

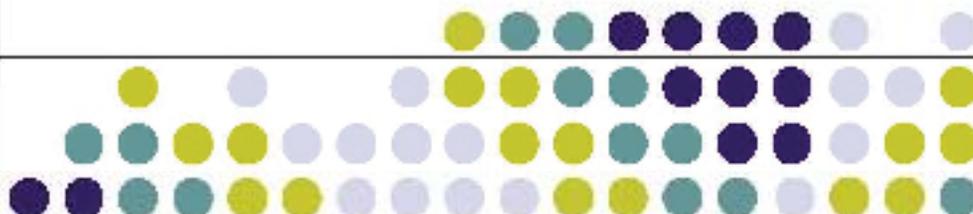


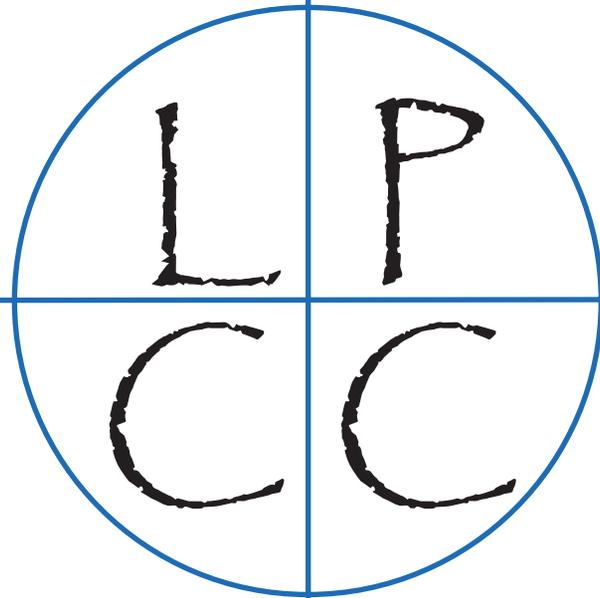
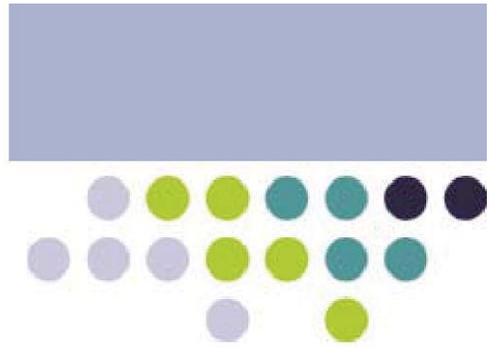
First Steps



Local Planning & Coordinating Councils

Their Structure, Responsibilities &
Challenges
Revised Edition
2007





Local Planning and Coordinating Councils: Their Structure, Responsibilities and Challenges

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The Indiana Governor's
Interagency Coordinating
Council on Infants and
Toddlers **VISION** for
the First Steps Early
Intervention System

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- Involve families in the development, implementation, and evaluation of the statewide early intervention service system.
- Work with families to give children “peer-bound” experience. Peer-bound children are happy, have friends, go to school, and are active and accepted members of their community.
- Make services accessible and widely dispersed throughout the community.
- Offer choices to families that are typical of the choices available to all families of young children in their everyday routines, settings, and activities.
- Offer services that are culturally sensitive and tailored to individual needs of the child as well as family priorities.
- Offer services that exemplify best practices in early intervention and remain accountable for the quality of these services by evaluating them in terms of process and outcome.
- Respect families by acknowledging that they are the primary constant in the child’s life and by helping them to make choices as well as supporting them as they implement those choices.
- Promote lifespan empowerment by enabling parents and caregivers to effectively advocate for their children while in First Steps and beyond in order to maximize potential.
- Creatively use existing resources and seek additional resources to maximize service options for families and to fairly compensate staff providing services.



Introduction



Every child deserves an opportunity to reach his or her potential. First Steps is about helping children reach their potential through the provision of **quality early intervention services**. The First Steps Early Intervention System is the result of collaborative efforts by families, service providers, administrators, legislators, and concerned citizens in Indiana who share a common goal and set of beliefs.

Change is inevitable and the early intervention (EI) system in Indiana is no exception. The purpose in revising this booklet is to assist you in becoming more informed about the current First Steps System and your role as a Local Planning and Coordinating Council (LPCC) member. We hope to support you by offering an overview of the various components of the federally legislated IDEA Part C program that must be included in our state system. This booklet defines the roles of key groups and individuals who implement the system in Indiana. The booklet also addresses and defines the responsibilities and the challenges for the local councils as they work to develop and implement an efficient and effective service delivery system for children with or at risk for developmental delays.

The booklet introduces the First Steps Vision as developed by Indiana's Interagency Coordinating Council on Infants and Toddlers (ICC). The ICC, initially convened in 1987, is appointed by the Governor to advise and assist the lead agency in its responsibilities. The vision of First Steps in Indiana goes beyond the minimum standards set by law. **The ICC vision is to serve infants and toddlers with special developmental needs or with a diagnosis putting them at a high probability of having special developmental needs by providing a family-centered, comprehensive, coordinated, neighborhood-based system of services for them and their families.** Local Planning and Coordinating Councils have a pivotal role in achieving this goal.

The use of the term *family* is meant to convey that First Steps recognizes that parents are not always the child's primary caregiver, and that families can be configured in many different ways. While a parent is likely to be the adult responsible for the infant or toddler, the word family is more often used here.

Terms introduced in the text in *italics* are defined in the glossary.

The Structure Supporting the First Steps Early Intervention System

In 2004, the Individuals with Disabilities Education Act (IDEA) was reauthorized as Public Law 108-446 and renamed the Individuals with Disabilities Education Improvement Act (IDEIA, still referred to as IDEA). IDEA, Part C defines program and service components for early intervention services for all eligible infants, toddlers and their families.

There are 16 components of IDEA Part C that are required by federal law to be included in each state's system. The federal law is fairly specific about parents' rights, types of services to be provided, the persons who are qualified to deliver services, how services are to be provided and how they are to be coordinated. Federal law, on the other hand, does allow for substantial latitude among states in determining criteria for eligibility. This booklet offers a description of Indiana's eligibility criteria and an overview of the 16 federally required components and defines roles of key groups and individuals in this state who are charged with implementing the system. This booklet also addresses and defines responsibilities for Local Planning and Coordinating Councils (LPCC), offers details of the Early Intervention System to service providers, and presents information for families. The successful integration of IDEA's legislative components with Indiana's design for First Steps service delivery provides eligible children and their families a comprehensive array of services.

The Indiana First Steps System is based on *family-centered*, coordinated services. It brings together families, educators, health and social service providers, state and federally funded programs, and local, community services. First Steps has been designed to coordinate access and service delivery and offers our state's youngest citizens and their families, personalized, community-based support.

Families who are eligible to participate in the Indiana First Steps System have children who:

- Are experiencing developmental delays (25% or -2 standard deviations from the mean in one or more developmental domains; or 20% or -1.5 standard deviations from the mean in two or more areas of development), or
- Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Lead Agency

The Indiana Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services is the lead agency assigned by the Governor with responsibility for the First Steps Early Intervention System. As such, the Division is responsible for all aspects of state administration for the First Steps System including, but not limited to:

- The development and promulgation of rules and program guidance materials for service providers and Local Planning and Coordinating Councils (LPCCs);
- The establishment of inter/intra-agency agreements to ensure a coordinated service delivery system exists for children and families;
- The preparation of the federal Infants and Toddlers program (now referred to as “Part C”) application and administration of these federal early intervention funds;
- Supervision and monitoring of providers participating in the early intervention system.

The Indiana Code has transferred responsibilities for these functions within the Division of Disability and Rehabilitative Services (DDRS) to the Bureau of Child Development Services (BCDS).

The Bureau of Child Development Services plans, develops, implements and monitors the statewide early intervention services system with advice and assistance from the State Interagency Coordinating Council (ICC).

State Interagency Coordinating Council

The *Interagency Coordinating Council* on Infants and Toddlers (ICC) is appointed by the Governor to support the implementation of Indiana’s First Steps System and to advise and assist the FSSA/DDRS/BCDS in its responsibilities. The ICC is committed to upholding the vision of First Steps in Indiana and to keep abreast of issues, concerns, and trends that may affect First Steps in the future. The ICC works with the lead agency to address current issues through statewide input and strategy recommendations. At least 1/5 of the ICC members are parents (including minority parents) of children with special needs. Other members include agency or independent providers of early intervention services, representatives from state government, health, insurance, personnel preparation and advocacy groups.

The ICC utilizes standing committees and task forces, developed around

the basic components of early intervention, to identify current issues, gather information, and make informed and supportive recommendations to BCDS. Family members, early intervention providers, LPCC council members and other interested individuals can serve on these committees and task forces through an application process. The ICC works with the LPCCs to better serve families and young children with special needs.

Local Planning and Coordinating Councils

Initially each of Indiana’s 92 counties appointed a Local Planning and Coordinating Council (LPCC). Because of similarities and common resources in different regions of the State, clusters have been formed. Each cluster must maintain a regional LPCC. The Cluster LPCC may have standing committees, task forces and/or localized First Steps county councils. Each cluster is now able to share common issues and supports, making them more efficient in their support of the system. The primary responsibility of the LPCC is to identify issues in the delivery of services and to design and implement strategies to effectively address these issues. Through the LPCC, community resources and providers are identified and coordinated. Improvement in communication and cooperation among agencies and individuals are a direct result of the efforts of the LPCCs.

Each LPCC has a First Steps Coordinator and members composed of at least two parents of children with disabilities under the age of 12, one health or medical representative, one educational representative, one social service representative, one early intervention service provider, one Head Start representative and a person representing Child Care in the area. Each county in the cluster must be represented. Active representation of other community leaders is encouraged. Membership must represent the underserved population and demographic make-up of the counties it serves.

As with any staff member, volunteers need to be recruited, trained, supported and recognized; they are a complement to, not a substitute for, paid staff. Volunteers add value to the local system of early intervention which makes the community a better place to live.

Parents are key stakeholders in the early intervention system, and their voice should always be well represented on the local council. Sometimes an untapped resource, parents are able to share first hand knowledge and experience with community leadership. Parents know their child’s needs best and usually show a greater desire to support the EI system when they realize that the success of the local system may be tied directly to their level of involvement.

Families are important because:

- Families bring new ideas, concerns and experiences to the local council.
- Families on the LPCC strengthen the relationships between families and local providers of services in the community.
- Families provide input on the planning and decision-making for community services that will meet families' needs.
- Families are a voice for ongoing improvement and change.

Facilitating the involvement of families and other community volunteers often requires extra support. Volunteers need to be needed! All volunteers should have an understanding of the mission of the council and a clear description of where they can contribute. Training should be offered around taking leadership or collaborating as members of a community team. They must be made to feel welcome and recognized for the contribution they bring to the table.

Families often identify structural barriers such as lack of transportation or unavailability of child care. Volunteer burnout must also be considered. Their level of satisfaction may or may not influence their commitment over time. Volunteers must be perceived as partners; therefore, the focus should be on using their expertise to work together to improve the system.

Other responsibilities of the council include, but are not limited to:

- Making sure families are informed about the existence of the council and are invited and supported to attend and participate.
- Maintaining by-laws which include policies and procedures for conflict resolution, conflict of interest, membership and voting requirements.
- Developing and implementing a formal method of evaluating the effectiveness its local early intervention system, including the SPOE and the LPCC.
- Maintaining written agreements for all persons who receive or manage funds for the council.
- Developing and implementing a plan for tracking assistive technology to facilitate its re-use.

Each LPCC in Indiana has the opportunity to move the First Steps System forward for their respective area of the state. Innovation and creativity in southwestern or eastern Indiana may generate something unique to that area—quite different ideas can meet the challenges of central Indiana, rural areas or towns of our northern or southern regions. LPCCs have an opportunity to create a comprehensive system of individualized services for children and families by building strong alliances within the community,

integrating multiple child and family services, and ensuring that these services are responsive to the needs of children and families from a variety of cultural and ethnic backgrounds. Each council is responsible for developing and documenting a formal system of communication and coordination among participating agencies operating in its defined service area. Each cluster of counties must identify a single fiscal agent who agrees to manage the funding granted to that cluster.

The LPCC is also required to have the following documents:

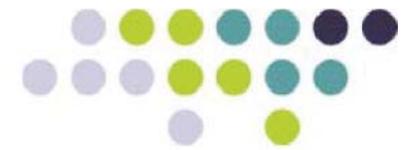
- LPCC By-laws
- Rosters of membership names and community affiliation
- Memorandum of Agreements (MOAs) with referral sources, local school systems and other community organizations or agencies whose work involves young children.

In each cluster area, the LPCC is responsible for planning and implementing a *System Point of Entry (SPOE)*. Its role includes oversight of SPOE functions. All SPOEs are electronically connected with the *Central Reimbursement Office (CRO)*. The SPOE is the designated place within the service area where:

- referrals of children who may qualify for EI services are received and assigned to intake coordinators for processing.
- the early intervention records are housed.
- children may be referred for the Children's Special Health Care Services (CSHCS) program, Hoosier Healthwise or other programs that support young children's healthcare, growth and development.

The CRO roles include:

- timely reimbursement to providers for the provision of early intervention services,
- enrollment and credentialing of early intervention providers,
- coordination of all relevant private, state, and federal resources to support early intervention services and activities, and
- development of the financial and data reporting needs of various federal, state, and local funding sources.



Supporting a Vision



It is the role and responsibility of the Local Planning and Coordinating Council (LPCC) to advise and assist in the development and implementation of the early intervention system for its defined cluster. The role of the LPCC is impacted by the vision of the state Interagency Coordinating Council (ICC).

Additionally, creating a local vision of the early intervention system in the cluster communities helps each LPCC to identify and understand what early intervention services could be like for eligible children and their families. When there is a shared vision and the work is done as a **collaborative** group of agencies and people, it will more than meet the minimum standards. LPCCs are encouraged to take a leadership role in ensuring a First Steps System that is grounded in a quest for quality, moving beyond compliance with basic rules and regulations into determining “best practice.”

The following elements from the ICC vision statement can serve as a framework for development of a local vision for early intervention services. The state ICC vision challenges communities to take leadership to:

“Involve families in the development, implementation, and evaluation of the service system.”

Family-centered services are an integral part of the First Steps System, and the Council should make every effort to develop strategies to nurture and expand the leadership and the advisory roles of parents. Alternative methods of involvement may mean that there are alternative ways for parents to contribute input and feedback to their First Steps System, without attending LPCC meetings. In defining a system for families, it must be guided by the families themselves.

“Work with families to give children “peer-bound” experience. Peer-bound children are happy, have friends, go to school, and are active and accepted members of their community.”

The ICC believes that families of children with special needs want the same experiences for their children: experiences that support a child’s ability to be happy and healthy and to make friends. First Steps should support a foundation for a happy and fulfilling life within their community.

“Make services easily accessible and widely dispersed throughout the community.”

Services can be truly neighborhood-based and in community environments that “offer choices to families that are typical of the choices available to all families of young children.” LPCC members have the capacity to work together so that services for children are available in a variety of settings. Increased communication among early intervention providers encourages expanded possibilities for children and their families. Families can make the best choices for their children when they are given comprehensive information regarding community resources.

“Offer choices to families that are typical of the choices available to all families of young children in their everyday routines, settings, and activities.”

The ICC believes that services and supports are most effective when they are provided within the context of families’ everyday routines, settings, and activities. A white paper was developed in 2000 that utilized the following guiding principles to direct First Steps efforts when providing early intervention services:

1. All children are unique, with individual strengths and talents. The presence of a disability or special need is not the defining characteristic of any child.
2. Everyday routines, activities, and places offer countless opportunities for children to learn and develop.
3. Children grow and develop in the context of relationships with their families and other caregivers.
4. All children have the right to belong, to be welcomed, and to participate fully in the typical places and activities of their communities.
5. Children with and without special needs learn important things from one another.
6. The lives of families are enhanced when they are successful in maintaining their everyday lives and relationships.

“Offer services that are culturally sensitive and tailored to individual needs of the child as well as family priorities.” Each family has different preferences and priorities and this must be taken into consideration when discussing their child’s service options. This may be accomplished by creativity, collaboration, and flexibility in designing services for individual children. In order to attain this vision, there must be an understanding of what it means to recognize and respect cultural and ethnic distinctions. LPCC members and others involved in the early intervention system can increase their awareness through training and discussion which will impact their sensitivity to differences.

“Offer services that exemplify best practices in early intervention and be accountable for the quality of these services by evaluating them in terms of process and outcome.” The LPCC vision of services for children and families should be based on early intervention practices proven to be most beneficial (best practices). This includes services that are offered in settings that are typical for children of the same age, family-centered and family-driven, and include *developmentally appropriate practices*.

“Respect families by acknowledging that they are the primary constant in the child’s life and by helping them to make choices as well as supporting them as they implement those choices.

LPCCs can take a leadership role in supporting providers’ ability to recognize and respect the families’ roles as decision-makers and partners in the early intervention process. **Parents are the first and best teachers for their children.**

“Promote lifespan empowerment by enabling parents and caregivers to effectively advocate for their children while in First Steps and beyond in order to maximize potential.” For families whose children will need services beyond early intervention, their First Steps experience should provide them the tools to identify supports and learn how to navigate the service systems their child will access throughout their lifetime. Empowering families and caregivers with knowledge and resources will allow them to assist their child in reaching his or her maximum potential.

“Creatively use existing resources and seek additional resources to maximize service options for families and to fairly compensate staff providing services.” LPCCs must be aware of their communities’ services and resources. They are challenged to continually pursue creative methods of identifying resources to support additional services, so that families will be able to choose from a variety of options.

This vision can be more effectively achieved by promoting positive working relationships among the volunteers of the ICC, LPCCs, lead agency staff, and local providers. An LPCC needs to be able to engage in effective dialogue with state personnel to have a better understanding of the state’s role and responsibilities in assisting the LPCC. Ongoing communication among the ICC, LPCCs, lead agency staff and local providers allows for information updates so that all share the same knowledge and expectations.

In Summary...

For LPCCs, creating a shared vision requires effective communication, shared responsibilities, and, coordinated service delivery to ensure an early intervention system that meets the needs of families.

The following description of the LPCC provides a clear picture of what is accomplished by working together. “The LPCC provides an organizational framework within which the independent but similar functions of various agencies are structured. It eliminates fragmentation and duplication of services, allows for more effective utilization of personnel and resources, and ensures the provision of a full array of services within the service area. It streamlines the service delivery system for families and eliminates the sense of territoriality that too often plagues services to children. Acting as a community team, the agencies can focus on a broader sense of organization to ensure that children with and at risk of developing disabilities receive appropriate intervention services.”

Swan, W. W., & Morgan, J. L. (1993). *Collaborating for Comprehensive Services for Young Children and Their Families: The Local Interagency Coordinating Council*. Baltimore: Paul H. Brookes.



Federally Required Program and Service Components of a Statewide System of Early Intervention Services

Understanding the purpose of the IDEA Part C components gives perspective to Indiana's response to each requirement. This section offers a brief description of each component, and how Indiana implements the components in its early intervention system. Specific roles and activities of the key groups involved in the system are presented in the next section.

1. State Eligibility Criteria and Procedures.

Description: The state's responsibility is to determine the policy for eligibility. This policy identifies the criteria to be used to identify children with a developmental delay and/or a condition which has a high probability of resulting in developmental delay. The state also describes the procedures that are used to determine eligibility, including the use of informed clinical opinion.

Indiana's response: Children shall be considered eligible to receive early intervention services if they are experiencing developmental delays, as measured by standardized assessments or criterion-referenced measures. A developmental delay is defined as:

- (1) delay in one or more areas of development as determined by:
 - (A) two (2) standard deviations below the mean; or
 - (B) twenty-five percent (25%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months; or
- (2) a delay in two (2) or more areas of development as determined by:
 - (A) one and one half (1½) standard deviations below the mean; or
 - (B) twenty percent (20%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months (Rule 7. Eligibility 470-IAC3.1-7-1).

The five developmental domains include the following:

1. cognitive development
2. physical development, including vision and hearing
3. communication development
4. social/emotional development
5. adaptive development.

High Probability of Development Delay - Diagnosed Physical or Mental Condition

In order to be eligible in this category the child must have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Specific diagnoses and conditions of eligibility are defined in Indiana law. These diagnoses and conditions must be supported by a physician or psychologist indicating what the physical or mental condition is and a multidisciplinary evaluation report that Early Intervention services are needed. The categories include:

- Chromosomal abnormalities or genetic disorder
- Neurological disorder
- Congenital disorder
- Sensory impairment including vision and hearing
- Severe toxic exposure, including prenatal exposure
- Neurological abnormality in the newborn period
- Low birth weight of less than or equal to one thousand five hundred (1500) grams.

Informed Clinical Opinion

In Indiana, eligibility may be determined using informed clinical opinion when the standardized assessments or criterion referenced measures are not appropriate because of a child's age or disability. When developmental delay is determined by informed clinical opinion of the early intervention team (including the parents), it must be justified with direct observation data and rationale to support eligibility and the need for services, including:

- a complete developmental history, as currently reported by the parent or primary caregiver;
- a review of pertinent records related to the child's current health status and medical history;
- consideration given for functional status, rate of change and prognosis for

- change in the near future based on anticipated medical or health factors;
- at least one other assessment procedure to document delayed development, such as observational assessment or planned observation of the child's behaviors and parent child interaction or documentation of delayed development by use of non-standardized assessment devices, such as developmental checklists. (IAC 3.1-7-1)

2. Central Directory.

Description: The system must include a *central directory* of information about: a) public and private early intervention services, resources, and experts available in the state; b) research and demonstration projects being conducted; c) professional and other groups that provide assistance to eligible children and their families.

Indiana's response: Anyone seeking information about early intervention in Indiana can access an electronic searchable version of the Central Directory. The directory is accessible to everyone via the First Steps webpage at http://www.state.in.us/fssa/first_step/. The website itself contains a host of information relevant to families, providers and those interested in Indiana's early intervention system. The state maintains a toll-free number for parents (800-441-7837) to assist them in identifying a local referral contact and to provide direct contact with state Part C personnel. A listing of all providers, their specialty area and availability can be accessed at www.infirststeps.com/. Specific contact information for each cluster SPOE and LPCC can be found at http://www.in.gov/fssa/first_step/clustercontacts.html

3. Timetables for Serving Eligible Children.

Description: Each state system must provide timetables for ensuring that appropriate early intervention services will be available to *all* infants and toddlers with disabilities in the state. This includes the child's first Individualized Family Service Plan (IFSP) meeting which must occur within 45 calendar days from the date of initial referral. Services that are subsequently listed in the IFSP are to be provided in a timely manner unless the family requests otherwise. Indiana defines timely as all services listed on the IFSP are initiated within 30 days of the IFSP, with parent consent. Any exceptions must be documented.

Indiana's response: Indiana has achieved full implementation assuring that appropriate early intervention services are available to all eligible children.

4. Public Awareness Program.

Description: A systematic and effective public awareness program must provide a continuous, ongoing effort that is in effect throughout the state providing for involvement and communication with agencies, private providers, parent groups, advocate associations and other organizations. It must also include a variety of methods for informing the public about the state's early intervention system and how to make referrals.

Indiana's response: In the past, Indiana has utilized public service announcements, posters and informational brochures, video and print materials available for use by local programs and families. Currently clusters are charged with identifying the most effective ways to make their families aware of the FS system and opportunities for young children. Public awareness materials include information on choosing providers, what to look for in community programs and how to address the needs of children and families during their natural routines and activities, and in places where families live, work and play.

5. Comprehensive Child Find System.

Description: The lead agency, with the assistance of the State Interagency Coordinating Council (ICC), must develop procedures to reach all eligible children. Furthermore, the system will be coordinated with other major state agency efforts to find children.

Indiana's response: Indiana's Family and Social Services Administration (FSSA), Division Disability and Rehabilitative Services (DDRS), Bureau of Child Development Services (BCDS), and the State Interagency Coordinating Council (ICC) have developed a comprehensive *Child Find* system. This system includes policies and procedures to ensure that all eligible infants and toddlers are identified. The lead agency supports regional System Points of Entry (SPOE) to facilitate entrance into the early intervention system. Regional events are the responsibility of the Local Planning and Coordinating Councils.

6. Evaluation and Assessment and Nondiscriminatory Procedures.

Description: Each system must include the performance of a timely, comprehensive, *multidisciplinary*, nondiscriminatory evaluation of each child—birth through age two—referred for *evaluation*, including *assessment* activities related to the child and the child's family.

Indiana's response: Federal and state funding assure the development and maintenance of a system of comprehensive early intervention services. It assures that all participating local entities implement the following evaluation and assessment requirements: procedures and materials administered in the native language of the parents; procedures and materials that are not racially or culturally discriminatory; no single procedure is used as the sole criterion for determining a child's eligibility; and the materials and procedures utilized are conducted by qualified personnel and are at no cost to the family.

Eligibility must be clearly documented. Each eligible child must be identified as having either a documented developmental delay or a medical diagnosis/condition that has a high probability of resulting in developmental delay. Indiana uses a common Eligibility Determination form. For more detail regarding the eligibility definition and the Eligibility Determination form, refer to the First Steps Practice Manual. Eligibility determination will result in one of the three findings below:

- Child is eligible and in need of services. Proceed to development of an IFSP.
- Child is eligible, but not currently in need of services. The family will receive information on procedural safeguards, child's current developmental level, community supports/services, and how to contact the system should they have further concerns or the child's status changes.
- Child is not eligible. The family receives information on procedural safeguards, the child's current developmental level, community supports/services, and how to contact the system should further concerns arise or the child's status changes.

7. Individualized Family Service Plan (IFSP).

Description: The IFSP is a written plan for early intervention services for the child and family that must be developed by qualified personnel, with family participation, and be based on evaluation and assessment activities. The IFSP requires the determination of family resources, concerns and priorities and includes family services to enhance the child's development. The IFSP guides the effort and compliance of individual providers to address the family's outcomes. It documents the information and services necessary to support a child's development and enhance the family's capacity to facilitate their child's improvement.

Indiana's response: Indiana has developed a statewide form to be used for each eligible child, and provides training and technical assistance to

service providers and families on the implementation, use and content of the form. The IFSP contains all required elements to support the family's outcomes including the written strategies and activities. Through the IFSP process, family members and service providers work as a team to plan, implement, and evaluate services guided by the family's resources, concerns, and priorities.

8. Comprehensive System of Personnel Development.

Description: Each system must include a *comprehensive system of personnel development (CSPD)*. The personnel development system must provide for training conducted on an interdisciplinary basis for a variety of personnel, including public and private providers, and primary referral sources personnel.

Indiana's response: Indiana has committed to a community-based, family-centered, system of services. It has promoted the identification, recruitment, and preparation of active and potential early intervention providers. The Provider Credentialing Taskforce of the ICC was established to examine how personnel, education, and quality assurance are related. Training "needs assessment" is ongoing and serves as the basis for identifying development, implementation and evaluation of training and technical assistance. Indiana's Unified Training System (UTS) is a coordinated, systematic and comprehensive plan for the delivery of training to families and providers in the early intervention system. The UTS office, UTS Connect, provides information and facilitates registration to family members and providers who want to access training. A toll-free number, (877) 434-6085 is available for information and registration questions. Information on state-sponsored UTS events can be found at the UTS website: <http://www.utsprokids.org>.

Additionally, UTS sponsored, local and non-UTS sponsored training events can be found at the Early Childhood Meeting Place: <http://early-childhoodmeetingplace.indiana.edu>. Descriptions, locations, costs and sponsorship are listed. Communities are invited to list their own training events as well by contacting the Early Childhood Center at 812-855-6508.

9. Personnel Standards.

Description: Personnel standards are the appropriate professional qualifications, based on the highest requirements in the state, necessary for an individual to be considered to offer early intervention services to eligible children and their families.

Indiana's response: Indiana's personnel standards have been published in the Personnel Guide. They reflect a balance between high standards and the flexibility of individual providers to engage in personally meaningful professional development activities. The standards include entry level requirements and competency areas for all professionals working with eligible children and their families. Indiana requires all personnel to maintain credentialing, attend required training, and continually upgrade their skills. The Indiana Personnel Guide can be found online at <https://www.infirststeps.com/matrix/docs/enrollment.asp>

10. Procedural Safeguards.

Description: The lead agency is responsible for ensuring that all of the rights and safeguards have been developed to ensure that families and children receive early intervention in an unbiased manner. These rights include:

- a) a definition of consent, native language, and personally identifiable information
- b) opportunity for parents to examine records
- c) written prior notice for families, including use of their native language
- d) parental consent for document gathering and review, evaluation, IFSP implementation and information sharing
- e) parental right to decline services
- f) assignment of surrogate parents
- g) impartial procedures for resolving individual complaints including
 - i) appointment of an impartial person to review complaint
 - ii) parental rights in administrative proceedings
 - iii) timelines and convenience of proceedings to families
 - iv) right to bring civil action
 - v) clarification of the status of a child during complaint proceedings
 - vi) confidentiality of information.

Indiana's response: The FSSA/DDRS/BCDS collects and maintains information through its supervision and monitoring process to ensure that all requirements governing the confidentiality of records and information maintained under this part are being implemented by participating agencies/providers. To assist families in understanding these safeguards they are provided a copy of "Families Always Have Rights." This brochure is available on the First Steps website. A family handbook

explaining the procedural safeguards as they relate to IDEA Part C is also available on the First Steps website. Many communities also have written handbooks for the families they serve; these can be accessed through the cluster LPCC.

11. Supervision and Monitoring of Programs.

Description: The lead agency is responsible for the administration, supervision, and monitoring of programs and activities receiving assistance under Part C. Additionally, they must enforce obligations, correct deficiencies, and provide technical assistance.

Indiana's response: The Bureau of Child Development Services implements a comprehensive monitoring process consisting of several elements: a) Requests for Funding (RFF); b) compliance with state rules and regulations; c) annual cluster reports; d) complaints and letters from families in the region; e) local interagency agreements; f) data reports; g) cluster self-study including a family satisfaction survey; and h) on-site peer review. The monitoring process is viewed as an educational opportunity to provide technical assistance to and support for local implementation of First Steps. When necessary, clusters develop Quality Improvement Plans to address identified deficiencies and encourage quality programming. Providers are also required to participate in periodic review of their records and credential files.

12. Lead Agency Procedures for Resolving Complaints.

Description: The lead agency must have procedures for receiving and resolving complaints. The complaint procedures must have the capability of on-site investigation if necessary. The complaint determination must be issued within 60 calendar days from initiation of the complaint. Pending the resolution of disputes, the lead agency must have procedures to enable the timely delivery of services to children and families.

Indiana's response: The Bureau of Child Development Services implements procedures for investigating and resolving an individual complaint including the right to an impartial hearing, administrative appeal, civil action and mediation. Discovery interviews and on-site file reviews are formally documented. Findings of noncompliance are communicated to all parties, and the Bureau staff assists in resolving the complaint. Follow-up reviews are conducted to ensure federal compliance. Due process issues are referred for disposition or to an independent investigator for mediation.

13. Financial Policies and Procedures.

Description: Each lead agency is responsible for establishing state policies related to how services for eligible children and their families will be paid for under the state’s early intervention program. In addition they will identify and coordinate all available funding resources within the State, including those from federal, state, local, and private sources.

Indiana’s response: Indiana has established policies, procedures and its own legislation consistent with federal regulation regarding finances for providing early intervention services. Current legislation requires First Steps to implement a process to collect co-payment from families who are above the 250% of the federal poverty level. In Indiana, FSSA has implemented within the First Steps System, a Central Reimbursement Office (CRO) to manage funds for First Steps. Other financial roles of the CRO include a) coordinating reimbursement for early intervention services by accessing all relevant local, state and federal resources available to support services; b) monitoring and managing early intervention resources so as not to exceed the availability of funds for services; c) managing data reporting requirements of federal, state and local funding sources; d) facilitating timely reimbursements for reimbursable early intervention services identified on the IFSP.

14. Interagency Agreements; Resolution of Individual Disputes.

Description: Each lead agency is responsible for entering into formal interagency agreements with other state-level agencies involved in the state’s early intervention program. Agreements must specify the financial responsibility of the agency, and must have procedures for resolving disputes in a timely manner. Agreements must include any additional components necessary to ensure cooperation and coordination among agencies.

Indiana’s response: Family and Social Services Administration has secured *Memoranda of Agreement (MOA)* with Head Start and Early Head Start, the Governor’s Interagency Coordinating Council on Infants and Toddlers, the Department of Education, Division of Exceptional Learners, and the Governor’s Planning Council for People with Disabilities. These agreements address issues that ensure effective cooperation and include procedures for resolving disputes, establishing financial responsibility and ensuring coordination and cooperation among all agencies involved in planning and implementing services to young children.

15. Policies Related to Payment for Services.

Description: Each lead agency is responsible for establishing state policies, reflected in interagency agreements, related to payment for services for eligible children and their families. State policies must specify which services will be provided at no cost to the family and which services are subject to a payment system. The lead agency must identify and coordinate all available state and federal financial resources for early intervention. Timely delivery of services must continue while disputes are pending.

Indiana’s response: Indiana coordinates all available state and federal financial resources through the Central Reimbursement Office (CRO) which pays providers on a fee for service. The CRO: a) allows for expansion of the provider base; b) monitors credentials of individuals delivering EI services; and c) pays authorized service providers according to fees set for various provider roles. The CRO also manages the electronic early intervention record of every child in the system and ensures easy transfer of services and financial information as families and children move within the system.

Indiana has also implemented a cost participation plan for charges and fees associated with early intervention services. The plan is based on income and ability to pay and provides for review of family’s cost participation amount. Families may also voluntarily contribute. Funds received under this plan must be used to fund the early intervention system.

16. Data Collection

Description: Each state is responsible for determining the methods to collect and maintain information regarding the early intervention system as required by the federal government.

Indiana’s response: The Central Reimbursement Office (CRO) contributes significantly to the data collection and maintenance effort as it maintains the electronic early intervention (EI) records, monitors provider credentials and other data needed by state and federal organizations. Non-individualized data is available to regional and local service areas, state agencies, etc., to assist in planning activities. Providers and families are also participating in an ongoing evaluation of the EI system, answering the question “What impact is Indiana’s First Steps Early Intervention System having on the children, families, and communities it serves?” Families are asked to participate in interviews as their child enters and exits the system. This data will assist state and federal governments to know whether families and children are achieving the outcomes identified on their Individualized Family Service Plans.

The following chart identifies the general roles of the state, the local councils, and the individual providers.

Federal Components	Description	State Role	LPCC Role	Provider Role
1. State Eligibility Criteria and Procedures	States must establish policy and criteria for determining eligibility including the use of informed clinical opinion when assessment instruments are not appropriate	Eligibility includes: <ul style="list-style-type: none"> ■ 25% or -2 SD delay in one developmental domains or 20% delay or -1.5 SD in two areas ■ Documented medical diagnosis or condition, as listed in eligibility regulations, that has a high probability for developmental delay 	<ul style="list-style-type: none"> ■ Be knowledgeable about eligibility criteria and procedures for accessing services ■ Advise and assist lead agency in implementation and monitoring of criteria and procedures for determining eligibility 	<ul style="list-style-type: none"> ■ Eligibility is determined by multidisciplinary team, including the family, with annual re-determination for ongoing eligibility ■ Understand the role of the Eligibility Determination (ED) team as it applies eligibility criteria as defined by the state
2. Central Directory	Compilation of all public and private early intervention services, resources and experts available in Indiana	<ul style="list-style-type: none"> ■ Electronic version of Central Directory available via First Steps website, http://www.state.in.us/fssa/first_step/ ■ Online matrix of all registered providers www.infirststeps.com ■ Toll free # 1-800-441-7837 to identify local referral source 	<ul style="list-style-type: none"> ■ Ongoing identification and maintenance of local resources and providers listing ■ Update Central Directory as needed 	<ul style="list-style-type: none"> ■ Maintain individual listing on Matrix ■ Assist consumer access to directory of resources ■ Submit new entries or changes to current listings
3. Timetables for Serving Eligible Children	Insure that all appropriate early intervention services are available to eligible children	Assure availability of early intervention services to all eligible children and their families <ul style="list-style-type: none"> ■ Referral within 2 days of identification of delay ■ Intake within 2 days of referral ■ IFSP within 45 days of referral ■ All IFSP services initiated within 30 days of the IFSP 	<ul style="list-style-type: none"> ■ Review and monitor for current updates, the Matrix of Enrolled and Credentialed EI Providers ■ Identify strategies to address service needs of children and families in community/region 	<ul style="list-style-type: none"> ■ Assist families in locating needed services and resources in a timely manner ■ Maintain thorough knowledge of community and EI system ■ Complete initial credential within 2 years of enrollment ■ Complete annual updates and re-credential requirements

Federal Components	Description	State Role	LPCC Role	Provider Role
<h4>4. Public Awareness Program</h4>	<p>To inform public of:</p> <ul style="list-style-type: none"> ■ Child Find Program ■ Making referrals for EI ■ Accessing evaluations ■ Access to Central Directory 	<ul style="list-style-type: none"> ■ Provide and disseminate public awareness materials at state and local level regarding the EI/First Steps System in Indiana ■ Provide toll free numbers for information and referral inquiries ■ Set up web-site with access to current state procedures, issues and/or concerns, research activities, program development and initiatives 	<ul style="list-style-type: none"> ■ Produce and provide local public awareness materials to agencies, physicians, community centers, etc. regarding First Steps Early Intervention System ■ Provide toll free numbers for making referrals and obtaining additional information ■ Support Central Directory information with updated information/materials. ■ Use state awareness materials describing the EI system ■ Advise the state lead agency in its public awareness efforts 	<ul style="list-style-type: none"> ■ Share public awareness materials with community ■ Advise cluster councils about additional resources or programs available to access for services
<h4>5. Comprehensive Child Find System</h4>	<p>System developed to locate eligible children for early intervention services</p>	<ul style="list-style-type: none"> ■ Assist the LPCC to plan a local system to find, refer and serve infants, toddlers and their families ■ Coordinate Part C Child Find efforts with child find efforts of other state agencies such as Healthy Families, Early Head Start, etc. ■ Provide public awareness materials about purpose and scope of the EI system, how to make referrals, how to access evaluation and EI services. <p>(continued next page)</p>	<ul style="list-style-type: none"> ■ Assist the ICC in advising the lead agency (DDRS) regarding Child Find ■ Implement state defined policies and procedures regarding Child Find ■ Establish and coordinate a comprehensive child find system by: <ul style="list-style-type: none"> ■ identifying community resources available to locate children ■ locating and coordinating existing services and, with the state, utilize the regional System Point of Entry (SPOE) for referrals, (continued next page) 	<ul style="list-style-type: none"> ■ Report to CRO, children who are receiving early intervention services ■ Refer families ■ Appoint intake coordinator as soon as referral is received ■ Complete evaluation process to determine eligibility ■ Complete initial IFSP within 45 days of referral

Federal Components	Description	State Role	LPCC Role	Provider Role
		<ul style="list-style-type: none"> ■ Provide toll free number to assist families in finding local provider ■ Develop and implement policy and procedures (available on FS Website) to ensure: <ul style="list-style-type: none"> ■ all eligible infants and toddlers are identified, located and evaluated ■ a method for gathering data regarding timelines and eligibility 	<ul style="list-style-type: none"> ■ Maintain local records regarding materials distributed and other community resources 	

6. Evaluation, Assessment and Non-discriminatory Procedures

A timely, comprehensive, multidisciplinary, nondiscriminatory evaluation of referred children, birth to three years of age

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|--|--|---|
| <ul style="list-style-type: none"> ■ Cluster Eligibility Determination Teams include a minimum of two different disciplines, who conduct timely evaluation procedures ■ Insure that the requirements are implemented by all affected public agencies and service providers in the state ■ Fund providers of early intervention services ■ Monitor counties for provision of evaluation and assessment activities | <ul style="list-style-type: none"> ■ Assist the state by identifying qualified local early intervention providers ■ Assure through SPOE monitoring that informed, written parental consent is obtained prior to initial evaluation and assessment ■ Assure that all participating providers are aware of procedural safeguards mandates | <ul style="list-style-type: none"> ■ Maintain up-to-date Matrix and availability entries ■ Maintain qualifications as prescribed by state personnel standards ■ Obtain informed written consent from family prior to any evaluation and assessment activities ■ Complete comprehensive review of records, and evaluation of the child's level of functioning in each of the developmental areas to determine eligibility ■ Provide family-directed assessment activities ■ Complete evaluation activities to determine eligibility within 45 days of initial referral |
|--|--|---|

Federal Components

7. Individualized Family Service Plan (IFSP)

Description

- A written plan for providing early intervention services to eligible child and family
- IFSP plan is based on the evaluation and assessment of the eligible child and family and includes:
 - child's developmental status in five major areas
 - family information
 - outcomes for child or family change
 - early intervention and other services needed
 - duration of services
 - family service coordinator name
 - transition plan(s) into, through and out of First Steps

State Role

- Development of a state-wide IFSP form
- Training of ALL providers on the use of the form
- Resolution of disputes regarding development, implementation and responsibility for IFSPs
- Monitoring of IFSPs for all necessary components, including timeliness of IFSP service provision (within 30 days of the IFSP date)

LPCC Role

- Support the implementation of the IFSP form
- Identify need for training providers and parents in the use of the form
- Advise and assist the lead agency to:
 - Assure that families are full partners in development and implementation of IFSP
 - Assure that written consent is received prior to the implementation of the IFSP

Provider Role

- Use the form as directed for each eligible child/family
- Seek training and technical assistance as needed
- Conduct/participate in six month and annual IFSP reviews
- Identify service coordinator
- With family, identify outcomes, activities and appropriate service providers
- Provide all early intervention services identified in the IFSP
- Assure due process and procedural safeguards are implemented throughout child's eligibility

8. Comprehensive System of Personnel Development (CSPD)

Thorough and complete system of training and accountability standards for individuals providing early intervention services to young children

- Development of a Unified Training System (UTS) for identification and delivery of training to providers and families
- Through the UTS provide for preservice and in-service training to:
 - agency and independent provider(s)
 - referral sources
 - families
 - other concerned community members
- Ensure that training relates to early intervention
- Identify resources to support family training

- Identify cluster needs for personnel training
- Support the dissemination of information regarding training and resources for training needs
- Participate in training to increase knowledge of LPCC members

- Regularly access the UTS and Early Childhood Meeting Place websites to find out about available training
- Attend training or meetings as required by the FS System
- Participate in ongoing training opportunities
- Maintain annual credential requirements

Federal Components	Description	State Role	LPCC Role	Provider Role
<h3>9. Personnel Standards</h3>	<p>Standards required for qualified personnel in the EI system</p> <p>Adequate numbers of qualified, culturally competent personnel from multiple disciplines are necessary to provide EI services</p>	<ul style="list-style-type: none"> ■ Identify entry level requirements for EI providers ■ Establish state recognized credential standards ■ Establish research-based best practices for EI providers ■ Develop policies and procedures to maintain personnel standards ■ Maintain provider Matrix 	<ul style="list-style-type: none"> ■ Advise DDRS regarding the policies and procedures for personnel development ■ Identify and recruit local, qualified early intervention personnel ■ Support personnel development with local and state funding 	<ul style="list-style-type: none"> ■ Meet minimum qualifications for individual role ■ Complete additional training as needed ■ Maintain required licensure for specialty area ■ Obtain and maintain credentialing as required by the BCDS ■ Document required credit points and forward to Provider Enrollment
<h3>10. Procedural Safeguards</h3>	<p>All rights and safeguards are developed to ensure unbiased early intervention services for children and families</p>	<ul style="list-style-type: none"> ■ Establish safeguards that ensure effective implementation by each agency/provider of early intervention services ■ Ensure and support administrative resolution of individual complaints by an impartial decision maker ■ Conduct hearings under the procedures in the Family Education Rights and Privacy Act (FERPA) ■ Collect and maintain information to ensure all requirements are met 	<ul style="list-style-type: none"> ■ Include a description of procedural safeguards in written agreements with providers ■ Assist the lead agency in the development of policies and procedures for selection of surrogate parents ■ Follow the policies and procedures developed by state and federal rules ■ Assure that there are policies and procedures in place for record development and maintenance at the SPOE 	<ul style="list-style-type: none"> ■ Follow FERPA and HIPPA standards as required. ■ Inform families of their rights as outlined by state and federal guidelines ■ Maintain documentation of authorized access to records ■ Make records available to families ■ In the family's native language, obtain parental consent and give prior notice prior to any early intervention activity. ■ 10 day written prior notice for changes in EI services ■ Respect the family's right to refuse services ■ Maintain confidentiality regarding the child and family ■ Share information about the family handbook available on FS website ■ Respect a hearing decision

Federal Components	Description	State Role	LPCC Role	Provider Role
11. Supervision and Monitoring of Programs	General administration, supervising and monitoring or review of programs and activities used by the state	<ul style="list-style-type: none"> ■ Monitor agencies, organizations and individuals receiving IDEA Part C funding ■ CRO Provider Enrollment monitors the credentials of persons delivering EI services to ensure quality programming ■ Ensure that obligations required of agencies by regulations are satisfied ■ Provide technical assistance as necessary 	<ul style="list-style-type: none"> ■ Advise and assist the lead agency in monitoring the local early intervention system ■ Assist with correction of deficiencies identified through monitoring process 	<ul style="list-style-type: none"> ■ Maintain necessary enrollment and credential files ■ Participate in monitoring activities as requested ■ Complete quarterly progress notes ■ Maintain quality EI programming for children and families
12. Lead Agency Procedures for Resolving Complaints	Written plan by lead agency to receive and resolve complaints	<ul style="list-style-type: none"> ■ Written procedures for resolving any complaint filed on behalf of agency/providers ■ Respond to all written complaints within 60 day timeline 	<ul style="list-style-type: none"> ■ Work toward resolving local concerns 	<ul style="list-style-type: none"> ■ Support for complaint decisions
13. Financial Policies and Procedures	Policy must be established regarding how early intervention services will be paid	<ul style="list-style-type: none"> ■ Identify and coordinate all available funding resources for early intervention services ■ Identify and implement fees for services ■ Maintain a Central Reimbursement Office (CRO) to ensure timely reimbursement for EI services 	<ul style="list-style-type: none"> ■ With other members of the cluster submit annual Request for Funds to lead agency (DDRS) 	<ul style="list-style-type: none"> ■ Appropriate submission of provider claims ■ Maintain and provide information related to funding sources at county level ■ Maintain and provide records supporting all expenses ■ Maintain control and accountability for all funds received

Federal Components	Description	State Role	LPCC Role	Provider Role
<p>14. Interagency Agreements: Resolution of Individual Disputes</p>	<p>Formal agreements with other agencies involved in the early intervention program, specifying financial responsibilities of the agency and including the procedures for resolving disputes between these agencies</p>	<ul style="list-style-type: none"> ■ Develop Memorandum of Agreement (MOA) to address financial responsibilities and additional components necessary to ensure cooperation and coordination ■ Develop procedures for resolution of disputes 	<ul style="list-style-type: none"> ■ Develop written agreements with all local participating agencies to identify their roles and responsibilities in the delivery of and payment for early intervention services ■ Support and establish agreements to facilitate seamless transitions 	<ul style="list-style-type: none"> ■ Respond to language of agreements which include providers and their roles and responsibilities ■ Encourage written agreements with other providers to facilitate coordination and cooperation
<p>15. Policies Related to Payment for Services</p>	<p>Interagency agreements related to how and what services are available at no cost to the family</p>	<ul style="list-style-type: none"> ■ Identify and coordinate all available state and federal financial resources through established Central Reimbursement Office (CRO) 	<ul style="list-style-type: none"> ■ Support local provider enrollment for early intervention services ■ Identify additional local/private funds to support services 	<ul style="list-style-type: none"> ■ Identify available professional early intervention services and forward to Local Planning and Coordinating Council (LPCC)
<p>16. Data Collection</p>	<p>Compile information regarding the early intervention system for the federal government</p>	<ul style="list-style-type: none"> ■ Support data gathering on the impact of early intervention services for children and families ■ Provide short and long term financial projections on the cost of EI services and actual utilization of services ■ Review data to assist in planning and systems response ■ Utilize data in the development of the state's Annual Progress Report to the <i>Office of Special Education Programs (OSEP)</i> 	<ul style="list-style-type: none"> ■ Assist lead agency as needed 	<ul style="list-style-type: none"> ■ Assist in providing required data as requested by DDRS including the entrance and exit family interview

Symbols Key



Informed Rights and Procedural Safeguards given to family.



Parent declines or child not eligible.



Referral - First Steps System Point of Entry (SPOE)

The SPOE will:

- Acknowledge referral
- Assign intake coordinator
- Begin early intervention record
- Present verbal rights & information



Intake and Planning

The Intake Coordinator will:

- Review referral information
- Obtain written consent to proceed
- Visit the family to discuss:
 - Service coordination
 - Family's strengths, resources, priorities, and concerns
 - Early Intervention options and supports
 - Applications for Hoosier Healthwise and CSHCS
 - Cost participation
- With the family, identify ongoing service coordinator
- The ongoing service coordinator will schedule a visit with the family to complete the Family Interview, ideally prior to the initial IFSP



Eligibility Determination

The Eligibility Determination Team conducts:

- Review of medical history and current health status
- Evaluation and Assessment, activities in the following developmental areas, if necessary
 - Vision
 - Hearing
 - Cognitive
 - Self-Help/Adaptive
 - Motor (Gross and Fine)
 - Speech/Communication
 - Emotional/Social



Enrollment in First Steps

Based on eligibility criteria

- Family may choose not to participate
- Family may choose not to continue to IFSP Development



Planning for the IFSP

Intake Coordinator will:

- Summarize child and family's strengths and needs
- Schedule additional child and family assessments, if necessary
- With the parent, identify IFSP Team
- Verify the ongoing service coordinator's role
- Plan and schedule the IFSP meeting



IFSP Development

IFSP Team will:

- Determine outcomes and priorities
- Identify strategies and providers
- Obtain physician signature on IFSP

First Steps Services Begin

- Ongoing service coordinator will implement the IFSP
- Service providers will begin activities to support IFSP outcomes



Pathway to Services

When a child is born—and sometimes even before the birth—a family may know that their child has some special needs. Perhaps the child has a physical or medical condition that is discovered shortly after birth, or the child seems to develop certain skills more slowly. To meet these needs Indiana has developed a comprehensive system of early intervention services called First Steps. This system recognizes that parents are the experts on their child and know their child the best. The families and professionals who wrote the federal legislation (Part C of IDEA) believe that families are equally as important as professionals in deciding what kinds of supports their children may need.

In Indiana, the Family and Social Services Administration (FSSA)/Division of Disability and Rehabilitative Services (DDRS)/Bureau of Child Development Services (BCDS), administers the First Steps System. Many different agencies, programs and professionals in each Indiana community provide early intervention services. If a child is eligible for First Steps, federal and state rules assure that each child receives the developmental services they need.

Identification and Referral

Although there are various ways a child may be identified as in need of First Steps early intervention services, each cluster of counties has identified a System Point of Entry (SPOE) where referrals are made. Referrals may come from healthcare providers, social service agencies or families. The cluster SPOE immediately assigns an *Intake Coordinator* who begins the process of evaluation with the family to determine if the child is eligible for First Steps services.

If the family chooses not to proceed with intake it is important to explain the services that may have been available. A referral does not commit the parent to participate in the EI system. The intake coordinator will also ask to maintain contact with those families who initially request that a referral not proceed.

Communities often have various systems of providing screenings for young children's health and development. Screening indicates that a child may need further evaluation to determine whether he or she has a developmental delay or a need for early intervention services because they are at risk for delay if services are not provided.

Possible referral sources include: hospitals, physicians, parents, child care programs, local educational agencies, public health facilities, other social service agencies or programs, and other health care providers.

Intake and Planning

When the referral is received, the intake coordinator will contact the family within two calendar days to schedule a time to talk with the family in person. The parent may choose the location of the meeting which could take place in the family's home, at their work or at an agreed upon community site. The intake coordinator will first inform the family of their rights and procedural safeguards. The intake coordinator will then talk with the family about why their child was referred, note the family's concerns and priorities and offer information about the early intervention system and its approach to services as part of everyday routines, activities and places. Together they will decide whether to proceed with eligibility determination for First Steps. This process is called evaluation. The intake coordinator will ask for written consent from the parent to begin this process. The evaluation process includes review of any existing documentation, including the child's medical history and/or previous assessments. The Intake Coordinator will also assist the family in completing applications for other services they may be eligible for, such as Hoosier Healthwise, and Children Special Health Care Services (CSHCS). The intake coordinator will request Private Health Insurance information and will document family income as well as explain the *cost participation* component of the program.

The intake coordinator will talk with the family about other components of the First Steps System: the **ongoing Service Coordinator**, *The Eligibility Determination Team (ED Team)* and the family's role as part of the team, assessments, early intervention services and supports, and transition. Finally with information from the family, the intake coordinator will identify and coordinate the involvement of the ED team that will complete a develop-

mental evaluation. Evaluation and assessment services are provided at no cost to the family.

Eligibility Determination Team

A child needs to be found eligible by a multi-disciplinary team and in need of services to receive early intervention services from the First Steps System. The Eligibility Determination Team involves individuals who can evaluate records and information in response to the parents' area of concern for their child, such as language or motor development. The team may include the family physician or other professionals who work with the child and family. The team, with written parental consent, reviews documentation and decides if the child is eligible or if additional information is needed to determine eligibility.

If a child is determined not eligible or in need of early intervention (EI) services, the Intake Coordinator and/or team members help the family identify other services or resources available in the community.

In some cases the team may decide that the child is not in need of early intervention services. An example of this may be the child who has a medical diagnosis, but is currently displaying skills typical of the child's same age peers. The ED Team, however, will provide the family with information regarding child development activities to enhance continued development. They will also help the family identify other services or resources available in the community to support the child's ongoing development. Eligibility and need for service must be reassessed annually for families enrolled in First Steps.

Family Interview

Every family who is eligible for First Steps and gives consent will receive a preliminary visit from their ongoing Service Coordinator in order to complete a Family Interview. The Service Coordinator will have a conversation with the family in regard to their child's present levels of development and what activities, resources and needs the family identifies. With the family, s/he will discuss where in the family's daily routine they see the need for assistance with their child. While the Family Interview Survey is utilized to gather valuable data for system accountability, it also provides information that should be incorporated into the initial IFSP.

Evaluation and Assessment

The terms evaluation and assessment are often used interchangeably. *Evaluation* is the process of gathering information about the child that determines whether a child is eligible for services. The evaluation is conducted by members of a multidisciplinary team. Composition of the team may vary, but often includes a developmental therapist (an early childhood education specialist), a speech-language pathologist, an occupational therapist and other individuals such as social worker, or physical therapist. In conjunction with the family, this team collects pertinent information to determine eligibility and need for early intervention services. The evaluation process provides input to assist in the determination of the types and levels of services that may be needed by the child and family to address their concerns and needs. Written parental consent is needed before the evaluation can begin. Evaluation to determine continued eligibility must be completed annually.

Assessment is an **ongoing** process of looking at a child's development or a family and their concerns. Assessments help the family and other members of the team learn more about the child's strengths and needs, and help the team understand what the child can do now and what she or he is ready to learn. They are also opportunities for the family to share their resources and supports as well as hopes and dreams for their child and family. Family assessments are optional for the family, and they may or may not wish to share this information until a later time in the process.

While both evaluation and assessment activities look at strengths and needs in the major areas of development, the best assessment information will be gathered during observations of the child at home, in playgroups or in community settings where the child is comfortable and more easily interacts with his/her environment.

Eligibility and Planning for the IFSP

If a child is determined eligible for First Steps services, the family and intake coordinator begin planning for the initial Individualized Family Service Plan (IFSP). The IFSP is the family's written plan or blueprint for services and must be completed within 45 days of referral. The purpose of the IFSP is to bring together all of the appropriate services in a multi-disciplinary fashion to address the concerns, priorities and needs of eligible children and their families. The IFSP team includes the family, intake or ongoing ser-

vice coordinator and members of the Eligibility Determination Team. Annual IFSP reviews may include other providers who can support the outcomes and activities identified by the family.

The family's resources, concerns and priorities guide the IFSP process. A summary of the child's present developmental levels and strengths as identified by evaluation and assessment are included on the IFSP. The intake coordinator and the family review these strengths and concerns, identify the IFSP team, and plan and schedule the IFSP meeting. Optimally, the Service Coordinator has completed the Family Interview Survey and has information about family priorities that can be shared at this initial IFSP meeting.

After the initial IFSP, the Service Coordinator, with the family, monitors the IFSP and assures that families receive the services as written in the IFSP. The Service Coordinator is a partner with the family and is responsible for coordinating implementation of the IFSP.

Service Coordination

Ongoing service coordinators are valuable members of the IFSP team. They encourage the family to continuously review their IFSP outcomes for appropriateness and relevance to both the child and the family. If the child needs additional services or no longer needs a service, the Service Coordinator will help initiate additional evaluations and/or coordinate a review of proposed changes by the IFSP Team. The Service Coordinator may also help the family access additional, appropriate services that may be available in their community.

It should be noted that in some clusters, the roles of intake and ongoing service coordinator are assumed by the same person.

IFSP Development

The initial and ongoing IFSP team reviews evaluation and assessment information as well as the family's resources, concerns and priorities. The team works together to determine the outcomes or changes the family would like to see. The inclusion of the family in the IFSP process underscores the importance of the home in supporting the development of very young children. Together with the family, the team develops the strategies and activities necessary to address the outcomes and outline what the family and team will be working towards.

The provider members of the team will answer any questions the family has about the IFSP. The child will receive his/her early intervention services in the "natural environment" or places that are routine to the child and family. This may be their home, child care site, a relative's home or other community setting. Only when the family clearly understands the content of the IFSP should they be asked to sign it. The other members of the IFSP team must also sign. Only then can the plan be implemented.

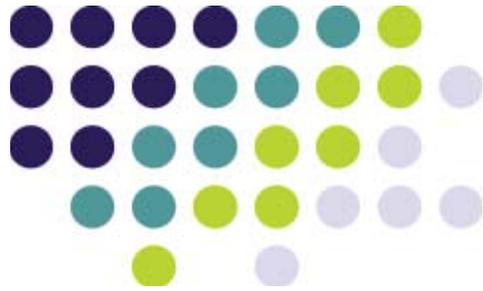
The process of the Individualized Family Service Plan is meant to build collaboration and partnerships between family members and service providers. The IFSP is intended to assure family-centered early intervention services. The IFSP process is as important as the plan itself. The partnerships and relationships that develop in the course of developing and implementing the plan will guide the success of the early intervention services.

Transition

Discussion of transitions should begin as soon as the child and family enter the First Steps System. Transition plans are developed whenever a placement change is made. This may be from the hospital to home, from home to preschool, child care, or possibly to another county or state. Before a child reaches his/her third birthday, the family and the Service Coordinator plan a process of moving out of the early intervention system. Some children may be eligible for preschool special education programs, while others may attend Head Start, preschool, a child care center or begin private pay services. The IFSP team must develop a formal transition plan between 90 and 270 days of the child's third birthday, but no later than 90 days before the child's third birthday.

Recognizing that all families experience some anxiety as their children exit First Steps, the team looks at what is best for the child, how to prepare the child for the transition, and identifies family resources, priorities and concerns. Well-planned transitions present new opportunities for growth and development for the child and the family in their community.

Prior to transitioning from the First Steps Early Intervention System all families are asked to participate in an exit interview that provides important information about the success of the early intervention system for local, state and federal review.



The Challenge to Lead and Excel



Indiana’s rules and regulations define the Local Planning and Coordinating Council as, “a locally-based planning and coordination group organized for the purpose of implementing the early intervention system in their cluster. The LPCC serves as a coordinating body, advising and assisting the lead agency in its implementation of the early intervention system. “

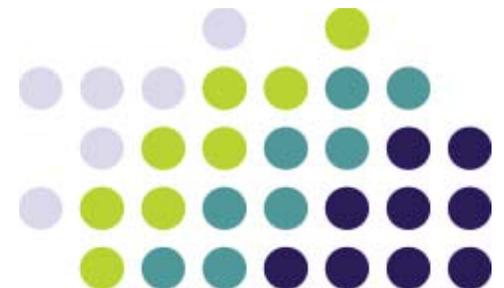
Each LPCC is in the position to provide a collaborative framework to develop and implement the most efficient and effective service delivery system possible for their cluster. The Cluster LPCC is able to coordinate activities that efficiently support children and families. Child Find, transition coordination, and access to additional providers are just a few of the possibilities. In reviewing the many responsibilities of LPCCs, it is clear how important these councils are to the overall picture of early intervention services in Indiana. Also, the importance of communication, cooperation, coordination, and collaboration becomes increasingly evident. This means that councils are challenged to move the system forward, demonstrate commitment to children and families, and advocate for continued growth.

Cooperating on a volunteer council has been proven to strengthen the development of trust while supporting the mission of First Steps. Parents on the council are the voice for families and able to advocate for continued improvement. Together these community members are perceived as partners, as a team of resources to support the early intervention system.

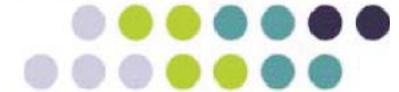
As a result, each Local Planning and Coordinating Council is challenged to:

- make the First Steps Early Intervention System accessible to all families of eligible children in their cluster;
- maximize support for professional partnerships among other communities within their cluster;
- excel at community leadership and advocacy for the rights of children and families;
- locate and support both agency and independent providers of early intervention;
- champion and advance the vision of Indiana’s First Steps—to bring a family centered, comprehensive, coordinated, neighborhood-based system of services to families with infants and toddlers who have disabilities.

Finally, Councils are challenged to move the system to levels beyond what is required—challenged to demonstrate their commitment to children and to families—challenged to advocate and inspire others to achieve beyond “just what’s needed”—challenged to go towards the next step!



Glossary of Acronyms and Terms



Advocate - One who acts on behalf of another.

Assessment - An ongoing process of looking at a child's development to gather information about strengths, needs, level of functioning.

At Risk - A term used with children who have, or could have, problems with their development that may affect later learning.

Audiologist - A trained professional who measures hearing acuity, diagnoses hearing impairments, and assists in planning for remediation, including hearing aids and educational adaptations.

Bureau of Child Development Services - The department within the Division of Disability and Rehabilitative Services (the Lead Agency) that oversees the Indiana First Steps System.

Case Management - Coordinating services for a family and ensuring that Individualized Family Service Plans are written and carried out. In the First Steps System, it is referred to as service coordination.

Central Directory - Lists early intervention services, resources, and experts available in the state, research and demonstration projects, and professional and other groups providing assistance to eligible children and their families.

Central Reimbursement Office (CRO) - Facilitates coordination of payment to providers for early intervention services approved on the IFSP. Accesses federal, state, local, and private funding sources.

Child Find - A system developed to locate children eligible for early intervention services.

Children's Special Health Care Services (CSHCS) - (Often referred to as "Children's") Program in the Division of Maternal and Child Health that provides diagnostic and treatment services as well as medical reimbursement for children with chronic illness or developmental disabilities.

Collaboration - Two or more co-equal partners voluntarily working side by side with mutual respect and cooperation to reach a common goal through shared decision making.

Complaint - A written, signed report of an alleged violation of federal or state statutes, regulations, rules, or constructions, and a request that the alleged violation be investigated.

Comprehensive System of Personnel Development (CSPD) - A thorough and complete system of training and accountability standards for individuals providing early intervention services.

Confidentiality - The protection, by law, of personal information found in records about a child and family that cannot be shared without written parental consent.

Conflict Resolution - A systematic process for managing disagreements and conflicts that seeks a "win-win" outcome.

Cost Participation - State law (IC12-17-15-17) that allows for co-payments to be charged for certain First Steps services based on family size and income.

Department of Education (DOE) - May also include the Division of Exceptional Learners.

Developmental Age - The age at which a child is functioning (demonstrating specific abilities), based on assessment of the child's skills and comparison of those skills to the age at which they are considered typical.

Developmental Assessment - Looks at a child's strengths and needs in the areas of social/emotional, self-help, cognitive, motor, vision, hearing, and communication development.

Developmental Delay - A delay in the appearance of some steps or phases of growth and development. A classification for children, with or without established diagnosis, who perform significantly behind developmental norms.

Developmental Disability - A severe, chronic disability of a person which a) is attributable to a mental and/or physical impairment, b) is manifested before age 22, c) is likely to continue indefinitely, and d) results in substantial functional limitations in three or more areas of major life activities.

Developmentally Appropriate Practice - Developmentally appropriate practice is based on knowledge about how children develop and learn and based on characteristics of the individual child.

Division of Disability and Rehabilitative Services (DDRS), Bureau of Child Development Services (BCDS), Family and Social Services Administration (FSSA) – The lead agency administering the First Steps Early Intervention System.

Due Process - Legal action that protects a person's rights.

Early Intervention (EI) Services - Services designed to evaluate and meet the needs of children with special needs under 3 years of age, and to enhance their families' abilities to foster their development.

Eligibility Determination Team (ED Team) - Family members and professionals who review documentation to decide if the child is eligible.

Entity - An agency or organization.

Environment - Everything the child encounters. The rooms, furniture, toys, the opportunity to experience new and different places, and the behaviors of those around the child constitute the environment.

Evaluation - The process that determines a child's eligibility for services.

Family Centered – Services designed to include the family as decision makers and to ensure that the full range of needs expressed or needed by a family is addressed.

Family-Focused Early Intervention - Concentrating intervention equally on the child's family and on the child.

Fine Motor Skills - Activities with the fingers and hands.

First Steps Early Intervention System - A family-centered, community-based, coordinated system which provides early intervention services to infants and young children with disabilities, or who are developmentally at risk.

Free Appropriate Public Education (FAPE) - Designed by Public Law 94-142 to mean special education and related services provided at public expense. Such services are to be described in the Individualized Education Program (IEP) and appropriate to the child's individual needs and to meet requirements of the state agency.

Functional Skills - Skills that will be immediately useful to the child and will be used relatively frequently in the child's typical environment.

Gross Motor Skills - Activities such as running, climbing, throwing, and jumping that use large muscles.

Hoosier Healthwise - Indiana's health care program for children, pregnant women, and low-income working families. It is administered by the Indiana Family and Social Services Administration.

Identification - The process of finding and screening individuals to determine whether they might benefit from specialized services. See Screening and Child Find.

Inclusion - Another term for integration of children with and without disabilities.

Inclusive Settings - Sites, classrooms, and programs where inclusion takes place.

Individualize - Match a teaching task to the capacity of the particular individual being taught.

Individualized Family Service Plan (IFSP) - The written plan for providing early intervention services to an eligible child and the child's family, based on evaluation and assessment of the child and family.

Individuals with Disabilities Education Improvement Act (IDEIA, referred to simply as IDEA) - Public Law 108-446, governing special education for students with disabilities, aged birth-21. Enforced by the federal Office of Special Education Programs. Part C of the law focuses on services to infants and toddlers who are at risk for, or who have, developmental disabilities.

Intake Coordinator - Initial referral contact at the System Point of Entry (SPOE). Talks to family about their concerns, explains First Steps System, informs the family of their rights, and guides family through preliminary steps of determining eligibility. In some clusters the Intake and Service Coordinator may be the same person, assuming both responsibilities.

Interagency Agreements - Formal agreements between/among agencies in cooperation to provide coordinated services.

Interagency Coordinating Council (ICC) - Parents and professionals appointed by the Governor to advise and assist the FSSA/DDRS/BCDS in its responsibilities.

Lead Agency - The agency administering the First Steps Early Intervention System. In Indiana, this is the Division of Disability and Rehabilitative Services (DDRS).

Least Restrictive Environment (LRE) - A basic concept of Public Law 94-142 that requires children with disabilities to be educated with peers without disabilities in regular educational settings to the maximum extent appropriate.

Local Planning and Coordinating Council (LPCC) - A broad-based, community-directed working group that advises and assists with implementation of the First Steps System in each cluster.

Mediation - One method for solving a formal written complaint. The parties that are in disagreement meet with a neutral person or mediator, to solve the problem. This service is available through an agreement with FSSA/DDRS/BCDS and the Department of Education.

Memorandum of Agreement (MOA) - Includes components necessary to ensure cooperation and coordination among agencies. Specifies the financial responsibility of public agencies to pay for early intervention services, and procedures for timely resolution of disputes.

Multidisciplinary - A team of professionals qualified to assess various areas of development.

Natural Environment - A home, child care center, or other place where children are typically found.

Occupational Therapy – Treatment given to improve movement for daily living.

Office of Special Education Programs (OSEP) - An office of the U.S. Department of Education that administers the Individuals with Disabilities Education Improvement Act (IDEIA/IDEA).

Outcome - A statement of the changes family members want to see for their child or themselves.

Part C - Section of the federal Individuals with Disabilities Education Improvement Act (IDEIA/IDEA) which defines program and service components for early intervention systems for infants and toddlers, birth through two years of age, with disabilities.

Personnel Development - Training conducted for a variety of early intervention personnel, including public and private providers, primary referral sources, and service coordinators.

Physical Therapy – Treatment given for disorders of movement.

Premature Infant - A baby born before 37 weeks of gestation.

Procedural Safeguards - Rights and protections to ensure unbiased early intervention services for children and families.

Referral - The procedure for requesting that a child be evaluated to determine if special services are needed.

Respite Care - Skilled child care service that can be provided in place of the parent of a child who is seriously ill or disabled.

Screening – The process of sorting out from a total group children who may have problems. It is often a part of a total program called Child Find, or Child Check. Specially designed screening instruments are used to determine if a problem exists and if further diagnostic testing is needed.

Service Coordinator - Coordinates implementation of the IFSP and works with families to develop skills and knowledge to access, coordinate, and manage available or alternative services needed.

Service Provider - Individual trained to support the family by sharing their knowledge and expertise in response to an outcome.

Signatory Agency - Any public or private agency that formally agrees to participate, coordinate, and cooperate with other agencies.

System Point of Entry (SPOE) - Contact location in each cluster for families seeking First Steps Services. Electronic connection with Central Reimbursement Office.

Transdisciplinary Approach – Team members work across disciplinary boundaries to plan and provide integrated services.

Transition Plan - A purposeful, organized process to plan for supports whenever a placement change is made, whether from hospital to home, home to preschool or childcare, to another county or state, or from the early intervention program.

Unified Training System (UTS) - A consortium of agencies and organizations collaborating to plan and provide training statewide for personnel development, education, and quality assurance.