

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 through early intervention; minimize the likelihood of institutionalization and maximize independent living; and, to enhance the capacity of families to meet their child's needs.

(A) Early intervention service coordination contractors shall ensure that every infant or toddler referred to the help me grow (HMG) early intervention program is determined eligible or not eligible for assessment to determine the child's need for early intervention services, within forty-five calendar days of program referral, in accordance with the following:

(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, shall be eligible for assessment to determine the child's need for early intervention services.

(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 the mental or physical diagnosis, the ICD-9 or ICD-10 code; and

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

(2) Infants and toddlers who have a diagnosed mental or physical condition which is not listed in Appendix 07-A of this rule, shall be eligible for assessment to determine the child's need for early intervention services when the following conditions have been met:

(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 07-01 (effective July 1, 2012).

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

(c) Documentation shall be signed by a licensed physician, medical doctor or doctor of osteopathy, psychologist, psychiatrist, certified nurse practitioner, speech-language pathologist, occupational therapist,

physical therapist or early childhood mental health professional with a license to diagnose and treat.

- (3) Infants and toddlers who move into Ohio with an individualized family service plan (IFSP) from another U.S. state or territory shall be eligible for assessment to determine the child's need for early intervention services, unless the IFSP is dated one hundred eighty days or older from the date of system referral.
- (4) Infants and toddlers who are referred to early intervention with a suspected developmental delay shall be offered a multi-disciplinary developmental evaluation. This includes:
- (a) Children who were made eligible for assessment as described in paragraph (A)(1) of this rule, but for whom documentation of the qualifying diagnosed condition is not obtained by the service coordinator within one hundred eighty calendar days of program referral;
 - (b) Children with IFSPs one hundred eighty days or older from outside of Ohio; and
 - (c) Children whose parent requests a developmental evaluation.
- (5) Infants and toddlers who are not described in paragraphs (A)(1) to (A)(3) of this rule may be screened to determine whether or not they are suspected of having a developmental delay before determining if the child needs a developmental evaluation. This includes children who have been referred from public children's services agencies using form HEA 07-02, effective July 1, 2012.
- (6) For any child whose parent cannot be identified, the early intervention service coordination contractor shall request the department's approval for the child to be screened, evaluated, assessed and served in early intervention. To request the department's approval of an identified applicant for surrogate parent, the early intervention service coordination contractor shall submit form HEA 07-21, effective July 1, 2012, to the department.
- (B) 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 vision, hearing, and nutrition, in accordance with Appendix 07-B of this rule, within forty-five calendar days of program referral, except for the following:
- (1) 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.

(2) 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.

(3) No nutrition screening is required when the child is receiving WIC benefits.

(C) Early intervention service coordination contractors shall ensure that every infant or toddler who is offered developmental screening is screened in accordance with the following. The contractor shall:

(1) Obtain written consent from the child's parent on form HEA 07-09, effective July 1, 2012 which includes notice of a parent's right to request a developmental evaluation before, during, or after screening their child, regardless of screening result;

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

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

(4) Screen the child's development with the required tools in accordance with Appendix 07-B of this rule.

(a) When the screening yields a concern or the parent requests a developmental evaluation of the child, the early intervention service coordination contractor shall offer developmental evaluation, in accordance with paragraph (D) of this rule.

(b) When the screening yields no concerns and the parent does not request a developmental evaluation of the child, the early intervention service coordination contractor shall provide one copy of the completed screening tools and a letter in person, by e-mail, or by postal mail to the parent stating that the screening did not indicate any developmental concerns. A copy of this letter shall be kept in the child's record.

(D) Early intervention service coordination contractors shall ensure that infants and toddlers referenced in paragraph (A)(4) of this rule who are offered developmental evaluation are evaluated in accordance with the following: The contractor shall:

(1) Obtain written consent from the child's parent on form HEA 07-09, effective July 1, 2012 to conduct the developmental evaluation;

- (2) Coordinate a developmental evaluation by at least two licensed individuals in two disciplines from the disciplines listed in paragraph (D)(2)(a) of this rule; unless one individual holds licensure in at least two disciplines;
- (a) Disciplines which qualify a licensed individual to conduct developmental evaluations on infants and toddlers include: counseling; early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early childhood mental health; early intervention, hearing impairment intervention; medicine; nursing, occupational therapy, physical therapy, psychology, psychiatry, social work, speech-language pathology, and visual impairment intervention;
- (b) Ensure that at least one discipline is in the area of suspected delay; and
- (c) Ensure that the individuals conducting the evaluation are trained to conduct evaluations on infants and toddlers.
- (3) Ensure the child is determined eligible or not eligible for assessment to determine the child's need for early intervention services based on the following criteria:
- (a) A developmental delay of at least one and one half standard deviations below the mean in any one of the following areas: adaptive, cognitive, communication, physical, and social or emotional development, on one of the required evaluation tools, as listed in Appendix 07-B of this rule; and
- (b) The evaluator's informed clinical opinion, based on:
- (i) A review of information related to the child's development, including evaluations, assessments, screenings, medical or psychological reports, or records with the evaluator;
- (ii) Observations of the child; or
- (iii) Information provided by the parent about the child's level of functioning in everyday routines and activities with the people their child spends time with.
- (c) When the criteria in paragraph (D)(3)(a) of this rule is not met, the child is determined not eligible for assessment.
- (i) The individuals conducting the evaluation shall provide one copy of the completed evaluation tool in person, by e-mail, or by postal mail to the parent; 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 did not qualify for the early intervention program and the reasons why. A copy of this letter shall be kept in the child's record.

(d) When both criteria in paragraphs (D)(3)(a) and (D)(3)(b) of this rule are met, the child is determined eligible for assessment.

(i) The individuals conducting the evaluation shall provide one copy of the completed evaluation tool in person, by e-mail, or by postal mail to the parent; and

(ii) The early intervention service coordination contractor shall offer assessment to determine the child's need for early intervention services and follow the procedures in paragraph (E) of this rule.

(E) Early intervention service coordination contractors shall ensure that every infant or toddler who is determined eligible for assessment shall be offered assessment to determine the child's need for early intervention services. Assessment of both the child and family shall be offered. The child assessment is required and the family-directed assessment is voluntary. The contractor shall:

(1) Obtain written consent from the child's parent on form HEA 07-09, effective July 1, 2012 to conduct assessment;

(2) Coordinate a child assessment which shall:

(a) Occur within forty-five calendar days of program referral and annually thereafter;

(b) Be based on personal observations of the child by at least two licensed individuals from the disciplines listed in paragraph (C)(2)(a) of this rule; unless one individual holds licensure in at least two disciplines and is trained to conduct assessments on infants and toddlers;

(c) Be conducted on a tool which has been approved by the department;

(d) Be conducted in the native language of the child when personnel conducting the evaluation or assessment determines it is developmentally appropriate;

(e) Include a summary of the developmental evaluation results, when one was conducted; and

(f) Be documented on form HEA 07-03 (effective July 1, 2012), and, at a

minimum, identifies daily routines and areas of the child's development for which services are needed.

(3) Coordinate or conduct a family-directed assessment which shall:

(a) Occur within forty-five calendar days of program referral and annually thereafter;

(b) Provide the family an opportunity to identify its strengths, resources, priorities, concerns, and routines, 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 or the family-directed assessment section of the individualized family service plan (IFSP) and an interview with family members who elect to participate;

(e) Be conducted in the native language of the family members being assessed; and

(f) Be documented on form HEA 07-03, effective July 1, 2012.

(4) Ensure that the child's need for early intervention services is determined as either eligible or not eligible for an individualized family service plan based on assessment to determine the child's need for services.

(a) When an infant or toddler is determined eligible, but not in need of early intervention services:

(i) The individuals conducting the assessment shall provide one copy of the completed child assessment tool in person, by e-mail, or by postal mail to the parent; 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 did not qualify for the early intervention program and the reasons why. A copy of this letter shall be kept in the child's record.

(b) When an infant or toddler is determined eligible and in need of early intervention services:

(i) The need for early intervention services and the recommended

needed early intervention services shall be documented on form HEA 07-03 (effective July 1, 2012);

(ii) The early intervention service coordination contractor shall offer the parent the opportunity to participate in HMG early intervention using form HEA 07-04 (effective July 1, 2012); and

(iii) After the parent consents, the early intervention service coordination contractor shall start the procedures for IFSP development, in accordance with rule 3701-8-07.1 of the Administrative Code.

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

(1) Provided at no cost to parents;

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

(3) Conducted in a setting and time that is convenient and agreed upon by the parents;

(4) Conducted by qualified personnel;

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

(6) Summarized in a manner which is provided, in writing, to parents as soon as possible, but before the development of the IFSP, in a language they can understand on form HEA 07-03, effective July 1, 2012.

(G) Assessment to determine the child's need for early intervention services may occur simultaneously with the evaluation to determine eligibility for an assessment, as long as the requirements for both the evaluation and the assessment are met.

(H) When an individual disagrees with the ineligibility determination, a parent may request reconsideration of the decision by filing a written request with the director within forty-five calendar days of 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 of 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) The decision of the director shall be final. There is no further administrative or judicial review of the director's decision.

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