SoonerStart Early Intervention

Operations Manual – Revised June 2018

SOONER START

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.

<u>The SoonerStart Mission Statement</u>

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.

<u>SoonerStart 8 Key Principles</u>

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.

<u>What is SoonerStart?</u>

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 the 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) that is updated on an annual basis. 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) 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. The toll free number for OPC is 1-877-553-4332.
- 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.

1201: DEFINITION OF PARENT (New – September 2017)

SoonerStart often receives referrals for children who live with a person other than their biological or adoptive parent. SoonerStart uses the definition(s) of parent outlined in § 303.27 of the IDEA Part C regulations when determining who has the authority to make early intervention decisions for a child.

Parent is defined as:

a) The biological or adoptive parent of a child, or
b) A foster parent, or
c) A guardian authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child, or
d) An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or
e) an individual who is legally responsible for the child's welfare
f) A surrogate parent, or
g) An individual identified by a judicial decree or order to act as the ''parent'' of a child

Individuals who meet the definition of parent as described above, may consent for the child in their care to be referred, evaluated and receive SoonerStart services. SoonerStart does not have an obligation to seek out the biological/ adoptive parent.

In some instances, more than one party is qualified to act as the parent. SoonerStart may receive consent for a child's services from a relative or guardian meeting the definition of parent and later, the biological/adoptive parent may also "attempt to act" as the parent in authorizing early intervention services. In this situation, SoonerStart will presume the biological/adoptive parent may consent for services going forward unless he/she does not have the legal authority to do so.

If a judicial decree or order identifies a specific person, (foster parent, legal guardian, etc.) as the parent of the child, then the biological/adoptive parent is not authorized to act as the parent.

In accordance with IDEA regulations, SoonerStart does not require the parent to submit documentation authorizing him/her to act as a child's parent. If legal documentation is available, SoonerStart may request a copy for the child's record. However, a delay in obtaining the documentation should not postpone the initiation or continuation of SoonerStart services

1300: REFERRAL (Revised June 2017)

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 page of EdPlan for the referral to be complete:

- 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 and contact information (If the child is a CAPTA referral (in DHS custody), the DHS caseworker name and email address is needed)
- supporting documentation for referral

Children who are known to be in the custody of DHS upon referral must be identified in the EdPlan by noting that they are a CAPTA referral. When entering the referral source information, the referral source will be marked as "Department of Human Services" even if the DHS caseworker was not the person making the referral. The title of the person making the referral (foster parent, caseworker, etc.) will then be captured in the field marked "Referral Source Title". After noting DHS as the referral source the question "Is this a CAPTA (Child Abuse Prevention and Treatment Act) referral?" should be answered "yes".

Supporting documentation may include medical records of an automatic qualifying diagnosis or a release of information to contact the referral source 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 confirm the referral, conduct screenings and/or evaluations and determine eligibility.

A "confirmed" referral which starts the 45 day timeline is considered to be made when both of the following criteria have been met:

- SoonerStart office receives demographic/contact information from a referral source regarding a child with a suspected or identified developmental delay and
- Parents are verbally notified of the referral.

If the parent/guardian is the referral source, the referral is confirmed on the same date of the referral (referral date and confirmation date are the same). EdPlan is searched to determine if the child is currently receiving or has previously received early intervention services from SoonerStart. 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-Activation Procedures and Section 2504: Transfer Procedures for further information). The REIC assigns the child to a Resource Coordinator within two (2) working days from the date the referral was received from the referral source. As part of processing the referral, an assigned SoonerStart staff member should mail a **Medicaid Prior Written Notice (OK-SS Medicaid Written Notice)** to families of children who are currently Medicaid eligible.

The SoonerStart Resource Coordinator contacts the family to complete the Intake Process within ten (10) working days of the confirmed referral. The Resource Coordinator must make at least three (3) attempts to contact the family. Attempts are by phone, in person or by letter. If the Resource Coordinator is not able to contact the family within the ten (10) working days or if the family declines the referral, a letter is sent informing the family how to contact SoonerStart and the referral is cancelled and inactivated. If the family contacts SoonerStart again, the child's record is reactivated and a new referral is entered in EdPlan with a new referral date.

1301: INTAKE PROCESS (Revised June 2017)

The SoonerStart Resource Coordinator contacts the family by phone to complete the intake process within ten (10) working days of the confirmed 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 G)** has been provided as a helpful tool to assist in the explanation of the SoonerStart program and process. The intake process is documented in the Intake page of the EdPlan 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 Resource Coordinator determines if a child requires a developmental screening or is immediately scheduled for an evaluation for program eligibility. The Resource Coordinator sends the **Meeting Notice (OK-SS Meeting-Notice)** to the parent for the developmental screening or eligibility evaluation. If the child has Medicaid, the Resource Coordinator must notify the family that SoonerStart will bill Medicaid for all eligible services. A family can be notified by explaining and sending out the **Medicaid Prior Written Notice**. This must be provided to the family prior to any billing to occur with Medicaid. If the parent declines to continue in the SoonerStart process, a letter indicating how the parent may access early intervention services at a future date is sent to the family along with **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards (Appendix H) (link - http://sde.ok.gov/sde/soonerstart-families)** and the referral is cancelled and inactivated.

Before the developmental screening and/or eligibility evaluation and assessment are completed the Resource 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 I).**

1302: DEVELOPMENTAL SCREENING (NEW –June 2017)

SoonerStart uses the Ages and Stages Questionnaire (ASQ3) 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.

The ASQ and ASQ: SE is a tool 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 Resource 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 (OK-SS Consent-Screening)** satisfies both the PWN and parental consent requirements. After the screening has been completed, the Resource Coordinator provides the family with **Prior Written Notice (OK-SS Prior Written Notice)** which outlines the results of the screening and SoonerStart's proposal or refusal of additional services. The Consent for Screening and Prior Written Notice, and the Prior Written Notice may be completed and printed from the Documents page in the child's EdPlan record. A copy of the original ASQ is maintained in the child's SoonerStart chart. The results of the screening are documented in the child's record in the EdPlan database.

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 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. This adjustment will continue until 24 months of age.

1303: DEPARTMENT OF HUMAN SERVICES (DHS) REFERRALS

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.

The referral forms (DHS forms O4MP052E, 04MP053E) are 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 Resource Coordinator.

If the referral form is not complete or more information is needed, the SoonerStart Resource Coordinator contacts the DHS caseworker via email 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 and placed in the child's SoonerStart record.

The Resource 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 and Prior Written Notice (OK-SS Consent-Screening)** (if applicable) and/or the **Consent for Initial Evaluation/Assessment and Prior Written Notice (OK-SS Consent-Evaluation)**. If at any point the foster parent declines to consent, the Resource Coordinator contacts the DHS caseworker via email.

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 Resource Coordinator contacts the DHS caseworker via email to inform them that further evaluation is not recommended. The Resource 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)**, and **Individualized Family Service Plan (IFSP)** (if child qualifies for services) are provided only to the foster parent and to DHS.

1304: CHILD SAFETY PLANS (NEW – September 2017)

In circumstances where a Child Welfare Specialist substantiates neglect or abuse following an investigation, DHS may implement a "safety plan" for the child. The safety plan is developed and implemented in agreement with the family without court intervention and addresses actions to be taken to control any identified safety threat. With the family's permission, supportive persons, such as neighbors, friends, volunteers, extended family members, tribal representatives, and other culturally relevant supports may be involved in the safety planning process. Safety plans may result in the child staying with a person or persons other than the person responsible for the child (i.e. biological/adoptive/legal parent) on a short-term basis.

Infants and toddlers in a safety plan are not in DHS custody and the biological/adoptive/legal parent retains all parental rights. When SoonerStart receives a referral from DHS for a child whose family is participating in a safety plan, the biological/adoptive/legal parent should be the person to sign all consents for evaluations and services including the IFSP and any releases of information. This includes a release of information for the safety plan caregiver to participate in SoonerStart services.

Upon receipt of the referral of a child identified to be participating in a safety plan, the Resource Coordinator will contact the person with whom the child is living to explain the SoonerStart process and arrange for a screening or eligibility evaluation. The RC should inform the current caregiver that written consent is required from the biological/adoptive/legal parent and that he/she will need to be present at the scheduled appointment. The Resource Coordinator will also contact the biological/adoptive/legal parent(s) to explain the SoonerStart process and the need for their written consent and attendance at the scheduled appointment and any subsequent appointments. In the event that the biological/adoptive/legal parent cannot be located after two attempts, the current caregiver of the child may be presumed to be the "parent" based on the definition of parent in the IDEA Part C regulations ("person with whom the child lives..").

If either the safety plan caregiver or the biological/adoptive/legal parent's contact information is not available on the DHS written referral, the RC should contact the Child Welfare specialist for the additional information before the referral is taken. A copy of the safety plan (Form 04MP064E) should also be requested and placed in the child's chart.

1305: 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 H)**); and SoonerStart staff, after reasonable efforts, cannot discover the whereabouts of a parent.

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 Resource Coordinator will provide the surrogate parent with information regarding parental rights and procedural safeguards and complete the **Surrogate Parent Verification of Training Form (Appendix J)** Documentation must be included in the Resource 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 Resource 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 K)** 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 Resource Coordinator is responsible for completing and obtaining parental signature(s) on the **Consent for Initial Evaluation/Assessment and Prior Written Notice (OK-SS-Consent-Evaluation)** form and the IFSP service delivery page**.**

Parental Consent must be obtained in writing before an evaluation to determine *continued* eligibility is conducted. The Resource Coordinator is responsible for completing and obtaining parental signature(s) on the **Consent for Re-Evaluation and Prior Written Notice (OK-SS-Consent-Reevaluation)** 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 child find information is provided using the **LEA Notification (Appendix L)(OK-SS-LeaNotice)** 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 form 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)

<u>Confidentiality</u>

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 Resource 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.

The SoonerStart record consist of both electronic information and paper documents. The paper chart is maintained at the local SoonerStart site office in an ***active*** or ***inactive*** status until the child's third birthday at which time the record is closed. The child's closed paper chart is retained at the local SoonerStart site office until the child's sixth (6th) birthday. After the child's sixth (6th) birthday the paper chart is scanned and maintained as a permanent record with the Oklahoma State Department of Health.

All **active, inactive** and **closed** SoonerStart records are maintained in a confidential manner.

Prior Written Notice

Prior Written Notice (PWN) (OK-SS Prior Written Notice) 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. A **Parent Agreement to Mediate and Request for Mediation** form is located in **Appendix HH**.

If a parent chooses not to use the Mediation process, SoonerStart will offer the family the apportunity to meet with an impartial party such as the Oklahoma Parent Center or Special Education Resolution Center (SERC) at Oklahoma State University. The impartial party will explain the benefits of and encourage the use of Mediation.

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 H**.

1401: PRIOR WRITTEN NOTICE (Revised June 2017)

Prior Written Notice (PWN) (OK-SS Prior Written Notice) 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 before screening and evaluation is not necessary.*

The Resource 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 Resource 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 (OK-SS Medicaid Written Notice)** is to be sent to families upon receipt of referral whose children are currently enrolled in the SoonerCare program. 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.

Documentation of Prior Written Notice

All Prior Written Notice forms should be generated in the EdPlan database. The finalized form is stored in the Documents section of the record.

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** to the parent before billing Medicaid.

System of Payments is explained in **Parent Rights for SoonerStart Services – Notice of Procedural Safeguards (Appendix H)** handout which is provided annually to families. The family initials on **Consent for Screening and Prior Written Notice (OK-SS Conset-Screening)** or **Consent for Initial Evaluation/Assessment and Prior Written Notice (OK-SS-Consent-Evaluation)** and **Individual Family Service Plan (IFSP)**. 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 N)** 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 (Revised September 2017)

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 **Prior Written Notice and Consent for Evaluation** form **(OK-SS Consent-Evaluation)**, satisfies both the PWN and parental consent requirements. (PWN is not required for an assessment, such as the annual assessment).

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

Parental consent is also required before an evaluation for continued eligibility is conducted. The **Prior Written Notice and Consent for Re-Evaluation (OK-SS-Consent-Reevaluation)** form satisfies both the PWN and parental consent requirements.

APPROVED SOONERSTART EVALUATION TOOLS			
Evaluation Tool	Age Range	Norms	Assess
Battelle Developmental Inventory II (BDI-2)	Birth through 7 yrs.	Norm-referenced	
Bayley Scales of Infant Development	Birth through 3 yrs.	Norm-referenced	
Birth to Three Development Scale	Birth through 3 yrs.	Norm-referenced	
Brigance Inventory of Early Development	Birth through 7 yrs.	Norm-referenced	
Developmental Assessment of Young Children	Birth through 5 yrs.	Norm-referenced	
Developmental Profile III	Birth through 12.11 yrs.	Norm-referenced	
Early Intervention Development Profile II (EIDP)	Birth through 3 yrs.	Norm-referenced	
Early Learning Accomplishment Profile (ELAP)	Birth through 3 yrs.	Criterion-referenced	
Hawaii Early Learning Profile (HELP)	Birth through 6 yrs.	Criterion-referenced	
Mullen Scales of Early Learning	Birth through 5.8 yrs.	Norm-referenced	
Preschool Language Scale 4 & 5 (PLS4/PLS5)	Birth through 7.11 yrs.	Norm-referenced	Communication
Receptive Expressing Emergent Language Scale (REELS)	Birth through 3 yrs.	Norm-referenced	Communication
Rossetti Infant Toddler Scale	Birth through 3 yrs.	Criterion-referenced	Communication
Sequenced Inventory of Communication Development-R (SICD-R)	4 months through 48 months	Norm-referenced	Communication
Ski-Hi Language Development Scale	Birth through 5 yrs.	Norm-referenced	Communication/ Deaf or HOH
Non-Speech Test for Receptive/Expressive Language	2 through 2 yrs.	Norm-referenced	Communication in multiple disabilities

1501: DETERMINATION OF ELIGIBILITY

Eligibility for SoonerStart early intervention services is determined by a developmental evaluation, documentation of an automatic qualifying condition **(Appendix O)**, 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/Re-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/Re-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 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, 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 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 in EdPlan on the **Multidisciplinary Evaluation and Child Assessment Team Summary form,** (**OK-SS IFSP MECATS)** which is found under the "**Evaluations**" and "**MECATS**" tabs. Both sections must be completed.

Automatic Qualifying Condition

If an infant/toddler enters the program with medical records confirming a diagnosis of an automatic qualifying condition or syndrome **(Appendix O)**, 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 should not be completed as part of the evaluation process.

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.

1502: 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 O** 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 (OK-SS IFSP MECATS)**, the Resource Coordinator is responsible for providing the parent with the **SoonerStart Parent Rights – Notice of Procedural Safeguards (Appendix H)** 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. 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 O)**.

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.

1503: DOCUMENTATION OF ELIGIBILITY

Eligibility for early intervention services must be documented in EdPlan on the **Multidisciplinary Evaluation and Child Assessment Team Summary (OK-SS IFSP MECATS).** See **EdPlan Tip Sheets** 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 in EdPlan under the **Evaluations** tab of the SoonerStart Eligibility Process. Under the **MECATS** tab the appropriate "Type of Evaluation" is marked, the basis for Eligibility is marked and the Eligibility Statement is completed. Under the Eligibility Decision section, the radio button for "Your child is eligible for the SoonerStart Early Intervention Program" is checked. The parent/caregiver responses to the two questions are marked. Check for errors then click **CREATE FINAL MECATS** button and print the final OK-SS IFSP-MECATS form. Signatures are obtained from the parent/caregiver and service providers. The signed form must be filed in the child's chart.
- If an infant/toddler is determined to be eligible with an automatic qualifying condition, the information under the **MECATS** tab of EdPlan SoonerStart Eligibility Process will be completed. "Identified condition/syndrome" will be marked as the basis for Eligibility. Choose the appropriate condition/syndrome from the drop down list and complete the Eligibility Statement. Under the Eligibility Decision section, the radio button for "Your child is eligible for the SoonerStart Early Intervention Program" is checked. The parent/caregiver responses to the two questions are marked. Check for errors then click **CREATE FINAL MECATS** button and print the final OK-SS IFSP-MECATS form. Signatures are obtained from the parent/caregiver and service providers. The signed form is then filed in the child's chart.

  If the service provider completes a formal assessment tool to establish current levels of development in all domains, (e.g. BDI-2, ELAP, etc) the developmental scores are recorded in EdPlan under the **Evaluations** tab of the SoonerStart Eligibility Process. 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 in EdPlan under the Evaluations tab of the SoonerStart Eligibility Process the boxes labeled "clinical observations/developmental needs". Documentation of the medical diagnosis or automatic qualifying condition should be placed in the child's chart.
- If an infant/toddler is determined to be eligible based on informed clinical opinion, the appropriate radio button is marked as the basis for eligibility 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 in EdPlan under the **Evaluations** tab of the SoonerStart Eligibility Process. Under the Eligibility Decision section, the radio button for "Your child is eligible for the SoonerStart Early Intervention Program" is checked. The parent/caregiver responses to the two questions are marked. Check for errors then click **CREATE FINAL MECATS** button and print the final OK-SS IFSP-MECATS form. Signatures are obtained from the parent/caregiver and service providers. The signed form is placed in the child's chart. 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 in EdPlan under the **Evaluations** tab of the SoonerStart Eligibility Process.

- If an infant/toddler is determined to be ineligible for SoonerStart services, the developmental scores from the standardized testing completed by multidisciplinary evaluation team are recorded in EdPlan under the **Evaluations** tab of the SoonerStart Eligibility Process. Under the Eligibility Decision section, the radio button for "Your child is not eligible for the SoonerStart Early Intervention Program" is checked and the Eligibility Statement is completed 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 parent/caregiver responses to the two questions are marked. Check for errors then click **CREATE FINAL MECATS** button and print the final OK-SS IFSP-DENIAL form. Signatures are obtained from the parent/caregiver and service providers. The signed form is placed in the child's chart.

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 Resource Coordinator will provide OK-SS **Prior Written Notice (OK-SS Prior Written Notice)** to the family regarding the eligibility decision.

1504: HEARING PROCEDURES AND PROTOCOL

(Revised September 2017)

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. Results of the hearing screening performed as part of the eligibility process, or documented hearing screening preformed in the last six months, will be entered in EdPlan by clicking the "evaluation" tab under SoonerStart Eligibility Process, and entering the date of the evaluation, who preformed the evaluation, and the results, in the section labeled "Vision and Hearing Evaluation Information". 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 P)**, 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 Q)** 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 EdPlan 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 EdPlan database.

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

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

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

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 R)** 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 ≤2 lb. 10 oz.) GUIDELINES

Very Low Birth Weight (VLBW) refers to infants whose weight at birth is 2 lb. 10 oz. or less (≤ 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 (Revised June 2017)

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 in EdPlan under Evaluation in the SoonerStart Eligibility Process Landing Page.

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. The RBI is the assessment tool to be used to provide the necessary child assessment information. This information should be recorded in EdPlan under Present Levels of Development in the SoonerStart IFSP Process Landing Page. All information from the Clinical Observations/Developmental Needs section under Evaluation of the SoonerStart Eligibility Landing page section will automatically populate to the Present Levels of Development in the SoonerStart IFSP Process once the IFSP date and IFSP begin date are entered and saved on the SoonerStart IFSP Process Landing Page.

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. If a child was determined eligible after 33 months of age, the family assessment must be completed per the requirements above but a RBI is not required and other

informal assessments, such as observation and parent interview, 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 and 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 (Revised September 2017)

The Individualized Family Service Plan (IFSP) 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 Resource Coordinator to:

- arrange the IFSP meeting in a timely manner;
- provide notice to parents (**Notification of Meeting (OK-SS-Meeting-Notice)**);
- 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;
- enter complete IFSP information into EdPlan
- submit the IFSP for PHOCIS data entry within 10 working days 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 Resource 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 Resource 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 by telephone with the Resource Coordinator and parent
- Having a knowledgeable authorized representative attend the meeting (i.e. the most likely service provider)
- 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 working days of the IFSP date.

Types of IFSPs:

Interim

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.

Initial:

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

Annual:

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 should be used to determine the early intervention services needed. The participants required to attend the Annual IFSP meeting are the same as for the Initial IFSP meeting. The Annual IFSP meeting date will serve as the closeout date for current IFSP and outcomes. If there are outcomes that have not been accomplished and are still a need, then they may be addressed during the annual review of the IFSP. A statement of progress towards each outcome must be documented.

Periodic Review:

The IFSP must be reviewed at least 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 Resource 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.

IFSP Modification Review:

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. The participants required to attend the IFSP Modification Review are the same as for the Initial IFSP meeting. Parental consent must be obtained for any changes to IFSP services. Prior Written Notice is required for any changes to the IFSP.

IFSP Content:

The IFSP should contain family demographic information as well as child specific information. The IFSP is required to include the name of the Resource Coordinator 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.

Present Levels of Development:

The IFSP must 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). Results of vision and hearing reports/screenings must also be included. This information will be auto-generated on the Initial IFSP from the MECATS in EdPlan. Additional information may be added during IFSP completion with the family.

Family Assessment:

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. A family assessment requires a tool and an interview. The family may decline or accept the completion of a family assessment. This should be indicated in EdPlan on the IFSP Family Assessment page.

Daily Routines:

The IFSP must include information from the Routines Based Interview (RBI). This is done by capturing information what the family's daily routines or activities. Starting when the parent/caregiver starts their day and when it ends. You will transition through the day by asking, "What happens next" and letting the parent/caregiver lead the discussion about each step of their day. Within each routine, we want to gather information on:

1. What everyone (siblings, parents/caregiver) is doing during that time of day?
2. What is the child doing during this time?
3. What is the child level of engagement, independence and social relationships?
4. How does the feel about this time of day, rating it 1 to 5?

As information is gathered, you will star any information that does not seem to be going well during that time, anything that the parent/caregiver would like to see different or in the future, or concerns you as an interviewer. You will end the information by asking the worry and change questions. Then recap the "starred" information with the parent/caregiver. For additional information regarding RBIs, contact your Regional Early Intervention Coordinator (REIC).

Outcomes:

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.

Informal outcomes are generated through the Routines Based Interview (RBI) process with the family. These are determined by the family based on review of the child's daily routines and their priorities and concerns for their child. The informal outcomes are ranked in priority by the family and developed into formal IFSP outcomes preserving as much of the family's wording as possible.

Formal IFSP outcomes are 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

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

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.

Services and Environment:

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 will be provided to enable the child to achieve his or her outcomes on the IFSP.

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 will be 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) **Natural Environment** – if NO, then justification as to why an early intervention service will not be provided in the natural environment
h) **Intensity** – whether the service is provided on an individual or group basis.
i) **Method** – how the service is provided (direct therapy, consultation, family education and support)
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) **Payment Source** – The payment source for all early intervention services in Oklahoma is "Part C funds" or Medicaid".

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.

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. The parent survey can be provided at any time but is it required to be provided to all families at the annual IFSP review.

Transition:

The Transition Plan must be competed after the child turns 27 months of age and is part of the IFSP. Adding the Transition Steps and Services page to the IFSP is considered a modification of the IFSP if completed at any time other than the Initial or Annual IFSP meeting. The required participants at the meeting to develop the Transition Plan are the same as the required participants for the initial 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.

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 T)** 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 U** for further guidance on consultating with the Deaf and Heard 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 <u>not</u> 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:

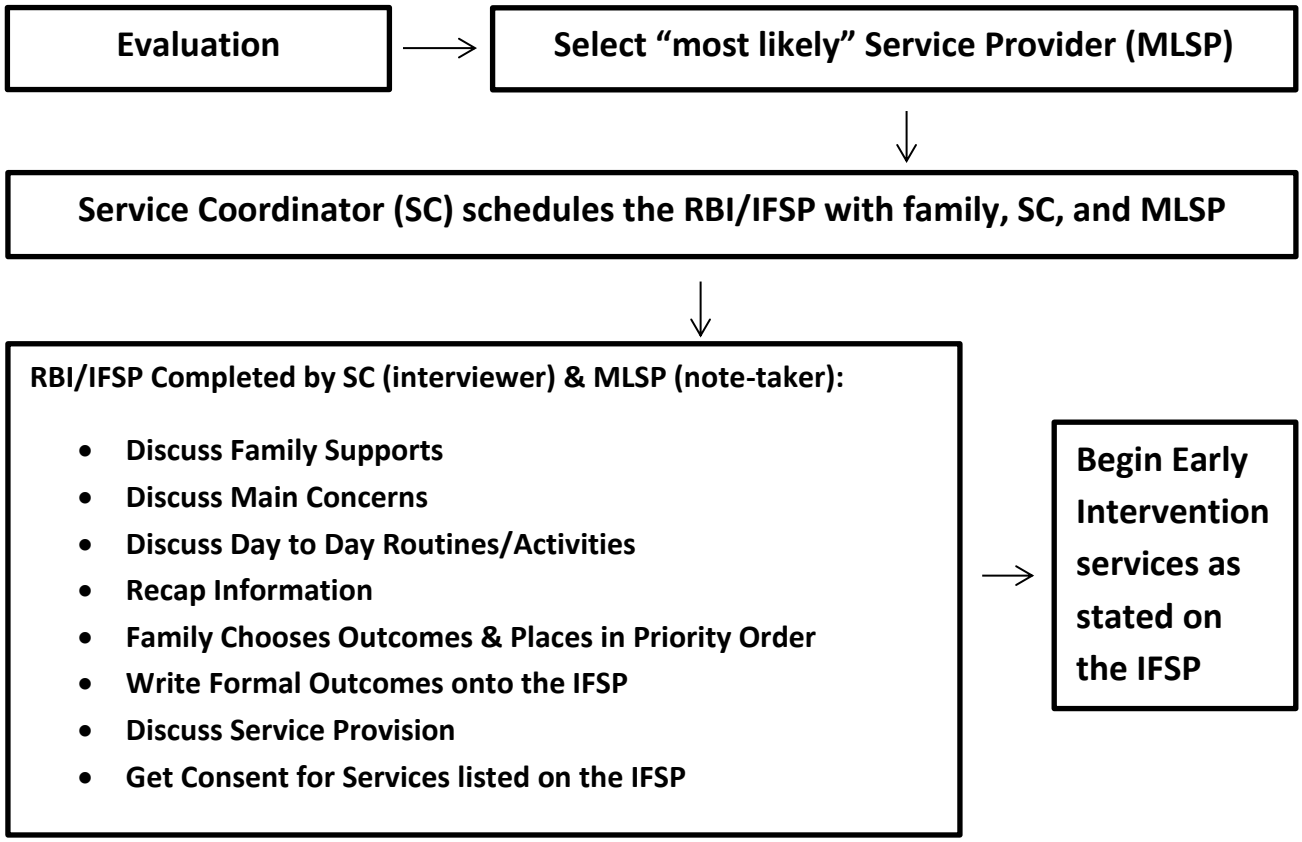
- To develop a list of functional outcomes,
- To assess child and family functioning, and
- To establish a positive relationship with the family.

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.

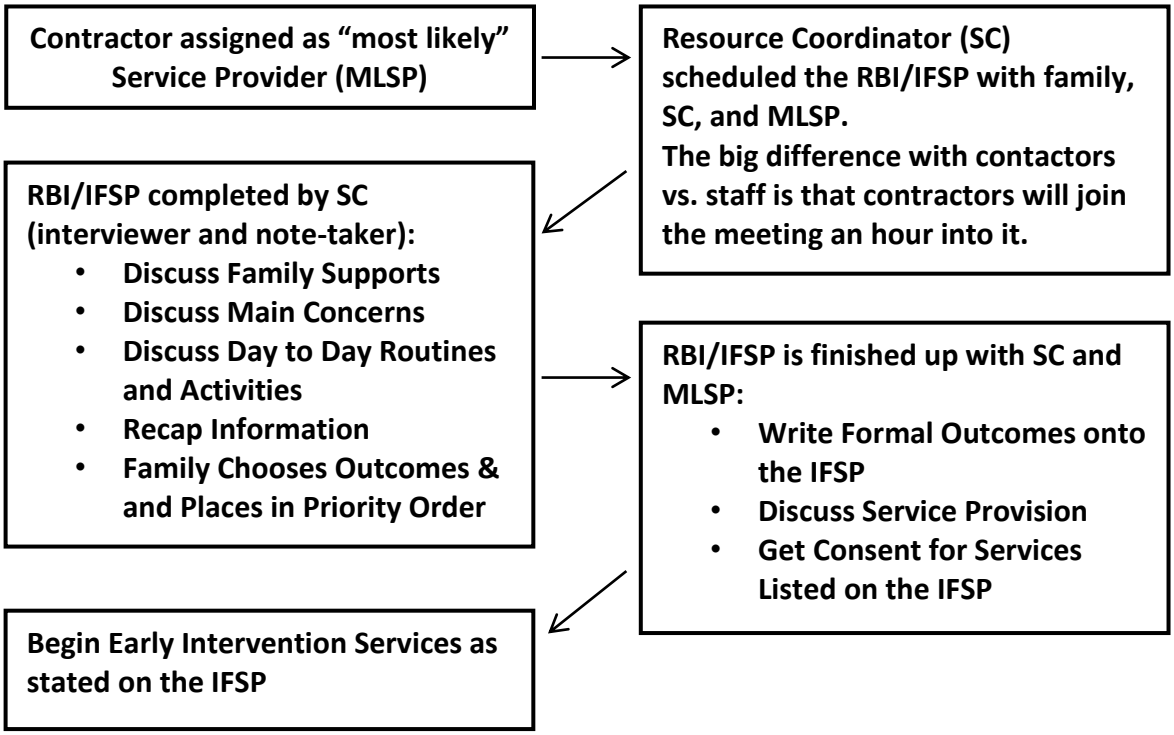
Using the RBI in the early intervention process has proven to result in the following:

- 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



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 V)** 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) (Revised May 2017)

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).

The three child outcome areas required to be reported are:

- 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 (ECO) Ratings:

The ECOs utilize a 7-point scale to summarize information from multiple sources to describe a child's functioning related to a child's progress on each of the three child outcome areas required by the Office of Special Education Programs. The information may include one or more norm-referenced or curriculum-based assessments, a 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 ECO is NOT an assessment instrument. Ratings are provided for every eligible infant and toddler in the SoonerStart program according to their developmental abilities in each of the outcome areas at two points: when they begin early intervention services and when they exit the program.

All children who are less than 30 months of age at the time of the initial IFSP must be given an Entry child outcome rating. Children who are 30 months or older at the time of the Initial IFSP are not given an Entry or Exit rating because they will not receive 180 days of service (approximately 6 months) before their third birthdays.

An Entry rating on all three early childhood outcomes is required to be given as soon as possible, but no more than 10 working days following the first intervention visit. The Exit rating must be given a) within 30 days before a child's third birthday (to allow transition at 3 years) or b) or no more than 10 working days after the child's exit date that occurs prior to transition.

Special Considerations:

1. All children who receive an Entry rating must be given an Exit rating if they receive 180 days or more of services from the date of the IFSP to the last day of IFSP services.
2. A child who exits the SoonerStart program with less than 180 days of early intervention services but re-enters SoonerStart less than six months from his/her original exit date (see Re-Referral/Re-Open Procedures) keeps his/her original Entry rating.
3. A child who exits the SoonerStart program with less than 180 days of services but is re-referred more than six months from his or her exit date (Re-Referral/Re-Open Procedures) must be given a new Entry rating if IFSP services are expected to be provided for at least 180 days.
4. If a family reports that they are transferring their child to another SoonerStart site and he/she has received services for more than 180 days, the current service provider should complete the

Exit rating to be entered in the EdPlan database before sending the child's information to the receiving SoonerStart site. If the child resumes services at the new SoonerStart site, a new Exit rating is given when the child exits the program at the new site. The new rating will overwrite the prior Exit ratings given at the old site. If the family does not continue services at the new site, a new Exit rating is not given.

5. If a child transfers to another site with less than 180 days of services, an Exit rating is not given by the current provider. If services resume at the new site and the total time of services at the former site plus the new site equals 180 days or longer, an Exit rating is given when the child leaves the program.

When completing the EXIT ratings, the exit date should be the last intervention visit provided by the service provider for a child exiting SoonerStart before his/her third birthday. The EXIT date will be the child's third birthday for a child that is transitioning at age three.

ECO Documentation for Contract Providers

In order to comply with the timelines, SoonerStart Contract Providers completing Early Childhood Outcome ratings will submit their Entry and Exit ratings by completing an electronic version of the ECO form and sending it by email to the Lead Clinician or designated SoonerStart clerical staff, who will be responsible for entering ratings into the EdPlan database. Contract Providers are responsible to adhere to documentation timelines. Contract Providers will retain a printed copy of the ECO form to submit as documentation with their invoice for billing.

Role of the Family:

The service provider giving the Entry and Exit ratings should explain ECOs to the family and give them an opportunity to participate in the ratings for their child. ECO 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 ECO 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.

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 ECO ratings will be shared with public school personnel as part of the child's EdPlan record during the transition process, if written parental consent is obtained.

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:

https://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 W**).

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 X)** 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) (Revised October 2017)

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 Resource 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 monthsof age, a service provider who has successfully completed the reliability training they will need tor administer 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 they will be 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)** 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 Z)** was developed for this purpose.

Intervention Services

If a child has been determined eligible for SoonerStart services and demonstrates behaviors that indicate the child could be at-risk for Autism Spectrum Disorders, appropriate evidenced-based strategies should be implemented. One tool available to all SoonerStart team members, is the "Insights to Behavior/AutismPro" website (www.insightstobehavior.com) which will help guide team members in selection of appropriate evidenced-based strategies and activities. All children who present these behaviors, or who their team feels could benefit from this methodology, should be entered into this program for documentation of evidenced-based intervention strategies until they exit from the program, at which time their case should be archived. Webinar training for appropriate use of this website is available on a regular basis. For instructions on how to register to use this site and how to enter a child into this system, see the **AutismPro SoonerStart How To** document. **(Appendix II)** For technical assistance contact the Marty Newport at mnewport@insightstobehavior.com. SoonerStart providers have unlimited access to add children to this program.

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: REFERRAL TO CHILD GUIDANCE FOR IFSP SERVICE DELIVERY (Revised June 2017)

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)** 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.

SoonerStart staff will 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. When SoonerStart determines that a Child Guidance Provider is the appropriate person to provide eligibility evaluation or intervention services, the Child Guidance Provider will be considered part of the child's evaluation and/or IFSP team. Information regarding the child (demographic, eligibility and/or program) may be provided to the assigned provider without parental written consent. The EI multidisciplinary evaluation team shall document an Entry Early Childhood Outcome (ECO) rating for the child in the EdPlan database prior to referring to Child Guidance.

The Resource 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 SoonerStart EdPlan 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 SoonerStart EdPlan 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 and a copy provided to the local EI site for the child's SoonerStart file.

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 (Revised June 2017)

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 Resource 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 Z)** 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 Transition Plan is considered a part of 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. 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 Transition page in EdPlan is used to document all activities during the transition process. Transition activities should also be documented in the Resource Coordinator and service provider progress notes. The date of this formal discussion is considered the initiation of Transition services and should be entered into EdPlan.

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 or has been determined eligible for SoonerStart services through a multidisciplinary evaluation or automatic qualifying condition is potentially eligible for Part B services and should be included in a notification to the LEA.

The Resource 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 Notification to the LEA must be written and contain the demographic information as required by IDEA for child find **(Appendix L)**. The notification may be created and saved in EdPlan and mailed or sent electronically to the LEA. The date of the LEA notification is documented in EdPlan and in the Resource Coordinator's progress note. The school district/LEA should also be identified in EdPlan in the field "Which LEA will receive SoonerStart information".

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 EdPlan. 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 Resource 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 date of consent and the date records are transmitted to the receiving agencies are documented in EdPlan in the fields marked "Date parents provided Consent to Transfer/Submit Records to LEA" and "Transmitted SoonerStart records to relevant agencies with parental consent".

The SoonerStart **Meeting Notice (OK-SS-Meeting-Notice)** 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 (OK-SS Prior Written Notice)** is also required following the TPC meeting. The TPC completion date is entered in EdPlan in the field marked "Coordinated and Facilitated Transition Planning Conference (TPC) with LEA".

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 in EdPlan when entering the date of the TPC and in the Resource Coordinator's progress notes. If the family declines to consider Part B services a Prior Written Notice (PWN) 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 Resource 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 Resource Coordinator's progress notes. The TPC should include the Resource Coordinator, SoonerStart service provider(s), the family, and providers of other appropriate services. The date of this completed TPC should be entered in EdPlan in the field marked "Coordinated and facilitated Transition Planning Conference with Family and/or Community Programs". 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 Resource 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 Resource 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. 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 Resource Coordinator will initiate transition during the initial IFSP meeting. The Resource 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 Resource Coordinator provides the family with the **Oklahoma Parent Center Brochure Parent Survey (Appendix AA)** 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 (Revised June 2017)

Chart documentation includes any and all forms of documentation (written or in EdPlan) 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 BB), Contact Log of EdPlan** or the **Service Provider Progress Note (Appendix N).** Written 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 Resource Coordinator Progress Note. The modified Resource 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. If using the NCR progress note, a copy should be left with the family.

All Resource Coordinator documentation should be completed on the Targeted Case Management progress note or in the contact log of EdPlan.

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) or in EdPlan as appropriate.

If it is necessary to complete the **Suspected Child Abuse/Neglect Report Form (ODH 333-F) (Appendix CC)** 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 DD)** 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 Resource 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 Resource Coordinator. The SoonerStart Resource Coordinator (RC) provides this service. The RC assists 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 Resorce 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 (OK-SS Prior Written Notice)** 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 BB)** 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-ACTIVATION PROCEDURES (Revised September 2017)

When a child is re-referred to SoonerStart after the EdPlan record has been inactivated, 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 reactivated in the EdPlan database to continue services or reactivated with a new referral date.

Re-referral – Exited before Screening or Evaluation Completed

Upon reactivation, the child's referral and intake pages in EdPlan will be editable if the child exited (record inactivated) during the referral or intake process. Enter the new referral date and information before proceeding with updating the Intake and scheduling a screening or evaluation.

Re-referral – Exited, Not Eligible at Previous Evaluation

Upon reactivation, the child's referral and intake pages in EdPlan will be blank. Enter the new referral date and intake information. Conduct an evaluation or obtain medical documentation to determine *initial* eligibility according to SoonerStart policies.

Re-referral – Exited Less Than Six Months FOLLOWING INITIAL ELIGIBILITY

The original referral date in the EdPlan record will not change when a child is re-referred less than 6 months after the initial eligibility evaluation was completed. Reactivate the child's record and schedule the initial IFSP. Although the IFSP may be past the 45-day timeline, document in the progress notes that the chart was closed and re-opened. If properly documented, the chart is considered in compliance for meeting the 45-day timeline due to exceptional family circumstances. Document this reason in EdPlan when finalizing the IFSP.

Re-referral – Exited Less Than Six Months After IFSP Services Initiated

The original referral date in the EdPlan record will not change when a child is re-referred **less than six months** after the completion of an IFSP service visit. Reactivate the child's record and schedule an IFSP review. The IFSP team must meet to review the child's services and update the IFSP as necessary. IFSP services are written onto the IFSP with the end date(s) being the next scheduled annual IFSP review per the original referral/IFSP.

Re-Referral – Exited More Than Six Months Following Initial Eligibility And/Or IFSP Services

When a child is re-referred more than 6 months after the date of the initial eligibility evaluation or the completion of an IFSP service visit, this is considered a new referral. Reactivate the EdPlan record and cancel the previous referral (on the Intake page) to allow for the new referral date and information to be entered. Enter a new referral date in the EdPlan record. Conduct an evaluation or obtain medical documentation to determine *initial* eligibility according to SoonerStart policies.

Re-Referral – Exited, Screened with No Concerns

When a child is re-referred after previously being screened and no concerns noted, this is considered a new referral. Reactivate the EdPlan record and cancel the previous referral (on the Intake page) to allow for the new referral date and information to be entered. Enter a new referral date in the EdPlan record. Conduct an evaluation or obtain medical documentation to determine *initial* eligibility according to SoonerStart policies.

TO INACTIVATE AFTER	DUE TO…	ACTION	RE-REFERRAL	ACTION
Referral	Unable to confirm the referral with family – attempts to contact unsuccessful	Save and Create Event on Referral Page with Parent Notified Date blank. Cancel the referral on the referral page. Inactivate on the Personal Page.	Re-Activate (Referral and Intake Information does not clear –must overwrite)	Enter new referral date and information, schedule eligibility evaluation.
Referral Confirmed or Intake Completed	Attempts to contact unsuccessful, or family declined referral	Save and Create Event on Referral Page with Parent Notified Date completed. Cancel the referral on the Intake Page. Inactivate on the Personal Page	Re-activate (Referral and Intake Information does not clear –must overwrite)	Enter new referral date and information, schedule eligibility evaluation.
Eligibility Evaluation – Eligible	Attempts to contact unsuccessful, or family declined services	Inactivate record on Personal Page. DO NOT CANCEL REFERRAL BEFORE INACTIVATION	< 6 months Re-activate, keep same referral date	Schedule initial IFSP. Note Family reason for missed timeline
			> 6 months Re-activate, Cancel Referral on Intake Page. (Referral dates do not clear)	Enter new referral date and information, schedule eligibility evaluation.
Eligibility Evaluation – Not Eligible	Ineligibility	Inactivate record on Personal page DO NOT CANCEL REFERRAL BEFORE INACTIVATION	Re-activate (Referral and Intake pages are cleared)	Enter new referral date and information, schedule eligibility evaluation.
ASQ Screening	No concerns	Inactivate on Personal Page DO NOT CANCEL REFERRAL BEFORE INACTIVATION	Re-activate, Cancel Referral on Intake Page. (Referral and Intake Information does not clear)	Enter new referral date and information, schedule eligibility evaluation
IFSP	Attempts to contact unsuccessful, or family declined services	Inactivate on Personal Page DO NOT CANCEL REFERRAL BEFORE INACTIVATION	< 6 months Re-activate, keep same referral date	Schedule IFSP review and continue services
			> 6 months Re-activate, Cancel Referral on Intake Page. Referral dates do not clear)	Enter new referral date and information, schedule eligibility evaluation
At Age 3	Transitioned	Inactivate on Personal Page	N/A	N/A

2504: TRANSFER PROCEDURES (Revised September 2017)

When a family moves to another SoonerStart site, portions of the paper chart and the electronic record must be transferred to the new site.

Family Notifies SoonerStart That They Are Moving:

When a family reports that they are moving to a new location in the state, the Resource Coordinator provides the family with the contact information of the SoonerStart office in the new area. If (verbal or written) permission is obtained from the parent, the Resource Coordinator contacts the new SoonerStart office to make a referral with the family's new address and contact information.

The Resource Coordinator obtains the change of address information from the family and updates EdPlan with the new information on the Referral Page. The Resource Coordinator notifies their Regional Early Intervention Coordinator (REIC) by email that the child needs to be transferred. The email notification should contain:

a. Child's full name
b. Child's DOB
c. Child's local ID
d. New SoonerStart site

The REIC transferring the record from the original site will:

a. Verify that EdPlan is up-to-date and all appropriate events created.
b. Enter the new SoonerStart site location on the child's Personal page, and SAVE.
c. Enter the name of the designated Resource Coordinator or REIC on the child's Parents/Team page. This person is primarily responsible for coordinating services at this site or may re-assign to another Resource Coordinator. SAVE.
d. Notify the REIC/RC at the receiving site by email that a child has been transferred to their caseload and site.

The Resource Coordinator or REIC at the original site is responsible for ensuring the COPIES of the following chart documents are mailed to the new EI site for monitoring and accountability (Do not include test protocols or medical records):

- **Provider Progress Notes – only if determined pertinent for continued services and/or documenting cancellations or no-shows impacting timelines.**
- **Targeted Case Management Progress Notes - only if determined pertinent for continued services and/or documenting cancellations or no-shows impacting timelines.**
- **Any additional chart information determined pertinent for continued services (for example, documentation of an auto-qualifying condition)**
- **Signed Consent pages - Initial Evaluation Consent, MECATS, IFSP**

If the child transfers to another SoonerStart site before an eligibility evaluation is completed, the RC from the sending site should cancel the referral before notifying their REIC that the record needs to be

transferred. This allows the RC/REIC at the new site to enter in the date he/she receives the referral and the date of contact with the family and begin a new 45-day timeline.

If the child has been determined eligible by the former site team, the ORIGINAL referral date is retained in the database and an initial IFSP is scheduled. Although the record may reflect that the IFSP is past the 45-day timeline, it should be documented in the progress notes or the EdPlan contact log that the chart was transferred. If properly documented, the chart is considered to be in compliance for meeting the 45-day timeline due to exceptional family circumstances.

If the child has an active IFSP and is currently receiving early intervention services, the new Resource Coordinator should schedule an IFSP meeting with the family and new service provider(s) to review outcomes and service delivery.

It is the sending REIC's responsibility to verify that all data (include ECOs, if applicable) have been entered into EdPlan BEFORE the record is transferred to another site and the receiving REIC's responsibility to verify that EdPlan is current before assigning a new Resource Coordinator.

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:

1. The new Resource Coordinator or REIC searches EdPlan for further information regarding the status of the child.
2. If the record is currently "active" in EdPlan, the new REIC will notify the former Resource Coordinator/REIC by email that the child needs to be transferred to the new site.
3. The former Resource Coordinator/REIC verifies that EdPlan is up-to-date and that all data has been entered.
4. The former REIC then notifies the new REIC by email that the record is ready to be transferred. The new REIC will update the child's EdPlan record with the new Resource Coordinator's name, the new site and any new demographic information for the child.

If the child has not had an eligibility evaluation completed, the referral is cancelled by the sending site so that a new referral date can be entered along with the new site and new RC's name.

If the child has been determined eligible by the former site team, the ORIGINAL referral date is retained in the database and an initial IFSP is scheduled. Although the record may reflect that the IFSP is past the 45-day timeline, it should be documented in the progress notes or EdPlan contact log that the chart was transferred. If properly documented, the chart is considered to be in compliance for meeting the 45-day timeline due to exceptional family circumstances.

If the child has an active IFSP and is currently receiving early intervention services, the ORIGINAL referral date is retained in the database. The new Resource Coordinator should schedule an IFSP meeting with the family and new service provider to review outcomes and service delivery. If the child is "inactive" in EdPlan, see **Section 2503: SoonerStart Re-Referral and Re-Activation Procedures**.

The former 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):

- **Provider Progress Notes – only if determined pertinent for continued services and/or documenting cancellations or no-shows impacting timelines.**
- **Targeted Case Management Progress Notes - only if determined pertinent for continued services and/or documenting cancellations or no-shows impacting timelines.**
- **Any additional chart information determined pertinent for continued services (for example, documentation of an auto-qualifying condition)**
- **Signed Consent pages - Initial Evaluation Consent, MECATS, IFSP**

Transfer of Records – Out of State:

The Resource Coordinator receives a written release for SoonerStart records from another EI program in another state. Follow procedures outlined in **Section 2511: Releasing Confidential Information** to send copies of the:

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

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

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 Resource 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 Resource 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 (OK-SS Prior Written Notice)** 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 Resource 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. EdPlan 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.

EdPlan maintains the electronic record for all SoonerStart children and 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.

EdPlan 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.

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. All staff are responsible to ensure timely data entry in EdPlan no more than <u>10 working days</u> from the date the event or activity took place.

2508: EXITING AND INACTIVATION PROCEDURES (NEW SECTION – September 2017)

Children may exit the SoonerStart program for any of the following reasons:

1. Aged out at 3 years old
2. Attempts to contact caregiver(s) were unsuccessful
3. Child was screened, but the caregiver has no concerns
4. Completion of IFSP prior to reaching maximum age
5. Deceased
6. Moved out of state
7. Not eligible for early intervention services
8. Withdrawal of child from services or services declined by caregiver(s)

Exiting a child requires inactivating the record in EdPlan. Once the child is inactivated, he or she will no longer show on the site list or case reports.

If attempts to contact the family are unsuccessful** or the family declines participation in SoonerStart, the inactivation procedures are based upon where the family is in the SoonerStart process:

1. Referral - If unable to contact the family following the referral to SoonerStart, confirm with referral with no date, cancel the referral on the Referral Page and inactivate the record.
2. Intake – If unable to contact the family following Intake or the family declines referral and further services, confirm the referral and then cancel the referral on the Intake Page. Inactivate the record.
3. Eligibility Evaluation completed - If unable to contact family following Evaluation or family declines the IFSP and further services, do not cancel the referral. Inactivate record.
4. IFSP services in progress - If unable to contact family to schedule intervention visits or family declines further services, do not cancel the referral. Inactivate record.

If the Eligibility Evaluation indicates the child is not eligible or the caregiver has no concerns following an ASQ screening, the record should be inactivated using same date as ineligibility determined or the screening conducted. Do not cancel the referral.

Timeline Deadlines for Inactivation

Reason for exit	Inactivation should occur no more than…
1: aged out	One week after the third birthday (ensure all documentation is up to date)
2: contact unsuccessful	One week after three documented attempts to contact the family**
3: screened/no concerns	One week after screening (ensure screening information was recorded)
4: completed services	One week after services completed
5: deceased	One week after notification
6: moved out	One week after notification

7: not eligible	One week after eligibility is denied
8: declined/withdrew	One week after notification

Checklist Before Inactivation

Step	**Things to consider…**
Student History	Have all events been created?
Documents	Have all documents been saved?
Contact Log	Is the contact log up to date?
Service End Date	If servies are ending early, is the modified end date on the **"Service and Environment Page"**
ECO/Last date of Service	Over six months of service, has the ECO been entered? Less than 6 months, has the last date of service been added?
1st Intervention Visit	Has the 1st intervention visit been added to the **"First Intervention Visit Log"?**
Transition Steps/Services	Have all transition activities been added to **the "Transition Steps/Services"** page?
Shared with the LEA	If the child is turning three and was referred to the LEA, was the EdPlan record shared with child's school district?

2509: SOONERSTART CLIENT RECORD

A child's SoonerStart record is maintained electronically in EdPlan with some documentation stored in a paper chart. The paper charts are located at the local SoonerStart site where clerical support staff, together with the majority of the team and Resource 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. SoonerStart must keep a record of anyone obtaining access to the paper chart, except access by parents and authorized staff members (§ 303.406). The Confidential Record form is used to document access to the child's SoonerStart chart and for what purpose (Appendix TT).

<u>The documentation required in the paper chart includes:</u>

- Client Information Worksheet (CIW) **(Appendix DD)**
- Confidential Record **(Appendix FF)**
- Child Welfare SoonerStart Referral – O4MP052E and O4MP053E
- Signed Consent for Screening and Prior Written Notice, if applicable **(OK-SS-Consent-Screening)**
- Signed Consent for Initial Evaluation/Assessment and Prior Written Notice, if applicable **(OK-SS—Consent-Evaluation)**
- Signed Consent for Re-Evaluation and Prior Written Notice, if applicable **(OK-SS-Consent-Reevaluation)**
- Surrogate Parents Verification of Training, if applicable **(Appendix J)**
- Service Provider Notes - ODH 641 – filed in client's record after billing/data entry by clerk **(Appendix N)**
- Audiology Service Provider Notes - ODH 641-A **(Appendix GG)**
- Targeted Case Management Notes - RC notes **(Appendix BB)**
- Signed Consent page for Individualized Family Service Plan (IFSP)
- Signed Consent page for Multidisciplinary Evaluation and Child Assessment Team Summary: MECATS
- SoonerStart Vision Screening - ODH 645 **(Appendix R)**
- SoonerStart Hearing Screening - ODH 331-I **(Appendix P)**
- 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)
- Signed SoonerStart Release of Confidential Information, if applicable **(Appendix I)**
- Authorization for Electronic Communication **(Appendix JJ)**
- Incoming Medical Records
- Correspondence(This includes documentation for requesting durable medical equipment)

- **Progress note referencing Suspected Child Abuse/Neglect Report Form ODH 333-F (Appendix CC) if applicable.** The actual form 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 Section 2504: 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:

The SoonerStart record consist of both electronic information and paper documents. The paper chart is maintained at the local SoonerStart site office in an ***active*** or ***inactive*** status until the child's third birthday at which time the record is closed. The child's closed paper chart is retained at the local SoonerStart site office until the child's sixth ($6^{th)}$ birthday. After the child's sixth ($6^{th)}$ birthday, the paper documents are scanned and maintained as a permanent record with the Oklahoma State Department of Health.

All **active, inactive** and **closed** SoonerStart records are maintained in a confidential manner.

2510 CONFIDENTAL RECORD: (NEW – September 2017)

SoonerStart must keep a record of anyone obtaining access to early intervention records, except access by parents and authorized staff members (§ 303.406). The Confidential Record form is used to document access to the child's SoonerStart chart and for what purpose (Appendix TT). The Confidential Record may reflect when an Administrator (OSDE or OSDH) reviews a child's chart; an audit or monitoring takes place; or a Service Provider or Resource Coordinator who is NOT assigned to the child has a reason to review the chart or a particular piece of it. Assigned Resource Coordinators, service providers and clerical support staff are expected to regularly be in the child's chart as part of their official SoonerStart – Part C duties, and are not required to sign in each time. When the record is electronic, SoonerStart staff reviewing the child's record will be documented through EdPlan.

Confidential Record form and the Transition Planning Conference

If the Resource Coordinator or Service Provider transports the child's chart to a Transition Planning Conference, it is only for the staff's benefit. By the time the TPC meeting is held, the LEA has received a copy (or the EdPlan shared record) of the child's demographic/program information with parental written consent. The LEA participants will not be "reviewing" the chart and therefore, should not sign the Confidential Record form. However, if the parent reviews the child's chart at the TPC, he/she should sign the Confidential Record form.

To record participants at the TPC meeting, a separate sign-in sheet for attendees may be used or the Resource Coordinator may document the participants in his/her progress note. The sign-in sheet may be attached to the progress note in the child's chart. If desired, staff can upload the paper sign-in sheet to the Documents file in EdPlan.

2511: RELEASING CONFIDENTIAL INFORMATION (NEW – June 2017)

All SoonerStart staff are expected to adhere to the FERPA regulations protecting the privacy of student education records. Additional protections have been instituted by the Oklahoma State Department of Education (OSDE) in the release of confidential information.

Any requests for the release of confidential information from an outside agency or program must be forwarded to the SoonerStart Regional Coordinator for approval or submission to the OSDE to be processed through OSDE Legal Services. This includes releases from the Social Security Administration to process SSI applications; Head Start and Early Head Start, Doctors Offices or Hospitals; Department of Human Services or Legal subpoenas from Attorneys. The Regional Early Intervention Coordinator (REIC) is responsible for tracking the date and to whom the record is released.

Social Security requests for records to support the application for SSI benefits signed by the parent(s) (Form SSA-827) may be processed at the local level by the Resource Coordinator with the approval of the REIC. The signed SSA-827 specifies that the authorization permits disclosure of all the client's medical or educational information to Social Security and DDS offices for the time period requested. All treatment notes (including psychological counseling notes that are maintained in the SoonerStart record) are covered in this disclosure release. Information provided to the Social Security Administration is utilized to make a determination for granting SSI benefits. While Form SSA-827 authorizes release of the entire record, the SoonerStart REIC may use discretion is providing the most appropriate and applicable documentation (i.e. MECATS, IFSP, progress notes) to assist the Disability Determination Division in determining a child's eligibility. Administrative paperwork such as evaluation consents, prior written notice, notifications of meetings is not needed.

Under Oklahoma statute 10A § 1-6-103, SoonerStart records may be released to the Oklahoma Department of Human Services (DHS) for a child who is in DHS custody or the subject of an investigation of Child Abuse or Neglect. Upon receiving a ***Request for Nondirectory Educational Records*** (DHS Form 04MP070E – Appendix M) accompanied by a copy of the DHS employee's identification badge, the release of records may be processed at the local level by the Resource Coordinator with the approval of the REIC.

Requests for SoonerStart records that are received from doctors' offices, attorneys, head start programs or any other agencies must be processed through OSDE Legal Services. Unless the records are requested through a subpoena, the request received must include a notarized Confidential Release Form. The Resource Coordinator or clerical support personnel should forward the subpoena and/or confidential release form along with the requested information from the child's SoonerStart record to the REIC. The REIC will submit the request and record documentation to OSDE Legal Services for processing. If the local site receives telephone calls from the agency requesting the status of the release of information, refer the caller to the REIC.

A parent or legal guardian of a child in the SoonerStart program may request that information from a child's record be provided to an outside agency or program. If the parent or legal guardian signs a Release of Confidential Information form in the presence of the SoonerStart employee, the request for the release of record information may be processed at the local level through the REIC. This Release of Confidential Information form must outline the specific information being released and to whom. It must be completed and dated before the parent's signature is obtained. The signed form is only applicable to a one-time release of the specified information. Whenever possible, SoonerStart should provide the parent or guardian with a copy of their child's SoonerStart record or any part of the record that is requested, for the parent or legal guardian to release as they choose.

Procedures for processing any request for confidential information are:

1. Check the database to make sure the child is in the local site's service area. If the child is not in the service area, fax the request to the appropriate SoonerStart site.
2. Review the Request for Confidential Information to determine if the request is within the scope of records maintained in the SoonerStart record. ***HIPPA forms are not accepted because SoonerStart records are considered educational records.*** Notify the REIC who will follow up with the sending agency or program.
3. Make a copy of the Release request and place it in the correspondence section of the child's record.
4. Fax the Release and the requested record information to the REIC.
5. Sign the Confidential Record located in the child's record. Enter "Received Record Request and Faxed to REIC for processing" and the date.

2512: ADOPTION RECORD PROCEDURES (NEW - September 2017)

EdPlan record for child who has been adopted:

Upon receiving a copy of an adoption decree, the existing EdPlan record documents must be printed and then deleted per the following steps:

Existing Record:

1. Go into Documents and Create Final of Contact Log (RC/REIC)
2. Print ALL documents including the Contact Log from the Documents section of the child's EdPlan record. Set aside. (RC/REC)
3. Email the REIC to inactivate and delete the child's record (RC)
4. REIC will inactivate and delete the child's record (REIC)

Enter a new referral in EdPlan with the child's new name and demographic information. The most recent data from the current/old EdPlan record (referral reason and source, Intake, Evaluation, MECATS, IFSP, ECO, Transition) should be re-entered in the new EdPlan record per the following steps:

New Record:

1. Add the child to EdPlan with the new name. (RC/REIC)
2. Re-enter information on the Personal Page with the child's new name and/or caregivers. (RC/REIC)
3. Re-enter Referral with the child's new name and/or caregivers. Use the original dates of referral and parent notified date. Save Referral in Documents. (RC/REIC)
4. Re-enter Intake with the child's new name. Use the original dates. Save Intake in Documents. (RC/REIC)
5. Re-enter and finalize MECATS with child's new name. Use original dates. (RC/REIC/Provider)
5. Re-enter and finalize most recent Initial or Annual IFSP with child's new name. (RC/REIC)
6. Re-enter 1st intervention visit from most Initial or Annual IFSP (Provider)
7. Re-enter entry ECO (Provider)

Sealing the existing SoonerStart chart for child who has been adopted:

When a child with a SoonerStart record is adopted, open a new paper chart under the new name. Loosely file the documents printed from the child's previous EdPlan record and in the current paper chart. This will help with organizing the information you are going to separate into the sealed envelope and the new chart. Put information in two piles with the assistance of the table below:

Forms/Documents/Notes	Sealed Envelope	New Physical Chart
Confidential Record	X	You will create a new one
Referral/Intake/Change of Demographics (Paper copies)	X	
Signed Consents including OSDH Consent for Service (Paper copies*)	X	

PHOCIS Demographic Report or PHOCIS Worksheet	X	
RC & Service Provider Progress Notes (including anything pulled from the Contact Log in EdPlan & emails)	X	X Only if needed
MECATS	X	You will create a new one in EdPlan
ASQ, ASQ/SE, Hearing Screening/Reports, Vision Screening/Reports, MCHAT, Testing Protocols, ECOs	X	
IFSPs	X	You will recreate the most recent one in EdPlan
Releases	X	
Correspondence (Notification of Meetings, WN, Medicaid WN, Letters, Fax Cover Letters)	including those printed from EdPlan	
Medical Records, Documentation of diagnoses	X If not needed for continuing services	X As needed for continuing services, identifying information must be redacted

*Paper copies = not developed in EdPlan or consents received prior to EdPlan

File documents that are to be sealed (based on the table above) in a sealed Envelope:

1. Label the envelope with child's old name and date of birth
2. Add an additional label with the statement below.

UNDER SEAL – DO NOT RELEASE
INFORMATION WITHOUT COURT ORDER
OR IF REQUESTED FOR INTERNAL AUDIT

3. Seal the envelope with confidential packing tape. If you do not have confidential packing tape. You can use normal packing tape and label the tape as confidential with permanent marker.
4. File the sealed envelope in the closed records under the child's old name.

CREATING A NEW SOONERSTART CHART FOR CHILD WHO HAS BEEN ADOPTED:

1. Label a new file folder with the child's new name.
2. The Lead Clinician and the Regional Coordinator (or their designees) should review all forms/documents/notes set aside based on the table above (New Physical Chart) for a final determination of existing documents that are pertinent to the child's services.
3. Redact all identifying information on the documents to be filed in the new physical chart. Using a black permanent marker, black out all identifying information. After information is redacted,

copy the redacted forms/documents/notes. Review the copies to ensure that no identifying information can be seen through the blacked-out information. Repeat the process if necessary. **Shred all original redacted copies.**

4. Write the child's new name, adoptive parents' names and contact information on the copied, redacted document.
5. File the forms/documents/notes in the child's new chart.
6. Include a new Confidential Record form with the appropriate signatures and date that the new chart is created and reviewed.
7. File as appropriate with current SoonerStart charts.

FIRST INTERVENTION VISIT FOLLOWING CREATION OF NEW CHART

1. Have family complete a new PHOCIS worksheet.
2. Create a new Medicaid Written Notice with the date originally developed and provide to adoptive family.
3. Update and get parent signatures on releases including the Texting/Emailing release with Child's new name.
4. Print new consents for screening and/or evaluation with the child's new name in EdPlan. Get parent signatures and date to match the original consents with the child's former name.
5. Print the signature page of the MECATS and IFSP with the child's new name from EdPlan. Get parent signatures and dates to match the original signature dates on the old documents with the child's former name.

LEGAL NAME CHANGE:

In the event that a child's name is legally changed outside of the adoption process, enter the new name on the child's personal page in EdPlan and update the database. Forms and documents contained in the child's SoonerStart chart may be re-printed or the child's name lined through and the new name written above it.

CREATING AND PROCESSING ADOPTED CLIENT RECORDS IN PHOCIS:

When a SoonerStart child is adopted, the PHOCIS database must also be updated. If the child has participated in other OSDH programs, clerical support staff may need to take additional steps to ensure that the original record is archived appropriately. Clerical support staff should contact the OSDH Records Consultant for their region for additional support.

SOONERSTART RECORDS FOR CHILD ADOPTED THAT ARE INACTIVE UNDER AGE THREE

If SoonerStart receives an adoption decree for a child under the age of three, who was previously served (inactive) in the SoonerStart program, it should be placed in the Administrative section of the closed paper chart.

Place the contents of the closed paper chart in an envelope and write a statement across the face of the envelope: UNDER SEAL-DO NOT RELEASE INFORMATION WITHOUT COURT ORDER or IF REQUESTED FOR INTERNAL AUDIT. Record the birth name, date of birth and date the record is eligible

for destruction (25 years from date of adoption) on the outside of the envelope. Use confidential packing tape to seal the envelope. Re-file the closed chart.

The EdPlan electronic record should not be changed, modified or deleted while it remains inactive. If the child is re-referred less than 6 months from the last date of services and the site is notified that the child was previously referred under a different name, follow the instruction provided earlier in this section for "EdPlan record for child who has been adopted". If the child is re-referred more than 6 months from the last date of services and the site is notified that the child was previously referred under a different name, enter the child as a new referral into EdPlan and delete the previous EdPlan record.

SOONERSTART RECORDS FOR CHILD ADOPTED AFTER AGE THREE

If SoonerStart receives an adoption decree for a child over the age of three, who was previously served (inactive) in the SoonerStart program, it should be placed in the Administrative section of the closed paper chart.

Place the contents of the closed paper chart in an envelope and write a statement across the face of the envelope: UNDER SEAL-DO NOT RELEASE INFORMATION WITHOUT COURT ORDER or IF REQUESTED FOR INTERNAL AUDIT. Record the birth name, date of birth and date the record is eligible for destruction (25 years from date of adoption) on the outside of the envelope. Use confidential packing tape to seal the envelope. Re-file the closed chart.

The EdPlan electronic record should not be changed, modified or deleted. Adoptive parents requesting SoonerStart records must have proof of the child's original name (while in SoonerStart program) and proof of adoption of the child. After verifying documents and obtaining a written release of information, the EdPlan record may be printed with all demographic information related to the child redacted according to the procedures outlined above. This includes the parent(s) name, address, phone number and any references to family members. The REIC will send the adoption documentation and redacted record to the Oklahoma State Department of Education Legal Services for release.

SECTION 2513: ELECTRONIC COMMUNICATION WITH SOONERSTART FAMILIES

Under the Family Educational Rights and Privacy Act (FERPA), SoonerStart employees are legally and ethically obliged to safeguard the confidentiality of child and family information. This presents unique challenges when communicating with families using email and/or texting. There is the potential for others to inadvertently view the information on the family's mobile phone or computer once the information has been transmitted; or the information stored on the transmitting phone or computer may be subject to disclosure through the Oklahoma Open Records Act.

However, email correspondence is efficient, economical, and provides the family with timely information. Texting allows for immediate notifications and responses and is especially useful when scheduling appointments with families. Because emailing and/or texting has become a preferred method of communication between early intervention staff and parents, SoonerStart has procedures in place to protect both the SoonerStart program and the family.

The **Authorization for Electronic Communication** (**Appendix JJ)** must be completed and signed by both the parent/caregiver and SoonerStart staff if the family desires to receive information about their child's SoonerStart services electronically.

The parent/caregiver has the right to terminate their authorization at any time. This request must be in writing, signed and dated. It cannot be retroactive to cover information released by any prior authorization.

SoonerStart staff may only use their institutional email account (sde.ok.gov or health.ok.gov) for electronic correspondence with the family. Text messages to the family may only be sent and received on an official OSDE or OSDH cellular phone. Personal email accounts or personal cellular phones should never be used when communicating with SoonerStart families.

2514: 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 CC)** 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 Deaprtment 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.

APPENDIX

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 - Intake Script

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

I - SoonerStart Release of Confidential Information

J - Surrogate Parent Verification of Training

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

L - LEA Notification

M – Request for Nondirectory Educational Records (DHS Form 04MP070E)

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

O - Automatic Qualifiers List

P - SoonerStart Hearing Screening Form –ODH 331-I

Q - NBHS Reporting Form with Instructions

R - SoonerStart Vision Screening Form – ODH 645

S - Functional Child and Family Outcomes Technical Assistance Document

T - SoonerStart Guidelines for Vision Referrals and Consultation

U - SoonerStart Guidelines for Deaf and Hard of Hearing Consultation

V - IFSP Section 2F – Childcare Participation

W - Equipment Use Agreement

X - SoonerStart Assistive Technology Request for Use of SoonerStart Funds

Y - Autism Spectrum Disorder (ASD) Screening Results Form

Z - Transition at Age Three: Steps for Success

AA - Oklahoma Parent Center Parent Survey Brochure

BB - Targeted Case Management Progress Note with Instructions

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

DD - Client Information Worksheet (CIW)

EE - Route Sheet (Sample)

FF - Confidential Record

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

HH – Parent Agreement to Mediate and Request for Mediation

II – AutismPro SoonerStart How-to Document

JJ – Authorization for Electronic Communication

SOONERSTART PUBLIC AWARENESS PLAN

SITE: **DATE:**

Target: State and Community Service Agencies

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

Appendix - A

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

Appendix - A

SOONERSTART PUBLIC AWARENESS PLAN

SITE: **DATE:**

Target: Primary Referral Sources (especially hospitals and physicians)

Activity	Materials Needed	Person Responsible	Target Date	Completed Date

Appendix - A

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

Appendix B

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)

Appendix C

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

Appendix E

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.

Appendix F

Referral Guide...

Making the referral

County of Residence	County of Residence	County of Residence
Adair: (918) 458 –6577	Grant: (580) 233-0650	Noble: (405) 624-0726
Alfalfa: (580) 233-0650	Greer: (580) 482-7367	Nowata: (918) 335-3005
Atoka: (580) 924-6562	Harmon: (580) 482-7367	Okfuskee: (918) 224-5531
Beaver (580) 338-8544	Harper: (580) 256-5028	Oklahoma: (405) 271-9477
Beckham (580) 323-2100	Haskell: (918) 647-8601	Okmulgee: (918) 756-1883
Blaine (580) 323-2100	Hughes: (405) 273-2157	Osage: (918) 335-3005
Bryan (580)924-6562	Jackson: (580) 482-7367	Ottawa: (918) 341-3166
Caddo: (580) 585-6610	Jefferson: (580)223-9705	Pawnee: (405) 624-0726
Canadian: (405) 262-0042	Johnston: (580) 332-2011	Payne: (405) 624-0726
Carter: (580) 223-9705	Kay: (405) 624-0726	Pittsburg: (918) 423-1267
Cherokee: (918) 458-6577	Kingfisher: (405) 282-3485	Pontotoc: (580) 332-2011
Choctaw: (580) 286-6628	Kiowa: (580) 482-7367	Pottawatomie: (405) 273-2157
Cimarron: (580) 338-8544	Latimer: (918) 423-1267	Pushmataha: (580) 286-6628
Cleveland: (405) 321-4048	LeFlore: (918) 647-8601	Roger Mills: (580) 323-2100
Coal: (580) 332-2011	Lincoln: (405) 282-3485	Rogers: (918) 341-3166
Comanche: (580) 585-6610	Logan: (405) 282-3485	Seminole: (405) 273-2157
Cotton: (580) 585-6610	Love: (580) 223-9705	Sequoyah: (918) 458-6577
Craig: (918) 341-3166	Major: (580) 233-0650	Stephens: (405) 224-2022
Creek: (918) 224-5531	Marshall: (580) 924-6562	Texas: (580) 338-8544
Custer: (580)323-2100	Mayes: (918) 458-6577	Tillman: (580) 482-7367
Delaware: (918) 458-6577	McClain: (405) 321-4048	Tulsa: (918) 835-8691
Dewey: (580) 323-2100	McCurtain: (580) 286-6628	Wagoner: (918) 683-0321
Ellis: (580) 256-5028	McIntosh: (918) 756-1883	Washington: (918) 335-3005
Garfield: (580) 233-0650	Murray: (580) 332-2011	Washita: (580) 323-2100
Garvin: (405) 321-4048	Muskogee: (918) 683-0321	Woods: (580) 233-0650
Grady: (405) 224-2022		Woodward: (580) 256-5028

Appendix F

SoonerStart Intake Script – Talking Points

Hello! I am _____ with the SoonerStart Early Intervention Program in _____ (site). I am calling in regards to the SoonerStart referral that was received in our office for your child _____. Today, I would like to talk with you about SoonerStart Early Intervention and give you a little information about the program and services that we offer to Oklahoma families and their children.

SoonerStart is the early intervention program for the state of Oklahoma. In SoonerStart we provide special education/early intervention services for children under the age of 36 months who have developmental delays and/or certain conditions that put them at risk for developmental delays. We are an inclusive program meaning we work with the child as well as the family when providing intervention services. Your SoonerStart team including myself will work closely with your entire family in order to help us gain a better understanding of your child's needs as well as your family's resources, priorities and concerns.

When a child is referred to SoonerStart, we can provide a developmental screening, an evaluation to determine eligibility for the program and then if the child is eligible… we can provide ongoing intervention services. A child is typically determined eligible for services through the evaluation process…however, if a child has a diagnosis they may be automatically eligible for services based on their diagnosis and would not require an evaluation. The eligibility evaluation is a comprehensive evaluation meaning that we look at all 5 areas of development: personal-social, adaptive, motor, communication and cognitive. We will also conduct a hearing and vision screening. To be determined eligible for SoonerStart, a child must be evaluated and show a 50% delay in one of the 5 developmental areas or two 25% delays in two of the 5 areas. If they meet this criteria, they would be determined eligible for SoonerStart services. SoonerStart is voluntary so when a child is determined eligible, the family will at that time choose to either accept or decline services. There is also no direct cost to your family… if a child has a current Medicaid/SoonerCare number then we will bill SoonerCare directly for any services provided but there will be no out of pocket cost to you. If your child has private insurance, there will be nothing billed to any insurance.

If you decide to participate in SoonerStart, we will provide you and your family with 3 things…

1. An assigned "Resource Coordinator" or "RC" which is who I am. I will help you throughout the time you are participating in SoonerStart. It is my responsibility to help your identify, access and utilize available resources and services within SoonerStart and also outside of the program.
2. An assessment of your child, with your permission, which may include screening, evaluation or both
3. If your child is eligible for SoonerStart, an Individualized Family Service Plan or "IFSP" will be developed with you outlining outcomes and services

While you and your family are participating in SoonerStart, you do have certain rights as your child's parent. Specifically at this part of the process, you are a part of your child's team along with us… you will be notified of any assessment or testing that is being recommended and you will have to give written consent for any of those to be completed. This would include a screening or an evaluation. Everything in your child's SoonerStart record is confidential and nothing will be released without your consent.

Appendix G

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

1. **Yes…** complete the intake screen in EdPlan
    a. Schedule screening or evaluation as appropriate for the child (explain that the evaluation is a 1-2 hour process)

2. **No…** end the 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 – Cancel the referral in EdPlan

Appendix G

PARENT RIGHTS FOR SOONERSTART SERVICES

NOTICE OF PROCEDURAL SAFEGUARDS

The Individuals with Disabilities Education Act
IDEA – Part C
Program for Early Intervention services
Oklahoma State Department of Education
Revised – October 2016

Appendix H

SoonerStart Early Intervention Program

Parents Rights for SoonerStart Services:

Notice of Procedural Safeguards

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Appendix H

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. The SoonerStart record consist of both electronic information and paper documents. The paper chart is maintained at the local SoonerStart site office in an ***active*** or ***inactive*** status until the child's third birthday at which time the record is closed. The child's closed paper chart is retained at the local SoonerStart site office until the child's sixth (6th) birthday. After the child's sixth (6th) birthday the paper chart is scanned and maintained as a permanent record with the Oklahoma State Department of Health. All **active, inactive** and **closed** SoonerStart records are maintained in a confidential manner.

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 such as the Oklahoma Parents Center or Special Education Resolution Center (SERC) at Oklahoma State University. The impartial Party will 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.

<u>Resolution Session for Due Process Complaint Hearing Request</u>

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 H

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:

Be released and authorize (Name and address of person or agency releasing information):

Name:	Address:

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:

Signature of Person(s) Authorizing Release:

Name:	Date:

Appendix I

SoonerStart Early Intervention Program
Surrogate Parents Verification of Training

Child's Name:	Date of Birth:
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 I 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 J

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 (US. 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.

Sample* of Language that might be used by an early intervention program to explain implications of regulations to families. This tool does not replace *Parent Rights for SoonerStart Services – Notice of Procedural Safeguards.

Updated 2012 from Hurth & Goff (2002) Assuming the Family's Role on the Early Intervention Team, NECTAS

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:

☐ U.S. Mail Date Mailed:	☐ Emailed Date Sent:

Appendix L

OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHAMPION EXCELLENCE

Request for Nondirectory Educational Records

Oklahoma Department of Human Services

I understand these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in federal or state regulations. In the course of my official duties, I am requesting the release of these educational records under the authority of Section 1-6-103 of Title 10A of the Oklahoma Statutes.

Child's Information

Child's name: _____ Date of birth: _____

School name _____ Grade _____

Requester's Information

Name _____ Job title: _____

Work address: _____ Phone : _____

Educational Records Requested

- ☐ Attendance records
- ☐ Class schedule
- ☐ Discipline records
- ☐ English language learner status
- ☐ Grades
- ☐ Parent/guardian contact
- ☐ School lunch participation
- ☐ Special education records
- ☐ SoonerStart records
- ☐ Additional information:

Reason for Release

- ☐ Child in DHS custody
- ☐ Investigation of child abuse
- ☐ Investigation of child neglect
- ☐ Other: _____

Acknowledgment and Signature

- I am authorized to obtain the requested records and the records are requested solely for the aforementioned purpose. I agree not to release, share, or disclose these records to any person not authorized under federal or state law. Any redisclosure, except as provided by Section 99.31 of Title 34 of the Code of Federal Regulations, requires consent of the parents, guardians, or eligible students.
- I have attached a copy of my badge verifying my current DHS employment.

_____ _____

Signature Date

Appendix M

Service Provider Notes – SoonerStart Early Intervention Program

Child's Name Last First MI	Date of Birth	Child's County of Residence	Diagnosis Code: F819	Date of Service

Location Type (Check One):		Encounter Type (Check One):	Attendance (Check One):
☐ Home ☐ Childcare/Preschool ☐ Headstart ☐ Park/Playground ☐ Library ☐ Community Center ☐ Restaurant ☐ Store/Mall	☐ Parent/Caregiver's Work ☐ Church/ faith-based setting ☐ Other Natural Environment in the community ☐ School (for TPC or IEP meeting) ☐ County Health Department ☐ Therapist's Office/Outpatient Clinic ☐ Center-based for children with disabilities ☐ Hospital (Inpatient) ☐ Residential Facility ☐ Other Non-Natural Environment location	☐ Evaluation ☐ IFSP ONLY ☐ IFSP / Intervention ☐ Intervention ☐ Support Services not on the IFSP Service Delivery Plan	☐ Attended ☐ Not Attended Reason (Check One): ☐ Client Cancelled ☐ Client No-Show ☐ Couldn't find family ☐ Provider Cancelled ☐ State Holiday ☐ 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? ☐ Yes ☐ No
Procedure Code:	Modifier 1:	Procedure Start Time:	Procedure End Time:	Total Procedure Time (minutes):	Unit(s):	Child present? ☐ Yes ☐ No

Was your license/certificate current on the date the service was rendered? ☐ Yes ☐ No ☐ 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:

Appendix N

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.)

Appendix N

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.

Appendix N

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.

Appendix N

PROGRESS NOTES

NAME: _____ DATE OF BIRTH: _____

DATE	T & E CODE	BILLING CODE & TIME	NOTES

SoonerStart Automatic Qualifying Syndromes and Conditions - Appendix O
Abetalipoproteinemia
Acanthocytosis (see Abetalipoproteinemia)
Accutane, Fetal Effects of (see Fetal Retinoid Syndrome)
Acidemia, 2-Oxoglutaric
Acidemia, Glutaric I
Acidemia, Isovaleric
Acidemia, Methylmalonic
Acidemia, Propionic
Aciduria, 3-Methylglutaconic Type II
Aciduria, Argininosuccinic
Acoustic-Cervico-Oculo Syndrome (see Cervico-Oculo-Acoustic Syndrome)
Acrocephalopolysyndactyly Type II
Acrocephalosyndactyly Type I
Acrodysostosis
Acrofacial Dysostosis, Nager Type
Adams-Oliver Syndrome (see Limb and Scalp Defects, Adams-Oliver Type)
Adrenoleukodystrophy, Neonatal (see Cerebro-Hepato-Renal Syndrome)
Aglossia Congenita (see Hypoglossia-Hypodactylia)
Albinism, Ocular (includes Autosomal Recessive Type)
Albinism, Oculocutaneous, Brown Type (Type IV)
Albinism, Oculocutaneous, Tyrosinase Negative (Type IA)
Albinism, Oculocutaneous, Tyrosinase Positive (Type II)
Albinism, Oculocutaneous, Yellow Mutant (Type IB)
Albinism-Black Locks-Deafness
Albright Hereditary Osteodystrophy (see Parathyroid Hormone Resistance)
Alexander Disease
Alopecia - Mental Retardation
Alpers Disease
Alpha 1,4 - Glucosidase Deficiency (see Glycogenosis, Type IIA)
Alpha-L-Fucosidase Deficiency (see Fucosidosis)
Alport Syndrome (see Nephritis-Deafness, Hereditary Type)
Amaurosis (see Blindness)
Amaurosis Congenita of Leber, Types I and II (see Retina, Amaurosis Congenita,
Leger Type)
Amelia (see Limb Reduction Defects) (lower limb) (upper limb)
Angelman Syndrome
Aniridia
Aicardi Syndrome
AIDS Infection (see Fetal Acquired Immune Deficiency Syndrome)
Alaninuria (see Pyruvate Dehydrogenase Deficiency)
Albers-Schonberg Disease (see Osteopetrosis, Malignant Recessive)
Anophthalmia, recessive Waardenburg type (Anophthalmia - Limb Anomalies)
Anophthalmia-Limb Anomalies

Anus-Hand-Ear Syndrome
Apert Snydrome (see Acrocephalosyndactyly (Type I)
Apolipoprotein B Deficiency (see Abetalipoproteinemia)
Aracerebroside Sulfatase Deficiency (see Metachromatic Leukodystrophies)
Arachnodactyly, Contractural Beals Type
Argininemia
Arthro-Ophthalmopathy, Hereditary, Progressive, Stickler Type
Arthrogryposis (Arthrogryposes Multiplex Congenita)
Arthrogryposis, Amyplasia Type
Arthrogryposis, Distal Types I and II
Arylsulfatase A Deficiency (see Metachromatic Leukodystophies)
Ataxia with Lactic Acidosis I (see Pyruvate Dehydrogenase Deficiency)
Ataxia with Lactic Acidosis II (see Pyruvate Carboxylase Deficiency with Lactic
Acidemia)
Ataxia-Telangiectasia Syndrome
Auditory Neuropathy Spectrum Disorder (ANSD)
Autism Spectrum Disorder (ASD)
BADS Syndrome (see Albinism-Black Locks-Deafness)
Bardet-Biedl Syndrome
Bartter Syndrome
Batten Disease (see Neuronal, Ceroid-Lipofuscinoses)
Beals Syndrome (see Arachnodactyly, Contractural Beals Type)
Beals-Hecht Syndrome (see Arachnodactyly, Contractural Beals Type)
Behr Syndrome (see Optic Atrophy, Infantile Heredofamilial)
Bertrand Spongy Degeneration of the CNS (see Brain, Spongy Degeneration)
Beta-Galactosidase-I Deficiency (see G(MI)-Gangliosidosis, Type I)
Biedel-Bardet Syndrome (see Bardet-Biedel Syndrome)
Bing-Siebenmann Dysplasia (see Ear, Inner Dysplasias)
Biotinidase Deficiency
Blindness or Near Blindness
Boder-Sedgwick Syndrome (see Ataxia-Telangiectasis)
BOR Syndrome (see Brachio-Oto-Renal Dysplasia)
Borjeson-Forssman-Lehmann Syndrome
Bourneville Syndrome (see Tuberous Sclerosis)
Brain, Micropolygyria
Brain, Porencephaly
Brain, Schizencephaly
Brain, Spongy Degeneration
Branchio-Oculo-Facial Syndrome

BBB Syndrome (see Hypertelorism-Hypospadius Syndrome)
Branchio-Oto-Renal Dysplasia (when lip pits or clefts are present)
Burns Syndrome (see Ichthyosiform Erythrokeratoderma, Atypical with Deafness)
C Syndrome
Camptodactyly-Trismus Syndrome
Canavan Disease (see Brain, Spongy Degeneration)
Carbamoyl Phosphate Synthetase Deficiency
Cardio-Auditory Syndrome
Carpenter Syndrome (see Acrocephalopolysyndactyly II)
Cat Cry Syndrome (see Chromosome 5, Monosomy 5p)
Cat Eye Syndrome
Cataract, Autosomal Dominant Congenital
Cataract, Cortical and Nuclear
Cataract, Polar
Cataracts
Caudal Dysplasia (see Caudal Regression Syndrome)
Caudal Regression Syndrome (when paralysis is present)
Central Ray Defects (see Limb Reduction Defects) (upper limb) (lower
limb)
Ceramidase Deficiency (see Lipogranulomatosis)
Cerebellar Parenchymal Disorder, Type IV (see Joubert Syndrome)
Cerebral Gigantism (See #118)
Cerebral G(MI)-Gangliosidosis (see G(MI)-Gangliosidosis, Type I) (See #119)
Cerebral Palsy (See #120)
Cerebro-Costo-Mandibular Syndrome
Cerebro-Hepato-Renal Syndrome
Cerebro-Oculo-Facio-Skeletal Syndrome
Cerebroocular Dysgenesis (see Walker-Warburg Syndrome)
Cerebroside Liposis (see Gaucher Disease)
Cerebrosidosis (see Gaucher Disease)
Cervico-Oculo-Acoustic Syndrome
Cervicooculofacial Dysplasia (see Cervico-Oculo-Acoustic Syndrome)
Charge Association
Chemke Syndrome (see Walker-Warburg Syndrome)
Chicken Pox, Fetal Effects (see Fetal Effects from Varicella-Zoster)
CHILD Syndrome (see Limb Reduction-Ichthyosis)
Chondrodysplasia Calcificans Congenita (see Chondrodysplasia Punctata, X-Linked
Dominant Type)
Chondrodysplasia Punctata, Rhizomelic Type

Chondrodysplasia Punctata, X-Linked Dominant Type
Chondrodystrophic Myotonia, Schwartz-Jampel Type
Christensen Krabbe Disease (see Alpers Disease)
Chromosome 1, Monosomy 1q
Cerebral Gigantism
Cerebral G(MI)-Gangliosidosis (see G(MI)-Gangliosidosis, Type I)
Cerebral Palsy
Chromosome 1, Monosomy 1q4
Chromosome 2, Monosomy of Medial 2q
Chromosome 2, Partial Trisomy 2p
Chromosome 2, Trisomy Distal 2q
Chromosome 3, Trisomy 3p2
Chromosome 3, Trisomy 3q2
Chromosome 4, Monosomy 4p
Chromosome 4, Monosomy Distal 4q
Chromosome 4, Trisomy 4p
Chromosome 4, Trisomy Distal 4q
Chromosome 5, Monosomy 5p
Chromosome 5, Trisomy 5q3
Chromosome 6, Monosomy Proximal 6q
Chromosome 6, Ring 6
Chromosome 6, Trisomy 6q2
Chromosome 7, Trisomy 7q2-3
Chromosome 8, Trisomy 8
Chromosome 8, Trisomy 8p 7
Chromosome 9, Partial Monsomy 9p
Chromosome 9, Trisomy 9
Chromosome 9, Trisomy 9p
Chromosome 9, Trisomy 9q3
Chromosome 10, Monosomy 10p
Chromosome 10, Monosomy 10q2
Chromosome 10, Trisomy 10q2
Chromosome 11, Monosomy 11q
Chromosome 11, Partial Monosomy 11p
Chromosome 11, Partial Trisomy 11q
Chromosome 11, Partial Trisomy 11p
Chromosome 12, Isochromosome 12p mocaicism (see Pallister-Killian Mosaic Syndrome)
Chromosome 12, Monosomy 12p
Chromosome 12, Partial Trisomy 12p

Chromosome 12, Trisomy 12q2
Chromosome 13, Monosomy 13q
Chromosome 13, Monosomy 13q3
Chromosome 13, Trisomy 13
Chromosome 13, Trisomy 13q1
Chromosome 13, Trisomy Distal 13q
Chromosome 14, Partial Trisomy 14q
Chromosome 14, Ring 14
Chromosome 15, Partial Trisomy Distal 15q
Chromosome 15, Ring 15
Chromosome 15, Trisomy 15q1
Chromosome 16, Trisomy 16q
Chromosome 17, deletion or monosomy 17p13 (see Lissencephaly Syndrome)
Chromosome 17, Interstitial Deletion 17p
Chromosome 18, Monosomy 18p
Chromosome 18, Monosomy 18q or 18r (ring)
Chromosome 18, Ring 18
Chromosome 18, Tetrasomy 18p
Chromosome 18, Trisomy 18
Chromosome 18, Trisomy 18q2
Chromosome 20, Trisomy 20p
Chromosome 21, Trisomy 21
Chromosome 22, Monosomy 22q
Chromosome 22, Partial Trisomy 22 (see Cat Eye Syndrome)
Chromosome 22, Ring 22
Chromosome XXXX (see XXXX Syndrome)
Chromosome XXXXX (see XXXXX Syndrome)
Chromosomer XXY (see Klinefelter Syndrome)
Club Hand (see Hand, Radial Club Hand)
Cockayne Syndrome
Coffin-Lowry Syndrome
Coffin-Siris Syndrome
COFS (see Cerebro-Oculo-Skeletal Syndrome)
Cohen Syndrome
Congenital Hypothyroidism
Corneal Dystrophy, Endothelial, Congenital Hereditary
Cornelia de Lange Syndrome (see De Lange Syndrome)
Corpus Callosum Agenesis
Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type (See #209)

Cri Du Chat Syndrome (see Chormosome 5, Monosomy 5p) (See #210)
Cytochrome C Oxidase Deficiency (see Myopathy-Metabolic, Mitochondrial Cytochrome
C Oxidase Deficiency)
De Lange Syndrome
De Morsier Syndrome (see Septo-Optic Dysplasia)
De Toni-Fanconi-Debre Syndrome
Deafness (see Hearing Loss)
Deafness, Congenital I or II (see Deafness (Sensorineural), Recessive Profound)
Deafness (Sensorineural), Recessive Profound
Deafness-Ear Pits
Deafness-Malformed Ears-Mental Retardation
Deafness-Pili Torti, Bjornstad Type
Dejerine-Sottas Disease
Dermal Hypoplasia, Focal
DeSanctis-Cacchione Syndrome (see Xeroderma Pigmentosum-Mental Retardation)
Desbuquois Syndrome (see Larson Syndrome)
Diastrophic Dysplasia
DiGeorge Syndrome (see Immunodeficiency, Thymic Agenesis)
Diplegia, Congenital Facial
Donohue Syndrome (see Leprechauism)
Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type
Cri Du Chat Syndrome (see Chormosome 5, Monosomy 5p)
Dandy Walker Syndrome
Down Syndrome (see Chromosome 21, Trisomy 21)
Dubowitz Syndrome
Duchenne Muscular Dystrophy (see Muscular Dystrophy, Psuedohypertropic)
Dwarfism, Metatropic Type II (see Kneist Dysplasia)
Dwarfism, Seckle Type (see Seckle Syndrome)
Dysautonomia, Type 1, Riley-Day Type
Dysautonomia, Type II, Familial (see Neuropathy, Congenital Sensory with Anhidrosis)
Ear, Inner Dysplasias
Ear, Microtia - Atresia
Ear, Ossicle and Middle Ear Malformations
Ectrodactyly
Ectrodactyly-Tibial Hemimelia (see Tibial Hypoplasia/Aplasia-Ectrodactyly)
Edwards Syndrome (see Chromosome 18, Trisomy 18)
Ehlers-Danlos Syndrome
Encephalocele
Encephalopathy, Necrotizing

Epidermal Nevus Syndrome (see Nevus, Epidermal Nevus Syndrome)
Escobar Syndrome (see Pterygium Syndrome, Multiple)
Eye, Anophthalmia
Eye, Anterior Segment Dysgenesis
Facio-Oculo-Acoustic-Renal Syndrome
Eye, Microphthamia/Coloboma (See #249)
Eye, Orbital Teratoma, Congenital (See #250)
Failure to Thrive
Falciform Detachment, Congenital (see Retinal Fold)
Farber Disease (see Lipogranulomatosis)
Femoral Hypoplasia-Unusual Facies Syndrome
Fetal Acquired Immune Deficiency Syndrome 042
Fetal Alcohol Syndrome
Fetal Aminoglycoside Ototoxicity
Fetal Brain Disruption Sequence
Congenital Cytomegalovirus Syndrome (CMV)
Fetal Effects from Maternal PKU
Fetal Effects from Varicella-Zoster
Fetal Herpes Simplex Infection
Fetal Retinoid Syndrome
Fetal Rubella Syndrome
Fetal Syphilis Syndrome
Fetal Toxoplasmosis Syndrome (clinically apparent cases)
Fetal Warfarin Syndrome
Eye, Microphthamia/Coloboma
Eye, Orbital Teratoma, Congenital
FG Syndrome, Opitz-Kaveggia Type
Fibromatosis, Juvenile Hyaline
Fibula, Congenital Absence of (Type II & III)
FOAR Syndrome (see Facio-Oculo-Acoustic-Renal Syndrome)
Fragile X Syndrome (see X-Linked Mental Retardation, Fragile X Syndrome)
Fraser Syndrome
Freeman-Sheldon Syndrome (see Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type)
Frontometaphyseal Dysplasia
Fucosidosis
G(MI)-Gangliosidosis, Type 1
G(MI)-Gangliosidosis Type 2
G(M2)-Gangliosidois with Hexosaminidase A and B Deficiency
G(M2)-Gangliosidosis with Hexosaminidase A Deficiency

Galactosemia
Galactosialidosis (early-infantile type and late-infantile form)
Ganglioside Neuroaminidase Deficiency (see Mucolipidosis IV)
Ganglioside Sialidase Deficiency (see Mucolipidosis IV)
Gangliosidosis, Generalized Juvenile Type (see G(M1)-Gangliosidosis, Type 2)
Gangliosidosis, Type 1 (see G(M1)- Gangliosidosis, Type 1)
Gaucher Disease (acute or infantile form)
Giedion-Langer Syndrome (See #287)
Glutaric Aciduria Type 1 (see Acidemia, Glutaric Acidemia I)
Glutaryl-CoA Dehydrogenase Deficiency (see Acidemia, Glutaric Acidemia I)
Glycogen Storage Disease, Type IIA (see Glysogenois, Type IIA)
Glycogenosis, Type IA
Glycogenosis, Type IIA
Goldberg Syndrome (see Galactosialidosis)
Goldenhar Syndrome (see Oculo-Auriculo-Vertebral Anomaly)
Gollop-Wolfgang Syndrome (see Tibial Hypoplasia/Aplasia-Ectrodactyly)
Goltz-Gorlin Syndrome (see Dermal Hypoplasia, Focal)
Guerin-Stern Syndrome (see Arthrogryposis)
Hallermann-Streiff Syndrome (see Oculo-Mandibulo-Facial Syndrome)
Hallgren Syndrome (see Usher Syndrome)
Haltia-Santavuori Disease (infantile) (see Neuronal Ceroid-Lipofuscinoses)
Hand, Radial Club Hand
Handmann Disk Anomaly (see Optic Disk, Morning Glory Anomaly)
Hanhart Syndrome (see Hypoglossia-Hypodactylia)
Happy Puppet Syndrome (see Angelman Syndrome)
HARD Syndrome (see Walker-Warburg Syndrome)
Hearing Loss - Permanent Unilateral or Bilateral hearing loss of 25 dB or greater
Heart-Hand Syndrome
Hecht Syndrome (see Camptodactyly-Trismus Syndrome)
Hemifacial Microsomia (see Oculo-Auriculo-Vertebral Anomaly)
Hemimelia (see Limb Reduction Defects) (upper limb) (lower limb)
Hereditary Motor Sensory Neuropathy, Type III (see Dejerine-Sottas Disease)
Herpes Simplex Infection (see Fetal Herpes Simplex Infection)
HGPRT (Hypoxanthine Guanine Phosphoribosyl Transferase) Deficiency (see Lesch-
Nyhan Syndrome)
HHH Syndrome (see Hyperornithinemia-Hyperammonemia-Homocitrullinuria)
Holoprosencephaly
Holt-Oram Syndrome (see Heart-Hand Syndrome)
Hunter Syndrome (see Mucopolysaccharidosis II)

Hurler Syndrome (see Mucopolysaccharidosis I-H)
Hurler-Pfakundler Syndrome (see Mucopolysaccharidosis I-H)
Hurler-Scheie Syndrome (see Mucopolysaccharidosis I-H)
Hydrocephalus
Hyperammonemia (See #321)
Hyperglycinemia, Non-ketotic (See #322)
Hyperornithinemia-Hyperammonemia-Homocitrullinuria
Hypertelorism-Hypospadius Syndrome
Hypoglossia-Hypodactylia
Hypoxic-Ischemic Encephalopathy (HIE)
I-Cell Disease (see Mucolipidosis II)
Ichthyosiform Erythrokeratoderma, Atypical with Deafness
Immunodeficiency, Thymic Agenesis
Infantile Spasms
Isovaleric Acidemia (see Acidemia, Isovaleric)
Jacobsen Syndrome (see Chromosome 11, Monosomy 11q)
Jansky-Bielchowsky Disease (late infantile) (see Neuronal Ceroid-Lipoufscinoses)
Jervell Syndrome (see Cardio-Auditory Syndrome)
Johanson-Blizzard Syndrome
Joubert Syndrome
Kearns-Sayre Disease
Keratitis-Ichthyosis-Deafness (KID) Syndrome (see Ichthyosiform Erythrokeratoderma,
Atypical with Deafness)
Killian Syndrome (see Pallister-Killian Mosaic Syndrome)
Hyperammonemia
Hyperglycinemia, Non-ketotic
Kinky Hair Disease (see Menkes Syndrome)
Klinefelter Syndrome
Klippel-Feil Anomaly
Kneist Dysplasia
Krabbe Disease (see Leukodystrophy, Globoid Cell Type)
Lacrimo-Auriculo-Dento-Digital Syndrome
LADD Syndrome (see Lacrimo-Auriculo-Dento-Digital Syndrome)
Lange-Nielson Syndrome (Cardio-Auditory Syndrome)
Larson Syndrome
Laurence-Moon Syndrome
Leigh Syndrome (see Myopathy-Metabolic, Mitochodrial Cytochrome C Oxidase
Deficiency (some cases) or Encephalopathy, Necrotizing)
Lens and Pupil, Ectopic

Lens, Aphakia
Lens, Ectopic
Lens, Microspherophakia
Lenz Microphthalmia Syndrome
Leprechaunism
Leroy Disease (see Mucolipidosis II)
Lesch-Nyhan Syndrome
Leukodystrophy, Alexander Disease (see Alexander Disease)
Leukodystrophy, Globoid Cell Type (See #361)
Levy-Hollister Syndrome (See #362)
Limb and Scalp Defects, Adams-Oliver Type (See #363)
Limb Reduction Defects (upper limbs) (lower limbs)
Limb Reduction-Ichthyosis
Linear Nevus Sebaceous Syndrome (see Nevus, Epidermal Nevus Syndrome)
Lipogranulomatosis
Lipomatosis of Pancreas, Congenital (see Shwachman Syndrome)
Lipomucopolysaccaridosis (see Mucolipidosis I)
Lissencephaly Syndrome
Lissencephaly Syndrome II (see Walker-Warburg Syndrome)
Liver Disease - Neuronal Degeneration of Childhood (see Alpers Disease)
Lobster claw deformity (see Ectrodactyly)
Loken-Senior Syndrome (see Renal Dysplasia-Retinal Aplasia, Loken-Senior Type)
Louis-Barr Syndrome (see Ataxia-Telangiectasis)
Low Birth Weight (LBW) BW £ 1200 Grams (2 lbs, 10 oz) *Qualifies children up to 2years of age only
Lowe Syndrome (see Oculo-Cerebro-Renal Syndrome)
Mandibular Dysostosis, Treacher-Collins Type-Limb Anomalies (see Acrofacial
Dysostosis, Nager Type)
Mandibulofacial Dysostosis
Mannosidosis (Type I and II)
Marden-Walker Syndrome
Marinesco-Garland Syndrome (see Marinesco-Sjogren Syndrome)
Leukodystrophy, Globoid Cell Type
Levy-Hollister Syndrome (see Lacrimo-Auriculo-Dento-Digital Syndrome)
Limb and Scalp Defects, Adams-Oliver Type
Marinesco-Sjogren Syndrome
Marshall-Smith Syndrome
Martin Bell X-Linked Mental Retardation (see Fragile X Syndrome)
Maumenee Corneal Dystrophy (see Corneal Dystrophy, Endothelial, Congenital
Hereditary)

Maxillofacial Dysostosis
Melnick-Fraser Syndrome (see Brachio-Oto-Renal Dysplasia)
Meningomyelocele
Menkes Syndrome
Metachromatic Leukodystrophy - Late Infantile
Metatropic Dysplasia (Dwarfism)
Methemoglobinemia, NADH-Dependent Diaphorase Deficiency, Type II
Methylmalonic Acidemia (see Acidemia, Methymalonic)
Microcephaly (3 Standard Deviations Below Mean)
Micromelia (see Limb Reduction Defects) (upper limb) lower limb)
Miller-Dieker Syndrome (see Lissencephaly Syndrome)
Mitochondrial Encephalomyopathy (see Kearns-Sayre Disease)
Moebius Syndrome (see Diplegia, Congenital Facial)
Mohr Syndrome (see Oro-Facio-Digital Syndrome, Mohr Type)
Molybdenum Co-Factor Deficiency
Mondini-Alexander Malformation of Inner Ear (see Ear, Inner Dysplasias)
Moravcsik-Marinesco-Sjogren Syndrome (see Marinesco-Sjorgen Syndrome)
Mucolipidosis III
Mucolipidosis IV
Mucopolysaccharidosis (MPS) F (see Fucosidosis)
Mucopolysaccharidosis (MPS) I-H
Mucopolysaccharidosis (MPS) I-S
Mucopolysaccharidosis (MPS) II
Mucopolusaccharidosis (MPS) III
Mucopolysaccharidosis (MPS) IV
Mucopolysaccharidosis (MPS) VII
Mucosulfatidosis (see Sulfatase Deficiency, Multiple)
Murray Syndrome or Murray Puretic Syndrome (see Fibromatosis, Juvenile Hyaline)
Muscular Dystrophy, Pseudohypertrophic
Myasthenia Gravis, Familial Infantile (see Myasthenic Syndrome, Familial Infantile Type)
Myasthenic Syndrome, Familial Infantile Type
Myelomeningocele (see Meningomyelocele)
Myopathy, Central Core Disease Type
Myopathy, Disproportionate Fiber Type I
Myopathy, Myotubular
Morquio Syndrome (see Mucopolysaccharidosis IV)
Mucolipidosis I
Myotonic Dystrophy, Congenital
Myopathy, Reducing Body

Myopathy-Metabolic, Mitochondrial Cytochrome C Oxidase Deficiency
Nager Acrofacial Dysostosis (see Acrofacial Dysostosis, Nager Type)
Nasal Hypoplasia-Peripheral Dysostosis-Mental Retardation (see Acrodysostosis)
Nephritis-Deafness (Sensorineural), Hereditary Type
Nettleship-Falls Ocular Albinism (see Albinism, Ocular)
Neuroaxonal Dystrophy, Infantile
Neuronal Ceroid-Lipofuscinoses (NCL)
Neuropathy, Congenital Sensory with Anhidrosis
Neuropathy, Giant Axonal
Nevus, Epidermal Nevus Syndrome
Niemann-Pick Disease, Group A (Acute Neuronopathic Form)
Norman-Roberts Syndrome (see Lissencephaly Syndrome)
Norrie Disease
Ocular Albinism (see Albinism, Ocular)
Oculo-Auriculo-Vertebral Anomaly
Oculo-Cerebro-Renal Syndrome
Oculo-Mandibulo-Facial Syndrome
Opitz Trigonocephaly Syndrome (see C Syndrome)
Optic Atrophy, Infantile Heredofamilial
Optic Disk, Morning Glory Anomaly
Optic Disk, Tilted (See #446)
Optic Nerve Hypoplasia (See #447)
Ornithine Transcarbamylase Deficiency
Oro-Facial-Digital Syndrome, Mohr Type
Oro-Palatal-Digital Syndrome, Varadi Type
Osteodystrophy-Mental Retardation, Ruvalcaba Type
Osteogenesis Imperfecta
Osteopetrosis, Malignant Recessive
Oto-Brachio-Renal Dysplasia (see Brachio-Oto-Renal Dysplasia)
Oto-Facio-Cervical Syndrome (see Brachio-Oto-Renal Dysplasia
Oto-Palato-Digital Syndrome I
Palatopharyngeal Incompetence
Pallister-Killian Mosaic Syndrome
Parathyroid Hormone Resistance
Patau Syndrome (see Chromsome 13, Trisomy 13)
Pelizaeus-Merzbacher Syndrome
Pena-Shokeir Syndrome I
Pena-Shokeir Syndrome II (see Cerebro-Oculo-Skeletal Syndrome
Peroxisome Deficiency (see Cerebro-Hepato-Renal Syndrome)

Perrault Syndrome
Peters Anomaly (see Eye, Anterior Segment Dysgenesis)
Optic Disk, Tilted
Optic Nerve Hypoplasia
Periventricular Leukomalacia (PVL)
Phenylketonuria PKU
Phocomelia (see Limb Reduction Defects) (upper limb) (lower limb)
Phytanic Acid Oxidase Deficiency, Infantile Type
Poland Syndrome (Anomaly)
Pompe Disease (see Glycogenosis, Type IIA)
Porencephaly (see Brain, Porencephaly)
Prader-Willi Syndrome
Proprionic Acidemia (see Acidemia, Proprionic)
Prune Belly Syndrome
Pseudo-Arysulfatase A Deficiency (see Metachromatic Leukodystrophies)
Psuedo-Hurler Disease (see G(MI)-Gangliosidosis, Type I)
Psuedopolydystrophy (see Mucolipidosis III)
Pterygium Syndrome, Multiple
Pterygium Syndrome, Popliteal
Pyruvate Carboxylase Deficiency with Lactic Acidemia
Pyruvate Dehydrogenase Deficiency
Radial Dysplasia (see Hand, Radial Club Hand)
REAR Syndrome (see Anus-Hand-Ear Syndrome)
Refsum Disease, Infantile Form (see Phytanic Acid Oxidase Deficiency, Infantile Type)
Retina, Amaurosis Congenita, Leber Type
Retina, Congenital Detachment of (see Retinal Dysplasia)
Retinal Aplasia (Hereditary), Blindness, or Degeneration, Congenital (see Retina,
Amaurosis Congenita, Leger Type)
Retinal Dysplasia
Retinal Fold
Retinal Septum, Congenital (see Retinal Fold)
Retinitis Pigmentosa, Congenital (see Retina, Amaurosis Congenita, Leber Type
Retinoblastoma
Retinoic Acid Syndrome (see Fetal Retinoid Syndrome)
Rett Syndrome
Rhizomelic Chondrodysplasia Punctata (see Chondrodysplasia Punctata, Rhizomelic Type)
RHS Syndrome (see Smith-Lemli-Opitz Syndrome)
Richner-Hanhart Syndrome (see Tyrosinemia II, Oregon Type)
Rieger Syndrome.

Riley-Day Syndrome (see Dysautonomia I, Riley-Day Type)
Roberts Syndrome
Renal Dysplasia-Retinal Aplasia, Loken-Senior Type
Renal Tubular Acidosis-Sensorineural Deafness
Renal-Brachio-Oto Dysplasia (see Brachio-Oto-Renal Dysplasia)
Rubella Syndrome (see Fetal Rubella Syndrome)
Rubinstein-Taybi Broad Thumbs-Hallux Syndrome
Rud Syndrome (see Seizures-Ichthyosis-Mental Retardation)
Ruvalcaba Syndrome (see Osteodystrophy-Mental Retardation, Ruvalcaba Type
Sacral Agenesis/Regression (see Caudal Regression Syndrome)
Sacrococcygeal Dysgenesis Syndrome
Sandhoff Disease (see G(M2)-Gangliosidosis with Hexoaminidase A and B Deficiency)
Sanfilippo Syndrome (see Mucopolysaccharidosis III)
Scheie Syndrome (see Mucopolysaccharidosis I-S)
Schwartz-Jampel Syndrome (see Chondrodystrophic Myotonia, Schwartz-Jampel Type)
Sclerosing Poliodystrophy, Progressive (see Alpers Disease)
Seckel Syndrome
Seitelberger Disease (see Neuroaxonal Dystrophy, Infantile)
Seizures-Ichthyosis-Mental Retardation
Senter Syndrome (see Ichthyosiform Erythrokeratoderma, Atypical with Deafness)
Septo-Optic Dysplasia
Shprintzen Syndrome (see Velo-Cardio-Facial Syndrome)
Shwachman Syndrome
Shy-Magee Disease (see Myopathy, Central Core Disease Type)
Small for Gestational Age (SGA) * Qualifies children up to 1 year of age only
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)
Smith-Lemli-Opitz Syndrome
Smith-Magenis Syndrome (see Chromosome 17, Interstitial Deletion 17p)
Sotos Syndrome (see Cerebral Gigantism)
Spastic Ataxia, Charlevoix-Saguenay Type
Spherophakia-Brachymorphia Syndrome
Sphingomyelin Lipidosis (see Niemann-Pick Disease)
Spina Bifida Cystica with Paralysis (see Meningomyelocele)
Spinal Muscle Atrophy, Infantile Type I
Split Hand Deformity (see Ectrodactyly)

Split Hand Deformity-Mandibulofacial Dysostosis (see Acrofacial Dysostosis, Nager
Spondyloepiphyseal Dysplasia Congenita
Spongy Degeneration of Brain (see Brain, Spongy Degeneration
Spongy Glioneuronal Dystrophy (see Alpers Disease)
Steinert Disease (see Myotonic Dystrophy)
Stephens Syndrome (see Kearns-Sayre Disease)
Stickler Syndrome (see Arthro-Ophthalmopathy, Hereditary, Progressive, Stickler Type)
Sialidase Deficiency (see Mucolipidosis I)
Sjogren-Larsson Syndrome
Sly Syndrome (see Mucopolysaccaridosis VII)
Sulfatase Deficiency, Multiple
Sulfatide Lipidosis (see Metachromatic Leukodystrophies)
Sulfatidosis, Juvenile, Austin Type (see Sulfatase Deficiency, Multiple)
Sweaty Feet Syndrome (see Acidemia, Isovaleric)
TAR Syndrome (see Thrombocytopenia-Absent Radius)
Tay-Sachs Disease (see G(M2)-Gangliosidosis with Hexosaminidase A Disease)
Teschler-Nicola/Killian Syndrome (see Pallister-Killian Mosaic Syndrome)
Thrombocytopenia - Absent Radius Syndrome
Tibial Hypoplasia/Aplasia-Ectrodactyly
Townes-Brocks Syndrome (see Anus-Hand-Ear Syndrome)
Toxoplasmosis, Infantile (see Fetal Toxoplasmosis Syndrome)
Transsuccinylase (E2) Deficiency (see Acidemia, 2-Oxoglutaric)
Treacher Collins Syndrome (see Mandibulofacial Dysostosis)
Tricho-Rhino-Phalangeal Syndrome, Type II
Trichothiodystrophy
Tuberous Sclerosis
Tyrosinemia II, Oregon Type
Usher Syndrome
Van Bogaert Spongy Degeneration of the Brain (see Brain, Spongy Degeneration)
Varadi-Papp Syndrome (see Oro-Palatal-Digital Syndrome, Varadi Type)
Vater Association (or Vacterl Association)
Velo-Cardio-Facial Syndrome
Velopharyngeal Insufficiency (see Palatopharyngeal Incompetence)
Waardenburg Anophthalmia Syndrome (see Anophthalmia-Limb Anomalies)
Walker-Warburg Syndrome
Warburg Syndrome (see Walker-Warburg Syndrome)
Weaver Syndrome
Weill-Marchesani Syndrome (see Spherophakia-Brachymorphia Syndrome)
Werdnig-Hoffman Disease (see Spinal Muscular Atrophy, Infantile Type I)

Whistling Face Syndrome (see Cranio-Carpo-Tarsal Dysplasia, Whistling Face Type)
Wildervanck Syndrome (see Cervico-Oculo-Acoustic Syndrome)
Williams Syndrome
Wolf-Hirschhorn Syndrome (see Chromosome 4, Monosomy 4p)
X-Linked Mental Retardation, Fragile X Syndrome
Xeroderma Pigmentosum-Mental Retardation
XXXX Syndrome
XXXXX Syndrome
Zellweger Syndrome (see Cerebro-Hepato-Renal Syndrome)
Zika Virus Disease, Congenital (includes Congenital Zika Syndrome) ICD-10-CM)

Appendix O

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
Draw Tympanogram -400 -200 0 +200		Type	**Draw Tympanogram** -400 -200 0 +200
		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)

1. Canal vol.: 0.2-1.8 mmho
   AND
2. Admit. peak: 0.3-1.8 mmho
   AND
3. Press. peak:
   +100 thru -190 daPa
   AND
4. Pass pure tone, VRA or physiologic

1. Canal vol.: Less than 0.2 mmho
   OR
2. Canal vol.: Greater than 1.8 mmho and no hx of ventilation tubes
   OR
3. Admit. peak: Less than 0.3 mmho **and** not pass pure tone, VRA or physiologic screening*
   OR

All conditions present that are not specifically noted in the PASS or the IMMEDIATE REFERRAL TO PCP categories and including a pressure measure greater than 200 daPa (in children) constitute an "at-risk ear".

n.b.: *A negative pressure peak (outside normal range) on three*

SECOND SCREENING

Type A- normal middle ear compliance and pressure
As-low compliance
Ad-hyper-compliant

Type B- no peak, suggests middle ear pathology, possible fluid

Type C- negative pressure, Eustachian Tube Dysfunction

NOT PASS
pure tone, VRA or physiologic screening
BUT
PASS middle-ear screening

AUDIOLOGIC REFERRAL

*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 P

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** _____

Appendix Q

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 <u>all</u> 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 Q

SOONERSTART VISION SCREENING

Follow-up Plan
Rescreen Date _____
Referral to Dr. _____
To Consultant _____
Passed _____

CHILD'S NAME _____ DOB _____

SCREENERS _____ DATE _____

SIGNIFICANT HISTORY _____

_____

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	NO	Runs into furniture, spills thing, Clumsy
YES N/A	NO	Poor eye-hand-body coordination, difficulty throwing/catching ball or going up/ downstairs
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

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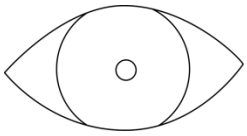
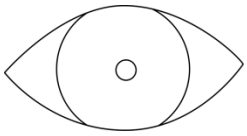
Hirschberg Corneal Light Reflex • Present by 6 months; Check for muscle imbalance- a slight imbalance before this age is normally not a concern. Hold penlight 12-13" from face, directly in front of child's eyes. Direct the light at the hairline in the center of forehead. Observe the reflection of the 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

PASS: YES NO NO CONCERN CONCERN

Tracking < 3 months: about 50º either side of midline horizontally and 30º above and below midline vertically.
6 months: full 180º arc horizontally with smooth transition over midline. 10 months: full 180º 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

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 R

SOONER START

Functional Child & Family Outcomes

Technical Assistance Document

Developed: April 2015

Appendix S

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

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- 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.*

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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 S

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.*

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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 S

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.

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- 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 T

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.

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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 emphasis, 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.

Appendix U

Child's Name:	Date of Birth:

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:	

Appendix V

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:**
Caregiver's Name:	**Relationship to Child:**
Address:	**Phone Number:**

Equipment Borrowed:	**Date Borrowed:**	**Date Returned:**	**Initials:**

Signatures:

Signature of Parent(s):	Date:
Received by (Name/Title):	Date:

Appendix W

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:

Appendix X

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:	
____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.	
____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:	
____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.	
____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:

Apprendix Y

Transition at Age Three
Steps *for* Success

SPECIAL EDUCATION

OKLAHOMA STATE DEPARTMENT OF EDUCATION

SOONER START

Appendix Z

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

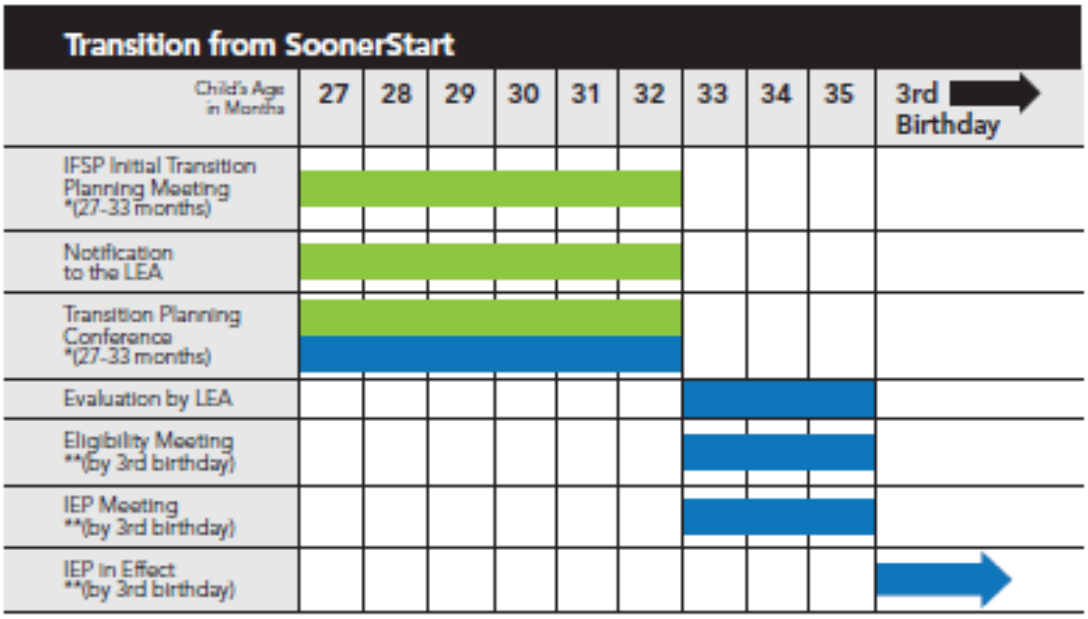
If your child moves to the school district's program for children with disabilities, you will find this program addresses your child's educational needs; but not needs outside of school. The school has the responsibility to provide your child with an appropriate education in the least restrictive environment (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
- Communitynon-profit organizations that focus on parenting

SOONER START

Appendix Z



*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.

Appendix Z

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.

Appendix Z

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.

Appendix Z

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)
Includes information about the child's present levels of development. With the family's approval, it may also include the family's resources, priorities, and concerns related to helping the development of their child.	Includes information about the child's present levels of performance and participation in developmentally appropriate activities. Includes information about the parent's concerns for enhancing the child's education.
The family determines the outcomes.	The IEP team (parents or guardians, teachers, administrative representative, and related service providers who may work with the child), determine the goals.
Includes the major outcomes desired for the child and family, and the criteria, procedures, and timeline used to determine: • The degree to which progress toward achieving outcomes is being made; and • Whether modifications or revisions of the outcomes are necessary.	Includes measureable annual goals, academic and functional, designed to: • 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.
Includes the natural environment where services will be provided.	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).
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.	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.

Appendix Z

Questions, Notes, Important Phone Numbers, etc.

Appendix Z

SOONER START

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Appendix Z

About the Survey

- The **SoonerStart Family Survey** is for parents and caregivers of children from birth to 3 years old who are currently receiving services through SoonerStart.
- The new SoonerStart Family Survey has 16 questions and should take less than 10 minutes or less to complete.
- The Family Survey is produced through a partnership between the SoonerStart Program and the Oklahoma Parents Center (OPC).

Appendix AA

Oklahoma Parents Center

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, Inc.
P.O. Box 512
Holdenville, Oklahoma 74848
www.OklahomaParentsCenter.org

Like us on Facebook at
https://www.facebook.com/OkParentsCenter/

SOONERSTART

Family Survey Brochure

Oklahoma Parents Center

Toll Free
877-553-4332
www.OklahomaParentsCenter.org

This survey is for families currently receiving SoonerStart services. Your responses will help guide efforts to improve services and results for children and families.

Your opinions matter! Would you share yours with us? One of the best ways to do this is to take the SoonerStart Family Survey each year. This survey asks for your opinions about the quality of the SoonerStart program. We use this information to guide the program toward improvement and to recognize areas of accomplishment. Without your opinions, we cannot identify areas of weakness and strength.

The SoonerStart Family Survey consists of 16 questions and should take you less than 10 minutes to complete. Your responses are entirely anonymous, unless you choose to share your contact information. None of the information that could be linked to you will ever be shared with SoonerStart site personnel. Your participation is voluntary, and you can stop the survey at any time (though we really appreciate complete surveys!).

The Family Survey is a collaborative effort of the SoonerStart early intervention program and the Oklahoma Parents Center, Inc. The data is reported as a whole to SoonerStart sites and to the U.S. Department of Education.

Thank you for your time and effort to improve Oklahoma's services to your children.

How can you take the Survey?

Take the Survey Online!

Visit our website and follow the Survey Link at www.OklahomaParentsCenter.org

Answer the Survey over the Telephone!

Call the OPC to answer the Survey to the staff 877- 553 - 4332 during business hours

Have the Survey mailed!

To request a Survey be mailed to you call our toll-free line

877- 553 - 4332

Appendix AA

Targeted Case Management Progress Note **Sooner Start** **Oklahoma State Department of Education**

Childs Name: Last, First, M.I.	D.O.B	COUNTY:	DIAGNOSIS CODE: 3159	DATE OF SERVICE:

LOCATION TYPE (Check One):		CASE MANAGEMENT ENCOUNTER TYPE (Check One):		ATTENDED: ☐Yes ☐ No ☐ **NA** (If "No" check reason why)
☐ Phone	☐ Store/Mall	☐ Intake	☐ Notification	☐ Client Cancelled
☐ Letter/Fax	☐ Church	☐ Screening	☐ Correspondence	☐ Client "No Show"
☐ Home	☐ Therapist's Office	☐ Eval./Assessment	☐ Transition	☐ RC Cancelled
☐ Childcare	☐ Park/Playground	☐ Family Asses.	☐ 30 day Follow-up	☐ Provider Cancelled
☐ School	☐ Hospital	☐ IFSP/IFSP Review	☐ Service Coordination	☐ Unable to locate family
☐ Health Dept. or EI office	☐ Other	☐ I.E.P.		☐ Weather

Starting Time:	Ending Time:	**Total Time:**	Documentation Time:	**Total Medicaid Billable Minutes:** ☐ **NA**	Total Medicaid Billable Units: ☐ **NA**

My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature:	Procedure Code: ☐ **T1016** ☐ **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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Continued on back? ☐ Yes ☐ No	Resource Coordinator Signature:	Date Written:	Date submitted:

Instructions and Technical Assistance

For

Completing the

Resource Coordinator

Targeted Case Management Progress Note

SoonerStart Early Intervention

Updated December 2014

Appendix BB

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 ☐ **NA**	Total Medicaid Billable Units: 3 ☐ **NA**

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** ☒ **NA**	Total Medicaid Billable Units: 0 ☒ **NA**

My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature:	Procedure Code: ☐ **T1016** ☒ **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 ☒ **NA**	Total Medicaid Billable Units: 0 ☒ **NA**

My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature:	Procedure Code: ☐ **T1016** ☒ **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 ☐ **NA**	Total Medicaid Billable Units: 1 ☐ **NA**
My signature verifies that this service took place at the time and location indicated. Parent/Caregiver Signature:			Procedure Code: ☒ **T1016** ☐ **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: 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

Appendix BB

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:				
2. Parent/Caretaker:				
3. Sibling/Other:				
4. Sibling/Other:				
5. Sibling/Other:				

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: _____

Appendix CC

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

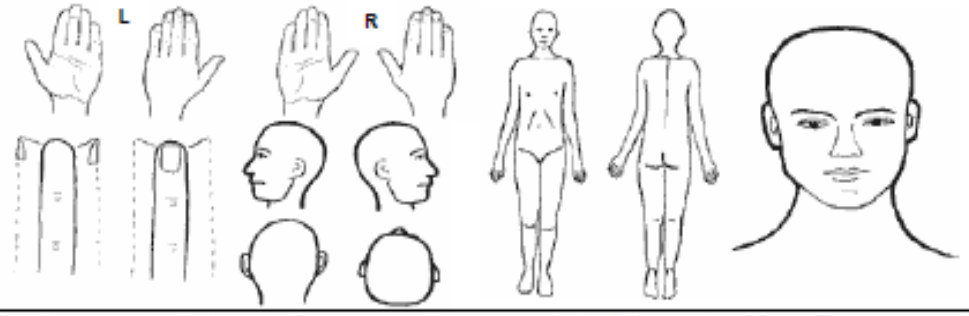
Incident Information, continued

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)

☐ Abrasions/laceration	☐ Exposure to domestic violence	☐ Inadequate clothing	☐ Substance abuse by caretaker
☐ Age-inappropriate sexual behavior	☐ Failure to obtain medical attention	☐ Inadequate or dangerous shelter	☐ Threat of harm
☐ Bite marks	☐ Failure to protect	☐ Inadequate physical care	☐ Vaginal penetration/intercourse
☐ Bone fracture (not skull)	☐ Failure to provide adequate nutrition	☐ Lack of supervision	☐ Wounds/cuts/punctures
☐ Bruises/welts	☐ Failure to thrive	☐ Mental trauma	☐ Other:_____
☐ Burns/scalds	☐ Fondling	☐ Pornography	☐ Other:_____
☐ Exposure to adult sexuality	☐ Head trauma	☐ Skull fracture	☐ 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:** _____/_____/_____

Appendix CC

Please Print	**PHOCIS Client Information Worksheet**	Please Print

The information completed below applies to the client receiving services today

REASON FOR TODAYS 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 *confidential address*, 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 *other than self*:
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 DD

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 EE

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).

Appendix FF

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):	Encounter Type:	Attendance (Check One): ☐ Attended
☐ **County Health Department** ☐ **Therapist's Office/Outpatient Clinic** ☐ **Other (indicate where):**_____	Audiology Services	☐ Not Attended - Reason (Check One): ☐ **Client Cancelled** ☐ **State Holiday** ☐ **Clinic Cancelled** ☐ **Couldn't find family** ☐ **Client No-Show** ☐ **Weather** ☐ **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	Modifiers		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:

Appendix GG

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.

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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 GG

PARENT AGREEMENT TO MEDIATE AND REQUEST FOR MEDIATION

I, _____, have read and understood the written materials describing mediation services and have been fully informed that the mediator is not providing the parent(s), SoonerStart, or the child with legal representation. I also understand that the mediator is not providing counseling or therapy services.

I am choosing to pursue mediation to try to reach an agreement on some or all of the issues regarding my child's SoonerStart early intervention services. I understand that the mediation process will involve the mediator's speaking privately to the parent(s) and SoonerStart representative(s). I understand that the mediator(s), acting as a neutral third party, will work with each of us to develop an agreement that is mutually satisfactory.

If an agreement is reached, I understand that the signed agreement will be shared with other individuals working with my child. I understand that discussions during the mediation session will be confidential and will not be used during subsequent proceedings. I, therefore, agree not to call the mediator(s) as a witness in any future proceedings pertaining to the child's case.

The following is a summary of the issue(s) I would like discussed at the mediation with SoonerStart:

I have received a copy of my "*Parent Rights for SoonerStart Services-Notice of Procedural Safeguards.*"

Child Name: _____ DOB: _____

SoonerStart Site: _____

Parent(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Telephone: (_____)_____ Email 1: _____

Parent(s) signature(s): _____

Date: _____

SUBMIT TO:
Special Education Resolution Center (SERC), 9726 E. 42nd Street, Suite 203, Tulsa, Oklahoma 74146.

Phone: (888)267-0028 toll free or (918) 270 1849. Fax: (918) 267-2062

Appendix HH

SoonerStart How-to Document

Getting started

1. Go to http://www.insightstobehavior.com and scroll down to click "Client Login" on the bottom right side.
2. If you are not registered, click the "Register" button. If you are already a registered user, see "logging in" below.
3. Enter your .gov email address. This will be your user name.
4. Create a password that contains one capital letter and one number.
5. Enter the registration code: **APR11DBE362**
6. Accept the license agreement.
7. Complete the user Profile and click "confirm".

Logging in

1. Go to http://www.insightstobehavior.com and scroll down to click "Client Login" on the bottom right side.
2. Type in your email address as your user name
3. Type in your password
4. Click "Sign In"

Accessing Insights and Creating a Student

1. Once you log in, click "Create New Student" on the left side of the screen. You will get a pop up screen that says "Creating a new case will use a case license. Are you sure you want to continue?" Click OK. SoonerStart pays a yearly fee for an unlimited number of students to be added.
2. Fill out the form and enter the client information. Create your own Student ID#. Do not use full names for confidentiality reasons. Use initials or first names only.
   a. It is important to be as accurate as possible. Behavior strategies are dependent on the client's age and language level.
3. Click "Save"
4. Click the "Collaborate" icon next to the child's name to add team members. You can search by entering the team member's name. Parents should be added as team members too.
5. If a team member needs to be added to Insights that is not a parent, email **Diane Mazzoni** at Dmazzoni@learnmore.com or call her at **559.363.2583** and provide the email address of the new team member. Diane is our SoonerStart contact with Insights.
6. Parents can be added by registering them and using the registration code **CFC6454D**.

Appendix CCC

Adding Objectives in the Skills Acquisition Plan

1. Log in to Insights
2. Click on the Student Name
3. Click on "Skills Plan" in the top right-hand side of the screen.

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4. Click “Skills Assessment” in the left hand column, if you want assistance in selecting objectives. This option will prompt menu driven questions through all Domain Areas, assessing the “whole child” resulting in Skill Deficits for each domain.
5. Answer questions as accurately as possible. The average length of the skills assessment is approximately 45 minutes, but will develop the objectives for skills the child has not yet mastered.
6. Choose one or two objectives in several developmental areas.
    a. Be sure to click through all pages at the bottom left side.
7. You can also skip the assessment step- click on add objectives and select the developmental areas you wish to search.
8. Click next.
9. Select the objectives you want to add
10. Click “Finish” after adding the objectives.
11. Click “Close” on the right side to see the Acquisition Plan.

Adding Activities

1. Click on the option button next to the objective to which you want to add an activity. (objectives have a **green box** next to them)
2. Click on “Add Activities”
3. Choose “Guide me” and click “Next”
4. Choose appropriate activities, and click on “finish”
5. Activities have a **blue box.** Click on options next to an activity to view or remove the activity.
6. Click on the Printer icon (left side top) to send the activity to your printer or to send it to a file to be saved on your computer.

Monitoring the Skills Plan

1. Choose an activity, objective, or defined behavior.
2. Click “options” and choose “Datasheets”
3. On the datasheet, click “Print” to print a blank datasheet to leave with the family or to use on your visit.
4. At the end of the day/week, log back into AutismPro to enter your data.
5. Click “Enter Data”
6. Use the arrows beside the date to choose the appropriate week to enter the data.
7. When you have selected the correct week click “Modify”
8. Enter the total number of occurrences or correct responses for each day of that week.
9. Click “Apply”
10. Click “Close”

Appendix II

Mastering Activities and Objectives

1. Next to the objective or activity (**green and blue boxes**) click "options"
2. Click "View Details"
3. Click "Edit"
4. Change the status from "Active" to "Mastered (closed)"
5. Click "Save"

To Close a Case

1. When your student reaches three years of age, you will need to close the case and move it to the archives.
2. Log in to AutismPro
3. Click on "Manage Students" on the left side
4. Find the child's name that you wish to close and click the icon "Close Case" on the right side.
5. You will get a pop-up message that says "Are you sure you want to close this case?" Click OK.

Appendix II

SoonerStart Early Intervention Program
Authorization for Electronic Communication

Child's Name:	County:
Date of Birth:	Resource Coordinator:

_____, hereby authorizes the release of confidential information to the SoonerStart Early Intervention Program for the purpose(s) indicated below.

Information is limited to the following purpose:

☐ Scheduling information
☐ Other:

The information may be disclosed by the following method(s):

☐ Phone/Text:	☐ E-Mail:
_____ Phone Number	_____ E-Mail Address
_____ Phone Number	_____ E-Mail Address
_____ Phone Number	_____ E-Mail Address

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my confidential information as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of the information. If I sign this authorization for electronic communication, I can revoke this authorization at any time. The revocation must be made in writing to SoonerStart. I have the right to receive a copy of this authorization.
- I understand signing or not signing this authorization will not affect my child's eligibility or services with the SoonerStart program.
- I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by SoonerStart and no longer be protected by state or federal law.
- I understand there is the potential for others to inadvertently view the information on my mobile phone or computer once the information is transmitted to me and that the information stored on the transmitting phone may be obtained through the use of an Open Records Request. I also understand that it is my responsibility to notify SoonerStart as to any changes in any of the phone number(s) and/or the email address listed above.

Unless revoked or terminated, this authorization shall remain in effect during the time the child is eligible for SoonerStart services.

Signature of Parent or Legal Representative:	Date:
SoonerStart Representative:	Date:

Appendix JJ