusal" of the PWN that is provided to the family following the eligibility evaluation.

If the child is not eligible for SoonerStart Services and either receives a “refer” on the hearing screening or a valid hearing screening cannot be achieved, this information is entered in the "Description of any other factors relevant to the proposal or refusal" of the PWN that is provided to the family following the eligibility evaluation.

Audiology Referral Contracts

Hearts for Hearing
3525 NW 56th St. Bldg. A #150
Oklahoma City, OK
405-548-4300

Otologic Medical Clinic
3400 NW 56th Street
Oklahoma City, OK
405-946-5563

Scholl Center
4415 S Harvard
Tulsa, OK
918-508-7601

1505: VISION SCREENING PROCEDURES

Infants and toddlers being evaluated for the early intervention program will have a vision screening as part of the evaluation process. Parents may waive their right for a vision screening and a prior written notice will be documented and a copy given to the family. The vision screening results will be documented on the **SoonerStart Vision Screening Form ODH-645 (Appendix BB)** and be placed in the child's file.

No concerns: Screen annually or with subsequent evaluations

Concerns: If the child scores with concerns on the vision screening and the service provider and/or the parents have concerns, the provider will recommend the family schedule a visit with the child's pediatrician for a possible ophthalmologist referral. If there is a diagnosis of a vision loss or disorder documented by an ophthalmologist, the primary service provider may notify and consult with the vision consultant specialist in their area.

1506: ADJUSTING FOR PREMATURITY

In determining eligibility for the SoonerStart program, the multidisciplinary team will adjust for prematurity for infants born prior to 37 weeks gestation. This adjustment will continue up until 24 months of age.

When testing an infant/child who was born prematurely, the team will need to compute the child's corrected age. This computation involves subtracting the amount of time (in months and days) the child was premature from the chronological age. This can be based on the discharge summary in the medical record when available, information from the referral source, or parent report.

See example below:

	Year	Month	Day
Date of testing	2009	10	12
Date of Birth	2008	8	8
Chronological Age	1	2 (1)	4 (34)
Adjustment for Prematurity		1	6
Corrected Age	1	0	28

For the BDI-2, the multidisciplinary evaluation team will need to make this calculation in order to arrive at the corrected "test age". If the infant is eligible by automatic qualifying condition, standardized testing is not completed to determine eligibility.

Families whose children do not qualify based on this adjustment should be assisted in accessing other community services such as Child Guidance services, Oklahoma Parents as Teachers (OPAT), etc., when available.

1507: SMALL FOR GESTATIONAL AGE (SGA) GUIDELINES

Small for gestational age (SGA) refers to newborn infants with a birth weight below the 10th percentile for infants of the same gestational age. SGA is not a synonym for Very Low Birth Weight (VLBW).

Infants with a diagnosis of SGA who are under 12 months of age at referral will automatically qualify for Sooner Start services. Documentation from the child's medical record indicating this diagnosis must be received and filed in the child's Sooner Start record. No requalification is required at 12 months of age unless the IFSP team questions continued eligibility due to the child's progress and age appropriate development.

Infants at or over 12 months of age at referral, who have a diagnosis of SGA should be evaluated to determine eligibility.

1508: VERY LOW BIRTH WEIGHT (VLBW \leq 2 lb. 10 oz.) GUIDELINES

Very Low Birth Weight (VLBW) refers to infants whose weight at birth is 2 lb. 10 oz. or less (\leq 2lb. 10 oz.).

Infants who are under 24 months of age at referral who have VLBW and whose weight at birth was less than or equal to 2 lb. 10 oz. will automatically qualify for SoonerStart services. Documentation from the child's medical records indicating the birth weight is less than or equal to 2 pounds 10 ounces must be received and filed in the child's Sooner Start record. No requalification is required at 24 months of age unless the IFSP team questions continued eligibility due to the child's progress and age appropriate development.

Children at or over the age of 24 months at referral, with VLBW and who weighed less than or equal to 2 lb., 10 oz. at birth should be evaluated to determine eligibility.

1600: ASSESSMENT

Initial Child Assessment

An initial assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs. The assessment of the child must be conducted prior to the IFSP and include the following--

- A review of the results of the evaluation;
- Personal observations of the child; and
- The identification of the child's needs in each of the developmental areas

The initial child assessment is completed by the multidisciplinary evaluation team in conjunction with the SoonerStart eligibility evaluation. Documentation of the child's needs in each of the developmental domains along with clinical observations is recorded on page 3 of the **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) (Appendix Q)**.

If a child is determined eligible due to an automatic qualifying condition, the initial child assessment must be completed before or at the child's Individualized Family Service Plan (IFSP) meeting by qualified personnel representing the multidisciplinary team. A formal or standardized tool (i.e. BDI-2, ELAP, etc) may be used for the initial child assessment but is not required. The results of the assessment should be recorded on page 3 of the MECATS and "Assessment Only" is marked at the top of the page. The RBI is also considered an assessment tool that can provide the necessary child assessment information. When the RBI is the only assessment tool used, information gained from the RBI regarding the child's present levels of development should be recorded on page 3 of the MECATS in the boxes labeled "clinical observations/developmental needs". Any other information that provides the identification of the child's needs in each developmental domain may also be documented on page 3 of the MECATS.

Initial Family Assessment

The initial family assessment must be conducted prior to or as part of the IFSP meeting in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must--

- Be voluntary on the part of each family member participating in the assessment;
- Be based on information obtained through an assessment tool;
- Include information obtained through an interview with those family members who elect to participate in the assessment; and
- Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

Components of the RBI process meet the requirement for the family assessment and no other assessment tools are necessary. If a family declines the family assessment they are not declining the full RBI but a component of the RBI. For additional information regarding declining a family

assessment see Section 1700 of this manual. For “late referrals”, the family assessment must still be completed per the requirements above but a RBI is not required and other assessment tools may be utilized. The family’s participation in the initial family assessment is documented on the child’s IFSP. Prior Written Notice is not required if the family declines to participate in the family assessment.

Ongoing Assessment

Ongoing assessment includes: periodic reviews of a child’s progress toward reaching family-identified outcomes that address a child’s participation in family and community life; and periodic reviews of a child’s unique abilities, strengths and needs that support the development and/or revision of the outcomes on the IFSP, and assist planning for transition.

Ongoing assessment is both a formal and an informal process. Formal procedures for ongoing assessment may include completing another RBI, or updating an existing RBI; the use of published developmental profiles or checklists; health and medical tests and procedures; standardized testing and/or structured observations. Informal procedures include conversations with parents and caregivers or informal observations of the children in their daily routines.

1700: INDIVIDUALIZED FAMILY SERVICE PLAN

The **Individualized Family Service Plan (IFSP) (Appendix R)** is completed for infants and toddlers and their families from birth to three years of age who have been found eligible for early intervention services. An IFSP provides information detailing the early intervention services or supports a child and or his/her family receives in the SoonerStart program.

It is the responsibility of the service coordinator to:

- arrange the IFSP meeting in a timely manner;
- provide notice to parents (**Notification of Meeting (Appendix K)**);
- facilitate the RBI for all families with the exception of late referrals;
- facilitate a family assessment, as appropriate for all late referrals or annual IFSPs after 33 months of age;
- ensure that the IFSP document is completed properly;
- submit the IFSP for data entry within seven working days of the IFSP date;
- provide Prior Written Notice to the family following the IFSP meeting;
- coordinate, facilitate and monitor the delivery of services

IFSP Timeline:

The IFSP must be completed within 45 calendar days of the child's referral to the SoonerStart program. The 45 day timeline may not apply if:

- The child or parent is unavailable to complete the initial evaluation and/or the initial assessment, or the initial IFSP meeting due to exceptional family circumstances. This may include, but is not limited to, child or family member hospitalization, illness, cancellation, no-show, etc. Documentation must be provided in the early intervention record.
- The parent has not provided consent for the initial evaluation or initial assessment despite documented, repeated attempts by SoonerStart to obtain parental consent. This may include, but is not limited to, family does not return telephone calls or respond to written correspondence, family moved and left no forwarding address, foster child relocated to another foster home, etc. Documentation of all attempts to contact must be provided in the early intervention record.

It is the responsibility of the service coordinator to document each step of the SoonerStart process, including the exceptions listed above when the 45 day timeline is not met.

IFSP Participants:

The IFSP is developed by a **multidisciplinary** team which must include:

- the parent,
- the service coordinator and
- the person(s) directly involved in conducting the evaluation or assessment.

If the person conducting the evaluation or assessment is unable to attend the IFSP meeting, arrangements may be made for the person’s involvement by:

- Participating in a conference call
- Having a knowledgeable authorized representative attend the meeting
- Making pertinent records available at the meeting (i.e. developmental scores, medical records, etc. used to determine eligibility).

Other participants may include persons who will be providing early intervention services and, at the parent’s request, additional family members or an advocate or person outside of the family. A service provider may or may not be assigned when IFSP services are determined, but should be decided and services initiated within 15 days of the IFSP date.

IFSP Content:

Section 1A: Child Information		
Child’s name:		Date of Birth:
AKA name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Client ID:
County:	School District:	

The IFSP should contain child specific information including the child’s SoonerStart ID number and the child’s school district.

Section 1B: Family Contact Information	
Primary Contact Name:	Relationship to Child:
Mailing Address:	Phone:
Physical Address:	Language:
Other Contact:	Relationship to Child:
Mailing Address:	Phone:

The IFSP should contain family demographic information.

Section 1C: SoonerStart Contact Information	
Service Coordinator:	
Address:	Phone:
Email Address:	
Primary Provider:	
Email Address:	Phone:

In addition to the child and family specific demographic information, the IFSP is required to include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons including transition services. The primary service provider information is also included in this section.

Section 1D: Individualized Family Service Plan (IFSP) Type

Interim IFSP:

Initial IFSP:

Annual IFSP:

An **Interim IFSP** meeting may be conducted BEFORE eligibility is determined and assessments are completed if the SoonerStart team, with parental consent, determines that early intervention services are needed immediately by the child and the child's family. However, the eligibility evaluation, assessment and initial IFSP are still required to be developed within the 45-day timeline.

A meeting to develop the **Initial IFSP** for a child determined eligible for SoonerStart services must be conducted within 45 days from the referral date.

The **Annual IFSP** meeting must be conducted at or before twelve months from the Initial IFSP meeting to evaluate and revise, if necessary, the IFSP for the child and family. The results of any current evaluations or assessments must be used in determining the early intervention services needed.

Section 1E: Medical and other services that the family or child needs or is receiving through other sources (neither required nor funded under Part C)

The IFSP must identify medical and other services that the child or family needs or is receiving through other sources but that are neither required, nor funded, under IDEA, Part C. List any services that the family is currently accessing (i.e. private physician, eye specialist,) or plans to utilize (i.e. private physical therapy services, hearing evaluation) that are not required through the IFSP nor funded by SoonerStart.

Late Referrals:

In the case of a late referral, only sections 2A and 2B will be completed.

Section 2A: Concerns, Priorities and Resources
The family chooses to share information about their concerns, priorities and resources and include this information in the IFSP. The family understands that if their child is eligible, s/he can still receive services if they do not complete this section. The family gave permission? <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>
What are the family's concerns?
Of the concerns, what would the family like to focus on (priorities)?
What resources does the family use?

With the concurrence of the family, the IFSP will include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family. This box is only completed if the family agrees to participate in the family assessment. A family assessment requires a tool and an interview. If the family declines, nothing is written in the above boxes with the exception of marking "no" and adding the date the family declined. If the family agrees and an family assessment is completed, the above boxes need to be completed along with marking "yes" and adding the date the family provided concurrence.

Section 2B: Present Levels of Development
Adaptive:
Personal-Social
Communication:
Motor:
Cognitive:
Health: (Including Vision and Hearing)

The IFSP must also include a statement of the child’s present levels of adaptive development, social-emotional development, communication development, physical/motor development, cognitive development, and health (including vision and hearing). The information must be based on professionally acceptable objective criteria. Although developmental evaluation or assessment scores may be recorded in this section they should always be accompanied by a brief explanation or description of actual observations or parent reports of each developmental area and the results of vision and hearing screenings. Health information must be included if a child has a diagnosed condition. (Health information should be included even if the diagnosis is NOT an automatic qualifier).

General IFSP Development:

Replace IFSP sections 2A and 2B with IFSP sections 2C, 2D, and 2E.

Section 2C: Family Supports (Informal, Formal and Intermediate)
<p>The family chooses to share information about their concerns, priorities and resources and/or include this information in the IFSP. The family understands that if their child is eligible, s/he can still receive services if they do not complete this section. The family gave permission?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ </p>

If the family assessment is declined, skip only the first four(4) questions in Section 2C, check the “no” box and add the date the family declined. ***Declining the family assessment does not exclude completing the remainder of the RBI/IFSP protocol.*** If the family assessment is accepted, all questions in Section 2C are completed, check the “yes” box and add the date the family accepted. Proceed through the rest of the RBI/IFSP protocol.

Who lives in your household?
Who are the important people in your family’s life?
What community resources/services are being provided to your family and/or child?
What are your main concerns for your family and child?
Health Information (including hearing, vision and diagnosis)

Health information must be included if a child has a diagnosed condition. (Health information should be included even if the diagnosis is NOT an automatic qualifier). Results of vision and hearing reports/screenings must also be included. The health information box may be completed prior to the IFSP development meeting. Further information regarding this section can be found in the **RBI and IFSP Technical Assistance Document (Appendix CC)**.

Section 2D: Present Levels of Development in Daily Routines and Activities		
Routine:	Description of Time of Day or Activity (Star Concerns):	Developmental Areas:
		<input type="checkbox"/> Adaptive <input type="checkbox"/> Personal-Social <input type="checkbox"/> Communication <input type="checkbox"/> Motor <input type="checkbox"/> Cognitive
Routine Rating:		
1 – Terrible 2 3 4 5 – Fantastic		

Section 2D is used to record information received from the caregiver and/or childcare provider (if present) on each individual routine discussed during the IFSP development meeting. Further information on what is to be recorded in this section is located in the RBI and IFSP Technical Assistance Document.

Section 2E: Outcome/Goal Preparation and Priority	
Priority Order	Informal Outcome/Goal

IFSP Section 2E is used to record the family’s list of prioritized informal outcomes generated from the information discussed during the assessment and IFSP development meeting. Further information on outcome selection and prioritizing informational outcomes is located in the RBI and IFSP Technical Assistance Document.

Section 3: Outcomes

Outcome #	Type: <input type="checkbox"/> Child <input type="checkbox"/> Family	Date Outcome Written:

The IFSP must include a statement of the measurable results or outcomes expected to be achieved for the child and family (including pre-literacy and language skills), as developmentally appropriate for the child, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made.

IFSP outcomes are to be functional, participation-based and chosen by the family. The criteria for functional outcomes are:

- Reflect the priorities of the family
- Useful and meaningful
- Reflect real-life situations
- Free of discipline-specific jargon
- Measurable

The informal child outcomes will be written into formal outcomes using the 7 step process (see appendix). Please note that the revised section 3 does not require strategies or activities to be written on the form. These may be documented in the RC and Service Provider progress note. The informal family outcomes will be written into formal outcomes by:

- Preserving as much of the family's wording as possible
- Adding at least one measurable criterion which is typically a date.

Example of a formal family outcome:

Rachel will have information on childcare options in her community by July 1, 2014

For more information regarding IFSP outcomes, please refer to the **IFSP Outcomes Technical Assistance Document (Appendix DD)**.

How does the team plan on measuring progress?

- Provider progress notes
- Parent report
- Service Coordinator contact with the family
- Other:

Procedures and methods used to measure progress can include parent report, progress note documentation, observation of parent/child interaction, observation of child’s play skills and developmental milestones, a specific assessment tool or standardized test, or a completed work product (Medicaid application, obtaining an assistive technology device). The measurement criteria should fit the intent of the outcome. The family’s opinions about the progress of an outcome should be respected and noted on the IFSP document.

An optional **IFSP Section 3 – Combined Child and Family Outcome** form which includes a format for writing a child level outcome is included in **(Appendix EE)**.

Review Date: <input type="checkbox"/> Periodic <input type="checkbox"/> Annual	Summary of Progress:
Outcome Status: <input type="checkbox"/> Continue <input type="checkbox"/> Accomplished <input type="checkbox"/> Discontinue	

Periodic Review:

The IFSP must be reviewed every six months or more frequently if conditions warrant or if the family requests a review. Participants for the Periodic Review must include:

- The parent
- The service coordinator
- Individuals invited by the family (if any)

The periodic review is less formal than the initial or annual IFSP meeting and may be done through a teleconference, face-to-face meeting or other means acceptable to the parents or other participants. The Periodic Review determines whether a modification or revision of the outcomes or services on the IFSP is necessary. Staff members who are directly involved in conducting evaluations and assessments or who provide early intervention services are not required to attend unless services, frequency of services or outcomes need to be modified. A statement of progress towards the outcome must be documented. The Periodic Review is not considered an IFSP meeting, therefore a Notification of Meeting or a Prior Written Notice (PWN) is NOT required.

Annual IFSP:

The Annual IFSP meeting should occur at or before twelve months from the initial IFSP meeting. The participants required to attend the Annual IFSP meeting are the same as for the Initial IFSP meeting. A statement of progress towards each outcome must be documented.

Transition Plan are the same as the required participants for any IFSP meeting. The Transition Plan may be completed in conjunction with an IFSP review, if the IFSP meeting is held within the required time frame. The Transition Plan development meeting must also meet IFSP accessibility and notification requirements. The meeting to complete the Transition Plan is considered the initiation of Transition services and this date should be entered into the SoonerStart database on the IFSP screen as Transition Start Date.

SoonerStart staff should present transition options to the family that are applicable to the community in which the family lives. These options may include Headstart, childcare facilities, preschool, etc. in addition to the local school program (Part B services). Program options for the period from the toddler’s third birthday through the remainder of the school year must be considered if relevant. If the family declines to consider Part B services as a transition option for their child, this should be documented on the Transition Steps and Services page and in the service coordinator’s progress notes.

SoonerStart must document that additional information (i.e. evaluation results, assessments, IFSPs) has been transmitted, with written parental consent, to the LEA or other community programs considered as a transition option.

<p>Referral to LEA (Part B Services)</p> <p>Coordinated and facilitated Transition Planning Conference (TPC) with LEA:</p> <p>Local school district determines eligibility for IDEA, Part B services:</p> <p>Referrals to other community resources:</p> <p>Steps and activities to prepare the family and child for the new setting:</p> <p>Individual Education Plan (IEP) meeting scheduled by local school district:</p>	
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Referral to LEA (Part B services):

If the family has agreed to seek Part B services through the LEA, the service coordinator must coordinate and facilitate a Transition Planning Conference (TPC) with the LEA no later than 90 days but, at the discretion of all parties, up to nine months before the child’s third birthday. The TPC must

include the same participants as are required at an IFSP meeting. (See *Transition–Transition Planning Conference*).

The LEA must be invited to participate in the transition conference under IDEA. However if the LEA does not participate in the conference, SoonerStart must still hold a transition conference at least 90 days prior to the child’s third birthday.

The LEA representative should provide information on the types of services available from the local school district and explain how and when the evaluation(s) and eligibility determination will occur.

Additional resources available to the child and family, as well as the specific steps and services to prepare the child for transition to Part B or other community services should be included on the IFSP Transition Plan.

The Individualized Education Program (IEP) for a child transitioning from SoonerStart and who is eligible for Part B services must be developed and implemented by the child’s third birthday.

<p>Referral to Community Programs or Agencies</p> <p>Coordinated and facilitated Transition Planning Conference with Family and/or Community Programs:</p> <p>Referrals to other community resources:</p> <p>Steps and activities to prepare the family and child for the new setting:</p>	
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Referral to Community Programs or Agencies:

With the family’s approval, SoonerStart must conduct a transition conference for a toddler with disabilities who is receiving early intervention services and who will be exiting the SoonerStart program. If the family of a toddler with a disability has declined a meeting with the LEA for Part B services, then reasonable efforts should be made to hold a transition planning conference to discuss other appropriate services the toddler may receive. The TPC participants are the same as are required for the initial and annual IFSP meeting. Representatives of other programs and agencies may also be invited to attend at the family’s discretion. The 90 day timeline requirement is not applicable for children not referred for Part B services (See *Transition-Transition Planning Conference*).

Additional resources that are available to the child and family as well as the specific steps and services to prepare the child for transition to other community services should be included on the IFSP Transition Plan.

Section 5: Service(s) Needed to Achieve Outcomes

EI Service	Start Date	End Date	Frequency, Length, and Location	Intensity (Group or Individual)	Method	Payment Source	Provider	Modified End Date

Service Delivery:

The IFSP must include a statement of the specific early intervention services that are necessary to meet the unique needs of the child and family to achieve the identified results or outcomes. This must include the:

a) **Early Intervention service** – developmental services designed to meet the developmental needs of the infant and toddler as identified by the IFSP team. These services may include:

- Assistive Technology device and service
- Audiology
- Child Development services
- Family Training, Counseling and home visits
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational Therapy
- Physical Therapy
- Psychological services
- Service Coordination
- Sign Language and Cued Speech services
- Social Work services
- Special Instruction
- Speech-Language Pathology
- Transportation and Related Costs
- Vision services

b) **Start Date** – the projected date for the initiation of each early intervention service which must be as soon as possible after the parent consents to the service but no more than 15 working days from the IFSP date. The start date may or may not be the same date as the IFSP date.

With the family's permission, a provider may initiate services the same day as the IFSP as long as the services are equal in duration to the services promised in the IFSP. "IFSP/Intervention" should be indicated on the provider's progress note as documentation of both activities.

- c) **End Date** – (Duration) the projected length of time a given service is provided to enable the child to achieve his or her outcomes on the IFSP. This is listed as a calendar date. The End Date noted on the IFSP form is not entered into the SoonerStart database until the service being provided is closed.
- d) **Frequency** – the number of days or sessions that the service will be provided (1 day per week, 14 sessions in 6 months, etc.)
- e) **Length** – length of time the service is provided in each session (45 minutes, one hour, etc.)
- f) **Location** – actual place or places where a service will be provided (home, childcare, community setting, etc.)
- g) **Intensity** – whether the service is provided on an individual or group basis.
- h) **Method** – how the service is provided (direct therapy, consultation, family education and support)
- i) **Payment Source** – The payment source for all early intervention services in Oklahoma is “state funds” or “medicaid”.
- j) **Provider** - The service provider who provides the specific early intervention service on the IFSP. It is possible that multiple EI services will have the same provider (i.e. physical therapy and assistive technology services could have the same physical therapist listed)
- k) **Modified End Date** – When a modification or change is made to a particular EI service listed on the IFSP before the projected end date previously listed, the new end date is entered in this column.

Section 6: Natural Environment		
Early Intervention Service	Is the Early Intervention Service Provided in the natural environment?	If not, the justification for that determination based on the family and child’s outcomes.

The IFSP must contain a statement that each Early Intervention service is provided in the natural environment to the maximum extent appropriate, or a justification as to why an early intervention service will not be provided in the natural environment. The determination of the appropriate setting

for providing early intervention services must be made by the IFSP team (which includes the parent and other team members) and be based on the child's outcomes that are identified by the IFSP team.

Section 7: Consent

I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

_____ I understand my rights under this program and have received a written copy of my parent rights.

_____ I give permission to carry out this IFSP as written.

Title:	Signature:	Date:
Parent/Caregiver		
Parent/Caregiver		
Service Coordinator and Discipline		
Early Interventionist and Discipline		
Early Interventionist and Discipline		
Other		
Other		

The contents of the IFSP must be fully explained to the family and informed written consent must be obtained prior to the provision of early intervention services described in the IFSP.

Parent Survey Provided to Family: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parent/Caregiver's Initials:
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The parent survey can be provided at any time but is it required to be provided to all families at the annual IFSP review. The service coordinator should mark the appropriate box and obtain the parent/caregiver's initials.

Section 8: Modification

IFSP Modification Date:

Modification made:

I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Title:	Signature:	Date:
Parent/Caregiver		
Service Coordinator		
Early Interventionist		
Early Interventionist		

Any time a service or an outcome is added or removed, a provider is added or removed, or frequency, time, intensity or location is changed, an IFSP review meeting must take place and an explanation of the modification must be documented on the IFSP Modification Page. Parental consent must be obtained for any changes to IFSP services. When an existing service is modified, the date is entered on the *IFSP Service Delivery Page* as the "modified end date." The service start date is also entered on the *IFSP Service Delivery Page* for the new or updated service specifying the required beginning, length, duration, frequency, intensity, method of delivery, and location of the early intervention services. The new early intervention service must be initiated within 15 working days of the IFSP modification date. Prior Written Notice is required for any changes to the IFSP.

1701: CONSULTATION ON THE IFSP

Consultation varies from primary service provision in that “consultation” is directed to assist the Primary Service Provider(s) (PSP) and the parent in identifying appropriate or new strategies to address IFSP outcomes within the child and family’s daily routines and activities. Consultation services could be defined as “indirect” interventions where the consulting provider and the PSP work together to address an area of concern or a specific identified IFSP outcome. Consultation can take several forms but for the purposes of SoonerStart, the consulting provider should:

- Identify and suggest new strategies or interventions in collaboration with the PSP and the family
- Provide training, mentoring and/or coaching to the PSP in learning to implement new strategies or interventions with the child and family
- Provide ongoing support and encouragement to the PSP as new strategies and/or interventions are implemented with the child and family
- Ideally, the end result of “consultation” should be for the PSP and the family to learn and implement new knowledge and intervention skills that can be applied directly towards identified IFSP outcomes or areas of concern.

Vision Consultants

If information becomes known that a child has a history of vision concerns, the RC or service provider should, with parent consent, obtain any records pertaining to the child’s vision. If upon review of these records or during the course of providing ongoing early intervention services an identified vision concern does exist or is suspected, the IFSP team may decide to:

- Request a consultation from the SoonerStart vision consultant assigned to their service area;
- Refer the family back to their primary care physician for medical evaluation/care, or;
- Refer to **SoonerStart Guidelines for Vision Referrals and Consultation (Appendix FF)** for more information on accessing a SoonerStart vision consultant.

Deaf and Hard of Hearing Consultants (DHH)

For any eligible SoonerStart child with a diagnosed hearing loss, the Primary Service Provider (PSP) should be a SKI HI trained provider when available. The DHH may only serve in a consultative role to assist the child’s assigned PSP in providing appropriate services and interventions to meet the child and family’s individual needs. See **Appendix GG** for further guidance on consulting with the Deaf and Hard of Hearing Consultants.

Note – A Vision Consultants and/or DHH may be assigned to a child as an ongoing or consultative IFSP provider but they may not serve as the child’s Primary Service Provider.

1702: NATURAL ENVIRONMENT

IDEA Part C requires that early intervention services be provided, to the maximum extent appropriate, in the natural environment, including the home and community settings in which children without disabilities participate.

Natural environment means settings that are natural or normal for the child's age peers who have no disabilities.

SoonerStart services provided in a childcare setting or location outside the home (grandparent's or relative's home) when the parent is not present requires written consent by the parent. The written consent also allows the SoonerStart provider to engage the caregiver in early intervention services for the child.

A location is a natural environment if it is:

- the child's home;
- where this child would go if he or she did not have a disability;
- in a part of the community where children and families without disabilities spend time when they are not being treated or tested for illness or health issues.

Examples include, but are not limited to:

- a community daycare or preschool;
- a park, library or YMCA program; or
- a church, synagogue or other faith-based setting
- A location is not a natural environment if it:
 - is where people usually go because they have disabilities or medical issues;
 - was chosen because it had specialized equipment
 - was chosen because it was convenient for the specialists who work with the child

Examples of "non-natural environments" include but are not limited to:

- a health department
- a hospital setting, rehabilitation center or outpatient therapy clinic
- a therapist's office
- a segregated program in a public school

1703: ROUTINES-BASED INTERVIEW

The Routines–Based interview (RBI) is a semi-structured interview with 3 purposes:

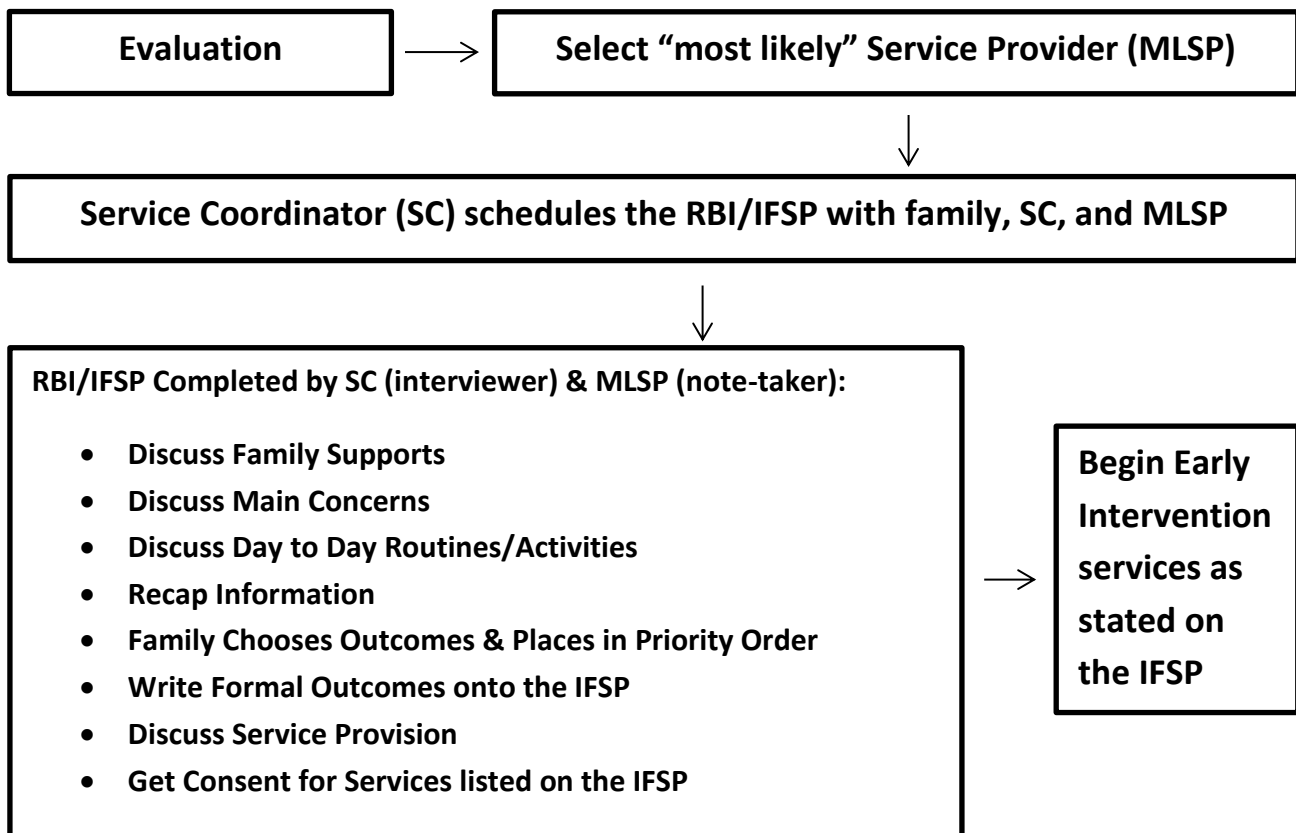
- To develop a list of functional outcomes,
- To assess child and family functioning, and
- To establish a positive relationship with the family.

The RBI was developed to meet a number of needs, including gathering information and planning interventions. The purpose of structuring the interview around family routines is to identify what the family already does and what the family wants to do. Attention is paid to the needs of all family members and the needs of everyday life. Family needs are met through services which address emotional support, material support, and informational support.

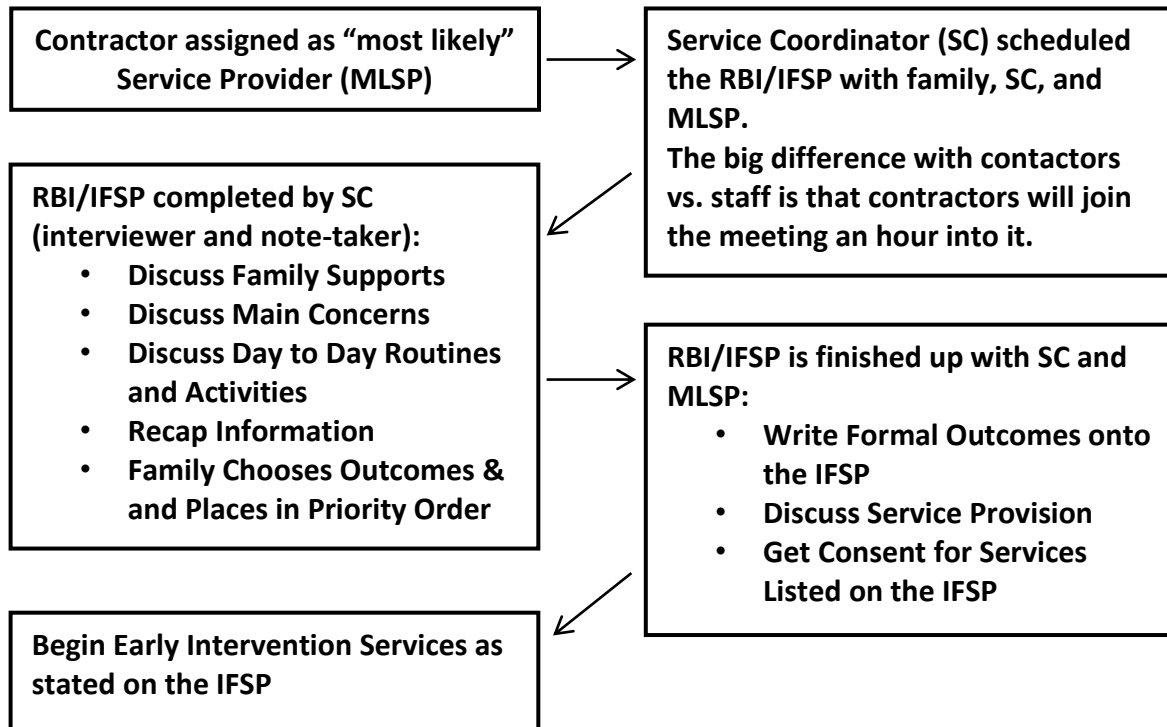
Using the RBI in the early intervention process has proven to result in the following:

- Families’ share more information and the professionals actively listen to family needs and concerns.
- The IFSP has more specific outcomes.
- Outcomes are more functional for the child and family.
- Outcomes are in more “family friendly” language.
- Outcomes are less discipline specific.

Inclusion of the Routine-Based Interview in Current Practices for Eligible Children



Inclusion of the Routines-Based Interview for Eligible Children with Contractors



For additional information on the Routines-Based Interview and how it fits in with the IFSP refer to **RBI and IFSP Technical Assistance Document (Appendix CC)**.

Childcare Participation with in the RBI Interview

If a child spends more than 15 hours a week in childcare, the childcare teacher should be invited and included in the interview process. “Teachers” are any caregivers in group care such as childcare or preschool. Ideally it is best to have the family and the childcare provider at the same meeting. If this occurs you will use IFSP Section 2D to record the information from the childcare provider. If the childcare provider is not able to meet at that same time as the family then **IFSP Section 2F (Appendix HH)** can be utilized to capture the information from the childcare provider.

For additional information on the childcare participation refer to RBI and IFSP Technical Assistance Document.

Team Challenges

If your EI site is having challenges completing the RBI due to lack of staff or other unforeseen circumstances, the REIC for your site must contact Mark Sharp to discuss options available to your team.

1800: EARLY CHILDHOOD OUTCOMES (ECOs)

SoonerStart is required to report outcomes data for children served through Part C of the Individuals with Disabilities Education Act (IDEA) as part of their Annual Performance Report (APR).

Individual child outcome data for the SoonerStart program is not reported publicly so that individual identities and ratings are protected. The combined information is reported in percentages to provide an overall view of how children in SoonerStart are benefiting from early intervention services.

The three child outcome areas required to be reported include:

- Positive social-emotional skills (including social relationships)
- Acquisition and use of knowledge and skills (including communication skills)
- Use of appropriate action to meet their needs

Early Childhood Outcomes Ratings:

Ratings are provided for infants and toddlers in the SoonerStart program according to their developmental abilities in each of the outcome areas when they begin early intervention services and when they exit the program.

All children who are less than 30 months of age when IFSP services are initiated receive an Entry child outcome rating. Children who are 30 months or older at the time of the Initial IFSP do NOT receive an Entry or Exit rating because they will not receive six months of service before their third birthdays.

All children who receive an Entry rating should receive an Exit rating if they receive six months or more of services from the date of the IFSP to their program exit date.

A child who exits the SoonerStart program with less than six months of early intervention services but is re-opened less than six months from his/her exit date (see Re-Referral/Re-Open Procedures) keeps his/her original Entry rating.

A child who exits the SoonerStart program with less than six months of services but is re-referred more than six months from his or her exit date (Re-Referral/Re-Open Procedures) should have a new Entry rating completed if IFSP services will be provided for at least six months.

If a family reports that they are transferring their child to another SoonerStart site and he/she has received services for more than six months, the current service provider should complete the Exit rating to be entered in the SoonerStart database before sending the child's information to the receiving SoonerStart site. If the child resumes services at the new SoonerStart site, and receives six months of services at the new location before exiting the program, a new Exit rating is completed and entered into the SoonerStart database. If the family does not continue services at the new site or services do not resume for six months or longer, a new Exit rating is not completed.

An Entry rating on all three early childhood outcomes is required to be completed within 30 days of the Initial IFSP. The Exit rating is completed within 30 days before or after the child's exit date or transition from SoonerStart.

Child Outcomes Summary Form (COSF):

The child outcomes ratings and supporting evidence are documented on the **Child Outcome Summary Form (COSF) (Appendix II)**. The COSF is submitted for entry into the SoonerStart database and maintained in the child's early intervention record.

The COSF is a 7-point scale for summarizing information related to a child's progress on each of the three child outcome areas required by Office of Special Education Programs. Information will be collected from multiple sources to describe a child's functioning on each of the outcomes and summarized on the COSF. The information may include one or more norm-referenced or curriculum-based assessments, parent report on child's skills and behavior, progress notes of service providers working with the child, observations by a childcare provider, or other sources.

The COSF is NOT an assessment instrument. It is a device used for summarizing across multiple sources of information about the child. The COSF allows the results of the different assessments given to different children across the state to be placed on the same scale to be aggregated for federal reporting.

To provide data for federal reporting requirements, the COSF must be completed at a minimum once at program entry and again at program exit with at least 6 months in between.

The assigned primary service provider is ultimately responsible for completing the form. The rating is based on assessments, observations, and information gathered from family members and others familiar with the child's functioning. The multidisciplinary evaluation team may choose to complete the Entry rating after a child is determined eligible.

The Exit rating is completed on a new form. The Entry and Exit ratings will be compared and calculated at the state level on the SoonerStart database.

The service provider completing the Entry and Exit COSFs should explain ECOs to the family and give them an opportunity to participate in the ratings for their child. Whether or not families choose to participate in the rating discussion, professionals must be able to explain why the rating is being done and what it means.

The Entry and Exit (if available) COSF may be shared with public school personnel during the transition process if written parental consent is obtained.

Changes to the COSF Form:

CHILD OUTCOMES SUMMARY

ENTRY _____

EXIT _____

SERVICE START DATE (IFSP DATE):	SERVICE END DATE:
ENTRY FORM COMPLETION DATE:	EXIT FORM COMPLETION DATE:

Child Information

Name	DOB
Location	
REASON FOR CHILD EXIT:	

When completing an entry ECO you will enter two dates. The dates can be the same or different depending on when the form was completed. The “Service Start Date” is the date when the initial IFSP was written. The Office of Special Education Programs (OSEP) considers this date as the beginning of services. The “Service Start Date” is the date that is entered in the SoonerStart database. The “Entry Form Completion Date” is the date the form was completed. The entry ECO can be completed at or following the evaluation as well as at or up to 30 days following the initial IFSP.

When completing an exit ECO, two dates will be entered just like the entry. They can also be the same date depending on when the form was completed. The “Service End Date” is the closure date that is listed in the SoonerStart database. This date cannot be later than the child’s 3rd birthday. The “Service End Date” is the date entered in the SoonerStart database. The “Exit Form Completion Date” is the date the form was completed. The exit ECO can be completed up to 30 days before or after the “Service End Date”.

The “Reason for the Child Exit” is a short explanation of why the child is no longer receiving services. Below are some examples:

- Third Birthday – Transitioned
- Unable to Locate
- Discontinued or Declined Services
- Moved
- Completed IFSP Outcomes

These changes were made to gain consistency in COSF completion and data entry procedures that will facilitate more reliable data, increasing reporting capacity, and ultimately lead to better documentation of early childhood outcomes.

Role of the Family:

COSF ratings rely on information about a child's functioning across situations and settings. Parent input is crucial: family members see the child in situations that professionals do not. As members of the IFSP team, families are natural participants in the COSF rating discussion. Their role in the rating is as the child expert, while other members of the team will know child development and the skills and behaviors expected at various age levels.

Individual teams not including the family in the rating process will need to maximize the role of family as information provider in order to make the COSF rating. Whether or not families choose to participate in the rating discussion, professionals must be able to explain why the rating is being done and what it means.

1900: Assistive Technology

IDEA and Assistive Technology:

Assistive technology is a critical early intervention service authorized under Part C of the Individuals with Disabilities Education Act (IDEA) for children with disabilities birth to three years of age.

Oklahoma SoonerStart Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Note: View the full **Technical Assistance Guide: Assistive Technology for Infants and Toddlers with Disabilities**, IDEA Part C, for more complete information regarding assistive technology consideration and assessment and to view specific laws as they relate to providing AT devices and services to infants and toddlers at:

http://http://www.ok.gov/abletech/SoonerStart_Collaboration/

What are Assistive Technology Devices and Services?

Assistive technology (AT) **device** means any low-tech or high-tech item, piece of equipment, or product system, whether acquired commercially, modified, customized, or individually created, that is used to increase, maintain or improve functional capabilities of children with disabilities.

Assistive technology **service** means a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology services include:

- the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary (natural) environment;
- purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities;
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing of assistive technology devices;
- coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- training and technical assistance for a child with disabilities, or if appropriate, that child's family and
- training or technical assistance for professionals (including individuals providing early intervention services or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities).

The need for AT devices and services should be determined on an individual basis by the IFSP team as they consider all services that are necessary for the child to achieve his/her outcomes.

Assistive Technology Assessment

The following are important to note as teams are completing the assessment process:

Unlike other educational assessments, an AT assessment is not completed with the administration of one test during a singular event.

- Assistive technology assessment is ongoing and should be a continual part of the child's plan.
- Assistive technology assessments are conducted within the child's natural |environment by providers knowledgeable about AT devices and services.
- SoonerStart may provide adaptive equipment for trial and use as an assessment tool. The equipment used in this program may be new or used. The equipment may be owned by the State of Oklahoma or may be entrusted to the State of Oklahoma by individuals for use in the SoonerStart program. See **Equipment Use Agreement (Appendix JJ)**.

Funding for Assistive Technology

Depending on the type of AT required, there are many funding sources available to the child including Medicaid, private insurances, and other private sources. When funding is not available, SoonerStart is the payer of last resort.

If a SoonerStart team is unable to access external funding for assistive technology devices/services in a timely manner, then SoonerStart resources can be utilized. To access funding through SoonerStart the team must complete the following steps:

Step 1. Submit the **SoonerStart Assistive Technology Request (Appendix KK)** to the Executive Director of SoonerStart Early Intervention, Special Education Services, Oklahoma State Department of Education.

Step 2. The Executive Director reviews the AT Request Form within ten working days. The documentation review is to insure that the IFSP team has provided adequate justification for the acquisition of the AT.

Step 3. The SoonerStart team is contacted within ten working days to request more information/documentation if necessary or to inform the team that the reviewed documentation is determined complete.

Step 4. Once the documentation has been reviewed and determined complete, acquisition of the equipment is coordinated through the SoonerStart Program and provided to the family in a timely manner.

In some circumstances, families may offer to donate assistive technology equipment to SoonerStart that is no longer being used by their child. All donations are subject to the Oklahoma State Department of Education's "Donation Solicitation and Acceptance Policy" which can be viewed at <http://ok.gov/sde/sponsorshipdonation>.

2000: AUTISM SPECTRUM DISORDERS (ASD)

When a child is referred to SoonerStart who has a diagnosis of Autism Spectrum Disorder (ASD), the team may receive copies of reports, evaluations (i.e. diagnostic reports) and recommendations provided by the family. This information will be considered in the development of an appropriate Individualized Family Service Plan (IFSP).

Often at referral, a child does not have a diagnosis of ASD. However, parents may describe behaviors that are associated with ASD and that are not appropriate for the child's developmental age. Awareness of the warning signs associated with autism is the key to early identification.

Some behaviors indicative of ASD that may be observed or parents may describe are:

- Child does not respond to his/her name;
- Child has lost previously acquired skills;
- Child does not imitate others' behavior;
- Child is rigid in routines or has very difficult transitions;
- Child does not draw attention to objects in the environment (joint attention);
- Child is not pointing by age of 12 months; and
- Child engages in repetitive or stereotypical behavior.

At the time of the initial family contact, the service coordinator will inform families with children between the ages of 18 and 30 months that SoonerStart will screen their child to assess the risk for ASD.

Evaluation / Assessment for ASD:

It is the responsibility of the SoonerStart multidisciplinary team to determine the developmental status of a child, not to offer a diagnosis. The multidisciplinary team is responsible for determining eligibility for SoonerStart as well as gathering information about the child's current levels of functioning so that appropriate intervention services can be coordinated.

Children with a confirmed diagnosis of an ASD by a qualified physician or mental health professional are automatically eligible to receive SoonerStart services. A child with a diagnosis and his/her family shall still proceed through the assessment process so the team can gather important information for developing the IFSP. Information about a child's abilities/levels of functioning in all areas of development should be obtained through assessment completed by the primary service provider, even though this information is not needed to determine eligibility.

Without a diagnosis of ASD, a child must proceed through the eligibility determination process. During the initial evaluation and assessment, service providers screen all children who are between the ages of 18 and 30 months for ASD using the Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R; Robins, Fein, & Barton, 2009). The M-CHAT-R is a Level 1 screening tool validated for

screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT-R is based on parental report. If a child qualifies for services and passes the M-CHAT-R, it is recommended the provider re-administer the M-CHAT-R when concerns related to communication, play, social skills, and behavior continue as well as when there is a sibling diagnosed with ASD. Service providers may find the IFSP review an appropriate timeframe to revisit the discussion. For children receiving IFSP services prior to 18 months of age, service providers screen for ASD using the M-CHAT-R at their earliest convenience after the child reaches 18 months of age.

***Please refer to IRENE SoonerStart Public Folders Library-Autism Folder for the M-CHAT-R downloading link.*

If a child receives a total score of 0-2 on the M-CHAT-R, indicating a low risk for ASD, and is younger than 24 months of age, the M-CHAT-R should be re-administered after the child's second birthday. No further action is required until the child's 2nd birthday. A total score of 3-7 on the M-CHAT-R indicates a medium risk for ASD. In this case, the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-Chat-R/F) is administered. The M-CHAT-R/F is designed to reduce the false positive rate (false positive cases are children who fail the M-CHAT-R but do not have ASD). Service providers administer the M-CHAT-R/F only for the items the child fails. If the M-CHAT-R/F score remains at a 2 or higher, the child has screened positive indicating a risk for ASD. A total score of 8-20 on the M-CHAT-R indicates the child is at high risk for ASD. It is acceptable to bypass the Follow-up in this case and proceed to the Level 2 interactive screening measure.

If a child is at risk for ASD on the M-CHAT-R and M-CHAT-R/F and the child is between 24 and 30 months of age, a service provider who has successfully completed the reliability training administers the Screening Tool for Autism in Two-Year-Olds (STAT). The STAT is a Level 2 interactive screening measure developed to screen for autism in children between 24 and 36 months of age. Level 2 screening tools specific to autism spectrum disorder help to identify children at risk of having ASD rather than other developmental disorders. For the children who are at risk on the M-CHAT-R and are between the ages of 18-23 months, a service provider who has successfully completed the reliability training is responsible for administering the STAT at their earliest convenience after the child reaches 24 months of age.

The multidisciplinary evaluation team must use their informed clinical opinion to assess a child's present level of functioning in each of the developmental areas and to establish a child's eligibility, even when other instruments fail to establish eligibility. Therefore, if a child does not meet eligibility criteria based on the developmental testing, but the child fails the M-CHAT-R and M-CHAT-R/F and/or STAT, the evaluation team should use that information as support for the basis of the eligibility decision. Additional information/testing may also help support the decision if determined a need by the evaluation team.

For children between the ages of 30 and 36 months, the Screening Tool for Autism in Two-Year-Olds (STAT) is administered when concerns are present related to communication, play, social skills, and behavior as well as when there is a sibling diagnosed with ASD. A service provider who has successfully completed the reliability training is responsible for administering the STAT.

Screening tools for autism such as the STAT identify whether or not a child is at-risk for Autism Spectrum Disorder, they are not diagnostic. Service Providers have a professional responsibility to inform the family when the results of the developmental evaluation and screening have raised concerns that are consistent with autism spectrum disorder. Service Providers should encourage the family to discuss the findings and concerns of the multidisciplinary team with their primary health care provider.

Intervention services are not contingent upon the child having a diagnosis of ASD. SoonerStart is not responsible for diagnostic services.

The results of the screening for ASD are documented on the **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) (Appendix Q)** form in the *Other Screening section* when the screening is administered as part of the evaluation process. The family receives a copy of the MECATS. The service provider(s) document this activity in the service provider progress note for the visit as well as maintains the completed screening tool in the child's SoonerStart record. If the child is eligible for SoonerStart services, the results of the screening should also be included in the "Health" section under Present Levels of Development on the Individualized Family Service Plan (IFSP).

If the screening is administered outside of the evaluation process for a child currently receiving SoonerStart services, the service provider(s) records those screening results on the IFSP in the same location at the next IFSP review. The service provider documents the screening in the progress note for the visit as well as maintains the completed screening tool in the child's SoonerStart record.

A written statement of the results can also be provided to the family when the screening indicates a child is at-risk for Autism. The **Autism Spectrum Disorder (ASD) Screening Results Form (Appendix LL)** was developed for this purpose.

2100: PROVIDER ASSIGNMENT

Every effort should be made to evaluate all children referred and locate appropriate services to meet the needs of all children/families determined eligible for the SoonerStart program within the 45 day timeline. These efforts should include, but are not limited to, the following:

- The Lead Clinician reviews caseloads and checks with all possible SoonerStart providers (staff first, then contract) to assign a service provider within 7 calendar days of the determination of eligibility.
- SoonerStart operates using a transdisciplinary approach to service delivery. Transdisciplinary means the parent and persons from two or more disciplines teach, learn and work together across traditional disciplinary or professional boundaries. The SoonerStart team should designate one team member as the Primary Service Provider. Team members may provide direct or consultative services or both to the family and other team members. Consultative services can be done in person, phone, email or texting etc.
- The Primary Service Provider (PSP) is responsible for developing a therapeutic relationship with the family; offering emotional support; building advocacy skills; and providing education on issues related to health, development, treatment options, and community resources. The primary provider is the key contact person between the family and the rest of the SoonerStart team. It is the role of the PSP to facilitate communication and cohesive teamwork. The PSP helps parents set goals with the team and coordinates and monitors the implementation of the IFSP.
- The Lead Clinician reminds providers (staff and contract) of the continued eligibility process/criteria and ensures team compliance with this state policy.
- If the SoonerStart provider caseloads are maximized (staff and contract), the Lead Clinician explores the availability of Child Guidance staff to provide EI services to children who are eligible for Medicaid on an IFSP in areas where Child Guidance Clinics are available. Please see the procedures for EI Referrals to Child Guidance for IFSP service Delivery.
- Once local resources are exhausted, the Lead Clinician and/or Health Department Administrator should contact adjacent counties to see if they can assist with evaluations and/or the provision of services. The OSDH SoonerStart state office is available to assist with this process if needed.
- When local resources are not available for a service, the team may explore the availability of any community-based resources for provision of the services that may be without charge to the family. If the family accesses a community-based service, this service is reported on the front page of the IFSP in the section entitled, "Medical and other services that the family or child needs or is receiving through other sources (neither required nor funded under Part C)"
- Contact the OSDH and OSDE SoonerStart state offices for assistance when a multidisciplinary evaluation team cannot be identified or if evaluations are being delayed.
- A service provider may or may not be assigned when IFSP services are determined, but should be determined and services initiated within 15 working days of the IFSP date. Contact the

OSDH and OSDE SoonerStart state offices for assistance regarding families who have services pending provider assignment greater than 15 working days after the parent signs the IFSP.

- If a service provider is not available to provide IFSP services as identified on the IFSP within 15 working days, the family is eligible for compensatory services (See Compensatory services).

2200: REFERRALS TO CHILD GUIDANCE FOR IFSP SERVICE DELIVERY

Every effort is made to provide the appropriate level of services for the infants and toddlers receiving services, or eligible to receive services, on an **Individualized Family Service Plan (IFSP) (Appendix R)**. In the event Early Intervention (EI) staff levels and/or contract funds are inadequate to meet service needs, SoonerStart will make a referral to the Child Guidance Program. The **SoonerStart Release of Confidential Information (Appendix M)** form is required to be signed by the parent before releasing demographic, eligibility or program information to the Child Guidance program/provider.

SoonerStart staff will continue to determine eligibility for all EI referrals received. In the event an EI service provider cannot be identified as indicated above, infants and toddlers who are Medicaid-eligible shall be referred to Child Guidance sites (where available), when speech, child development, or psych services are determined to be the most appropriate. The EI multidisciplinary evaluation team shall document an Entry rating for the child on the **Child Outcome Summary Form (COSF) (Appendix II)** prior to referring to Child Guidance.

The service coordinator will continue to coordinate services. A RBI/IFSP will be developed with participation by the Child Guidance provider per the RBI/IFSP contractor process (see RBI section 1703 in the SoonerStart Operations Manual). The federally-required periodic and annual review of the IFSP will continue to be conducted. (These reviews may be documented on ODH 332-F as follow-up staffing for Child Guidance requirements).

IFSP services offered to families provided by Child Guidance will be provided at the County Health Department. According to the Individuals with Disabilities Education Improvement Act (IDEIA) Part C, section 632, transportation is listed as an early intervention service and is defined as “transportation and related costs that are necessary to enable an infant or toddler and the infant’s or toddler’s family to receive services identified by the Individualized Family Service Plan (IFSP).” When the IFSP team determines that this transportation is necessary, this service should be provided at no cost to families.

Child Guidance staff will provide the services as promised on the IFSP. Child Guidance staff will code time and effort (T&E) activities to Child Guidance by using T&E program code 288 and activity code 020, and bill Medicaid. For speech services, Child Guidance will also fax the request to the physician for referral as needed.

IFSP service delivery plans will continue to be entered in the PHOCIS EI Module. However, encounters made by Child Guidance staff will not be entered on the PHOCIS EI Module. The Child Guidance module will be completed as with any other Child Guidance client. Services will be documented on a Billing Charge Data (BCD) form by the clinician and entered into PHOCIS Accounting Reports (PAR) by the Child Guidance clerk. IFSP service delivery plans for Child Guidance providers must also be entered in the OSDE SoonerStart database.

If the Child Guidance provider is the Primary Service Provider on the child's IFSP, he or she documents an Exit rating for the child on the Child Outcome Summary Form (COSF) when the child exits the program for any reason or transitions at age three if the child has received six months of early intervention services. The COSF is required to be given to the Lead Clinician for routing for data entry in the OSDE SoonerStart database. The SoonerStart record is where all documents related to the infant or toddler's early intervention services will be maintained, except for Child Guidance provider documentation. Any documentation by the Child Guidance provider will be maintained in the infant or toddler's Child Guidance/Health Department record.

Staff Meetings

A Child Guidance provider may attend their team's staffing meeting only for the time that they and the team are staffing the specific child or children that are receiving IFSP services through Child Guidance. Due to FERPA confidentiality statutes the Child Guidance provider must be excused for the remainder of staffing in order to continue SoonerStart client staffing.

2300: TRANSITION

Transition planning ensures the smooth transition for infants and toddlers under the age of three and their families from SoonerStart services to preschool or other appropriate services for toddler with disabilities. Formal transition planning must occur for every child in the SoonerStart program who is between the ages of 27 and 36 months of age. Informal discussions regarding the transition process occur with the family throughout the time the child receives early intervention services.

The service coordinator is responsible for facilitating transition planning. This may occur in conjunction with a regularly scheduled IFSP meeting or an IFSP review meeting with the family. The **Transition at Age Three: Steps for Success (Appendix MM)** is a guide provided to the family to assist in transition planning. IDEA requires that the three components of Transition Planning occur no later than 90 before the child's third birthday.

- Transition Steps and services on the IFSP
- Notification to the LEA
- Transition Planning Conference

Transition Steps and Services on the IFSP:

A formal discussion regarding the transition process should occur as soon as possible after the child is 27 months old but in all cases, no later than 33 months of age. The IFSP Transition Steps and Services is developed with the family and constitutes the Transition Plan which is included in the IFSP. Transition plans are individualized to the needs of the child and family. During transition planning, possible program options, the new environment and any activities to enable a successful transition are discussed. The Transition Plan should be completed at an IFSP meeting (Initial, annual or review). The required participants at the meeting to develop the Transition Plan are the same as the required participants for an IFSP meeting. The Transition Plan development meeting must also meet IFSP accessibility and notification requirements. Adding the Transition Steps and Services page to the IFSP is considered a modification if completed at any time other than the Initial or Annual IFSP meeting and a Modification page is required. All SoonerStart staff share responsibility to assist families in preparing for transitions to new settings and changes in service delivery.

The family is also informed of the IDEA requirement that SoonerStart provide child find information to the Local Education Agency (LEA) of all potentially eligible children served by the SoonerStart program.

In Oklahoma, an Individualized Educational Program must be developed for IDEA Part B eligible children by their third birthday, even when the third birthday occurs prior to the end of the school year. Oklahoma has not elected to offer IDEA, Part C services beyond age three under the IDEA; therefore a child will have no IDEA, Part C options from the third birthday through the remainder of the school year. If a child's third birthday occurs during the summer, the child's IEP team convened by the school district will determine the date when services under the IEP will begin.

The IFSP Transition Steps and Services page is used to document all activities during the transition process. Transition activities should also be documented in the service coordinator and service provider progress notes. The date of this formal discussion is considered the initiation of Transition services and should be entered into the SoonerStart database on the IFSP screen in the field "Transition Start Date."

Notification to the LEA:

IDEA requires that SoonerStart must provide child find information to the Local Educational Agency (LEA) where a child resides at least 90 days (3 months) before the child's third birthday. Parental consent is not required to provide the following personally identifiable information for each child that is potentially eligible for Part B services:

- Child's name
- Child's date of birth
- Parent's contact information (including parents' name, addresses and telephone numbers)

Oklahoma defines a child as "potentially eligible" who is:

- Determined eligible for early intervention services by a multidisciplinary evaluation team and/or
- Enrolled in early intervention services who has not met all outcomes on his or her Individualized Family Service Plan; and/or,
- Enrolled in early intervention services who is demonstrating a delay in any developmental domain based on the expertise of a member of the Individualized Family service Plan team.

A child who is receiving SoonerStart services through an IFSP (SoonerStart Database status code 06) or has been determined eligible for SoonerStart services through a multidisciplinary evaluation or automatic qualifying condition (SoonerStart Database status code 3a) is potentially eligible for Part B services and should be included in a notification to the LEA.

The service coordinator will notify the LEA, no later than 33 months of age for the area in which the toddler, resides that he/she is potentially eligible for Part B services. The service coordinator should utilize the SoonerStart Transition Report to assist with monitoring the timeline for notification to the LEA for his/her caseload. The Notification to the LEA must be written and contain the demographic information as required by IDEA for child find (**Appendix V**). The notification may be mailed or sent electronically to the LEA with a copy of the correspondence placed in the child's record. The date of notification should be recorded on the Transition Steps and Services on the IFSP and in the service coordinator's progress note. The date should also be entered on the IFSP screen of the SoonerStart database in the field Assessment First.

Notification to the SEA:

IDEA also requires that the State Educational Agency (SEA) is notified of all children potentially eligible for Part B services. Since the SEA – Oklahoma State Department of Education – is also the lead agency for SoonerStart – Part C services, the SEA is notified of all children potentially eligible for

Part B services through the SoonerStart database. An intra-agency agreement between SoonerStart (Part C services) and OSDE 619 services (Part B services) ensures seamless transition services for infants and toddlers with disabilities served in the SoonerStart program.

Transition Planning Conference:

It is the responsibility of the service coordinator to arrange and facilitate the Transition Planning Conference (TPC). The TPC may be held in conjunction with an IFSP meeting if the family is in agreement. The meeting to develop the Transition Plan may be combined with the TPC. The required SoonerStart participants at the Transition Planning Conference are the same as the required participants for the IFSP meeting. The TPC must also meet IFSP accessibility and notification requirements. For the purpose of scheduling a transition conference, approval by the family is not required to be in writing and can be verbal consent that is documented in a progress note. However, parental written consent is required to share additional information such as the IFSP, evaluation or assessment results; or other pertinent records to be transmitted to the LEA or any community agency or program considered as a provider of appropriate services at age three.

The SoonerStart **Notification of Meeting (Appendix K)** should be completed for the TPC and sent to the family and LEA (and other relevant parties) as notification of the scheduled TPC. **Prior Written Notice (PWN) (Appendix O)** is also required following the TPC meeting.

Transition Planning Conference - Part B services:

If a toddler in the SoonerStart program may be eligible for Part B services, SoonerStart, with the approval of the family, will convene a Transition Planning Conference (TPC) among the required SoonerStart staff, the family and the LEA not fewer than 90 days or more than 9 months before the child's third birthday. If the family requests a delay in scheduling the TPC, or declines to meet with the LEA to consider Part B services, this is documented on the Transition Steps and Services page on the IFSP and in the service coordinator's progress notes. If the family declines to consider Part B services a Prior Written Notice is required.

If the child's birthday is in the summer, the TPC should occur in the spring to allow for availability of local school district staff and time for the plan to be in place before the school year begins. With written consent of the family, information that will be helpful to the local school district may be shared in advance of the TPC.

In the event that the local school district representative is unable to participate in the transition planning conference due to unforeseen circumstances, the TPC can be postponed and re-scheduled if acceptable to SoonerStart and the family and if the rescheduling will not jeopardize compliance with the required timelines. However, if rescheduling is not acceptable to SoonerStart and the family or if rescheduling will jeopardize compliance, then the TPC should proceed without local school district participation. The exception to this would be that if the family requests that the conference be postponed until the school district representative is available.

If the LEA does not participate in the TPC, SoonerStart must conduct the transition conference and use that meeting to develop or revise the transition plan in the IFSP (including identifying appropriate transition steps and services). In addition, SoonerStart must provide parents at the conference with information about Part B preschool services. This information includes a description of the Part B eligibility definitions, state timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services. However, services available from the local school district, how and when the evaluation(s) and eligibility determination will occur must be provided by the LEA representative at a later date.

The Individualized Education Program (IEP) for a child transitioning from SoonerStart and eligible for Part B services must be developed and implemented by the child's third birthday. The IEP team must consider the IFSP including its natural environment statement when developing the initial IEP. (CFR 300.323(b)). At the request of the parent, an invitation to the initial IEP meeting must be sent to the SoonerStart service coordinator, or other SoonerStart representative, if the child previously received SoonerStart services (CFR 300.321(f)).

Transition Planning Conference - Other Community Services:

If the family of a toddler in the SoonerStart program has declined to participate in a TPC with the LEA then reasonable efforts must be made to hold a transition planning conference to discuss other appropriate services the toddler may receive. All activities and/or attempts to arrange the TPC should be documented in the service coordinator's progress notes. The TPC should include the service coordinator, SoonerStart service provider(s), the family, and providers of other appropriate services. The 90 day timeline requirement is not applicable for children not referred for Part B services. Prior Written Notice should be provided if the family declines a TPC with the LEA regardless of whether a TPC is conducted.

Transition - Late Referrals:

A child is considered a late referral to SoonerStart if he/she is determined eligible for SoonerStart services after 33 months of age (or less than 90 days from the third birthday).

Referred Less Than 45 Day Prior To Third Birthday:

If a child is referred to SoonerStart fewer than 45 days prior to the child's third birthday SoonerStart is not required to, conduct an initial evaluation, assessment and initial IFSP meeting for the child. With parental consent, SoonerStart will refer the child to the LEA or other appropriate community services. The service coordinator will contact the family and explain to them that SoonerStart does not have adequate time to evaluate the child before his/her third birthday. The service coordinator will assist the family, with their consent, in contacting the LEA or appropriate community services.

Referred More Than 45 Days But Less Than 90 Days Prior To Third Birthday:

If a child is referred to SoonerStart between 45 and 90 days prior to the child's third birthday, SoonerStart is required to conduct an initial evaluation, and if eligible, an assessment and initial IFSP meeting for the child. If the child is determined eligible, SoonerStart must develop a transition plan

on the IFSP. A transition planning conference (TPC) may take place but is not required. If the child is potentially eligible for IDEA Part B services, SoonerStart will provide Notification to the LEA as soon as possible for the area in which the child resides. The service coordinator will complete the IFSP Transition Steps and Services during the initial IFSP meeting. The service coordinator will refer the child, with parental consent, as soon as possible to the LEA or community services as appropriate. Information pertaining to the child, initial evaluation, assessment and IFSP, will be shared with receiving LEA or community services with written consent. At the discretion of the family, a TPC may be combined with the initial IFSP meeting and the LEA or other community agencies invited to attend.

Referred More Than 90 Days Prior To Third Birthday:

If a child is referred to SoonerStart more than 90 days before the child's third birthday, all requirements as stated under Transition Planning Conference are applicable. However, IDEA section 637(a)(9)(A)(ii)(II) requires that the TPC be convened with the LEA only for children potentially eligible for preschool services under Part B of the act. (See Oklahoma's definition of "potentially eligible"). If a child is referred more than 90 days but determined potentially eligible less than 90 days before his/her third birthday, the child is considered a late referral.

2400: PARENT SURVEY

The IDEA requires Part C lead agencies to report on family outcomes resulting from the family's participation in early intervention. Specifically, states must report the extent to which families report that early intervention helped them:

- Know their rights;
- Effectively communicate their child's needs; and
- Help their children develop and learn

To address this federal reporting requirement, SoonerStart implements an annual process for families to submit a parent survey. The results of the survey are reported in Oklahoma's Annual Performance Report (APR) submitted to the Office of Special Education Programs (OSEP). Results of the survey are also useful to local SoonerStart sites to help improve the quality of services in each area. Families should be informed that:

- Their input is important.
- This is an opportunity for families to help make SoonerStart services better for young children and their families in the future.
- Participation in this survey is completely voluntary.
- Responses are confidential and only traced using demographics for federal reporting purposes.
- Responses do not impact their services.
- If they do not feel a question is applicable, they may skip it
- There are no right or wrong answers, only valuable views from their experiences.

SoonerStart families are asked to complete the parent survey annually and when their child exits the program. The service coordinator provides the family with the **Oklahoma Parent Center Brochure Parent Survey (Appendix NN)** which outlines the instructions for completing the survey at the annual IFSP meeting. Families can choose to complete the survey one of four ways:

- Request a printed copy of the survey from a SoonerStart staff person
- Take the survey online at www.OklahomaParentsCenter.org
- Request that the survey be mailed to them by calling 877-553-4332 (toll-free)
- Answer the survey over the telephone by calling 877-553-4332

SoonerStart staff should notify families that their responses help guide SoonerStart's efforts to improve services and results for children and their families and stress the importance of completing the Parent Survey.

2500 ADMINISTRATIVE PROCEDURES

2501: CHART DOCUMENTATION

Chart documentation includes any and all forms of documentation by SoonerStart staff recorded in a professional capacity in relation to the provision of early intervention services. Documentation demonstrates accountability and provides relevant information regarding the child and family and the services provided by SoonerStart staff. Chart documentation includes staff progress notes as well as early intervention forms and reports.

Progress Notes:

SoonerStart chart documentation for services and activities with infants and toddlers and their families is provided on the **Targeted Case Management Progress Note (RCs) (Appendix OO)** or the **Service Provider Progress Note (Appendix X)**. Progress notes must be legible and contain no erased, whited out or blacked out entries. Errors should be lined through and initialed.

SoonerStart Regional Coordinators have the discretion to direct their sites to use a modified Service Coordinator Progress Note. The modified Service Coordinator Progress Note must contain information outlined in original version but additional fields may be added.

All SoonerStart services or activities must be documented. Services or activities that are scheduled and do not occur, should also be documented. Progress notes should be factual, non-judgmental and contain information reflective of professional observations and assessments. They should be completed and submitted to the designated personnel for data entry and filing in a timely manner but no more than 10 working days after an early intervention service or activity.

Service provider progress notes are designed to be completed immediately following the early intervention visit and a copy left with the family.

All service coordinator documentation should be completed on the Targeted Case Management progress note.

Forms/Reports:

All SoonerStart forms and testing materials are considered chart documentation and should be maintained in the SoonerStart record (see *SoonerStart Client Record* section).

If it is necessary to complete the **Suspected Child Abuse/Neglect Report Form (ODH 333-F) (Appendix PP)** it should be maintained in the child's OSDH health department record in the Administrative Section. If no OSDH health department record exists, one should be opened. For the Oklahoma County and Tulsa County sites, a Health Department administrative file should be created and maintained per Health Department policies for confidential records. The child abuse report is not education related; therefore, it will not be retained in the child's SoonerStart Early Intervention record. A progress note should be made stating only that "ODH Form 333-F completed".

The **Client Information Worksheet (CIW) (Appendix QQ)** must be completed when the family presents for the initial evaluation and at each Periodic and Annual IFSP meeting. The information on

the form must be entered into the Demographic, Financial and Insurance modules of PHOCIS and filed in the child's early intervention record.

2502: SERVICE COORDINATION

Service coordination services are provided by a service coordinator to assist and enable eligible infants or toddlers and their families to receive the services and rights, including procedural safeguards required by IDEA, Part C regulations.

Each child eligible under IDEA, Part C and the child's family must be provided with a service coordinator. The SoonerStart service coordinator will assist parents of eligible infants and toddlers in gaining access to and coordinating the provision of early intervention services and other services that the child or family needs or is receiving; facilitating the timely delivery of available services; and continuously seeking the appropriate services necessary to benefit the development of each child being served for the duration of the child's eligibility for the SoonerStart program.

The service coordinator's responsibilities include:

- coordinating the performance of evaluations and assessments including the RBI at times and places convenient to the family;
- assisting in the performance of evaluations and assessments;
- facilitating and participating in the development and review of IFSPs and scheduling a periodic review of the IFSP at least every six months as well as a review of the IFSP annually;
- ensuring implementation of the early intervention services identified in a child's IFSP, including transition services, and coordination with other agencies and persons;
- Assisting the family with assigned IFSP outcomes as stated on the IFSP;
- collaborating with the family and other IFSP team members to arrange IFSP meetings at times and in settings that are convenient to the family and facilitate the family's participation and the involvement of other IFSP team members;
- facilitating the development of a transition plan to Part B services or other appropriate services;
- providing **Prior Written Notice (PWN) (Appendix O)** to parents in a reasonable time before SoonerStart proposes to initiate or change, or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the child or the child's family;
- arranging for translation and/or interpretation services for IFSP meetings and all services authorized on the IFSP, when needed, unless it is clearly not feasible to do so;
- informing families of their rights and the availability of advocacy services and ensuring that procedural safeguards are implemented throughout the early intervention process;
- maintaining current information for each child in the SoonerStart data system;
- record keeping to ensure that IFSPs, eligibility documentation, correspondence and progress notes are current and included in the SoonerStart record;
- documenting contact or activity with or related to the child/family including telephone contacts, email correspondences, fax correspondences, home visits, office visits, and

meetings. **Targeted Case Management Progress Notes (Appendix OO)** must include all of the required components for Medicaid reimbursement;

- demonstrating knowledge and understanding about IDEA, Part C and IDEA, Part C regulations.

2503: RE-REFERRAL AND RE-OPEN PROCEDURES

When a child is re-referred to SoonerStart, the status of the child when the file was closed in the database and the length of time the file has been closed determines whether the child is entered in the database as a “new referral” or is “re-opened.”

The following status codes are used to determine re-referral and re-open procedures:

- 01 Referral
- 02 Intake completed
- 2a Close Case. Child Screened, No Concerns by Caregiver.
- 3a Multidisciplinary Evaluation completed, child is eligible
- 04 Close Case, NOT Eligible FOR Early Intervention / SoonerStart service
- 06 IFSP complete and receiving all or partial services
- 6a IFSP complete but not receiving services

A child is considered a “new referral” if he/she was closed when in status 01 (referral), status 02 (Intake completed) or status 2a (child screened). He/she should be entered into the database with a new referral date. An evaluation should be conducted or medical documentation obtained to determine initial eligibility according to SoonerStart policies.

A child closed in status 04 (ineligible) should never be “re-opened”. If the child is re-referred, he/she should always be opened as a new referral.

Re-referral – Closed Less Than Six Months:

A child’s chart should be re-opened with the ORIGINAL referral date if he/she was closed while in status 3a (evaluation complete, eligible for services) and is re-referred **less than six months** after the initial evaluation is completed. Although the SoonerStart database may reflect that the IFSP is past the 45 day timeline, it should be documented in the progress notes that the chart was closed and re-opened. If properly documented, the chart will be considered in compliance for meeting the 45 day timeline due to exceptional family circumstances.

A child’s chart should be re-opened with the ORIGINAL referral date if he/she was closed while in status 06 (IFSP complete) or 6a (IFSP completed but not receiving services) and is re-referred **less than six months** after the completion of an IFSP service visit. The IFSP team must meet to review the child’s services and update the IFSP as necessary. IFSP services will be written onto the IFSP with the end date(s) being the next scheduled IFSP review per the original referral/IFSP. The upcoming IFSP reviews will then need to be completed per these same original IFSP dates (original “hard” dates).

Re-Referral – Closed More Than Six Months:

A child should be considered a new referral with a new referral date if he/she was closed while in status 3a (evaluation complete, eligible for services) and is re-referred **more than six months** after the initial evaluation is completed. A new evaluation should be conducted or medical documentation obtained to determine *initial* eligibility according to SoonerStart policies.

A child is considered a new referral and entered into the database with a new referral date if he/she was closed while in status 06 (IFSP in place) or 6a (IFSP completed but not receiving services) and is re-referred **more than six months** after the last IFSP service. A new evaluation should be conducted or medical documentation obtained to determine *initial* eligibility according to SoonerStart policies.

2504: TRANSFER PROCEDURES

A file is only considered for transfer if the child is a Status 3a (Eligibility Evaluation completed), or a Status 6 or 6a (current IFSP in place). If the child is a Status 1 (Referral) or a Status 2 (Intake completed), the current EI unit should close file and the new location should open the client again in the database as a new referral.

(See status codes under Re-Referral and Re-Open Procedures)

Family Notifies SoonerStart That They Are Moving:

When a family reports that they are moving to a new location in the state, the service coordinator provides the family with the contact information of the SoonerStart office in the new area. If the child is in Status 01 or Status 02 the database record is closed. If (verbal or written) permission is obtained from the parent, the service coordinator contacts the new SoonerStart office to make a referral with the family's new address and contact information.

If the child is in Status 3a (Evaluation completed, eligible for services) the child may be transferred in the SoonerStart database. The service coordinator obtains contact information from the family and updates the database with the new information. The service coordinator notifies by email their Regional Early Intervention Coordinator (REIC) who transfers the child and notifies the receiving REIC at the new SoonerStart site. When the transfer is accepted by the receiving REIC, the ORIGINAL referral date is retained in the database. Although the SoonerStart database may reflect that the IFSP is past the 45 day timeline, it should be documented in the progress notes that the chart was transferred. If properly documented, the chart will be considered in compliance for meeting the 45 day timeline due to exceptional family circumstances.

If the child is in Status 06 or 6a – IFSP in place – the child may be transferred in the SoonerStart database. The service coordinator obtains contact information from the family and updates the database with new information. The service coordinator notifies by email the REIC who transfers the child on the SoonerStart database and notifies the receiving REIC at the new SoonerStart site by e.mail or telephone. When the transfer is accepted by the receiving REIC, the ORIGINAL referral date is retained in the database.

The current EI unit will mail COPIES of the following to the new EI unit for monitoring and accountability (Do not include test protocols or medical records):

- **Intake Form (Appendix J)**
- **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS) (Appendix Q)**
- **Individualized Family Service Plan (Appendix R) – initial and subsequent**
- **Child Outcomes Summary Form (ECO) (Appendix II)**
- **Provider Progress Notes (Appendix X) for past 12 months only**
- **Targeted Case Management Progress Notes (Appendix OO) for past 12 months only**

- Any additional chart information determined pertinent for continued services
- **Consent of Initial Evaluation/Assessment and Prior Written Notice (Appendix P)**

Family Does Not Notify SoonerStart That They Are Moving:

When a family arrives at a new SoonerStart site and reports that they were receiving services at another SoonerStart site, the service coordinator searches the database for further information regarding the status of the child. If the child was in status 01 or 02, the former site is notified that the child has moved and that the chart should be closed at that site. The service coordinator then opens the child at the new site as a **new referral**. If the child has been closed in the database, see SoonerStart Re-Referral Procedures.

If a search of the database reveals that the child is in status 3a, the service coordinator notifies by email the current REIC who notifies by email the previous REIC that the child should be transferred from that site. When the transfer is accepted by the receiving REIC, the ORIGINAL referral date is retained in the database. Although the SoonerStart database may reflect that the IFSP is past the 45 day timeline, it should be documented in the progress notes that the chart was transferred. If properly documented, the chart will be considered in compliance for meeting the 45 day timeline due to exceptional family circumstances.

If the child is in Status 06 or 6a – IFSP in place – the service coordinator notifies the current REIC who notifies by email the previous REIC that the child should be transferred from that site. When the transfer is accepted by the receiving REIC, the ORIGINAL referral date is retained in the database.

The current EI unit will mail COPIES of the following to the new EI unit for monitoring and accountability (Do not include test protocols or medical records):

- Intake form
- Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS)
- Individualized Family Service Plan – initial and subsequent
- Child Outcomes Summary Form (ECO)
- Provider progress notes for past 12 months only
- Service coordinator progress notes for past 12 months only
- Any additional chart information determined pertinent for continued services
- Consent of Initial Evaluation/Assessment

It is the sending REIC's responsibility to verify that all data (include ECOs, if applicable) has been entered into the SoonerStart database BEFORE the child is transferred to another site and the receiving REIC's responsibility to verify that the database is current before assigning a service coordinator.

Transfer of Records – Out of State:

The service coordinator receives a written release for SoonerStart records from another EI unit in another state.

Upon approval from State Department of Education/Legal Services the Service Coordinator arranges to send COPIES of the following to the out-of-state EI unit:

- Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS)
- Individualized Family Service Plan – initial and subsequent

Original records remain in the SoonerStart office where the chart was initially opened and are maintained, stored and destroyed according to the procedures noted in **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards (Appendix L)**.

2505: APPOINTMENTS AND MISSED SERVICES

Consistent with the provisions of the Individuals with Disabilities Education Act (IDEA), Part C, the frequency and length of SoonerStart services is decided by the family and SoonerStart staff at the Individualized Family Service Plan (IFSP) meeting. Unforeseen events, such as provider illnesses and family emergencies, as well as planned activities such as trainings or vacations etc. should be considered and discussed with the families when determining IFSP services.

Service providers schedule appointments with SoonerStart families at mutually agreed upon times according to the frequency and length of services outlined in the child's IFSP. These appointments may or may not be on the same day or time from week to week or month to month. It is the provider's responsibility to ensure that the total number of promised services to the child occur as outlined in the IFSP. Only a scheduled appointment that is cancelled by the provider or the family is considered a "missed service." When an official announcement is made which authorizes the local SoonerStart site or county health department to maintain only essential services due to hazardous weather conditions, any SoonerStart service previously scheduled for that day(s) is not considered a "missed service."

NOTE: If the IFSP Service Delivery page indicates ***weekly or bi-weekly*** services then the provider is obligated to provide the service as written. For example, if the family's typical early intervention services occur on Mondays, but a holiday falls on a Monday, the service provider must offer the family an intervention visit on another day of that same week.

If a family cancels, refuses services from an assigned SoonerStart provider, or does not make the child available for the scheduled appointment, the family is not entitled to make-up services that result from missed services due to this action.

If a SoonerStart site or provider cancels or fails to provide services in accordance with a current IFSP, the site or provider must offer the family the opportunity to receive make-up services following the missed service. Make-up services must be provided within the IFSP effective dates whenever possible unless the family declines to make-up the missed service.

If the family agrees to make-up the missed service, but the family is unavailable or refuses to accept two *different* offered appointment dates, the family forfeits the missed service.

All missed services and the follow-up actions must be documented in the service providers progress notes.

If the family fails to attend or cancels the scheduled eligibility evaluation or initial IFSP appointment, the service coordinator should attempt to reschedule the appointment as soon as possible. If the family fails to attend or cancels the second scheduled evaluation or initial IFSP appointment, the appointment may be rescheduled only after the service coordinator contacts the family to discern if they are interested in pursuing early intervention services. If unable to contact the family or family

wishes to discontinue services, a letter and **Prior Written Notice (PWN) (Appendix O)** should be sent to the family informing them that their child will be placed in inactive status.

If a family fails to attend or cancels three regularly scheduled early intervention service visits, the service coordinator and/or service provider should document three attempts to contact the family to discern their continued interest in services before any additional visits are scheduled. If unable to contact the family or family wishes to discontinue services, a letter and Prior Written Notice should be sent to the family informing them that their child will be placed in inactive status.

2506: COMPENSATORY SERVICES

Compensatory services are services provided to the family to make up for a delay in implementation of services or missed services which were promised on the IFSP, when the missed services or delay is attributed to the SoonerStart program or SoonerStart staff. Families are *eligible* for compensatory services when:

- the initial IFSP meeting date exceeds the 45 day timeline due to system delays.
- the early intervention services cannot begin because there are no providers available to implement services within 15 working days of the IFSP date.
- the service provider is unable to provide services due to his/her own illness or other scheduling conflicts.
- the annual IFSP meeting did not take place in a timely manner and services were stopped because providers did not have authorizations to continue services.

When IFSP services are not available on a timely basis, the SoonerStart team should address provision of compensatory services as part of the IFSP once a service provider is identified or services resumed. It is not automatic for compensatory services to be on a one to one basis – i.e. providing one service for every service not provided. Compensatory services are to be decided by the IFSP team which includes the family.

If a child ages out of SoonerStart and the family is eligible for compensatory services or compensatory services are being provided, the Regional Coordinator is responsible for notifying the Part C Coordinator at the State Department of Education.

2507: DATABASE AND DATA ENTRY

The SoonerStart program utilizes two databases to record information regarding services provided by SoonerStart staff. The SoonerStart database is maintained by the Oklahoma State Department of Education and the PHOCIS database is maintained by the Oklahoma State Department of Health.

The PHOCIS database contains information across all health department programs however, the EI Module is specific to the SoonerStart program. All SoonerStart visits and services provided are entered into the EI module. The PHOCIS database tracks the number of services promised to the child and family and the number of services provided. The child's Early Intervention PHOCIS record remains "open" for 6 months after the child's 3rd birthday.

The SoonerStart database is the primary source for all data reports generated and submitted to federal and state agencies. Any data errors or omissions can result in incomplete or incorrect data that could ultimately affect state and federal funding for the SoonerStart program.

All SoonerStart staff should review data reports on a regular basis to insure that information has been submitted timely and accurately.

The SoonerStart database contains demographic, evaluation and service provision information regarding every child served in the SoonerStart program. Staff members have access to the children entered into the database that are served in their sites. A statewide search should be completed before entering a new referral into the database to determine if the child is entered as new referral or as a transfer from another site. Children are categorized by status codes.

- Referral has been made 01
- Intake has been completed 02
- Child has been screened and not referred for an initial eligibility evaluation 2a
- Child has been evaluated and an IFSP is pending 3a
- Child has been evaluated but eligibility is pending 3b
- Child is not eligible 04
- An IFSP is in place and services have been initiated 06
- An IFSP has been developed but no services initiated 6a
- Family declined services (either before or after IFSP) 07
- Child is deceased 7a
- Child moved out of state (do not use if child moves in state) 7b
- Family could not be located (either before or after IFSP) 7c
- Child accomplished IFSP goals 08
- Transitioned. Eligible for IDEA, Part B. IEP completed on or before third birthday 09
- Transitioned. Parent declined IDEA Part B program 9a
- Transitioned. IDEA, Part B eligibility NOT determined. IEP Pending 10
- Transitioned. NOT eligible for IDEA Part B, Referred to other programs 11

- Transitioned. NOT eligible for IDEA Part B, NOT referred to other programs 12
- Transitioned. Eligible for IDEA, Part B. IEP Pending 15

All staff must submit accurate information to the person responsible for data entry in each SoonerStart site in a timely manner but no more than 10 working days from the date the event or activity took place. Staff members can use a **Route Sheet (Appendix RR)** to submit information that needs to be entered. Data entry is completed after intake; determination of eligibility (MECATS completion), the initial IFSP and any subsequent IFSP meetings; completion of the entry or exit Childhood Outcome Summary form; the initiation of Transition Planning; the Notification to the LEA; the Transition Planning Conference (TPC) and closure of the SoonerStart file. Procedures for entering data into the SoonerStart database have been included in **Appendix SS**.

2508: EXITS/EXIT CODES

When a child is exited from the SoonerStart program, service coordinators must submit accurate information to the person responsible for data entry in each SoonerStart site in a timely manner but no more than 10 working days from the date of exit. It is important that any child who “exits” or “transitions” either upon their third birthday or any time prior to their third birthday is documented in the SoonerStart database under the appropriate exit code.

Code 2a – Close Case. Child Screened, No Concerns by Caregiver:

A child receives a developmental screening (ASQ, ASQ-SE, BDI Screener) by SoonerStart and is not recommended for further assessment/evaluation or the family declines further assessment/evaluation.

Code 4 – Close Case. NOT Eligible FOR Early Intervention/SoonerStart Services:

A child receives a developmental evaluation and is determined “not eligible” for services according to SoonerStart eligibility criteria.

Code 7 – Close Case. Withdrawal from program by caregiver/Declined Services:

A child currently receiving services on an IFSP (status 06 or 6a) and the child’s parent/legal guardian requests to withdraw/end services before all IFSP outcomes are marked either “accomplished” or “discontinued at parent request”.

A child eligible for services (status 3a) with no IFSP in place and the child’s parent/legal guardian requests to withdraw/end services.

A child in status code 01 or 02 and moves to a county outside of the current SoonerStart site’s service area (*note -- this child should be referred to the new SoonerStart site and considered a new referral at that time*).

Code 7a – Close Case. Deceased

Code 7b – Close Case. Moved out of state:

A child with a status code of 01, 02, 3a, 06 or 6a enrolled in SoonerStart program who moves outside the State of Oklahoma.

Code 7c – Close Case. Attempts to contact caregiver were unsuccessful:

A child with a status code of 01, 02, 3a, 06, 6a and has one of two situations occur:

1. Contact is lost and unable to be re-established with the child/family
2. Contact is never able to be established with the child/family

Code 8 – Transitioned. Completion of IFSP prior to reaching maximum age:

A child who is in either status code 06 or 6a and all IFSP outcomes are marked either “accomplished” or “discontinued at parent request”.

Note: When notification is received by a Resource Coordinator from either a parent/legal guardian or the IFSP provider(s) that a family is requesting to end services due to having no further concerns or that the IFSP is complete, an “exit” review of the IFSP should be completed (see below).

Exit Review Procedure:

1. If the RC is notified by a parent/legal guardian, the provider(s) on the IFSP must be notified of the parent/legal guardian’s request to end services prior to the exit review being conducted
2. Exit review may be completed over the phone by the RC and Provider(s)—However, a provider does not have to be present for the exit review to be completed
3. During the exit review, each outcome should be reviewed, updated with progress and the outcome status marked accordingly (accomplished or discontinued at parent request)
4. All services deliveries should be end dated with the date of the exit review

Code 9 – Transitioned. Eligible for IDEA, Part B. IEP completed on or before third birthday:

A child referred and determined eligible for Part B services and has an active IEP in place on or before their third birthday

Code 9a – Transitioned. Parent declined IDEA Part B program:

A child who reaches the age of 3 but the parent/legal guardian has declined a meeting with Part B for eligibility determination

Code 10 – Transitioned. IDEA, Part B eligibility NOT determined. IEP Pending:

A child referred to Part B but eligibility determination and IEP are pending

Code 11 – Transitioned. NOT eligible for IDEA Part B, Referred to other programs:

A child referred to Part B, determined “not eligible” for Part B and then referred to other agencies/programs for services

Code 12 – Transitioned. NOT eligible for IDEA Part B, NOT referred to other programs:

A child referred to Part B, determined “not eligible” for Part B but no other referrals to other agencies/programs have been made.

NOTE: If referrals to other agencies/programs have been made but the parent/legal guardian declines the referral for additional services, DO NOT use this Exit Code. Use Exit Code 11.

Code 15 – Transitioned. Eligible for IDEA, Part B. IEP Pending:

A child referred to Part B, determined “eligible” for Part B but IEP is pending.

2509: SOONERSTART CLIENT RECORD

The following information provides guidelines for consolidating the Department of Education and Oklahoma State Department of Health client records into a single file. All client records are located at the local SoonerStart site where clerical support staff, together with the majority of the team and service coordinator is housed.

The SoonerStart Regional Early Intervention Coordinator (REIC) must maintain for public inspection the names of individuals who have access to personally identifiable information. Each person on the client must sign into the chart at a minimum of one time on the **Confidential Record (Appendix TT)**. They must complete their name, reason for accessing the chart and the date they accessed the date.

NOTE: The following are the originals of each form.

Required Record Documents:

- Client Information Worksheet (CIW) (**Appendix QQ**)
- Confidential Record (**Appendix TT**)
- Referral Form (**Appendix G**)
- Intake Form (**Appendix I**)
- Child Welfare SoonerStart Referral - O4MP053E
- Change of Demographic Information, if applicable (**Appendix UU**)
- Consent for Service - ODH 303C (**Appendix VV**)
- Consent for Screening and Prior Written Notice, if applicable (**Appendix N**)
- Consent for Initial Evaluation/Assessment and Prior Written Notice, if applicable (**Appendix P**)
- Consent for Re-Evaluation and Prior Written Notice, if applicable (**Appendix U**)
- Surrogate Parents Verification of Training, if applicable (**Appendix S**)
- Service Provider Notes - ODH 641 – filed in client’s record after billing/data entry by clerk (**Appendix X**)
- Audiology Service Provider Notes - ODH 641-A (**Appendix WW**)
- Targeted Case Management Notes - RC notes (**Appendix OO**)
- Individualized Family service Plan (IFSP) (**Appendix R**)
- Multidisciplinary Evaluation and Child Assessment Team Summary: MECATS - ODH 642 (**Appendix Q**)
- SoonerStart Vision Screening - ODH 645 (**Appendix BB**)
- SoonerStart Hearing Screening - ODH 331-I (**Appendix Z**)
- Ages & Stages Questionnaire (ASQ) and ASQ Information Summary
- Ages & Stages Questionnaire: Social-Emotional and ASQ: SE Information Summary
- Battelle Developmental Inventory – 2 (BDI-2) testing protocol booklet
- Other Testing Material (Including Audiology Reports)
- Demographic report

- Prior Written Notices (**Appendix O**)
- Notification of Meetings (**Appendix K**)
- Early Childhood Outcomes (ECO) (**Appendix II**)
- Oklahoma Standard Authorization To Use or Share Protected Health Information (PHI) - ODH 206 (**Appendix XX**)
- SoonerStart Release of Confidential Information (**Appendix M**)
- Incoming Medical Records
- Correspondence(This includes documentation for requesting durable medical equipment)
- **Suspected Child Abuse/Neglect Report Form ODH 333-F (Appendix PP)** should be filed in the Administrative Section of the Child’s Medical Record in the local Health Department. (Or in a separate Medical Record at the Oklahoma County or Tulsa County sites.

Administrative:

This section consists of all other forms, reports, incoming medical records, etc. maintained in the client record. Records found in the Administrative Section are only released when an attorney subpoenas the ENTIRE SoonerStart record or if a parent requests to view their child’s SoonerStart record per FERPA regulations.

Special Note: Service provider notes and case management notes should be maintained in ascending, chronological order. However, to protect the identity of foster parents, a colored sheet of paper would be placed over each section of the file alerting anyone making copies that the information below contained confidential foster placement information and that those names would need to be blacked out when making copies or releasing the chart to the biological family.

Transfer of Records:

See SoonerStart Transfer Procedures

Transport of Originals:

Transporting original client records should be avoided whenever possible. If determined that it is necessary to transport original forms for signature of parent/guardian, a copy of the original should be temporarily placed in the client record until the original is returned to the record. Once the original is returned to the client record, the copy should be destroyed.

Closed Records

SoonerStart records are maintained at each local SoonerStart site office in an “**active**” or “**inactive**” file until the child’s third birthday at which time they are transferred to a **closed** file. Once a child’s file is transferred to a closed file, it is retained at the local SoonerStart site office for a period of one (1) year after the third birthday and is then transferred to the local county health department in the child’s county of residence. These closed records are maintained in accordance with Records Disposition Schedule 2003-05N, Series 1-13A, but are eligible for destruction when they become

seven (7) years old provided all audits have been completed and all applicable audit reports have been accepted and resolved by all applicable federal and state agencies and provided no legal actions are pending. If legal action is pending the record may be destroyed two (2) years after of all legal remedies provided the record meets all stipulated retention requirements. All **active, inactive** and **closed** SoonerStart records are maintained in a confidential manner until destruction.

2510: GUIDELINES FOR REPORTING SUSPECTED CHILD ABUSE OR NEGLECT

Oklahoma State law (10 O.S. Sec 7103 et seq.) requires every person, private citizen or professional, who has reason to believe that a child under the age of 18 is being abused and/or neglected, or is in danger of being abused, to promptly report the suspicion to the statewide hotline (1-800-522-3511). As employees of the State of Oklahoma, ALL SoonerStart staff (both Oklahoma State Department of Health and Oklahoma State Department of Education) must follow the reporting procedures outlined in this document.

The definition of “promptly” may vary from incident to incident depending on the severity of the abuse and/or neglect and the age or vulnerability of the child. However, all reports must be made less than 24 clock hours from the time the employee had reason to believe that the child was a victim of abuse or neglect.

If an employee has reason to believe that a child is in immediate physical danger, the employee must contact local law enforcement in addition to making a report to the OKDHS Child Abuse Reporting Hotline.

Following the verbal report to the OKDHS Child Abuse Reporting Hotline, the employee should immediately complete the **Child Abuse Reporting Form (ODH Form 333F) (Appendix PP)** including as much information as possible. The documented information should objectively and accurately reflect the nature of the abuse and/or neglect without overstating or minimizing the incident(s).

The original completed Child Abuse Reporting Form (ODH Form 333F), should immediately be mailed to the OKDHS office where the child resides or where the injury occurred-- whichever office seems most reasonable. The “One Week Follow- Up” Section of the Child Abuse Reporting Form (Form 333F), will be left incomplete. One copy of the completed Child Abuse Reporting Form (ODH form 333F), should then be filed in the in the administrative section of that child’s medical record (Health Department record). A progress note should be made stating only “ODH Form 333F completed” and filed in the SoonerStart record.

If the child is not a health department client, a medical record should be opened for that child and the Child Abuse Reporting Form (ODH Form 333F), should be filed in the administrative section of that medical record. A progress note should be made stating only “ODH Form 333F completed” and filed in the SoonerStart record. A separate file should be established in each county health department to contain “Child Abuse Reporting Forms,” (ODH Form 333F) related to child abuse reports made on behalf of children whose names are not known. For the Oklahoma County and Tulsa County sites, a Health Department administrative file should be created and maintained per Health Department policies for confidential records.

Approximately one week after the report was made; the “One Week Follow-Up” section of the Child Abuse Reporting Form (ODH Form 333F), should be completed. The form should be returned to its appropriate place in the child’s medical record.

Oklahoma State Department of Health employees should send a copy of the completed form to:

The Oklahoma State Department of Health
The Family Support & Prevention Service
1000 Northeast Tenth Street, 7th Floor
Oklahoma City, Oklahoma 73117-1299

Oklahoma State Department of Education employees should send a copy of the completed form to:

Mark Sharp, Executive Director – SoonerStart
Oklahoma State Department of Education
2500 N. Lincoln Blvd.
Oklahoma City, OK 73105

Please state “CONFIDENTIAL” on the outside of the envelope.

Failure to report suspected abuse is a crime – legally and morally. No person, regardless of his or her relationship with the child or family, is exempt from reporting suspected abuse. A person reporting in good faith; however, is immune from both civil and criminal prosecution.

SoonerStart staff suspecting abuse or neglect, are legally responsible for making certain that the report is made to the designated agency(s). Reporting suspicion to a supervisor or another SoonerStart staff does not satisfy this legal responsibility. Inform a supervisor of concerns and report them to the OKDHS Statewide Child Abuse Reporting Hotline. The absence or unavailability of a supervisor should not delay reporting. Oklahoma State Department of Health (OSDH) employees and Oklahoma State Department of Education (OSDE) employees must complete ODH Form 333F Suspected Child Abuse and Neglect Reporting Form. This reporting form has been made available to all SoonerStart sites. Please refer to ODH Form 333F and instructions for completing which include procedures for routing and filing. The child abuse report is not education related; therefore, it will not be retained in the child’s SoonerStart Early Intervention record.

If a SoonerStart employee receives second-hand information from someone outside of SoonerStart that a child is being abused or neglected, the situation must be addressed. It is preferable that the person with the direct knowledge of the abuse or neglect make the report to OKDHS. A supervisor or co-worker may need to assist the person through the process or reporting. The report to OKDHS must be made in the presence of a the SoonerStart employee who received the second-hand information to ensure that the report is actually made. However, if the person who has direct knowledge refuses to report, a report of suspected child abuse or neglect must be made by the SoonerStart supervisor or co-worker as previously outlined.

A report of suspected abuse or neglect is a request for an investigation to gather facts and protect the child from further harm. Proving abuse or neglect prior to reporting is not required. Investigation and validation of child abuse and/or neglect reports are the responsibility of OKDHS. If additional incidents of abuse or neglect occur or are suspected after the initial report has been made, another referral to OKDHS with the additional concerns and information should be made.

The fact that SoonerStart is a voluntary program has no relation to the state mandate that suspected child abuse or neglect must be reported to OKDHS. Often SoonerStart staff have a strong established relationship with the family and staff members are uncomfortable reporting their suspicions. They may think that they can work with the family without involving OKDHS or law enforcement. While reporting does not guarantee the family situation will improve, not reporting guarantees that if the abuse and/or neglect exists, the child will continue to be at risk of further harm, and perhaps more serious harm.

Statutory Definitions:

Abuse:

“Abuse” means harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child by a person responsible for the child’s health, safety or welfare, including but not limited to non-accidental physical or mental injury, sexual abuse, or sexual exploitation. Provided, however, that nothing contained in this act shall prohibit any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

“Harm or threatened harm to the health or safety of a child” means any real or threatened physical, mental or emotional injury or damage to the body or mind that is not accidental including but not limited to sexual abuse, sexual exploitation, neglect or dependency.

“Sexual abuse” includes but is not limited to rape, incest, and lewd or indecent acts or proposals to a child, as defined by law, by a person responsible for the health, safety, or welfare of a child.

“Sexual exploitation” includes but is not limited to allowing, permitting, or encouraging a child to engage in prostitution, as defined by law, by a person responsible for the health, safety, or welfare of a child, or allowing, permitted, encouraging, or engaging in the lewd, obscene, or pornographic, as defined by law, photographing, filming, or depicting of a child in those acts by a person responsible for the health, safety, and welfare of the child.

Neglect:

“Neglect” means:

1. The failure to provide any of the following:
 - a. Adequate nurturance and affection, food, clothing, shelter, sanitation, hygiene, or appropriate education,
 - b. Medical, dental, or behavioral health care,
 - c. Supervision or appropriate caretakers, or
 - d. Special care made necessary by the physical or mental condition of the child
2. The failure to protect a child from exposure to any of the following:
 - a. The use, possession, sale, or manufacture of illegal drugs,
 - b. Illegal activities, or
 - c. Sexual acts or materials that are not age-appropriate, or
3. Abandonment.

2600: MONITORING PROCEDURES

The Oklahoma State Department of Education (OSDE) as the lead agency for the SoonerStart program has the responsibility to assure that general supervision of the statewide program occurs and that noncompliance is corrected in a timely manner. The OSDE has developed a system of monitoring that ensures compliance with all regulations and policies and provides technical assistance to the 26 SoonerStart sites.

Oklahoma's monitoring schedule is a twelve month continuous cycle beginning in October of each year. A Comprehensive Compliance Review (CR) is conducted on-site utilizing database information and child records to identify noncompliance at all SoonerStart sites in October. Follow-up Desk Audit Data Reviews and Onsite Reviews (as applicable) are follow-up monitoring activities for each site to verify compliance as well as correction at the individual child level and at the site level based on the outcome of the Compliance Review. Concern Specific Monitoring is completed as needed when a concern has been identified or is requested by a SoonerStart site.

Compliance and Quarterly Verification Reviews:

The SoonerStart database is utilized to provide a comparison of site-reported information to the performance and compliance indicators identified in the State Performance Plan (SPP). Monitoring priorities are focused on:

- Timely services
- 45 day timeline
- Steps and services on the IFSP
- Notification to the Local Education Agency (LEA)
- TPC timeline

All SoonerStart satellites receive an on-site Compliance Review (CR) for the first quarter of the fiscal year. If noncompliance is determined with the monitoring priorities or related requirements, the SoonerStart site receives a letter explaining the noncompliance finding within 45 days and has one year to correct all noncompliance.

The percentage of charts in compliance determines the required site response and the level of monitoring to continue during the twelve month period.

Compliance Level	Indicator Total Weight	Monitoring Activity
Level I	95% to 100%	Bi-Annual Desk Audit Data Review
Level II	85% to 94%	Quarterly Desk Audit Data Review
Level III	70% to 84%	Quarterly Verification Visit
Level IV	50% to 69%	Monthly Verification Visit and Site-Developed Corrective Action Plan

Level V	Less than 50%	Monthly Verification Visit, Lead Agency Developed Corrective Action Plan, Mandatory Staff Training
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Related requirements are also monitored annually as part of the initial CR at each site using the **SoonerStart Site Level Monitoring Checklist for Indicators and Related Requirements (Appendix YY)**. Post-monitoring feedback and technical assistance is provided to each site utilizing the **Compliance and Verification Follow-up Report (Appendix ZZ)** and/or the **Technical Assistance Report (Appendix AAA)**.

Oklahoma requires that all noncompliance, regardless of the level or extent, is corrected (100%) as soon as possible but in no case more than one year from the written notice of noncompliance. This includes verifying correction of each individual child specific noncompliance unless the child is no longer in the jurisdiction of the program. For child specific noncompliance that relates to a timeline requirement (timely services, 45 day timeline, transition conference, timely correction of noncompliance, timely data, timely IFSP meetings), the required action must be completed, although late (e.g., the IFSP meeting is held after 45 days).

Concern-Specific Review:

Concern specific monitoring consists of an on-site visit to the SoonerStart site and directs attention towards a specific area. Concern areas may include, but are not limited to; the amount and type of services children and families are receiving, individualized services, IFSP outcomes, family survey participation, personnel, administrative procedures, data collection methods and patterns, or specific issues. The areas of concern may be identified through the Compliance Reviews (CR) or Quarterly Verification Reviews (QVR) data quality checks, complaints and any other data gathering activities conducted within the year.

Appendix: By Appearance in Manual

A - Public Awareness Plan Templates

B - SoonerStart General Flyer and Process

C - SoonerStart Mission Statement

D - SoonerStart Great Expectations

E - SoonerStart Promise

F - SoonerStart Referral Guide

G - Referral Form

H - Medicaid Prior Written Notice

I - Intake Script

J - Intake Form

K - Notification of Meeting

L - Parent Rights for SoonerStart Services – Notice of Procedural Safeguards

M - SoonerStart Release of Confidential Information

N - Consent for Screening and Prior Written Notice

O - Prior Written Notice

P - Consent for Initial Evaluation/Assessment and Prior Written Notice

Q - Multidisciplinary Evaluation Team and Child Assessment Summary (MECATS)

R - Individualized Family Service Plan (IFSP)

S - Surrogate Parent Verification of Training

T - One Page Example of Explanations and Implications of Procedural Safeguards

U - Consent for Re-Evaluation and Prior Written Notice

V - LEA Notification

W - Explanation Letter for Medicaid Written Notice

X - Service Provider Progress Note - ODH 641 with Instructions (303G included)

Y - Automatic Qualifiers List

Z - SoonerStart Hearing Screening Form –ODH 331-I

AA - NBHS Reporting Form with Instructions

BB - SoonerStart Vision Screening Form – ODH 645

DD - Functional Child and Family Outcomes Technical Assistance Document

EE - IFSP Section 3 – Combined Child and Family Outcome (Optional)

FF - SoonerStart Guidelines for Vision Referrals and Consultation

GG - SoonerStart Guidelines for Deaf and Hard of Hearing Consultation

HH - IFSP Section 2F – Childcare Participation

II - Child Outcome Summary Form (COSF) with Instructions

JJ - Equipment Use Agreement

KK - SoonerStart Assistive Technology Request for Use of SoonerStart Funds

LL - Autism Spectrum Disorder (ASD) Screening Results Form

MM - Transition at Age Three: Steps for Success

NN - Oklahoma Parent Center Parent Survey Brochure

OO - Targeted Case Management Progress Note with Instructions

PP - Suspected Child Abuse/Neglect Report Form - ODH 333-F

QQ - Client Information Worksheet (CIW)

RR - Route Sheet (Sample)

SS - SoonerStart Data Entry Procedures

TT - Confidential Record

UU - Change of Demographic Information

VV – Consent for Service - ODH 303C

WW - Audiology Service Provider Note – ODH 641-A with Instructions

XX - Oklahoma Standard Authorization to Use or Share Protected Health Information (PHI) ODH 206

YY - SoonerStart Site Level Monitoring Checklist for Indicators and Related Requirements

ZZ - Compliance and Verification Follow-up Report

AAA - Technical Assistance Report

SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: State and Community Service Agencies

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: Minority, Low-Income, Inner-City or Rural Infants And Toddlers

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: Infants and Toddlers with Disabilities Who Are Homeless

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: Indian Infants and Toddlers with Disabilities

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

SOONERSTART PUBLIC AWARENESS PLAN

SITE:

DATE:

Target: Primary Referral Sources (especially hospitals and physicians)

Activity	Materials Needed	Person Responsible	Target Date	Completed Date



Welcome to SoonerStart Early Intervention...

Supporting families as they learn to promote development in their infants and toddlers (birth to 3) who have developmental delays or other health conditions

What is SoonerStart Early Intervention?

SoonerStart is a program designed to help parents, other caregivers and children with developmental delays gain the knowledge and confidence they need to be successful in life. Through visits with early intervention professionals, the family receives information, support, guidance and consultation about improving the child's quality of life and the family's. It's a program that can be provided in the home, childcare center, the park or other natural settings in the community.

- It's a collaboration among a child's parents, caregivers, childcare providers, early intervention professionals and others
- It's a process that helps the adults in a child's life learn to help the child develop
- It's been proven to make a family's quality of life better and help adults be more confident in their caregiving abilities
- It's a service provided to the entire family — not just the child!

What is it not?

- An interventionist bringing a bag of toys and playing with a child while the parent does something else
- A program that addresses only children's issues
- A program with no specific goals or objectives
- A person telling a family what to do without asking for input

What is the key to success in SoonerStart Early Intervention?

Partnering with families. Early intervention visits offer adults support so that intervention can happen all day, every day — not just when the professional is present. SoonerStart professionals provide emotional support, offer guidance about child development, point families to other community resources, and ensure child and family goals are met. It's a family-centered process that's customized to your individual needs!

How does it work?

You might have expected early intervention visits to focus only on your child, but early intervention's focus is actually on the adults in the child's life. Why does this work? Because children learn from the interactions and other opportunities that occur in everyday life. You are your child's greatest teacher, and you have the opportunity to work with them throughout the day, every day. We will provide information and support you need to make the most of "teachable moments" with your child. This way, your child receives quality intervention all the time.

Some information derived from Tennessee Early Intervention System/Siskin Children's Institute, Chattanooga TN

The SoonerStart Process

REFERRAL — A referral is made to SoonerStart by the family, professional or other concerned individual.

INTAKE — A resource coordinator is assigned to your family and the intake process is completed by phone (providing information to you about SoonerStart and obtaining information from you about your child's general health and development).

SCREENING and/or EVALUATION — Following the intake process, a developmental screening may be completed to determine if further evaluation/assessment (eligibility evaluation) may be necessary OR an eligibility evaluation may be scheduled directly following intake (**Allow 2 hours**).

Child DOES NOT qualify for SoonerStart — Referrals to other services are made for your child and family.

Child QUALIFIES for SoonerStart — The Routines-Based Interview/ Individualized Family Service Plan is scheduled with your family (**Allow 2 hours**).

Routines-Based Interview (RBI): A semistructured interview, conducted by SoonerStart staff, of at least one parent/caregiver, regarding child and family functioning in daily home and childcare routines, for the purposes of selecting a list of functional outcomes or goals for intervention and establishing a positive relationship between your family and SoonerStart.

Individualized Family Service Plan (IFSP): The team will develop a plan (IFSP) that lists the outcomes or goals that result from the RBI and may also include steps and activities related to these outcomes. Family selected IFSP outcomes are designed to meet the needs of your child and family. Based on the IFSP outcomes, services will be decided at this meeting by the IFSP team which includes the family.

SERVICE DELIVERY — A primary service provider will meet with your family as often as indicated on the IFSP to work on the identified IFSP outcomes.

TRANSITION — When your child is between 27 and 33 months, the IFSP team will develop a "transition" plan to meet your child's and family's needs after the age of three.



Welcome to SoonerStart Early Intervention...

Our Mission

Oklahoma SoonerStart Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

8 Key Principles:

1. Early Intervention services for children and families are most effective when agencies and organizations work together to provide services based on family needs.
2. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
3. All families, with the necessary supports and resources, can enhance their children's and family's learning and development.
4. The primary role of the service provider in early intervention is to work with and support family members and caregivers in children's lives.
5. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family's preferences, learning styles and cultural beliefs.
6. IFSP outcomes must be functional and based on children's and families' needs and family identified priorities.
7. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
8. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Note... #2 through #8 were adopted from "The Workgroup on Principles and Practices in Natural Environments" (OSEP TA Community of Practice—Part C Settings)



Welcome to SoonerStart Early Intervention...

Great Expectations!

SoonerStart is a program designed to help parents, other caregivers and children with developmental delays gain the skills, knowledge and confidence they need to be successful in life. Through early intervention visits, your family will receive information, support, guidance and consultation about improving your child's quality of life as well as your own. In order for your family to get the most out of your early intervention visits, we would like to share the following information...

What your family can expect FROM SOONERSTART:

- We will have comprehensive discussions with you regarding your child's level of engagement, independence and social relationships—critical areas of your child's development.
- We will listen to you.
- We will make suggestions for interventions individualized to your child and your family.
- We will be supportive and caring to your entire family, working with you as your partner to meet your goals.
- If we are ill, we will call you to cancel/reschedule your appointment in order to protect the health and well being of you and your family.
- SoonerStart services will be provided as written on the Individualized Family Service Plan (IFSP). IFSP service type, frequency and location are determined by the IFSP team which includes your family and SoonerStart only.
- IFSP services will be individualized to the specific needs of your child and family. This means that your family's services may look very different from another family's services.
- SoonerStart staff will be professional and culturally sensitive at all times.
- SoonerStart staff will be timely for all appointments with your family. If we are going to be late for an appointment, we will make every effort to contact you as soon as possible.
- During times of inclement weather, services may need to be cancelled and rescheduled for the safety of both your family and our staff.



Welcome to SoonerStart Early Intervention...

Great Expectations!

What SoonerStart expects FROM YOUR FAMILY...

- Your involvement in the evaluation of your child — determination of eligibility for SoonerStart services (approximately 2 hours)
- Your participation in the “Routines Based Interview” (RBI) and the development of your Individualized Family Service Plan (approximately 2 hours).
- Active participation during all early intervention visits with your child and family — limited distractions (TV, phone, computer, etc.) during our time with you.
- Feedback from you to the IFSP team — what’s working, what’s not, what you need help with, changes in your child’s health/development, etc.
- When you or your child are ill, that you call and cancel/reschedule your appointment. We see many children (some medically fragile) during a day and don’t want to spread illness to other children or families.
- If you need to change an appointment or you are going to be unavailable for a scheduled appointment, that you call as soon as possible to reschedule or cancel.
- Flexibility in scheduling SoonerStart appointments within program operation hours — our staff see many children each week and may have limited options open for scheduling.
- Intervention visits offer support to the adult caregivers so that intervention with the child can happen all day, every day — not just when a SoonerStart professional is present.



Welcome to SoonerStart Early Intervention...

Our Promise to you...

We welcome you to SoonerStart Early Intervention as we strive to make this a meaningful and positive experience for you, your child and your family. We would like to introduce early intervention services to you by explaining that SoonerStart emphasizes the following principles...

1. SoonerStart strives to maximize interventions to children
2. More intervention does not come from more services
3. All the intervention that your child will receive will come from you between your early intervention visits
4. Our job as the "professional" is to support you as the parent/caregiver for your child

To show this we make the following promise to you:

- We will inform you.
- We will teach you how to teach and do other things with your child.
- We will tell you about your child's disability.
- We will teach you about child development.
- We will give you access to materials you will need.
- We will get equipment, including assistive technology, you need to help your child's development.
- We will make sure you have access to financial resources that you're entitled to.
- We will support you, emotionally.
- We will be positive with and about you.
- We will be responsive to you.
- We will pay attention to your whole family, especially the primary caregiver.
- We will be friendly to you.
- We will be sensitive to you.

Information source:

"Working with Families of Young Children with Special Needs" edited by R. A. McWilliam 2010 New York Guilford Publications

SoonerStart Early Intervention...

Referral Guide

SoonerStart is a program designed to help parents, other caregivers and children with developmental delays gain the skills, knowledge and confidence they need to be successful in life. Through early intervention visits, families will receive information, support, guidance and consultation about improving their child's quality of life as well as their own. This referral guide is intended to help you develop a better understanding of the SoonerStart program and process.

Who can make a referral to SoonerStart?

Physicians and other health professionals, family members, childcare professionals, neighbors, friends and other interested individuals.

What referral information is needed?

- Child's name, gender and date of birth
- Name, address and telephone number of parent or legal guardian
- Reason for the referral
- Child's diagnosed physical or mental condition as applicable
- Child's insurance information, if known
- Your name and contact information

Why make a SoonerStart referral?

Concerns are noted with an infant or toddler's current development based on observation, developmental screening or both. An infant or toddler may have been diagnosed with a physical or mental condition having a high probability of resulting in developmental delay. Examples include, but are not limited to, vision or hearing impairment, chromosomal abnormalities such as Down Syndrome or metabolic disorders.

How is a SoonerStart referral made?

First determine the child's current county of residence and then identify the appropriate SoonerStart office for that county using the chart on the reverse side. Contact the identified office by phone or the family may be provided with the SoonerStart office contact information—a written referral is optional.

What does the family need to know?

Participation in the SoonerStart early intervention program is voluntary. SoonerStart will complete the developmental screening, evaluation of the child's development or both at no direct cost to the family.

What happens if the child is eligible for SoonerStart services?

The family will be given the option to either accept or decline SoonerStart services. If they choose to accept, an Individualized Family Service Plan (IFSP) identifying the needed services and supports for the child and the family will be developed. The family will participate in identifying these services and supports.

Referral Guide...

Making the referral

County of Residence

Adair: (918) 458-6577

Alfalfa: (580) 233-0650

Atoka: (580) 924-6562

Beaver (580) 338-8544

Beckham (580) 323-2100

Blaine (580) 323-2100

Bryan (580) 924-6562

Caddo: (580) 585-6610

Canadian: (405) 262-0042

Carter: (580) 223-9705

Cherokee: (918) 458-6577

Choctaw: (580) 286-6628

Cimarron: (580) 338-8544

Cleveland: (405) 321-4048

Coal: (580) 332-2011

Comanche: (580) 585-6610

Cotton: (580) 585-6610

Craig: (918) 341-3166

Creek: (918) 835-8691

Custer: (580) 323-2100

Delaware: (918) 458-6577

Dewey: (580) 323-2100

Ellis: (580) 256-5028

Garfield: (580) 233-0650

Garvin: (405) 321-4048

Grady: (405) 224-1050

County of Residence

Grant: (580) 233-0650

Greer: (580) 482-7367

Harmon: (580) 482-7367

Harper: (580) 256-5028

Haskell: (918) 756-1883

Hughes: (405) 273-2157

Jackson: (580) 482-7367

Jefferson: (580) 223-9705

Johnston: (405) 332-2011

Kay: (405) 624-0726

Kingfisher: (405) 282-3485

Kiowa: (580) 482-7367

Latimer: (918) 423-1267

LeFlore: (918) 647-5166

Lincoln: (405) 282-3485

Logan: (405) 282-3485

Love: (580) 223-9705

Major: (580) 233-0650

Marshall: (580) 924-6562

Mayes: (918) 458-6577

McClain: (405) 321-4048

McCurtain: (580) 286-6628

McIntosh: (918) 756-1883

Murray: (580) 332-2011

Muskogee: (918) 683-0321

County of Residence

Noble: (405) 624-0726

Nowata: (918) 334-3005

Okfuskee: (918) 835-8691

Oklahoma: (405) 271-9477

Okmulgee: (918) 756-1883

Osage: (918) 335-3005

Ottawa: (918) 341-3166

Pawnee: (405) 624-0726

Payne: (405) 624-0726

Pittsburg: (918) 423-1267

Pontotoc: (580) 332-2011

Pottawatomie: (405) 273-2157

Pushmataha: (580) 286-6628

Roger Mills: (580) 323-2100

Rogers: (918) 341-3166

Seminole: (405) 273-2157

Sequoyah: (918) 458-6577

Stephens: (405) 224-1050

Texas: (580) 338-8544

Tillman: (580) 482-7367

Tulsa: (918) 835-8691

Wagoner: (918) 683-0321

Washington: (918) 335-3005

Washita: (580) 323-2100

Woods: (580) 233-0650

Woodward: (580) 256-5028



SoonerStart Early Intervention Program Referral Form

Section 1: Child Information						
First Name:	Middle Initial:	Last Name:		SSN:		
Date of Birth:	Age:	Sex:	DHS Custody: <input type="checkbox"/> YES <input type="checkbox"/> NO	Medicaid #:	If none, potentially, eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ethnicity: Is your child Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander				
Section 2: Family Information						
Caregiver's Name:		Relationship:	Cell Phone:	Other: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Caregiver's Name:		Relationship:	Cell Phone:	Other: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Additional Contact:		Relationship:	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Address:		City:	State: OK	Zip:		
Email:		County:	School District:	Health Department:		
Native Language:			Does Family need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Section 3: Referral Information						
Reason for Referral:						
Documentation Received with Referral: <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what:						
Referral Source (Name and Title):			Agency:	Referral Source Email:		
Address:				Phone:		
Are Parents Aware of Referral: <input type="checkbox"/> YES <input type="checkbox"/> NO			How did the referral source hear about SoonerStart?			
Section 4: Office Use						
Date of Referral:		Service Coordinator:		Received By:		
Date Assigned:		IFSP Target Date:		SoonerStart Site:		



SoonerStart Early Intervention Program

Prior Written Notice

Parent(s) Name:		Child's Name:		Date of Birth:	
<p>The SoonerStart Early Intervention Program is required to provide you with prior written notice within a reasonable amount of time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child, or the provision of early intervention services to your child or family. This is your statement of that notice. This letter is to provide notice of the following (check all that apply):</p>					
Description of Action:					
<input type="checkbox"/> A developmental screening has been completed and an evaluation to determine eligibility for SoonerStart is not recommended.					
<input type="checkbox"/> A developmental screening has been completed and an evaluation to determine eligibility for SoonerStart is recommended.					
<input type="checkbox"/> Your child is eligible for SoonerStart and a meeting to develop the Individualized Family Service Plan (IFSP) is recommended.					
<input type="checkbox"/> Your child is not eligible for SoonerStart and an Individualized Family Service Plan (IFSP) is not recommended.					
<input type="checkbox"/> An Individualized Family Service Plan (IFSP) has been developed and services will be provided as outlined on the Individualized Family Service Plan (IFSP).					
<input type="checkbox"/> A review of the Individualized Family Service Plan (IFSP) has been completed and services will be provided as outlined on the IFSP.					
<input type="checkbox"/> Your child is no longer in need of SoonerStart services.					
<input type="checkbox"/> Your child is 27 months of age or more and transition has been initiated on the Individualized Family Service Plan (IFSP).					
<input type="checkbox"/> Your child is 27 months of age or more and a transition planning conference (TPC) has been completed.					
<input type="checkbox"/> SoonerStart services have been discontinued at your request.					
<input checked="" type="checkbox"/> Other (describe): If your child is currently enrolled in Medicaid and SoonerStart will bill for Medicaid compensable services.					
Optional - Additional information related to the above action(s):					
SoonerStart <u>does not</u> require enrollment in Oklahoma's Medicaid Program (SoonerCare) as a condition of receiving early intervention services. If a parent refuses to allow access to public benefits, SoonerStart still has the obligation to ensure that all Free Appropriate Public Education (FAPE) services are provided at no cost to the parent.					
Reason(s) why the action(s) is being proposed or refused:					
If your child is enrolled in the Oklahoma Medicaid program (SoonerCare) you have given consent for medical providers including the SoonerStart Early Intervention Program to provide the Oklahoma Health Care Authority with personally identifiable information to seek reimbursement for Medicaid compensable early intervention services. Section 640 of IDEA requires the state's lead agency to use Federal IDEA Part C funds as a payor of last resort. States are required to use public benefits or insurance (when available) to pay for Part C services instead of using Federal IDEA Part C funds.					
Description of information used to make this decision (screening results, evaluation/assessment procedures, reports, records, etc.):					
SoonerStart must obtain parental consent to bill Medicaid for Medicaid compensable services if:					
<ul style="list-style-type: none"> • using the child's public benefits would decrease available lifetime coverage or any other insured benefit covered under that benefit. • using the child's public benefits would result in the child's parents paying for services that would otherwise be covered by the public benefits. • using the child's public benefits would result in any increase in premiums or discontinuation of public benefits for the child or child's parents. 					
using the child's public benefits would result in the loss of eligibility for the child or child's parents for home or community-based waivers based on aggregate health-related expenditures.					
Description of any other options considered & reasons rejected or any other factors relevant to the proposal or refusal:					
The SoonerStart program does not collect co-payments, sliding scale fees or private insurance reimbursement for IDEA Part C services. The SoonerStart program is supported by the following funding sources:					
<ol style="list-style-type: none"> 1. Medicaid 2. State General Revenue 3. IDEA Federal funds 					
<p>Optional: I understand the above and agree that the action(s) described on this notice may occur without the notice being provided to me by SoonerStart a reasonable amount of time prior to the proposed or refused action(s) taking place.</p> <p>Parent Initials: _____ Date: _____</p>					
<p>Parents have protection under the procedural safeguards as described in the <u>Parent Rights for SoonerStart Services – Notice of Procedural Safeguards</u>. As outlined in this information, you have the right to file a complaint, request mediation and/or a due process hearing should you disagree with the above proposed or refused action. If you have any questions regarding this notice, please contact the person listed below:</p>					
SoonerStart Service Coordinator/Designer:		SoonerStart Site:		Phone:	
Address:		City:	State: OK	Zip:	
Office Use:					
<input type="checkbox"/> U.S. Mail / Date Mailed:			<input type="checkbox"/> Personal Delivery / Date Delivered:		

SoonerStart Intake Script

Today, I would like to talk with you about SoonerStart Early Intervention and what the next steps following our call today will be, if you decide to continue with SoonerStart.

In Oklahoma, SoonerStart is for children under the age of 36 months who have developmental delays or certain conditions that put them at risk for developmental delays. And it's also for their families. The program is voluntary and provided at no direct cost to the family. If you decide to participate in SoonerStart, we will provide you and your family with 3 things...

1. service coordination through an assigned "Resource Coordinator" or "RC"
2. an assessment of your child, with your permission
3. an individualized family service plan or "IFSP" outlining outcomes and services

Today, I will also talk with you about your rights as a family receiving early intervention services and I will need to gather some basic information about your child's health history including vision and hearing.

As a program, SoonerStart strives to be very much a support for your entire family. As we get to know you, your child and your other family members better, it will guide us in understanding more about your concerns and priorities. SoonerStart professionals will also talk with you about what resources and supports you already have and also where we fit in.

Early intervention services are about providing you with support. Our job is to give you emotional support, make sure you have access to any needed material support – such as financial programs or equipment - and provide informational support. We'll talk with you about your child's development and delays, if there are any, about resources including services and about what you can do with your child to help him/her develop.

SoonerStart is a team of professionals who are available to help you and any other caregivers of your child. It is our job to provide you with the most relevant, up-to-date, evidence-based information to make the most of the many learning opportunities your child has throughout their day. That is what "therapy" and education are all about in early intervention... consultation to the people who spend time with your child.

(IF APPLICABLE -- One of the types of information the team can help you with is about your child's diagnosis. We can talk about how this diagnosis has an impact on what your child can do in their everyday life.)

SoonerStart can help you understand and learn about what children of your child's age typically do, if that's information that you would like, and they can tell you what skills your child should be able to do next.

The team will tell you about places you can go or call to get assistance for your child and family. We can talk with you about people who are "experts" and also how these other services or resources can be paid for... whether that's insurance, Medicaid, free or so on.

Appendix I

Most of the time, the team will be helping you to know what you and other caregivers can be doing in your daily activities to teach your child and help them develop. That's how very young children learn... through play and caregiving that go on in the ordinary course of a day.

While you and your family are participating in SoonerStart, you have certain rights. I would like to briefly go over some of this information with you now. **(Briefly explain Procedural Safeguards and Parents' Rights)**

Does SoonerStart sound like something you would be interested in for you and your child?

1. Yes... (complete intake form)

**Schedule screening or evaluation (explain that it is a 1-2 hour process) as appropriate.

Explain 45 day timeline, eligibility criteria and what happens following a child being determined "eligible" for services:

If your child is determined "eligible" and you choose to accept services, the next step in the process is development of the IFSP which includes a "Routines-Based Interview" for assessment purposes and will take approximately 2 hours to complete. Upon completion of the IFSP, services will be determined based on the IFSP outcomes and a "primary service provider" or PSP will be assigned. The PSP in addition to your Resource Coordinator will be your primary contact and resource for all services provided to your family. The PSP will have a team of other professionals at their disposal with whom they can consult as necessary regarding your IFSP outcomes and services.

2. No... end conversation by explaining to the family that they can call back and make another referral for their child any time prior to the child's third birthday



SoonerStart Early Intervention Program

Intake Form

Appendix J

Section 1: General Intake Information

Child's Name:		Date of Birth:	
Date of Intake:	Type of Interview: Phone <input type="checkbox"/> Personal Visit <input type="checkbox"/>		Intake Completed By:
Source of Information:			
Private insurance: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what:		Medicaid: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, verify # with parent:	
Family concerns for child:			SoonerStart Process Explained to Family: YES <input type="checkbox"/> NO <input type="checkbox"/>
Does child attend childcare: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where?			
Who is the primary caregiver(s):			
Any concerns regarding the child's hearing? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of last hearing test: Results or findings:		
Any concerns regarding the child's vision? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of last vision exam: Results or findings:		

Section 2: Birth History and Medical Information

Did mother receive prenatal care during pregnancy: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
Were there any complications during labor and delivery: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> If yes, briefly describe:		
Did the infant receive an IV or oxygen: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> If yes, how long:		
Was this a multiple birth (twin, triplet or more): YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
Was the infant born early: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	Child's due date:	Child's gestational age at birth:
How much did the infant weigh at birth: _____lbs. _____ozs.	Are immunizations current: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	

Section 2: Birth History and Medical Information (continued)

Is the child currently taking any medications:

YES NO

UNKNOWN

List medication(s) and purpose:

Child's primary care physician:

Address and phone number:

Is the child being seen by any physicians or specialists besides their PCP: YES NO UNKNOWN

If yes, list by name including their area of specialty:

Does the child currently have an active diagnosis or medical condition: YES NO UNKNOWN

If yes, list all:

Are there any precautions that the persons working with the child should be aware of: YES NO

If yes, list all:

Are there animals in your home: YES NO

If yes, list all:

Do you or any other family member smoke: YES NO

If yes, check the appropriate boxes below:

Inside

Cigarettes

Other

Outside

Vapor

If other, what:

Section 3: Conclusion

Screening to be completed: YES NO

If yes, scheduled for or completed on:

Evaluation to be completed: YES NO

If yes, scheduled for:

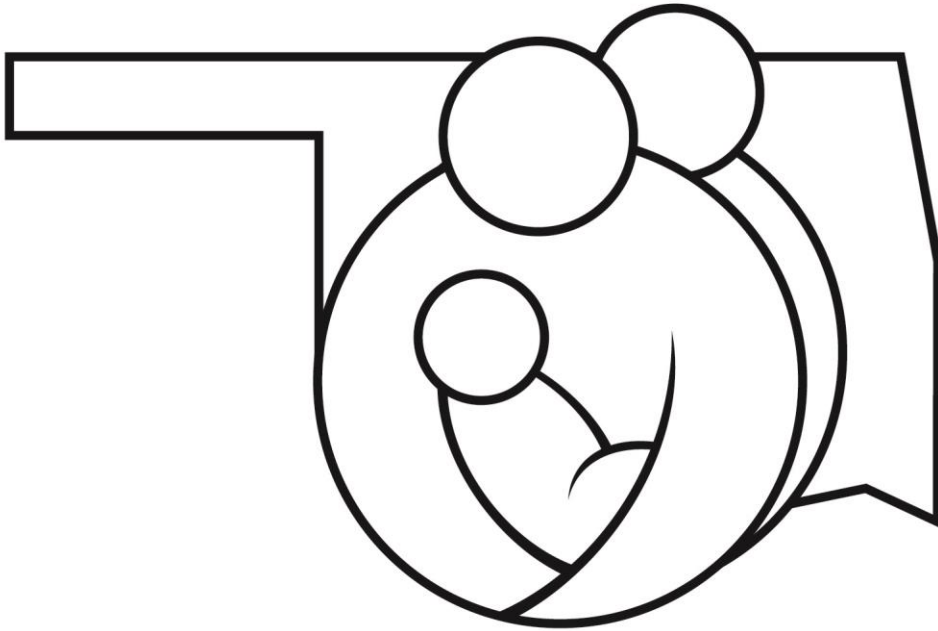
Additional notes/comments:



SoonerStart Early Intervention Program Notification of Meeting (Written Notice)

Family's Name:	Child's Name:	Date of Birth:
We would like to meet with you to discuss your child's:		
<input type="checkbox"/> Intake/screening <input type="checkbox"/> Evaluation/Assessment <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> Review of the IFSP <input type="checkbox"/> Transition from SoonerStart and/or Transition Planning Conference (TPC) <input type="checkbox"/> Other _____		
Action Proposed:		
SoonerStart is proposing a meeting with you regarding the activity(ies) checked above. The SoonerStart program is required to provide you with written notice early enough before the meeting date to ensure that you and other participants will be able to attend.		
Location, Date and Time:		
Location:		Address:
Date:		Time:
Description:		
This meeting will provide an opportunity to discuss the SoonerStart program and/or your child's SoonerStart services as well as any changes that may be necessary for the provision of appropriate services. At the discretion of the parent or the SoonerStart program, other individuals who have knowledge or expertise regarding your child; specialized services and/or educational services (if appropriate) may be invited to attend. You will be provided with prior written notice before any further actions are taken by the SoonerStart program.		
Invited to Attend:		
Name	Title/Agency	Name
		Title/Agency
SoonerStart Contact Information:		
Please contact the person listed below by ___/___/___ to confirm your attendance or suggest other arrangements. Your child's SoonerStart services will not be initiated or changed prior to the meeting to ensure your opportunity to participate. Translation or interpretation will be arranged upon request. If you have any questions regarding your procedural safeguards or this notification, please contact:		
Signature of SoonerStart Official:	SoonerStart Site:	Phone:
		Date:
Address:	City:	State:
		OK
Office Use:		
<input type="checkbox"/> U.S. Mail Date Mailed:	<input type="checkbox"/> Personal Delivery Date Delivered:	

**PARENT RIGHTS FOR SOONERSTART
SERVICES
NOTICE OF PROCEDURAL SAFEGUARDS**



S O O N E R S T A R T

**The Individuals with Disabilities Education Act
IDEA - Part C
Program for Early Intervention services
Oklahoma State Department of Education
Revised - May 2014**

SoonerStart Early Intervention Program

Parents Rights for SoonerStart Services:

Notice of Procedural Safeguards

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Procedural Safeguards

Introduction:

Procedural safeguards represent one of the most important protections for children and families within the early intervention system. Federal regulations recognize that families need to be involved personally every step of the way. Providing families with the procedural safeguards and family rights helps ensure that families are involved in the decision-making process regarding services for their child. Rather than being a stand-alone activity, procedural safeguards are best offered to families within the process of participation.

SoonerStart implements the following policies and procedures and enforces failure to comply with these requirements and the requirements in IDEA, Part C through its dispute resolution processes and General Supervision procedures.

Definitions:

1. **SoonerStart Early Intervention Program** - Oklahoma's Early Intervention Program for infants and toddlers, birth to 36 months, who have developmental delays and their families.

As used in this definition, SoonerStart includes all employees, contractors and other individuals associated with SoonerStart, who are involved with children and families, either directly or indirectly, referred to and/or enrolled in the SoonerStart Early Intervention Program.

This may include employees and/or contract providers with the Oklahoma Departments of Education, Health, Human Services, Mental Health and Substance Abuse, Health Care Authority, and Oklahoma Commission on Children and Youth in accordance with the Oklahoma Early Intervention Act. The program is an integrated statewide system that serves all eligible infants and toddlers.

2. **Consent** is when a parent:

- A. has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language;
- B. understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released;
- C. understands that the granting of the consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

3. **Destruction** means physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

4. **Disclosure** means to permit access to or the release, transfer, or other communication of personally identifiable information contained in early intervention records, to any party, except the party that provided or created the record, by any means, including oral, written or electronic.

5. **Early Intervention Record** means all records regarding a child that are required to be collected, maintained, or used in SoonerStart. Records include, but are not limited to, handwriting, print, computer data, video or audio, tape, film, microfilm and microfiche.

6. **Native language**, when used with respect to an individual who is limited English proficient or LEP means:

A. the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in B. below; and

B. for evaluations and assessments, the language normally used by the child, if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment.

Native language when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).

7. **Parent** is defined as:

A. a biological or adoptive parent of a child;

B. a foster parent, unless Oklahoma law, regulations, contractual obligations with an Oklahoma or local entity prohibit a foster parent from acting as a parent;

C. a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health, or developmental decisions for the child (but not the State if the child is a ward of the State);

D. a person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare; or

E. a surrogate parent who has been appropriately appointed.

8. **Personally Identifiable Information** includes, but is not limited to, the following:

A. the name of the child, the child's parent or other family member;

B. the address of the child or child's family;

C. a personal identifier, such as the child's or parent's social security number or child number;

D. a list of personal characteristics or other information that would make child's identity easily traceable; and/or

E. other information that would make the child's identity easily traceable.

(Authority: 20 U.S.C. §1401(23); 34 C.F.R. Part 99; 34 C.F.R. §303.7, -.27 -.123, -.400, -.403, and -.449; 34 C.F.R. §99.3)

Confidentiality:

1. Parents referred to SoonerStart are afforded the right to confidentiality of personally identifiable information, including the right to written Notice of, and written consent to, the exchange of that information among agencies, consistent with State and Federal laws.
2. SoonerStart's confidentiality policies and procedures apply to the personally identifiable information of a child and that child's family that:
 - A. is contained in early intervention records collected, used, or maintained by SoonerStart;
 - B. applies from the point in time when the child is referred for early intervention services until the later of when SoonerStart is no longer required to maintain or no longer maintains that information under applicable Federal and State laws.
3. SoonerStart ensures the protection of the confidentiality of any personally identifiable data, information, and records collected, maintained by SoonerStart.
4. SoonerStart's policy for protecting the privacy of children and families is aligned with the Family Educational Rights and Privacy Act (FERPA), as required under IDEA, 34 C.F.R. §303.401, and which is incorporated herein by reference.
5. The SoonerStart Service Coordinator provides, in writing and verbally, a parent's rights with regard to the confidentiality of early intervention records.
6. SoonerStart and contractors must protect personally identifiable information which is collected, used, or maintained concerning a child enrolled in SoonerStart, the child's parent, or another family member.

(Authority: 20 U.S.C. §§1232g, 1439(a)(2), and 1442; 34 C.F.R. §303.401-402)

Notice to Parents:

1. SoonerStart must ensure Notice to a parent of a child referred to the program that is adequate to fully inform the parent about the confidentiality requirements of IDEA, Part C including:
 - A. a description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;
 - B. a summary of the policies and procedures that SoonerStart must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information;
 - C. a description of all the rights of parents and children regarding this information, including their rights under IDEA, Part C confidentiality provisions; and
 - D. a description of the extent that the Notice is provided in the native languages of the various population groups in the State.

2. The SoonerStart service coordinator ensures a parent is provided and has access to the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards handbook, which outlines SoonerStart policies and procedures about confidentiality.

3. Parents are notified annually, through the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards handbook, of their right to:

- A. Inspect and review their child’s records, including the procedures to exercise this right;
- B. Seek amendment to the records, including the procedures to exercise this right;
- C. Consent to disclosures of personally identifiable information in their child’s records; and
- D. File a complaint with the United States of Department of Education, Family Policy Compliance Office concerning alleged failures to comply with the requirements under FERPA.

(Authority: 34 C.F.R. 303.404)

Records:

Access to Records

1. A parent is entitled to inspect and review any early intervention records relating to their child that are collected, maintained, or used by SoonerStart. The Service Coordinator is responsible for explaining to a parent his or her rights to inspect, review, and have a copy of his/her child’s early intervention records. This information is also included in the Parents’ Rights for SoonerStart Services – Notice of Procedural Safeguards handbook and shared with the family during the Intake process. The program must comply with the parent’s request to inspect and review records without unnecessary delay and before any IFSP meeting or IDEA, Part C dispute resolution proceedings, and in no case more than ten (10) calendar days after the request has been made.

2. The right to inspect and review early intervention records includes the right to:

- A. a response from the agency to reasonable requests for explanation and interpretation of the early intervention records;
- B. request that the agency provide copies of the early intervention records containing information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and
- C. have a representative of the parent inspect and review the early intervention records.

3. SoonerStart may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been provided documentation that the parent does not have authority under applicable State laws governing such matters as custody, foster care, guardianship, separation, and divorce.

4. If an early intervention record includes information on more than one child, the parents of those children have the right to inspect and review only information relating to their child or to be informed of that specific information.

5. SoonerStart must provide at no cost to parents a copy of each evaluation, assessment of the child, family assessment, and IFSP. The service coordinator sends a parent copies of any evaluation, child assessment, family assessment and the IFSP (including any reviews) within ten (10) calendar days of written completion of the document reflecting those events.

6. A parent must request in writing, unless unable to do so, that s/he would like to obtain a copy of his/her child's early intervention records. SoonerStart must make available the records requested within ten (10) calendar days. Shorter periods of time will be considered on a case by case basis. Reasonable fees may be charged for copying records (except as outlined above) requested by a parent as long as the fee does not effectively prevent the parent from exercising his or her right to inspect and review the records.

7. Fees may not be charged to a parent for the search and/or retrieval of the records.

8. For requests by parents for records when the child is no longer in the program, SoonerStart will take reasonable steps to ensure the individual requesting the record has the legal authority to obtain the records.

9. SoonerStart must keep a record of parties obtaining access to early intervention records collected, maintained, or used under IDEA, Part C (except access by parents and authorized representatives and employees of SoonerStart), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the early intervention records.

10. SoonerStart will provide parents, on request, a list of the types and locations of early intervention records collected, maintained, or used by the program.

11. SoonerStart must keep within the child's file a Confidential Record access and record release (disclosure) log, which is accessible to parents. When records are released, the following information must be recorded:

- A. The date records are released;
- B. Agency/person to whom the records were released;
- C. The purpose of release;
- D. Verification that consent is on file and up to date; and
- E. The records that are released.

(Authority: 20 U.S.C. §1232, et seq. (FERPA) and 34 C.F.R. §303.405 - 413)

Amendment to Records

1. A parent who believes that information in the early intervention records collected, maintained, or used by SoonerStart is inaccurate, misleading, or violates the privacy or other rights of the child or parent may request that the agency that maintains the information amend the information.

2. Upon receipt of a request to amend an early intervention record, the agency must decide whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request.

3. If the agency refuses to amend the information as requested by the parent, it must inform the parent of the refusal, in writing, and advise the parent of the right to a hearing.

(Authority: 34 C.F.R. §303.410-411)

Consent to Disclose Records

1. Prior parental consent must be obtained before personally identifiable information is:

- A. disclosed to anyone other than authorized representatives, officials, or employees of SoonerStart collecting, maintaining, or using the information under IDEA, Part C; or
- B. used for any purpose other than meeting a requirement under IDEA, Part C.

The Service Coordinator ensures the parent knows his/her rights for the protection of their personally identifiable information and obtains consent, where appropriate, prior to disclosing this information.

2. Exceptions to the requirement of parental consent are:

- A. the automatic referral requirements when a child is potentially eligible for preschool special education and a referral is made using the LEA Notification form;
- B. those exceptions listed in FERPA, 34 C.F.R. §99.31, including but limited to:
 - (1) when a child moves and changes early intervention providers, the early intervention records may be sent from one early intervention provider to another without the parent's consent;
 - (2) disclosure to comply with a judicial order or lawfully issued subpoena;
 - (3) the disclosure is in connection with a health and safety emergency to appropriate authorities to protect the health or safety of the child or other individuals.

3. A consent to release (disclose) confidential information is only valid for 12 months.

4. When medical records or other "protected health information" is placed into a child's early intervention record, it is covered by the privacy protections of FERPA, and no longer covered by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA expressly excludes those records that are part of a child's early intervention records in its definition of "protected health information."
(45 C.F.R. §160.103)

5. SoonerStart protects the confidentiality of personally identifiable information at the collection, maintenance, use, storage, disclosure, and destruction stages.

6. SoonerStart ensures that all persons collecting or using personally identifiable information are trained and instructed on policies and procedures regarding the confidentiality of this information.

7. SoonerStart maintains for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.

(Authority: 34 C.F.R. §303.401(d)(1) and -.414)

Destruction of Records

1. SoonerStart must inform parents when personally identifiable information collected, maintained, or used in the provision of early intervention services is no longer needed to provide services to the child under IDEA, Part C.

2. SoonerStart records are maintained at each local SoonerStart site office in an **active** or **inactive** file until the child's third birthday at which time they are transferred to a **closed** file. Once a child's file is transferred to a closed file, it is retained at the local SoonerStart site office for a period of one (1) year after the third birthday and is then transferred to the local county health department in the child's county of residence. These closed records are maintained in accordance with Records Disposition Schedule 2003-05N, Series 1-13A, but are eligible for destruction when they become seven (7) years old provided all audits have been completed and all applicable audit reports have been accepted and resolved by all applicable federal and state agencies and provided no legal actions are pending. If legal action is pending the record may be destroyed two (2) years after of all legal remedies provided the record meets all stipulated retention requirements. All **active, inactive** and **closed** SoonerStart records are maintained in a confidential manner until destruction.

3. A permanent record of a child's name, date of birth, parent contact information (including address and phone number), names of service coordinator(s) and early intervention service providers, and exit data (including year and age upon exit) may be maintained without time limitation.

(Authority: 34 C.F.R. §303.416)

Parental Consent and Ability to Decline Services:

1. Parents must be fully informed of all information relevant to the SoonerStart program and must understand and agree in writing to all early intervention activities.

2. Written consent must be obtained before:

A. All evaluations and assessments of the child are conducted;

B. Early intervention services are provided to the child;

C. Public benefits are used; and

D. Disclosure of personally identifiable information consistent with consent requirements under confidentiality.

3. If the parent does not consent to evaluations, assessments, or early intervention services, SoonerStart shall make reasonable efforts to ensure that:

- A. The parent is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available; and
- B. The parent understands that the child will not be able to receive the evaluation and assessment or early intervention unless written consent is given.

4. If the child is eligible for SoonerStart services, the parents may decide if they will accept or decline any early intervention services under this system at any time in accordance with Oklahoma law and federal regulations. Participation in the Part C early intervention system for infants and toddlers is voluntary. The parents may:

- Accept all services agreed to on the Individualized Family Service Plan (IFSP);
- Decline all services agreed to on the IFSP;
- Accept one or some of the services agreed to on the IFSP and decline other service(s); or
- Decline a service after first accepting it without jeopardizing other early intervention services

5. If consent is revoked, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

6. SoonerStart may not use the Due Process hearing procedures under Part C or Part B of the IDEA to challenge the parent's refusal to provide any consent required.

(34 CFR 303.7, 303.25, 303.420)

Prior Written Notice:

1. Prior written Notice (PWN) must be given to the parent of an eligible child a reasonable amount of time before SoonerStart proposes or refuses to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. In general, the SoonerStart service coordinator must provide PWN to a parent after the team makes its decisions and before the implementation of those decisions (after the decision, before the action).

2. The Notice must be in sufficient detail to inform the parent about:

- A. The action that is being proposed or refused;
- B. The reasons for taking the action;
- C. All procedural safeguards available under the federal regulations, including a description of mediation, how to file a formal complaint and a Due Process hearing, and the timelines under those procedures.

3. The Notice must be understandable to the general public and provided in the native language of the parent, unless it is clearly not feasible to do so.

4. If the native language or other mode of communication of the parent is not a written language, the service coordinator shall take steps to ensure that:

- A. The Notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
- B. The parent understands the Notice; and
- C. There is written evidence that the requirements of this paragraph have been met.

5. If the parent is visually or hearing impaired, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication).

6. Written information of family rights and procedural safeguards is to accompany every PWN sent. (Note that if the parent has previously received a copy of the information, has been informed verbally of their procedural safeguards, and requests not to receive another copy, the SoonerStart service coordinator does not have to give them another copy. The service coordinator must document this in writing in the child's file either by placing this information on the Prior Written Notice form or in the progress notes).

7. Prior Written Notice for Screening:

When there is a proposal to conduct a screening to determine if the child is suspected of having a developmental disability; a parent must receive PWN to determine whether or not to proceed with the screening. The *Consent for Screening and Prior Written Notice* form satisfies both the PWN and parental consent requirements. If, at any time throughout the screening process, the parent requests an evaluation, PWN must be provided as set out below. Prior Written Notice must also be provided following the screening to provide the family with information regarding SoonerStart's recommendation.

8. Prior Written Notice for Evaluation:

Prior written Notice must be provided to a parent by the SoonerStart service coordinator before any evaluation to determine the initial or continuing eligibility for SoonerStart. The *Permission for Evaluation/Assessment and Prior Written Notice* form satisfies both the PWN and parental consent requirements. (PWN is not required for an assessment, such as the annual assessment).

9. Prior Written Notice for Re-Evaluation:

When SoonerStart proposes or refuses to conduct an evaluation to determine whether a child continues to qualify for early intervention services, PWN to the parent is required. The *Permission for Re-Evaluation and Prior Written Notice* form satisfies both the PWN and parental consent requirements.

10. Prior Written Notice for Eligibility:

The SoonerStart service coordinator must provide prior written Notice to a parent after the multidisciplinary team determines that a child is eligible or ineligible, but before the team takes any

further action. The PWN informs the parent of the reasons why the child was determined eligible or not eligible and the options if there is disagreement with this determination.

11. Prior Written Notice for the Individualized Family Service Plan (IFSP)

Prior written Notice is provided to a parent by the SoonerStart service coordinator at the conclusion of the IFSP meeting (initial and continuing IFSP meetings) to confirm the decisions that were made during the meeting with the parent. The PWN is presented after the IFSP team decision of outcomes and services, but before services are provided.

12. Prior Written Notice for Transition Planning Conference (TPC)

Prior written Notice is provided to a parent by the SoonerStart service coordinator at the conclusion of the Transition Planning Conference meeting to confirm the decisions that were made during the meeting with the Local Educational Agency (LEA) and the parent. If the family declines to participate in a TPC with the LEA or does not agree to a TPC with any potential receiving program, PWN is provided outlining the parent's decisions.

(Authority: 20 U.S.C. §§1439(a)(6) and (7); 34 C.F.R. §§303.21 and 303.421)

Identification of the Parent and Use of a Surrogate Parent:

1. A parent is defined as:

- A. a biological or adoptive parent of a child;
- B. a foster parent, unless Oklahoma law or regulations, prohibit a foster parent from acting as a parent;
- C. a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);
- D. a person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
- E. a surrogate parent who has been appropriately appointed.

2. It is the responsibility of the SoonerStart Service Coordinator to determine who is considered the child's parent and has the authority to make early intervention service decisions for that child, including deciding whether to participate in SoonerStart, consenting to screening, evaluation, assessment, the provision of services, and consenting to share early intervention records.

3. SoonerStart policies and procedures protect the rights of children referred to SoonerStart when:

- A. no parent, as defined above, can be identified;
- B. after reasonable efforts, SoonerStart cannot locate a parent; or
- C. the child is a ward of the State

4. When more than one individual is qualified to act as a parent for the child, the biological or adoptive parent who attempts to act as the parent is presumed to be the parent for purposes of making early intervention decisions on behalf of the child, unless:
 - A. that person does not have legal authority to make educational decisions for the child (such as when parental rights have been terminated); or
 - B. there is a judicial order or decree specifying that some other individual to act as the parent for early intervention purposes.

5. If the biological or adoptive parent is not available, SoonerStart shall determine the parent in the following order of availability:
 - A. a relative or stepparent with whom the child lives;
 - B. a foster parent;
 - C. a guardian appointed for the child, other than the State (or its employees/contractors, such as Child Protective Services);
 - D. a surrogate parent who meets the requirements in this section.

6. SoonerStart is responsible for:
 - A. determining whether a child needs a surrogate parent;
 - B. assigning a surrogate parent to the child within 30 calendar days; and
 - C. when the child is a ward of the State or placed in foster care, must consult with the agency (such as Child Protective Services) that has been assigned care of the child.

7. In the case of a child who is a ward of the State, the surrogate parent may be appointed by the judge overseeing the child's case provided that the requirements of a surrogate parent in this Section are met.

8. A surrogate parent is an individual who has been appropriately trained and is identified on the list of available persons to act as a surrogate parent. A surrogate parent:
 - A. may not be an employee of any public agency or early intervention service provider that provides early intervention services, education, care, or other services to the child or any family member of the child; and
 - B. may not have a personal or professional interest that conflicts with the interest of the child s/he represents;
 - C. has knowledge and skills that ensure adequate representation of the child.

9. A person who is otherwise qualified to be a surrogate parent is not an employee of an agency solely because s/he is paid by the agency to serve as a surrogate parent.

10. A surrogate parent has the same rights as a parent in SoonerStart and may represent the child in all matters, including:

- A. The screening, evaluation, and assessment of the child;
- B. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews;
- C The ongoing provision of early intervention services to the child; and
- D. Any other rights established under IDEA, Part C, such as procedural safeguards.

11. In all instances when a person is identified to represent the child's interests, this information should be documented by the SoonerStart service coordinator in the child's file and all IFSP team members notified. The DHS caseworker should be notified as well.

(Authority: 20 U.S.C. §1439(a)(5); 34 C.F.R. §§303.27; 422)

Dispute Resolution Options:

Every effort should be made to resolve disagreements using informal decision making so that the child's needs remain the primary focus. However, there may come a time during provision of early intervention services when a dispute or complaint arises. SoonerStart is responsible for ensuring that the resolution of disputes is in keeping with the child's best interests and family's priorities. Parents shall be informed of all their options for dispute resolution and provided assistance, as appropriate, in accessing these options.

1. SoonerStart ensures that families are informed of all their informal and formal dispute resolution options.
2. The first step in resolving an issue includes working with the SoonerStart Service Coordinator, the local SoonerStart site Regional Early Intervention Coordinator (REIC) or contacting the SoonerStart Part C Coordinator at the Oklahoma State Department of Education to seek to resolve the concern.
3. Formal dispute resolution options through SoonerStart include:
 - A. Requesting alternative dispute resolution (i.e. Mediation) for parties to resolve disputes involving any matter under IDEA, Part C;
 - B. Filing a Formal Written Complaint by any party regarding any violation of IDEA, Part C; and
 - C. Requesting a Due Process hearing to resolve a complaint with respect to a particular child when SoonerStart proposes, or refuses, to initiate or change the identification, evaluation, or placement of their child, or the provision of early intervention services to the child and family.
4. SoonerStart service coordinators are responsible for ensuring that the parent understands these options and the procedures to exercise one or more of them. The Service Coordinator will help the parent access the various dispute resolution options through the Regional Early Intervention Coordinator (REIC) who contacts the Oklahoma State Department of Education.
5. During the pendency of any proceeding involving a Due Process complaint, unless the lead agency and parents of an infant or toddler with a disability otherwise agree, the child must continue to

receive the appropriate early intervention services in the settings identified in the IFSP that was consented to by the parents.

6. If the Due Process complaints involve the application for initial services under Part C of IDEA, the child must receive those services which are not in dispute.

The overall responsibility for administering Oklahoma's dispute resolution system is conducted by the Oklahoma State Department of Education, Division of Special Education Services (OSDE-SES). OSDE-SES contracts with the Special Education Resolution Center (SERC) at Oklahoma State University to manage the required processes for dispute resolution.

(Authority: 20 U.S.C. §1439; 34 C.F.R. §§303.401-449)

Mediation

Mediation in early intervention is a process designed to assist parents and Part C agencies to resolve disputes or complaints about any matter under IDEA, Part C. A trained mediator works with both parties to guide them toward a mutually satisfactory solution in the best interest of the child.

1. Mediation is voluntary and may only be used when both parties to the dispute agree to do so.
2. A party may seek mediation to resolve disputes involving any matter under IDEA, Part C, including matters arising in a Due Process complaint.
3. Mediation cannot be used as a mandatory preliminary step prior to any other administrative or legal recourse.
4. Mediation may not be used to deny or delay a parent's right to a Due Process hearing or to deny any other rights under IDEA, Part C.
5. Mediation is to be conducted by a qualified and impartial mediator who is trained in effective mediation techniques and knowledgeable in the law related to early intervention.
6. SoonerStart ensures that it selects mediators on a random, rotational, or other impartial basis.
7. The State bears the cost of the mediation process, including the costs of mediation.
8. Parties resolving a dispute through mediation must sign a legally binding agreement describing the resolution and:
 - A. states that all discussions that occurred during mediation are confidential and may not be used as evidence in any subsequent Due Process hearing procedure or civil proceeding in any Federal or State court; and

B. is signed by both the parent and a representative of SoonerStart who has the authority to bind SoonerStart.

9. An individual who serves as a mediator:

- A. may not be an employee of the SoonerStart Program that is involved in the provision of early intervention services or other services to the child. However, a person who otherwise qualifies as a mediator is not an employee of SoonerStart solely because s/he is paid by the agency to serve as a mediator; and
- B. must not have a personal or professional interest that conflicts with the person's objectivity.

10. SoonerStart shall ensure that each session of the mediation session is scheduled in a timely manner and held in a location convenient to the parties involved in the dispute.

11. SoonerStart shall ensure that agreements reached by all parties through mediation will be recorded in a written mediation agreement.

12. A written, signed mediation agreement is enforceable in any State court of competent jurisdiction; in district court of the United States; or by the lead agency.

13. If a parent chooses not to use the Mediation process, SoonerStart will offer the family the opportunity to meet with an impartial party at a time and location convenient to the parent. The Special Education Resolution Center (SERC) at Oklahoma State University will coordinate this meeting and explain the benefits of and encourage the use of Mediation. (*Authority: 20 U.S.C. §1415(e); 34 C.F.R. §303.431*)

Formal Written Complaint

Formal Written Complaint procedures govern the process for receiving and resolving any written complaint that SoonerStart is violating a requirement or regulations of Part C of the IDEA.

1. A Formal Written Complaint may be filed with the Oklahoma State Department of Education (OSDE) if it is believed that SoonerStart has violated a requirement or regulation of Part C of the IDEA. Upon receiving the Formal Written Complaint, an investigation will be completed. A form designated for this purpose is available from the OSDE to assist parents in filing a Formal Written Complaint. A copy of the Formal Written Complaint must be submitted to OSDE-SES (Attention: SoonerStart Early Intervention Program, 2500 Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599) and a copy must be sent to the local SoonerStart site serving the child.

2. A Formal Written Complaint is a written signed statement by an individual or organization. The Formal Written Complaint must include:

- A. A statement that SoonerStart or a local SoonerStart Site has violated a requirement of Part C of the IDEA 2004;
- B. A statement of the facts on which the Formal Written Complaint is based;
- C. The original signature and contact information for the complainant; and
- D. If alleging violations regarding a specific child:
 - (1) The name of the child and address of the residence of the child;
 - (2) The name of the SoonerStart site where the child and family are receiving services;
 - (3) In the case of a homeless child or youth, available contact information for the child and the name of the SoonerStart site where the child is receiving services.
 - (4) A description of the nature of the problem, including facts relating to the program; and
 - (5) A proposed resolution of the problem to the extent known and available to the party filing the Formal Written Complaint at the time the complaint is filed.

3. The dispute in question must not have occurred more than one year before the date that the Formal Written Complaint is received by SoonerStart unless a longer period is reasonable because:

- A. The dispute in question continues for that child; or
- B. The complainant is requesting compensatory services for a violation that occurred not more than three years prior to the date the Formal Written Complaint is received by SoonerStart.

4. The OSDE appoints a complaint investigator who makes a recommendation regarding the validity of the complaint. After reviewing all the relevant information, the OSDE must determine whether the complaint is valid.

5. The investigator may conduct an on-site investigation if it determines that one is necessary. The complaint investigator must give the complainant the opportunity to submit additional information, in writing or orally within the timeline permitted, about the allegations in the Formal Written Complaint. SoonerStart must also have the opportunity to respond to the complaint. Both parties must have the opportunity to voluntarily engage in Mediation.

6. The investigator must review all relevant information and make an independent determination as to whether SoonerStart is violating a requirement of IDEA, Part C. A written report of the final decision addressing each allegation must be issued to all parties involved, including findings of fact, conclusions, and reasons for the final decision.

7. All Formal Written Complaints findings must be given in a written report within 60 calendar days after the receipt of the Formal Written Complaint by the OSDE. An extension of the 60 day time line may be granted only if exceptional circumstances exist with respect to a particular Formal Written Complaint or if a Mediation to resolve the Formal Written Complaint is requested.

8. In resolving the Formal Written Complaint that results in a finding of noncompliance, SoonerStart, has general supervisory authority under Part C of the IDEA, to address:

A. How to remediate the denial of the appropriate services including, the awarding of compensatory services, monetary reimbursement or other corrective action appropriate to the needs of the child

9. If a Formal Written Complaint is received that is also the subject of a Due Process complaint hearing, or contains multiple issues, of which one or more are part of that hearing, SoonerStart must set aside any part of the Formal Written Complaint that is being addressed in the Due Process complaint hearing, until the conclusion of the hearing. However, any issue in the Formal Written Complaint that is not a part of the Due Process complaint hearing action must be resolved using the time line and procedures described in this section.

10. If an issue is raised in a Formal Written Complaint filed under this section that has previously been decided in a Due Process complaint hearing involving the same parties:

A. The hearing decision is binding; and

B. SoonerStart must inform the complainant to that effect.

12. A complaint alleging a failure to implement a Due Process complaint hearing decision must be resolved by the OSDE.

(Authority: 34 C.F.R. §§303.432-434)

Impartial Due Process Complaint Hearings

Due Process procedures govern the process for resolving individual child complaints concerning identification, evaluation, or placement of the child and arising from the provision of appropriate early intervention services to the child and the child's family, under Part C of the Individuals with Disabilities Education Improvement Act 2004 (IDEA). SoonerStart has adopted Part B Due Process procedures.

1. A parent or the SoonerStart program may initiate a hearing on any matters relating to the identification, evaluation or placement of a child or the provision of appropriate early intervention services to a child and family. When a hearing is initiated, SoonerStart must inform the parent of the availability of mediation.

2. A parent or SoonerStart must request an impartial hearing on their Due Process Complaint Notice within two years of the date the parent or program knew or should have known about the alleged action that forms the basis of the Due Process Complaint Notice.

3. The timeline described above does not apply to a parent if the parent was prevented from filing a Due Process Complaint Notice due to:

A. Specific misrepresentations by the program that it had resolved the problem forming the basis of the Due Process Complaint Notice; or

B. The program's withholding of information from the parent that was required under Part C of IDEA to be provided to the parent.

4. SoonerStart must inform the parent of any free or low-cost legal and other relevant services available in the area if (s)he requests the information, or if the parent or SoonerStart files a Due Process complaint Notice.

5. SoonerStart must hold a resolution session within 15 days of receiving Notice of the parents' Due Process Complaint Notice.

6. A party, parent or program, may not have a hearing on a Due Process Complaint Notice until the party, or the attorney representing the party, files a Due Process Complaint Notice that meets the requirements of Section 7 below.

7. A Due Process Complaint Notice may be submitted by a parent, program, or an attorney representing either party. A copy must be submitted to the other party involved and the Oklahoma State Department of Education, Special Education Services (Attention: Due Process Complaint Notice, 2500 North Lincoln Boulevard, , Oklahoma City, Oklahoma 73105-4599) in **writing, signed, and include:**

A. The name of the child;

B. Date of birth of the child;

C. The address of the residence of the child and of the parents;

D. The name of the SoonerStart site providing services to the child

E. In the case of a homeless child or youth (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), available contact information for the child, and the name of the SoonerStart site providing early intervention services to the child;

F. A description of the nature of the problem of the child relating to the proposed or refused initiation or change of services, including facts relating to the problem;

G. A proposed resolution to the problem, to the extent known, and available to the party at the time.

8. SoonerStart has developed a form to assist parents in filing a complaint and Due Process Complaint Notice. A copy of the form can be requested from the Service Coordinator or found on the Oklahoma State Department of Education (OSDE) website at <http://ok.gov/sde/soonerstart-families>. However, a form is not required as long as the Due Process Complaint Notice contains the information required in Section 7 above.

9. The Due Process Complaint Notice must be deemed to be sufficient unless the party receiving the Notice notifies the hearing officer and the other party in writing, within 15 calendar days of receiving the Due Process Complaint Notice that the receiving party believes that the Due Process Complaint

Notice does not meet the requirements stated in Section 7. Within 5 calendar days, the hearing officer must decide if the Due Process Complaint Notice meets the requirements listed above, and notify both parties in writing immediately.

10. A party may amend its Due Process Complaint Notice only if:

- A. The other party consents in writing to the amendment and is given the opportunity to resolve the Due Process Complaint Notice through a resolution session; or
- B. The hearing officer grants permission, except that the hearing officer may only grant permission to amend at any time no later than five days before the Due Process Complaint hearing begins.

11. The applicable timeline for a Due Process Complaint hearing under Part C must re-start at the time the party files an amended Notice, including the timeline for a resolution session.

12. The party receiving a Due Process Complaint Notice must, within 10 days of receiving the Due Process Complaint Notice, send to the other party a response that specifically addresses the issues raised in the Due Process Complaint Notice.

13. If SoonerStart has not sent a Prior Written Notice under Part C of IDEA to the parent regarding the subject matter contained in the parent's Due Process Complaint Notice, SoonerStart must, within 10 days of receiving the Due Process Complaint Notice, send to the parent a response that includes:

- A. An explanation of why the SoonerStart site proposed or refused to take the action outlined in the Due Process Complaint Notice;
- B. A description of other options that the SoonerStart site considered and the reasons why those options were rejected;
- C. A description of each evaluation procedure, assessment, record, or report the SoonerStart site used as the basis for the proposed or refused action; and
- D. A description of the other factors that are relevant to the SoonerStart site's proposed or refused action.

14. A response by SoonerStart under this section must not be construed to prevent the program from asserting that the parent's Due Process Complaint Notice was not sufficient under section 7.

15. A hearing officer must make a decision on substantive grounds based on a determination of whether the child and the child's family received appropriate early intervention services.

16. In matters alleging a procedural violation, a hearing officer may find that a child or a child's family did not receive appropriate early intervention services only if the procedural inadequacies:

- A. Impeded the child and family's right to appropriate early intervention services;

- B. Significantly impeded the parent's opportunity to participate in the decision making process regarding the provision of appropriate early intervention service to the child and the child's family;
- C. Caused a deprivation of entitled early intervention services.

Resolution Session for Due Process Complaint Hearing Request

1. SoonerStart must hold a resolution session within 15 days of receiving Notice of the parents' Due Process Complaint Notice, and prior to the opportunity for a Due Process complaint hearing. The program must convene a meeting with the parents and the relevant member or members of the SoonerStart site who have specific knowledge of the facts identified in the Due Process Complaint Notice that:

- A. Includes a representative of SoonerStart who has decision-making authority on behalf of the program, and;
- B. May not include an attorney of SoonerStart unless the parent is accompanied by an attorney.

2. The purpose of the resolution session is for the parents of the child to discuss their Due Process Complaint Notice, and the facts that form its basis, so that the program has the opportunity to resolve the dispute.

3. The resolution session described above must be held unless:

- A. The parents and the program agree in writing to waive the resolution meeting and proceed directly to hearing, or;
- B. The parents and the program waive the resolution meeting and opt to use the mediation process.

4. The parent and SoonerStart determine the relevant members of the IFSP Team to attend the meeting as outlined in Section 1 above.

5. If SoonerStart has not resolved the Due Process Complaint Notice issues to the satisfaction of the parents within 30 calendar days of the receipt of the Due Process Complaint Notice, the Due Process complaint hearing must occur and all applicable timelines for a Due Process complaint hearing must commence.

6. Except where the parties have jointly agreed to waive the resolution process or to use mediation, the failure of a parent filing a Due Process Complaint Notice to participate in the resolution session will delay the timelines for the resolution process and Due Process Complaint hearing until the parent agrees to participate in the resolution session.

7. If after making reasonable efforts and documenting such efforts, SoonerStart is not able to obtain parent participation in the resolution meeting, SoonerStart may, at the end of the 30 calendar-day

resolution period, request that a hearing officer dismiss the Due Process Complaint Notice. Documentation of such effort must include a record of SoonerStart's attempts to arrange a mutually agreed upon time and place, such as:

- A. Detailed records of telephone calls made or attempted and the results of those calls;
- B. Copies of correspondence sent to the parent and any responses received; and
- C. Detailed records of visits made to the parent's home or place of employment and the results of those visits.

8. If SoonerStart fails to hold the resolution meeting within 15 calendar days of receiving the Due Process Complaint Notice or fails to participate in the resolution session, the parent may contact the hearing officer to request that the 45 calendar-day Due Process Complaint Notice timeline begin.

Adjustments to the 30 Calendar-Day Resolution Period

1. If the parent and SoonerStart agree in writing to waive the resolution session, the hearing process begins the next day. The hearing process is completed within 45 calendar days, unless properly extended by the parties.

2. After the start of mediation or the resolution session and before the end of the 30 calendar-day resolution period, if the parent and SoonerStart agree in writing that no agreement is possible, then the 45 calendar-day timeline for the Due Process complaint hearing starts the next day.

3. If the parent and SoonerStart program agree to use the mediation process at the end of 30 calendar-day resolution session, both parties can agree in writing to continue the mediation until an agreement is reached. However, if either the parent or SoonerStart withdraws from the mediation process, the 45 calendar day timeline for the Due Process hearing starts the next day.

Written Resolution Agreement

If a resolution to the dispute is reached at the meeting described above, the parent and SoonerStart must execute a legally binding agreement that is:

- A. Signed by both the parent and a representative of SoonerStart who has the authority to bind the program; and
- B. Enforceable in any state court of competent jurisdiction or in a district court of the United States or; by the lead agency.

Resolution Agreement Review Period

1. If the parent and SoonerStart enter into an agreement as a result of a resolution session, either party may void the agreement within 3 business days of the time that both the parent and SoonerStart signed the agreement.

2. A successful resolution session ends the Due Process complaint hearing procedure.

(Authority: 34 C.F.R. §§303.442)

Impartial Hearing Officer

1. At a minimum, a hearing officer:

- A. Must not be an employee of any agency or other entity involved in the provision of early intervention services or care of the child, or; a person having a personal or professional interest that conflicts with the person's objectivity in the hearing;
- B. Must possess knowledge of, and the ability to understand, the provisions of IDEA, federal and Oklahoma State law and regulations pertaining to IDEA, and legal interpretations of IDEA by federal and state courts;
- C. Must possess the knowledge and ability to conduct hearings in accordance with appropriate, standard legal practice; and
- D. Must possess the knowledge and ability to render and write decisions in accordance with appropriate, standard legal practice.

2. A person who otherwise qualifies to conduct a hearing under this section is not an employee of the agency solely because he or she is paid by the agency to serve as a hearing officer. The OSDE must keep a list of the persons who serve as hearing officers. The list must include a statement of the qualifications of each of those persons.

Subject Matter of Due Process Complaint Hearing

The party, parent or SoonerStart, requesting the Due Process complaint hearing may not raise issues at the Due Process complaint hearing that were not raised in the Due Process Complaint Notice unless the other party agrees otherwise.

Hearing Rights

Any party to a hearing has the right to:

- A. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities;
- B. Present evidence and confront, cross-examine, and compel the attendance of witnesses;
- C. Prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least 5 business days before the hearing;
- D. Obtain a written, or, at the option of the parents, electronic, verbatim record of the hearing; and
- E. Obtain written, or, at the option of the parents, electronic findings of fact and decisions.

Parental Rights at Hearings

The parent has the right to:

- A. Open the hearing to the public; and
- B. Have the record of the hearing, the findings of fact and decisions provided at no cost.

Additional Disclosure of Information

1. At least 5 business days prior to a hearing, each party must disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing.
2. A hearing officer may bar any party that fails to comply with the disclosure requirements of this section from introducing the relevant evaluation or recommendation at the hearing without the consent of the other party.

Due Process Complaint Hearing Decisions

1. Nothing in this section must be construed to preclude a parent from filing a separate Due Process Complaint Notice on an issue separate from a Due Process Complaint Notice already filed.
2. The record of the hearing and the findings of fact and decision must be provided to all parties at no cost.
3. SoonerStart, after deleting any personally identifiable information, must transmit the findings and decisions to the Interagency Coordinating Council (ICC), and make those findings and decisions available to the public upon request.
4. A decision made in a hearing is final, except that any party involved in the hearing may appeal the decision through requesting an appeal review through the OSDE.
5. SoonerStart must ensure that not later than 45 days after the expiration of the 30 day period regarding a resolution session:
 - A. A final decision is reached in the hearing, unless properly extended and
 - B. A copy of the decision is mailed to each of the parties.

Extension of Time

A hearing officer may grant specific extensions of time beyond the periods described above if the parent or SoonerStart makes a request for a specific extension of the timeline.

Finality of Review Decision

The decision made by the hearing officer is final unless the parent or SoonerStart appeals the decision under the provisions described below.

(Authority: 34 C.F.R. §§303.430; 435)

Appeal Process

1. Any party aggrieved by the findings and decision in the hearing may appeal to the Oklahoma State Department of Education (OSDE).
2. If there is an appeal, the OSDE must conduct an impartial review of the findings and decisions appealed. The official conducting the review must:

- A. Examine the entire hearing record
 - B. Ensure that the procedures at the hearing were consistent with the requirements of due process;
 - C. Seek additional evidence if necessary. If a hearing is held to receive additional evidence the same rights of the due process hearing apply;
 - D. Afford the parties an opportunity for oral or written arguments, or both, at the discretion of the reviewing official;
 - E. Make an independent decision on completion of the review; and
 - F. Give a copy of the written, or, at the option of the parents, electronic findings of fact and decisions to the parties.
3. The OSDE must ensure that no later than 30 days after the receipt of a request for a review that:
- A. A final decision is reached in the review; and
 - B. A copy of the decision is mailed to each of the parties.
4. The hearing officer or reviewing official may grant specific extensions of time beyond the periods outlined in Section 3 above at the request of either party.
5. Each hearing and each review involving oral arguments must be conducted at a time and place that is reasonably convenient to the parent involved.
- (Authority: 20 U.S.C. 1415(f)(1)(B)(ii), 1415(g), 1415(i)(1))*

Finality of Appeals Decision:

The decision made by the reviewing official is final unless a party brings a civil action in any State court of competent jurisdiction or in a district court of the United States.

The party bringing the action shall have 90 days from the date of the decision of the review to file a civil action.

Civil Action:

1. Any party aggrieved by the findings or decisions made through the hearing review process has the right to bring a civil action with respect to the complaint presented in the hearing. The action may be brought in any state court of competent jurisdiction or in a district court of the United States without regard to the amount of controversy. The party, parent or program, bringing the action must have 90 calendar days from the date of the decision of the appeal officer to file a civil action.
2. In any action brought under this section, the court:
 - A. Must receive the records of the administrative proceedings;
 - B. Must hear additional evidence at the request of a party; and
 - C. Bases its decision on the preponderance of the evidence, must grant the relief that the court determines to be appropriate.

3. The district courts of the United States have jurisdiction of actions brought under Part C of the IDEA without regard to the amount in dispute. Nothing in this part restricts or limits the rights, procedures, and remedies available under the US Constitution, the Americans with Disabilities Act of 1990, Title V of the Rehabilitation Act of 1973, or other Federal laws protecting the rights of children with disabilities, except that before the filing of a civil action under these laws seeking relief that is also available under section 615 of the IDEA, the Due Process complaint hearing procedures must be exhausted to the same extent as would be required had the action been brought under Section 615 of the IDEA.

(Authority: 34 C.F.R. §303.438)

SoonerStart System of Payments and Fees:

If a State elects to adopt a system of payments, policies must be in writing and specify which functions or services, if any, are subject to the system of payments (including any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance).

A parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one of the following:

- (i) Participate in mediation.
- (ii) Request a Due Process hearing.
- (iii) File a State complaint.
- (iv) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights.

Functions not subject to fees include:

- (1) Implementing child find requirements
- (2) Evaluation and assessment
- (3) Service coordination services
- (4) Development, review, and evaluation of IFSPs

The Individuals with Disabilities Education Act (IDEA) requires that Part C programs be the payor of last resort and requires that Part C funds 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 sources.

The SoonerStart program has adopted a system of payments in accordance with 34 CFR § 303.500(b). The SoonerStart System of Payment policy, included in the Parent Rights for SoonerStart Services: Notice of Procedural Safeguards is provided to parents participating in the SoonerStart Early Intervention Program. SoonerStart's System of Payments does not include any sliding or cost participation fees but includes the use of public benefits or insurance. In accordance with 34 CFR § 303.521 the following functions and services are subject to family cost participation through the use of public insurance (Medicaid) including but not limited to:

- Assistive Technology Device

- Assistive Technology
- Audiology
- Counseling
- Health Services
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Social Work Services
- Speech-Language Pathology Services

The SoonerStart program will not collect family fees, co-payments, deductibles and/or premiums for private or public insurance or benefits. Families are not charged family fees, co-payments, deductibles and/or premiums based on the family's ability or inability to pay. Oklahoma does not collect any fees from families and therefore will not collect fees if families fail to provide requested information and documentation. In accordance with the Individuals with Disability Education Act (IDEA), parents will be informed of their right to contest any fees through the SoonerStart System of Payments Prior Written Notice form provided with the Parent Rights for SoonerStart Services – Notice of Procedural Safeguards. A parent may contest the imposition of a fee through one of the following:

1. Participate in mediation in accordance with CFR 34 § 303.431;
2. Request a Due Process hearing under CFR 34 § 303.436 or 303.441, whichever is applicable; or
3. File a State complaint under CFR 34 § 303.434 (iv).

With parental consent and notification, as outlined in §303.520(a)(2)(i), the SoonerStart program bills Medicaid for Medicaid compensable services. The SoonerStart program will not require a parent to sign up for or enroll in Sooner Care (Medicaid) as a condition for receiving part C services. Parental consent must be obtained before personally identifiable information is disclosed to bill Medicaid in accordance with 34 CFR § 303.414. The parent has the right to decline SoonerStart's request to access their Medicaid benefits at any time. If the parent does not provide consent for SoonerStart to bill Medicaid for Medicaid compensable services, the SoonerStart program must still make available the services on the IFSP to which the parent has provided consent (303.521(a)(2)(D)(iii)).

(Authority: 34 C.F.R. §303.520 and §303.521)

Additional information is found in the *SoonerStart Early Intervention Policies 2013* or the online version

Appendix L



SoonerStart Early Intervention Program

Consent for the Release of Confidential Information

I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent.

Authorizing Person: Child Parent Guardian Legal Custodian Other:

Request that information concerning:

Child's Name:	Date of Birth:	SSN:
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Be released and authorize (Name and address of person or agency releasing information):

Name:	Address:
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To release to:

Name:	Address:
Name:	Address:

The following information (Kind and/or extent of information to be released):

For the following purpose(s):

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the record to be disclosed if requested. Redisclosure, except as provided at 34 CFR 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO , DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

Notary

Notary Name:	My commission number:
Subscribed and sworn to me 20	My commission expires: 20

Notary Public (or Clerk or Judge):

Agency Verification in Lieu of Notary:

Staff Signature:	Date:
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Signature of Person(s) Authorizing Release:

Name:	Date:
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SoonerStart Early Intervention Program Consent for Screening and Prior Written Notice

Family's Name:	Child's Name:	Date of Birth:
Consent Means that:		
<p><i>The parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language as defined in 34 CFR §303.25; (b) The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and list the early intervention records (if any) that will be released and to whom they will be released; and (c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. (2) If a parent revokes consent, that revocation is not retroactive (i.e. it does not apply to an action that occurred before the consent was revoked).” 34 CFR § 303.7</i></p>		
Action Proposed:		
<p>Your child will be screened in the following developmental areas: cognition, physical, communication, social-emotional, and adaptive. The screening results will be used to determine the need for evaluation/assessment under the SoonerStart Program. Results and information obtained during the screening will remain confidential. You have the right to request a multidisciplinary evaluation at any time during the screening process.</p>		
Description:		
<p>How the screening is preformed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and/or administration of formal and informal developmental screening tools. The SoonerStart staff that performs the screening will talk with you about your role in the screening process, results and provide you with prior written notice before any further actions are taken by the SoonerStart program.</p>		
Timelines:		
<p>If a determination is made that your child needs an evaluation/assessment, the evaluation/assessment and, if eligible, the development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred. If your family needs additional time beyond the 45 days, it is important that you tell your Service Coordinator.</p>		
Acknowledgment and Statement of Consent:		
<p>I have been informed of my parent rights and procedural safeguards as required under IDEA Part C and have received a copy of <i>Parent Rights for SoonerStart – Notice of Procedural Safeguards</i> which includes SoonerStart's "Record Maintenance, Retention and Destruction Procedures". These rights have been explained to me and I understand them.</p> <p style="text-align: right;">Parent Initials : _____</p>		
<p>I <u>do</u> <input type="checkbox"/> / <u>do not</u> <input type="checkbox"/> give my informed consent for the SoonerStart Early Intervention Program to carry out the activity(s) described above. I understand that my consent is voluntary and that I may withdraw my consent at any time.</p>		
Signature of Parent(s):	Date:	
Received by (Name/Title):	Date:	



SoonerStart Early Intervention Program

Prior Written Notice

Parent(s) Name:		Child's Name:		Date of Birth:	
<p>The SoonerStart Early Intervention Program is required to provide you with prior written notice within a reasonable amount of time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child, or the provision of early intervention services to your child or family. This is your statement of that notice. This letter is to provide notice of the following (check all that apply):</p>					
Description of Action:					
		A developmental screening has been completed and an evaluation to determine eligibility for SoonerStart is not recommended.			
		A developmental screening has been completed and an evaluation to determine eligibility for SoonerStart is recommended.			
		Your child is eligible for SoonerStart and a meeting to develop the Individualized Family Service Plan (IFSP) is recommended.			
		Your child is not eligible for SoonerStart and an Individualized Family Service Plan (IFSP) is not recommended.			
		An Individualized Family Service Plan (IFSP) has been developed and services will be provided as outlined on the Individualized Family Service Plan (IFSP).			
		A review of the Individualized Family Service Plan (IFSP) has been completed and services will be provided as outlined on the IFSP.			
		Your child is no longer in need of SoonerStart services.			
		Your child is 27 months of age or more and transition has been initiated on the Individualized Family Service Plan (IFSP).			
		Your child is 27 months of age or more and a transition planning conference (TPC) has been completed.			
		SoonerStart services have been discontinued at your request.			
		Other (describe):			
Optional - Additional information related to the above action(s):					
Reason(s) why the action(s) is being proposed or refused:					
Description of information used to make this decision (screening results, evaluation/assessment procedures, reports, records, etc.):					
Description of any other options considered & reasons rejected or any other factors relevant to the proposal or refusal:					
<p>Optional: I understand the above and agree that the action(s) described on this notice may occur without the notice being provided to me by SoonerStart a reasonable amount of time prior to the proposed or refused action(s) taking place.</p>					
Parent Initials:			Date:		
<p>Parents have protection under the procedural safeguards as described in the <i>Parent Rights for SoonerStart Services – Notice of Procedural Safeguards</i>. As outlined in this information, you have the right to file a complaint, request mediation and/or a due process hearing should you disagree with the above proposed or refused action. If you have any questions regarding this notice, please contact the person listed below:</p>					
SoonerStart Service Coordinator/Designee:		SoonerStart Site:		Phone:	
Address:		City:	State: OK		Zip:
Office Use:					
<input type="checkbox"/> U.S. Mail / Date Mailed:			<input type="checkbox"/> Personal Delivery / Date Delivered:		



SoonerStart Early Intervention Program

Consent for Evaluation/Assessment and Prior Written Notice

Family's Name:	Child's Name:	Date of Birth:
Consent Means that:		
<p><i>The parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language as defined in 34 CFR §303.25; (b) The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and list the early intervention records (if any) that will be released and to whom they will be released; and (c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. (2) If a parent revokes consent, that revocation is not retroactive (i.e. it does not apply to an action that occurred before the consent was revoked)."</i> 34 CFR § 303.7</p>		
Action Proposed:		
<p>In order to determine if your child is eligible for SoonerStart early intervention services, a multidisciplinary team evaluation will be conducted by at least two qualified individuals from different disciplines. Your participation, as a member of the evaluation team, is strongly encouraged. You know your child best and can provide important information about your child. The evaluation may include:</p> <ul style="list-style-type: none"> • A review of relevant records, such as medical records or previous evaluations; • Parent interview; • Observation and assessment of your child; and, • A determination of your child's functioning in the areas of: <ul style="list-style-type: none"> ○ cognitive development, ○ communication development ○ social-emotional development, ○ adaptive development (self-help) ○ physical developmental (including gross and fine motor skills, vision and hearing) <p>The evaluation results will indicate how your child is doing in all of these areas. These results are kept in your child's early intervention record. This information will remain confidential.</p>		
Description:		
<p>How the evaluation/assessment is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and administration of formal and informal developmental evaluation tools. The SoonerStart multidisciplinary team will talk with you about your role in the evaluation/assessment process, the results and provide you with prior written notice before any further actions are taken by the SoonerStart program.</p>		
Timelines:		
<p>If eligible for SoonerStart early intervention services, the development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred to SoonerStart. If your family needs additional time beyond the 45 days, it is important that you tell your Service Coordinator. The IFSP is a written plan developed in partnership with your family and professionals to meet the ongoing needs of your child and family. It can be changed at any time. The IFSP is written only if your child is eligible for SoonerStart Early Intervention Services.</p>		
Acknowledgment and Statement of Consent:		
<p>I have been informed of my parent rights and procedural safeguards as required under IDEA Part C and have received a copy of <i>Parent Rights for SoonerStart – Notice of Procedural Safeguards</i> which includes SoonerStart's "Record Maintenance, Retention and Destruction Procedures". These rights have been explained to me and I understand them.</p> <p style="text-align: right;">Parent Initials : _____</p>		
<p>I <input type="checkbox"/> do / <input type="checkbox"/> do not give my informed consent for the SoonerStart Early Intervention Program to carry out the activity(s) described above. I understand that my consent is voluntary and that I may withdraw my consent at any time.</p>		
Signature of Parent(s):	Date:	
Received by (Name/Title):	Date:	

MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT TEAM SUMMARY

Child's Name:		Date of Birth:
Reason for referral or caregiver concern:	Adjusted Age: (months/days)	Chronological Age: (months/days)
BIRTH HISTORY: <input type="checkbox"/> Unknown by caregiver 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Did mother receive prenatal care during pregnancy? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Were there complications during labor and delivery? 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Did the infant receive an IV or oxygen? How long? _____ 4. <input type="checkbox"/> Yes <input type="checkbox"/> No Was this a multiple birth (twins, triplets, or more)?		5. <input type="checkbox"/> Yes <input type="checkbox"/> No Was the infant born early? Due date _____ _____ Gestational age 6. How much did the infant weigh at birth? _____ lbs. _____ ozs. 7. <input type="checkbox"/> Yes <input type="checkbox"/> No Are immunizations current?
MEDICAL HISTORY: Indicate pertinent medical history including current medications and any precautions that persons who work with the child need to know.		
Primary Care Physician:		Diagnosis or condition:
HEARING: Indicate date of hearing screening/tympanometry, results, recommendations, and who did the screening. Add summary of other hearing information.		
VISION: Indicate date of vision screening, results, recommendations, and who did the screening. Add summary of other vision information.		
OTHER SCREENING: Indicate date of screening, screening tool, results, recommendations, and who did the screening.		
TYPE OF EVALUATION (circle): INITIAL CONTINUED ELIGIBILITY OTHER		DATE OF EVALUATION:

MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT TEAM SUMMARY

Child's Name:	Date of Birth:
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<p>INFORMATION CONSIDERED:</p> <ul style="list-style-type: none"> • Interview with parent and/or other caregivers • Clinical observation of the child • Review of pertinent records/medical history • Developmental evaluation/assessment <p>Eligibility based on the following (check one):</p> <p><input type="checkbox"/> Identified condition/syndrome</p> <p><input type="checkbox"/> 50% delay or -2.0SD in one or more areas</p> <p><input type="checkbox"/> 25% delay or -1.5SD in two or more areas</p> <p><input type="checkbox"/> Informed clinical opinion</p> <p><input type="checkbox"/> Continued eligibility: (25% delay/-1.5SD in one or more areas)</p>	<p>ELIGIBILITY STATEMENT: Explain basis for decision (Identified condition/syndrome, percent/areas of delay). If Informed Clinical Opinion is used as an independent basis, include information from review of health status/medical history, functional impact, and implications of noted delays/differences.</p> <hr/> <p>TESTING CONDITIONS AND COMMENTS: Describe adaptations, environment, and the child's behavior.</p> <hr/> <p>RECOMMENDATIONS AND OTHER COMMUNITY RESOURCES AVAILABLE: (Required if not eligible.)</p>
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ELIGIBILITY DECISION (check one):

Your child is **not eligible** for the SoonerStart Early Intervention Program. I understand my child is not eligible.

I **agree / disagree** (circle one) with this decision. I understand my rights and procedural safeguards. **Yes / No** (circle one)

Parent/caregiver signature: _____ Date: _____

Your child is determined **eligible** for the SoonerStart Early Intervention Program. I understand my child is eligible.

I **agree / disagree** (circle one) with this decision. I **accept / decline** (circle one) SoonerStart services.

Parent/caregiver signature: _____ Date: _____

Signature:	Discipline:	Date:
Signature:	Discipline:	Date:
Signature:	Discipline:	Date:

MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT TEAM SUMMARY

Child's Name:		Date of Birth:		<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Assessment Only	Date Completed:
Domain	Battelle Developmental Inventory- 2	Test Age	Standard Deviation (z-score)	Clinical Observations/Developmental Needs:	
Adaptive	Self Care				
	Personal Responsibility				
	Total				
Personal-Social	Adult Interaction				
	Peer Interaction				
	Self-Concept and Social Role				
	Total				
Communication	Receptive				
	Expressive				
	Total				
Motor	Gross Motor				
	Fine Motor				
	Perceptual Motor				
	Total				
Cognitive	Attention and Memory				
	Reasoning and Academic Skills				
	Perception and Concepts				
	Total				
Other Testing:	Results:				

MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT TEAM SUMMARY (MECATS) INSTRUCTIONS
ODH Form No. 642 REVISED 11/6/2014

Purpose of Form: This form records the eligibility determination. It is completed on every child. It provides information for a comprehensive view of the child. This form is used to record prenatal and medical history, current medications, precautions, diagnosis, vision, hearing, and the developmental evaluation/assessment results. It will designate eligibility for SoonerStart services. If the child is ineligible, it will include recommendations and appropriate referrals.

Page 1 of 3

Child's Name: Enter the full name of the child (Last, First, Middle Initial).

Date of Birth: Enter the eight-digit date of birth for the child (mm/dd/yyyy).

Reason for referral or parent concern: Enter the reason for referral as indicated at the time of referral and/or the caregiver's stated concerns.

Adjusted Age (months/days): Figure out about how many weeks or months early the infant/toddler was born, and subtract that number from his actual age. Enter the adjusted age (months/days).

Chronological Age (months/days): Record the child's age in months and days on the date of testing.

Birth History: Record the caregiver's responses to questions 1-7. If the birth history is unknown, check the box "unknown by caregiver".

Medical History:

Enter any pertinent medical information provided by review of records or reported by parent or any other team member. Include communicable disease, allergies, activities that may cause the child to seizure, or special instructions such as, "maintain upright position for 20 - 30 minutes after eating." Enter the child's primary care physician. Be sure to record any reported or confirmed diagnosis or medical conditions.

Hearing: Indicate date (mm/dd/yyyy) the initial/annual hearing screening and tympanometry was completed, the results/recommendations, and who did the screening. Also, include a **summary** of follow up or other hearing information, such as the name of the child's audiologist, last date seen, any diagnosed hearing condition, history of ear infections, etc.

Vision: Indicate date (mm/dd/yyyy) the SoonerStart Vision Screening form was completed, the results/recommendations, and who did the screening. Also include a **summary** of follow up or other vision information, such as the name of the child's optometrist/ophthalmologist, last date seen, any diagnosed visual condition, etc.

Other Screening: Include other screening information when applicable. For example: ASQ, ASQ: SE, M-CHAT-R, nutrition screening, etc.

Type of Evaluation: Circle the type of evaluation.

INITIAL: evaluation to determine initial program eligibility

CONTINUED ELIGIBILITY: evaluation completed anytime eligibility is questioned

OTHER: evaluation completed at parent request, etc.

Date of Evaluation: Enter date of evaluation.

Appendix Q

Revised 11/10/2014

Child's Name: Enter the full name of the child (Last, First, Middle Initial).

Date of Birth: Enter the eight-digit date of birth for the child (mm/dd/yyyy).

Information Considered: If **eligible**, check only ONE criterion. If the child is eligible under more than one criterion, check only ONE. The order of priority is in the order the criterion are listed. For example, if the child's condition is found in the SoonerStart Automatic Qualifying Conditions and Syndromes list, check "identified condition/syndrome" only.

Eligibility Statement: Explain the basis for the eligibility. If the child qualifies on an automatic qualifying condition, document the identified condition. If child qualifies on delays that meet the state criteria, include the percent and of delay. If Informed Clinical Opinion is used as an independent basis to determine the child eligible, include information from review of health status/medical history, functional impact, and implications of noted delays/differences. If the child is not eligible, include a statement regarding the basis of this decision. (i.e. child does not have a 50% delay in any one area or two areas with a 25% delay).

Testing Conditions: Describe adaptations, testing environment, and the child's behavior (alertness, etc.). Explain if the evaluation results are representative of the child's current abilities and level of function.

Recommendations and other community resources available: List information that has been provided or discussed. If the child is **not eligible**, this section must be completed. Respond to any information needed or requested by the family. List any relevant community and state resources. Ex: Health Department Guidance services, handouts, videos, books, activities, Oklahoma Parents As Teachers and private local therapy services i.e. speech pathology, physical therapy, occupational therapy, counseling, parent educational groups, support groups.

Eligibility Decision (check one box):

Your child is NOT eligible: If the child is **not eligible** for SoonerStart services, check this statement. The parent/caregiver circles their responses to the two statements and then signs his/her name and date.

Your child is eligible: If the child is **eligible** for SoonerStart services, check this statement. The parent/caregiver circles their responses to the two statements and then signs his/her name and date.

Evaluation Team Signature: Each team member who participated in the evaluation must **legibly** sign his/her name and professional credentials. Enter the discipline and date. Write out the discipline. Do not use initials for the discipline. Ex: physical therapist, not "PT"

Child's Name: Enter the full name of the child (Last, First, Middle Initial).

Date of Birth: Enter eight-digit date of birth for the child (mm/dd/yyyy).

Type: This page will be used to document eligibility and/or the initial assessment for all children, including children who qualify based on an automatic qualifying condition:

- If developmental scores recorded on page 3 are used to determine **initial eligibility**, check the box labeled "Eligibility". This includes any developmental scores obtained from another source.
- If developmental scores recorded on page 3 are part of a child **assessment** (i.e. the child is eligible due to an automatic qualifying condition, an assessment is completed to assist in transition planning, etc), check the box labeled "Assessment Only".

Date Completed: Enter date completed (mm/dd/yyyy)

Domain: No entry is necessary.

Battelle Developmental Inventory-2: No entry is necessary.

Test Age: Enter the child's chronological age as specified by the evaluation administration protocol. Ex: the BDI-2 drops all days. Use adjusted age for children who were born prior to 37 weeks.

Standard Deviation (z-score): Enter the standard deviation (z-score) for the BDI-2 sub-domains and total domain areas. When applicable, enter standard deviation for other evaluation tools used.

Clinical observations/Developmental Needs: Enter descriptive information and clinical observations including unique strengths and/or developmental needs that clarify evaluation results.

Other testing: Enter the name of the second or additional evaluation/assessment tool(s) used. Include the date completed and name of the evaluator, if different from the BDI – 2. Also, indicate the developmental domain and corresponding results.

Routing and Filing: Give a copy (NCR) of the MECATS to the child's parent, legal guardian or surrogate parent at the time of the evaluation. File the original MECATS in the client's SoonerStart record.



SoonerStart Early Intervention Program Individualized Family Service Plan (IFSP)

Section 1A: Child Information

Child's name:		Date of Birth:
AKA name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Client ID:
County:	School District:	

Section 1B: Family Contact Information

Primary Contact Name:	Relationship to Child:
Mailing Address:	Phone:
Physical Address:	Language:
Other Contact:	Relationship to Child:
Mailing Address:	Phone:

Section 1C: SoonerStart Contact Information

Service Coordinator:	
Address:	Phone:
Email Address:	
Primary Provider:	
Email Address:	Phone:

Section 1D: Date of Individualized Family Service Plan (IFSP)

Interim IFSP:
Initial IFSP:
Annual IFSP:

Section 1E: Medical and other services that the family or child needs or is receiving through other sources (neither required nor funded under Part C)

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Appendix R

Child's Name:	Date of Birth:
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Section 2A: Concerns, Priorities and Resources

The family chooses to share information about their concerns, priorities and resources and/or include this information in the IFSP. The family understands that if their child is eligible, s/he can still receive services if they do not complete this section. The family gave permission?

YES NO Date: _____

What are the family's concerns?

Of the concerns, what would the family like to focus on (priorities)?

What resources does the family use?

Section 2B: Present Levels of Development

Adaptive:

Personal-Social

Communication:

Motor:

Cognitive:

Health: (Including Vision and Hearing)

Child's Name:	Date of Birth:
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Section 2C: Family Supports (Informal, Formal and Intermediate)

The family chooses to share information about their concerns, priorities and resources and/or include this information in the IFSP. The family understands that if their child is eligible, s/he can still receive services if they do not complete this section. The family gave permission?

YES NO Date: _____

Who lives in your household?

Who are the important people in your family's life?

What community resources/services are being provided to your family and/or child?

What are your main concerns for your family and child?

Health Information (including hearing, vision and diagnosis)

Child's Name:	Date of Birth:
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Section 2D: Present Levels of Development in Daily Routines and Activities

Routine:	Description of Time of Day or Activity (Star Concerns):	Developmental Areas:
		<input type="checkbox"/> Adaptive <input type="checkbox"/> Personal-Social <input type="checkbox"/> Communication <input type="checkbox"/> Motor <input type="checkbox"/> Cognitive
Routine Rating:		
1 – Terrible 2 3 4 5 – Fantastic		
Routine:	Description of Time of Day or Activity (Star Concerns):	Developmental Areas:
		<input type="checkbox"/> Adaptive <input type="checkbox"/> Personal-Social <input type="checkbox"/> Communication <input type="checkbox"/> Motor <input type="checkbox"/> Cognitive
Routine Rating:		
1 – Terrible 2 3 4 5 – Fantastic		
Routine:	Description of Time of Day or Activity (Star Concerns):	Developmental Areas:
		<input type="checkbox"/> Adaptive <input type="checkbox"/> Personal-Social <input type="checkbox"/> Communication <input type="checkbox"/> Motor <input type="checkbox"/> Cognitive
Routine Rating:		
1 – Terrible 2 3 4 5 – Fantastic		

Child's Name:	Date of Birth:
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Section 3: Outcomes

Outcome #:

Type: Child Family

Date Outcome Written:

How does the team plan on measuring progress?

- Provider progress notes
- Parent report
- Service Coordinator contact with the family
- Other:

Review Date:

Periodic Annual

Outcome Status:

- Continue
- Accomplished
- Discontinue

Summary of Progress:

Review Date:

Periodic Annual

Outcome Status:

- Continue
- Accomplished
- Discontinue

Summary of Progress:

Child's Name:

Date of Birth:

Section 4: Transition Steps and Services

27 – 33 months	Date Completed										
<p>Notification to the LEA (Local Education Agency) – Child Find Information Transmitted to the LEA</p>											
<p>Transition Initiated – Developed Transition Plan with Family:</p> <p style="padding-left: 40px;">_____ Family Declined TPC with LEA</p> <p>Reviewed Transition Options for LEA and/or community services:</p> <p>Transmitted SoonerStart records to relevant agencies with parental consent:</p>											
<p>Referral to LEA (Part B Services)</p> <p>Coordinated and facilitated Transition Planning Conference (TPC) with LEA:</p> <p>Local school district determines eligibility for IDEA, Part B services:</p> <p>Referrals to other community resources:</p> <p>Steps and activities to prepare the family and child for the new setting:</p> <p>Individual Education Plan (IEP) meeting scheduled by local school district:</p>											
<p>Referral to Community Programs or Agencies</p> <p>Coordinated and facilitated Transition Planning Conference with Family and/or Community Programs:</p> <p>Referrals to other community resources:</p> <p>Steps and activities to prepare the family and child for the new setting:</p>											
<p>Child's Name:</p>	<p>Date of Birth:</p>										
<p>Section 5: Service(s) Needed to Achieve Outcomes</p>											
<table border="1" style="width: 100%; height: 10px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											

El Service	Start Date	End Date	Frequency, Length, and Location	Intensity (Group or Individual)	Method	Payment Source	Provider	Modified End Date

Section 6: Natural Environment

Early Intervention Service	Is the Early Intervention Service Provided in the natural environment?	If not, the justification for that determination based on the family and child's outcomes.

Section 7: Consent

I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

_____ I understand my rights under this program and have received a written copy of my parent rights.

_____ I give permission to carry out this IFSP as written.

Title:	Signature:	Date:
Parent/Caregiver		
Parent/Caregiver		
Service Coordinator and Discipline		
Early Interventionist and Discipline		
Early Interventionist and Discipline		
Other		

Parent Survey Information Provided to Family:
 YES NO

Parent/Caregiver's Initials:

Child's Name:

Date of Birth:

Section 8: Modification

IFSP Modification Date:	Modification made:
-------------------------	--------------------

I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.		
Title:	Signature:	Date:
Parent/Caregiver		
Service Coordinator		
Early Interventionist		
Early Interventionist		
IFSP Modification Date:	Modification made:	
I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.		
Title:	Signature:	Date:
Parent/Caregiver		
Service Coordinator		
Early Interventionist		
Early Interventionist		
IFSP Modification Date:	Modification made:	
I have participated in the development of this Individualized Family Service Plan (IFSP) and understand the content. I understand I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.		
Title:	Signature:	Date:
Parent/Caregiver		
Service Coordinator		
Early Interventionist		
Early Interventionist		



SoonerStart Early Intervention Program Surrogate Parents Verification of Training

Child's Name:	Date of Birth:
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Surrogate Parent to be Named:

Section 1: Description

The above named caregiver(s) has received training to act as a surrogate parent. This training included:

- Parent Rights;
- Due process procedures and procedural safeguards;
- Structures, procedures, and forms of the SoonerStart Early Intervention Program;
- The step by step process for delivery of SoonerStart Early Intervention services;
- Information about the nature of child's delays and needs.

The surrogate parent has the responsibility of representing the child in all matters relating to:

- The identification, evaluation and placement of the child, and;
- The provision of appropriate early intervention services of the child and the child's family.

Written information and training for skills and knowledge as a surrogate parent have been provided by:

Person Conducting the Training:

Agency:

Phone:

Address:

Date of Training:

Location:

Section 2: Assignment

I understand the responsibilities of acting as a surrogate parent. I have no interests that conflict with the interest of the child and am not an employee of an agency involved in the provision of early intervention or other services to the child

Signature:

Date:

Address:

SoonerStart Site:

SoonerStart Contact:

Appendix S

Understanding Procedural Safeguards: Examples of Explanations and Implications for Families

Rights and safeguards under 34 CFR § 303.400-449, Regulations for the Early Intervention Program for Infants and Toddlers With Disabilities, Part C of IDEA (U.S. Department of Education, 2011)

Prior written notice (§.421)

The early intervention program must give you advance written information about any evaluations, services, or other actions affecting your child. Parents know their children best. The information you share with us will make sure that the evaluations and services are right for you. The "paper work" assures that you get all the details before any activity.

Use of parent's native language or preferred mode of communication (§.25 and .421)

It is your right to thoroughly understand all activities and written records about your child. If you prefer another language or way of communicating (explain relevant option, such as braille, sign language, etc.), we will get an interpreter (use your mode of communicating), if at all possible. The early intervention program wants you to understand so that you can be an informed team member and decision-maker.

Parent consent (§.7)

The early intervention program needs your permission to take any actions that affect your child. You will be asked to give your consent in writing before we evaluate or provide services. Be sure you completely understand the suggested activities. By being involved, you can help the early intervention program plan services that match your family's preferences and needs. The early intervention program needs to explain what happens if you give your consent and if you do not give your consent.

Confidentiality (§.401-417)

The early intervention program values the information you and other service and health care providers have learned about your child. We will ask others for this information, but we need your written permission to do so. Just as the early intervention program needs your permission to get your child's records from other providers, the records that the early intervention program will develop will not be shared with anyone outside the early intervention program unless you give your permission. The Early Intervention program will assure your records are kept private.

Access to records (§.405)

The early intervention record is your family's record. You can see anything in the early intervention program's records about your child and family. If you do not understand the way records are written, the information in the child's record will be explained to you in a way you understand. You are a team member and we want you to have the same information as other team members.

Parent Consent and ability to decline services (§.420)

With the other members of your child's early intervention team, you will consider which services can best help you accomplish the outcomes that you want for your child and family. You will be asked to give your consent for those services that you want. You do not have to agree to all services recommended. You can say no to some services and still get the services that you do want. If you decide to try other services at a later date, you can give your consent then.

Mediation (§.431)

If you and the early intervention team do not agree on plans or services, or if you have other complaints about your experience with the program, there are procedures for resolving your concerns quickly. If informal ways of sharing your concerns with your team and the early intervention program don't work, you may file a complaint. Mediation will be offered as a voluntary first step. A trained, impartial mediator will facilitate problem-solving between you and the early intervention program. You may be able to reach an agreement that satisfies you both. If not, you can go ahead with a due process hearing to resolve your complaint. Mediation will not slow down the hearing process. Airing and solving problems can improve communication and make programs stronger. Some locations offer mediation before a formal complaint is filed.

Due process procedures (§.435-447)

A due process hearing is a formal procedure that begins with a written complaint. The hearing will assure that a knowledgeable and impartial person, from outside the program, hears your complaint and decides how to best resolve it. The early intervention program recognizes your right to make decisions about your child and will take your concerns seriously. You are given a copy of regulations that describe all these rights and procedures in detail, because it is important that you understand. If you have questions, call _____.

Narrative: Sample of language that might be used by an early intervention program to explain implications of regulations to families

Updated 2012 from Hurth & Goff (2002) Assuring the Family's Role on the Early Intervention Team, NECTAS



SoonerStart Early Intervention Program Consent for Re-Evaluation and Prior Written Notice

Family's Name:	Child's Name:	Date of Birth:
Consent Means that:		
<p><i>The parent has been fully informed of all information relevant to the activity for which consent is sought in the parent's native language as defined in 34 CFR §303.25; (b) The parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and list the early intervention records (if any) that will be released and to whom they will be released; and (c)(1) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. (2) If a parent revokes consent, that revocation is not retroactive (i.e. it does not apply to an action that occurred before the consent was revoked)."</i> 34 CFR § 303.7</p>		
Action Proposed:		
<p>In order to determine if your child continues to be eligible for SoonerStart early intervention services, a multidisciplinary team evaluation will be conducted by at least two qualified individuals from different disciplines. Your participation, as a member of the evaluation team, is strongly encouraged. You know your child best and can provide important information about your child. The evaluation may include:</p> <ul style="list-style-type: none"> • A review of relevant records, such as medical records; • Parent interview; • Observation of your child; and, • A determination of your child's functioning in the areas of: <ul style="list-style-type: none"> ○ cognitive development, ○ communication development ○ social-emotional development, ○ adaptive development (self-help) ○ physical developmental (including gross and fine motor skills, vision and hearing) <p>The evaluation results will indicate how your child is doing in all of these areas and will determine if your child remains eligible to receive SoonerStart services. These results are kept in your child's early intervention record. This information will remain confidential.</p>		
Description:		
<p>How the evaluation is performed will vary based on the needs of your child. It may include review of medical/developmental records, parent interview, child observation, and administration of formal and informal developmental evaluation tools. Your child must exhibit a 25% delay in their developmental age compared to their chronological age (or score one and one-half standard deviations below the mean in one or more developmental domains or sub-domains); or continue to have a diagnosed automatic qualifying condition to remain eligible to receive SoonerStart services.</p> <p>The SoonerStart multidisciplinary team will talk with you about your role in the re-evaluation process, the results and provide you with additional information regarding community resources if your child is no longer eligible for SoonerStart services. You will be provided with prior written notice before any further actions are taken by the SoonerStart program.</p>		
Acknowledgment and Statement of Consent:		
<p>I have been informed of my parent rights and procedural safeguards as required under IDEA Part C and have received a copy of <i>Parent Rights for SoonerStart – Notice of Procedural Safeguards</i> which includes SoonerStart's "Record Maintenance, Retention and Destruction Procedures". These rights have been explained to me and I understand them.</p> <p style="text-align: right;">Parent Initials : _____</p>		
<p>I <input type="checkbox"/> do / <input type="checkbox"/> do not give my informed consent for the SoonerStart Early Intervention Program to carry out the activity(s) described above. I understand that my consent is voluntary and that I may withdraw my consent at any time.</p>		
Signature of Parent(s):	Date:	
Received by (Name/Title):	Date:	



SoonerStart Early Intervention Program Notification to Local Education Agency (LEA)

Child's Name:		Date of Birth:		
Section 1: Parent Information				
Name:		Phone:		
Address:	City:	State:	Zip:	
Any Additional Contact Information				
Section 2: School District Name				
Section 3: SoonerStart Information				
Service Coordinator:		Site:	Phone:	Date:
Address:	City:	State:	Zip:	
<input type="checkbox"/> U.S. Mail Date Mailed:		<input type="checkbox"/> Emailed Date Sent:		

Date:

Dear Family,

Please find attached a “prior written notice” related to SoonerStart/Medicaid billing for those families and children who are insured by SoonerCare/Medicaid. This notice is to inform you that if at anytime while you and your child(ren) are participating in and receiving SoonerStart Early Intervention services and you are currently enrolled in SoonerCare or become enrolled in SoonerCare, the SoonerStart program will bill Medicaid for any billable SoonerStart services as appropriate. We understand that at this time you may or may not be enrolled in SoonerCare/Medicaid but it is our responsibility to provide this notice to you prior to any SoonerCare/Medicaid billing being processed as applicable to your individual situation. If you currently are not enrolled in SoonerCare/Medicaid, this notice may be disregarded.

Thank you.

Sincerely,

Regional EI Coordinator

SoonerStart Early Intervention

Appendix W

Service Provider Notes – SoonerStart Early Intervention Program



Child's Name <small>Last First MI</small>			Date of Birth	Child's County of Residence	Diagnosis Code: F819	Date of Service
Location Type (Check One): <input type="checkbox"/> Home <input type="checkbox"/> Childcare/Preschool <input type="checkbox"/> Headstart <input type="checkbox"/> Park/Playground <input type="checkbox"/> Library <input type="checkbox"/> Community Center <input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Mall			<input type="checkbox"/> Parent/Caregiver's Work <input type="checkbox"/> Church/ faith-based setting <input type="checkbox"/> Other Natural Environment in the community <input type="checkbox"/> School (for TPC or IEP meeting) <input type="checkbox"/> County Health Department <input type="checkbox"/> Therapist's Office/Outpatient Clinic <input type="checkbox"/> Center-based for children with disabilities <input type="checkbox"/> Hospital (Inpatient) <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other Non-Natural Environment location		Encounter Type (Check One): <input type="checkbox"/> Evaluation <input type="checkbox"/> IFSP ONLY <input type="checkbox"/> IFSP / Intervention <input type="checkbox"/> Intervention <input type="checkbox"/> Support Services not on the IFSP Service Delivery Plan	Attendance (Check One): <input type="checkbox"/> Attended <input type="checkbox"/> Not Attended <u>Reason (Check One):</u> <input type="checkbox"/> Client Cancelled <input type="checkbox"/> Client No-Show <input type="checkbox"/> Couldn't find family <input type="checkbox"/> Provider Cancelled <input type="checkbox"/> State Holiday <input type="checkbox"/> Weather
Starting Time:	Ending Time:	Total Time (minutes):		My signature verifies that this service occurred. _____ Parent/Caregiver Signature		
Procedure Code:	Modifier 1:	Procedure Start Time:	Procedure End Time:	Total Procedure Time (minutes):	Unit(s):	Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Code:	Modifier 1:	Procedure Start Time:	Procedure End Time:	Total Procedure Time (minutes):	Unit(s):	Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was your license/certificate current on the date the service was rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable for this discipline						
Service Provider Note Narrative: Enter details regarding the reasons a visit was "not attended." For attended visits enter the following details: who was present, caregiver report, IFSP Outcomes addressed/observations/information provided, progress toward IFSP Outcomes/provider impressions, caregiver plan/provider plan, next scheduled visit. *Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion.						
Date note written:	Service Provider's Name & Discipline (print):			Service Provider's Signature:		

Instructions
Service Provider Notes – SoonerStart Early Intervention Program
ODH form 641 – Revised 08/2015



Purpose of Form

The Service Provider Notes, ODH No. 641, provide documentation regarding all of the SoonerStart service visits promised on a child's Individualized Family Service Plan, including documentation of all no-shows and cancellations (including those due to service provider's vacation or sickness). Providers are required to account for every hour of service promised on the IFSP. The narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. The notes also provide information about the child's progress, health & developmental status as well as pertinent information regarding the family's needs in relation to meeting that child's needs. This form is also used to capture information for the EI module in PHOCIS (the OSDH client services database) and for Medicaid billing. It is critical that all encounters that were "attended" or "not attended" get documented & entered into PHOCIS since this will affect the accuracy of data & reports in PHOCIS regarding services provided or attempted by an individual service provider.

Preparation of Form

All SoonerStart service providers (except for Audiologists who will use ODH-641-A instead), both health department staff members and contract providers, are to complete this form using black or blue ink. Each service provider must complete his or her own Service Provider Note even if more than one provider was there (co-writing of notes is not allowed). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit. If more room is needed to document the narrative portion of the SOAP note, the Progress Notes, ODH form 303G, is used as a continuation sheet. The ODH 303G should also be used to document all "non-encounter" activities such as telephone calls, consultation with the child's doctor, fabrication or programming of Assistive Technology devices back at the office (ex: splints, seating inserts, picture communication boards, programming AAC device, etc.), informal/formal staffing, etc. Teams who have a "staffing note" may continue to use it.

Child's Name: Enter the full name of the child. Last, First, Middle Initial.

Date of Birth: Enter the date of birth for the child. (Ex: 1/14/09, 10/15/08, etc...)

Child's County of Residence: Enter the name of the county of the child's residence (ex: Cleveland). If the child has more than one residence, such as in a joint custody situation, enter the county of residence where the EI services are being delivered.

Diagnosis Code: There is only one diagnosis code for all children in SoonerStart. It is "3159 -Unspecified Developmental Delay". The 3159 code is printed on the form.

Date of Service: Enter the date of service. (Ex: 3/17/09, 10/15/09, etc...)

Location Type (Check One): Check one box for the location setting where the service took place. If the encounter was "not attended", check the box for the location where the visit would have occurred. These match the service locations listed in the EI module in PHOCIS. If the service on that particular date happened in more than one location setting (ex: home & park), then check the box for the location where the majority of the time was spent.

Encounter Type: Check one box for the type of service that occurred at that visit. If the encounter was "not attended", check the encounter type that was scheduled. These match the encounter types listed in the EI module in PHOCIS.

- **Evaluation:** The evaluation is a visit done to complete the testing necessary to determine a child's initial or continuing eligibility in the program.
- **IFSP ONLY:** Used when the reason for the visit was the creation or revision of the IFSP and intervention as promised on the IFSP Service Delivery did not occur on this visit.
- **IFSP / Intervention:** Used when the reason for the visit was the creation or revision of the IFSP and intervention as promised on the IFSP Service Delivery also occurred on this visit.
- **Intervention:** Used when the reason for the visit was to provide intervention services as promised on the IFSP Service Delivery.
- **Support Services not on the IFSP Service Delivery Plan:** Used when the reason for the visit was to provide any support services not promised on the IFSP Service Delivery. (ex: Developmental, health, hearing or vision screening that did not occur as part of an evaluation visit or intervention visit. Any one-time visits by other providers not identified on the IFSP Service Delivery.)

Attendance: Check if the scheduled visit was "attended" or "not attended". If "not attended", check one box for the reason why. These reasons why match the choices in the EI module in PHOCIS. Put details regarding the reason for the cancellation in Service Provider note narrative section (ex: Mrs. Gonzales cancelled today's visit since Juan is in the hospital).

Starting Time: Enter the starting time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled starting time in military time.

Ending Time: Enter the ending time of the service visit. Use military time (ex: 14:00 for 2:00pm). If "not attended", enter scheduled ending time in military time.

Total Time (in minutes): Enter the total length of the service in minutes. If "not attended", enter the length of time that was scheduled in minutes.

Parent/Caregiver Signature: If the encounter was "attended", have the parent/caregiver sign for all services that involved face-to-face contact with them. Explain that their signature just verifies that this service took place at the time and place indicated. If the service was done via videoconferencing, videophone, or other means other than face-to-face contact, write that in the signature blank. If the parent/caregiver refuses to sign, ask for the reasons why and indicate those in the signature blank.

Procedure Information

Do not complete this section if the encounter was "not attended"

Procedure Code: For all encounters that were "attended", enter the appropriate CPT/HCPCS procedure code regardless of whether or not the child was on Medicaid at the time of the service. Write "NONE" in this space if there is not a procedure code for that particular discipline or a particular activity (ex: IFSP or IFSP review, Transition Planning Conference, IEP meeting) or if the child is dually insured by Medicaid and private insurance.

Also write "none" in this space and do not enter a procedure code if your discipline is authorized to bill Medicaid but your license/certificate is not current on the date the service was rendered.

Modifier 1: All CPT & HCPCS codes have at least one modifier. This is where you will enter Modifier 1. This modifier indicates that it is a "SoonerStart EI" service.

Procedure Starting Time: Enter the starting time of the procedure. This may or may not be the same as the starting time of the service visit. Use military time (ex: 14:00 for 2:00 pm).

Procedure Ending Time: Enter the ending time of the procedure. This may or may not be the same as the ending time of the service visit. Use military time (ex: 14:00 for 2:00 pm).

Total Procedure Time: Enter the total procedure time in minutes.

Unit(s): Enter the number of units of service. Each service has a specified unit for billing purposes. Providers are responsible for knowing and entering the appropriate units.

Child present? Check "yes" if the child was awake & present for at least 80% of the procedure. Check "no" if the child was asleep or not present for more than 20% of the procedure.

[Note: There is room on the form for a second procedure code, modifiers, times, etc. If this second row is not needed, put a line through this row of boxes.]

Was your license/certificate current on the date the service was rendered? : Check "yes" or "no". If your discipline is not authorized to bill Medicaid, check "Not applicable for this discipline".

Medicaid Information

Child's Medicaid Number: The Oklahoma Health Care Authority has clarified that the child's Medicaid number does not need to be documented on every Service Provider Note as long as it is documented somewhere in the child's chart. The PHOCIS demographics sheet, which contains the Medicaid number, is printed out and placed in every child's EI record.

Service Provider Note Narrative

The narrative portion of the form is provided for the documentation of the services and/or progress of the child. Notes need to have a logical flow (see sequence of items below). SOAP format (S – Subjective; O – Objective; A – Assessment; P – Plan) may be used but is not required by the SoonerStart Early Intervention Program. Notes may be handwritten as long as the handwriting is legible. If not, they should be typed.

[Note: Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion.]

Include the following details as applicable (in this sequence):

"Non-Attended" visits

Enter details regarding the reasons why a visit was "not attended" (Ex: Mrs. Gonzales cancelled today's visit since Juan is in the hospital. Ex: Service Provider cancelled visit due to illness. Visit rescheduled for 1/16/04).

"Attended" visits

Who was present: Enter the names and relationships of all persons who were present and participated in the visit. (Ex: Jose & Maria, parents; Juan, the child; Antonio Vasquez, Spanish Interpreter; Susan Smith, OT)

Parent/caregiver report: Enter information that the parent/caregiver reports regarding the child's health status, upcoming medical appointments, changes in the child's behavior or development, concerns that they express or any other pertinent information regarding the family or child.

IFSP outcomes addressed/observations/information provided:

Enter service provider's observations, assessment information, screening tools used & results; how evaluation results were discussed with the parent/caregiver and that they were given a copy of the METS.

Enter objective information regarding the specific functional activities & materials used during this visit and how they addressed specific outcomes on this child's Individualized Family Service Plan (IFSP). Also indicate the parent/caregiver involvement during the visit and the things discussed with them (Ex: To address the IFSP outcome pertaining to Juan being able to sit at the table and eat with his family, I demonstrated ways to position Juan in his highchair using towel rolls on both sides and under his legs. I also demonstrated how to help him hold a spoon during feeding by placing my hand over his. Mrs. Gonzales then practiced how to place the towel rolls & how to do the hand-over-hand spoon-feeding with Juan while I gave her feedback. She expressed confidence in being able to use these activities during mealtimes in the upcoming week.)

Progress toward IFSP outcomes/provider impressions: Enter information regarding progress towards the accomplishment of outcomes on the child's IFSP as well as progress in that child's development or health status.

Parent/caregiver plan: Enter information about the activities & materials the parent/caregiver is planning on incorporating into the child's daily routines or things they are going to obtain in order to address IFSP outcomes. (Ex: Mrs. Gonzales plans on using the hand-over-hand spoon-feeding & towel rolls with Juan during mealtimes this week. Mr. Gonzales indicated he will contact the caseworker at DHS to find out the status on their SoonerCare/Medicaid application.)

Provider plan: Enter information about the things the service provider will do before the next visit in order to address IFSP outcomes. (Ex: I will ask the family's Resource Coordinator to contact them to offer assistance with applying for SSI-DCP. I will staff with SLP for suggestions for ways to incorporate activities for communication & making choices.)

Next scheduled visit: Enter the date and time of the next scheduled intervention visit.

Date note written: Enter the date the service provider finished completing this form, including the narrative section. (Ex: 3/17/09, 10/15/09, etc...). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit.

Service Provider's Name & Discipline (print): Print the service provider's full name (first name, last name) and discipline abbreviation (Ex: CDS, PT, OT, RN, SLP, etc.).

Service Provider's Signature: The service provider completing this form signs his/her name. The signature must be original (no photocopied signatures). The signature verifies that they did indeed provide this service and that the information contained on this form is accurate.

Routing & Filing: Give a copy (NCR) of the completed Service Provider Note to the child's parent/caregiver at the time of the service visit. The original is given to the EI clerk for PHOCIS data entry & Medicaid billing. It is critical that all encounters that were "attended" or "not attended" get entered into PHOCIS since this will affect the accuracy of data & reports. After data entry & Medicaid billing is completed, the original is then filed in the child's EI record.

PROGRESS NOTES

NAME: _____ DATE OF BIRTH: _____

DATE	T & E CODE	BILLING CODE & TIME	NOTES

SoonerStart Automatic Qualifying Syndromes and Conditions - Appendix Y

001	Abetalipoproteinemia 272.5
002	Acanthocytosis (see Abetalipoproteinemia) 272.5
003	Accutane, Fetal Effects of (see Fetal Retinoid Syndrome) 760.79
004	Acidemia, 2-Oxoglutaric 276.2
005	Acidemia, Glutaric I 277.8
006	Acidemia, Isovaleric 277.8
007	Acidemia, Methylmalonic 277.8
008	Acidemia, Propionic 277.8
009	Aciduria, 3-Methylglutaconic Type II 277.8
010	Aciduria, Argininosuccinic 270.6
011	Acoustic-Cervico-Oculo Syndrome (see Cervico-Oculo-Acoustic Syndrome) 759.89
012	Acrocephalopolysyndactyly Type II 759.89
013	Acrocephalosyndactyly Type I 755.55
014	Acrodysostosis 759.89
015	Acrofacial Dysostosis, Nager Type 756.0
016	Adams-Oliver Syndrome (see Limb and Scalp Defects, Adams-Oliver Type) 759.89
017	Adrenoleukodystrophy, Neonatal (see Cerebro-Hepato-Renal Syndrome) 759.89
018	Aglossia Congenita (see Hypoglossia-Hypodactylia) 759.89
019	Albinism, Ocular (includes Autosomal Recessive Type) 759.89
020	Albinism, Oculocutaneous, Brown Type (Type IV) 759.89
021	Albinism, Oculocutaneous, Tyrosinase Negative (Type IA) 759.89
022	Albinism, Oculocutaneous, Tyrosinase Positive (Type II) 759.89
023	Albinism, Oculocutaneous, Yellow Mutant (Type IB) 759.89
024	Albinism-Black Locks-Deafness 759.89
025	Albright Hereditary Osteodystrophy (see Parathyroid Hormone Resistance) 759.89
026	Alexander Disease 759.89
027	Alopecia - Mental Retardation 759.89
028	Alpers Disease 759.89
029	Alpha 1,4 - Glucosidase Deficiency (see Glycogenosis, Type IIA) 271.0
030	Alpha-L-Fucosidase Deficiency (see Fucosidosis) 271.8
031	Alport Syndrome (see Nephritis-Deafness, Hereditary Type) 759.89
032	Amaurosis (see Blindness) 369.00
033	Amaurosis Congenita of Leber, Types I and II (see Retina, Amaurosis Congenita, Leger Type) 362.74
034	Amelia (see Limb Reduction Defects) 755.31 (lower limb) 755.21 (upper limb)
035	Angelman Syndrome 759.89
036	Aniridia 743.45
037	Aicardi Syndrome 759.89

038	AIDS Infection (see Fetal Acquired Immune Deficiency Syndrome) 042
039	Alaninuria (see Pyruvate Dehydrogenase Deficiency) 759.89
040	Albers-Schonberg Disease (see Osteopetrosis, Malignant Recessive) 759.89
041	Anophthalmia, recessive Waardenburg type (Anophthalmia - Limb Anomalies) 759.89
042	Anophthalmia-Limb Anomalies 759.89
043	Anus-Hand-Ear Syndrome 759.89
044	Apert Syndrome (see Acrocephalosyndactyly (Type I) 755.55
045	Apolipoprotein B Deficiency (see Abetalipoproteinemia) 272.5
046	Aracerebroside Sulfatase Deficiency (see Metachromatic Leukodystrophies) 759.89
047	Arachnodactyly, Contractural Beals Type 759.82
048	Argininemia 759.89
049	Arthro-Ophthalmopathy, Hereditary, Progressive, Stickler Type 759.89
050	Arthrogryposis (Arthrogryposes Multiplex Congenita) 754.89
051	Arthrogryposis, Amyplasia Type 754.89
052	Arthrogryposis, Distal Types I and II 754.89
053	Arylsulfatase A Deficiency (see Metachromatic Leukodystrophies) 759.89
054	Ataxia with Lactic Acidosis I (see Pyruvate Dehydrogenase Deficiency) 759.89
055	Ataxia with Lactic Acidosis II (see Pyruvate Carboxylase Deficiency with Lactic Acidemia) 759.89
056	Ataxia-Telangiectasia Syndrome 334.8
*	Auditory Neuropathy Spectrum Disorder (ANSO) (See #569)
057	Autism, Infantile 299.0
058	BADS Syndrome (see Albinism-Black Locks-Deafness) 759.89
059	Bardet-Biedl Syndrome 759.89
060	Bartter Syndrome 255.1
061	Batten Disease (see Neuronal, Ceroid-Lipofuscinoses) 330.1
062	Beals Syndrome (see Arachnodactyly, Contractural Beals Type) 759.82
063	Beals-Hecht Syndrome (see Arachnodactyly, Contractural Beals Type) 759.82
064	Behr Syndrome (see Optic Atrophy, Infantile Heredofamilial) 759.89
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197	Deafness (Sensorineural), Recessive Profound 744.00
198	Deafness-Ear Pits 744.00
199	Deafness-Malformed Ears-Mental Retardation 759.89
200	Deafness-Pili Torti, Bjornstad Type 744.00
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262	G(M2)-Gangliosidosis with Hexosaminidase A and B Deficiency 330.1
263	G(M2)-Gangliosidosis with Hexosaminidase A Deficiency 330.1
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264	Galactosialidosis (early-infantile type and late-infantile form) 330.1
265	Ganglioside Neuroaminidase Deficiency (see Mucopolipidosis IV) 272.7
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267	Gangliosidosis, Generalized Juvenile Type (see G(M1)-Gangliosidosis, Type 2) 330.1
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273	Glycogenosis, Type IA 271.0
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275	Goldberg Syndrome (see Galactosialidosis) 330.1
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293	Hemimelia (see Limb Reduction Defects) 755.21 (upper limb) 755.31 (lower limb)
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295	Herpes Simplex Infection (see Fetal Herpes Simplex Infection) 771.2
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301	Hurler Syndrome (see Mucopolysaccharidosis I-H) 277.5
302	Hurler-Pfakundler Syndrome (see Mucopolysaccharidosis I-H) 277.5
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304	Hydrocephalus 742.3
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305	Hyperornithinemia-Hyperammonemia-Homocitrullinuria 270.6
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326	Kneist Dysplasia 759.89
327	Krabbe Disease (see Leukodystrophy, Globoid Cell Type) 330.0
328	Lacrimo-Auriculo-Dento-Digital Syndrome 759.89
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330	Lange-Nielson Syndrome (Cardio-Auditory Syndrome) 759.89
331	Larson Syndrome 759.89
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335	Lens, Aphakia 743.35
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341	Lesch-Nyhan Syndrome 277.2
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345	Linear Nevus Sebaceous Syndrome (see Nevus, Epidermal Nevus Syndrome) 759.89
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347	Lipomatosis of Pancreas, Congenital (see Shwachman Syndrome) 288.0
348	Lipomucopolysaccharidosis (see Mucopolipidosis I) 272.7
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350	Lissencephaly Syndrome II (see Walker-Warburg Syndrome) 759.89
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355	Lowe Syndrome (see Oculo-Cerebro-Renal Syndrome) 270.8
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380	Moebius Syndrome (see Diplegia, Congenital Facial) 352.6
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383	Mondini-Alexander Malformation of Inner Ear (see Ear, Inner Dysplasias) 744.05
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432	Osteopetrosis, Malignant Recessive 759.89
433	Oto-Brachio-Renal Dysplasia (see Brachio-Oto-Renal Dysplasia) 759.89
434	Oto-Facio-Cervical Syndrome (see Brachio-Oto-Renal Dysplasia 759.89
435	Oto-Palato-Digital Syndrome I 759.89
436	Palatopharyngeal Incompetence 750.29
437	Pallister-Killian Mosaic Syndrome 758.9
438	Parathyroid Hormone Resistance 759.89
439	Patau Syndrome (see Chromosome 13, Trisomy 13) 758.1
440	Pelizaeus-Merzbacher Syndrome 759.89
441	Pena-Shokeir Syndrome I 759.89
442	Pena-Shokeir Syndrome II (see Cerebro-Oculo-Skeletal Syndrome 759.89
443	Peroxisome Deficiency (see Cerebro-Hepato-Renal Syndrome) 759.89
444	Perrault Syndrome 759.89
445	Peters Anomaly (see Eye, Anterior Segment Dysgenesis) 743.48
446	Optic Disk, Tilted 743.57
447	Optic Nerve Hypoplasia 743.57
*	Phenylketonuria PKU 270.1 (See #565)
448	Phocomelia (see Limb Reduction Defects) 755.21 (upper limb) 755.31 (lower limb)
449	Phytanic Acid Oxidase Deficiency, Infantile Type 356.3
450	Pierre Robin Sequence (see Cleft palate-Micrognathis-Glossoptosis) 756.0
451	Poland Syndrome (Anomaly) 756.8
452	Pompe Disease (see Glycogenosis, Type IIA) 271.0
453	Porencephaly (see Brain, Porencephaly) 742.4
454	Prader-Willi Syndrome 759.81
455	Propionic Acidemia (see Acidemia, Propionic) 277.8
456	Prune Belly Syndrome 756.71
457	Pseudo-Arylsulfatase A Deficiency (see Metachromatic Leukodystrophies) 759.89
458	Pseudo-Hurler Disease (see G(MI)-Gangliosidosis, Type I) 330.1
459	Pseudopolydystrophy (see Mucopolipidosis III) 272.7
460	Pterygium Syndrome, Multiple 759.89
461	Pterygium Syndrome, Popliteal 759.89
462	Pyruvate Carboxylase Deficiency with Lactic Acidemia 759.89
463	Pyruvate Dehydrogenase Deficiency 759.89
464	Radial Dysplasia (see Hand, Radial Club Hand) 754.89
465	REAR Syndrome (see Anus-Hand-Ear Syndrome) 759.89
466	Refsum Disease, Infantile Form (see Phytanic Acid Oxidase Deficiency, Infantile Type)
	356.3

467	Retina, Amaurosis Congenita, Leber Type 362.74
468	Retina, Congenital Detachment of (see Retinal Dysplasia) 743.56
469	Retinal Aplasia (Hereditary), Blindness, or Degeneration, Congenital (see Retina, Amaurosis Congenita, Leger Type) 362.74
470	Retinal Dysplasia 743.56
471	Retinal Fold 743.56
472	Retinal Septum, Congenital (see Retinal Fold) 743.56
473	Retinitis Pigmentosa, Congenital (see Retina, Amaurosis Congenita, Leber Type 362.74
474	Retinoblastoma 190.5
475	Retinoic Acid Syndrome (see Fetal Retinoid Syndrome) 760.79
476	Rett Syndrome 330.8
477	Rhizomelic Chondrodysplasia Punctata (see Chondrodysplasia Punctata, Rhizomelic Type) 759.89
478	RHS Syndrome (see Smith-Lemli-Opitz Syndrome) 759.89
479	Richner-Hanhart Syndrome (see Tyrosinemia II, Oregon Type) 270.2
480	Rieger Syndrome 743.44
481	Riley-Day Syndrome (see Dysautonomia I, Riley-Day Type) 742.8
482	Roberts Syndrome 759.89
483	Robin Sequence (see Cleft Palate-Micrognathia-Glossoptosis) 756.0
484	Renal Dysplasia-Retinal Aplasia, Loken-Senior Type 759.89
485	Renal Tubular Acidosis-Sensorineural Deafness 759.89
486	Renal-Brachio-Oto Dysplasia (see Brachio-Oto-Renal Dysplasia) 759.89
487	Rubella Syndrome (see Fetal Rubella Syndrome) 771.0
488	Rubinstein-Taybi Broad Thumbs-Hallux Syndrome 759.89
489	Rud Syndrome (see Seizures-Ichthyosis-Mental Retardation) 759.89
490	Ruvalcaba Syndrome (see Osteodystrophy-Mental Retardation, Ruvalcaba Type 759.89
491	Sacral Agenesis/Regression (see Caudal Regression Syndrome) 759.89
492	Sacroccygeal Dysgenesis Syndrome 756.19
493	Sandhoff Disease (see G(M2)-Gangliosidosis with Hexoaminidase A and B Deficiency) 330.1
494	Sanfilippo Syndrome (see Mucopolysaccharidosis III) 277.5
495	Scheie Syndrome (see Mucopolysaccharidosis I-S) 277.5
496	Schwartz-Jampel Syndrome (see Chondrodystrophic Myotonia, Schwartz-Jampel Type) 756.89
497	Sclerosing Poliodystrophy, Progressive (see Alpers Disease) 759.89
498	Seckel Syndrome 759.89
499	Seitelberger Disease (see Neuroaxonal Dystrophy, Infantile) 759.89
500	Seizures-Ichthyosis-Mental Retardation 759.89
501	Senter Syndrome (see Ichthyosiform Erythrokeratoderma, Atypical with Deafness) 757.1

502	Septo-Optic Dysplasia 742.4
503	Shprintzen Syndrome (see Velo-Cardio-Facial Syndrome) 759.89
504	Shwachman Syndrome 288.0
505	Shy-Magee Disease (see Myopathy, Central Core Disease Type) 756.89
*	Small for Gestational Age (SGA) (See #568)
506	Smith-Lemli-Opitz Syndrome 759.89
507	Smith-Magenis Syndrome (see Chromosome 17, Interstitial Deletion 17p) 758.9
508	Sotos Syndrome (see Cerebral Gigantism) 759.89
509	Spastic Ataxia, Charlevoix-Saguenay Type 759.89
510	Spherophakia-Brachymorphia Syndrome 759.89
511	Sphingomyelin Lipidosis (see Niemann-Pick Disease) 272.7
512	Spina Bifida Cystica with Paralysis (see Meningomyelocele) 741.9
513	Spinal Muscle Atrophy, Infantile Type I 335.11
514	Split Hand Deformity (see Ectrodactyly) 755.25
515	Split Hand Deformity-Mandibulofacial Dysostosis (see Acrofacial Dysostosis, Nager Type) 756.0
516	Spondyloepiphyseal Dysplasia Congenita 756.4
517	Spongy Degeneration of Brain (see Brain, Spongy Degeneration) 759.89
518	Spongy Glioneuronal Dystrophy (see Alpers Disease) 759.89
519	Steinert Disease (see Myotonic Dystrophy) 756.89
520	Stephens Syndrome (see Kearns-Sayre Disease) 759.89
521	Stickler Syndrome (see Arthro-Ophthalmopathy, Hereditary, Progressive, Stickler Type) 759.89
522	Sialidase Deficiency (see Mucopolysaccharidosis I) 272.7
523	Sjogren-Larsson Syndrome 757.1
524	Sly Syndrome (see Mucopolysaccharidosis VII) 277.5
525	Sulfatase Deficiency, Multiple 277.8
526	Sulfatide Lipidosis (see Metachromatic Leukodystrophies) 759.89
527	Sulfatidosis, Juvenile, Austin Type (see Sulfatase Deficiency, Multiple) 277.8
528	Sweaty Feet Syndrome (see Acidemia, Isovaleric) 277.8
529	TAR Syndrome (see Thrombocytopenia-Absent Radius) 759.89
530	Tay-Sachs Disease (see G(M2)-Gangliosidosis with Hexosaminidase A Disease) 330.1
531	Teschler-Nicola/Killian Syndrome (see Pallister-Killian Mosaic Syndrome) 758.9
532	Thrombocytopenia - Absent Radius Syndrome 759.89
533	Tibial Hypoplasia/Aplasia-Ectrodactyly 755.25 & 755.36
534	Townes-Brocks Syndrome (see Anus-Hand-Ear Syndrome) 759.89
535	Toxoplasmosis, Infantile (see Fetal Toxoplasmosis Syndrome) 771.2
536	Transsuccinylase (E2) Deficiency (see Acidemia, 2-Oxoglutaric) 276.2
537	Treacher Collins Syndrome (see Mandibulofacial Dysostosis) 756.0

538	Tricho-Rhino-Phalangeal Syndrome, Type II 759.89
539	Trichothiodystrophy 759.89
540	Tuberous Sclerosis 759.5
541	Tyrosinemia II, Oregon Type 270.2
542	Usher Syndrome 759.89
543	Vacterl Association (see Vater Association) 759.89
544	Van Bogaert Spongy Degeneration of the Brain (see Brain, Spongy Degeneration) 759.89
545	Varadi-Papp Syndrome (see Oro-Palatal-Digital Syndrome, Varadi Type) 759.89
*	Vater Association 759.89 (See #562)
*	Velo-Cardio-Facial Syndrome 759.89 (See #563)
546	Velopharyngeal Insufficiency (see Palatopharyngeal Incompetence) 750.29
547	Waardenburg Anophthalmia Syndrome (see Anophthalmia-Limb Anomalies) 759.89
548	Walker-Warburg Syndrome 759.89
549	Warburg Syndrome (see Walker-Warburg Syndrome) 759.89
550	Weaver Syndrome 759.89
551	Weill-Marchesani Syndrome (see Spherophakia-Brachymorphia Syndrome) 759.89
552	Werdnig-Hoffman Disease (see Spinal Muscular Atrophy, Infantile Type I) 335.11
553	Whistling Face Syndrome (see Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type) 759.89
554	Wildervanck Syndrome (see Cervico-Oculo-Acoustic Syndrome) 759.89
555	Williams Syndrome 759.89
556	Wolf-Hirschhorn Syndrome (see Chromosome 4, Monosomy 4p) 758.3
557	X-Linked Mental Retardation, Fragile X Syndrome 758.81
558	Xeroderma Pigmentosum-Mental Retardation 759.89
559	XXXX Syndrome 758.81
560	XXXXX Syndrome 758.81
561	Zellweger Syndrome (see Cerebro-Hepato-Renal Syndrome) 759.89
562	Vater Association 759.89
563	Velo-Cardio-Facial Syndrome 759.89
564	Congenital Hypothyroidism 243
565	Phenylketonuria PKU 270.1
566	Galactosemia 271.1
567	Low Birth Weight (LBW) *Qualifies children up to 2years of age only BW < 1200 Grams (2 lbs, 10 oz)
568	Small for Gestational Age (SGA) GA 37-40 wks & BW < 2000 grams (4 lbs, 6 oz) GA 36 wks & BW < 1875 grams (4 lbs, 2 oz) GA 35 wks & BW < 1700 grams (3 lbs, 12 oz) GA 34 wks & BW < 1500 grams (3 lbs, 5 oz)

	GA 33 wks & BW < 1325 grams (2 lbs, 15 oz)	
	* Qualifies children up to 1 year of age only	
569	Auditory Neuropathy Spectrum Disorder (ANSO)	
570	Hypoxic-Ischemic Encephalopathy, Moderate to Severe 768.70	

Appendix Y

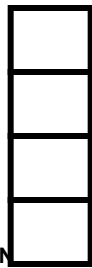
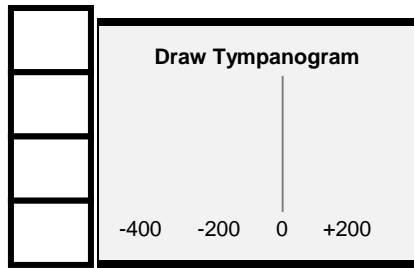
PEDIATRIC MIDDLE-EAR/HEARING SCREENING FORM

NAME _____ SEX _____ BIRTHDATE _____ DATE _____
 SCREENER _____ TITLE _____ SITE _____

INSTRUCTIONS FOR MIDDLE-EAR SCREENING: For each ear, draw the tympanogram and record the type, canal volume, admittance peak, and pressure peak in the appropriate boxes according to screening results. See flowchart on reverse of this page.

RIGHT EAR

LEFT EAR



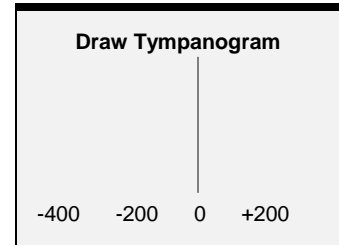
Type

Canal Volume

Admittance Peak

Pressure Peak

Otoscopy? Yes No



INSTRUCTIONS FOR PURE TONE SCREENING:

Present a 20dB HL signal at each screening frequency. Not responding to the 20 dB tone at any frequency in either ear shall constitute a does not pass. Record a "+" (plus) for "pass" or "-" (minus) for "does not pass" in the appropriate boxes

RIGHT

1000 HZ	2000 HZ	4000 HZ
---------	---------	---------

LEFT

1000 HZ	2000 HZ	4000 HZ
---------	---------	---------

Method of Pure Tone Screening: Visual Reinforcement (VRA) Conditioned Play Colorado
 (Circle all that apply)

INSTRUCTIONS FOR PHYSIOLOGIC SCREENING: Refer to the specific OSDH protocol for the technology used. Check the type(s) of physiologic screening employed. Indicate screening results for each ear. Record a "+" (plus) for "pass" or "-" (minus) for "does not pass" in the appropriate box.

Type of screening: ABR RIGHT EAR LEFT EAR
 OAE RIGHT EAR LEFT EAR

SCREENING RESULTS: Pass Does Not Pass

RECOMMENDATIONS: Audiologic Referral PCP Referral
 Re-Check in 4-6 Weeks Other (specify)

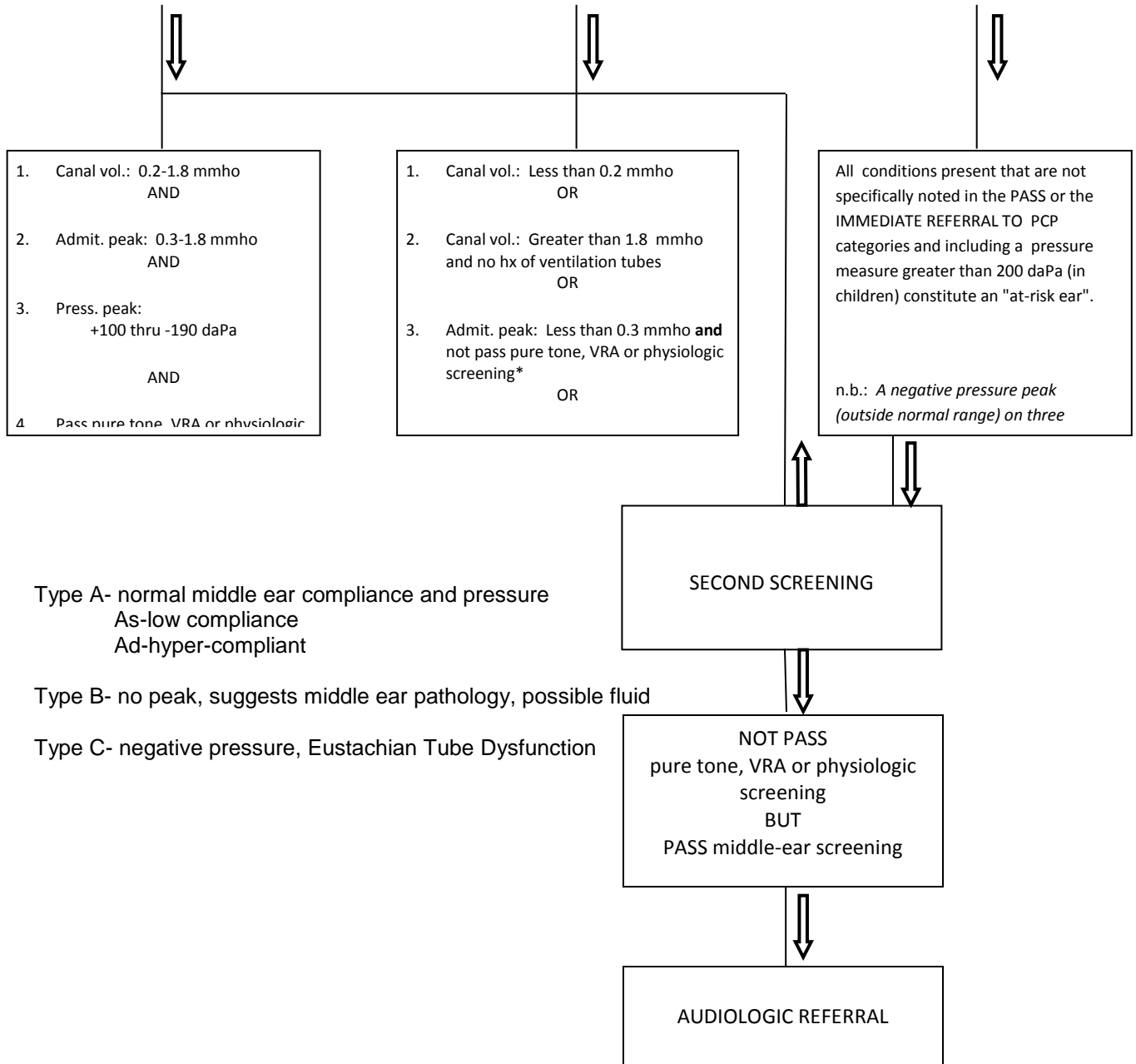
Pass newborn Hearing Screening? Y N Risk Factors: _____
 History of ear infections? Y N
 P.E. Tubes? Y N If Yes, When? _____

COMMENTS : _____

MIDDLE-EAR / HEARING SCREENING PROTOCOL

WITHOUT OTOSCOPIC EXAMINATION

(PHNs and PNPs should refer to Practice Guideline/Approved Orders: Middle Ear Dysfunction)



*NOTE: IF THE CHILD IS TOO YOUNG TO TEST USING PURE TONE SCREENING AND VRA OR PHYSIOLOGIC SCREENING IS NOT AVAILABLE, THE COMBINATION OF AN ADMITTANCE PEAK OF LESS THAN 0.3 MMHO AND A HISTORY OF MIDDLE EAR EPISODES IN THE LAST SIX MONTHS IS A BASIS FOR AN IMMEDIATE REFERRAL TO A PNP OR A PHYSICIAN.

Appendix Z

Hearing Results
Newborn Screening Program
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299
405-271-6617

Dear Clinician: *If the infant's parent/guardian did not bring a similar form that includes the infant's identifying information, use this form to report hearing screening or audiologic diagnostic results to the newborn screening program. Please return the completed form to the address above or FAX it to 405-271-4892.*

Infant's last name: _____ **Infant's first name:** _____ **DOB:** _____
Mom's last name: _____ **Mom's first name:** _____ **Mom's SS#:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Birth Facility:** _____

TO THE CLINICIAN EVALUATING HEARING: COMPLETE BOX 1 IF YOU ARE SCREENING HEARING; COMPLETE BOX 2 IF YOU ARE PROVIDING A DIAGNOSTIC AUDIOLOGIC ASSESSMENT.

BOX 1: HEARING SCREENING RESULTS

Screening Date: _____

Results:

Right Ear: Pass Refer **Left Ear:** Pass Refer **Screen Method:** ABR OAE other _____

Intervention: Referred Already Enrolled SoonerStart other _____

Comments:

Person screening: _____ **Title:** _____ **Phone:** _____

BOX 2: Diagnostic Audiologic Assessment Results

Assessment Date: _____ **Seen previously?** Yes No **If Yes, Date:** _____

Results:

Right Ear: Normal Mild Loss Moderate Loss Severe Loss Profound Loss Inconclusive

Left Ear: Normal Mild Loss Moderate Loss Severe Loss Profound Loss Inconclusive

Type of loss: Sensorineural Conductive Mixed Undetermined

Assessments used: (Check all that apply) ABR Bone ABR ASSR TEOAE DPOAE BOA VRA

Pure Tone Tympanometry other _____

Intervention: Referred Already enrolled SoonerStart other _____

Comments:

Recommendations:

Audiologist: _____ **Phone** _____

NEWBORN HEARING SCREENING REPORTING FORM

INSTRUCTIONS FOR USE

Newborn Hearing Follow-up Report submission is mandated by the State of Oklahoma, Newborn Infant Hearing Screening Act§63-1-543.

PURPOSE:

This Reporting Form is to be used to report all visits to your facility by infants and children birth to three years of age. Information from these reports will be used to update the newborn hearing screening results reported at birth by the hospital and monitor that each child is receiving follow-up services as soon as possible. Annual data will be reported to the Center for Disease Control and Prevention (CDC) to determine babies “Loss to Follow-up/Loss to Documentation”.

REPORTING HEARING RESULTS ON ALL INFANTS AND CHILDREN FROM YOUR FACILITY should include:

- Initial infant hearing screenings on “out of hospital births” and missed hospital screenings
- All infants that referred the initial hearing screening
- A child referred to you from other resources (parents, physicians, etc) with suspected or confirmed hearing loss
- A child being evaluated for hearing aids or cochlear implant(s)
- A child being monitored for risk factors for progressive hearing loss
- A child who exhibits any significant change in hearing status
- A child who was scheduled for follow-up from newborn screening or hearing aid fitting but missed multiple scheduled appointments and has now been lost to follow-up
- **Report all results even if auditory responses are within the normal limits or incomplete results**

INSTRUCTIONS FOR USE:

- Enter date of appointment, not the date you are filling out form

IDENTIFYING INFORMATION

- The child’s full name, birth date, and mother’s first and last name
- Mom’s SS# if given
- Current address
- Name of child’s hospital of birth or note if out-of-hospital birth
- Current Primary Care Physician

RESULTS:

- Complete Box 1 for screenings, complete Box 2 for diagnostic audiologic assessments
- Check correct test results for each ear. Ear specific test results are required, even if baby passed one ear on an initial screen. If baby has malformation of ear prohibiting a screening, need to refer for diagnostic ABR.
- Check all tests performed.
- If baby refers screening, make note of recommendations for follow-up in comments section of Box 1.
- If diagnosed hearing loss, check degree and type of loss (refer to updated ASHA guidelines for degree of loss)
- Do not mark two degrees of hearing loss. If the hearing loss crosses two levels, check the degree that encompasses the majority of the frequencies
- Include date of amplification and check type of amplification device
- Check all other referrals made
- If enrolled or referred to early intervention, note location if known
- Note any known risk factors/family history

Please return or fax the **completed form**, or **audiology report** to: Newborn Hearing Screening Program
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117
Fax (405)271-4892

Appendix AA

SOONERSTART VISION SCREENING

Follow-up Plan

CHILD'S NAME _____ DOB _____ Rescreen Date _____
 SCREENER'S _____ DATE _____ Referral to Dr. _____
 SIGNIFICANT HISTORY _____ To Consultant _____
 Passed _____

VISUAL CONCERNS _____

OBSERVATIONS (Circle YES or NO or N/A)

YES	NO	Eyes are misaligned
YES	NO	Cloudy appearance of pupil
YES	NO	Red or inflamed eyes
YES	NO	Encrusted lids, discharge
YES	NO	Facial asymmetry
YES	NO	Eyes of unequal size
YES	NO	Jerky eye movements
YES	NO	Squints, frowns or blinks
YES	NO	Head tilt to one side to see
YES	NO	Thrusting head forward or backward to see

YES	NO	Rubs eye frequently
YES N/A	NO	Runs into furniture, spills things, clumsy
YES N/A	NO	Poor eye-hand-body coordination, difficulty throwing/catching ball or going up/down stairs
YES	NO	Unusually sensitive to light
YES	NO	Very close viewing distance
YES	NO	Avoids looking
YES	NO	Light gazing

SCREENING RESPONSES (Circle information for RIGHT or LEFT eye, YES or NO, and NO CONCERN or CONCERN.)

Pupillary Response • Present from birth.

From 12" away, direct a penlight into the child's eyes and observe whether the pupils constrict, then dilate when the light is removed.

Right Eye: present absent sluggish No concern Concern
 Left Eye: present absent sluggish No concern Concern

Blink Response • Present by 1 month.

Using an age-appropriate toy, bring quickly towards the child's eyes. Child should blink in response. Make sure they are responding to the visual approach of the object and not the wind created.

Pass: YES NO No concern Concern

Blink-to-touch Response: If blink response is absent, gently tap child's forehead between the eyes to elicit blink-to-touch.

Pass: YES NO No concern Concern

Convergence/Divergence • Present at 3 months; Ability of the eyes to focus on objects at near range.

Sitting in front of the child, attract his/her attention with a toy held at eye level. From a distance of 12-16", slowly move a toy toward the bridge of the nose and slowly away. Eyes should continue to follow the toy at least within 4-6" of the nose.

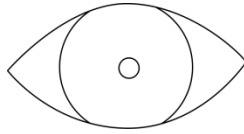
Convergence: Pass: YES NO No concern Concern

Divergence: Pass: YES NO No concern Concern

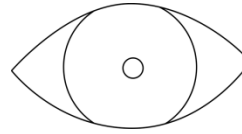
Appendix BB

Hirschberg Corneal Light Reflex • Present by 6 months; Check for muscle imbalance- a slight imbalance before this age is normally not a concern. Hold penlight 12-13" from face, directly in front of child's eyes. Direct the light at the hairline in the center of forehead. Observe the reflection of the penlight in the pupils of both eyes; it should be equally centered or equally centered slightly toward the nose. Diagram the location of the reflection. PASS: YES NO NO CONCERN CONCERN

Right Eye:



Left Eye:



Fixation Near Fixation: Hold an object at 8-18" in the child's central field of vision without cuing with sound, touch or air movements.

2 months – 4" x 5" object:	STEADY	FLEETING
4 months – 1" object :	STEADY	FLEETING
6 months – Cheerio:	STEADY	FLEETING

Distance Fixation:

9 months – 4" object:	STEADY	FLEETING
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PASS:	YES	NO	NO CONCERN	CONCERN
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Tracking < 3 months: about 50° either side of midline horizontally and 30° above and below midline vertically.

6 months: full 180° arc horizontally with smooth transition over midline. 10 months: full 180° arc horizontally without moving head.

Horizontal:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN
Vertical:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN
Circular:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN
Diagonal:	smooth	jerky	eyes only	head & eyes	NO CONCERN	CONCERN

Shift of Gaze • Present by 4 months: ability to shift gaze between 2 objects. Present by 6 months: ability to smoothly shift gaze across midline. Hold two objects of interest to the child about 10" in front of him/her at about 6" apart. Move them slightly to attract their attention and note presence of shift of gaze.

YES	NO	NO CONCERN	CONCERN
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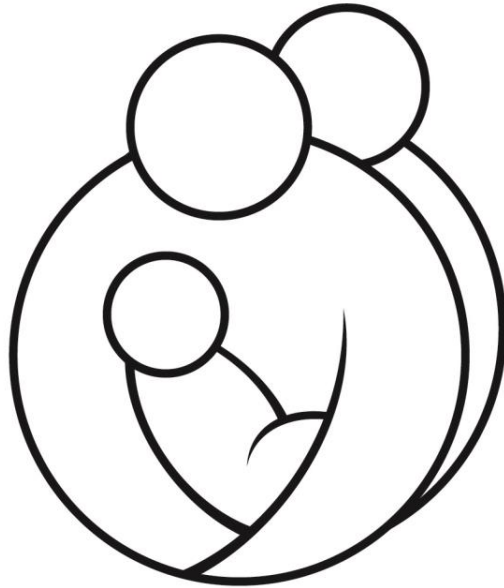
Peripheral Field of Vision • Full field of vision present by 1 year. One person should hold a toy or penlight about 12-18" directly in front of the child's eyes to attract attention. A second person directly behind the child should slowly move a small toy or light from behind and above and then behind and below the head from each side toward the center of the child's vision. Repeat several times to check for consistency of response.

Quadrant:	Upper Right:	PASS	FAIL	NO CONCERN	CONCERN
	Lower Right:	PASS	FAIL	NO CONCERN	CONCERN
	Upper Left:	PASS	FAIL	NO CONCERN	CONCERN
	Lower Left:	PASS	FAIL	NO CONCERN	CONCERN

COMMENTS & RECOMMENDATIONS _____

File in child's SoonerStart folder with evaluations and assessments. Complete form at each evaluation or more often as determined by failure of screening and protocol rescreening.

Appendix BB



S O O N E R S T A R T

**Functional Child & Family Outcomes
Technical Assistance Document**

Developed: April 2015

Appendix DD

In this document, we will be discussing the development process for “functional” child and family outcomes for the IFSP. This process is used for writing all IFSP outcomes regardless of whether or not a RBI was completed with a family. Families of children deemed “late referrals” who do not participate in a RBI as part of the IFSP development process should still have outcomes that are functional for their child and family. Therefore, the process described in this section will be utilized for any outcome, child or family, which is developed for inclusion on a SoonerStart IFSP document.

For an outcome to be “functional”, it must meet the following criteria:

1. Reflect the priorities of the family
2. Be useful and meaningful to the family
3. Reflect real-life situations of the family and child
4. Be free of jargon
5. Be measurable

Additional criteria to consider when developing outcomes...

- Outcomes should be able to be addressed by various people at various times through a family’s normal routines and activities... keep outcomes from becoming too specific or narrow. Dr. McWilliam gives the following example in his book “Routines-Based Early Intervention”: An outcome should read... “Auguste will participate in outside play by stepping up and down onto and off different surfaces” rather than “Auguste will step up and down on the stair equipment in the therapy room.”
- Ask yourself... why is the child working on this outcome? Is there an immediately apparent answer?
- Be clear... it should be easily understood by the family

Regarding “jargon” and “measurability”, there are some terms that should be avoided when writing functional outcomes so that outcomes are easily understood by families. The following list identifies some common early intervention terms that are best avoided when writing functional IFSP outcomes:

- Therapeutic terms – utterances, verbal exchanges, minimal physical assistance, etc.
- Improve
- Increase
- Understand
- Tolerate

Appendix DD

- Trials (3 out of 5 times)
- Percentages (90% of the time)

CHILD OUTCOMES:

There are seven identified steps used when writing a functional IFSP outcome. These steps will be addressed in the following text.

Step 1: Read the Informal Outcome

The IFSP team will refer back to the prioritized outcome list (Section 2E) developed by the family during the RBI or if in the case of a “late referral”, refer to the statements made by the family as to what they would like to work on.

Example – *Austin drinking from a sippy cup*

Step 2: Determine the Routines Involved

Upon completion of a RBI, it should be easy to identify the routine(s) related to a stated informal outcome. In the example started above, see the following:

Example – *Austin drinking from a sippy cup during all mealtimes and snacktimes*

Step 3: Write “(The child’s name) will participate in (those routines)...”

All child outcomes should begin with this phrase. See below for the continuation of the example outcome:

Example – *Austin will participate in all mealtimes and snacktimes...*

Step 4: Write “...by _____ing,” inserting the desired behavior or skill

Typically this step requires little to no wording changes from what the family said regarding the target behavior or skill. The specifics of the outcome will be addressed in the coming steps. See below:

Example – *by drinking from a sippy cup independently.*

Appendix DD

So far, the example outcome reads...

Austin will participate in all mealtimes and snacktimes by drinking from a sippy cup independently.

(Note – the original “informal” outcome only said... Austin drinking from a sippy cup)

Step 5: Determine a Measurability Criterion

Next, write “We will know (he or she) can do this when...”. Then a “measurable criterion” should be determined and added to the outcome. This is the measure by which we and the family can say that the child has met the outcome. The measurable criterion is used to determine the purpose of the outcome... acquire a skill, generalize a skill, maintain a skill or execute a skill fluently. Dr. McWilliam states that one should ask themselves “What frequency, duration or rate would be an acceptable level of behavior?” This should be determined in discussion with the IFSP team which includes the family. In continuation of the example above, see below:

Example – We will know he can do this when he drinks a whole cupful, holding the sippy cup independently.

Step 6: Add a Generalization Criterion

The next step is to identify the extent to which a child should demonstrate the behavior or skill across time, places, people, situations or materials. Per Dr. McWilliam... “How often, in how many routines, with how many people, or in how many places would he/she have to do this to convince me that he/she had the skill?” See below:

Example – during all mealtimes and snacktimes

Step 7: Add a Time Criterion

Next, the amount of time over which the behavior or skill needs to be displayed should be determined and added to the outcome. The criterion should answer one of the following... how long, how many times, how often, etc. See example below:

Appendix DD

Example – *for 5 consecutive days*

The final example outcome now reads...

Austin will participate in all mealtimes and snacktimes by drinking from a sippy cup independently.

We will know he can do this when he drinks a whole cupful, holding the sippy cup independently during all mealtimes and snacktimes for 5 consecutive days.

FAMILY OUTCOMES:

Generally, a family outcome can be written using the words of the family and adding at least one measurable criterion. Typically, the criterion can be the addition of a date or “deadline” for the outcome to be met.

Example –

Informal outcome: *Eat dinner together nightly at the table as a family*

Formal outcome: *All five family members will eat dinner together nightly at the table as a family by 10/1/2015.*

OTHER OUTCOME INFORMATION:

Outcomes for Other People:

Outcomes can't be written for people who are not in attendance at the IFSP meeting. For example, if parent #1 is wanting parent #2 to participate in a specific task but parent #2 did not attend the IFSP meeting... an outcome stating that parent #2 is going to do “something” should not be written. An outcome could be written for parent #1 who is at the IFSP meeting to complete an activity that would specify parent #1 addressing the desired behavior with parent #2. See below...

Example – *Jill will have a conversation with Jack about spending more time with the children.*

Appendix DD

Preemies/General Development Outcomes:

The completion of a RBI should help a family move away from “global” or broad general development outcomes. Through the discussion of the family’s daily activities, more specific skills or behaviors should be identified for the child and the family. Knowledge of basic child development will assist in helping families identify possible outcomes for their child’s future development and skills/behaviors within the family’s existing routines and activities. Although outcomes may still address general developmental milestones, the outcomes should be targeted and “functional” for the child and family within the context of daily routines and activities now and in the coming months.

If a family identifies that they just want their child to grow and develop... it is the responsibility of the IFSP team (RC and Service Provider) to assist the family through conversation in identifying specific, functional skills and behaviors and how those may fit in with the family’s daily life. It is necessary to also look at any other “family outcomes” that may need to be addressed for the parents and/or siblings of the child.

Writing of Outcomes:

The task of physically writing the IFSP outcomes belongs to the IFSP team and not to one specific individual or group of individuals. This task should be discussed and planned prior to entering the family’s home so that the process may flow smoothly and effectively. There is no right answer – however, it is a “team” effort when developing the IFSP and it is always best to utilize the strengths of each individual on the team for the good of the child and family being served. There are times when outcomes will be written by one person at an IFSP meeting and there will be times when outcomes are written by several people at an IFSP meeting depending on the situation, the individuals present at the meeting and the skills/knowledge needed to address the development of the outcome.

Combining Outcomes:

Generally, outcomes chosen by a family should not be combined into one larger, encompassing outcome. We want to preserve and honor the family’s desire for a specific skill or behavior and combining the skills/behaviors may make it appear as if we are not paying full attention to the individual skills they are seeking. The skills and behaviors may be worked on collectively during intervention visits but for the purposes of writing the outcomes, they should be kept separate on the IFSP document.

An example, could be that a family wants a child to be able to dress and undress independently and also to get in and out of the bathtub on their own.

Appendix DD

We would not want to write a goal that addresses the child getting undressed before their bath, getting into and out of the tub and then putting on their pajamas afterwards.

These should be kept as two separate skills (dressing/undressing and getting in/out of the tub) when writing the outcomes but when addressing the skills during intervention visits, all may be worked on as a sequence for the family's bathtime routine.

Professionals' Concerns Not Addressed by Family Chosen Outcomes:

The fact that a family does not choose or identify a certain skill as a priority or outcome during an IFSP meeting does not mean that the professional's concern will not be addressed. As a professional, there is an ethical obligation to provide families with information and knowledge that is known regarding the child and family being served by SoonerStart. However, unless the professional's concern for the child or family is life-threatening or places the child, family or other family member in imminent danger or harm... the concern may need to be addressed at a different time once a relationship of trust has been formed with the family. If it is necessary to address it immediately, it should be done so and documented as necessary possibly including a prior written notice.



SOONERSTART

SoonerStart Guidelines for Vision Referrals and Consultation

- If information is obtained during the family interview indicating that a child has a history of vision concerns, the resource coordinator should with parental consent complete a Confidential Release of Information form to obtain records pertaining to vision. It is often necessary to request records from the ophthalmologist or eye clinic. Vision information is not always part of the hospital records.
- If the primary service provider (PSP) is concerned about strabismus (misalignment of eyes), the provider should encourage the family to see a pediatric ophthalmologist before referral to a SoonerStart Vision Consultant (SSVC). Any eye turn that persists after the age of 6 months is cause for concern.
- The role of the SSVC is to support the PSP. Visits with the SSVC and the PSP, including contract providers, should occur at the same time. Scheduling with contract personnel will require flexibility, as the SSVC have set days scheduled with each team.
- The SSVC will notify each team of the day(s) they will be available for home visits. The team will be responsible for scheduling visits within the hours specified by the SSVC. Prior to the consultation visit, the team should provide the SSVC with parent and child names, date of birth, presenting concerns, address and directions for each scheduled visit. Vision reports from other medical providers should also be included.
- If the team determines ongoing consultation from the SSVC is needed, an Individualized Family Service Plan service delivery page will be completed. Consultation frequency with the PSP might occur one time per month, two times per six months, three times per six months, etc. The PSP, including contract providers, and SSVC should visit together with the family on the days the SSVC is scheduled in that area.

Appendix FF

August 15, 2016

To: Lead Clinicians and staff

From: Gina Richardson, SoonerStart Program Consultant
Petra Teel, Deaf and Hard of Hearing Consultant
Lori Watson, Deaf and Hard of Hearing Consultant

Re: Deaf and Hard of Hearing Consultants (D/HH) - Recommendations for Services

In an effort to address best practice guidelines and promote quality assurance of EI services for children who are Deaf or Hard of Hearing and their families, SoonerStart will endeavor to follow the guidelines outlined from the Joint Commission on Infant Hearing (JCIH).

- ALL CHILDREN WHO ARE D/HH FROM BIRTH TO 3 YEARS OF AGE AND THEIR FAMILIES HAVE EI PROVIDERS WHO HAVE THE PROFESSIONAL QUALIFICATIONS AND CORE KNOWLEDGE AND SKILLS TO OPTIMIZE THE CHILD'S DEVELOPMENT AND CHILD/FAMILY WELL-BEING.
- Intervention services to teach American Sign Language (ASL) will be provided by professionals who have native or fluent skills and are trained to teach parents/families and young children.
- Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge.

Each Sooner Start site has a selected service provider(s) as the Deaf and Hard of Hearing Point of Contact (POC). This provider should be the primary service provider (PSP) for children with hearing loss. Providers that are SKI HI trained should also be the PSP for a child with hearing loss. Lori Watson and Petra Teel will be conducting training and will serve in a consultative role to these providers. All providers serving children who are D/HH and their families should prioritize and make every effort to attend the quarterly trainings on hearing loss. The Communication Opportunities Counseling training is required for all providers who serve children with hearing loss. These trainings will increase the PSP's core knowledge and skills needed to provide appropriate EI services according to JCIH guidelines and will optimize the development of children with hearing loss. This can happen at in-service, mentoring, and at service-provision levels.

If there are several clients in an area, it will be more time effective to have the families come to the nearest County Health Department for services. This will reduce driving time for the DHH Consultant and give the Consultant more opportunity to see more clients. The Consultant will set up a schedule with the Lead Clinician and Resource Coordinator to reserve a room at the County Health Department or SoonerStart office. The team will need to discuss with the family that one service option is for their PSP to provide services with consultation from the DHH Consultant. Unless the unique needs of the family require other arrangements through the IFSP, it is recommended that these consultative visits take place at the nearest County Health Department or SoonerStart office and the family can be reimbursed for mileage as necessary.

The program is also endeavoring to limit DHH Consultants' travel time to an hour and a half one-way from their home base (Tulsa and OKC), whenever possible, in order to maximize their service time for as many clients as possible. If the IFSP requires more frequent visits, the family can be offered services at the DHH Consultant's office location in Tulsa or OKC, family reimbursement for mileage as necessary.

Appendix GG

For families who are seeking Auditory Verbal Therapy services (AVT), this will need to be staffed with the DHH Consultant in the area to determine service provision. The team will need to consider the availability of Listening and Spoken Language (LSL) services offered by Sooner Start providers first, before accessing outside contract services for AVT. Families may have to travel to SoonerStart offices where LSL providers are located for services. Families will be offered mileage reimbursement for travel to a SoonerStart office for this service. We have two certified LSL providers on staff: Petra Teel, LSLS Cert. AVT in Tulsa County and Kristi Carpenter, LSLS Cert. AVT in Payne County.

Your cooperation in implementing these recommendations is greatly appreciated. Lori and Petra would like to emphasize, if at any time you need them for support, please do not hesitate to call. If you need further assistance, please feel free to contact me at Gina@health.ok.gov, Lori Watson at LoriW@health.ok.gov or Petra Teel at PetraT@health.ok.gov. Thank you.

Child's Name:	Date of Birth:
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2F: Childcare/Preschool Interview

Release of Information to childcare/preschool was obtained on:

Name of Facility:

Name of Primary Care Provider/Teacher in Facility:

Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Arrival/Drop Off	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Free Play	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Circle Time	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Outside Play	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Meals: __ Breakfast __ Lunch	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Nap	
Rating:	

Child's Name:	Date of Birth:
2F: Addendum to RBI/IFSP – Childcare/Preschool Interview (continued)	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Snack	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Centers	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Story/Reading	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Art/Music	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Pretend Play	
Rating:	
Routine:	Description of Time of Day/Activity (Including challenges, concerns or next expected skills or behaviors)
Departure/Pick up	
Rating:	

CHILD OUTCOMES SUMMARY

ENTRY _____

EXIT _____

SERVICE START DATE (IFSP DATE):	SERVICE END DATE:
ENTRY FORM COMPLETION DATE:	EXIT FORM COMPLETION DATE:

Child Information

Name	DOB
Location	
REASON FOR CHILD EXIT:	

Person(s) involved in deciding the summary ratings

Name	Role

Family information on child functioning

Circle all that apply	Interview	ASQ/ASQ-SE	Team Staffing
Evaluation/Assessment	IFSP meeting	Not included	

Child Outcome Rating (Circle number and Y or N that matches rating on the following pages):

1. Positive Social Emotional Skills

EXIT ONLY

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	Y/1	<input type="checkbox"/>	N/2
--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	-----	--------------------------	-----

2. Acquiring and Using Knowledge and Skills

EXIT ONLY

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	Y/1	<input type="checkbox"/>	N/2
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3. Taking Appropriate Action To Meet Needs

EXIT ONLY

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	Y/1	<input type="checkbox"/>	N/2
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Appendix II

DRAFT modified 101106 from the original Developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education.

CHILD OUTCOMES SUMMARY

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

To answer the questions below, think about the child's functioning in these and closely related areas as indicated by assessments and based on observations from individuals in close contact with the child:

- Relate with adults and significant caregiver(s)
- Relate to other children: initiate and engage in interactions and play
- Regulate sensory and emotional experiences
- Behave in a manner that allows participation in a variety of settings and situations: home, store, park, childcare, etc.

1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

Not Yet		Emerging		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

1b. (If Question 1a has been answered previously, continue with this question): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? (Circle one)

Y 1 <input type="checkbox"/>	N 2 <input type="checkbox"/>	If Yes, describe progress.
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Supporting evidence for answer to Question 1a:

Source of information	Date	Summary of Relevant Results

Appendix II

DRAFT modified 101106 from the original Developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education.

CHILD OUTCOMES SUMMARY

2. ACQUIRE AND USE KNOWLEDGE AND SKILLS

To answer the questions below, think about the child's functioning in these and closely related areas as indicated by assessments and based on observations from individuals in close contact with the child:

- Explore the environment (physical and social)
- Engage in daily learning: imitation and manipulation of toys and other objects
- Use of symbols and language (vocabulary: speaking, sign, augmentative communication)
- Show imagination and creativity in play
- Obtain and maintain attention
- Object permanence...early concepts

2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

Not Yet		Emerging		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

2b. (If Question 2a has been answered previously, continue with this question): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Circle one)

Y	N	If Yes, describe progress.
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	

Supporting evidence for answer to Question 2a:

Source of information	Date	Summary of Relevant Results

Appendix II

DRAFT modified 101106 from the original Developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education.

CHILD OUTCOMES SUMMARY

3. TAKE APPROPRIATE ACTIONS TO MEET THEIR NEEDS

To answer the questions below, think about the child's functioning in these and closely related areas as indicated by assessments and based on observations from individuals in close contact with the child:

- Use gestures, sounds, words, signs, etc. to communicate wants and needs
- Use tools and objects: toys, spoon, crayon, and switch, etc.
- Meet basic self care so they can participate in everyday activities, play, and routines
- Move from place to place to participate
- Seek help when necessary to move or to assist with self care and other needs

3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Circle one number)

Not Yet		Emerging		Somewhat		Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

3b. (If Question 3a has been answered previously, continue with this question): Has the child shown any new skills or behaviors related to taking appropriate action to meet their needs since the last outcomes summary? (Circle one)

Y	N	If Yes, describe progress.
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	

Supporting evidence for answer to Question 3a:

Source of information	Date	Summary of Relevant Results

Appendix II

DRAFT modified 101106 from the original Developed by the Early Childhood Outcomes Center with support from the Office of Special Education Programs, U.S. Department of Education.

Instructions for Completing the Child Outcomes Summary Form

Directions for Completing the Form

1. Page 1: Provide all the requested information. It is strongly recommended that the family be asked to provide information about the child’s functioning, but if the family’s information was not included, check “not included.” Additional state-specific information also may be requested.
2. Questions 1a, 2a, 3a: Circle only **one** number for each outcome. Definitions for the scale points are provided at the end of the instructions.
3. Supporting evidence: Provide the evidence that supports the rating. Indicate the source of the evidence (e.g., parent, speech therapist, teacher, XYZ assessment) and the nature of the evidence from the source. For example, if a child’s functioning receives a rating of ‘5’, relevant results should provide evidence of a mix of age appropriate and not age appropriate skills and behaviors. A sample completed evidence table is provided below.

Source of information	Date	Summary of Relevant Results
Candace’s mom	4/12/06	Mom reports that when Candace eats by herself she makes a big mess. She eats finger foods but does not use a fork or spoon. She uses a “sippy” cup with two hands. Mom reports that she has not begun to toilet train Candace. Candace does not let mom know when she has a wet or soiled diaper. She pulls off her socks when getting ready for bed.
Candace’s child care provider	4/5/06	Child care provider said that Candace is learning to use a spoon, but usually uses her fingers to feed herself. Candace uses diapers and tugs on diaper after it is wet or soiled.
Carolina Curriculum for Infants and Toddlers with Special Needs	Administered 3/13/06	Self-Help: Eating – 12-15 months Self-Help: Dressing – 15-18 months Self-Help: Grooming – 18-21 months Self-Help: Toileting -- <15-18 months
Developmental specialist	Observed over a 4 week period in March 2006	Observed in her child care environment during structured activities and unstructured play time. She clapped and jumped during a group song. During free play Candace tended to sit quietly unless engaged in a play activity by her caregiver. Candace did not object to having hands washed by caregiver, but needed assistance.

4. Questions 1b, 2b, 3b: Complete questions 1b, 2b, and 3b only when questions 1a, 2a, and 3a have been answered previously. Circle one number to indicate if the child has made progress since the previous outcomes rating. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome. Describe the general nature of the progress in the space provided.

Draft under development by the Early Childhood Outcomes Center – revised: 11/6/06.

Appendix II

To Help You Decide on the Summary Rating for Questions 1a, 2a, and 3a:

This outcomes summary asks you to consider and report on what is known about how this child behaves across a variety of settings and situations.* Children are with different people (for example, mother, big brother, child care provider) and in different settings (for example, home, grocery store, playground). The summary rating provides an overall picture of how the child behaves across the variety of people and settings in his or her life at this particular time in his or her life.

In addition to summarizing across settings and situations, the rating process asks you to compare a child's skills and behaviors to those of his or her same-age peers. For each of the three summary questions, you need to decide the **extent to which the child displays behaviors and skills expected for his or her age** related to each outcome area.

The summary scale is based on a developmental framework that assumes:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;
2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;
3. The development of children with disabilities can be compared to the development of their same-age peers.
4. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way, later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as "**immediate foundational skills.**" For example, children play alongside one another before they interact in play.
5. Some children's development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.
6. Some children's development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

Use the following information to help you answer each question:

- Ratings are expected to take into account the child's functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians. If there is not enough information available about a child's functioning across settings and situations, you will need to gather more information before you can decide on a rating.
- Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based

*

Note: The outcomes summary form was not designed to determine eligibility for services. It would be inappropriate to use it in this way.

assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP/IEP or individualized planning process.

- Depending on the assessment tool, assessment tools can be a useful source of information for reaching a summary decision but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.
- Ratings should reflect the child's current functioning across settings and in situations that make up his/her day. Ratings should convey the child's functioning across multiple settings and in everyday situations, *not* his/her capacity to function under unusual or ideal circumstances.
- A standardized testing situation is an unusual setting for a young child. If the child's functioning in a testing situation differs from the child's everyday functioning, the rating should reflect the child's everyday functioning.
- If the child is from a culture that has expectations that differ from published developmental milestones for when young children accomplish common developmental tasks, such as feeding themselves or dressing themselves, use the expectations for the child's culture to decide if child's functioning is at the level expected for his or her age.
- If the child was born prematurely, use the expectations for the child's chronological age, not the corrected age. The intent of the form is to describe the child's current functioning relevant to expectations for his or her age. Presumably over time and with support, many children born prematurely eventually will perform like same age peers.
- If assistive technology or special accommodations are available in the child's everyday environments, then the rating should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Ratings are to reflect the child's **actual** functioning across a range of settings, *not* his/her capacity to function under ideal circumstances if he or she had the technology.

Additional Information

The outcomes reflect several beliefs about young children:

- It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the three outcomes is key to being successful participants in life.
- Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes at a level comparable to their same aged peers prior to kindergarten entry have a high probability of being successful in kindergarten.
- Learning and development occur continuously in the years preceding kindergarten. There is much variation in how children develop but children whose development is consistently below what is expected for their age are at risk of not being successful in kindergarten and later school years.

Definitions for Outcome Ratings

Overall Age Appropriate	Completely <i>means:</i>	7	<ul style="list-style-type: none"> • Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. • No one has any concerns about the child's functioning in this outcome area.
		6	<ul style="list-style-type: none"> • Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns may be substantial enough to suggest monitoring or possible additional support. • Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Overall Not Age Appropriate	Somewhat <i>means:</i>	5	<ul style="list-style-type: none"> • Child shows functioning expected for his or her age some of the time and/or in some situations. Child's functioning is a mix of age appropriate and not age appropriate behaviors and skills. • Child's functioning might be described as like that of a slightly younger child*.
		4	<ul style="list-style-type: none"> • Child shows some but not much age-appropriate functioning.
	Emerging <i>means:</i>	3	<ul style="list-style-type: none"> • Child does not yet show functioning expected of a child of his or her age in any situation. • Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. Child shows these immediate foundational skills most or all of the time across settings and situations. • Functioning might be described as like that of a younger child*.
		2	<ul style="list-style-type: none"> • Child's behaviors and skills include some immediate foundational skills but these are not displayed very often across settings and situations.
	Not yet <i>means:</i>	1	<ul style="list-style-type: none"> • Child does not yet show functioning expected of a child his or her age in any situation. • Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. • Child's functioning might be described as like that of a much younger child*.

* The characterization of functioning like a younger child only will apply to some children receiving special services, such as children with developmental delays.



SoonerStart Early Intervention Program Equipment Use Agreement

Read the following information:

As part of this program, SoonerStart provides adaptive equipment for trial and use as an assessment tool. The equipment used in this program may be new or used. The equipment may be owned by the State of Oklahoma or may be entrusted to the State of Oklahoma by individuals for use in the SoonerStart program.

SoonerStart agrees to provide the adaptive equipment, listed below, to the parties, identified below, hereinafter called parents whether singular or plural, whether said parties are the actual parents of the child or guardians, custodians, foster parents or otherwise, for trial and use as an assessment tool to determine whether the child, listed below, can benefit from the use of this adaptive equipment.

SoonerStart agrees to provide a verbal, visual and hands-on demonstration, to the parents and child listed below, on 1.) how to safely use this equipment and 2.) how to achieve the maximum benefit from the use of this equipment.

The parents agree 1.) to use the equipment according to the verbal, visual and hands-on demonstration, 2.) not to use this equipment with any other child, than the child listed below, without consultation with SoonerStart.

All parties agree that parents shall not obtain any right, title, and claim of ownership in said equipment of any type. All parties agree that said equipment is "loaned" to the parents on a temporary basis and SoonerStart reserves the right to require the equipment be returned to SoonerStart upon 1.) the child reaching the age of three, 2.) the parents and child moving from the State of Oklahoma or 3.) for any other reason within the discretion of SoonerStart.

All parties agree that the equipment is provided "as is" and SoonerStart does not make any warranties, either express or implied, regarding the fitness of this equipment for a specific purpose.

Parents agree to hold the local SoonerStart program, its employees, Oklahoma State Department of Health and the Oklahoma State Department of Education harmless from any damage or liability resulting from their use of said equipment or accidents while using said equipment.

Complete the following information:

Child's Name:	Date of Birth:
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Caregiver's Name:	Relationship to Child:
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Address:	Phone Number:
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Equipment Borrowed:	Date Borrowed:	Date Returned:	Initials:

Signatures:

Signature of Parent(s):	Date:
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Received by (Name/Title):	Date:
---------------------------	-------



SoonerStart Early Intervention Program

Assistive Technology: Request for Use of SoonerStart Funds

Child's Name:	SoonerStart Site:	Date:
This request is to be completed by the Service Coordinator and submitted to the Executive Director for SoonerStart Early Intervention, Special Education Section, Oklahoma State Department of Education. A response will be provided within 10 working days of receipt of this request.		
Please attach order information, manufacturer, model #, and picture of device and vendor for the assistive technology device(s)/Service(s) requested. Please provide the information requested for the below 4 items. If the information is included in existing documentation, you do not need to duplicate on this form, but rather attach relevant documents (evaluation or assessment reports, applicable sections of the IFSP, assistive technology guide, etc.) to support your request.		
State the IFSP outcome to be addressed by use of AT requested:		
Identify infant/toddler present abilities and consideration of these abilities in relation to use of specific type of assistive technology requested:		
Identify the environmental considerations for use of the technology at home, in the community, or other natural environments in which the child may participate:		
Identify efforts to access other sources of funding and state the results:		
State Office Use:		
SoonerStart Region:	Service Coordinator:	Date Request Received:
Phone:	Fax:	
Identify Assistive Technology Assessment Team Members:		



**SoonerStart Early Intervention Program
Autism Spectrum Disorder (ASD) Screening Results**

Child's Name:		Date of Birth:	
The above named child was screened and indicated to be at risk for autism spectrum disorder (ASD). One or both screeners below may have been used.			
Check all that apply:			
<input type="checkbox"/> Modified Checklist for Autism in Toddlers Revised (M-CHAT-R; Robins, Fein, & Barton, 2009). The M-CHAT-R is a Level 1 screening tool validated for screening toddlers between 18 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT-R is based on parental report.			
<input type="checkbox"/> Screening Tool for Autism in Two-Year-Olds (STAT; Stone, Coonrod, & Ousley, 2000). The STAT is a Level 2 interactive screening measure developed to screen for autism in children between 24 and 36 months of age. Level 2 screening tools specific to autism spectrum disorder help to identify children at risk of having ASD rather than other developmental disorders.			
Screening tools for autism are not intended to indicate whether or not a child has autism; it only rules in or rules out the possibility of autism. The results of the screening have raised concerns that are consistent with autism spectrum disorder. You may want to discuss these results with your primary health care provider. SoonerStart services are not contingent upon the child having a diagnosis of ASD.			
Signature of SoonerStart Staff:		SoonerStart Site:	Date:

Child's Name:		Date of Birth:	
The above named child was screened and indicated to be at risk for autism spectrum disorder (ASD). One or both screeners below may have been used.			
Check all that apply:			
<input type="checkbox"/> Modified Checklist for Autism in Toddlers Revised (M-CHAT-R; Robins, Fein, & Barton, 2009). The M-CHAT-R is a Level 1 screening tool validated for screening toddlers between 18 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT-R is based on parental report.			
<input type="checkbox"/> Screening Tool for Autism in Two-Year-Olds (STAT; Stone, Coonrod, & Ousley, 2000). The STAT is a Level 2 interactive screening measure developed to screen for autism in children between 24 and 36 months of age. Level 2 screening tools specific to autism spectrum disorder help to identify children at risk of having ASD rather than other developmental disorders.			
Screening tools for autism are not intended to indicate whether or not a child has autism; it only rules in or rules out the possibility of autism. The results of the screening have raised concerns that are consistent with autism spectrum disorder. You may want to discuss these results with your primary health care provider. SoonerStart services are not contingent upon the child having a diagnosis of ASD.			
Signature of SoonerStart Staff:		SoonerStart Site:	Date:



Transition at Age Three *Steps for Success*

SPECIAL EDUCATION



SOONER START

As parents of a young child receiving early intervention services, you are partners with your SoonerStart staff. When your child turns three and graduates from SoonerStart, a new adventure begins. As you explore your options beyond SoonerStart, you may consider a Head Start program, a day care center, or your local school district (to name a few). We call this process transition.

Transition may begin when your child is 27 months, but no later than 33 months. At this time, you will work with your Resource Coordinator to develop a transition plan that will be part of the Individual Family Service Plan (IFSP). Your child's Resource Coordinator will also notify the local school district of your child's upcoming third birthday in the event that your child may be eligible for services. SoonerStart does not determine eligibility for school districts. The school district may do testing to determine your child's eligibility for services in the school.

Planning the Move

Transitions are natural events for all of us. Remember your first day of school? What about the day you brought your new baby home? Successful transitions require planning ahead and working with others who can help.

Your family's culture will also bring a unique set of values, beliefs, customs, and behaviors that may affect how you plan and the choices you make.

Through the IFSP process, your family set goals based on your priorities and concerns, and identified services and support that you needed to reach the goals. During transition, you will identify people and agencies that can help you to continue to access services you are currently receiving. Some services may not be available after SoonerStart. In that case, SoonerStart will help you find ways for you and your child to integrate activities into your family's daily life with family members or friends.

As you plan, ask yourself:

- What do I hope and dream for my child?
- What does my child need now to grow and develop?
- Where do I want my child to play and learn?

Choices After SoonerStart



If your child moves to the school district's program for children with disabilities, you will find this program addresses your child's educational needs; but not needs outside of school. The school has the responsibility to provide your child with an appropriate education in the least restrictive environment (LRE). To meet your other needs, you may have to choose other resources.

These may include:

- Friends with young children
- Local parent support organizations
- Cooperative play groups
- Family child care
- Head Start
- Mother's Day Out programs
- Library story hours
- Community recreation programs
- Child care centers
- Community non-profit organizations that focus on parenting



SOONER START

Transition from SoonerStart											
Child's Age in Months	27	28	29	30	31	32	33	34	35	3rd Birthday 	
IFSP Initial Transition Planning Meeting *(27-33 months)											
Notification to the LEA											
Transition Planning Conference *(27-33 months)											
Evaluation by LEA											
Eligibility Meeting ** (by 3rd birthday)											
IEP Meeting ** (by 3rd birthday)											
IEP In Effect ** (by 3rd birthday)											

*Oklahoma SoonerStart Early Intervention Program Manual: Policies, Procedures, and Guidelines. Items in green are the responsibility of SoonerStart.
 **Oklahoma Special Education Handbook. Items in blue are the responsibility of the local school district.

Transition Planning Conference

At the transition planning conference (TPC), you, SoonerStart personnel, and other people you invite will meet with people from programs you are considering for your child. These programs might include your local school district, Head Start, child care, a Mother's Day Out program, or other programs in your community. If you have several options, you may have more than one TPC. If you are considering a group program for your child, the meeting(s) may include visits to the actual classrooms or program sites. With your consent, your child's evaluation and/or assessment information and IFSP will be sent to the program(s) of your choice prior to the TPC so that those staff will be familiar with your family. In accordance with federal law and State policy, the transition (TPC) meeting(s) occurs at least 90 days before your child's third birthday.

School District Services

Evaluation, Eligibility Determination, and Individualized Education Program (IEP)

Eligibility requirements for school district services are different from those for SoonerStart. The school must determine that your child meets criteria as a child with a disability and is in need of specialized services. A comprehensive evaluation must be conducted to determine if your child is eligible.

The evaluation will provide information about your child's unique talents and needs to help you and the staff decide on services. Other sources of information, such as your child's SoonerStart or doctors' records, will also be considered.



Meeting with the School District Staff

If school district services for children with disabilities are an option for your child, the transition meeting is a chance for you, SoonerStart providers, and school district staff to plan the transition process.

School district staff can explain eligibility criteria, service options, and how an educational plan will be developed for your child. You and others you invite can give the school district personnel information about your child. At the meeting, the school district staff will:

- Explain the program(s) in your native language.
- Discuss eligibility requirements and evaluation procedures.
- Explain the next step in the process.
- Explain your parental rights and answer your questions.
- Discuss options for where services may be provided.
- Consider your family's concerns about the change in services and the transition process.



As a parent you have information about your child that no one else has. During the meeting, you can share what you know. To help school district staff understand your family, you can:

- Share information you feel is important about your child and family.
- Ask questions.
- Share ideas and dreams for goals and objectives.
- Invite friends, relatives, or child care staff who may have useful information.
- Describe your child's activities and routines.

The IEP Team

If your child is eligible for services, a team will meet to develop an Individualized Education Program (IEP) for your child. The people on the team will include you as parents, the evaluator who is able to explain test results to you, an administrative representative (principal or designee), a general education teacher, a special education teacher, and other service providers if applicable (speech therapist, occupational or physical therapist). You may invite people to participate, as well.

Developing the IEP

As you develop the IEP, the IEP team will consider your child's strengths and needs, your concerns and goals, evaluation results, and factors that will help your child progress. These factors may include behavioral considerations, language needs (for English Language Learners), or Assistive Technology, if needed.

As part of your child's IEP team, you will help develop annual goals for your child. The goals will address your child's identified needs. They will enable your child to be involved and progress in age-appropriate activities. Goals are written so that your child's progress can be measured.

Making Service Decisions

The IEP team then decides on the services your child will receive. The team chooses how often, how long, and where your child will receive services. By law, your child must receive services in the least restrictive environment (LRE). If your child turns three during the summer months, extended school year (ESY) services must be considered, though is not needed for all children. Once the team agrees on the plan, it is finalized and you are asked to sign the IEP and consent for services.

Other issues you may discuss at the meeting include planning to make your child's first days in the new program happy and successful. You may wish to schedule visits to the new classroom, or to meet others who will be involved with making your child as successful as possible.

Speaking Up

If you do not understand something, ask questions. No question is too small. The key to a good beginning is communication among all who know and care for your child. As you talk, you will think of many creative ideas to help your child enjoy the step ahead. If problems arise, they can be discussed with openness and respect.

Other Options

If your child is determined to be ineligible for school district services, your resource coordinator will assist you in exploring and planning for other options. Those options may include some of the community services explored earlier as you began looking into possibilities for transition.

Items Needed for Enrolling Your Child in School

- Birth certificate
- Social security card
- Bureau of Indian Affairs card
- Current immunization record
- Sooner Care/Medicaid Card
- Available medical records
- Proof of residency
- List of emergency contacts and their phone numbers
- Health information about your child

If you have any questions at any time during this process, please visit with your Resource Coordinator for additional help.



Differences Between the IFSP and the IEP

Some significant differences exist among the types of services provided for children under age three and their families and the services provided for children with disabilities aged three through five years. Your family may want to know some of these differences before discussing services with the school to prevent misunderstandings.

Individualized Family Service Plan (IFSP)	Individualized Education Program (IEP)
<p>Includes information about the child's present levels of development.</p> <p>With the family's approval, it may also include the family's resources, priorities, and concerns related to helping the development of their child.</p>	<p>Includes information about the child's present levels of performance and participation in developmentally appropriate activities.</p> <p>Includes information about the parent's concerns for enhancing the child's education.</p>
<p>The family determines the outcomes.</p>	<p>The IEP team (parents or guardians, teachers, administrative representative, and related service providers who may work with the child), determine the goals.</p>
<p>Includes the major outcomes desired for the child and family, and the criteria, procedures, and timeline used to determine:</p> <ul style="list-style-type: none"> • The degree to which progress toward achieving outcomes is being made; and • Whether modifications or revisions of the outcomes are necessary. 	<p>Includes measureable annual goals, academic and functional, designed to:</p> <ul style="list-style-type: none"> • Enable the child to be involved in and make progress in the general curriculum; • Explain frequency of progress reports and how they will be provided.
<p>Includes the natural environment where services will be provided.</p>	<p>Includes an explanation of the extent, if any, that the child will not participate with nondisabled children in regular activities or classes (least restrictive environment).</p>
<p>Includes the specific early intervention services necessary to meet the unique needs of the child and the family to achieve identified outcomes, stating type(s) of services, how often, and for how long they will be delivered.</p>	<p>Includes the special education, related services, supplemental aids and services, modifications, and supports to be provided to help the child and participate in developmentally appropriate activities.</p>



SOONER START



Appendix MM

WHAT'S NEW ABOUT THE SURVEY THIS YEAR?



The look of the Survey has changed!

Although the questions are the same, you will notice that the Survey underwent a makeover.

The way to take the Survey has changed!

Options, options, options!!!
Online, by phone, or by mail. It's
your Survey; take it your way.

The process of collecting the data has changed!

The Oklahoma Parents Center will collect the Surveys and provide the Oklahoma State Department of Education - Special Education Services a Summary of all the findings.

WHAT IS THE OKLAHOMA PARENTS CENTER?

The Oklahoma Parents Center (OPC) is dedicated to the equality of children and adults with disabilities. Our mission is to train, inform, educate and support parents, families, professionals and consumers in building partnerships that meet the needs of children and youth with the full range of disabilities ages birth through twenty-six.

We are a 501 (c)(3) non-profit agency that operates the statewide federally funded Parent Training and Information Center (PTI) in Oklahoma. We are funded in part by the U.S. Department of Education, Office of Special Education Programs (OSEP) and the Oklahoma State Department of Education, Special Education Services (OSDE-SES). However, the contents do not necessarily represent the policies of the funding agencies and endorsement should not be assumed.

Oklahoma Parents Center

www.OklahomaParentsCenter.org

P.O. Box 512 * Holdenville, OK 74848
405-379-6015 * Toll-free 877-553-4332

2012-2013



Special Education
Services

Parent Survey Brochure

Oklahoma Parents Center



Toll-Free
877-553-4332

www.OklahomaParentsCenter.org

Dear Parents/Families,

The Oklahoma State Department of Education (OSDE), Special Education Services (SES), in collaboration with the Oklahoma Parents Center, Inc. (OPC) annually collect information regarding SoonerStart/Early Intervention and schools' efforts to partner with parents for the provision of special education and related services. To do this, the OSDE-SES and OPC would like to invite you to complete the Parent Survey.

Your responses will help guide our state's efforts to improve services and results for children and families.

Sincerely,

Dr. Rene Axtell
Assistant State Superintendent
Oklahoma State Department of Education
Special Education Services

&

Sharon Coppedge-House
Executive Director
Oklahoma Parents Center, Inc.

How can you take the Survey?

1.

2.

3.

Take the Survey Online!



Visit our website
and follow the
Survey Link
at

www.OklahomaParentsCenter.org

Have the Survey mailed to you!



Call toll-free at
877-553-4332
and
request a copy be
mailed to you.

Answer the Survey over the telephone!



Call toll-free at
877-553-4332
to answer the
survey to the staff
at the OPC.

Targeted Case Management Progress Note

Sooner Start

Oklahoma State Department of Education

Child's Name:	D.O.B	COUNTY:	DIAGNOSIS CODE:	DATE OF SERVICE:
Last, First, M.I.			3159	

LOCATION TYPE (Check One):		CASE MANAGEMENT ENCOUNTER TYPE (Check One):		ATTENDED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (If "No" check reason why)
<input type="checkbox"/> Phone	<input type="checkbox"/> Store/Mall	<input type="checkbox"/> Intake	<input type="checkbox"/> Notification	<input type="checkbox"/> Client Cancelled
<input type="checkbox"/> Letter/Fax	<input type="checkbox"/> Church	<input type="checkbox"/> Screening	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Client "No Show"
<input type="checkbox"/> Home	<input type="checkbox"/> Therapist's Office	<input type="checkbox"/> Eval./Assessment	<input type="checkbox"/> Transition	<input type="checkbox"/> RC Cancelled
<input type="checkbox"/> Childcare	<input type="checkbox"/> Park/Playground	<input type="checkbox"/> Family Asses.	<input type="checkbox"/> 30 day Follow-up	<input type="checkbox"/> Provider Cancelled
<input type="checkbox"/> School	<input type="checkbox"/> Hospital	<input type="checkbox"/> IFSP/IFSP Review	<input type="checkbox"/> Service	<input type="checkbox"/> Unable to locate family
<input type="checkbox"/> Health Dept. or EI office	<input type="checkbox"/> Other	<input type="checkbox"/> I.E.P.	<input type="checkbox"/> Coordination	<input type="checkbox"/> Weather

Starting Time:	Ending Time:	Total Time:	Documentation Time:	Total Medicaid Billable Minutes:	Total Medicaid Billable Units:
				<input type="checkbox"/> NA	<input type="checkbox"/> NA

My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature:	Procedure Code:	Modifier 1:	Modifier 2:
	<input type="checkbox"/> T1016 <input type="checkbox"/> NONE	TL	

Resource Coordinator notes documenting encounter services rendered. Include the following details as applicable: type of Medicaid activity (ARRANGE/REFER/MONITOR), who was present, list coaching/mentoring activities, caregiver report, your observations, materials provided, progress made towards outcomes, planned future activities.

Continued on back? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resource Coordinator Signature:	Date Written:	Date submitted:
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Instructions and Technical Assistance
For
Completing the
Resource Coordinator
Targeted Case Management Progress Note

SoonerStart Early Intervention

Updated December 2014

1. **Child's Name:** Enter child's name – last, first and middle initial (if known)
2. **D.O.B.:** Enter child's date of birth (mm/dd/yy)
3. **County:** Enter's child's county of residence
4. **Diagnosis Code:** This is already pre-filled in on the TCM note.
5. **Date of Service:** Enter the date (mm/dd/yy) for the activity being documented
6. **Location Type:** Check the appropriate box for the location description of the activity being documented
7. **Case Management Encounter Type:** Check the appropriate box for the encounter description of the activity being documented
8. **Attended:** Check yes, no OR NA depending on the type of activity being documented
 - a. Face to face contact or contact attempts (no shows, cancellations) would require a yes/no response (Note, if "no" is checked... a reason must also be indicated by checking the appropriate box)
 - b. Phone calls, correspondence and other non-face to face contacts would require a "NA" response
9. **Starting Time:** Enter the time (using military time format) that the activity being documented began
10. **Ending Time:** Enter the time (using military time format) that the activity being documented ended
11. **Total Time:** Enter the total amount of time in minutes for the time entered in the starting time and ending time boxes (see #9 and #10 above)
12. **Documentation Time:** Enter the number of minutes spent documenting the activity identified on the TCM note
13. **Total Medicaid Billable Minutes:** Enter the total number of minutes that are billable to Medicaid for the activity and documentation time on the note (must be in 15 minute increments)
 - a. If a RC is "non-billable" due to current qualifications the "NA" box must be checked
 - b. If there are 0 billable minutes, the "NA" box must be checked and 0 entered in box
14. **Total Medicaid Billable Units:** Enter the number of Medicaid billable units (15 minute increments) that corresponds to the time/minutes entered in the "Total Medicaid Billable Minutes" box
 - a. If a RC is "non-billable" due to current qualifications the "NA" box must be checked
 - b. If there are 0 billable units, the "NA" box must be checked and 0 entered in box

EXAMPLE:

Starting Time: 1130	Ending Time: 1220	Total Time: 50	Documentation Time: 5 min	Total Medicaid Billable Minutes: 45 <input type="checkbox"/> NA	Total Medicaid Billable Units: 3 <input type="checkbox"/> NA
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15. **Signature Box:** A parent/caregiver signature is required in this box for all activities that are face to face and marked as "attended"
16. **Procedure Code:**
 - a. Check "T1016" for all TCM notes that are Medicaid billable
 - b. Check "NONE" for all TCM notes that are NOT Medicaid billable
17. **Modifier 1 and Modifier 2:** no entry necessary in these boxes
18. **Documentation Area:** Enter text outlining/describing the targeted case management activity. Details should include the type of activity being documented (arrange, refer, monitor), who was present, any coaching/mentoring activities, parent/caregiver reported information, observations, materials/information provided, progress made towards outcomes as applicable and any planned future activities.

- 19. **Continued on back:** Check either yes or no as applicable
- 20. **Resource Coordinator Signature:** Each TCM note must have the signature (first and last name) of the Resource Coordinator completing the note and their title (ie. "RC")
- 21. **Date Written:** Enter the date that the TCM note was written/completed
- 22. **Date Submitted:** Enter the date that the TCM note was submitted for either billing or inclusion in the child's chart (this box is optional per each site's supervisor/REIC)

Note Example – Child has Medicaid and Private Insurance, IFSP review was 30 minutes, documentation time was 5 minutes...

Starting Time: 1000	Ending Time: 1030	Total Time: 30	Documentation Time: 5	Total Medicaid Billable Minutes: 0 <input checked="" type="checkbox"/> NA	Total Medicaid Billable Units: 0 <input checked="" type="checkbox"/> NA
My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature:			Procedure Code: <input type="checkbox"/> T1016 <input checked="" type="checkbox"/> NONE	Modifier 1: TL	Modifier 2:

Other Information:

- 1. **Multiple activities in one day that total 15 minutes** – If a RC completes multiple activities on the same day on behalf of the same family and the total time accumulated for these multiple activities equals 15 minutes... this time may be billed as a billable Medicaid unit or entered as an "encounter" in PHOCIS for a non-Medicaid billable child
 - a. For PHOCIS purposes, the start time and end time should equal 15 minutes (see example) even if this time differs from what is documented in the body of the note... the text will identify the actual billable time/minutes of all activities being documented for Medicaid

Example 1– On one day, the RC makes 2 phone calls and drafts/mails a letter to a family who has private insurance. All activities could be documented on one note to show an accumulation of time for PHOCIS entry...

Starting Time: 830	Ending Time: 845	Total Time: 15	Documentation Time: 5	Total Medicaid Billable Minutes: 0 <input checked="" type="checkbox"/> NA	Total Medicaid Billable Units: 0 <input checked="" type="checkbox"/> NA

My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature: 	Procedure Code: <input type="checkbox"/> T1016 <input checked="" type="checkbox"/> NONE	Modifier 1: TL	Modifier 2:
Resource Coordinator notes documenting encounter services rendered. Include the following details as applicable: type of Medicaid activity (ARRANGE/REFER/MONITOR), who was present, list coaching/mentoring activities, caregiver report, your observations, materials provided, progress made towards outcomes, planned future activities.			

Arranged EI services by:

***8:30 – 8:35 attempting to contact family by phone, no answer, left message requesting a call back**

***12:10 – 12:15: attempting to contact family by phone, no answer, left message requesting a call back**

***1:55 – 2:00: drafting a contact letter to family, mailed on this date asking that they make contact with me to discuss setting up an IFSP review appointment**

Example 2 – On one day, the RC talks to the family on the phone about SSI and also calls SSA on behalf of the family to gather information (this child has an active Medicaid number)... time spent totals 15 minutes. All activities could be documented on one note and billed as one 15 minute unit.

Starting Time: 830	Ending Time: 845	Total Time: 15	Documentation Time: 5	Total Medicaid Billable Minutes: 15 <input type="checkbox"/> NA	Total Medicaid Billable Units: 1 <input type="checkbox"/> NA
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My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature: 	Procedure Code: <input checked="" type="checkbox"/> T1016 <input type="checkbox"/> NONE	Modifier 1: TL	Modifier 2:
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Resource Coordinator notes documenting encounter services rendered. Include the following details as applicable: type of Medicaid activity (ARRANGE/REFER/MONITOR), who was present, list coaching/mentoring activities, caregiver report, your observations, materials provided, progress made towards outcomes, planned future activities.

Arranged EI services by:

***8:30 – 8:35: contacting family by phone to discuss SSI benefits for Sarah, explained the program to them and how these benefits can be applied for through SSA. Family had some additional questions that I will contact SSA and inquire about... will call family back after talking to SSA**

**1:55 – 2:00: contacting Jan Brown @ SSA regarding the family’s question about income guidelines*

**2:00 – 2:05: contacting family again to give them the information gathered from SSA regarding the current income guidelines*

2. **Routing of TCM notes for PHOCIS – see below:**

a. **Children who are Medicaid Billable –**

- i. If the “Total Medicaid Billable Minutes” box is 15 minutes or more, the note must be routed for PHOCIS entry and Medicaid billing

b. **Children who are Non-Medicaid Billable –**

- i. If the “Total Time” box and the “Documentation Time” box together equal 15 minutes or more, the note must be routed for PHOCIS entry (*Example: total time is 10 minutes, documentation time is 5 minutes which equals 15 minutes total – note would be routed for entry as an “encounter” in PHOCIS*)
- ii. If the “Total Time” box and the “Documentation Time” box together equal **LESS** than 15 minutes, the note is routed for file inclusion only but NO entry into PHOCIS is needed

Submit by Email

Print Form

OKLAHOMA STATE DEPARTMENT OF HEALTH SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

I understand that the Oklahoma State Department of Health policy requires me, as a mandated reporter, to promptly contact the Oklahoma Department of Human Services or call the statewide 24-hour hotline number (1-800-522-3511) to make a report of suspected child abuse and/or neglect in good faith and in accordance with the law of the state of Oklahoma. I understand that this form (333-F) does not replace a call to OKDHS, but is to be used to document adherence to policy, to be sent to OKDHS for hardcopy documentation, and to provide quality assurance.

This written report documents an oral report made to OKDHS on (Date) ___/___/___, (Time) ___:___ am pm to (Person accepting the report) _____ Referral # _____.

IF THIS SITUATION POSES IMMINENT DANGER, WAS LAW ENFORCEMENT CALLED? Yes No
WAS THIS REPORT MADE ANONYMOUSLY? Yes No

Reporter Information

Reporter's Name: _____ Position/Title: _____
 Phone number: _____ - _____ - _____ Fax number: _____ - _____ - _____ County: _____
 E-mail address? _____
 At which health department or contract agency do you work (also specify city)? _____
 At the time of this incident, for which program or clinic were you working?
 Children First Early Intervention Immunization clinic Start Right/OCAP Well-child clinic
 Child Guidance Family Planning Maternity Clinic STD clinic WIC
 Administrative staff, multiple programs/clinics Other: _____

Child Information

Name: _____ DOB/Age: _____ Race/Ethnicity: _____ Gender: _____
 Is this child physically or developmentally disabled? Yes No IF YES → Please describe: _____

 Address or location of child at the time of the report? _____

Family/Caretaker Information

List each person's name and relationship to child (if known):	Age	Race/Ethnicity	Gender	Disabled?	Explain:
1. Parent/Caretaker: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Parent/Caretaker: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Sibling/Other: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Sibling/Other: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Sibling/Other: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

What is the primary language spoken in the home? English Spanish Other (specify): _____
 Home Address: _____ Telephone: _____ - _____ - _____
 _____ Alternative phone: _____ - _____ - _____
 Finding Directions: _____

Out of Home Care

Is the child in out-of-home care? Check type:
 Unknown/Not Applicable OKDHS custody Foster family home Relative's home
 Childcare center or school Family friend Group home or institution Other: _____
 Address: _____ Telephone: _____ - _____ - _____
 _____ Alternative phone: _____ - _____ - _____
 Who are the person(s) responsible for the child at this location? _____
 Name of school or childcare/daycare center: _____

Incident Information

Please classify the type(s) of suspected maltreatment you are reporting (check all that apply):

- Physical abuse Sexual abuse Emotional or psychological abuse Neglect

Is domestic or intimate partner violence in the home?

- Yes: _____ No Unknown

Is alcohol or a controlled dangerous substance involved?

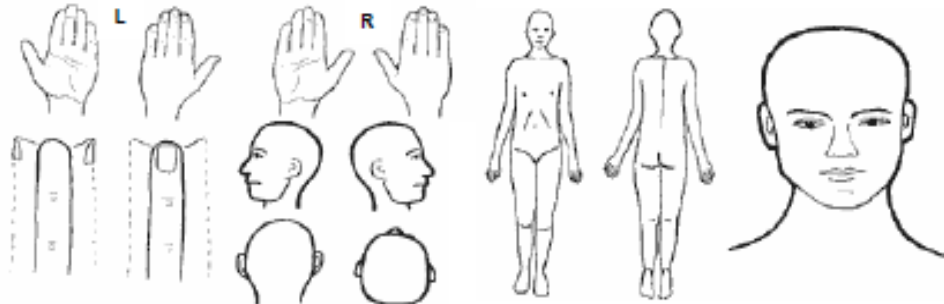
- Yes: _____ No Unknown

Are there dangers in the home (i.e. dogs, weapons, meth lab, etc.)?

- Yes: _____ No Unknown

Incident Information, continued

Please describe the nature and extent of the child's injuries, neglect or endangered condition (indicate sites on body map):



Alleged types and/or indicators of suspected maltreatment; check all that apply. (Note: This is not an exhaustive list)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Abrasions/laceration | <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Inadequate clothing | <input type="checkbox"/> Substance abuse by caretaker |
| <input type="checkbox"/> Age-inappropriate sexual behavior | <input type="checkbox"/> Failure to obtain medical attention | <input type="checkbox"/> Inadequate or dangerous shelter | <input type="checkbox"/> Threat of harm |
| <input type="checkbox"/> Bite marks | <input type="checkbox"/> Failure to protect | <input type="checkbox"/> Inadequate physical care | <input type="checkbox"/> Vaginal penetration/intercourse |
| <input type="checkbox"/> Bone fracture (not skull) | <input type="checkbox"/> Failure to provide adequate nutrition | <input type="checkbox"/> Lack of supervision | <input type="checkbox"/> Wounds/cuts/punctures |
| <input type="checkbox"/> Bruises/welts | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Mental trauma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Burns/scalds | <input type="checkbox"/> Fondling | <input type="checkbox"/> Pornography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Exposure to adult sexuality | <input type="checkbox"/> Head trauma | <input type="checkbox"/> Skull fracture | <input type="checkbox"/> Other: _____ |

Identify any child or adult who gave an explanation of the child's injury/condition and the date; What did the child or adult say happened?

How do you know this child? How long have you known him/her? When did you last see the child, and what was his/her condition? Does the child have any injuries now?

When did the incident occur (time, date, location)? Did you witness the incident?

Other pertinent information, including the name and address of others who may be willing to provide information about this case:

One Week Follow-Up

DHS Caseworker: _____ Phone number: _____ - _____ - _____ County: _____

Was this report: Accepted Screened out Don't know

Was this report assigned for: Investigation Assessment No Don't know

What priority was assigned by DHS (if known)? Priority 1 (urgent) Priority 2

Notes: _____

Have you had any problems or concerns interfacing with the local OKDHS / child welfare agency in making this report?

- Yes No → If YES please describe: _____

Reporter's Signature: _____ Today's date: ____/____/____

Please Print	PHOCIS Client Information Worksheet	Please Print
The information completed below applies to the client receiving services today		
REASON FOR TODAY'S VISIT:	TODAY'S DATE:	
Client Last Name:	Client Home Address :	
Client First Name:	City:	State: Zip:
Client Middle Name:		
Suffix – (circle one, if applicable) II III IV Jr. Sr. V	Do we have permission to contact you at the address above? Yes No	
Client Date of Birth:	If you prefer to use a <i>confidential address</i> , please enter it here:	
Client SSN:		
Client Gender: Female Male	Client Phone Contacts:	
Is client a twin, triplet, etc.: Yes No	Cell Phone: ()	Home: ()
Client Birth Country:	Message: ()	Emergency: ()
Client Birth State:	Confidential: ()	Pager: ()
Client Language: American Sign Lang. English Other Spanish	Work: ()	SMS Text: ()
Is Client a Foster Child: Yes No	Contact Name and number for contact <i>other than self</i> :	
Client's Race (circle all that apply):		
American Indian/Alaskan Native	Client Email Address:	
Asian		
Black/African American	It is important that we are able to contact you in the event of an emergency. If you	
Native Hawaiian/Other Pacific Islander	prefer to be contacted at a confidential number, please be sure to list the confidential	
White	number above and enter the contact name if someone other than yourself.	
Race is only used for statistical purposes. Does not affect eligibility.		
Client's Ethnic Group: Hispanic or Latino Origin		
Not of Hispanic or Latino Origin	If the client is under 11 years of age please complete guardian information	
Client's Marital Status:	Relationship: Father Legal Guardian Mother Other	
Married Single Divorced	Guardian Last Name:	
Widowed Legally Separated Unknown	Guardian First Name:	
	Guardian M.I.	
Client's Mother's Maiden Name:	Guardian SSN:	
Financial Information: Some services may require additional information	Client Insurance: PLEASE HAVE ID AND CURRENT INSURANCE CARDS AVAILABLE	
Household Income:	Current Insurance Type:	
Number of people supported by Income:	No Insurance Private Medicare IHS Medicaid Military	

Appendix QQ

Routing Sheet

Child:

Provider/RC:

Action Requested:	Comments:	Done On:	Completed by:
___ Bill Medicaid	(see progress notes)		
___ Close File	Closure code: Closure Date:		
___ Make Copies	___ IFSP (#) ___ MECATS (#) ___ ASQ (#) ___ ASQ/SE (#) ___ Other:		
___ Mailing	What: To:		
___ Request records	From:		
___ Intake	___ Enter data		
___ Enter MECATS			
___ Update MECATS	___ Vision ___ Hearing ___ AT		
___ IFSP data	___ Initial : ___ Annual :		
___ Service delivery	___ new provider ___ modification		
___ Transition	___ Enter transition start date of:		
	___ Enter TPC date of:		
	___ Enter LEA Notification date of:		
___ Send letter	To:		
___ File documents			
___ Update data	Info to update:		
___ Reassign file	To:		
___ Fax to:	Info to fax:		
	Fax number:		

Appendix RR

SoonerStart Data Entry Procedures

Procedures for Accessing the SDE/EI/SoonerStart Database:

1. Go to <http://www.ok.gov/sde/>
2. Click on the “Resources” tab
3. Click on the “Oklahoma Education Single Sign-On”
4. Enter your Username and Password
5. Click on appropriate county by R# under “Early Intervention – SoonerStart”

Data Entry for Referral:

Information to be entered can be found on the “SoonerStart Referral Form”

1. Enter username and password
2. When prompted: click appropriate R# link
3. Click “Search” in the left hand corner
4. Click “Client Name” in Step 1
5. Click “Client Name” in Step 2
6. Check box to include closed cases in Step 3
7. Enter last name of client in box in Step 4
8. Click “search”
9. Check for previous or current referrals
10. Repeat Steps 1 through 4 but with date of birth
11. Click “search”
12. Check for previous or current referrals
13. If the client is not found or it has been too long to re-open (See Re-Referral/Re-Open Procedures) scroll to the bottom of the list and click to enter a new client
14. Complete “child info” tab and save
 - If the child is on DHS custody, please check box. All DHS referrals are on a special referral form that will state that the child is in custody or not in custody
15. Complete “family info” and save
16. Complete “referral info” and save

Intake Procedures and Data Entry:

Information to be entered can be found on the “SoonerStart Referral Form” & “SoonerStart Intake Form”.

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1. Enter username and password
2. When prompted: click appropriate R# link
3. Enter child's last name on home screen
4. Scroll down and click "circle" on child's name
 - Make sure it is the right referral date
5. Scroll back up to the top of the page and click "client"
6. Click "Resource" tab
 - Enter physician information
 - Enter SSN
 - Enter Medicaid #
 - Click Yes/No to Private insurance
 - If yes, click drop down and select appropriate response (most will be "other")
 - Enter Family Interview (intake) date
 - Click "save"
7. Click "Prenatal Info" Tab
 - Answer questions 1-8
 - Click "save"

Evaluation/MECATS Procedures and Data Entry (Qualify through automatic qualifier):

Information to be entered can be found on the "SoonerStart MECATS Form".

1. Enter username and password
2. When prompted: click appropriate R# link
3. Enter child's last name on home screen
4. Scroll down and click "circle" on child's name
 - Make sure it is the right referral date
5. Scroll up and click on "METS"
6. Click "add new"
7. Enter:
 - METS (MECATS) Date
 - Vision: Screening date and click "Pass, Fail or Pending"
 - Hearing: Screening Date and click "Pass, Fail or Pending"
 - Scroll through "prim diagnosis" and locate diagnosis listed on page 2 of the "MECATS" form

Appendix SS

- Click “Save”
8. Click “METS Eligibility” Tab
 9. Check to make sure that #3 is checked and the diagnosis is listed
 10. Click “Yes” on “Is the child eligible for SoonerStart services?”
 11. Enter any “recommendations”
 12. Click “save”

Evaluation/MECATS Procedures and Data Entry (eligibility determined through evaluation):

Information to be entered can be found on the “SoonerStart MECATS Form”

1. Enter username and password
 2. When prompted: click appropriate R# link
 3. Enter child’s last name on home screen
 4. Scroll down and click “circle” on child’s name
 - Make sure it is the right referral date
 5. Scroll up and click on “METS”
 6. Click “add new”
 7. Enter: METS(MECATS) Date
 8. Vision: Screening date and click “Pass, Fail or Pending”
 9. Hearing: Screening Date and click “Pass, Fail or Pending”
 10. Click “Save”
 11. Click “Dev Eval”
 13. Enter “METS (MECATS)” date and click “submit”
 14. Enter “Developmental BDI-2 scores” into the “Standard Score” boxes (can be found on the 3rd page of the “MECATS” form)
 15. Click “Submit”
 16. Click “METS Eligibility” Tab
 17. Click appropriate response to 1-4 (Can be found on the 2nd page of the “MECATS” form)
 18. Click Yes, No, or Pending on “Is the child eligible for SoonerStart services?”
 19. Enter any “recommendations”
 20. Click “save”
- * If the child is not eligible: Enter METS (MECATS) date as the close date (be sure to check the “exit” tab and make sure the date transferred over and status “04” is marked).

Individualized Family Service Plan (IFSP) Procedures and Data Entry:

Information to be entered can be found on the “SoonerStart IFSP Form”. MECATS must be entered prior to entering the IFSP.

1. Enter username and password
2. When prompted: click appropriate R# link
3. Enter child’s last name on home screen
4. Scroll down and click “circle” on child’s name
5. Make sure it is the right referral date
6. Scroll up and click on “IFSP”

Initial IFSP:

1. Click “IFSP” button
2. Enter IFSP date
3. Enter Primary Service Location (drop down list): That information can be located on the “Section 5” of the IFSP
4. Click YES or NO on the Assistive Technology circles and then check what types of AT (that information can be located on the outcome pages of the IFSP) – **SKIP THIS STEP**
5. Click “save”
6. Click “add new”
7. Enter “Provider name” (drop down menu)
8. Enter “Type of Service” (drop down menu): usually the same of the discipline of the provider. Example: Jeff Gaudreau – Speech Language Pathologist – Speech Language Pathology (licensed)
9. Enter “Service Location” (drop down menu)
10. Enter “Frequency of Service”: Number of times in a month or week
11. Enter “Number of minutes per visit”
12. Enter “Beginning date”
13. Mark YES or NO: Is this location in the child’s natural environment
 - If no, list why?

- * **Information to be entered for 7 – 13 can be located on the “Section 5 & 6” of the IFSP**
- * **If there are more than one provider: repeat steps 6 - 13**
- * **Do not enter the “End Date” when entering any IFSP service. It is only entered when we are closing out a particular service or the IFSP has ended**

Appendix SS

Annual IFSP

1. Click “Initial IFSP” button and end all the services listed
 - If the annual IFSP was completed less than 12 months from the initial IFSP, the date that the annual was completed will be the end date
 - If the annual IFSP was completed more than 12 months from the initial IFSP, the date will be a year from the initial IFSP
 2. To enter the new service plan, go back to the IFSP tab at the top and click on it
 3. Under “Review Dates” click the appropriate annual review (12 month or 24 month)
 4. Click “IFSP” button
 5. Enter IFSP date
 6. Enter Primary Service Location (drop down list): That information can be located on the “Section 5” of the IFSP
 7. Click YES or NO on the Assistive Technology circles and then check what types of AT (that information can be located on the outcome pages of the IFSP) - **SKIP THIS STEP**
 8. Click “save”
 9. Click “add new”
 10. Enter “Provider name” (drop down menu)
 11. Enter “Type of Service” (drop down menu): usually the same of the discipline of the provider. Example: Jeff Gaudreau – Speech Language Pathologist – Speech Language Pathology (licensed)
 12. Enter “Service Location” (drop down menu)
 13. Enter “Frequency of Service”: Number of times in a month or week
 14. Enter “Number of minutes per visit”
 15. Enter “Beginning date”
 16. Mark YES or NO: Is this location in the child’s natural environment
 - If no, list why?
- * **Information to be entered for 10 – 16 can be located on the “Section 5 & 6” of the IFSP**
- * **If there are more than one provider: repeat steps 9 - 16**
- * **Do not enter the “End Date” when entering any IFSP service. It is only entered when we are closing out a particular service or the IFSP has ended**

Adding a New Provider to Existing IFSP

1. Click on the appropriate IFSP date (whichever IFSP you are currently in)
2. Repeat steps from Initial IFSP 6 – 13

Appendix SS

Modifying a Current Provider's Services (Same provider different frequency of service)

1. Click on the appropriate IFSP date (whichever IFSP you are currently in)
2. Click on the provider name that you are modifying and enter the "modified end date" in the "end date" box (Modified End date can be located on the "Section 5" of the IFSP)
3. Click "save"
4. Repeat steps from Initial IFSP 6 – 13

Ending a Current Provider's Services

1. Click on the appropriate IFSP date (whichever IFSP you are currently in)
2. Click on the provider name that you are modifying and enter the "modified end date" in the "end date" box (Modified End date can be located on the "Section 5" of the IFSP)
3. Click "save"

Early Childhood Outcomes (ECO) Procedures and Data Entry

Information to be entered can be found on the "Child Outcomes Summary" form

1. Enter username and password
2. When prompted: click appropriate R#
3. Enter child's last name on home screen
4. Scroll down and click "circle" on child's name
5. Make sure it is the right referral date
6. Scroll up and click on "ECO"
7. Entry:
 - Enter "date"
 - Enter 1 – 7 score for each of the three questions listed on the summary form
 - Click "save"
8. Exit:
 - Enter "date"
 - Enter 1 – 7 score for each of the three questions listed on the summary form & mark "Yes" or "No" on whether progress was made
 - Click "save"

Exit Procedures and Data Entry

Information to be entered will be found on the "SoonerStart Route Sheet"

1. Enter username and password
2. When prompted: click appropriate R# link

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3. Enter child's last name on home screen
4. Scroll down and click "circle" on child's name
5. Make sure it is the right referral date
6. Scroll up and click on "exit"
7. Enter the date of closure
8. Enter the code of closure
9. Click "save"



SoonerStart Early Intervention Program **Confidential Record**

Child Information:

First Name:	Middle Initial:	Last Name:	Date of Birth:
-------------	-----------------	------------	----------------

The following persons have accessed these records:

Signature	Purpose	Date

These EI records are to be maintained in a confidential manner in accordance with the Family Educational Rights and Privacy Act (FERPA) (34 CFR Part 99), and Individuals with Disabilities Education Act (34 CFR 300.614), and the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457, 34 CFR 303.406).



SoonerStart Early Intervention Program Change of Demographic Information

Section 1: Child Information				
First Name:	Middle Initial:	Last Name:	New Name: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth:
Section 2: Family Information				
Caregiver's Name:			Relationship:	
Caregiver's Name:			Relationship:	
Address:			City:	
State: OK	Zip:		New Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other			New Number: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Section 3: Office Use				
Date of Change:			Date of Data Entry:	

Consent for Service

Name _____ Date of Birth _____

I, the undersigned, give my consent for the services that I am requesting from the Oklahoma State Department of Health and its entities/contractors. I understand that the risks and benefits for these services will be explained to me and that I will have the opportunity to ask questions.

I also understand that:

- The information regarding myself and the services I receive will be entered into OSDH management information systems and may be used for program evaluation, management and billing purposes.
- I will not be denied service because of my inability to pay;
- I may refuse service at any time.

AUTHORIZATION FOR RELEASE OF INFORMATION AND ASSIGNMENT OF THIRD PARTY PAYMENTS: I hereby expressly authorize the Oklahoma State Department of Health (OSDH) to release all necessary information to any insurance company, health plan or other entity (third party payor) which may be responsible for paying for my care. I authorize and direct all payors to pay all benefits due for such care directly to the OSDH, and I hereby assign such sums to them. I understand this authorization and assignment shall remain valid unless I provide written notice of revocation to OSDH and the third party payor signed and dated by me; however, such revocation shall not be effective as to information released and/or charges incurred prior to such revocation.

I acknowledge that I have received a copy of the Oklahoma State Department of Health Privacy Statement as required by the Health Information Portability and Accountability Act.

Self
Other (Specify)

Printed Name of Consenter

Relationship to Client

Signature of Consenter

Date

Additional Signature (if required)

Date

Appendix VV

Audiology Service Provider Notes – SoonerStart Early Intervention Program



Child's Name Last First MI			Date of Birth	Child's County of Residence	Diagnosis Code: 3159	Date of Service
Location Type (Check One): <input type="checkbox"/> County Health Department <input type="checkbox"/> Therapist's Office/Outpatient Clinic <input type="checkbox"/> Other (indicate where): _____			Encounter Type: Audiology Services		Attendance (Check One): <input type="checkbox"/> Attended <input type="checkbox"/> Not Attended - Reason (Check One): <input type="checkbox"/> Client Cancelled <input type="checkbox"/> State Holiday <input type="checkbox"/> Clinic Cancelled <input type="checkbox"/> Couldn't find family <input type="checkbox"/> Client No-Show <input type="checkbox"/> Weather <input type="checkbox"/> Provider Cancelled	
Starting Time:	Ending Time:	Total Time (in minutes)	My signature verifies that this service occurred.			
			Parent/Caregiver Signature			

Did this Audiologist have a current license on the date the services were rendered? Yes No
 *SoonerStart will not seek reimbursement from Medicaid for EI services provided to children who are **enrolled for Medicaid as well as other medical benefits/insurance**. In these situations, do not complete the procedure code section. Please document procedures performed in the Audiologist Notes section below. This will allow the EI contractor to invoice SoonerStart for services provided, and it will ensure the program does not bill Medicaid for services provided to children enrolled in Medicaid and other insurance.

Check each procedure completed	Procedure Code	Modifies	Procedure Code Description
	92550	TL	Tympanometry & Reflex Threshold Measurement (92567 & 92568 combined)
	92551	TL	Screening test, pure tone, air only
	92552	TL	Pure Tone audiometry (threshold): air only
	92553	TL	Pure Tone audiometry (threshold): air and bone
	92555	TL	Speech Audiometry: threshold only
	92556	TL	Speech Audiometry: threshold with speech recognition
	92557	TL	Comprehensive Audiometry Threshold Evaluation & Speech Recognition (92553 & 92556 combined)
	92567	TL	Tympanometry (Impedance testing)- one or both ears
	92568	TL	Acoustic Reflex Testing; threshold - one or both ears
	92579	TL	Visual Reinforcement Audiometry (VRA)
	92582	TL	Conditioning Play Audiometry
	92585	TL	ABR (Auditory evoked potentials) – comprehensive
	92586	TL	ABR (Auditory evoked potentials) – limited (screening)
	92587	TL	OAE (otoacoustic emissions) – limited / screening (single stimulus level, either transient or distortion products)
	92588	TL	OAE – comprehensive / diagnostic (comparison of transient and or distortion products at multiple levels & frequencies)
	92590	TL	Hearing Aid examination and selection: monaural (one ear)
	92591	TL	Hearing Aid examination and selection: binaural (both ears)
	92592	TL	Hearing Aid check: monaural (one ear)
	92593	TL	Hearing Aid check: binaural (both ears)
	92620	TL	Central auditory function test(s)—initial 60 minutes
	92621	TL	Central auditory function test(s)—each additional 15 minutes
	V5264	TL	Ear Mold (1 mold) / insert, not disposable, any type
	V5275	TL	Ear Mold Impression (each)
	69210	None	Removal of impacted cerumen, one or both ears- needed to be done in order to complete the testing (EI cannot bill Medicaid for this)

AUDIOLOGIST NOTES: ALSO ATTACH A COPY OF THE AUDIOLOGICAL REPORT & TESTING PRINTOUTS. IF MORE ROOM IS NEEDED, USE OSDH FORM 303G AS A CONTINUATION SHEET. ALSO USE OSDH FORM 303G TO DOCUMENT ALL "NON-ENCOUNTER" ACTIVITIES SUCH AS TIME SPENT WRITING EVALUATION REPORTS, STAFFING, PHONE CALLS & CONSULTATION.

Date note written/finished:	Service Provider's Name (print):	Discipline: Audiologist	Service Provider's Signature:
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Appendix WW

Instructions

Audiology Service Provider Notes – SoonerStart Early Intervention Program
ODH form 641-A – revised 7/2012



Purpose of Form

The Audiology Service Provider Notes, ODH No. 641-A, provide documentation regarding audiological testing & audiological therapeutic services provided for children in the SoonerStart Early Intervention Program, including documentation of all no shows and cancellations (including those due to service provider's vacation or sickness). We are required to account for every hour of service promised on the IFSP. If therapeutic services were provided, the narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. This form is also used to capture information for the EI module in PHOCIS (the OSDH client services database) and for Medicaid billing. **It is critical that all encounters that were “attended” or “not attended” get documented & entered into PHOCIS since this will affect the accuracy of data & reports in PHOCIS regarding services provided or attempted by an individual service provider.**

Preparation of Form

EI audiology contract providers are to complete this form using black or blue ink. Each provider must complete his or her own Service Provider Note even if more than one provider was there (co-writing of notes is no longer allowed). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit. If more room is needed to document the narrative portion of the note, the Progress Notes, ODH form 303G, is used as a continuation sheet. The ODH 303G should also be used to document all “non-encounter” activities such as telephone calls, evaluation report writing, consultation with the child's doctor, staffing, etc.

Child's Name: Enter the full name of the child. Last, First, Middle Initial.

Date of Birth: Enter the date of birth for the child. (Ex: 1/14/04, 10/15/03, etc...)

Child's County of Residence: Enter the name of the county of the child's residence (ex: Cleveland). If the child has more than one residence, such as in a joint custody situation, enter the county of residence where the EI services are being delivered.

Diagnosis Code: At this point in time, there is only one diagnosis code for all children in SoonerStart. It is “3159 -Unspecified Developmental Delay”. The 3159 code is printed on the form.

Date of Service: Enter the date of service. (Ex: 5/17/04, 10/15/04, etc...).

Encounter Activities

Location Type (Check One): Check one box for the location setting where the service took place. If the encounter was “not attended”, check the box for the location where the visit would have occurred.

Encounter Type: The encounter type, Audiology Services, is printed on the form.

Attendance: Check if the scheduled visit was “attended” or “not attended”. If “not attended”, check one box for the reason why. These reasons why match the choices in the EI module in PHOCIS. Put details regarding the reason for the cancellation in Service Provider note narrative section (ex: Mrs. Gonzales cancelled today's appointment since Juan is in the hospital).

Starting Time: Enter the starting time of the service visit. Use military time (ex: 14:00 for 2:00pm). If “not attended”, enter scheduled starting time in military time.

Ending Time: Enter the ending time of the service visit. Use military time (ex: 14:00 for 2:00pm). If “not attended”, enter scheduled ending time in military time.

Total Time (in minutes): Enter the total length of the service in minutes. If “not attended”, enter the length of time that was scheduled in minutes.

Appendix WW

Parent/Caregiver Signature: If the encounter was “attended”, have the parent/caregiver sign for all services that involved face-to-face contact with them. Explain that their signature just verifies that this service took place at the time and place indicated. If the service was done via videoconferencing, videophone, or other means other than face-to-face contact, write that in the signature blank. If the parent/caregiver refuses to sign, ask for the reasons why and indicate those in the signature blank.

Procedure Information

Did this Audiologist have a current license on the date the services were rendered? : Check “yes” or “no”.

Do not complete this section if the encounter was “not attended”.

Do not complete this section if the child is dually covered by Medicaid and private insurance.

SoonerStart will not seek reimbursement from Medicaid for EI services provided to children who are enrolled for Medicaid as well as other medical benefits/insurance. In these situations, do not complete the procedure code section. Please document procedures performed in the Audiologist Notes section below. This will allow the EI contractor to invoice SoonerStart for services provided, and it will ensure the program does not bill Medicaid for services provided to children enrolled in Medicaid and other medical benefits/insurance.

Procedure Code: For all encounters that were “attended”, check the appropriate CPT/HCPCS procedure code for each procedure completed on that visit regardless of whether or not the child was on Medicaid at the time of the service. Some activities do not have a procedure code (ex: IFSP or IFSP review, Transition Planning Conference). In this case you will just describe the activity in the narrative portion of the note.

Modifier: All CPT & HCPCS codes have at least one modifier. Modifier “TL” has been pre-printed on the form. This modifier indicates that it is a “SoonerStart EI” service.

Audiology Notes Narrative

Audiologist notes should document who was present, parent/caregiver report, Audiologist’s observations, audiological testing results & recommendations. Also attach a copy of the audiological report, audiogram, ABR and/or OAE, tympanometry printout, etc. If therapeutic services were provided, the narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. Notes may be handwritten as long as the handwriting is legible. If not, they should be typed. Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion. If more room is needed to document the narrative portion of the note, the Progress Notes, ODH form 303G, is used as a continuation sheet.

Date note written/finished: Enter the date the service provider finished completing this form, including the entire SOAP note narrative. (Ex: 3/17/04, 10/15/04, etc...).

Service Provider’s Name (print): Print the service provider’s full name (first name, last name).

Discipline: “Audiologist” is pre-printed on the form since only Audiologists use this form.

Service Provider’s Signature: The service provider completing this form signs his/her name. The signature must be original (no photocopied signatures). The signature verifies that they did indeed provide this service and that the information contained on this form is accurate.

Routing & Filing: The EI audiology contract providers mail the original to the county who made the referral. The EI clerk will complete data entry for PHOCIS. **It is critical that all encounters that were “attended” or “not attended” get entered into PHOCIS since this will affect the accuracy of data & reports.** After data entry is completed, the original is then filed in the child’s EI health department record.

Appendix WW

OKLAHOMA STANDARD AUTHORIZATION TO USE OR SHARE PROTECTED HEALTH INFORMATION (PHI)

Patient Name: _____ Medical Record #: _____

Date of Birth: _____ Social Security #: _____

I hereby authorize _____
Name of Person/Organization Disclosing PHI

to release the following information to _____
Name and Address of Person/Organization Receiving PHI

Information to be shared:

- Psychotherapy Notes (if checking this box, no other boxes may be checked) Entire Medical Record
- Billing Information for _____ Mental Health Records
- Substance Abuse Records Medical information compiled between _____ and _____
- Other: _____

The information may be disclosed for the following purpose(s) only:

- Insurance Continued Treatment Legal At my or my representative's request
- Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to the person/organization disclosing the information and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment or payment of claims.
- My medical information may indicate that I have a communicable and/or non-communicable disease which may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea or HIV or AIDS and/or may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.
- I understand I may change this authorization at any time by writing to the person/organization disclosing my PHI.
- I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by the Privacy Regulation.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event: _____

Signature of Patient or Legal Representative

Date

Description of Legal Representative's Authority

Expiration date (if longer than one year from date of signature or no event is indicated)

Instructions for Oklahoma Standard Authorization to Use or Share Protected Health Information (PHI)

1. Indicate patient name and date of birth.
2. OPTIONAL: Indicate Medical Record # and/or Social Security #.
3. Indicate the name of person/organization disclosing PHI.
4. Indicate the name and address of person/organization receiving PHI.

Information to be shared:

1. Check the appropriate box.
2. If the information to be shared is not listed, check the "other" box and indicate what information is to be shared in the space provided.
 - a. If billing information is shared, indicate which billing information is requested. If all billing information is requested, just check the box.
 - b. If psychotherapy notes are requested, no other information can be shared. A separate Authorization must be completed for additional information.

Purpose for disclosing information:

1. Check the appropriate box.
2. If the purpose is not listed, check the "other" box and indicate the purpose in the space provided.

Expiration Date:

1. Unless otherwise indicated at the bottom of the form, the expiration date is one year from the date of the patient's signature or upon the occurrence of an event chosen by the individual.
 - a. If the patient chooses an event, list the event in the space provided.
 - b. If the patient chooses to make the expiration date longer than one year, indicate in the space provided at the bottom of the form.

Signature:

1. Obtain the signature of the patient or Legal Representative
2. If a Legal Representative signs the form, indicate the description of the Legal Representative's authority.

Date:

1. The date is the date the form is signed.

SoonerStart Early Intervention Program

Comprehensive Review of Compliance and Related Requirements

Reviewer's Worksheet

Client ID: _____

Region: _____

Date of Record Review: _____

Child's DOB: _____

Site: _____

Record Reviewer: _____

Explanation of Procedures for Annual On-Site Compliance Monitoring and Comprehensive Review

As part of the Oklahoma State Department of Education's SoonerStart Early Intervention Program General Supervision and Monitoring System under Part C of IDEA, each SoonerStart site is required to receive a yearly compliance review on-site and subsequent quarterly compliance and/or verification reviews via data review or onsite at the discretion of the Program Manager. In addition to the annual on-site compliance monitoring of Compliance Indicators #1, #7, #8a, #8b and #8c for early intervention activities occurring in the 1st quarter of the fiscal year, this visit includes a comprehensive review of both compliance and related requirements for 10% or no fewer than five early intervention records from each site. These records will be randomly selected from the previous list of all children who had an IFSP target date or transition target date during the 1st quarter of the fiscal year. At least 25% of these records selected for the comprehensive review must be a child who exited Part C and transitioned to preschool special education during the year. The on-site review is designed to gather data from each site on their performance related to all of Oklahoma's Monitoring Indicators on the State's Annual Performance Report (APR).

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Timely Services - SPP/APR Indicator 1	Was each service initiated on its respective projected date, i.e. no later than 15 working days following the parent's approval (signature/date) of the IFSP? (303.344(f))				The reviewer should identify any IFSP service that was not initiated within 15 working days of the date the parent signed consent for the service. <u>If not, calculate number of days for #2.</u>	
	If not, how many days before the service was initiated?				If answered no to #1, <u>calculate number of working days</u> from date parent consented to the first service date.	
	What were the reasons for the delay:					
	a. Due to family circumstances?					
	b. Due to weather circumstances?					
c. Due to provider circumstances?						
d. Other (specify) _____						
Natural Environments -SPP/APR Indicator 2	Was the service provided in the natural environment (i.e. home or community setting)?					
	If not, is there written justification for that determination based on the family and child outcomes?					
Child Outcomes – SPP/APR Indicator 3	Does the child's chart contain an Entry Child Outcome Summary Form (COSF)?				An Entry COSF should be completed within 30 days of the IFSP date for any child who is expected to receive early intervention services for at least 6 months. (IFSP date greater than 6 months before third birthday)	
	Does the child's chart contain an Exit Child Outcome summary Form (COSF)?				An Exit COSF should be completed within 30 days following the chart closure date for any child who received early intervention services for at least 6 months.	
	Does the child's initial and/or exit COSF include functional evidence that is appropriate for each outcome area and that is consistent with the rating provided by the team?				The reviewer should review COSFs completed during the fiscal year and should consider the following: 1. Is the evidence provided on the COSF functional information about the child's skills and behaviors? 2. Is there a sufficient amount of evidence provided on the COSF to support the ratings given in each outcome area? 3. Is the evidence provided consistent with the ratings given on the COSF? (i.e. If the rating is "5", is there a mix of age appropriate and non-age appropriate skills and behaviors?)	
Parent Involvement -SPP/APR	Is there evidence that the SoonerStart Parent Survey been provided to the family to determine if Early Intervention Services				Documentation that the SoonerStart Parent Survey was provided to the family at the Annual IFSP review and/or upon exit from the program should be written	

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Indicator 4	have helped families: A. Know their rights B. Effectively communicate their children's needs C. Help their children develop and learn.				in the Service Coordinator or Service Provider Progress notes.	
Public Awareness SPP/APR Indicator 5 - Percent of infants and toddlers birth to 1 with IFSPs compared to national data. Indicator 6- Percent of infants and toddlers birth to 3 with IFSPs compared to national data.	Does the site have a Public Awareness Plan that targets:				Each site must have a Public Awareness Plan that is unique to their community, indicates specific activities to be accomplished, by whom, and within what time frame.	
	a. State and Community service agencies					
	b. Minority, Low-Income, Inner-City or Rural Infants and Toddlers					
	c. Infants and Toddlers with Disabilities who are homeless					
	d. Indian Infants and Toddlers with disabilities					
e. Primary referral sources (especially hospitals and physicians)						

Topic Area	Question				Guidance for Record Reviewer	Reviewer Comments
Evaluation, Assessment and IFSP -SPP/APR Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Number of days from Referral to Determination of Eligibility?				Calculate the number of days from the receipt of referral to completion of MECATS.	
	Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains: (303.322(c)(3))	Yes	No	N/A	Evaluation and assessment requirements specify that, for purposes of determining initial eligibility, the multidisciplinary team must, with parent consent, include a review of pertinent records from the primary care physician and other sources related to the child's current health status, physical development (including vision and hearing), and medical history, or arrange for participation by primary health care providers. Many times information about hearing and vision are included in these records. Vision screenings of Part C children must be conducted according to a state approved vision-screening checklist. In cases where a child fails the checklist the child shall be referred to an appropriate professional for diagnosis and treatment.	
	a. Cognitive					
	b. Physical (e.g., gross motor, fine motor)					
	c. Communication (e.g. expressive and receptive language)					
	d. Social or emotional					
	e. Adaptive					
	f. Vision, Hearing				Information about the child's hearing and vision status must be recorded in the child's record and summarized in the IFSP.	
g. Health information				Relevant health information related to the child's participation in early intervention should be included in the IFSP. Information may include chronic medical conditions, relevant birth history, concerns expressed by the child's physician, etc.		
Clinical Opinion: Eligibility -	Is there documentation showing evidence that informed clinical opinion was used during evaluation and assessment? (303.322 (c)(2))	Yes	No	N/A	The reviewer should review the MECATS and eligibility statements to determine if informed clinical opinion was used to determine eligibility. The MECATS should contain information beyond test scores, including a description of developmental skills and evidence that informed clinical opinion was used to determine eligibility.	

Topic Area	Questions			Guidance For Record Reviewer	Reviewer Comments
IFSP 45 Day Timeline SPP/APR Indicator 7	Was the IFSP completed within 45 days of the referral date? (303.310(a))	Yes	No	The initial IFSP meeting must be completed within 45 days from the date the SoonerStart site receives the referral.	
<p>If no, CIRCLE reason below:</p> <p>A. Scheduling difficulties in assigning appropriate provider or coordinating team visits</p> <p>B. Scheduling difficulties due to staff turnover or shortage</p> <p>C. Unable to find an interpreter</p> <p>D. Staff related issues including illness, vacation, training, and leave</p> <p>E. Child/family illness or hospitalization</p> <p>F. Family missed scheduled appointment due to being no show</p> <p>G. Family missed scheduled appointment due to their cancellation</p> <p>H. Family moved/could not be found</p> <p>I. Family did not respond to contact attempts</p> <p>J. Cancelled due to weather</p> <p>K. Family Interview was not completed within 10 working days</p> <p>L. Initial Evaluation was not completed within 45 days of referral</p> <p>M. Initial Evaluation was not completed because child is automatically qualified but METS should have been completed.</p> <p>N. No Incomplete documentation found in child's record</p> <p>O. Family declined appointment</p> <p>P. Family declined services</p> <p>Q. Late referral to SoonerStart/Part C – IFSP Transition Steps and Services on the IFSP</p> <p>R. Late referral to SoonerStart/Part C – TPC</p> <p>S. Staff did not complete Transition activities in timely manner.</p> <p>T. Other (please describe)</p>				The 45-day period does not apply for any period when the child or parent is unavailable for the screening (if applicable), the initial evaluation or assessment of the child or family or the initial IFSP meeting due to exceptional family circumstances that are documented In the child's early intervention record.	
IFSP - Service Coordinator	Does the IFSP contain the name of the service coordinator who is responsible for the implementation of the SoonerStart services on the IFSP.	Yes	No		
IFSP - Family Assessment	Does the IFSP contains a statement of the family's concerns, priorities, and resources.			A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.	

IFSP - Present Levels of Development	Does the IFSP contain a statement of Present Levels of Development?	Yes	No		
IFSP - Outcomes and Strategies-	Does the IFSP include outcomes (or statements of measurable results) that are expected to be achieved, including pre-literacy and language as developmentally appropriate?				
	If yes, answer (a) through (d) below.			For (a) through (d) below, the reviewer should provide a "yes" response to the following questions, ONLY if the reviewer can answer <u>yes</u> that all IFSP outcomes (or strategies) for the child comply with the item/question.	
	a. Are IFSP outcomes measurable? (303.12 (a)(1), 303.344 (c))			IFSP outcomes should include criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary. Outcomes should state what the child will do or have, under what circumstances, and when. Outcomes should be specific enough to be able to determine when the outcome is achieved.	
	b. Are the IFSP outcomes stated to reflect family priorities, concerns and resources? ((303.12(a)(2))			A yes response to this question is if all child and family IFSP outcomes are clearly based on family concerns and priorities (e.g. there are clear connections between information on family Information section of the IFSP and the IFSP outcomes).	
	c. Are the IFSP outcomes functional and stated in terms of the child's participation in everyday routines and activities?			In determining if child IFSP outcomes are functional, a yes response would mean that they reflect what the child will do in everyday routines and activities. Child outcomes are not functional if they are written: <ul style="list-style-type: none"> • as services to be provided, and/or • in discipline-specific therapeutic language, and/or • in vague terms, and/or • without relevance to everyday routines and activities. 	
IFSP Outcomes and Strategies-	d. Do the strategies/activities support the capacity of the family/caregivers to enhance the child's development and achieve each IFSP outcome?			A yes response should be made if strategies and activities reflect the professional supporting the family/caregivers to implement intervention strategies, which take place in the home and community settings. If strategies and activities reflect only what the professional will do with the child and only include specialized places and equipment, then strategies are not designed to support the capacity of the family/caregiver.	

IFSP Service Implementation	What service(s) are identified on the IFSP as needed to achieve the child's outcomes? (303.12)		The service(s) identified should be reflective of the list of services outlined in 303.13 of IDEA Part C regulations.		
	Assistive Technology				
	Audiology				
	Child Development Services				
	Family Training, Counseling and Home visits				
	Health Services				
	Medical Services				
	Nursing Services				
	Nutrition Services				
	Occupational Therapy				
	Physical Therapy				
	Psychological Services				
	Service Coordinator				
	Signed Language and Cued Speech				
	Social Work				
Special Instruction					
Speech-Language Pathology					
Transportation and Related Costs					
Vision Services					
	Is the Service Delivery section of the IFSP completed with Start Date, End Date, Frequency, Length, Location of Service; Intensity, Method and Payment Source	Yes	No		
	Are the services identified on the IFSP provided by qualified personnel?				
	Was the IFSP reviewed every 6 months or more frequently if conditions warrant or the family requests a review , to determine the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made, and whether modification or revision of the results, outcomes or EIS identified in the IFSP is necessary?				
	Was an IFSP meeting conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family?				

Topic Area	Questions			Guidance For Record Reviewer	Reviewer Comments	
Transition Steps - SPP/APR Indicator 8a	Does the transition plan include the following steps to be taken to support the transition of the child? (303.344 (h)(2)):	Yes	No	N/A	The IFSP must include steps to be taken to support the transition of the child to preschool special education or to other services.	
	a. Discussions with and training of parents regarding future placements and other matters related to the child's transition? (303.344 (h)(2)(i))				Answer N/A ONLY if child is not yet age eligible for transition.	
	b. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting? (303.344 (h)(2)(ii))				Answer N/A ONLY if child is not yet age eligible for transition.	
Notification to the LEA - SPP/APR Indicator 8b	Was notification provided at least 90 days before the child's third birthday to the LEA in which the child resides that the child is potentially eligible for Part B services?				Answer N/A ONLY if child is not yet age eligible for transition.	
	If not, what were the reasons? (indicate all that apply)					
	a. Late referral to Part C					
	b. Parent did not agree to having a transition conference					
	c. Family scheduling difficulties					
	d. Child/family illness					
	e. Scheduling difficulties of LEA or provider of other services					
	f. Service Coordinator scheduling difficulties					
g. Other (specify _____)						

Transition Conference - SPP/APR Indicator 8C		Yes	No	N/A		
	<p>Was a transition planning conference held? (303.148(b)(2)(ii))</p> <p>If “yes”, skip to next Question.</p>				<p>It is the responsibility of the service coordinator to convene a transition planning conference (with parent agreement). This planning meeting can be held up to 9 months before the child’s third birthday if all participants are in agreement, but must be convened no later than 90 days prior to the child’s 3rd birthday (see indicator 7 below). If the LEA cannot attend, the planning conference must proceed. In the case of children who may not be eligible for preschool special education, with the approval of the family, reasonable effort should be made to convene a transition planning conference with providers of appropriate services to discuss the services that may be provided. Note: The transition planning conference should occur in the family’s native language or other mode of communication.</p> <p>Answer N/A ONLY if child is not yet age eligible for transition.</p>	
	If not, what were the reasons? (indicate all that apply)					
	a. Late referral to Part C				This items means that referral to Part C was made too late to schedule a transition planning conference.	
	b. Parent did not agree to having a transition conference					
	c. Family scheduling difficulties				Family scheduling difficulties could include parent delaying evaluations, parent rescheduling meetings, family failing to show for the conference, etc.	
	d. Child/family illness					
	e. Scheduling difficulties of LEA or provider of other services				Provider of other services means those providers that will be providing services to the child when the child is not being referred to preschool special education services.	
	f. Service Coordinator or Service Provider scheduling difficulties					
	g. Other (specify) _____					

Transition Conference - SPP/APR Indicator 8C	Did the transition planning conference occur at least 90 days (or at the discretion of the parties up to 9 months) before the child is eligible for preschool services under Part B? (303.148(b)(2)(i))	Yes	No	N/A	This question should only be answered yes or no for children who have been referred to preschool special education services. Answer N/A ONLY if child is not yet age eligible for transition.
	If not, indicate why not (all that apply)				
	a. Late referral to Part C				Indicates that referral was made too late to schedule a 90 day meeting.
	b. Parent did not agree to having a transition conference with the LEA				Family declined to meet with the LEA to explore Part B services at age three.
	c. Family Scheduling difficulties				Family scheduling difficulties could include parent delaying evaluations, parent rescheduling meeting(s), family failing to attend conference, etc.
	d. Child/Family Illness				
	e. Scheduling difficulties of LEA				
	f. Service Coordinator or Service Provider scheduling difficulties				
	g. Other (specify) _____				
If the LEA did not attend the Transition Planning Conference, is there documentation that the LEA was invited to attend?				The LEA must be invited to attend the TPC for any child that is potentially eligible for Part B services if the family does not decline a meeting with the LEA.	

Topic Area	Questions			Guidance For Record Reviewer	Reviewer Comments	
Procedural Safeguards	Is there evidence that the family was given the <i>Parent Rights for SoonerStart Services – Notice of Procedural Safeguards</i> handbook at the initial visit or before the evaluation for eligibility was completed?	Yes	No			
	Was parental consent obtained prior to conducting the screening (if applicable), initial evaluation and assessment? (303.345(a))				The reviewer should compare the date on the copy of the consent for the screening (if applicable), initial evaluation and assessment with the date the initial evaluation and assessment was provided.	
	Was parental consent obtained on the IFSP prior to the initiation of early intervention services?				The reviewer should ensure that the Service Delivery page of the IFSP is signed by the parent and dated before services are initiated.	
	Was Written Notice to Parents (Notification of Meeting) provided to the parent early enough before the IFSP meeting (initial, annual or review) and/or the Transition Planning Conference to ensure that they will be able to attend?				The Notification of Meeting is required to be provided to the parent before the initial, annual and IFSP reviews and Transition Planning Conference before the meeting takes place.	
	Is there evidence that the parent was given written prior notice before and/or after each of the following events and that the content of the notice clearly described the action that will be taken and its purpose: (303.403(b)),	Yes	No	N/A	Written prior notice must be given to the parents in a reasonable time before the early intervention program proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or prior to providing early intervention services. The notice must be in sufficient detail to inform the parents about the action that is being proposed or refused; the reasons for the action; all procedural safeguards; and the state's complaint procedures. Notice must be provided in family's native language or other mode of communication. For (a) through (j) below, the reviewer should compare the date on the copy of the written prior notice with each of the actions that occurred and required written prior notice.	

	a. Screening following referral to Part C, if provided?				In some situations, infants and toddlers may need to be screened following referral to Part C to determine if evaluation and assessment is appropriate. Under these circumstances, written notice must be provided to families. Providing written prior notice is NOT required if screening is conducted as a child find activity for Part C.	
	b. Initial evaluation and assessment?					
	c. Initial IFSP meeting?					
	d. Initiating of services on the IFSP?					
	e. IFSP reviews?					
	f. Initiating of new services on the IFSP?					
	g. Subsequent evaluations?					
	h. Annual IFSP meetings?					
	i. Transition Conference?					
	j. Discontinuing/exiting services?					
System of Payments	Is there evidence that if the family already enrolled in SoonerCare (Medicaid) that the family was provided Prior Written Notice before billing Medicaid for early intervention services?				Prior written notice for Medicaid must be provided to the enrolled family before billing for early intervention services.	

Appendix YY

COMPLIANCE AND VERIFICATION FOLLOW-UP REPORT

Satellite:

Compliance Review:

Date:

Charts Reviewed: 7/1/2014 to 9/30/2014

Indicator	# of charts Reviewed	# of charts in compliance	# of charts in non-compliance	DESCRIPTION
#1 Timely Services				
#7 45 day Timeline				
#8a Transition Steps on IFSP				
#8b Transition Notif to LEA				
#8c Transition Timely TPC				

Total Overall Percentage for 1st Quarter Compliance Monitoring = %

NOTES

Appendix ZZ

March 2013

TECHNICAL ASSISTANCE REPORT

DATE:

PROVIDED TO:

SITE:

TECHNICAL ASSISTANCE REQUEST:

TECHNICAL ASSISTANCE PROVIDED:

PROGRAM MANAGER:

Lou Anne Mullens