

3701-8-07

Help me grow early intervention program eligibility and determination of need for early intervention services.

Help me grow early intervention is the state's early intervention program for infants and toddlers with developmental delays or disabilities and their families. The program has four goals: to enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education; minimize the likelihood of institutionalization and maximize independent living; and, to enhance the capacity of families to meet their child's developmental needs.

For the purposes of this rule, parent means a birth or adoptive parent of a child; a guardian generally authorized to act as the child's parent, or authorized to make early intervention, education, health or developmental decisions for the child (but not the State if the child is a ward of the state); an individual acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives; a person who is legally responsible for the child's welfare; or a surrogate parent who has been assigned by the department.

(A) The following infants and toddlers are eligible for the help me grow early intervention program and shall receive a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs within forty-five calendar days after program referral:

- (1) Infants and toddlers who have a documented diagnosed mental or physical condition with a high probability of resulting in a developmental delay, as listed in Appendix 07-A of this rule, when documentation is obtained in accordance with paragraph (B)(1) of this rule;
- (2) Infants and toddlers who have a diagnosed mental or physical condition which is not listed in Appendix 07-A of this rule, when documentation is obtained in accordance with paragraph (B)(2) of this rule;
- (3) Infants and toddlers who move into Ohio with an individualized family service plan from another U.S. state or territory, when the IFSP is dated less than one hundred eighty calendar days from the date of system referral, and when documentation is obtained in accordance with paragraph (B)(3) of this rule;
- (4) Infants and toddlers with a developmental delay of at least one and one half standard deviations below the mean in at least one of the following areas: adaptive, cognitive, communication, physical, or social or emotional development, as determined and documented through developmental evaluation in accordance with paragraph (B)(4)(b) of this rule; and
- (5) Infants and toddlers with a developmental delay as determined and documented through informed clinical opinion in accordance with paragraph (B)(5) of this rule.

(B) Early intervention service coordination contractors shall ensure that every infant or toddler referred to the help me grow early intervention program described in paragraph (A) of this rule is determined eligible within forty-five calendar days after program referral in accordance with the following:

(1) For infants and toddlers who have a documented diagnosed mental or physical condition with a high probability of resulting in a developmental delay, as listed in Appendix 07-A of this rule, all of the following must occur:

(a) The service coordinator shall request and obtain documentation of the qualifying diagnosed condition from the child's parent or health care provider.

(b) Documentation shall include the name of the mental or physical diagnosis, the ICD-9 or ICD-10 code; and

(c) Documentation shall be signed by a medical doctor or doctor of osteopathy; psychologist, psychiatrist, or certified nurse practitioner with a license to diagnose and treat; or a professional licensed to diagnose and treat mental and emotional disorders.

(d) Infants and toddlers, for whom documentation of the qualifying diagnosed condition is not obtained by the service coordinator within one hundred eighty calendar days after program referral, must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for help me grow early intervention.

(2) For infants and toddlers who have a diagnosed mental or physical condition which is not listed in Appendix 07-A of this rule, all of the following must occur:

(a) The service coordinator shall request and obtain documentation of the diagnosed condition from the child's parent or health care provider on form HEA 8024 (effective July 1, 2012).

(b) Documentation shall include the name of the mental or physical diagnosis, the ICD-9 or ICD-10 code; and

(c) Infants and toddlers, for whom documentation of the diagnosed condition is not obtained by the service coordinator within one hundred eighty calendar days after program referral, must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for help me grow early intervention.

(d) Documentation shall be signed by a licensed medical doctor or doctor of osteopathy; psychologist, psychiatrist, or certified nurse practitioner

with a license to diagnose and treat; or a professional licensed to diagnose and treat mental and emotional disorders.

(3) For infants and toddlers who move into Ohio with an individualized family service plan (IFSP) from another U.S. state or territory dated one hundred eighty calendar days or less from the date of system referral, a copy of their IFSP shall be retained in the child record.

(a) Infants and toddlers for whom documentation of the out of state IFSP is not obtained by the service coordinator within one hundred eighty calendar days after program referral shall be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for help me grow early intervention.

(4) For infants and toddlers who are referred to help me grow early intervention not otherwise accounted for in paragraphs (B)(1) to (B)(3) of this rule, including infants and toddlers who have been referred from public children's services agencies using form HEA 8021 (effective July 1, 2012), the early intervention service coordination contractor:

(a) May offer developmental screening to determine whether or not the child is suspected of having a developmental delay. Early intervention service coordination contractors shall ensure that every infant or toddler who receives developmental screening is screened in accordance with the following:

(i) Provide written prior notice of intent to screen and obtain written consent from the infant or toddler's parent on form HEA 8018 (effective July 1, 2012) which includes notice of a parent's right to request a developmental evaluation at any time during the screening process, regardless of screening result;

(ii) Conduct the screening soon enough to complete all of the required program components within forty-five calendar days after program referral if developmental evaluation and assessment are needed after screening;

(iii) Ensure that the personnel screening the infant or toddler are trained to administer the tools; and

(iv) Screen the infant or toddler's development with the required tools in accordance with Appendix 07-B of this rule.

(a) When the screenings yield a concern, or the parent requests a developmental evaluation, the early intervention service coordination contractor shall coordinate a developmental evaluation in accordance with paragraph (B)(4)(b) of this

rule.

(b) When the screenings yield no concerns, and the parent does not request a developmental evaluation, the early intervention service coordination contractor shall provide a letter in person, by e-mail, or by postal mail to the parent stating that the screenings did not indicate developmental concerns and shall document exit from HMG early intervention in the statewide data system.

(b) Shall offer developmental evaluation using one of the required tools listed in Appendix 07-B of this rule. Early intervention service coordination contractors shall ensure that every infant or toddler who receives developmental evaluation is evaluated in accordance with the following:

(i) Obtain written consent from the child's parent on form HEA 8018 (effective July 1, 2012) to conduct the developmental evaluation;

(ii) Coordinate a developmental evaluation within forty-five calendar days after program referral and as otherwise required, by at least two licensed individuals in two disciplines from the disciplines listed below; unless one individual holds licensure in at least two disciplines: counseling; early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders.

(iii) Evaluate adaptive, cognitive, communication, physical, and social or emotional developmental domains;

(iv) Conduct the evaluation in the native language of the child when personnel conducting the developmental evaluation determine it is developmentally appropriate, unless clearly not feasible to do so;

(v) Ensure that at least one discipline is in the area of suspected delay;

(vi) Ensure that the individuals conducting the developmental evaluation are trained to conduct developmental evaluations on infants and toddlers using the required tools; and

(vii) Document evaluation results on form HEA 8032 (effective July 1, 2012).

- (5) Infants and toddlers who have been evaluated in accordance with paragraph (B)(4)(b) of this rule, but for whom the developmental evaluation tool does not indicate a developmental delay of at least one and one half standard deviations below the mean in at least one of the following areas: adaptive, cognitive, communication, physical, and social or emotional development shall have their exit from HMG early intervention documented in the statewide data system, unless the child is determined eligible based on informed clinical opinion. Informed clinical opinion may be used for eligibility when all of the following occur:
- (a) Documentation of informed clinical opinion includes the sources of information used and a written explanation of how those sources of information support the professional's opinion that the child has a developmental delay on form HEA 8041 (effective July 1, 2012); and
- (b) Documentation of informed clinical opinion shall be signed by at least two licensed individuals in two disciplines from the disciplines listed below, with one of the disciplines in the area of suspected delay; unless one individual holds licensure in at least two disciplines: counseling; early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders.
- (C) Early intervention service coordination contractors shall ensure that every infant or toddler referred to HMG early intervention is screened for concerns with the child's social or emotional development, hearing, nutrition, and vision in accordance with Appendix 07-B of this rule, within forty-five calendar days after program referral, except for the following:
- (1) No hearing screening is required when the child has a diagnosed condition relating to hearing; when a comparable screening conducted by a qualified professional can be documented as occurring within ninety calendar days prior to program referral; or when a universal newborn hearing screening can be documented as occurring within one hundred eighty calendar days prior to program referral.
- (2) No nutrition screening is required when the child is receiving WIC benefits.
- (3) No vision screening is required when the child has a diagnosed condition relating to vision or when a comparable screening conducted by a qualified professional can be documented as occurring within ninety calendar days

prior to program referral.

(D) When none of the criteria in paragraph (B) of this rule are met, the child is determined not eligible for help me grow early intervention and the following must occur:

(1) The individuals conducting the developmental evaluation shall provide the completed evaluation report on form HEA 8032 (effective July 1, 2012) to the family in person, by e-mail, or by postal mail within ten calendar days after the evaluation; and

(2) The early intervention service coordination contractor shall provide a letter in person, by e-mail, or by postal mail to the parent stating that the child is not eligible for the early intervention program and the reasons why; and information on how to file a request for reconsideration of eligibility, in accordance with paragraph (J) of this rule.

(3) The child's exit from HMG early intervention shall be documented in the statewide data system.

(E) Early intervention service coordination contractors shall ensure that every infant or toddler who is determined eligible for early intervention in accordance with paragraph (B) of this rule receives a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs within forty-five calendar days after program referral and as otherwise required, unless the child has received a multidisciplinary assessment in all five developmental domains within the last ninety calendar days and the results of the assessment are provided to the child's service coordinator. The contractor shall:

(1) Obtain written consent from the child's parent on form HEA 8018 (effective July 1, 2012) to conduct assessment;

(2) Coordinate an initial child assessment which shall:

(a) Occur within forty-five calendar days after program referral and annually thereafter, except when a child is made eligible under paragraph (A)(5) of this rule, when assessment is required with re-determination of eligibility every one hundred eighty calendar days;

(b) Be based on personal observations of the child by at least two licensed individuals in two disciplines from the disciplines listed below; unless one individual holds licensure in at least two disciplines: counseling; early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social

work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders.

- (c) Assess adaptive, cognitive, communication, physical, and social or emotional developmental domains with a tool which has been approved by the department;
- (d) Conduct the assessment in the native language of the child when personnel conducting the assessment determines it is developmentally appropriate, unless clearly not feasible to do so;
- (e) Include a summary of the developmental evaluation results, when one was conducted; and
- (f) Document assessment results on form HEA 8032 (effective July 1, 2012).

 - (i) Provide the completed form HEA 8032 (effective July 1, 2012) to the child's service coordinator and
 - (ii) Provide the completed form HEA 8032 (effective July 1, 2012) to the child's parent in advance of the initial IFSP meeting.
- (3) Multidisciplinary child assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs may complete the assessment simultaneously with a developmental evaluation completed under paragraph (B)(4)(b) of this rule as long as the requirements for both the developmental evaluation and the child assessment are met.
- (4) Offer a family-directed assessment. When the parent chooses to participate, the family-directed assessment shall:

 - (a) Occur within forty-five calendar days after program referral and annually thereafter;
 - (b) Provide the family an opportunity to identify it's resources, priorities, and concerns; and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler;
 - (c) Be voluntary on the part of each family member participating in the assessment;
 - (d) Be based on information obtained through an assessment tool and an interview with family members who elect to participate;

- (e) Be conducted in the native language of the family members being assessed, unless clearly not feasible to do so; and
 - (f) Be documented on form HEA 8032 (effective July 1, 2012) and provide to the child's parent in advance of the initial IFSP meeting.
- (5) Ensure that parents are informed of the outcome of the evaluation and assessment, including whether or not the infant or toddler has been determined to need early intervention services, in accordance with the following:
 - (a) When an infant or toddler is determined eligible and in need of early intervention services:
 - (i) The need for early intervention services shall be documented on form HEA 8032 (effective July 1, 2012) and
 - (ii) The early intervention service coordination contractor shall coordinate the IFSP team to develop the child's IFSP within forty-five calendar days after program referral.
 - (b) When an infant or toddler is determined eligible, but not in need of early intervention services:
 - (i) The individuals conducting the assessment shall provide the completed assessment report on form HEA 8032 (effective July 1, 2012) to the family in person, by e-mail, or by postal mail within ten calendar days after the assessment; and
 - (ii) The early intervention service coordination contractor shall provide a letter in person, by e-mail, or by postal mail to the parent stating that the child does not need early intervention services and the reasons why; and information on how to file a request for reconsideration of eligibility, in accordance with paragraph (J) of this rule.
 - (iii) The child's exit from HMG early intervention shall be documented in the statewide data system.
- (F) Every infant and toddler must have their need for early intervention services re-determined. For children determined eligible in accordance with paragraph (B)(1) to (B)(4)(b) of this rule, this re-determination shall take place before the annual IFSP meeting due date, and no IFSP review may occur after re-determination is due, unless the following re-determination processes indicate the infant or toddler continues to be eligible and in need of early intervention services:

- (1) For infants and toddlers who have a documented diagnosed mental or physical condition with a high probability of resulting in a developmental delay, as listed in Appendix 07- A of this rule, when documentation is obtained in accordance with paragraph (B)(1) of this rule, a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs in accordance with paragraph (E) completed no earlier than ninety calendar days before the annual IFSP meeting due date.
- (2) For infants and toddlers who have a diagnosed mental or physical condition which is not listed in Appendix 07-A of this rule, when documentation is obtained in accordance with paragraph (B)(2) of this rule, the following must occur:

 - (a) Eligibility for help me grow early intervention must be established in accordance with paragraph (B) of this rule completed no earlier than ninety calendar days before the annual IFSP meeting due date; and
 - (b) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs must be completed in accordance with paragraph (E) completed no earlier than ninety calendar days before the annual IFSP meeting due date.
- (3) For infants and toddlers who move into Ohio with an individualized family service plan from another U.S. state or territory, unless the IFSP is dated one hundred eighty days or older from the date of system referral, the following must occur:

 - (a) Eligibility for help me grow early intervention must be established in accordance with paragraph (B) of this rule completed no earlier than ninety calendar days before the annual IFSP meeting due date; and
 - (b) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs must be completed in accordance with paragraph (E) completed no earlier than ninety calendar days before the annual IFSP meeting due date.
- (4) For infants and toddlers with only one developmental delay of at least one and one half standard deviations below the mean, but not two or more standard deviations below the mean, in one of the areas listed in paragraph (A)(4) of this rule, the following must occur:

 - (a) Eligibility for help me grow early intervention must be established in accordance with paragraph (B) of this rule completed no earlier than

ninety calendar days before the annual IFSP meeting due date; and

(b) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs must be completed in accordance with paragraph (E) completed no earlier than ninety calendar days before the annual IFSP meeting due date.

(5) For infants and toddlers with more than one developmental delay of at least one and one half standard deviations below the mean, or at least one developmental delay of at least two standard deviations below the mean in one of the areas listed in paragraph (A)(4) of this rule, the following must occur:

(a) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs in accordance with paragraph (E) completed no earlier than ninety calendar days before the annual IFSP meeting due date.

(6) Re-determination of eligibility processes may be conducted more frequently than required given the IFSP team members agree it is appropriate.

(7) Re-determination is not required for toddlers who are ninety calendar days or less from their third birthday when re-determination is due.

(G) Every infant and toddler must have their need for early intervention services re-determined. For children determined eligible in accordance with paragraph (B)(5) of this rule this re-determination shall take place every one hundred eighty days. No IFSP review may occur once re-determination is due, unless the following re-determination processes indicate the infant or toddler continues to be eligible and in need of early intervention services:

(1) Eligibility for help me grow early intervention must be re-established in accordance with paragraph (B) of this rule using new information not previously available for eligibility determination; and

(2) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs using new information not previously available, in accordance with paragraph (E) of this rule.

(3) Re-determination is not required for toddlers who are ninety calendar days or less from their third birthday when re-determination is due.

(H) For infants or toddlers with an active IFSP on the effective date of this rule, re-determination may take place in accordance with paragraphs (F) or (G) of this

rule, as applicable, before any periodic IFSP review or annual meeting to evaluate the IFSP; but shall occur no later than June 30, 2013.

(I) Early intervention service coordination contractors and service providers who conduct developmental evaluations or assessments, including family-directed assessments, shall ensure that developmental evaluations and assessments are:

(1) Provided at no cost to parents;

(2) Provided only after consent has been provided in writing;

(3) Conducted in settings and times that are convenient and agreed upon by the parents;

(4) Conducted by qualified personnel who are trained to use tools and their informed clinical opinion in the administration of tools;

(5) Inclusive of information about the child's history from the child's parent and other significant sources as necessary to understand the full scope of the child's unique strengths and needs;

(6) Administered so as not to be racially or culturally discriminatory; and

(7) Summarized in a manner which is provided, in writing, to parents as soon as possible, but before the development or evaluation of the IFSP, in a language they can understand on form HEA 8032, effective July 1, 2012.

(J) When a parent disagrees with an eligibility determination, they may request reconsideration of the decision by filing a written request with the director within forty-five calendar days after the date on the written notice. The request for reconsideration shall contain a statement of the reasons the parent believes the decision is incorrect or inappropriate and may include any written documentation, argument, or other materials they wish to submit. The request is filed with the director when it is received by the department.

(1) For the purposes of reconsideration, the director may request additional, relevant records or documentation within forty-five calendar days after receipt of the request for reconsideration. The parent shall file any requested information with the director no later than forty-five calendar days after the date on the director's request for additional information.

(2) Within forty-five calendar days after receipt of a request for reconsideration from the parent and all necessary additional information filed pursuant to the director's request for information, the director shall issue a written notification of the decision to the parent who requested the reconsideration. If the director upholds the ineligibility decision, the notice shall include the reasons for the decision including citations of statutes, or rules directly

involved.

(3) A parent may additionally dispute the child's eligibility determination by filing a complaint with the department in accordance with paragraphs (C) or (D) of rule 3701-8-10 of the Administrative Code.

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