

## Early Intervention

\_\_\_\_\_County Board of MRDD

Item #	Question	Reviewer Guidelines	ID#	ID#	ID#	ID#	S/P/N/NA
1.	Does the CB provide Service coordination through the HMG system?  Yes____  No ____	Service coordinator- Responsible for ensuring the coordination and timelines of evaluation and assessment including mandated screenings, family assessment, development of IFSP and transition.					
2.	Does CB participate in Evaluation/assessment for children referred for suspected delay (Part C eligibility in HMG)?  Does the CB participate in Assessment for program planning for children referred with a diagnosed physical or mental condition (DPMC)?		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	Which components of evaluation/assessment does CB participate in?  <input type="checkbox"/> use of tool <input type="checkbox"/> provision of 1 qualified evaluator/assessor <input type="checkbox"/> Provision of 2 or more qualified evaluators/assessors  Screenings: Vision____ Hearing ____ Social/Emotional ____ Nutrition _____		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

Reviewer's Name \_\_\_\_\_ Date \_\_\_\_\_

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4.	<p>Does the county board complete evaluation/ assessment within 45 days of referral to HMG system for a suspected delay ?</p> <p>(HMG Evaluation and Assessment for Part C Policy, Procedure 1; HMG Screening Policy, Box)</p> <p>If not done in 45 days, clear documentation that the reason for the delay is due to exceptional family circumstances (Evaluation and Assessment for Part C policy, Procedure 2)</p> <p>Refer to Grid at end.</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
5.	<p>Does the county board use one of the following ODH approved evaluation/ assessment tools?</p> <p>(HMG Evaluation and Assessment for Part C Policy, procedure 3)</p> <p><input type="checkbox"/> HELP</p> <p><input type="checkbox"/> AEPS</p> <p><input type="checkbox"/> ELAP</p> <p><input type="checkbox"/> BAYLEY</p> <p><input type="checkbox"/> BATTELLE</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
6.	<p>Does the county boards contribution to the development of the “evaluation and assessment report” meet all requirements (HMG Evaluation and Assessment for</p>	<p><input type="checkbox"/> Cognition</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Communication</p> <p><input type="checkbox"/> Social/ Emotional</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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	Part C Policy, Procedure 7)  <i>Look for Evaluation and Assessment for Part C eligibility report or IFSP Section III for summary of all evaluation/ assessment and screening information</i>	<input type="checkbox"/> Adaptive					
7.	Does the county board staff participating in evaluations have the appropriate license/certification per ODH policy.  E.g. -Early Intervention Specialist (ODMRDD) -Occupational Therapist -Physical Therapist -Speech-Language Pathologist -Social Work -Early Childhood Educator (ODE) -Early Childhood Intervention Specialist (ODE) -Nursing (refer to ODH Personnel Standards Attachment B for exhaustive list)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
8.	Does the county board provide 2 or more staff to the evaluation/assessment, assure that the evaluators are from 2 different disciplines. One member must have expertise in the primary area of delay. (HMG Evaluation and Assessment for Part C Policy, procedure 5)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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9.	Does the CB complete the Family assessment (defined by HMG policy)?  Family Assessment is typically a HMG service coordinator responsibility but may be conducted by others. Service coordinator must complete if others do not.	Yes __ No __ If “no,” skip to prompt #11					
10.	CB completes the family assessment within 45 days after referral to HMG and prior to the development of the first IFSP.(HMG Family Assessment Policy, Procedure 1)  CB documents on the IFSP (and in case notes as necessary) information about the family’s resources, priorities and concerns related to enhancing the child’s development (or documents family refusal to participate in “family assessment”).  (HMG Family Assessment policy, Procedure 4)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
11.	Was the IFSP developed and signed within the same forty-five calendar days?(OAC 5123:2-1-04 (E)(2)(n))	If the CBMRDD is not the Help Me Grow Service Coordinator, skip to prompt # 13 Check for the development and signing of the IFSP. “Same” refers to the 45 days (from initial contact) in which the evaluation must be completed	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
12.	Did the County Board employed Help		Compliant	Compliant	Compliant	Compliant	

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	Me Grow Service coordinator ensures that all sections of the IFSP form are completed? OAC 5123:2-1-04-(J)(1)(a)		Non-compliant	Non-compliant	Non-compliant	Non-compliant	
13.	<p>Did the County Board assure that the provision of CB specialized services (e.g. Early Intervention specialist, therapies, nursing, transportation) are documented on the IFSP?</p> <p>a. statement of the early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes (OAC 5123:2-1-04(J)(1)(d)(v))</p> <p>b. CB personnel will include the frequency, intensity, duration, location, and method of delivering the services and the natural environment, to the extent possible, including home and other community based settings in which children without disabilities participate(OAC 5123:2-1-04(J)(1)(d)(v)(a) and (b))</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
14.	Did the county board service providers ensure that written “Prior Written Notice” is given to parents when services specified in the IFSP are changed? (HMG Part C Procedural Safeguards, II B)		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
15.	Did county board ensure that written		Compliant	Compliant	Compliant	Compliant	

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	consent from the parent is obtained before any ongoing services listed on the IFSP begin? (OAC 5123:2-1-04(J)(1)(g))		Non-compliant	Non-compliant	Non-compliant	Non-compliant	
16.	Did specialized services begin within 30 days of the date the IFSP is signed by the parents? (IFSP Policy, Box "Note.")		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
17.	Did the county board HMG Service coordinator documents that the transition planning conference is held at least 90 calendar days, but not more than 9 months prior to the child's third birthday?  Did each invited participant receive written notification of the conference? (HMG Transition Policy Procedure 1 a and 1b)	If the CB does not provide Service coordination, skip to prompt # 22.	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
18.	Did the county board employed HMG service coordinator document in the child file and in Early track,  ✓ that a representative from the child's home school district (LEA) was invited to the Transition Planning Conference  <i>For children receiving Part C services with a suspected disability who might be Part B eligible.</i>  (HMG Transition Policy, Procedure 1b )		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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19.	<p>Did the transition plan include at least one outcome from the preparation for transition planning meeting:</p> <ul style="list-style-type: none"> <li>• Outcomes are developed based on Discussions with and training needs of parents regarding future placements &amp; other matters related to the child’s transition.</li> <li>• Outcomes include procedures to prepare the child for changes in service delivery, including steps to help the child and family adjust to and function in a new setting. (HMG Transition Policy, Procedure 1a)</li> </ul>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
20.	<p>Did the preparation for transition planning shall occur at a scheduled IFSP review meeting?</p> <p>(HMG Transition Policy, Procedure 1a)</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
21.	<p>Did the county board employed HMG Service coordinator documents in the child’s record that consent was obtained to release records to the LEA?</p> <p>(IFSP Section IX, Transition Documentation Checklist)</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
22.	<p>For each child birth through two years of age enrolled in the county board to receive early intervention services and</p>	Required Documentation	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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	<p>supports or service coordination from the county board, the following information shall be compiled and kept on file: OAC 5123:2-1-04(I)(1)</p> <ul style="list-style-type: none"> <li>▪ Verification of birth;</li> <li>▪ Documents used to determine eligibility including a record of four risk factors, the written report of the developmental evaluation, or the written medical report;</li> <li>▪ Documentation verifying the date of request for or referral to services in HMG system and the date of initial contact with the county board if the county board is assisting in initial evaluation/assessment process;</li> <li>▪ Any ongoing assessments of the child and family;</li> <li>▪ Health record that contains ongoing pertinent health information, which includes a record of current immunizations or the exemption or waiver where an</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 60%;">File Item</th> <th style="width: 8%;">1</th> <th style="width: 8%;">2</th> <th style="width: 8%;">3</th> </tr> </thead> <tbody> <tr> <td>a. Verification of birth</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Eligibility Documents</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Date of referral to HMG and CB</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Ongoing Assessments</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Health Record</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. UI/MUI (s)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Documentation of service provision per IFSP and 180 day progress reports</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Current IFSP, correspondence, written notices</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. consents/releases</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Request info when not available</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	File Item	1	2	3	a. Verification of birth				b. Eligibility Documents				c. Date of referral to HMG and CB				d. Ongoing Assessments				e. Health Record				f. UI/MUI (s)				g. Documentation of service provision per IFSP and 180 day progress reports				h. Current IFSP, correspondence, written notices				i. consents/releases				j. Request info when not available								
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	<p>immunization is medically contraindicated, a list of medications, a list of any allergies and treatments, and authorization for emergency medical treatments.</p> <ul style="list-style-type: none"> <li>▪ Unusual incident and major unusual incident forms;</li> <li>▪ Center -based attendance, home and other community-based visitation records and on-going systematic program data</li> <li>▪ Documentation by each county board provider shall include date, duration, frequency, intensity and specific type of service provided, and outcomes in accordance with the IFSP. A summary of this data shall form the basis for the one-hundred eighty day progress report and be used to measure progress on the outcomes identified on the IFSP;</li> <li>▪ Current IFSP, subsequent reviews, written notices</li> </ul>						

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	<p>regarding meetings, and other related correspondence with the family</p> <ul style="list-style-type: none"> <li>▪ Signed written consents &amp; releases including but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, &amp; ongoing services.</li> <li>▪ Documentation that a request for a copy of any required information was made, but the information was not available.</li> </ul> <p>OAC 5123:2-1-04(I)(1)(a)-(j)</p>						
23.	<p>Did the county board give annual notification of the availability of a procedure based on the resolution of complaints and due process under rule 5123:2-1-12 of the Administrative Code?</p> <p>The procedure must include timelines that ensure the process is completed within thirty days to be in alignment with Part C procedural safeguards.</p> <p>OAC 5123: 2-1-04 (K)(1)(b)</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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