

CHAPTER 100 – EARLY INTERVENTION SYSTEM REQUIREMENTS

100.1 – Administration and Organization

GUIDING FEDERAL POLICY 34 CFR §303.120 Lead agency role in supervision, monitoring, funding, interagency coordination, and other responsibilities.

BABIES CAN'T WAIT PROGRAM STANDARD

The Georgia Department of Public Health (DPH) serves as the designated Lead Agency for the provision of Part C early intervention services. Each local program assumes responsibility as the “local lead agency” in fulfilling the federal requirements for the provision of a comprehensive early intervention system of services in their local communities. The state Babies Can’t Wait (BCW) office under the auspices of DPH, operates in partnership with each local program’s BCW staff and administration to monitor, support and provide guidance to ensure services are rendered in accordance with federally mandated Part C components. The state BCW office is responsible for determining and reporting annually to the Office of Special Education Programs (OSEP) if local programs meet compliance according to federally targeted indicators. OSEP, in turn, makes a determination if the State meets requirements for the purposes of Part C. It is imperative that local programs, in good faith, facilitate an organized, structured system that addresses the needs of children with disabilities and their families.

IMPLEMENTATION

In compliance with Federal and State policies, local programs are responsible for implementing practices that support a local system of early intervention services. The administrative and organizational structure of the local program must provide for the:

- Inclusion of public and private agencies/ resources in the planning, development and provision of services to infants and toddlers birth through 2 years of age;
- Establishment of a Local Interagency Coordinating Council (LICC);
- Early identification and referral of infants and toddlers;
- Provision of information to primary referrals sources about the local early intervention system;
- Implementation of screening, evaluation and assessment activities according to federally established procedural safeguards;
- Implementation of planning and the provision of services to families in a timely manner;
- Utilization of best practices in the implementation of the Individual Family Service Plan (IFSP) by way of a primary service provider model of service delivery;
- Maintenance of early intervention records in compliance with Part C Regulations;
- Compliance with the State’s System of Payment for eligible children and families;
- Participation of families in the IFSP process;
- Timely transition from Part C to preschool services (Part B) or other appropriate services;
- Timely review, response and resolution of parent complaints;
- Gathering, maintenance and reporting of information required of the State to support data.

100.2 – Public Participation and Notice of Policy

GUIDING FEDERAL POLICY 34 CFR §303.208 Public participation policies and procedures

BABIES CAN'T WAIT PROGRAM STANDARD

In accordance with Part C §303.208(a), Georgia's Babies Can't Wait Program must place the Part C grant application on the Georgia Department of Public Health/ Babies Can't Wait website and throughout the state for at least 60 days with an opportunity for public comment on the application for at least 30 days during the period before the application is submitted to the Office of Special Education Programs.

Section 303.208(b) clarifies that the State application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with part C of the IDEA and the regulations.

Where feasible and appropriate, local programs (upon request from the state BCW office) should provide assistance and support in facilitating public notification and participation in their communities as described below:

- At minimum, place notification of the Part C grant and request for comments on local program's and/or Babies Can't Wait website where they exist (and other appropriate media sources) in each of the 18 local programs throughout the state;
- Hold public hearings on any new State policy or procedure needed to comply with Part C (including any revision to an existing policy or procedure), after providing notice for the public hearing at least 30 days before the hearing is held to enable public participation;
- Provide an opportunity for the general public including individuals with disabilities, parents of infants and toddlers with disabilities, early intervention service providers, and the members of the Local Interagency Coordinating Council (LICC), to comment for at least 30 days on the new policy or procedure.

100.3 – Interagency Coordinating Council

GUIDING FEDERAL POLICY 34 CFR §303.600 Establishment of Council

BABIES CAN'T WAIT PROGRAM STANDARD

To further the intent of the federal policy and to expand opportunities for local collaboration, Georgia has elected to establish local interagency councils in conjunction with the State Interagency Coordinating Council (SICC). As with the State ICC, each local program is responsible for ensuring that there is a Local Interagency Coordinating Council (LICC) in place and operating to advise and assist the local program in the planning and implementation of a local early intervention (EI) service delivery system for the Babies Can't Wait (BCW) Program (Part C of the Individuals with Disabilities Education Act [IDEA]).

IMPLEMENTATION

A. Responsibilities of the State and Local ICC

1. The purpose of the Local ICC under this program is to advise the local program on all components related to the EI service delivery system for infants and toddlers with disabilities birth through 2 years of age and their families.
2. Responsibilities of the State and Local ICC may include but are not limited to:
 - a. Identifying existing EI services and resources;
 - b. Identifying gaps in the service delivery system;
 - c. Identifying strategies to address gaps;
 - d. Assisting in the identification of alternative funding sources;
 - e. Assisting in the development of interagency agreements for supporting service coalitions;
 - f. Assisting in the implementation of policies and procedures to promote interagency collaboration;
 - g. Assisting in the development of local procedures and determining mechanisms for implementing procedures in accordance with federal and state regulations and policies;
 - h. Assisting with the collection of data;
 - i. Assisting in surveying consumer satisfaction;
 - j. Ensuring adequate and appropriate parent/legal guardian involvement at all levels of the local system; and
 - k. Ensuring that all State and Local ICC members have an understanding of the intent of the law relative to EI through appropriate training and technical assistance.
3. Councils may identify other relevant activities or short-term projects for the Council in addition to the above. All activities should be consistent with Part C policies and philosophy and should protect the confidentiality of the families and children at all times.

B. Membership

The Local ICCs shall adhere to the same philosophical guidelines for membership which are stated in the federal law for the State ICC and shall:

1. Be inclusive of all partners in EI, both public and private;
2. Reflect the cultural and economic diversity of the community; and
3. Ensure that at least 20 percent of the membership should be parents/legal guardians of a child who is receiving or has received EI services.
4. Any member of the Council who is a representative of the lead agency may not serve as the chairperson of the Council. **§303.600**

C. By-Laws

The State and Local ICC shall develop by-laws that:

5. Outline their organizational structure;
6. Address council size and membership;
7. Specify term length for members;
8. Provide for the election of officers;
9. Define voting rights; and
10. Define standing committees.

D. Accountability

1. The State and Local ICC shall ensure that all confidentiality rights of families receiving services in the EI system are protected during all ICC activities.
2. State and Local ICCs will assist the local BCW Program in the development of a program plan, describing the local program's outcomes and activities throughout all of the required areas of performance. State and Local ICCs and local BCW Programs will utilize a self-assessment process to assist in the identification of strengths and need areas. External

input will be obtained from family satisfaction surveys, data review, and demographic analysis.

E. Integration with Other Collaborative Initiatives

State and Local ICCs should seek to integrate their efforts with other community collaboratives to avoid duplication and maximize efforts. Many communities have expanded community collaborative efforts across other focus areas and age ranges since the inception of the ICC under Part C. It is important that the ICC carefully and thoughtfully examine how interagency collaboration fits into other collaborative efforts that reach out to a broader population in the community.

F. Use of BCW Funds for ICC

1. BCW funds for State and Local ICC activities shall be used only to support activities sanctioned by the BCW Program.
2. Activities that are considered sanctioned by the BCW Program are those that strive to improve the availability of services or quality of services in the community by addressing systemic issues or service gaps. Staffing and addressing individual family service needs are not sanctioned activities. Service needs are better addressed through the multidisciplinary IFSP process.
3. If BCW funds are used to support parent participation on the Local ICC, they may only be used for those families being served by BCW. Funding from other agencies or community groups should be identified to supplement the Part C funds.
4. **LICC Expenditure Report must be submitted to the state office by the 10th of the month following the end of each quarter.**

100.4 – Personnel Management

Guiding Federal Policy 34CFR [§303.119](#) Personnel standards

BABIES CAN'T WAIT PROGRAM STANDARD

Each district must include policies and procedures relating to the establishment and maintenance of qualification standards to ensure the personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.

Any individual providing specialized services to infants and toddlers with disabilities shall possess valid licenses as governed by professional licensure and/or certification, according to professional boards and regulations determined by the lead agency. All providers, including translators/interpreters, must pass the BCW Criminal History Check through Cogent and the Office of Inspector General (OIG). Non-Licensed Providers (Service Coordinators & Special Instructors) are required to have a one-time educational check.

Qualified Personnel

The following are the types of qualified personnel who provide early intervention services:

- (1) Audiologist
- (2) Counselor (Licensed)
- (3) Dietitian (Licensed)
- (4) Early Intervention Coordinator
- (5) Early Intervention BCBA
- (6) Early Intervention Specialist
- (7) Early Interventionist

- (8) Early Intervention Assistant
- (9) Family Therapist (Licensed)
- (10) Interpreter for the Deaf
- (11) Nurse (Licensed Registered/Practical/Practitioner)
- (12) Occupational Therapist (Licensed)
- (13) Physician for diagnostic and evaluation purposes
- (14) Physician Assistant for diagnostic and evaluation purposes
- (15) Physical Therapist (Licensed)
- (16) Psychologist
- (17) Service Coordinator
- (18) Social Worker (Licensed)
- (19) Speech and Language Pathologist (Licensed)
- (20) Speech and Language Pathologist (Licensed) —Clinical Fellow
- (21) Translator/Interpreter
- (22) Vision Teacher/Specialist (Ophthalmologist and Optometrist (see 34 CFR [§303.13](#) (c)), Orientation and Mobility Specialist, certified vision teacher, GA PINES trainer in vision)

A. Personnel Qualifications

Profession/Discipline	Certification/ License Requirement	Educational Background	Professional Examination
Audiologist	X	Master's Degree	X
Counselor (Licensed)	X	Master's Degree	X
Dietitian (Licensed)	X	Bachelor's Degree – Refer to Practice Act	X
Early Intervention Coordinator		Master's Degree or Equivalent* + experience	
Early Intervention Specialist		Master's Degree + 2 yrs experience	
Early Interventionist		Bachelor's Degree + 2 yrs experience	
Early Intervention Assistant		Child Development Associates Degree, Technical Certificate of Credit in Early Childhood Exceptionalities or Associate's Degree in a related field	
Family Therapist (Licensed)	X	Master's Degree	X
Interpreter for the Deaf	Certification		X
Nurse – Licensed/Registered	X	BSN or 2 year assoc. degree program	X
Nurse – Licensed/Practical	X	1 year approved course of study	X
Nurse Practitioner (Licensed)	X	Master's Degree	X
Occupational Therapist	X	Meets licensure requirements	X
Physician	X	Medical Degree	X
Physician Assistant	X	Licensed and under supervision of MD	X
Physical Therapist (Licensed)	X	Meets licensure requirements	X
Psychologist (Licensed)	X	Doctorate Degree	X
Service Coordinator	BCW Orientation Certificate	Bachelor's Degree	
Social Worker (Licensed/ Licensed Clinical)	X	Master's Degree	X
Speech-Language Pathologist (Licensed)	X	Master's Degree	X
Speech-Language Pathologist (Licensed) - Clinical Fellow	X	Master's Degree	X
Translator/Interpreter	X	Proficiency in foreign language	
Vision Teacher/Specialist		Bachelor's Degree. Certified vision teacher, GA PINES trainer in Vision, Orientation and Mobility Specialist, Optometrist, Ophthalmologist	

**Babies Can't Wait requires that district early intervention program directors/coordinators must meet the following qualifications: (1) master's degree in education (early childhood or special education), pediatric nursing, psychology, social work, or other directly related field, and (2) two years of professional*

experience providing services to or teaching infants/toddlers and families and/or in the administration of a service delivery program for infants/toddlers and families or children's health. Or (1) bachelor's degree in education (early childhood or special education), pediatric nursing, psychology, social work, or other directly related field, and (2) five years of professional experience providing services to or teaching infants/toddlers and families and/or in the administration of a service delivery program for infants/toddlers and families or children's health.

B. Service Coordinator Qualifications – Public and Private

A copy of each candidate's resume and contract interest form must be submitted to the district EIC. If a candidate has a current Georgia professional license in one of the below fields, they may submit a copy of their license in lieu of a transcript.

1. The potential candidate may have a bachelor or master's degree in one of the following fields. (Resume must include date degree was awarded):

- | | | |
|---------------------------|-----------------------------|---------------------------|
| Audiology | Education | Physical Therapy |
| Child Development | Elementary Education | Psychology |
| Child Psychology | Family/Community Counseling | School Psychology |
| Clinical Psychology | Human Services | Social Work |
| Developmental Psychology | Nutrition | Sociology |
| Dietetics | Nursing | Speech-Language Pathology |
| Early Childhood Education | Occupational Therapy | Special Education |

- OR -

2. The potential candidate may have a related bachelor or master's degree (Resume must include date degree was awarded). Related is defined as ***“at least 20 percent of the credit hours of the transcript must address child development, disabilities, or family systems.”*** A copy of the candidate's full transcript(s) must be submitted with the resume.

- OR -

3. The potential candidate may be a licensed Registered Nurse. A copy of the candidate's Georgia nursing license must be forwarded with the resume.

All Service Coordinators must:

- Complete and pass the online BCW Service Coordinator Orientation before contracting or providing services.
- Obtain a Medicaid number prior to contracting with BCW. (**NOTE: Service Coordinators only providing intake service coordination are not required to have a Medicaid number.**)
- Complete the Skilled Credentialed Early Interventionists (SCEIs) training modules within six months of their initial date of hire or contract with BCW or successfully pass the PRAXIS II test.

C. Personnel Requirements for Special Instruction

A copy of each candidate's full transcript(s), resume and contract interest form must be submitted to the district EIC. If a candidate has a current Georgia professional license in one of the below fields, they may submit a copy of their license in lieu of a transcript.

1. **The potential candidate may have a bachelor or master's degree in one of the following fields.** (Resume must include date degree was awarded):

Audiology	Education	Physical Therapy
Child Development	Elementary Education	Psychology
Child Psychology	Family/Community Counseling	School Psychology
Clinical Psychology	Human Services	Social Work
Developmental Psychology	Nutrition	Sociology
Dietetics	Nursing	Speech-Language Pathology
Early Childhood Education	Occupational Therapy	Special Education

- OR -

2. **The potential candidate may have a related bachelor or master's degree** (Resume must include date degree was awarded). Related is defined as ***"at least 20 percent of the credit hours of the transcript must address child development, disabilities, or family systems."*** A copy of the candidate's full transcript(s) must be submitted with the resume.

- OR -

3. **The potential candidate may be a licensed Registered Nurse.** A copy of the candidate's Georgia nursing license must be forwarded with the resume.

Personnel who are responsible for Special Instruction may be employed or contracted in accordance with a three-tier model.

The ***Early Intervention Specialist*** position requires:

1. A Master's degree in child development, early childhood education, early childhood special education, special education or other closely related field.
2. A minimum of two years of professional experience providing service to children and families or in the administration of a service delivery program for children and families or children's health.
3. Completion of the Level II SCEIs training modules developed by the Lead Agency or successfully passing the PRAXIS II test* **within six months of employment or contracting with the Babies Can't Wait System.** (NOTE: Providers who were hired or had a contract start date prior to this policy are still under the old requirement of two years.)

The Early Intervention Specialist will provide specialized instruction, supervise Early Intervention Assistants in performing their duties and consult with Early Interventionists based on review of Special Instruction program planning and implementation*.

The ***Early Interventionist*** position requires:

1. A bachelor's degree in education, child development, pediatric nursing, psychology, social work or another directly related field.
2. A minimum of two years of professional experience providing service to children and families or in the administration of a service delivery program for children and families or children's health.
3. Completion of the Level II training modules developed by the Lead Agency or

successfully passing the PRAXIS II test* **within six months of employment or contracting with the Babies Can't Wait System.**

The Early Interventionist will provide specialized instruction with consultation by the Early Intervention Specialist.

The **Early Intervention Assistant** position requires:

1. An associate's degree in child development or a related field, or a technical certificate of credit in early childhood exceptionalities. (NOTE: Prior to September 2012, EIA qualifications were possession of a high school diploma or G.E.D. EIAs under an existing contract at that time not meeting the new qualifications were "grandfathered in.")
2. Completion of the Level I SCEIS training modules **within six months from date of hire/contract.**

The *Early Intervention Assistant* will provide specialized instruction under the clinical supervision of the Early Intervention Specialist.

* *Level II personnel may be exempt from SCEIs training based on passage of the PRAXIS II **Special Education: Preschool/Early Childhood examination (test code 5691) with a minimum score of 159.***

D. Service Coordinator & Special Instructor Continuing Education Requirements

The following are the continuing education requirements for Service Coordinators, early intervention specialists, early interventionists, and early intervention assistants, regardless of licensure/certification:

- **Level I Personnel:** Level I refers to personnel who do not have at least a bachelor's degree in an early intervention discipline. Level I personnel are required to have ten (10) contact hours of continuing education specific to young children (birth to eight) and their families every year; five (5) of these hours must be specific to young children with disabilities and/ or their families. All continuing education offerings must be documented with Project SCEIs within 45 calendar days of completion.
- **Level II Personnel:** Level II refers to personnel who have at least a bachelor's degree in an early intervention discipline. Level II personnel are required to have twenty (20) contact hours of continuing education specific to young children (birth to eight) and their families every TWO years; ten (10) of these hours must be specific to young children with disabilities and/ or their families. All continuing education offerings must be documented with Project SCEIs within 45 calendar days of completion.
 - These continuing education requirements go into effect for an individual July 1 after he/she has completed all SCEIs modules (or has successfully passed the PRAXIS II Test). For example, if a Level I person completes all required SCEIs modules in October 2015, the first year of continuing education requirement would begin July 1, 2016, and he/she would need to complete the ten required hours by June 30, 2017.
 - For a Level II person, after completing all required SCEIs modules (or passing the PRAXIS) in October 2015, he/she would have until June 30, 2018 to complete the 20 hours of approved continuing education. The second time period for continuing education requirement would begin July 1, 2017 (Level I) and July 1, 2018 (Level II).

100.5 – Procedural Safeguards (Child Records, Confidentially, Consent & Due Process)

Guiding Federal Policy 34 CFR Subpart E, Procedural Safeguards

BABIES CAN'T WAIT PROGRAM STANDARD

The Georgia Department of Public Health (hereafter referred to as State Lead Agency) is responsible for ensuring effective implementation of the procedural safeguards by each participating agency in the state who is involved in the provision of early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA).

The purpose of this section is to set forth standards for procedural safeguards established by the State Lead Agency (in accordance with 34 CFR Subpart E, Procedural Safeguards) to protect the rights of eligible infants/toddlers with disabilities and their families in Babies Can't Wait (BCW).

The State Lead Agency has established the procedural safeguards that:

- Meet the requirements of this subpart, including the provisions on confidentiality of personally identifiable information and early intervention records contained in §§303.401 through 303.417, parental consent and notice in §§ 303.420 and 303.421, surrogate parents in §303.422 and dispute resolution procedures in §303.430;
- Ensure the effective implementation of the safeguards by each participating agency (including the state lead agency and EIS providers) in the statewide system that is involved in the provision of early intervention services under this part.

Definitions as defined in the Congressional Federal Register

- [§303.7 Consent](#)
- [§303.25 Native language](#)
- [34 CFR 303.27 and 34 CFR §303.422 Parent](#)
- [34 CFR §303.29 Personally Identifiable information](#)
- [§303.37 Ward of the State](#)
- [34 CFR §303.401 Confidentiality and opportunity to examine records Confidentiality and opportunity to examine records](#)
- [§§303.401 through 303.417 Confidentiality procedures](#)
- [20 U.S.C. 1232g and Part 99 Family Educational Rights and Privacy Act \(FERPA\)](#)
- [§303.211 Services available under Part B](#)
- [§§303.401 Confidentiality](#)
- [§303.405 Access Rights](#)
- [34 CFR §303.406 Record Access](#)
- [34 CFR §303.407 Records on more than one child](#)
- [34 CFR §303.408 List of types and locations of information](#)
- [34 CFR §303.409 Fees for records](#)
- [34 CFR §303.410 Amendment of records at a parent's request](#)
- [34 CFR §303.411 Opportunity for a hearing](#)
- [34 CFR §303.412 Results of a hearing](#)
- [34 CFR §303.413 Hearing Procedures](#)
- [34 CFR §303.414 Consent prior to disclosure or use](#)
- [34 CFR §303.415 Safeguards](#)
- [34 CFR §303.416 Destruction of Information](#)

- [34 CFR §303.417](#) Enforcement
- [34 CFR §303.420](#) Parental Consent
- [34 CFR §303.421](#) Prior Written Notice and Procedural Safeguards Notice

100.6 – Data and Child Records

GUIDING FEDERAL POLICY 34 CFR §303.124, §303.403(b) §303.720- §303.724

Data collection, early intervention records and reporting.

Babies Can't Wait Program Standard

The collection and maintenance of reliable data is essential for program management and evaluation. Reliable programmatic data can reveal the efficacy of state and local early intervention (EI) policies as well as identify areas in need of additional resources. Section 618 of the Individuals with Disabilities Education Act (IDEA) requires states to collect, maintain and report data for children receiving Part C services. The State Lead Agency (LA) is responsible for the collection, maintenance and reporting of Georgia EI services implemented through the BCW program. All local EI programs shall utilize Babies Information and Billing System (BIBS) web-based data and billing system; establish data collection procedures that ensure the efficient and effective operation of its BCW program; and submit periodic reports of BCW activities as requested by the State LEA.

IMPLEMENTATION

- The child record consists of all information relevant to his/her participation in BCW that is maintained as written information in a paper file at the local program office and the electronic information maintained in BIBS. Each child receiving EI services through BCW must have only one active record. The creation and maintenance of the record must comply with each of the procedural requirements of this policy.
- All BCW employees, contractors and other persons providing services or carrying out administrative activities on behalf of BCW are aware of the importance of data collection, timely data entry and protecting the privacy of children and families receiving BCW services. All aforementioned persons shall comply with each of the procedural requirements of this policy.
- Local EI programs shall collect and enter data into BIBS within 10 calendar days for the completion of evaluation and assessment, and 7 calendar days for the development or revision of the Individualized Family Service Plan (IFSP) and implementation of transition planning activities and conference.

A. Child Record

1. Each child receiving EI services through BCW must have only one active record created and maintained in BIBS.
2. The local EI programs shall keep a paper file for each child that will include the following required written documents:
 - a. Referral documentation for services and/or supports (including but not limited to the Children First (C1st) Referral)
 - b. Signed consents to receive BCW services, screenings and assessments
 - c. Signed consents to collect and release information
 - d. Signed Personable Identifiable Information (PII) consent

- e. Copies of all records and correspondence received from the family, service providers, other agencies and medical providers
 - f. Documentation of eligibility summary
 - g. IFSP meeting information, to include all reviews and revisions
 - h. All screenings
 - i. The results of all evaluation and assessment reports
 - j. Copies of all prior written notice forms
 - k. Child Outcome Summary (COS)
 - l. Family Outcome Survey Consent Form
 - m. Family Cost Participation analysis, signed by parent
 - n. Access Log to child record
 - o. LEA notification form (a.k.a.: Notice of Intent to Transmit Notification Information to Local School System(s))
 - p. Surrogate parent forms
 - q. Status of eligibility form
3. If the required document(s) are completed in paper form, that information must be entered into BIBS and placed in the child's paper file.
 4. All children referred to or receiving services through BCW that change residence between two local programs within the state must have their records transferred from the prior local program of residence to the new local program of residence at the request of the family or appropriate district staff. The child's file shall be transferred to the receiving local program. **Electronic file transfer will take place within 3 calendar days and the paper copy within 7 calendar days.** Since the BCW program is statewide, the original release and consent to participate obtained in one local program applies to these functions provided by the program in another local program. If a child is exited, but then returns to BCW, his/her previous electronic and paper records shall continue instead of a new record being created. (See Transfer Record Checklist)
 5. Parents/ guardians must have access and the opportunity to examine all information in their child's paper and electronic record including documents received from a third party, i.e., from a physician's office. Data stored only in BIBS must be printed upon parental request. This includes any and all results from evaluation, assessment, screenings, Individualized Family Service Plans (IFSPs), Family Cost Participation (FCP), provider notes, Service Coordinator notes, referrals made or received and program evaluation measures.
 6. Parents/ guardians must submit a request in writing to view their child's BCW electronic or written record. Each request must be accommodated within 10 calendar days.
 7. All records pertaining to the provision of EI services, including the EI record and electronic records shall be maintained (archived) at the local lead agency for a **period of six years** after the child exits BCW. At this time, the Early Intervention Coordinator (EIC) or designee shall advise the family that they may have the EI record or that it will be destroyed.
 8. If there is a complaint or litigation pending, or an unresolved financial audit activity, related to an individual record, this record must not be destroyed and must be retained until the pending matter is resolved.
 9. BCW local program offices are responsible for ensuring that local data is collected in a comprehensive, accurate and timely manner so that the lead agency is able to complete

and submit federal data reports. Data will be reported regularly as required to the lead agency.

B. Early Intervention Coordinator Responsibilities

Early Intervention Coordinator (EIC) shall:

1. Ensure that data collected and submitted is valid and accurate and matches information in the child's electronic and written record.
2. Develop and implement procedures to ensure the appropriate, timely, accurate and complete collection of BCW data including but not limited to adherence to the following programmatic timelines:
 - a. Initial attempt to contact the family occurs within 3 business days of receipt of the C1st referral.
 - b. The secondary referral source must receive confirmation within 3 business days of receipt of the referral.
 - c. The initial IFSP (including evaluation and assessment, clinical opinion, vision, hearing and family assessments for a Part C eligible infant or toddler who does not have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay) must be completed within **45 calendar days** from the date of the referral.
 - d. The initial IFSP (including vision, hearing and family assessments for a Part C eligible infant or toddler who has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay) must be completed within **45 days from** the date of the referral.
 - e. Services, as documented on the IFSP, must be initiated within **45 calendar days** from the date the parent(s) consents and signs the IFSP.
 - f. The transition planning conference must be completed by **90 days prior** to the child's third birthday.
3. Designate a person(s) responsible for the local program's data quality assurance process. This individual(s) shall:
 - a. Oversee the accuracy and timeliness of data entered into BIBS for the entire local program.
 - b. Assign access rights to individuals using the electronic system.
 - c. Run and analyze data reports in BIBS in order to monitor local program compliance with state and federally mandated indicators.
 - d. Ensure data collection, data management and reporting activities carried out by contractual agencies shall be subject to provisions of this policy.

C. Service Coordinator (SC) Responsibilities

Service Coordinator shall:

1. Ensure the timely and accurate entry of child record data, including but not limited to regular case notes reports.
2. Document all contacts made and all activities completed with or on behalf of the child and family. This includes, but is not limited to phone calls (including 'no answer' or a 'voice message left'), face-to-face contacts, and written correspondence. **If someone is looking at a child's record and a contact or activity is not written down, then the reviewer must assume that the contact or activity did not occur.**

The job of service coordination does not change based on the preferred method of contact. For that reason, contact notes must substantiate that the communication between the

Service Coordinator and the family is substantive and does constitute actual service coordination. **Asking a family how things are going and a getting a reply of “Fine” is not service coordination. See Service Coordination Policy for what constitutes billable ancillary contacts.**

3. Collect and enter data into BIBS within 10 calendar days for the completion of evaluation and assessment, and 7 calendar days for the development or revision of the Individualized Family Service Plan (IFSP) and implementation of transition planning activities and conference
4. Use **contact notes** to provide essential information that is not contained in meeting record forms such as the IFSP.
5. Ensure the timely scheduling and notification of all meetings.
6. Comply with all EI timelines; review and respond when necessary to all message board notifications and emails.
7. Ensure the timely (**within 7 calendar days**) and accurate data collection and entry of all documentation related to the initial, annual, inter-periodic and six-month reviews of the IFSP.

D. Service Provider Responsibilities

Service Provider shall:

1. Ensure the timely and accurate entry of child record data, including but not limited to regular progress notes for each service rendered.
2. Shall collect and enter data into BIBS within **14 calendar days** of the date of service.
3. Comply with all EI timelines; review all and respond when necessary to message board notifications and emails.

E. Confidentiality and Privacy

1. All obligations and requirements of the Family Educational Rights and Privacy Act (FERPA) [20 U.S.C. 1232g](#) and Health Insurance Portability and Accountability Act (HIPAA) [110 Stat. 1936](#) shall be applied to the electronic record in BIBS, the written EI records maintained at the local EI program office, as well as those individually maintained in the clinical provider records.
2. Parents should be assured that information collected and stored in BIBS and paper files stored in filing cabinets are subject to confidentiality safeguards. The use of passwords and selective user privileges within BIBS ensures that only those who are authorized have access to a child's record.
3. All paper files are stored in locked cabinets. EICs shall ensure only authorized personnel have access to child records. In accordance with FERPA, an access list must be posted on the outside of all filing cabinets where child records are maintained, indicating those persons, by title, who may access individual child records. This listing should include the EIC, his/her supervisor, the local program Health Director, support staff, BCW SCs etc. The cabinets must have locks. If an individual who is not an employee of BCW wants access to BCW EI records, there must be a signed release by the parent(s)/ guardian authorizing such access.

In these instances, the BCW employee with authorized access will obtain the record from the cabinet and reposition it once the authorized individual has completed their inquiry. An access log will be maintained in each child's record indicating, by signature, date, and purpose, any and all access to the BCW early intervention record made by persons who are

not employees of the BCW Program.

4. All BCW employees and contracted staff shall comply with all FERPA 20 U.S.C. 1232g and HIPAA 110 Stat. 1936 regulations when utilizing BIBS. These regulations shall also be enforced when staff are working in the field. BCW personnel must access BIBS utilizing a secured LAN or wireless internet connection at all times. All staff shall logout of BIBS or lock their workstation if he/she should have to leave the data system to complete another task on the computer or if he/she must leave their desk. While providing services in the natural environment, therapists and SCs are responsible for locking their computers when they are not entering data into BIBS and are interacting directly with the child or family.

F. Data Sharing and Notification – Within DPH

Consent to exchange information among agencies

For children who may be served by both Babies Can't Wait and Children's Medical Services, Babies Can't Wait and First Care or Children's Medical Services and First Care, or by all three programs/services, program staff should obtain informed parental consent for services, written parental consent to request, receive, and release information, and other relevant authorizations from the parent/legal guardian for both programs at the time of the initial visit/intake.

For example, a child referred to Babies Can't Wait due to severe bilateral hearing loss is also referred to Children's Medical Services for services. A Babies Can't Wait Intake Coordinator meets with the family to obtain consent for services and necessary releases as well as intake information. During the intake visit, the Babies Can't Wait Intake Coordinator may also obtain necessary consent and release signatures as required for the Children's Medical Services program enrollment. As a result, the family is able to access services through both programs without having to participate in an additional intake visit/meeting. In addition, access to services is streamlined, and the child is able to receive services in a timelier manner because an additional visit is not needed in order to access the Children's Medical Services system.

For example, a premature infant with a Grade III intraventricular hemorrhage is referred to Babies Can't Wait and First Care. A First Care nurse meets with the family to obtain consent for services and necessary releases as well as intake information. During the intake visit, the First Care nurse should also obtain necessary consent and release signatures as required for the Babies Can't Wait program enrollment. As a result, the family is able to access services through both programs without having to participate in an additional intake visit/meeting. In addition, access to services is streamlined, and the child is able to receive services in a timelier manner because an additional visit is not needed in order to access the Babies Can't Wait system.

** The implementation of this activity will require local program-level staff to share general information across CYSHCN programs and to engage in dialogue about how to best accomplish these tasks. Cross-training of staff will be critical to the successful implementation of these activities.

Sharing of Information between programs

- a. For children receiving services by multiple child health services, program staff requesting information such as medical records should complete the Release of Information form to reflect that the request is for use by each program (Babies Can't Wait, First Care, and Children's Medical Services). This enables staff from each of

the Children with Special Health Care Needs programs to access and review such records as needed to assist in program planning within each program.

For example, a child enrolled in Children's Medical Services with a diagnosis of spina bifida is also receiving services through Babies Can't Wait and First Care. When Children's Medical Services staff receives permission from the child's family to request medical records from her neurosurgeon, the request should be written to reflect that records are also intended for use by Babies Can't Wait staff and First Care. As a result, the physician's office does not have to respond to two or three requests for records and duplicates of records are not unnecessarily stored in child records within the same local program.

- b. When completing the DPH Release of Information form, only Children's Medical Services, Children 1st or Babies Can't Wait should be listed as the agencies to which information is being released and from whom information is being shared.
- c. In situations where medical records or other relevant information has already been received by one program and would be beneficial to another Children with Special Health Care Needs (CYSHCN) program, programs must seek parent/guardian consent to share records between CYSHCN programs and then may release information, including third-party records, to other CYSHCN programs. As stated above, this is possible when local programs are functioning as integrated CYSHCN units as well as when local programs view themselves as a unit and share some common functions.

For example, a child with a diagnosis of a seizure disorder has been receiving Babies Can't Wait and First Care services for several months and is now being enrolled in Children's Medical Services. The child's Babies Can't Wait record contains medical records that document his diagnosis as well as the results of previous medical testing and intervention efforts. With written parental consent using the DPH/ BCW Release of Information form, Babies Can't Wait can share the child's medical records with First Care and Children's Medical Services in order to expedite services for him.

****It is important to note that these guidelines apply to Children and Youth with Special Health Care Needs programs within a local program but do not apply to other public health programs that are not included in the CYSHCN system of programs and services.**

G. Data Sharing and Notification – BCW & LEA

1. Interagency agreements may be developed by the State LEA and local EI programs with other state agencies and/or organizations which specify methods and procedures that will be used to ethically share BCW information. Data should be shared by agencies for specific purposes and for the mutual benefit of each agency.
2. Local EI programs are responsible for notifying local schools systems (LSS) of children who will potentially be referred for eligibility to the LSS for preschool services under Part B. The Service Coordinator should schedule an IFSP meeting closest to the child's second birthday and explain the relationship between BCW and the Department of Education (DOE). Parents should understand that BCW is required to provide transition information and data to the LSS unless the parent opts out. The "Babies Can't Wait Notice of Intent to Transmit Notification Information to Local School System(s)" is signed

by the parent if they choose to opt out of the notification and **all** families should complete the signature line on the notification form indicating that the transmission process has been explained and that they understand it. This does not indicate permission to transmit information. Unless the parent opts out, information has to be transmitted to the LSS the month following an enrolled BCW child turns 2 years of age or if a child enters program past 2 years of age, the month after the initial IFSP is completed.

Submission of the notification to the LSS can be conducted manually utilizing report information in BIBS. Notification information should only include child's name, parent name, address, phone number, and date of birth.

H. Data Monitoring and Reporting

The State and local EI program staff shall periodically review BIBS data reports to validate the accuracy and reliability of all data stored in BIBS and the child's written record.

State EI Program Consultants shall:

1. Review BIBS data reports at least quarterly to monitor progress toward meeting benchmarks for local EI programs in Corrective Action Plans (CAP).
2. Review BIBS data reports monthly to assess the local EI program's progress toward meeting the State Performance Plan (SPP) targets for each programmatic and compliance indicator.

State Data Manager shall:

1. Review BIBS data reports quarterly to ensure program data is complete and accurate.
2. Run Department of Education Report on the 15th of every month and upload to General Supervision Enhancement in Georgia (GSEG).
3. Utilize BIBS data to complete all federal and state reporting requirements.
4. Utilize BIBS data to complete EI data requests as necessary.
5. Analyze BIBS data to assess program efficacy.

Local EI program staff shall:

1. Use BIBS data reports for program monitoring.
2. Use BIBS reports to ensure compliance with EI timelines and all policies.