

2015 Early Intervention Rule Crosswalk

Rule 3701-8-01: Definitions		
Old Rule	New Rule	Reason/Impact
"Consent" means that permission is provided once an individual has been fully informed of all information relevant to the activity for which consent is sought.	"Consent" means that <u>written</u> permission is provided once an individual has been fully informed of all information relevant to the activity for which permission consent is sought. <u>Consent is further voluntarily given and may be revoked at any time.</u>	This definition was changed to match the federal regulations. Consent in EI must always be documented.
"Health services" means services necessary to enable an otherwise eligible child to benefit from the other early intervention services the child needs.	"Health services" means services necessary to enable an otherwise eligible child to benefit from the other early intervention services the child needs. <u>These include: Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and (2) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.</u> <u>(3) The term does not include:</u> <u>(a) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);</u> <u>(b) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or</u> <u>(c) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted. Nothing in this definition limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.</u>	This definition was changed to match the federal regulations. Examples of what are included and what are not were provided to help programs understand the limits and inclusions for EI.
None. New definition	"IFSP team" is a multi-disciplinary group which must include the involvement of the parent and two or more individuals from separate disciplines or professions where one of these individuals must be the service coordinator	Description provided of what an IFSP team must consist of. Emphasis placed on the fact that the IFSP team must consist of at least two disciplines.

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Old Rule	New Rule	Reason/Impact
<p>"Service coordination services" means the services provided by qualified personnel to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights which the rules in this chapter require, including procedural safeguards.</p>	<p>"Service coordination services" means the services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, <u>required under 34 C.F.R. Part 300. These services include the coordination of all services required across agency lines; serving as the single point of contact to carry out these services; assisting parents in gaining access to, and coordinating the provision of, early intervention services; and coordinating other services identified in the IFSP that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.</u></p>	<p>This definition was changed to match the federal regulations and to articulate clearly the job of service coordinators.</p>
<p>"System referral" is the instance when a potentially eligible individual is made known to a centralized coordination contractor with the following information: child's age; child's county of residence; parent's first and last name; and telephone number; e-mail address; or mailing address.</p>	<p>System referral" is the instance when a potentially eligible individual is made known to a centralized coordination contractor, <u>early intervention service coordination contractor, or a home visiting contractor</u> with the following information: child's age; child's county of residence; parent's first and last name; and telephone number; e-mail address; or mailing address.</p>	<p>A home visitor or service coordinator can now take a referral to HMG as well as a CCC employee.</p>
3701-8-03: Personnel		
<p>Individual holds at least an associate's degree from a council on higher education accredited college or university in one of the following fields of study: child and family studies; child development; child life; education inclusive of early childhood, pre-kindergarten, elementary education, deaf or hearing impaired, blind or vision impaired, special education, or family life education; hearing and speech sciences or speech-language pathology; human development or human ecology; human social services; nursing; ETC.</p>	<p>(D) Individual holds at least an associate's degree from a council on higher education accredited college or university in a field related to working with infants or toddlers, or children with disabilities, or families;</p>	<p>The specific fields of study for Help Me Grow Service Coordinators have been removed in favor of general categories of study. This means the SC credential is less determined by Associate's degree field and more determined by the Contract Manager/Supervisor's decision to hire a qualified individual.</p>

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<p>Individual completes the required, department provided training, which includes the HMG training institute, early childhood development, transition, early intervention program overview, IFSP, and trainings made available by the department on tools used for screening, evaluation and assessment in HMG early intervention;</p>	<p>(D)(3) (a) To be credentialed as a service coordinator I, individuals must complete HMG training institute; trainings on screening tools; individualized family service plan training; and the principles of service coordination training.</p> <p>(i) Individuals credentialed as a service coordinator I who work one full-time equivalent are recommended to serve no more than 25 - 30 families in early intervention at any time; and</p> <p>(ii) Shall receive a minimum of four hours per calendar month of direct, group, and/or peer-to-peer supervision by a credentialed supervisor of service coordinators.</p> <p>(D)(3)(b) To be credentialed as a service coordinator II, individuals must have been employed and credentialed as a service coordinator I for at least six calendar months within the past two calendar years; complete the eligibility and determination of needs process training; and complete ten contact hours of department-approved training.</p> <p>(i) Individuals credentialed as a service coordinator II who work one full-time equivalent have no maximum caseload; and</p> <p>(ii) Shall receive a minimum of three hours per calendar month of direct, group, and/or peer-to-peer supervision by a credentialed supervisor of service coordinators.</p> <p>(D)(3)(c) To be credentialed as a service coordinator III, individuals must have been employed and credentialed as a service coordinator II for at least one calendar year within the past three calendar years and submit to the Ohio professional registry a completed "service coordinator Skills Inventory" available at www.helpmegrow.ohio.gov signed by the service coordinator's supervisor.</p> <p>(i) Individuals credentialed as a service coordinator III who work one full-time equivalent have no maximum caseload; and</p> <p>(ii) Shall receive a minimum of two hours per calendar month of direct, group, and/or peer-to-peer supervision by a credentialed supervisor of service coordinators.</p>	<p>There is a new tiered service coordination credential requirement. Current service coordinators will be grandfathered in as service coordinator II's. There is a suggested caseload maximum of 30 families for service coordinator I's; but this is not required. Depending on the tier, supervision hours vary. Supervision can now be done as group, individually, or peer to peer.</p> <p>These changes give supervisors more flexibility to advance or hold back Service Coordinators in a tier that matches their competence for the job. It may also give programs the ability to start paying different rates by tier. Implications are that service coordinators advance through time gaining skills and knowledge for the job and require less supervision as their competence increases.</p>

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3701-08-07: EI Eligibility		
Old Rule	New Rule	Reason/Impact
Help Me Grow (HMG) early intervention is the state's early intervention program .	Help Me Grow (HMG) early intervention is the state's early intervention <u>system</u> .	Reference to HMG EI system intentional to reinforce the cross-system existence of the program.
The following infants and toddlers are eligible for the Help Me Grow early intervention program and shall receive a multidisciplinary assessment of the unique strengths and needs of that infant and toddler and the identification of services appropriate to meet those needs within forty-five calendar days after program referral	(A) The following infants and toddlers are eligible for HMG early intervention system:	Paragraph (A) only describes eligibility in EI rather than both eligibility and assessment.
Infants and toddlers who move into Ohio with an individualized family service plan from another U.S. state or territory, when the IFSP is dated less than one hundred eighty days from the date of system referral, and when documentation is obtained in accordance with paragraph (B)(3) of this rule	(A)(4) For infants and toddlers who move into Ohio with Early Intervention eligibility determined in another state or U.S. territory, comparable Ohio eligibility shall be established in accordance with paragraph (A)(1) or (A)(3) and a copy of the out-of-state eligibility shall be documented in the child record.	The Out-of-State (OOS) eligibility time frame of one hundred eighty days has been removed. The new requirement is that children who move into Ohio who were receiving EI in another state must be made eligible in a comparable way to Ohio's requirement (evaluation or diagnosed condition). An OOS IFSP no longer makes a child eligible in Ohio. Furthermore, this documentation from the other state must be included in the child's file within the 45-Day timeline, like eligibility requirements for all other children.

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<p>For infants and toddlers who have documented diagnosed mental or physical condition with a high probability of resulting in a developmental delay, as listed in appendix 07-A to this rule; all of the following must occur:</p> <p>(a) The service coordinator shall request and obtain documentation of the qualifying diagnosed condition from the child's parent or health care provider</p> <p>(b) documentation shall include the name of the mental or physical diagnosis, the ICD 9 or ICD 10 code; and</p> <p>(c) Documentation shall be signed by a medical doctor or doctor of osteopathy; psychologist, psychiatrist; or certified nurse practitioner with a license to diagnose and treat; or a professional licensed to diagnose and treat mental or emotional disorders.</p> <p>(d) Infants and toddlers, for whom documentation of the qualifying diagnosed condition is not obtained by the service coordinator within one hundred eighty days after program referral must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for help me grow early intervention.</p>	<p>(B)(1) Infants and toddlers who have a documented diagnosed physical or mental condition with a high probability of resulting in a developmental delay, as listed in appendix 07-A of this rule:</p> <p>(a) The service coordinator shall request and obtain documentation of the qualifying diagnosed condition signed by a professional licensed to diagnose and treat mental or physical conditions.</p> <p>(b) Infants and toddlers, for whom documentation of the qualifying diagnosed condition is not obtained by the service coordinator, must be offered a developmental evaluation in accordance with paragraph</p>	<p>Documentation of the eligible condition must have a professional's signature. This does NOT MEAN the HEA 8024, this is for the children with diagnoses on the eligible list.</p> <p>We removed the requirement for ICD 9 or ICD 10 code. This is not required for eligibility in Early Track or elsewhere.</p> <p>Eligibility documentation must be in the child's record within the 45-Day timeline for every child. If the documentation cannot be provided, then the child will not be eligible in this category and will have to go through developmental evaluation.</p>

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<p>For infants and toddlers who have a diagnosed mental or physical condition which is not listed in appendix 07-A to this rule; all of the following must occur:</p> <p>(a) The service coordinator shall request and obtain documentation of the diagnosed on form HEA 8024 (effective July 1, 2012).</p> <p>(b) Documentation shall include the name of the mental or physical diagnosis, ICD 9 or ICD 10 code; and</p> <p>(c) Infants and toddlers for whom documentation of the diagnosed condition is not obtained by the service coordinator within one hundred eighty calendar days after program referral, must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for help me grow early intervention</p> <p>(d) Documentation shall be signed by a licensed medical doctor or doctor of osteopathy, or certified nurse practitioner with a license to diagnose and treat; or a professional licensed to diagnose and treat mental and emotional disorders.</p>	<p>(B)(2) Infants and toddlers who have a diagnosed physical or mental condition which is not listed in appendix 07-A of this rule:</p> <p>(a) The service coordinator shall request and obtain documentation of the qualifying diagnosed condition on form HEA 8024;</p> <p>(b) Form HEA 8024 shall be filled out completely for the child to be eligible for early intervention, including being signed by a professional licensed to diagnose and treat mental or physical conditions.</p> <p>(c) Infants and toddlers, for whom documentation of the diagnosed condition on a completed for HEA 8024 is not obtained by the service coordinator, must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for HMG early intervention.</p>	<p>Documentation of the non-eligible condition must have a professional's signature and be on a completed HEA 8024.</p> <p>We removed the requirement for ICD 9 or ICD 10 code. This is not required for eligibility in Early Track or elsewhere.</p> <p>Eligibility documentation must be in the child's record within the 45-Day timeline for every child. If the documentation cannot be provided, then the child will not be eligible in this category and will have to go through developmental evaluation.</p>

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<p>For infants and toddlers who move into Ohio with an individualized family service plan (IFSP) from another U.S. state or territory dated one hundred eighty calendar days or less from the date of system referral, a copy of their IFSP shall be retained in the child record.</p> <p>Infants and toddlers for whom documentation of the out of state IFSP is not obtained by the service coordinator with one hundred eighty calendar days after program referral shall be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for help me grow early intervention.</p>	<p>(B)(3) Infants and toddlers for whom documentation of the out of state early intervention eligibility is not obtained by the service coordinator shall be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for HMG early intervention.</p>	<p>The Out-of-State (OOS) eligibility time frame of one hundred eighty days has been removed. The new requirement is that children who move into Ohio who were receiving EI in another state must be made eligible in a comparable way to Ohio's requirement (evaluation or diagnosed condition). An OOS IFSP, regardless of date, no longer makes a child eligible in Ohio. Furthermore, this documentation from the other state must be included in the child's file within the 45-Day timeline, like eligibility requirements for all other children.</p>
<p>For infants and toddlers who are referred to help me grow early intervention not otherwise accounted for in paragraphs (B)(1) to (B)(3) of this rule, including infants and toddlers who have been referred from public children's services agencies using form HEA 8021 (effective July 1, 2012) the early intervention service coordinator contractor:</p> <p>(a) May offer a developmental screening to determine whether or not the child is suspected of having a developmental delay. Early intervention service coordination contractors shall ensure that every infant or toddler who receives developmental screening is screened in accordance with the</p>	<p>(B)(4)(a) Infants and toddlers who are referred to HMG early intervention not otherwise accounted for in paragraphs (B)(1) to (B)(3) of this rule, including infants and toddlers who have been referred from public children's services agencies using form HEA 8021 the early intervention service coordination contractor:</p> <p>(a) May offer a global developmental screening to determine whether or not the child is suspected of having a developmental delay. Early intervention service coordination contractors shall ensure that every infant or toddler who receives developmental screening is screened in accordance with the following:</p> <p>(i) Provide prior written notice of intent to screen and obtain written consent from the infant or toddler's parent on form HEA 8018 which includes notice of a parent's right to request a developmental evaluation at any time during the screening process, regardless of screening result;</p> <p>(ii) Conduct the screening soon enough to complete all of the required program components within forty-five calendar days after</p>	<p>EI programs and CCCs may screen children to determine if they have a suspected delay in development which warrants a developmental evaluation.</p> <p>To do so, programs must provide written notice and obtain consent (as they do now)</p>

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<p>following.</p>	<p>program referral if developmental evaluation and assessment are needed after screening;</p> <p>(iii) Ensure that the personnel screening the infant or toddler is trained to administer the tools; and</p> <p>(iv) Screen the infant or toddler’s development with the required tools in accordance with appendix 07-B of this rule)</p> <p style="padding-left: 20px;">(a) When the screenings yield a concern, or the parent requests a developmental evaluation, the early intervention service coordination contractor shall coordinate a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule.</p> <p style="padding-left: 20px;">(b) When the screenings yield no concerns, and the parent does not request a developmental evaluation, the early intervention service coordination contractor shall provide notice in person, by email, fax or postal mail to the parent stating that the screenings did not indicate developmental concerns, information on how to request a developmental evaluation and how to refer to HMG early intervention if there are future developmental concerns; and shall document exit from HMG early intervention in the statewide data system.</p>	<p>Parent is to receive information on how to refer to HMG EI and information to request a developmental evaluation if there are concerns prior to child turning three years of age</p>
<p>(b) Shall offer developmental evaluation using one of the required tools listed in appendix 07-B to this rule. Early intervention service coordination contractors shall ensure that every infant or toddler who receives a developmental evaluation is evaluated in accordance with the following:</p> <p style="padding-left: 20px;">(i) Obtain written consent from the child’s parent on form HEA 8018 (effective July, 2012) to conduct the developmental evaluation; (ii) Coordinate a developmental evaluation within forty-five calendar</p>	<p>(B)(4) (b) Shall offer developmental evaluation using one of the required tools listed in appendix 07-B to this rule in accordance with the following:</p> <p style="padding-left: 20px;">(i) Obtain written consent from the child’s parent on form HEA 8018 to conduct the developmental evaluation;</p> <p style="padding-left: 20px;">(ii) Coordinate a developmental evaluation which shall occur within forty-five calendar days after program referral and as otherwise required, by at least two licensed individuals in two disciplines from the disciplines listed below; unless one individual holds licensure in at least two disciplines: counseling, early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language</p>	<p>Added language which clarifies that Developmental evaluation to determine eligibility for Early Intervention is done through a process of tool administration AND observation, reviewing pertinent information/history/records, and sources of information from others.</p> <p>Deleted requirement to document evaluation results on HEA 8032. This form no longer exists in rule as a requirement.</p> <p>Service Coordination contractors are responsible for ensuring that individuals</p>

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<p>days after program referral and as otherwise required, by at least two licensed individuals in two disciplines from the disciplines listed below; unless one individual holds licensure in at least two disciplines: counseling, early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders. (iii) Evaluate adaptive, cognitive, communication, physical, and social or emotional developmental domains; (iv) Conduct the evaluation in the native language of the child when personnel conducting the developmental evaluation determine it is developmentally appropriate, unless clearly not feasible to do so (v) Ensure that at least on discipline is in the area of suspected delay; (vi) Ensure that the individuals conducting the developmental evaluation are trained to conduct developmental evaluations on infants and toddlers using the required tools; and (vii)-Document evaluations results on form HEA 8032 (effective July 1.2012).</p>	<p>pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders. (iii) <u>Identify the child’s level of functioning through the administration of a required evaluation instrument, reviewing the child’s history through parent interview and medical, educational, and other records, as well as information from other sources including family members, caregivers, medical providers, social workers, and educators;</u> (iv) Evaluate adaptive, cognitive, communication, physical, and social or emotional developmental domains; (v) Conduct the evaluation in the native language of the child when personnel conducting the developmental evaluation to determine it is developmentally appropriate, unless clearly not feasible to do so; (vi) Ensure that at least one discipline has knowledge and expertise in the area of suspected delay; and (vii) Ensure that at least one the individuals conducting the developmental evaluation is trained to conduct developmental evaluations on infants and toddlers using one of the required tools.</p>	<p>meet the requirements for being qualified evaluators.</p>
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Old Rule	New Rule	Reason/Impact
<p>Infants and toddlers who have been evaluated in accordance with paragraph (D)(4)(b) of this rule, but for whom the developmental evaluation tool does not indicate a developmental delay of at least one and one half standard deviations below the mean in at least one of the following areas: adaptive, cognitive, communication, physical, and social or emotional development shall have their exit from HMG early intervention documented in the statewide data system, unless the child is determined eligible based on informed clinical opinion.</p>	<p>(B)(5) Infants and toddlers who have been evaluated in accordance with paragraph (D)(4)(b) of this rule, but for whom the developmental evaluation tool does not indicate a developmental delay of at least one and one half standard deviations below the mean in at least one of the following areas: adaptive, cognitive, communication, physical, and social or emotional development <u>may be made eligible using informed clinical opinion when the sources of information used and a written explanation of how those sources of information support eligibility and a need for at least one early intervention service.</u></p>	<p>Paragraphs (a) and (b) have been removed. Documentation of informed clinical opinion is now required on the IFSP Appendix A and may optionally be included in any written evaluation report provided to the IFSP team.</p> <p>HEA 8041 is no longer a required form.</p>
<p>Early Intervention service coordination contractors shall ensure that every infant or toddler referred to HMG early intervention is screened for concerns with the child’s social or emotional development, hearing, nutrition, and vision in accordance with appendix 07-B to this rule, within forty-five calendar days after program referral, except for the following: (1) No hearing screening is required when the child has a diagnosed condition relating to hearing; when a comparable screening conducted by a qualified professional can be documented as occurring within ninety calendar days prior to program referral; or when a universal newborn hearing screening can be documented as occurring within one hundred eighty</p>	<p>(C) Early intervention service coordination contracts shall ensure that every infant or toddler <u>receiving an evaluation to determine eligibility or an initial child assessment to determine need for services</u> is screened for concerns with the child’s hearing, vision and nutrition in accordance with appendix 07-B of this rule, within 45 calendar days after program referral, except for the following: (1) No hearing screening is required when the child has a diagnosed condition related to hearing or when a comparable screening conducted by a qualified professional, including a universal newborn hearing screening can be documented as occurring within one hundred eighty calendar days. (2) No vision screening is required when the child has a diagnosed condition related to vision or when a comparable screening conducted by a qualified professional can be documented as occurring with <u>one hundred eighty calendar days</u> prior to program referral. (3) <u>No nutrition screening is required when the child has a diagnosed condition related to nutrition or when a comparable screening conducted by a qualified professional can be documented as occurring within one hundred eighty days prior to program referral.</u></p>	<p>Changed the timing of screenings to when infants and toddlers are evaluated/assessed</p> <p>The results of all screenings (hearing, vision, nutrition) must be documented on Appendix A of the IFSP within 45 days of program referral.</p> <p>Can now use screenings conducted outside of HMG if they occurred within the past 180 calendar days and documentation of the screening result is placed in the child’s file.</p> <p>*Rule no longer has the exception that a child receiving WIC benefits is exempt from a nutrition screening, but that exemption is still in Appendix 07-B, therefore it is an acceptable exemption.</p>

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<p>calendar days prior to program referral; (2) No nutrition screening is required when the child is receiving WIC benefits (3) No vision screening is required when the child has a diagnosed condition relating to vision or when a comparable screening conducted by a qualified professional can be documented as occurring within ninety calendar days prior to program referral.</p>		
<p>When none of the criteria in paragraph (B) of this rule are met, the child is determined not eligible for help me grow early intervention and the following must occur: (1) the individuals conducting the developmental evaluation shall provide the completed evaluation report on form HEA 8032 (effective July, 2012) to the family in person, by email, or postal mail within ten calendar days after the evaluation; and (2) The early intervention service coordination contractor shall provide a letter in person, by email, or by postal mail to the parent stating that the child is not eligible for the early intervention program and the reasons why; and information on how to file a request for reconsideration of eligibility in accordance with paragraph (I) of this rule. (3) The child's exit from HMG early intervention shall be documented in the statewide data system.</p>	<p>(D) When none of the criteria in paragraph (B) of this rule are met, the child is determined not eligible for HMG early intervention and the following must occur:</p> <p>(1) the early intervention service coordination contractor shall provide the <u>prior written notice form, HEA 8022</u>, in person, by email, or by postal mail to the parent stating that the child is not eligible for the early intervention system and the reasons why; and information on how to file a request for reconsideration of eligibility, in accordance with paragraph (I) of this rule and,</p> <p>(2) The child's exit from HMG early intervention shall be documented in the statewide data system.</p>	<p>When a child is NOT eligible for HMGEI, Service Coordinator must send prior written notice (HEA 8022) inclusive of all these requirements.</p> <p>Deleted requirement to provide HEA 8032, as this is no longer a required form in HMGEI.</p>

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<p>Early intervention service coordination contractors shall ensure that every infant or toddler who is determined eligible for early intervention in accordance with paragraph (B) of this rule receives a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs within forty-five calendar days after program referral and as otherwise required, unless the child has received a multidisciplinary assessment in all five developmental domains within the last calendar days and the results of the assessment are provided to the child's service coordinator: The contractor shall:</p> <p>(1) Obtain written consent from the child's parent on form HEA 8018 (effective July 1, 2012) to conduct assessment;</p> <p>(2) Coordinate an initial child assessment which shall:</p> <p>(a) Occur within forty-five calendar days after program referral and annually thereafter, except when a child is made eligible under paragraph (A)(5) of this rule, when assessment is required with re-determination of eligibility every one hundred eighty calendar days;</p> <p>(b) Be based on personal observations of the child by at least two licensed individuals in two disciplines from the disciplines listed below; unless one</p>	<p>(E) Early intervention service coordination contractors shall ensure that every infant or toddler who is determined eligible for early intervention in accordance with paragraph (B) of this rule receives a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs within forty-five calendar days after program referral and as otherwise required, unless the child has received a multidisciplinary assessment in all five developmental domains within the last ninety calendar days and the results of the assessment are provided to the child's service coordinator: The contractor shall:</p> <p>(1) Obtain written consent from the child's parent on form HEA 8018 to conduct assessment;</p> <p>(2) Coordinate an initial child assessment which shall:</p> <p>(a) Occur within forty-five calendar days after program referral and annually thereafter,</p> <p>(b) <u>Be based on a review of the results of the developmental evaluation conducted in accordance with paragraph (B)(4)(b) of this rule;</u></p> <p>(c) Be based on personal observations of the child;</p> <p>(d) Be conducted by at least two licensed individuals in two disciplines from the disciplines listed in this paragraph; unless one individual holds licensure in at least two disciplines: counseling, early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education: early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders;</p> <p>(e) Include assessment of adaptive, cognitive, communication, physical, and social or emotional developmental domains; and</p> <p>(f) Conduct the assessment in the native language of the child when personnel conducting the assessment determines it is developmentally appropriate, unless clearly not feasible to do so.</p>	<p>Removed more frequent assessment for children made eligible through Informed Clinical Opinion.</p> <p>Assessment must include all of the same stuff as before, including observation, a tool covering all five developmental domains, and other information.</p> <p>Assessment tools are no longer approved by ODH; a list no longer exists. You may use whatever tool adheres to this rule.</p>

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<p>individual holds licensure in at least two disciplines: counseling, early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders.</p> <p>(c) Assess adaptive, cognitive, communication, physical and social or emotional developmental domains with a tool which has been approved by the department; (d) Conduct assessment in the native language of the child when personnel conducting the assessment determines it is developmentally appropriate, unless clearly not feasible to do so; (e) Include a summary of the developmental evaluation results, when one was conducted; and (f) Document assessment results on form HEA 8032 (effective July 1, 2012).</p> <p>(i) Provide the completed form HEA 8032 (effective July 1, 2012) to child's service coordinator and</p> <p>(ii) Provide the completed from HEA 8032 (effective July 1, 2012) to the child's parent in advance of the initial IFSP meeting.</p>		
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Old Rule	New Rule	Reason/Impact
<p>Ensure that parents are informed of the outcome of the evaluation and assessment, including whether or not the infant or toddler has been determined in need of early intervention services, in accordance with the following:</p>	<p>(E)(5) Ensure that parents are informed of the outcome of the evaluation and assessment, including whether or not the infant or toddler has been determined <u>eligible and</u> in need of early intervention services, in accordance with the following:</p> <p>(a) <u>When the infant or toddler is determined eligible and in need of early intervention services</u>, the early intervention service coordination contractor shall coordinate the IFSP team to develop the child’s IFSP within forty-five calendar days after program referral.</p> <p>(b) When the infant or toddler is determined eligible, but not in need of early intervention services:</p> <p>(i) <u>The early intervention service coordination contractor shall provide prior written notice form, HEA 8022, in person, by e-mail, fax or by postal mail to the parent stating that the child does not need early intervention services and the reasons why; and the information on how to file a request for reconsideration of need for services, in accordance with paragraph (I) of this rule.</u></p> <p>(ii) The child’s exit from HMG early intervention shall be documented in the statewide data system.</p>	<p>Results of evaluation and assessment are provided to the family on Appendix A of the IFSP when a child is eligible.</p> <p>When a child is not eligible, his or her results are provided through PWN, form HEA 8022. When a child is NOT eligible for HMGEI, Service Coordinator must send prior written notice inclusive of all these requirements.</p>
<p>Every infant and toddler must have their need for early intervention services re-determined. For child determined eligible in accordance with paragraphs (B)(1) to (B)(4)(b) of this rule, this re-determination shall take place before the annual IFSP meeting due date, and no IFSP review may occur after re-determination is due, unless the following re-determination processes indicate the infant or toddler continues to be eligible and in need of early intervention services:</p>	<p>(F) Infants and toddlers made eligible under paragraphs (A)(2) or (B)(5) of this rule shall have early intervention eligibility re-determined in advance of the annual IFSP in accordance with paragraph (B) of this rule, except when toddlers are ninety or less calendar days from their third birthday.</p>	<p>Streamlined language so that redetermination of eligibility is annual for children in (A)(2) [diagnosed condition made eligible through HEA 8024] and (B)(5) [informed clinical opinion].</p> <p>Eliminated redetermination of eligibility requirement every 180 days for ICO.</p> <p>Also eliminated redetermination of eligibility requirement for all other kids [any child made eligible under Dx condition on list or developmental delay at any level].</p>

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Old Rule	New Rule	Reason/Impact
<p>Every eligible infant and toddler must have their need for early intervention services re-assessed at least annually before the annual IFSP meeting due date.</p>	<p>(G) Every eligible infant and toddler must have their need for early intervention services re-assessed at least annually before the annual IFSP meeting due date. <u>(1) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of the early intervention services appropriate to meet those needs must be completed in accordance with paragraph (E) of this rule and no earlier than ninety calendar days before the annual IFSP meeting due date.</u> <u>(2) Assessment is not required for toddlers who are ninety days or less from their third birthday; and (3) Assessment processes may be conducted more frequently than required when the IFSP team members agree it is appropriate.</u></p>	<p>Clarification was added here to ensure understanding of the requirement.</p>
<p>Early intervention service coordination contractors and service providers who conduct developmental evaluations or assessments, including family-directed assessments, shall ensure that developmental evaluations and assessments are: (1) Provided at no cost to parents; (2) Provided only after consent has been provided in writing; (3) Conducted in settings and times that are convenient ; (4) Conducted by qualified personnel who are trained to use tools and their informed clinical opinion in the administration of tools; (5) Inclusive of information about the child’s history from the child’s parent and other significant sources as necessary to understand the full scope of the child’s unique strengths and needs; (6) Administered so as not be racially or culturally discriminatory; and (7) Summarized in a manner which is</p>	<p>(H) Early intervention service coordination contractors and service providers who conduct developmental evaluations or assessments, including family-directed assessments, shall ensure that developmental evaluations and assessments are: (1) Provided at no cost to parents; (2) Provided only after consent has been provided in writing; (3) Conducted in settings and times that are convenient; (4) Conducted by qualified personnel who <u>provide evaluations and assessment in accordance with this rule;</u> (5) Inclusive of information about the child’s history from the child’s parent and other significant sources as necessary to understand the full scope of the child’s unique strengths and needs; and (6) Administered so as not be racially or culturally discriminatory.</p>	<p>Redundancies eliminated. Requirement to provide parents a copy of summarized evaluation and/or assessment reports has been deleted, as this information will not be summarized on Appendix A of the IFSP.</p>

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<p>provided, in writing, to parents as soon as possible, but before the development or evaluation of the IFSP, in a language they can understand on form HEA 8032.</p>		
<p>A parent may simultaneously dispute the child's eligibility determination by filing a complaint with the department in accordance with paragraph (C) or (D) of rule 3701-8-10 of the Administrative Code.</p>	<p>(I) (3) A parent may simultaneously dispute the child's eligibility determination by filing a complaint with the department in accordance with paragraph (C) or (D) of rule 3701-8-10 of the Administrative Code.</p>	<p>Added the word "simultaneously" to clarify that a parent can request reconsideration of eligibility or need for services and file a complaint at the same time.</p>
<p>3701-8-07.1: IFSP and Service Delivery</p>		
<p>Periodic reviews of the IFSP shall occur every one hundred eighty calendar days, more frequently when the family requests such a review; or within forty-five calendar days of program referral for any child who transfers early intervention service coordination contractors within Ohio.</p>	<p>(A)(2)(b) Periodic reviews of the IFSP shall occur every one hundred eighty calendar days, <u>more frequently when conditions warrant it</u>; the family <u>or service provider</u> requests such a review; or within forty-five calendar days of program referral for any child who transfers early intervention service coordination contractors within Ohio.</p>	<p>Periodic reviews of the IFSP can happen any time conditions warrant it or when service provider or parent requests a review.</p>
<p>Annual IFSP meetings shall include the current evaluations and child and family-directed assessments, and other information available from the child and family to determine the early intervention services necessary.</p>	<p>(A)(2)(c) Annual IFSP meetings shall include the current evaluations and child and family-directed assessments, and other information available from the child and family to determine the early intervention Services necessary <u>to meet outcomes on an IFSP</u>.</p>	<p>Reinforces that determination of early intervention service needs are dependent upon the IFSP outcomes created individually for each child.</p>
<p>Coordinate, facilitate, and monitor the delivery of early intervention services to ensure that services the child needs start within thirty calendar days of the parent signing the IFSP; except when the family has an exceptional family circumstance which keeps the family from being able to receive the service within thirty calendar days after signing the IFSP</p>	<p>(D)(7) Coordinate, facilitate, <u>document</u> and monitor the delivery of early intervention services to ensure that services the child needs start within thirty calendar days of the parent signing the IFSP; except when the family has an exceptional family circumstance which keeps the family from being able to receive the service within thirty calendar days after signing the IFSP;</p>	<p>Service Coordinator job includes documenting early intervention services along with coordinating, facilitating and monitoring that a child's services started within thirty calendar days of the parent signing the IFSP.</p>

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Old Rule	New Rule	Reason/Impact
None. New	(D)(8) <u>Coordinate the information gathering and completion of the child outcomes summary information within forty-five days of program referral and annually thereafter;</u>	No more COSE, but service coordinator must coordinate information to complete the child outcome summary statements on the IFSP.
A child shall be exited from HMG early intervention when any one of the following is true:	(E) <u>Early intervention service coordination contractors shall maintain a local HMG early intervention exit policy specifically detailing when a child is exited from HMG due to loss of contact.</u> A child shall be exited from HMG early intervention when any one of the following is true:	EI service coordination contractors must create and follow a local HMG exit policy which details how a child is exited from HMG when there is loss of contact. County programs have flexibility here, as long as it is written in a policy and applied consistently.
When the referral source is a professional, early intervention service coordination contractors shall, with parent consent, provide a follow-up to the referral source on form HEA 8037 (effective July 1, 2012) within forty-five calendar days after receiving the program referral.	(G) When the referral source is a professional, early intervention service coordination contractors shall provide a follow-up to the referral source on form HEA 8037 within sixty calendar days after receiving the program referral.	Parent consent is no longer required for follow-up to the referral source when the referral source is a professional. Follow up is now within sixty calendar days instead of forty-five after receiving the program referral.
3701-8-08 Statewide System of Payments		
This entire rule is new. It fulfills federal regulations 303.500 – 521 to state in policy what systems of payment exist in a state for Early Intervention. This rule really exists to tell the federal government what the State of Ohio has in place for financing.		
3701-8-08.1: Payor of Last Resort Eligibility & Procedures		
EISOP	POLR	Name change to reflect the accurate program intent as the payor of last resort for EI services.
Nothing substantive changed in this rule. The application, eligibility, and procedures have remained the same.		
3701-8-09: Data & Maintenance of Records		
Case notes (where referenced in rule): When casenotes are kept on paper, in chronological order on form HEA 8023	Casenotes, unless kept in electronic format which shall be made available upon request for the record.	No more form HEA 8023 required. Casenotes can be kept in any electronic or paper form, but must be provided (by printing out or providing) whenever a record has been requested by the department.

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Old Rule	New Rule	Reason/Impact
Copies of the tools used for the purpose of screening, evaluation, and assessment, as applicable; forms HEA 8032 and HEA 8035; except when form HEA 8035 is entered electronically.	(B)(2)(c) Removed from rule	Child records in EI no longer include copies of tools used for the purpose of screening, evaluation and assessment; or forms 8032 (E & A Report) or 8035 (COSF) because neither forms exist in new rules.

Forms Required in Early Intervention		
HEA 7123	EI System of Payment Application for Parents	No changes yet, but changes forthcoming to make this process easier
HEA 7720	Individualized Family Service Plan (IFSP)	New form; Trainings coming October 2014
HEA 8018	Parent Consent to Participate in EI	No changes made
HEA 8019	Consent to Release Information	No changes made
HEA 8021	PCSA Referral	No changes made
HEA 8022	Prior Written Notice	No changes made
HEA 8023	Case Note form	DELETED from rule requirements
HEA 8024	Condition not on qualifying list	New form available by November 1, 2014 (minor changes to reflect rule)
HEA 8025	EI System of Payment Provider Application	No changes yet, but changes forthcoming to make this process easier
HEA 8032	Evaluation & Assessment Report	DELETED from rule requirement
HEA 8034	Data Use agreement	No changes made
HEA 8035	Child Outcomes Summary Form	DELETED from rule requirement
HEA 8037	Referral Follow-up form	No changes made
HEA 8039	Written Meeting Notification	No changes made
HEA 8040	Surrogate Parent Application	No changes made
HEA 8041	Informed Clinical Opinion form	DELETED from rule requirement
HEA 8042	Consent to Use Insurance	No changes yet, but changes forthcoming to make this process easier
HEA 8045	Referral from HV/EI Contractor	New form available by November 1, 2014